CARE Level I

DeKalb County Board of Health

Grantee Final Report

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Grantee: DeKalb County Board of Health
Project location: in and around Clarkston, Georgia
Project title: Greater Clarkston Community Environment and Health Program
Grant period: October 31, 2005 – February 29, 2008
Project Manager: Carla Jeffries
EPA Project Officer: Michelle Boyd

I. Your Partnership

Please describe your CARE partnership and explain how it operated. Please make sure that your description includes the following:

a. What environmental problems does your community face that brought people together?

The environmental problems faced by the Clarkston, GA area are as varied as the diverse population that lives there. Some of the biggest general problems were issues related to littering/debris and the esthetic quality of the community. Built environment issues, such as lack of sidewalks and crosswalks, were also common problems, as this is a heavily pedestrian community. Poor air quality, especially in the summer months, was also a common issue identified (due to Clarkston being part of the greater Atlanta heavy transportation area). People in this community were also brought together by a desire to see the polluted Clarkston Lake rehabilitated.

b. How many individuals and their organizational affiliations were involved? Please review and add to the attached list and please add a contact name for each organization.

There were a total of 19 organizations involved. Please see Table 1 on page 13 for a complete list of the organizations involved in DeKalb's CARE program.

c. Did this project bring any new partners into your work? How did the new partners aid the partnership and project?

The most important new partner brought into this project by our work was the DeKalb County Community Development Department. This partner was able to give guidance and structure to our work with the Brannon Hills community and allowed us to uncover vital resources for supporting this financially endangered segment of Clarkston.

d. What role did your organization play in this partnership? What skills were most important from your organization to implement the project?

The role played by the DeKalb County Board of Health (DCBOH) in this partnership was mainly twofold: 1.) as a facilitator for undertaking large-scale efforts (such as the Town Hall meeting in summer of 2006 and the Clarkston Lake water quality analysis), and 2.) as a connecter to services and resources from multiple government agencies throughout DeKalb County and greater Atlanta to the Clarkston community.

The most important skills displayed by our organization were our expertise in bringing multiple groups and agencies to the table to discuss common goals, our ability for

organizing community energy towards large-scale efforts, and our capacity for devoting abundant time and resources to this project.

e. Which partners were most active? How?

The most active partners (aside from DCBOH and US EPA Region 4) were the Clarkston Health Collaborative (CHC), the Clarkston Lake Committee, the Brannon Hill Homeowners Association, DeKalb County Public Works, and DeKalb County Community Development. These partners were most active because they demonstrated a real commitment to the CARE process. These partners were often present at community meetings, always eager to lend assistance and volunteer time, and consistently available via email or telephone when necessary. The CHC was a particularly active partner as they were able to provide excellent contact lists for potential community partners throughout Clarkston and always made time on their monthly agenda to discuss issues related to the CARE process.

f. What resources and strengths did each organization bring to the project?

Please see Table 1 on page 13 for a description of the resources/strengths brought by each of the organizations involved in DeKalb's CARE program.

g. What efforts did you make to ensure that the most vulnerable community members were included in the partnership?

Our efforts to include Clarkston's most vulnerable population in our partnership were richly rewarded by consistent participation by the refugee community. DCBOH has an extant relationship with this population due to our Refugee Health Services division. This was additionally cultivated by our working closely with the popular local Segal Radio station's DJ's in order to build trust and familiarity throughout this population and to keep these community members aware of ongoing CARE activities. Our work in Brannon Hills was entirely conducted with the participation of the Somali refugee community and relationships with The Empowerment Initiative and Just Cause Incorporated were cultivated for their capacity to bring CARE into problem-solving processes for this community.

h. What role did your EPA Project Officer play in the partnership?

Our EPA Project Officer (Michelle Boyd) was a constantly available resource for our local initiatives. She was able to connect the Clarkston community with informative and appropriate contacts at the federal level who could provide in-depth descriptions of the potential regional environmental hazards. She was also able to connect the DCBOH with opportunities for information-sharing with other CARE programs in the Southeast and around the US.

i. What barriers did your partnership experience and how did you overcome them (distrust, unequal power, control over money, differing priorities, process for reaching consensus, etc.)?

