

PORTLAND FIRE & RESCUE

Always Ready, Always There.

BLUEPRINT FOR SUCCESS

July 2018

Chief Mike Myers



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INTRODUCTION

If you asked fire service leaders 200 years ago what their great challenges were, they would have told the story of fire. Every large urban city in America faced the danger of large, uncontrolled conflagrations that uncontrollably burned to the ground large swaths of commercial and residential neighborhoods. These tragic fires negatively impacted commerce and made refugees of entire communities. Today, these large urban fires no longer occur. The fire service, along with city planners, policy makers, building designers, and manufactures all worked together to solve the great fire problem of our past.

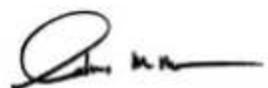
However, our cities are still on fire. Not by the combustion of buildings, rather we face a threat equal to, or greater than this. Our “fire” today is specifically public health. It is intertwined through poverty, blight, drug addiction, mental health, and homelessness. This is the great challenge of the modern fire service today and just as in the past, the solution will involve many key partners.

How does a modern metropolitan city maintain its vibrancy and assure the health and welfare for its residents? How do we eliminate fire deaths, pedestrian deaths and reduce violent crime? It is the goal of Portland Fire & Rescue to positively impact all of these societal issues through micro-planning efforts aligned with each neighborhood fire house.

Our micro-planning efforts are captured through a project called Blueprint for Success. This document will help a fire house understand the societal impacts within their Fire Management Area (FMA) and is the basis for the development of a Blueprint for Success. We’ve included in-depth analysis of the community you serve, as well as room for you to establish a micro-plan for improvement. Our goal is to give you the support you need to drive positive change in your FMA.

This is just the beginning, and we realize the magnitude of the issues you are facing. Together, with our partners in other City of Portland bureaus, Multnomah County Public Health, private non-profits, and our internal team, we believe we can better meet the challenges of our great city.

Sincerely,



MIKE MYERS, Chief
Portland Fire & Rescue



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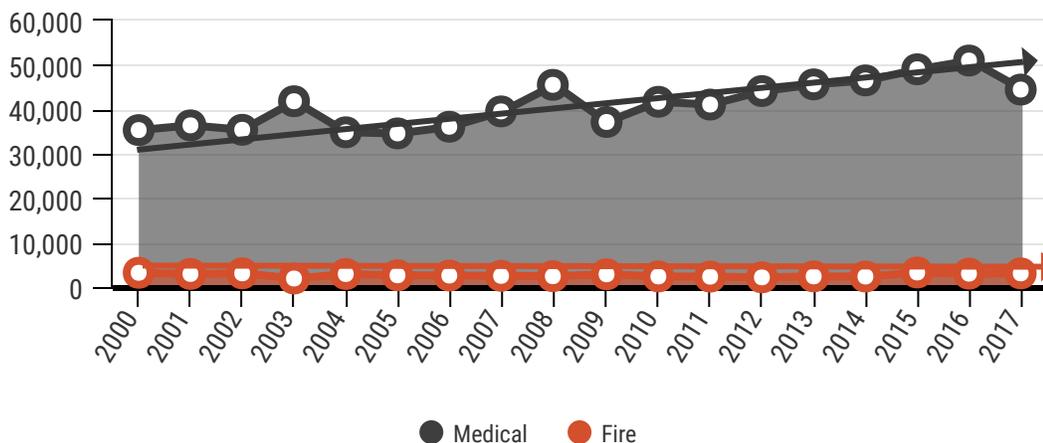
05

Vibrant cities: The case for a new business model

"Public Health is the art and science of preventing disease, prolonging life, and promoting health through organized efforts of society."
--- Acheson, 1988; World Health Organization

With better building codes, fire protection systems, and fire prevention education, the number of fire calls have decreased drastically over the past fifty years. And while these improvements have resulted in fewer fire-related deaths, this has also resulted in a need for fire departments to reinvent themselves. Consequently, fire departments have now become the “go-to” place for handling every other emergency including high and low-angle rescue, hazmat response, confined space, swiftwater and any other 9-1-1 calls. Moreover, many fire departments across the country have expanded their services to include emergency medical care. In fact, emergency medical care calls have taken over as the majority response, with Portland Fire & Rescue (PF&R) predominately responding to medical response calls (~93%) compared to fire related calls (~7%) in 2017.

Dispatched calls for medical and fire in Portland, OR



While fire departments have largely adjusted to this shift in operations, there's another underlying issue that cannot be ignored. With an increase in population, rising costs in housing, and decreased federal and state funding going towards mental health and drug and alcohol treatment, citizens have begun relying on 9-1-1 to a greater extent. This then begs the question: should the fire department be involved in addressing social service needs? Is it now the fire department's job to identify and refer out to community-based organizations for services and treatment, or should we alter the business model to also include the role of a social worker?

