

US EPA ARCHIVE DOCUMENT

**CARE
Grantee Final Report**

Grantee: The Lands Council
 Project location: Spokane, WA
 Project title: “A Partnership with Promise: Using a Collaborative, Community-Based Approach to Reduce Exposure to Toxics in Spokane County”
 Grant period: 09/01/07 – 09/30/09
 Project Manager: Kat Hall
 EPA Project Officer: Margo Young

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? Since 2005, various entities in Spokane County have expressed interest in assessing the environmental health of the region. In March 2006, staff from The Lands Council and the Spokane Regional Health District attended a conference hosted by NACCHO on the Protocol for Assessing Community Excellence in Environmental Health (PACE EH), and decided that this methodology would be appropriate to use to conduct an environmental health assessment of the county. A multi-stakeholder “environmental health assessment team” (EHAT) consisting of government agencies, business, industry, neighborhood groups, non-profits, academic institutions, health care providers, and local citizens met monthly to identify, research, rank, and prioritize top environmental health concerns. The top environmental issues that subsequently brought people together included **lead** and how the **built environment** affects people’s physical health.
- 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. Please see the attached spreadsheet for a list of organizations (with contact names) involved in the environmental health assessment process.
- c. Did this project bring any new partners into your work? How did the new partners aid the partnership and project? Our environmental health assessment process resulted in the creation of two community partnerships (lead and the built environment) which consisted of new, innovative, hard-working, and passionate individuals. Each partner aided the partnership and project by contributing individual expertise, and in some cases, resources. Please see the table below for a list of partners in each partnership.

Lead	Built Environment
The Lands Council	The Lands Council
City of Spokane	Spokane Regional Health District
Spokane County Head Start/Early Head Start	Spokane Regional Transportation Council
SNAP	YMCA Spokane
WA Department of Health	Futurewise
WA Department of Community, Trade, & Economic Development	City of Spokane
Washington State University Intercollegiate College	Spokane County Commute Trip Reduction (CTR)

of Nursing	
Gonzaga University	Spokane Transit Authority
	Bicycle Advisory Board

- d. What role did your organization play in this partnership? What skills were most important from your organization to implement the project? The Lands Council created these partnerships by bringing folks working on similar issues together and developing collective work plans. We served as the main partnership coordinator. Skills that we found most important to implement this project included coalition-building, meeting facilitation and note-taking, public speaking, and general “people” skills.
- e. Which partners were most active? How? The most active partners in our lead partnership were the City of Spokane (“Lead Safe Spokane” program responsible for lead paint renovation and repair; assisted families whose children we discovered to have elevated blood lead levels through our blood lead testing program) and Spokane County Head Start/Early Head Start (a child development program that provides early childhood education, social services, and health services for eligible young children and families, including those with special needs; they provided The Lands Council with a large pool of high-risk children 6 years of age and under who we tested for lead poisoning). The most active partners in our built environment partnership were the Spokane Regional Health District, the Spokane Regional Transportation Council, YMCA Spokane, Futurewise, the City of Spokane, and the Spokane County Commute Trip Reduction (CTR). All six partners participated regularly and with enthusiasm in our partnership’s activities (e.g. walkability audits, health impact assessments (HIA), and planning for possible future Safe Routes to School (SRTS) and Ciclovía projects).
- f. Which partners were most critical? Why? See (e) above.
- g. Were there critical partners that were not at the table? If yes, which ones and how would their participation have helped? It would have been useful to have the Downtown Spokane Partnership and Greater Spokane, Incorporated involved in our initial discussions around a Ciclovía event in Spokane. These organizations represent the local business community and focus on economic development, both of which are crucial in the successful implementation of such an event. It appears likely that their participation will increase as we continue our planning efforts. Also, we are in need of buy-in and commitment from the Spokane Public School system if we are to initiate a Safe Routes to School program.
- h. What resources and strengths did each organization bring to the project?