Our partnership experienced barriers mostly in terms of differing priorities, cultural differences, urgent issues overtaking the CARE process, and community anxiety over local politics. The barriers surrounding differing priorities were eventually smoothed over by a gentle but firm adherence to the CARE process that was explained a number of times until the parity became clear to dissenting members. The survey administered

in 2006 also helped make clear what were the actual priorities among community members, rather than those of just a small, vocal contingent. Cultural differences arose in the Brannon Hills community as that is a largely Muslim refugee population and we were not able to engage many women in the CARE process. We tried to work with the men and find creative solutions via our advocacy partners but we must always understand that our prioritization and action plans may not truly reflect full participation of all members in that population. Another major barrier that greatly affected the work of partnerships in the Brannon Hills community was the urgent economic issues that would arise and tend to take over the CARE process. Because this part of Clarkston is extremely economically depressed, the immediate needs of this community would often shift away from the CARE process and into emergency mode, such as during a foreclosure threat in the summer of 2007. A catastrophic fire in Brannon Hills (in December 2007) similarly forced the partnerships into an urgent re-prioritization of issues. This was overcome simply by being flexible to the needs of the Brannon Hills Homeowners Association and realizing that the value of CARE may not always be strict adherence to the process, but sometimes can be in the capacity to invoke response from established relationships that can immediately assist those in dire need. Local politics threatened to shake the foundations of the partnerships due to some internal competitiveness between two vocal members of the Clarkston Health Collaborative, as both were interested in attaining city government positions. During the election season of 2006, several local politicians used the Town Hall meeting and Clarkston Health Collaborative meetings to further their own agenda and push their individual platforms. This created some stress among community members; however, all these issues resolved once the political season drew to a close.

j. How has this partnership improved relationships among those involved? Please describe the working relationship that has improved the most and those that may still need work.

The working partnership that has improved most is that between the Clarkston Lake Committee and the Clarkston Health Collaborative. In the early days of the prioritization process there was much concern that the Clarkston Lake Committee was forcing its interest in the ecological health of Clarkston Lake upon the rest of the community. This is essentially a private lake with a handful of homes surrounding it and so the use of CARE resources to address lake problems did not necessarily engage the community as a whole. After spending several months utilizing the PACE-EH prioritization method, the Clarkston Health Collaborative and the smaller Clarkston Lake Committee faction were able to improve their working relationship and discover the need for mutually beneficial solutions to the community's problems. A working relationship that continues to need improvement is that between the Brannon Hills Homeowners Association and the Clarkston Health Collaborative. It has been proposed that the CHC does not need to be concerned with the environmental health concerns of Brannon Hills, as this part of the community lies just outside the city limits of Clarkston. In addition, the issues surrounding the fires and threatened foreclosures on Brannon Hills have often "taken over" other Clarkston environmental health discussions, which can create resentment during meetings. The distance between these two partners is probably enhanced by the fact that most of the Brannon Hills residents are members of the refugee community and do not integrate fully with the rest of Clarkston. Strong connections with The Empowerment Initiative partnership greatly

help facilitate the relationship between CHC and Brannon Hills, but there is still work needed to fully bring these two groups together.

k. Has your organization engaged in a similar process to CARE in which you had a similar role? Please describe briefly.

The CARE program is the only process of this type that we have engaged in at the DeKalb County Board of Health.

II. Your Project

Please describe your CARE project and provide copies of important materials that you developed. Please make sure that your description includes the following:

a. How did you go about identifying toxic risks and setting priorities (e.g., methods you used, data sources you used)? What were the top risks identified and why? Please provide us with your risk ranking and your priorities for action. Feel free to just attach an existing summary or final report if you have already created one.

Working in partnership with community stakeholders, the DCBOH facilitated focus groups meetings to identify environmental toxins of concern to the community. As a result of these meetings, the Clarkston community requested a town hall meeting to increase awareness of environmental concerns among decision-makers and stakeholders (See Attachments Meeting Notes). After analyzing the results from all previously held meetings, the DCBOH created an environmental survey to be distributed to the larger Clarkston community. The survey development, distribution and analysis were completed utilizing in-kind support from the DCBOH and no CARE funding was utilized for these efforts.

The survey was the method used to identify priority areas of environmental concern for the community. A brief summary of the results are provided below. For full survey details, please see Appendix 1 on page 15, entitled "CARE Community Survey Final Results."

The majority of the respondents from the survey identified outdoor air quality (transportation, industry, and construction) to be of greatest concern to the community. However, a significant portion of respondents (21.6%) identified concern over the quality of their indoor air (smoking, carbon monoxide, mold and radon). This was also discussed at community meetings. Consistent with "The Inside Story: A Guide to Indoor Air Quality" by the U.S. EPA and the U.S. Consumer Product Safety Commission, DCBOH also recommended focusing on indoor air quality for the following reasons:

- **Increasing scientific evidence that indoor air (homes and buildings) may be more polluted than the outdoor air in some of the most industrialized cities**
- **Research indicates that people spend as much as 90% of their time in indoor environments**
- **Risks to health may be greater due to exposure to indoor air than outdoor air**
- **Indoor air pollution is a risk that we can do something about**

The CARE community survey contained a section designed to identify built environment issues. Three built environment issues identified as very important by community members were: a need to safely cross streets, availability and integrity of sidewalks and the physical state of homes and other buildings in the community.