Fire departments across the country will likely have different opinions concerning their role and how they choose to address social issues within their business model, but as for PF&R we are open to exploring both options including external organizational referrals as well as our own internal role transformation (through our new Community Healthcare Assessment Team [CHAT] program). Additionally, because PF&R is responsible for safeguarding the lives of every resident of Portland, we believe that our service delivery model must evolve beyond a reactive, emergency response orientation and move towards proactively addressing community risks including those related to fire, public health, the physical environment, and social support networks. PF&R is looking for opportunities to address the issues that negatively affect the health, safety, and productivity of residents, whether those issues are fire deaths, traffic fatalities, heart disease, hunger, or social isolation.

Introducing the blueprint for success

In light of the impact community based needs has had on PF&R's operations, Chief Myers has called PF&R to be purposeful and strategic in how we meet these challenges rather than simply reactionary. The Blueprint for Success was created in response to that call by Chief Myers and it is intended to be a planning tool that outlines strategies for improving services and outcomes in each Fire Management Area (FMA). PF&R's goal is to tailor our responses, prevention, and education efforts to match the individual needs of each community before they become worst-case scenarios where a 9-1-1 call must be made.

Tailoring our responses means that what may work in FMA 22, may not work in FMA 1 because the needs vary across sub-populations within the city of Portland. PF&R recognizes that each neighborhood is unique, with different demographics, resources, risks, and unmet needs. The plan starts by analyzing the existing conditions of each FMA and documenting its assets and constraints. It's then followed by working with community partners to provide outreach and resources necessary to affect positive change.

Each blueprint will provide a data snapshot of existing conditions, strategies for fire prevention toward the department's goal for zero fire deaths, and other strategies and partnerships for addressing the highest priority of public health issues in the community. It will also provide a list of essential community resources and a plan for tracking progress across the life of the blueprint.

The projects will be a joint effort between the fire stations, fire inspectors, public education staff, data analysts, OHSU, PSU, Dr. Jon Jay, and other community and medical partners.

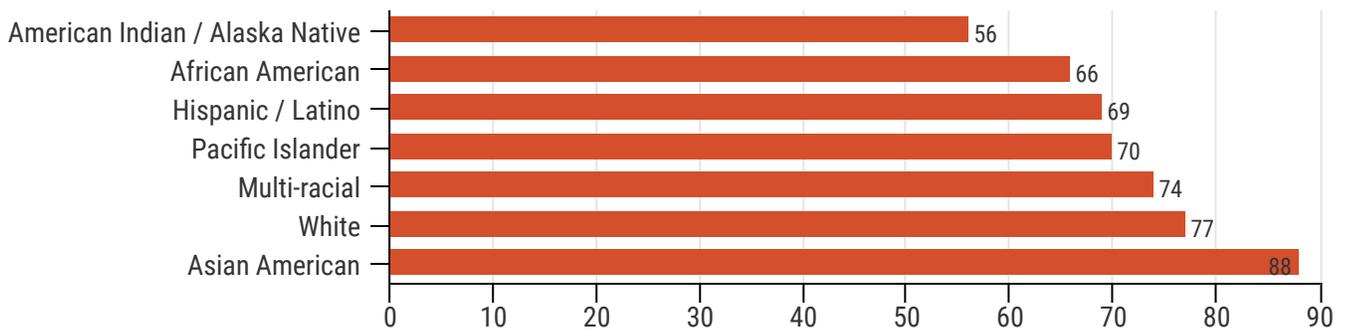
The desired outcomes will be:

- To empower firefighters to make more positive changes in the community through strategic initiatives and outreach programs;
- To develop an action plan to address the highest priority health risks, service gaps, and safety issues in the FMA;
- To provide a community resource guide to help fill the needs of the neighborhoods;
- To create data dashboards to be utilized as management tools;
- To reduce or stabilize call volumes; and
- To produce a healthier community.

Inequities within any given community

The Blueprint for Success doesn't stop with recognizing and measuring standard livability metrics. Ultimately, we have to look at the bigger picture to see that the increased call volume for non-emergency issues is a symptom of a much larger systemic issue facing our community; one that beckons us to explore topics such as racial equity and quality of life across the city of Portland. We know for example, that according to the City of Portland and Multnomah County's Joint Office of Homeless Services that the fastest growing homeless population in Portland is the African American population with a 48% increase from two years ago. Similarly, the Oregon Health Authority (OHA) has published data showing significant disparities across race/ethnicity in Oregon when it comes to education and poverty levels.

Four-year high school graduation rate (%) by race/ethnicity, Oregon, '15-'16



There are countless additional metrics that show similar disparities from chronic school absenteeism to mental health issues, including poor walkability, unhealthy diets, chaotic or bland cities, under or uninsured, high dropout rates, high incarceration rates, and unemployment. However, one that remains true regardless of the metric: racial disparities are consistent across each of these variables and it impacts the quality of life for everyone in the community.

What do we mean when we say quality of life? Quality of life or livability is often measured by walkability/bikeability, cost of living, food access, and public transit/connectivity. Other measures might also include greenspace access. Unfortunately, few agree on a set of standardized metrics that fully envelop and measure quality of life. Portland State University (PSU), one of our community partners with this project, opted to measure livability using walkability/bikeability, food access, and connectivity to transit.