Organization	Resources Brought to Project
The Lands Council	CARE funding, overall coordination and facilitation of partnerships
City of Spokane	Lead Safe Spokane forgivable loan program for home lead paint repair and renovation
Spokane County Head Start/Early Head Start	Pool of high-risk children 6 years of age and under who we tested for lead poisoning
SNAP	Income-qualifying program for home lead paint repair and renovation

WA Department of Health	Outreach publications, loaning of second LeadCare II machine during '08 National Lead Poisoning Prevention Week
WA Department of Community, Trade, & Economic Development	Technical support for home lead paint repair and renovation
Washington State University Intercollegiate College of Nursing	Student nurses to assist us in our blood lead testing events
Gonzaga University	Information and updates on research project on lead and snails
Spokane Regional Health District	Initial funding for environmental health assessment process, HIA support, SRTS and Ciclovía planning
Spokane Regional Transportation Council	Walkability audits, SRTS and Ciclovía planning
YMCA Spokane	Walkability audits, SRTS and Ciclovía planning
Futurewise	Walkability audits, SRTS and Ciclovía planning
City of Spokane	HIA support, walkability audits, SRTS and Ciclovía planning
Spokane County Commute Trip Reduction (CTR)	Walkability audits, SRTS and Ciclovía planning
Spokane Transit Authority	Ciclovía planning
Bicycle Advisory Board	Ciclovía planning

- i. What efforts did you make to ensure that the most vulnerable community members were included in the partnership? Spokane County Head Start/Early Head Start serves the most vulnerable members of the community. Our blood lead testing was targeted to kids (age 6 and under) enrolled in this program. The Lands Council targeted our door-to-door neighborhood outreach and education to families at highest-risk for childhood lead poisoning based on factors including household income, families in poverty, and age of home. Home lead paint repair and renovation activities performed by the City of Spokane and SNAP were designed for qualifying low-income families.
- j. What role did your EPA Project Officer play in the partnership? Margo Young, our EPA Project Officer, provided support and guidance to us when we needed it throughout the project. She was always available to answer questions and provide suggestions, and attended a forum that we organized. Her management style matched our partnerships' work styles perfectly.
- k. 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.)? Challenges we faced during the environmental health assessment process were mostly rooted in capacity issues; e.g. we identified many, many issues and participants lacked the time and expertise to adequately research them. We also struggled with narrowing down issues to a manageable few. Participation in the environmental health assessment process did wane, largely because some participants felt that it was too "process-oriented." Many community members came to the team because they had a passion or expertise around a certain issue or community problem, wanted to get down to action right away, and felt their time was not being well-spent. Commitment of the core environmental health assessment team, however, was impressive. We struggled with "wrapping our heads around" the built environment issue. It was a broad and overwhelming topic involving many players. Gradually, though, we made headway and assembled a very dynamic and energetic partnership which continues today. We also

struggled with our first attempt at a health impact assessment and would have benefitted greatly from the expertise of a seasoned consultant; but we did our best nonetheless and produced an end-product with which we were satisfied.

- l. 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. Both partnerships have improved working relationships amongst involved individuals. Some members of the lead partnership would likely not have otherwise worked together so closely and effectively. The built environment partnership consisted of folks who had largely worked together previously, but who bonded and became a tighter-knit team as a result of our work. We could always improve on relationships with “non-choir” organizations and “non-traditional allies.”
- m. Has your organization engaged in a similar process to CARE in which you had a similar role? Please describe briefly. Yes. The Lands Council and Conservation Northwest have joined with timber companies and rural communities to form the Northeast Washington Forestry Coalition. Collaborative groups are working to protect rural homes and businesses from wildfire while restoring and protecting the Colville National Forest. In Montana, we are participating in the Kootenai Forest Stakeholder Coalition; and in Idaho, the Coeur d'Alene Forest Coalition. The process of collaboration emphasizes consensus-based solutions to problems and conflicts by focusing on areas of common interest between various stakeholders.
- n. Is there anything else about your partnership that you would like to share? No, thank you.

Your Project

For Level I Grantees

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

- i. 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? How did functioning as a partnership aid in identifying risks and setting priorities? 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. Please see final report attached.
- ii. What process did your community partnership use to reach formal agreement on what toxic risks to tackle first? One of the first main tasks of the EHAT was to identify a list of environmental issues that each person thought may be putting risk to human health in Spokane County. The issues were grouped into seven main categories: built environment, land use, water quality, food, indoor environmental quality and toxics. The issues grouped above were used to help populate the issues provided to people in a community survey (via telephone) sponsored by the Health District (generalized survey to Spokane County). The EHAT used the data collected by these surveys and other data collected

from surveys of convenience at neighborhood meetings to better understand the community's environmental health concerns.

