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Oneida County CARE Project

CARE Level 1 Cooperative Agreement

Final Report

Prepared by:

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I. The Collaborative

In the summer of 2005, Eric Faisst, Director of Oneida County Health Department began the process of applying for a newly established grant program offered by the Environmental Protection Agency. The opportunity was known as the CARE Project and stood for Community Action for a Renewed Environment. EPA's goal for this Project was to assist a community in bringing together a collaborative of community representatives to identify and prioritize environmental health issues of local significance. Based upon historical activities and current economic conditions, Oneida County faces many environmental health issues which will be later discussed in this report.

Mr. Faisst brought together a core group of personnel to develop the application on behalf of the Oneida County Health Department. This group, which later served as the project Steering Committee, consisted of the following:

- Eric Faisst, Director of Health, Oneida County Health Department
- Nick DeRosa, Director of Environmental Health, Oneida County Health Dept.
- John Dunn, Principal Sanitarian, Oneida County Health Department
- Faye Rosselle, Cornell Cooperative Extension
- Heidi Klein, Community Environmental Health Strategies Inc.
- Lisa Worden, Administrative Assistant, Oneida County Health Department

The application was submitted, and Oneida County was selected as one of the initial twelve CARE Communities in 2005. After being selected, the Steering Committee immediately began the process of developing a collaborative by sending out approximately 120 invitations for a CARE Project kickoff event to various agencies and organizations throughout the community. Included in this process were businesses, service provider agencies, government agencies, and faith-based organizations. Every effort was made to develop a representative segment of Oneida County, which would address the needs and concerns of all populations. The event was also advertised through the media, and members of the public were invited and welcome to attend. At this event, which was held on November 10, 2005, an overview of the Project and its anticipated goals and objectives was presented to the attendees. They were also asked to choose a level of commitment which best fit their interest and capacity. Level 1 members would be required to meet monthly throughout the two year duration of the Project, and these members would be the decision-making body of the project. Level 2 members would be kept informed of all progress made by the Project and may be asked to participate on specific tasks or activities based upon their expertise and availability. The Oneida County CARE Project membership was comprised of approximately 25-30 Level 1 members, and 60-70 Level 2 members. Throughout the duration of the Project, new members were continually added to the roster as the CARE Project drew more local attention.

Aside from the Steering Committee, Level 1 and Level 2 memberships, the Project structure also included a panel of technical experts/advisors. These members were chosen for their various expertise in environmentally-related issues, and would be utilized

by the Team throughout the duration of the Project. A full list of Project members, their agencies, and their membership level has been attached as Appendix 1.

The Oneida County Health Department served as the applicant and grant recipient for this Project and maintained active membership throughout the two year process. However, this was a community-based initiative, and the Health Department worked diligently to serve only as an active member and not the driving force behind the Project. As this was a cooperative agreement, the EPA assigned Derval Thomas as EPA Project Officer. Derval attended all Project meetings and became an instrumental component of both the Steering Committee and the Project itself. His knowledge of environmentally-related issues and his understanding of EPA's goals for the CARE effort proved vital to the success of the Oneida County CARE Project. As this opportunity was the first of its kind in Oneida County, one of the most important outcomes for the Oneida County Health Department was the opportunity to work beside and develop professional relationships with a variety of agencies and organizations previously not engaged with Health Department activities. This networking has benefitted the Oneida County Health Department far beyond the CARE Project itself.

II. The Project

As this was a Level 1 Project, the Oneida County CARE Team strived to successfully accomplish the preset goals of bringing together a community collaborative and identifying and prioritizing environmental health issues of local significance. In order to accomplish these significant tasks, the CARE Team adopted the PACE EH process. PACE EH (Protocol for Assessing Community Excellence in Environmental Health) was developed by the National Association of City and County Health Officials. The process is a dynamic template which can be molded to fit a specific community. Oneida County was very fortunate to have Heidi Klein as the CARE Project Facilitator, as she previously worked for NACCHO and co-authored the PACE process. As the Team began to formally meet in December of 2005, the first step was a brainstorming session during which Team members developed a comprehensive list of issues impacting Oneida County. Throughout the first part of the Project, this considerable list was consolidated and refined into the following twelve environmental health issue categories:

- Drinking Water Quality
- Recreational Water Quality
- Indoor Air Quality
- Outdoor Air Quality
- Wastewater Management
- Solid Waste Management
- Vector-borne Diseases
- Environmentally-related Diseases
- Land Use Planning
- Public Health Education
- Housing/Property Maintenance
- Contaminated Land

Many of the issues raised during the brainstorming session served as subcategories within these twelve issue categories. Now that the Team had identified environmental health issues of concern, it was necessary to explore the issues and gain a better understanding of how they impact this community. The Team also felt it necessary to engage the community at this time to determine their level of concern regarding these issues, which ones were of greatest significance to this community, and whether there were any additional issues not listed here.

Looking at the latter task first, the Team developed a survey (attached as Appendix 2) in an effort to engage the community and gather their feedback. The survey was distributed by all Team members throughout their networks. It was made available online and also administered at several local events and throughout the libraries of Oneida County. As Wal-Mart has been an important member of this project, the survey was administered at one of the local Wal-Mart stores as well. The CARE Team was able to gather important community information from this tool which would later be utilized in the decision-making process of ranking and prioritizing environmental health issues. The process of developing and administering the Oneida County Survey was accomplished through
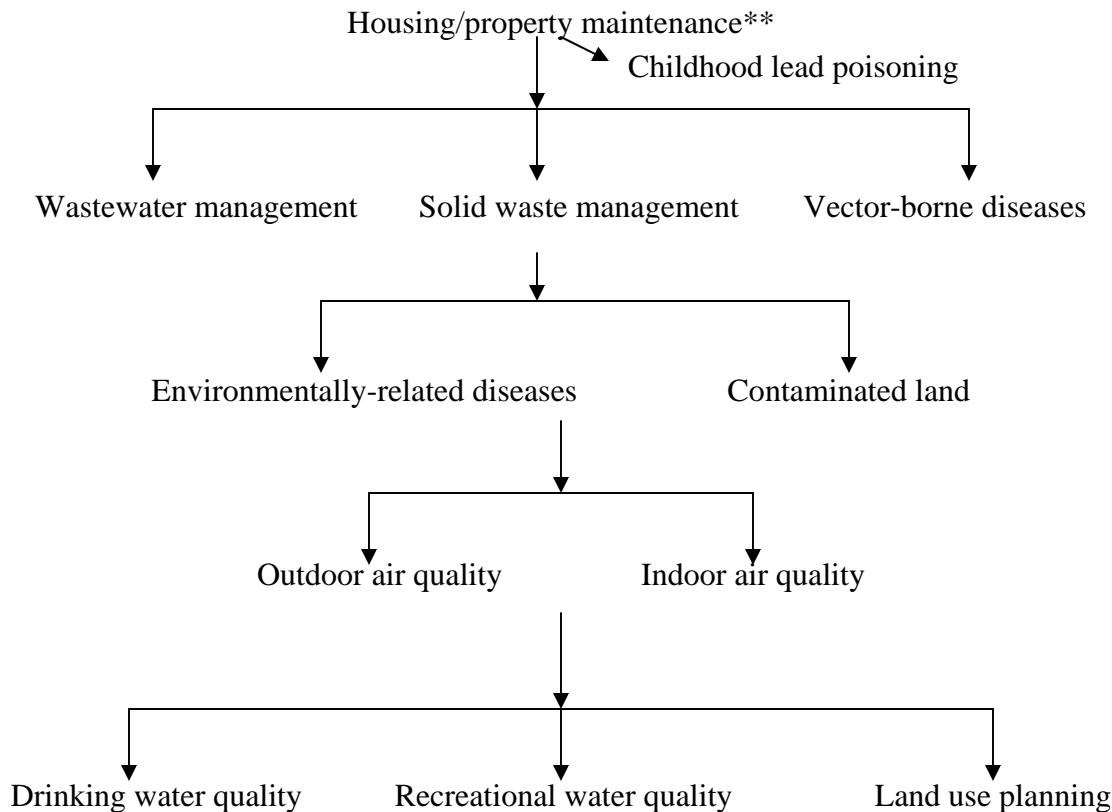
funding provided by the Oneida County Health Department, as CARE grant funding could not be used. Survey Monkey, an online survey program, was utilized to tally and analyze the survey data. All completed surveys, including hardcopy, were ultimately entered into this program for analysis.