These measures also apply to fire risk. We have contracted with Dr. Jon Jay, a recent doctoral graduate from the Harvard Chan School of Public Health, for his work with predictive analytics. We know

PORTLAND OREGON

by the numbers

47%

Bachelor's degree. Ranked #22 in the U.S.

75%

High School diploma. Ranked #48 in the U.S.

3.4%

City unemployment rate. 0.5% below the national average of 3.9%

18.9%

Poverty rate. 4.4% above the national average of 14.5%

5.5

Affordable Housing Median Multiple Score. Ranked 47th in the U.S.

EDUCATION:
HS ONLY
(+)

EMPLOYMENT
RATE
(-)

RENT
BURDEN
(+)

PRIOR CODE
VIOLATION
(+)

PRIOR
NUISANCE
COMPLAINT
(+)

TOP CORRELATIONS



**FIRE
RISK**
SINGLE-FAMILY
RESIDENTIAL

EDUCATION:
COLLEGE
(-)

INCOME
(-)

EDUCATION:
BELOW HS
(+)

OVER 65
POPULATION
(+)



Positive Correlation

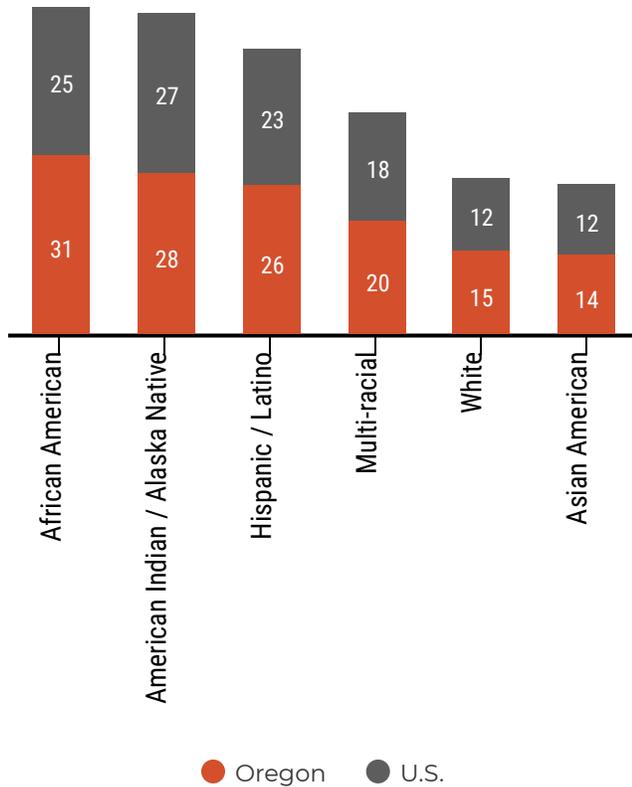
Definition: when one variable increases or decreases, so does the other



Negative Correlation

Definition: when one variable increases, the other decreases

Population living below federal poverty level (%) by race/ethnicity, Oregon & U.S., 2015



from Dr. Jay's findings that income, age, rent burden, educational attainment and employment, are all top socio-economic correlates of increased fire risk. These metrics have therefore been adopted as PF&R's version of livability metrics.

Additionally, Dr. Jay's research identified another top indicator for a structure fire occurring - whether an individual owns or rents the property. This issue is moving more to the forefront given the current affordable housing crisis in Portland. The 2017 census data shows 53.1% are homeowners and the remaining 46.9% are renters. According to a published article on February 27, 2018, in the Oregon Live, the median house price in January 2018 was \$390,000 and it continues to climb. Furthermore, Portland is currently ranked 47th in the U.S. for affordable housing. These statistics matter because as more people are priced out of owning a home and similarly the rent burden increases, greater financial burden is placed on the community and thereby slowly decreases quality of life and impacts first responders like PF&R.

PF&R Responded to

FIVE-THOUSAND +
HOMELESS RELATED
CALLS IN 2017

10

Station 22: Pioneering a new path forward

"The Blueprint for Success offers stations a flexible and proactive approach to addressing the wide variety of local needs that are often missed or overlooked by the traditional fire service response model." --- Captain Eric Pedersen, Station 22

We recognize the inequities in the communities, but how do we gather this specific data, analyze it, and begin to move toward an action plan to help mitigate these issues? In 2017, PF&R partnered with Portland State University (PSU)'s Masters of Urban and Regional Planning (MURP) program to help PF&R launch a Blueprint for Success pilot at Fire Station 22. Over the course of a year, PSU conducted interviews, led focus groups, created and dispersed a community-wide survey, conducted data analysis, and put together a toolkit that could be replicated with the other stations moving forward. PSU's toolkit identified four steps to help stations fully assess their community's needs and to help stations create new strategies intended to lead them on a path towards success:

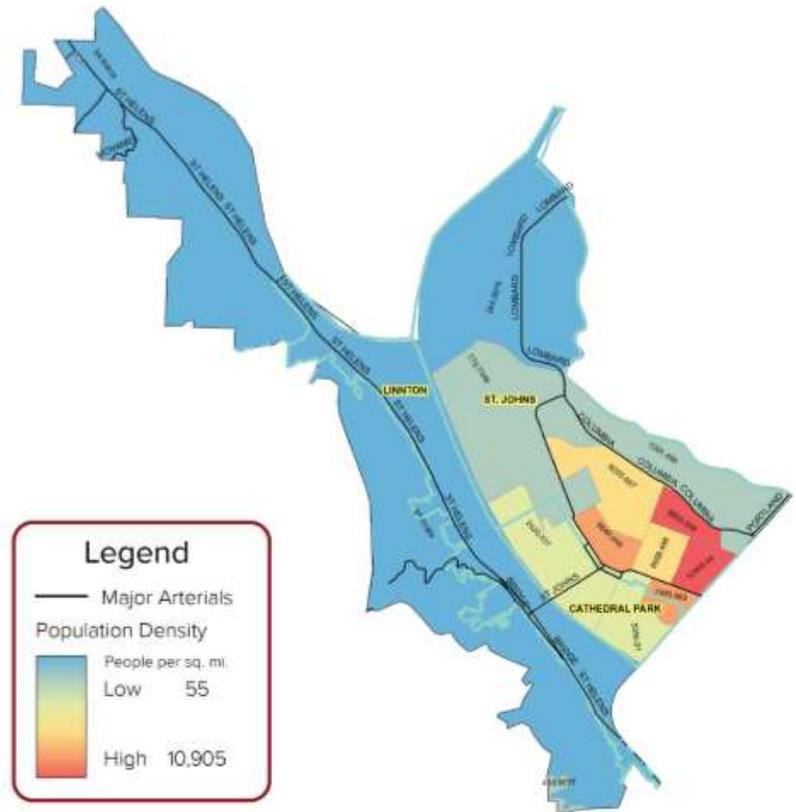
- 1 Data collection and analysis
- 2 Outreach
- 3 Strategy Development
- 4 Evaluation

Data collection and analysis

Urban Form

PSU worked with PF&R to gather and analyze data on a number of variables including the urban form, the demographics of the community, livability, social vulnerability, medical calls, fire calls, and homelessness - all of which were tailored to appraise the Fire Management Area (FMA) surrounding Station 22. These variables combined, can help us identify gaps of service within a specific community.

Though it is the largest geographical FMA in all of Portland (15 sq. miles), FMA 22 has the fourth lowest overall population density of PF&R FMAs. Forty-four percent of the FMA is parks and open space and another 40 percent is industrial land. Regarding housing types, single-family homes make up roughly 60 percent while the remaining 40 percent are apartments, condominiums, duplexes, and other housing types. Sixty-three percent of the population of FMA 22 is concentrated in the St. Johns neighborhood, whereas Linnton is largely residential but interspersed with heavy industrial areas. To best serve this community, Station 22 must be equipped to handle both the dense urban center of St. Johns and Cathedral Park as well as maneuvering steep hillsides, narrow winding roads, and long distance rural responses.



Additionally, three of the City's Vision Zero designated high-incident traffic incidents are within FMA 22. All three neighborhoods are close to industrial and traffic corridors, exposing them to traffic pollution and a high volume of truck traffic.

Demographics

Neighborhood	St. Johns	Cathedral Park	Linnton
Total Population	13,207	2,795	629
White	74.7%	87%	87%
Black	4.5%	6.4%	0.5%
Latino/a	18.6%	3.5%	4%
Asian	4.8%	0.9%	7.1%
Hawaiian / Pacific Islander	2.8%	0.6%	0%
Native	1.7%	0%	0.5%
Other / Two Races	11%	4.6%	4.3%

Note: Total exceeds 100% due to some overlap between categories.

Racial and socioeconomic demographics directly influence social vulnerability and provide the basis for an equity analysis of FMA 22. PSU chose to include demographics of each neighborhood in FMA 22 by measuring the racial makeup, the income distribution, median household income, percent under the poverty line, and the educational attainment.

FMA 22 MEDIAN HOUSEHOLD INCOME

\$87, 813 in 2015 above the city average

The racial makeup of FMA 22 is consistent with the rest of Portland with the majority of the population being white. However, the most diverse neighborhood is St. Johns with a sizeable population of Latino/a's. Cathedral Park also shows a larger black population compared to its neighbors.

FMA 22 shows a wide range of incomes across the three neighborhoods, with Linnton being the wealthiest neighborhood (and predominately white). On the other end of the spectrum, eleven percent of the FMA population has no high school diploma or equivalent, which is higher than the Portland average. Educational attainment typically correlates with income and according to the Center for Disease Control (CDC), income and educational attainment correlate with specific health outcomes in Portland. More specifically, PSU cited a strong correlation between socioeconomic status and health outcomes related to healthcare access and cardiovascular and respiratory diseases. In addition, analysis from Dr. Jon Jay, also suggests that level of education correlates closely with high residential fire risk.