For the complete results of risk ranking and prioritizing action, please see Table 2 on page 14.

b. What process did your community partnership use to reach formal agreement on what toxic risks to tackle first?

The PACE-EH Environmental Health Ranking Worksheet was used to engage partners in evaluating their criteria for ranking risks. Because this evaluation was quantifiable (i.e.: numerical weights assigned to qualitative topics), it was possible to reach formal agreement despite strong emotional response to issues that ultimately might not motivate action. Due to language barriers and other issues, a visual prioritization of environmental health concerns was the final method for reaching formal agreement via a dot prioritization weighted vote.

c. How did you inform the broader community of the results of the risk ranking and priority setting?

Results of the ranking and priority settings were made available via a survey results meeting and printing of materials that were distributed by CARE partners to the greater community.

d. How far did you get in planning your toxic reduction strategies?

Several interesting plans were developed for toxic reduction strategies. Air quality was still of interest to CARE partners, after EPA specialists were able to inform community members that there were not any significant sources of industry emissions in the area; rather air pollution was more significantly linked to regional transportation issues. Brannon Hills was able to make some progress on removal of a building in dangerous disrepair (damaged by fire just prior to CARE program). A plan was developed for Brannon Hills to address emissions produced by taxi cabs leaving their engines idling via a community awareness program. Similarly, within the Clarkston Health Collaborative, a committee planned to meet to tackle the issue of emissions produced by diesel school buses idling outside Clarkston's schools. As city funding became available for revitalizing the downtown Clarkston area, CARE partners began a project that would identify the built environment infrastructure most in need of improvement, such as particular heavy pedestrian-use streets lacking sidewalks or signalized crosswalks. We also discussed the usefulness of a Photo Voice project wherein community member could document with cameras what they perceived as areas most in need of improvement. The images could then be displayed at the local community center in an effort to raise awareness and involvement. The Clarkston Health Collaborative was able to engage DeKalb County Public Works for a water quality analysis of Clarkston Lake and has since been able to plan toxic reduction based on the results of the water testing. One of the recently observed issues is the presence of a beaver in the lake who builds dams that thwart the ecological rehabilitation process in the lake. Removal of the dam has been scheduled along with plans to learn to harmoniously co-exist with the beaver as a natural part of Clarkston's ecosystem.

e. To what degree did your project raise awareness and build support for action?

We believe that our CARE project was an integral part of the increased activity in Clarkston surrounding environmental health awareness. Monthly (and at times more frequently) meetings that introduced and reinforced new concepts, the building of contact lists, the presence of EPA officials who were ready to listen and offer advice—

these and many more individual components of our CARE project combined to influence a community toward action and a new state of awareness.

f. How did you build momentum over the course of your project? Did you secure any "early wins" to help build momentum? Did you look for additional funding early on? What was acquired?

Our most important early wins were those of human capital. Securing the involvement of our academic partners helped us shape the future of our program and ensure a rolling momentum. Momentum was built to a high point around the Town Hall meeting event in 2006 and again upon the sharing of survey results. In the last two quarters of the CARE program our momentum would have lagged, if we had not been able to engage the involvement of interested local officials who are now heavily invested in the future of Brannon Hills and the built environment of greater Clarkston.

g. What technical resources (e.g., data sources, modeling or mapping tools, programs, or approaches) were important to support local decisions? Where did you turn for help?

The Risk Screening Environmental Indicators (RSEI) was the technical resource of most use, especially as training on this tool was provided for DCBOH staff at EPA Region 4. EPA Air Quality specialists were particularly helpful as they were available to interpret data and provide information to Clarkston residents.

h. What were the significant *outputs* of your project (meetings held, materials developed, people trained, etc.)?

Meetings held (N = 23) were the most significant outputs, as were the development of documents to support Clarkston's health initiatives in the form of survey data.

i. What were your project's most significant *outcomes* (changes in knowledge, behavior, and practice, e.g., reached consensus on priority toxics, number and type of partners you were aiming to bring to the table and were successful at bringing to the table, "early win" environmental results from cleanups, collections, etc.)