In order to research each of the issue categories, the CARE Team was divided into subcommittees. Each issue subcommittee consisted of three to six Team members, and therefore each Team member was assigned to more than one subcommittee. The subcommittees researched data available through the Oneida County Health Department, the NYS Department of Environmental Conservation, the US EPA and various other resources in order to develop a profile for each issue. The issue profile gave a comprehensive explanation of the issue, the risk and severity of health outcome, population(s) impacted, the current status or trend of the issue, the agency(s) involved in oversight, as well as any past or current efforts made toward resolution. Issue profiles are attached to this document as Appendix 3.

The process of developing issue profiles and conducting a community survey, were difficult and often times hard to endure. The Steering Committee continually struggled to ensure Team member commitment to the Project. In order to engage Team members to participate, the meetings had to be efficient and productive. In many instances, Team members were directors or managers of their respective agencies. It was very important to the success of the Project, that they did not feel their time was being wasted. Wherever possible, the CARE Team took advantage of opportunities to enhance public health education through community outreach, such as speaking engagements at local events and organization meetings. Another early opportunity for action presented itself when the EPA offered additional funding for Brownfield Assessment. The CARE Team was able to participate in site selection for Phase I Assessments, and will continue to participate in selection of one of these sites for Phase II Assessment. This opportunity showed tangible results of efforts made by the Team and provided a tremendous sense of accomplishment.

Once all of the profiles were completed, they were utilized by the Team in the ranking and prioritization process. The Team developed a ranking criteria matrix (attached as Appendix 4) which was completed for each issue profile, and used to facilitate an open discussion of each issue category. Through the process of open discussion and the use of the ranking tool, each issue category was assigned a ranking. After this ranking was completed, the Team looked to prioritize the issue categories. In order to accomplish this task, the Team began to look at other criteria aside from the quantitative variables listed above. Some of the criteria considered in this process included public and political support for efforts made toward this issue, financial cost associated with efforts made toward this issue, impact on economic viability of the community, and the ability to affect change with this issue. In other words, the prioritization of issues incorporated real-world considerations into the decision-making process.

The final prioritization of issues developed by the Oneida County CARE Project is as follows:

Housing/property maintenance**
→ Childhood lead poisoning

Wastewater management   Solid waste management   Vector-borne diseases

Environmentally-related diseases   Contaminated land

Outdoor air quality   Indoor air quality

Drinking water quality   Recreational water quality   Land use planning

**During the ranking and prioritization process, the CARE Team came to the conclusion that Public Health Education was an extremely important component of each of the environmental health issues instead of a self-standing issue.

Upon completion of the prioritization, the CARE Team hosted the Oneida County CARE Project Showcase event on June 7, 2007. The purpose of the event was twofold. The CARE Team wanted to inform the public about the activities and progress made throughout the duration of the grant period, as well as further engage the public in the process of prioritizing issues. After hearing about the issues and the activities conducted by the CARE Team, attendees had the opportunity to provide further feedback about these issues, their level of concern, and any other issues not addressed. The ultimate goal of enhancing public involvement in the process has always been to raise awareness and build support for remedial actions specific to these issues.

III. Reflection

Considering the dynamics and sentiment of this community, it is very unlikely that this type of collaborative would have been created without this opportunity. In the face of continued exodus of business from the area, and recessed economic conditions, it has been very challenging to overcome the initial apathy and skepticism of the Project. The ability to produce a cohesive collaborative and the long term benefits that may come from those relationships are likely the greatest achievements of this Project.