17.6%

HOUSEHOLDS MAKE
\$75,000 - \$100,000

11.1%

HOUSEHOLDS MAKE
less than \$10,000

Livability

Livability characteristics identify apparent gaps in community development as well as strengths that may characterize a community. PSU defined livability components to include:



Walkability and bikeability via Walk Score or community observation and surveying



Food access according to USDA Food Desert Criteria

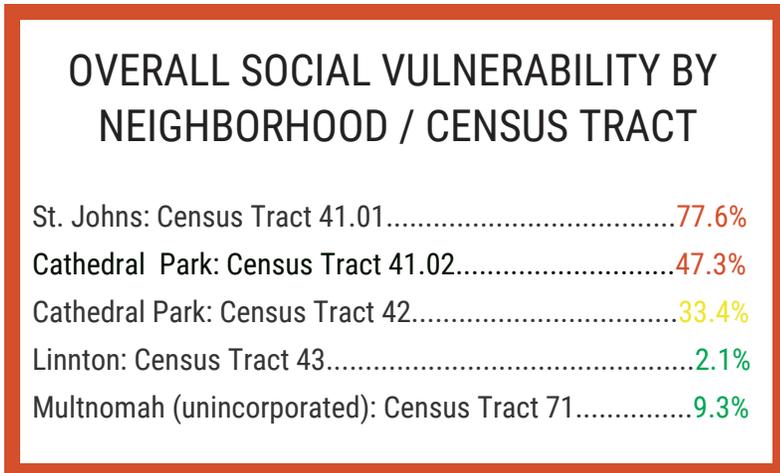


Connectivity

The results for livability are mixed even within the same neighborhood. St. Johns, for example, is considered partially walkable, although it is lower than Portland as a whole. While there are two large grocery stores, one outlet store, and two smaller independent grocers located within St. Johns and Cathedral Park, large portions of St. Johns still meet USDA food desert criteria of low-income, low vehicle access, and limited accessibility to supermarkets. And while parts of Linnton offer bike access, it's limited. The key takeaway from all of these factors combined is that livability is spotty across FMA 22 and there is room to improve.

Social Vulnerability

The CDC Social Vulnerability Index (SVI) assesses the ability of a census tract to rebound from external stresses on human health. The SVI correlates to four themes that include (1) socioeconomic status, (2) household composition and disability, (3) diversity and (4) housing and transportation. Of the four themes, Portland's social vulnerability is most interrelated to socioeconomic status, however, even this varies to some extent depending on the census tract. The figure below shows the SVI for each neighborhood/census tract within FMA 22. The higher the percentage, the more socially vulnerable that neighborhood is and the more difficult it will be for that neighborhood to rebound from external stresses on human health.



SVI - or the ability to rebound from external stresses on health - is primarily related to socio-economic status across the city of Portland. However, as previously noted, variations exist across neighborhoods and census tracts. The figures below shows the primary relationship between the neighborhood and the theme(s) that primarily impact each neighborhood's SVI. It is important that we recognize themes and variations across tracts so that we can accurately address the needs.

SOCIAL VULNERABILITY INDEX STATUS AND THE TOP TWO CDC VULNERABILITY THEMES UNIQUE TO EACH NEIGHBORHOOD / CENSUS TRACT



1. Minority Status & Language
2. Socioeconomic Status

St. Johns



1. Household Composition & Disability
2. Housing & Transportation

Linnton



1. Minority Status & Language
2. Socioeconomic Status

1. Household Composition & Disability
2. Minority Status & Language



Multnomah

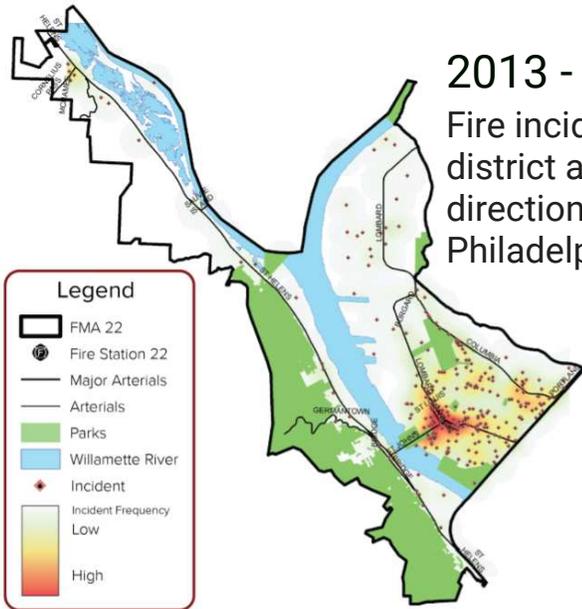
Medical / Fire Calls

Consistent with nationwide trends, the vast majority of PF&R responses are medical calls. This point is worthy of attention when we factor in the strong correlation between socioeconomic status and health outcomes related to healthcare access and cardiovascular and respiratory diseases.

By assessing the SVI for each neighborhood we begin to see that correlation play out in real life when comparing the SVI to the types of medical calls PF&R responds to. The top eight medical incidents PF&R responded to in FMA 22 include trauma, breathing, chest pain, sickness, unconscious, abdominal pain, traffic, and assault.