A highly significant outcome is the change in behavior and increased knowledge, based on the capacity of the Clarkston Health Collaborative to come to consensus on environmental health issues. The stated intention of Brannon Hills to improve their financial situation, thereby enabling them to address their greatest concerns is also a significant outcome of the CARE process. A definite important outcome is the sheer variety and volume of partners involved in Clarkston's CARE program who are now invested in the future of the area. The momentum surrounding cleanup of Clarkston Lake and plans for other activities are also considered successful outcomes of CARE.

j. What specific reductions in environmental risks, if any, did your project achieve?

A possible reduction in environmental risk is a decrease in idling emissions among taxi cab drivers who live in the Brannon Hills community due to a heightened awareness from attending CARE meetings as we designed a community awareness plan. It has not yet been measured but there is a possibility that Clarkston Lake's water quality will see a reduction in environmental risk. This will be measurable in the future as there is now a baseline for comparison that was achieved via the Public Works water quality analysis.

k. Were there differences between your original plan and what actually occurred in your project? Did you achieve your objectives? Please explain. What objectives were not met and why?

There were many differences between the original plan and the actual outcomes of our CARE program! In our original proposal, we hoped to work in a community adjacent to a DeKalb County landfill; this plan was determined to be unfeasible which led us to working with the Brannon Hills community. Our objectives for Brannon Hills were to identify health risks of most importance to all community members and to stay on task for developing a plan of action. Due to cultural barriers, we were not able to meet with very many women in Brannon Hills so we will never know if the health risks identified truly represent what is perceived. We had to modify our approach for this group and obtain information by proxy, which was not necessarily something we had anticipated in our original plan. While the group was able to rank and prioritize environmental health risks, the prioritizing several times took a back seat to an urgent issue, such as a devastating fire in the community or foreclosure. Although this extreme flexibility was not anticipated in our original plan, we were happy that the CARE program was able to build relationships between Brannon Hills and other partners to a degree that when a truly urgent issue arose, there was a quick response from county agencies. We did not emerge from our work in Brannon Hills feeling confident that the community would be able to follow its action plan. This is simply an extremely unstable community with its basic needs unmet that outstrips the scope of CARE. Our work was able to place this community in much closer contact with the county services it desperately needs and was also able to begin a rewarding dialog about environmental health hazards but it will take some time before the objectives are fully able to be met in Brannon Hills. Our work with the Clarkston Health Collaborative essentially turned out the way we had designed in our original plan; we were able to meet our objectives, ensure the success of environmental health awareness and feel confident the of steps in our action plan would be followed in the community beyond the life of the grant.

l. What other resources (not already covered in your discussion of your partnership above) did your project mobilize, both financial and in kind?

We did not mobilize any additional resources but our partnership remains determined to uncover future funding sources as well as local business in-kind donations.

III. Reflection

a. How likely is it that the progress achieved could have been made without your CARE partnership?

In the case of Brannon Hills it is very unlikely that much progress would have been made without CARE involvement. Our work in that community represented the first time many of these community members had had face time with any county agency representatives, as well as the first time environmental health risks had been considered as an issue. The Clarkston Health Collaborative was a long-standing organization that may have achieved some progress of value but it is undeniable that the CARE partnership truly gave the meetings structure and a focus for their efforts.

b. What do you consider your project's greatest achievement?

The greatest achievement was twofold: one part was the Clarkston Health Collaborative's momentum towards engaging in their action plan and sustaining community interest in addressing the environmental health risks they had identified. The second great achievement was the introduction of environmental health risks as a concept to the Brannon Hills community and putting them in contact with essential local services.

c. What was your greatest challenge and how did you deal with it?

The greatest challenge was when working with the Brannon Hills community under their time of economic distress. It was difficult for us to begin to make progress on the CARE prioritization only to have the process disrupted by urgent problems. We found it difficult to return to a rigorous ranking of previously identified issues after foreclosure events and a fire in the community. We dealt with this by accepting the fact that the action plan was not likely to be pursued in the time frame that had been originally established as there were suddenly other issues that needed to be addressed. We decided that one of the greatest values of CARE was that the partnerships enabled Brannon Hills community members to better reach necessary contacts to lessen their financial burdens.

d. What would you do differently next time in terms of organizing and structuring your partnership to achieve your project objectives?

We would be better prepared to face community crises, such as those undergone in Brannon Hills. Our CARE partnership would have included more members from the Muslim refugee community who understand the nuances of the Koran. It also would have been structured with a "safety net" in place to address communities under great economic stress; perhaps a better alliance of partners with funding opportunities or PR experience would come in handy.

e. How might you have been more strategic in designing or implementing your project?

