

Introduction:

Near-roadway air pollution is a significant public health problem that needs to move from observational studies to addressing the problem. Community Assessment of Freeway Exposure and Health (CAFEH) is a series of Community-based participatory research projects that began in 2008. CAFEH has carried out research on how traffic related air pollution affects cardiovascular health in neighborhoods in and near Boston.

Currently, the CAFEH team is completing a community-level intervention in Somerville, MA. In the 1970s, a thriving neighborhood and business district in East Somerville was demolished for the construction of Interstate 93 (I-93); residents were uprooted, and the local economy destroyed. Today, the Somerville stretch of I-93 carries over 200,000 vehicles per day through dense Environmental-Justice neighborhoods.





Figure 1: Short Term associations of UFP and health outcomes Bubble map of associations extracted from the literature plotted by year and by disease type. Green: No evidence of association, Orange: Some evidence of association, Red: Statistically significant association. CV = Cardiovascular, R= Respiratory O = Other



Figure 3: Annual average PNC predicted by Land use regression models.

Patton AP, Zamore W, Naumova EN, Levy JI, Brugge D, Durant JL. Environmental Science and Technology (2015).

Figure 2: Long Term associations of UFP and health outcomes



Figure 4: Time activity adjusted annual average particle concentrations (TIA-PAC) by study areas Lane K, Levy J, Scammell MK, Peters JL, Patton AP, Reisner E, Lowe L, Zamore W, Durant JL, Brugge D. Journal of Science and Environmental Epidemiology (2015).

Translating Near Highway Research Into Action in Somerville, MA Doug Brugge¹, Sharon Ron², Anil Gurcan¹, Pilar Botana³, Martha Ondras¹, Misha Eliasziw¹, Doug Leaffer¹, Ben Echevarria⁴, Jim Newman⁵, Wig Zamore⁶, Ellin Reisner⁶

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²⁰¹⁶ Year	2017				

Condition	Reference	Distance from Freeway	RR Increase (95% CI) due to Exposure	Percent Increase	5-Year Incidence per 100,000 Unexposed	5-Year Incidence per 100,000 Exposed	Size of Population at Risk	Number (range) of New Cases over 5 Years due to Exposure within 400 m
Coronary Heart Disease	Kan H et al., 2008	300 m	1.12 (1.00 to 1.28)	12%	2460	2755	7500	22 (0 to 52)
Death from Coronary Heart Disease	Gan WQ et al., 2010	50 m	1.54 (1.21 to 1.96)	54%	1090	1679	7500	44 (17 to 78)
Ischemic	Kulick ER et al., 2018	100 m	1.42 (1.01	42%	1025	1455	7500	32 (1 to 78)
Post-Stroke Mortality	Wilker EH et al., 2013	100 m	1.20 (1.01 to 1.43)	20%	335	402	7500	5 (0 to 11)
Туре 2	Zhao Z et al., 2016	100 m	1.81 (1.06	81%	1640	2968	7500	100 (7 to 256)
Lung Can-	Nyberg F et al., 2000	100 m	1.60 (1.07	60%	350	560	7500	16 (2 to 36)
Childhood Asthma	Gauderman WJ et al., 2005	150 m	1.83 (1.04 to 3.21)	83%	6250	11438	1000	52 (3 to 138)
Childhood	Volk HE et al., 2011	150 m	1.86 (1.03	86%	440	818	1000	4 (0 to 11)

Figure 5: Estimates of Excess Risk and Number of New Cases Among Somerville Residents Living within 400 meters of a Freeway over a 5-Year Period due to Exposure of Freeway Air Pollution

Health Lens Analysis:

CAFEH has documented that this traffic causes high levels of near-highway air pollution and residents in close proximity to the highway reported suffering from excessive noise pollution. In response to this, community proposed an analysis of noise barrier installation along I-93.

Accordingly, the project team investigated the potential and likely health impacts of noise barrier installation through a Health Lens Analysis (HLA), a tool that assesses the health implications of a project or policy. We used HLA to increase awareness of the effects of nearroadway air pollution exposure and ensure that construction of noise barriers on I-93 would not inadvertently damage health quality or reinforce inequalities.



Figure 7: Health Lens Analysis

Figure 8: HLA Progression Completed

Community Engagement:

Central to this effort was robust community engagement. The project team held 5 multilingual community meetings, discussions with elected officials and community leaders, tabled at community events, and facilitated conversations with 2 ESL Classes. There have also been multiple meetings with MA DOT, which would need to be involved in sound wall



Figure 10: Somerville and MBTA (subway) lines



Figure 6: Mean Change in Systolic Blood Pressure. Unpublished study of 77 people monitored for blood pressure in a room near highway with air filters to regulate the UFP exposure.

Figure 9: HLA Progression Ongoing

Assess effects or people's health and wellness

Identify what's important in decision context

Recommendations to optimize health outcomes

Reporting, taking action, monitoring

Figure 11: Somerville Focus Area



design and installation. Upon testing multiple locations, noise was also determined to exceed health thresholds near I-93. Residents pushed back against unadorned noise barriers, leading the HLA to consider the impact of esthetics and the role of vegetation in design and exposure reduction. It was found that although barriers could reduce noise and air pollution exposure and have a positive effect on the community, geographic and meteorological conditions may limit barrier installation and efficacy in some areas along the highway. This research culminated in a community participatory design charrette where participants generated evidencebased and actionable design recommendations.



Figure 13: November 2018 Design Charrette in Somerville

Figure 12: Somerville sound study to influence DOT about sound walls. One of the 8 measured locations. Courtesy Doug Leaffer, PhD student CEE, Tufts and the Somerville Transportation Equity Partnership

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