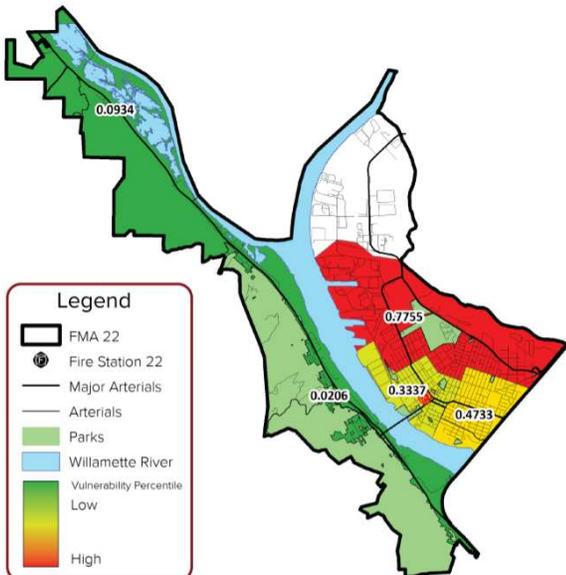
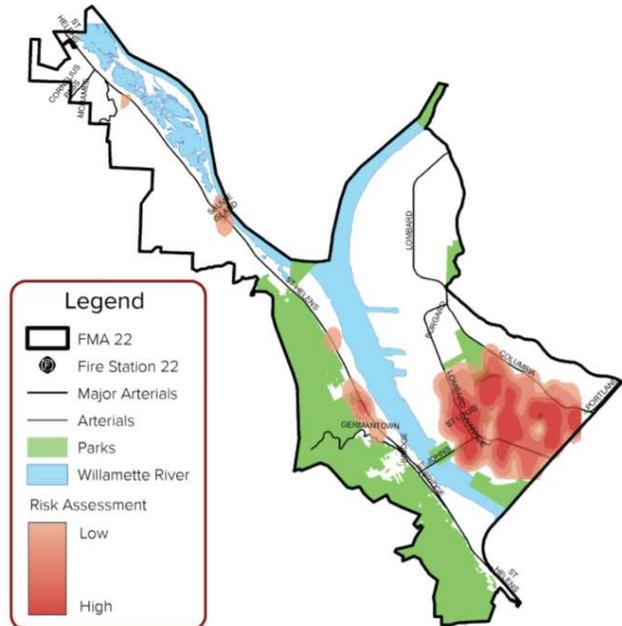
2013 - 2017 Fire Incidents & Incident Density

Fire incidents are highest along St. Johns commercial district and radiates approximately 1/2 mile each direction along the main thoroughfares (Lombard and Philadelphia streets).



Fire Risk Predictive Model

Fire risk is at its highest through most of the Lombard thoroughfare in Portland, OR and is highly correlated with homeownership status and socioeconomic factors.



2013 - 2017 Social Vulnerability Index

Social vulnerability is defined by assessing socioeconomic levels, household composition and disability, minority status and language, housing and transportation, and percentage without health insurance.

Homelessness

Though PF&R has responded to homeless calls for years, PF&R recently began recording their emergency responses with the homeless beginning in 2016. Since February 2017, FMA 22 has responded to 149 homeless emergency response calls. Of these, 60 were medical calls, 27 were service calls, 23 were good intent reports, and 15 were fires. All reported encampments in FMA 22 are situated within either the Cathedral Park or St. Johns neighborhoods, and only 7 of the 149 occurred in Linnton. Camp locations were overwhelmingly located near parks, open spaces, or unimproved/vacant areas.



60
Medical



27
Service
Calls



23
Good
Intent



15
Fire

Outreach

PSU worked to obtain feedback from internal fire bureau members as well as from the community to assess strengths and challenges, to generate new strategies, and to establish potential opportunities for partnership in the future. PSU interviewed participants in the following areas:

- Community health
- Disability & aging services
- Housing & homelessness
- Disaster preparedness
- Social services
- Faith-based organizations
- Schools
- Existing PF&R program

There were a variety of issues brought forward by those interviewed by PSU. The five most pressing issues identified most frequently included:

1. House age and maintenance
2. Earthquake and landslides
3. Homeless health and wellness
4. Health emergencies related to older adults
5. People with disabilities

In response to addressing the list of concerns above, there are a variety of community organizations that provide services that support PF&R's goals to reduce emergency incidents and improve services and outcomes. As PSU highlighted in their report, these organizations can provide services that directly advance that goal, either through medical assistance or emergency preparedness, or they can indirectly advance that goal by increasing the stability and livability of the area. The following are a few that operate within FMA 22:



St. John's Center for Opportunity (SJCO) is an equity-oriented, economic development and community building organization with a vision for "a thriving, diverse, and just community where everyone has access to affordable housing, benefits from economic opportunity, and is civically engaged." To support this vision they engage in community capacity building, promoting access to healthy food and affordable housing, and connecting organizations to resources and information that help their work.