Our strategy in approaching our final outputs should have been more clearly defined. During the last quarter of the project it became difficult to know whether any of our outputs were genuinely measurable; perhaps a more clear strategy for quantifying our work would have reduced our confusion. We also should have given more time to the Clarkston Health Collaborative towards the end of the project, as the needs of Brannon Hills overtook much of the CARE process; better planning would have enabled us to divide attention more equally between these communities.

f. If you chose to create one, did you find using a logic model or other goal-driven model helpful? Please explain. Did the model change over time? If so, how?

The model changed slightly over time, mostly in the areas of short-term outcomes, but the changes were not significant. Please see Appendix 2 on page 19 for the logic model.

g. To what extend did your CARE community communicate or engage with other CARE communities and how was that interaction helpful?

Our CARE community did not interact with other CARE communities, although there was some good information sharing at the time of the 2007 Annual Conference.

h. Did media coverage play a role in your project? If so, please explain.

The media did not play a significant role beyond a little bit of coverage at the time of the Town Hall meeting in 2006.

i. In what ways did you rely on EPA for assistance (assessing risks in your community, conflict resolution, partnership support, voluntary programs, such as Tools for Schools or Pollution Prevention)?

We relied heavily on EPA for air quality risk assessment in the community and to provide expert opinions at our meetings. There was also ample provision of analysis tools and the training to use these tools (such as RSEI), fact sheets for the community, and guidebooks on the PACE-EH process.

j. What role did your Project Officer and other EPA staff play in your work? What would you have liked more of or less of?

Our project officer, Michelle Boyd, was an excellent connector to all the services and tools that came in handy from EPA. She provided just the right amount of interest and conferencing with our bi-weekly meetings. Other EPA staff members were able to attend meetings in the community and DCBOH presentations at Region 4.

k. To what extent do you think that this project increased the capacity of your organization? Your partnership? Your community? Please provide examples.

DCBOH was able to increase its capacity for community-based risk assessment due to the training of several staff members who provided support during CARE meetings. Strong relationships were built with academic institutions to support the design of our CARE process and that has permanently enhanced the capacity of our organization. The partnership is strengthened due to improved inter-agency communication skills and a true understanding of who the individuals are in each organization that should be involved in community matters. The Clarkston community itself has an increased capacity in its firm relationship with DCBOH and other significant county agencies and an ability to perform environmental risk rankings for future issues.

l. Did your project produce any new "community leaders?" Please describe.

We believe there are at least two strong community leaders in the Clarkston Health Collaborative who were empowered to better serve their community after working through the CARE program. Our main contact at the Brannon Hills Homeowners Association has also stepped up to become a strong community leader as he was able to fully realize his skills in working with county officials during the CARE process.

m. What advice would you offer to other communities undertaking similar work?

We would encourage communities that are working with a refugee population to be sure to develop a partnership that includes advocates for that specific refugee group.

IV. What Next?

a. Will members of your partnership continue to work on these issues?

There are several partners that anticipate further close work with both the Clarkston Health Collaborative and the Brannon Hills community. DeKalb County Public Works will be in contact with Clarkston Lake Committee, the City of Clarkston and the CHC. Brannon Hills will continue its relationship with the CHC, DeKalb County Board of Health, the City of Clarkston, DeKalb County Community Development, The Empowerment Initiative, and Just Cause Incorporated.

b. How will this work be sustained?

The deep need for help in the Brannon Hills community has been recognized by DeKalb County Community Development, upper management of the DeKalb County Board of Health, and local elected officials, so the sustained momentum of this work is ensured by necessity. The Clarkston Health Collaborative will sustain its work by continuing to be a resource for people in the community by managing monthly meetings. Our involvement with CHC and Brannon Hills will continue regardless of funding opportunities.

c. Please describe a continuing or next source of funding you have for your work or other groups in your community that have continued the work and have found funding.

At this point there is no new funding source although it may be possible for the Clarkston Health Collaborative to apply for a small grant from the DCBOH Steps To A Healthier DeKalb program to ensure the future of several proposed projects.

V. Feedback and Follow up

a. Please share any thoughts you have about what EPA could do to improve the CARE program.

The CARE program could be improved by getting the various CARE programs in each region to talk to one another on a more regular basis and actively engage in information/resource sharing.

b. We want to keep in touch and learn about the work that you do after your grant with CARE. Would it be okay for someone from the headquarters CARE team to contact you in the future to talk about how your work is progressing? Are there others we should contact instead of or in addition to you? If so, please provide their contact information.

The post-grant life contact here at DeKalb County Board of Health will be Ryan Cira. He may be reached at 404-508-7900. He will not be directly involved in the progress of work in the community but he will be able to connect the CARE team with an individual at DCBOH who can provide information.

c. Would you be willing to be interviewed for a more in depth case study?