Multnomah County Health Clinic offers care to all Multnomah County residents, including low-income and uninsured individuals. Services include adult care, child care, women's health, reproductive care, mental health, refugee screening, pharmacy, and dental care.



Neighborhood Emergency Teams (NETs) are comprised of Portland residents trained by Portland Bureau of Emergency Management (PBEM) and PF&R to provide emergency disaster assistance within their neighborhoods. Members are trained to help and train others, to save lives, and to mitigate property damage without putting themselves in harm's way until professional responders can arrive. FMA 22 has two NET teams - one in the Linnton neighborhood and one in St. Johns and Cathedral Park.



Community of Hope is a collaboration of the faith-based network in North Portland that provides shelter, stability, and training to homeless single-parent families. Their program seeks to help individuals hold a job, manage finances, prevent addiction, develop positive relationships, improve parenting skills, and make healthy life choices, all within the context of community life.

Strategic Development

PSU worked with Station 22 to develop a number of initiatives that address the challenges facing FMA 22. Those recommendations and initiatives are outlined on page 20.

Evaluation

Each station will evaluate their program successes to determine their impact and whether the time and resources invested are worth continuing. It's worth noting that much of the results we're seeking are long-term results. For instance, we'd like to see an overall reduction in call volume. That is a broad ambition that cannot be solved in a matter of a year. Therefore, it is advisable for fire stations to consider how we measure success and honing their ideas to address both small and large initiatives.

For more information on how we plan to measure success, see page 22.

innovate. partner. advocate.

1 innovate.

First responders have a unique opportunity to interact with diverse populations regardless of a citizen's age, income, or race. This exposure provides opportunity for PF&R service members to recognize trends and patterns that could be indicators of gaps in services and needs within our community. In an effort to encourage ideas to flow from our first responder's experiences, Portland Fire Chief, Mike Myers, has committed to two initiatives with the intent of removing hierarchy and funding as two obstacles for launching Blueprint for Success ideas off the ground.

The first initiative is called Idea Launch Pad and it will occur at minimum twice a year. Idea Launch is an open mic night where anyone from PF&R or an external partner organization can come forward with an idea he or she has to solve a community-wide problem. The idea must address one of five community-based needs: racial equity, public health, mental health, housing/other resources, or safety. If the presented idea resonates with other audience members, those interested will have an opportunity to round table together before the event is done and discuss how to get the idea off the ground.



The second initiative is the allocation of \$10,000 to go toward ideas generated from Idea Launch. This fund will likely grow in years to come as we initiate new stations on the Blueprint for Success path.

Innovation should lead to allocating more funds toward prevention so that fewer resources are needed for reactionary services.

2

partner.

The Blueprint for Success can only be successful if it is collaborative and inclusive with Portland's community partners. Given that our role as first responders is limited in scope, we must rely on collective impact - the coordinated effort of our partners to tackle a specific problem. There are four industries with which we are seeking a collective impact partnership:



Academia

To date, PF&R has formed a partnership with PSU to help us launch the Blueprint for Success pilots across each of our 31 stations. This partnership will be a multi-year effort. PSU has also been instrumental in providing data from their large library of subscription databases.



Medical Providers

Citizens call 9-1-1 for non-emergencies for a myriad of reasons. A partnership with medical providers, hospitals, and agencies is being sought to curtail the number of less-emergent 9-1-1 calls and to help citizens ultimately receive the right kind of medical care.



Social Service Agencies

A day does not go by that PF&R doesn't interact with social issues facing the Portland community - from homelessness to mental illness to extreme poverty. These are symptoms of larger systemic issues that PF&R is not equipped to solve, but other organizations have additional resources which makes partnering all the more important.



Government

PF&R recognizes a myriad of opportunities to work with other City of Portland Bureaus, Multnomah County, and our State legislature and elected leaders. We've already begun reaching out to other City of Portland Bureaus with regards to addressing homelessness. Station 22's Captain Eric Pedersen has also reached out to Multnomah County to discuss opportunities for coordinated efforts.

3

advocate.

Advocacy will remain a major tenant of the Blueprint for Success. PF&R will seek to advocate on behalf of internal City Bureaus as well as external organizations who seek to provide reasonable and innovative solutions to systemic issues focused on racial equity, public health, mental health, housing/other resources, and safety. Advocacy on behalf of PF&R may include support for financial funding, policy or legislative changes, or simply public backing of an organization or an initiative. We believe, that the more cohesive voices that come together, the likelier we are to see change.

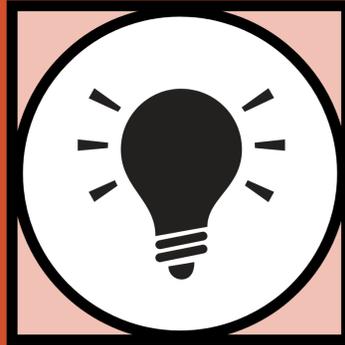
BLUEPRINT FOR SUCCESS

BUILDING A VIBRANT COMMUNITY TOGETHER

innovate.



- Each station is responsible to tailor new or fresh ideas to address the specific needs of their community.



- Ideas can be replicated by other stations so long as the idea is applicable to the station's surrounding FMA population's needs.



partner.



- Working with Internal City Bureaus to address housing, public health, and homelessness removes the siloes and empowers the City to work in a unified effort.



- External government agencies and non-profits are also trying to address the same issues. Working together can give us greater reach.



advocate.



- Advocating may entail supporting additional funding, policy changes, legal support or challenges, or support for additional resources.



- When it comes to the Blueprint for Success and promoting a vibrant community, PF&R's advocacy focuses on: racial equity, housing, public health, mental health and safety.

20

A blueprint for success: What's next?

"Assessing the problem is easy. Putting action to words is the real challenge because it requires us to stand up to the status quo and to sacrifice our comfort with what we know."
---Robyn Burek, PF&R Principal Management Analyst

Station 22 has identified a number of new initiatives that they will be vetting and likely implementing in the coming year. Additionally, all of these initiatives fall within one or more of the five Blueprint for Success themes included within our framework:



Racial Equity



Mental Health



Safety



Public Health



Housing/Other Resources

Station 22 Blueprint for Success Initiatives for 2018:

- 1 Work with Bureau of Development Services (BDS) and Oregon Health and Science University (OHSU) to develop a mobile community resource guide that can be used when first responders are on the scene and need to provide referrals.



- 2 Meet with Multnomah County to discuss medical and mental health services. Discuss the feasibility of blocking out a window of time each week or each month to see PF&R client referrals. Consider looking into Uber Health as a possible transportation option to get clients to appointments.



- 3 Station 22 responds to frequent calls to a particular apartment complex that is surrounded by a chain link fence with obstructed access. Station 22 would like to work with the property owners and city officials to install an automatic gate that would improve access to the building and potentially increase the safety for the residents.



- 4 Increase attendance to the Neighborhood Association meetings and become more active in the monthly NET meetings. Firefighters are able to better connect and communicate with the surrounding community through these meetings, and the NET teams are trained to respond to disasters which is a critical resource for PF&R.



- 5 Utilize Dr. Jon Jay's predictive modeling research to strategize which properties are at an increased risk for fire safety. Partner with NET and Red Cross volunteers to knock on doors and offer a free smoke detector.



- 6 Work with Meals on Wheels to discuss possible collaboration for fire safety and wellness checks with at-risk individuals.



- 7 Install a syringe drop box at the station for used hypodermic needles. Station 22 has arranged a partnership with Neighbors Helping Neighbors and Metro's Regional Illegal Dumping (RID) Patrol to pick up the syringes and used sharps from the drop box.



Measuring success

Throughout life, good health depends on many things: quality education, income and social mobility, economic stability, neighborhood design and safety, language and literacy, and healthy food and nutrition education. But realistically, there are severe gaps of need within the communities and our blueprints are designed to find these areas and provide the appropriate resources.

How do we measure any of these successes? Measuring success may be difficult but there are various performance indicators to consider:

1. Increased number of safe and well visits to target groups (65 and over, people living alone, people with disabilities, smokers, those without existing smoke alarms, people with alcohol dependency, and people with drug dependency) 

2. Reduction of incidents in the specific FMA from the previous year:
 - a. Reduction in fire casualties 

 - b. Reduction of all types of fires 

 - c. Reduction in dwelling fires 

 - d. Reduction in road traffic incidents 

 - e. Reduction of drug overdoses 

 - f. Reduction of suicides 



3. Reduction in burnout by fire crews



4. Reduction of 9-1-1 calls from fewer total incidents



5. Reduction of low-acuity calls

Evaluation efforts may not take place immediately to allow for at least one full year of data. Once the key performance indicators are in place, they will be used to measure the overall effectiveness of the program. There may also be surveys which could capture public opinion on the quality of services provided by Station 22 over the next year.

Summary & key takeaways

- ① We will no longer just wait for a 9-1-1 call to come in. We want to find out the gaps in the community and fill those needs before they become an issue. This is an opportunity to break from traditional ways and implement innovative thinking and planning.
- ② The "One size fits all" approach does not work for each FMA since each one is so unique in demographics, topography, traffic patterns, building density, land use, etc. Each FMA must be analyzed individually and planned for accordingly.
- ③ Opportunity for firefighters to directly make recommendations on how to address these issues since they face these issues on a daily basis.
- ④ We cannot do this alone and we have the opportunity to work with community partners to utilize their resources. There are many resources in the community, but they currently do not work in harmony toward a concentrated effort.
- ⑤ This is an opportunity to utilize data driven planning (for example, predictive analytics). Data dashboards will be provided to each fire station to help them with planning efforts.
- ⑥ This project will help bring the firefighters closer to the community. The firefighters are provided the chance to make important decisions at their level without higher supervision approval.
- ⑦ Through this project, we should be able to better monitor patients' outcomes to determine how effective we do our jobs.
- ⑧ We will establish a baseline current service levels and then evaluate these data sets one year after the program implementation.



Questions?

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