Normally the answer would be, yes of course, but as the current project manager (Carla Jeffries) is leaving her position at DeKalb County Board of Health, it will unfortunately be impossible to provide an interview for a case study.

Table 1. Partnerships for DeKalb CARE

Organization Name	Type of Organization	Contact name	Resources/Strengths of Organization
Clarkston Health Collaborative	Non-profit	Chris Holliday	Monthly meeting facilitation
City of Clarkston	Local government	Emanuel Ransom	Permission to use community space, contact with city officials
DeKalb County Board of Health	Local government	Carla Jeffries	Coordination, facilitation and relationship-building
Rollins School of Public Health	Academic institution	Karen Mumford	Project design support, provision of student volunteers
Clarkston Lake Committee	Other	Cathy Burroughs	Volunteerism, event organization
United Way	Non-profit	Arlene Parker Goldson	Consultation, facilitation of Town Hall meeting
US EPA Region 4	Federal government	Michelle Boyd	Provision of necessary materials, federal contact
DeKalb County Public Works	Local government	Charles McKinney	Evaluation of potential environmental hazards
Segal Radio	Other	Hussein Mohammed	Communication with vulnerable population
DeKalb County Community Development	Local government	Chris Morris	Local government action on urgent community needs, advocate for vulnerable population
Brannon Hill Homeowners Assoc.	Other	Abdulhakim Awmalin	Contact and organization of vulnerable population, translation
Just Cause Incorporated	Non-profit	Lorrie King	Advocate for vulnerable population
The Empowerment Initiative	Non-profit	Keif Schleifer	Advocate for vulnerable population, cultural liason
Agnes Scott College	Academic institution	Donna Stroup	Program evaluation support, focus group coordination
Chapel Hill Harvester Church	Other	Paula McPhail/Jarrell Mosley	Focus group coordination and participation
Seminole Landfill Area	Other	Sandra Arnold	Local environmental health risk action model
Mohamed High School	Academic institution	Ishaq Majeed	Advocate for vulnerable population
Green Umbrella	Non-profit	Lee Ann Harvey	Environmental health consult
Georgia Perimeter College	Academic institution	Michael Denniston	Town Hall meeting facility, program design support

Table 2: Risk ranking and priorities for action

Clarkston Health Collaborative	
Risk rank	**Priority**
Difficult to safely cross street	1
Homes & businesses badly in need of repairs	5
Not enough sidewalks/poor quality of sidewalks	2
Runoff in groundwater or lake	4
Industry putting harmful emissions in air	6
Transportation causing poor air quality	3

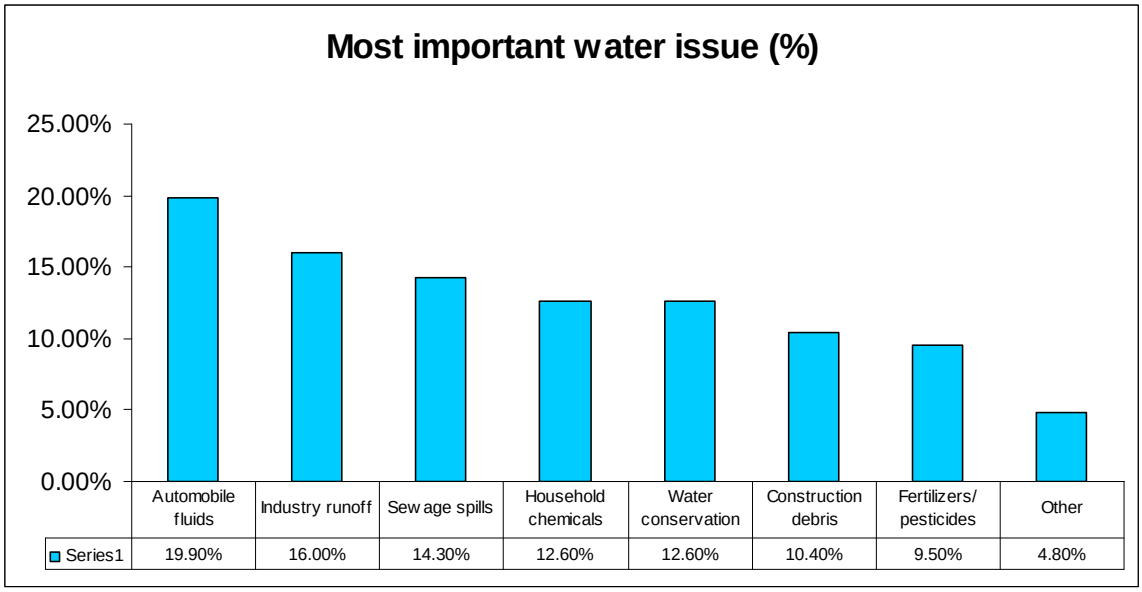
Brannon Hills	
Risk rank	**Priority**
Outdoor air quality (vehicle exhaust)	2
Crime	4
Mold	3
Fires	1
Lack of streetlights	6
Buildings in dangerous disrepair	5

Appendix 1: CARE Community Survey Final Results

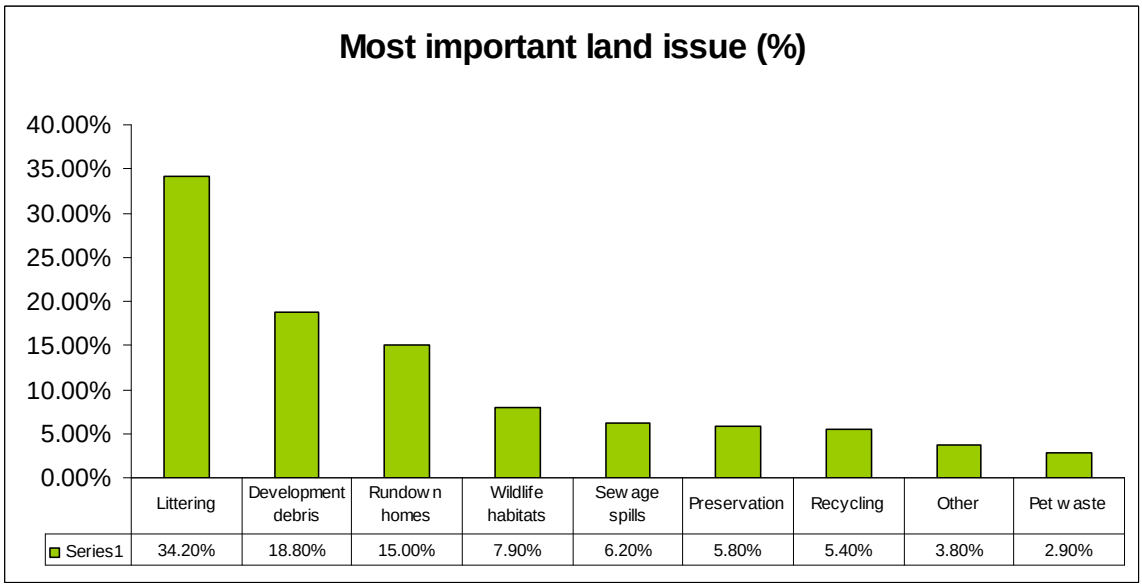
Total respondents to survey: N = 286

DEMOGRAPHICS		
Member of the Clarkston Community	Raw #	%
Attend a place of worship in Clarkston	112	39.44%
Attend school in Clarkston	80	28.17%
Business owner	25	8.80%
Recreation	17	5.99%
Resident	78	27.46%
Work in Clarkston	52	18.31%
Other (please specify)	22	7.75%
		Total # respondents= 284
Race	Raw #	%
American Indian or Alaska Native	2	0.71%
Asian or Pacific Islander	19	6.71%
Black (of African Descent)	190	67.14%
Caucasian	63	22.26%
Hispanic or Latino (of any race)	1	0.35%
Two or more races	9	3.18%
Other (please specify)	5	1.77%
		Total # respondents= 283
Age	Raw #	%
13-17	47	16.43%
18-25	34	11.89%
26-34	45	15.73%
35-46	72	25.17%
47-54	32	11.19%
55-64	26	9.09%
65-74	10	3.50%
75 or older	20	6.99%
		Total # respondents= 286
Income	Raw #	%
Low or little income	39	18.31%
Middle income	159	74.65%
High income	15	7.04%
		Total # respondents= 213
Education	Raw #	%
Have not completed high school or obtained GED	59	21.45%
High school diploma or GED	93	33.82%
College Degree	83	30.18%
Graduate Degree	40	14.55%
		Total # respondents= 275

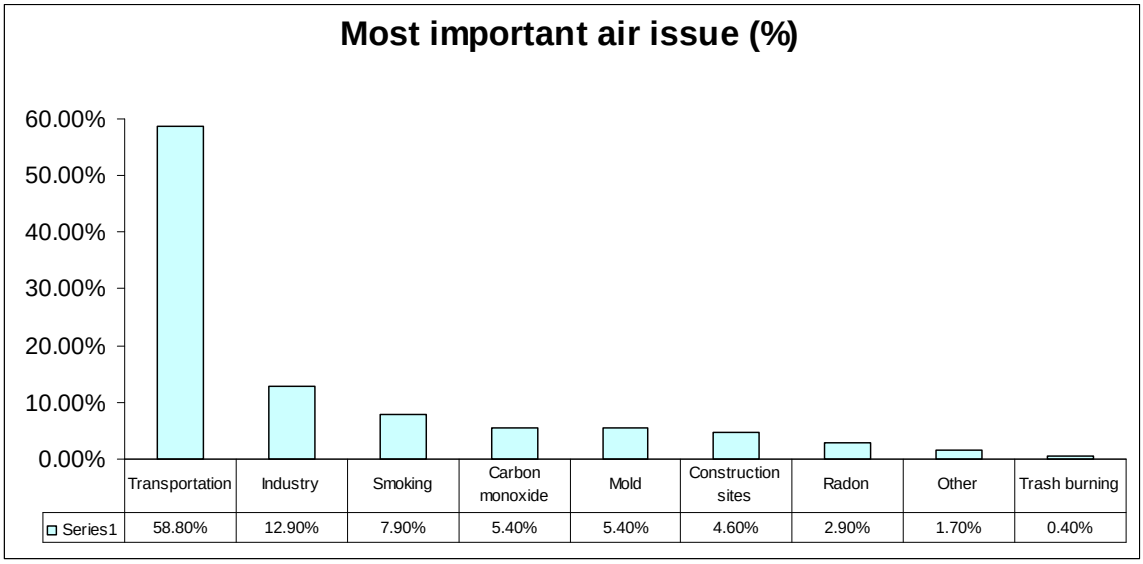
WATER QUALITY ISSUES
Total # Respondents = 231



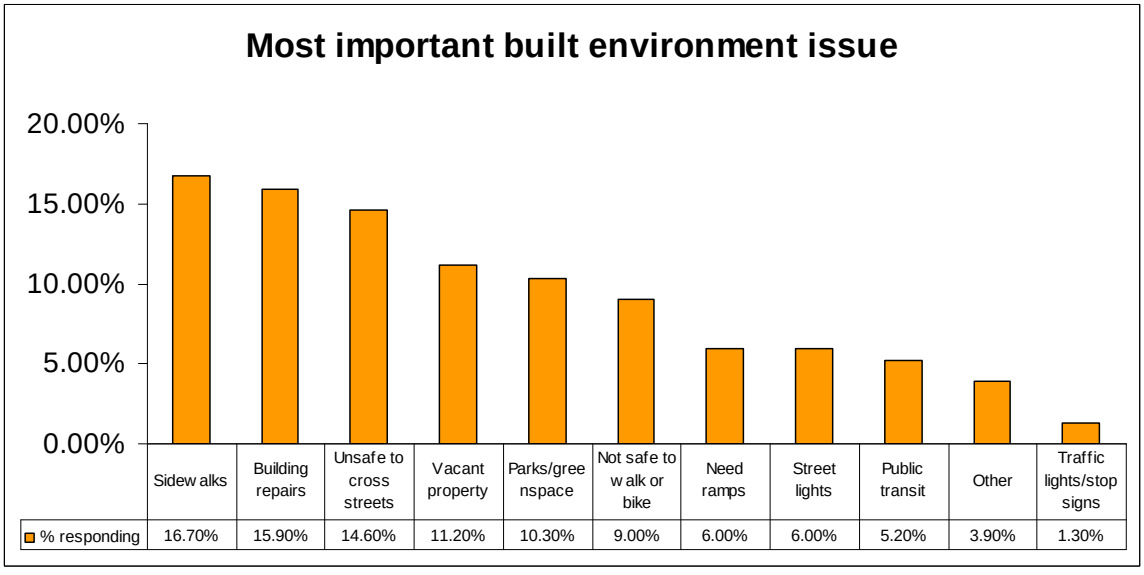
LAND QUALITY ISSUES
Total # Respondents = 240



AIR QUALITY ISSUES
Total # Respondents = 240



Built Environment Issues
Total # Respondents = 233



CONTACT WITH COMMUNITY		
What is the best way for you to receive information?	Raw #	%
Community meeting	89	34.63%
Email	101	39.30%
Mailing	103	40.08%
Newsletter	91	35.41%
Newspaper	89	34.63%
Radio	83	32.30%
Television	119	46.30%
Other (please specify)	19	7.39%
Total # respondents= 257		
Are you willing to participate in a focus group?	Raw #	%
Yes	71	24.83%
No	215	75.17%
Total # respondents= 286		

Appendix 2: DeKalb County CARE Program Logic Model