The EHAT then narrowed down the seven main categories of environmental health issues. The main reason was the limited amount of time of the assessment process (one year). Another reason was the number of people on the team and how much each person could realistically research into all the issues over the next four months. The EHAT had some long and fruitful discussions about narrowing down the issues and how the issues identified by the team corresponded to the community survey results. After much discussion, the team decided to narrow down its focus to four main categories: water quality, indoor environmental quality, outdoor air quality, and built environment. It was decided that toxics could be wrapped up into indoor environmental quality and air quality. Land use could be discussed within the context of built environment. Safety and security of food received very low concern in the community survey and it was determined that these issues (as well as pest control and neighborhood safety) could be discussed if necessary within other topics. Four sub-groups were formed from the EHAT to begin researching the four main issues areas.

- iii. How did you inform the broader community of the results of the risk ranking and priority setting? Web site, e-mails, and word-of-mouth.
- iv. How far did you get in planning your toxic reduction strategies? Our lead partnership really excelled at this. In total, we tested 820 kids in 51 blood lead testing events. Ninety-one kids (11%) exhibited elevated blood lead levels, 2 of whom exhibited blood lead poisoning ($\geq 10 \mu\text{g/dL}$). We also educated 1,300 inner-city Spokane families on the health effects, exposure factors, symptoms, and prevention of childhood lead poisoning, and distributed nearly 3,000 informational packets. Please refer to our quarterly reports for more information.
- v. To what degree did your project raise awareness and build support for action? Our lead partnership raised community awareness and built support for action during its celebration of National Lead Poisoning Prevention Week (October 19th-25th, 2008). A Spokane television station (KHQ Channel 6) took a keen interest in our lead project and gave us outstanding coverage. We held 3 additional blood lead testing events, did a live TV shoot, staffed on-air telephone help lines, and distributed over 1,300 flyers to kindergarten classes in the Spokane Public School system.
- vi. 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 lead partnership was able to ride the momentum of collaboration that was already happening (e.g. between The Lands Council and the City of Spokane) and supported by other funding (e.g. HUD grant, EPA Targeted Lead Grant). The momentum created by our built environment partnership was a product of the dynamic and energetic personalities of individual members. We sought and received funding from the Spokane Regional Health District (\$20,000) to begin our environmental health assessment process.

- vii. 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? PACE EH methodology (NACCHO), GIS (Geographic Information Systems) computer mapping (staff expertise), HIA mini-course (San Francisco Department of Public Health), “New Partners for Smart Growth Conference: Building Safe, Healthy, and Livable Communities” (CDC, Kaiser Permanente, National Association of Realtors, Smart Growth Network, EPA), walkability audits (City of Spokane, Spokane County CTR), webinars (Active Transportation Alliance, etc.).
- viii. What were the significant *outputs* of your project (meetings held, materials developed, people trained, etc.)? Fifty-one blood lead testing events held, 820 children tested for lead poisoning, 1,300 inner-city Spokane families educated on the health effects, exposure factors, symptoms, and prevention of childhood lead poisoning, 3,000 informational packets distributed, 1,300 flyers distributed to public school kindergarten classes, 2 walkability audits conducted.
- ix. 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.) Increased awareness of the health effects, symptoms, exposure pathways, and prevention of childhood lead poisoning, families of elevated blood lead level children referred for medical follow-up and lead hazard control, fewer children with elevated blood-lead levels impacted by health effects of lead poisoning, reduced exposure to childhood lead poisoning, increased documentation of elevated blood lead levels, walkability safety issues in neighborhoods identified and addressed, citizens more aware of their specific infrastructure needs and better able to participate in decisions about infrastructure spending and community design, walking is more convenient, safe, and less intimidating.
- x. What specific reductions in environmental risks, if any, did your project achieve? We feel that we achieved overall reduction in risk of childhood lead poisoning amongst high-risk Spokane families. This is due to increased awareness and education in target neighborhoods, our partnership with Spokane County Head Start/Early Head Start, and our blood lead testing program.
- xi. 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? We feel that we achieved our objectives. The only main difference between what we planned and what actually happened had to do with the transition of the EHAT to the issue-specific partnerships. The EHAT agreed that the two top priorities—lead and the built environment— inherently required the participation of very different players in the community, most of whom were not at the table during the environmental health assessment process. The EHAT therefore recognized the necessity of additional recruitment and the creation of separate “partnerships.” The majority of EHAT members—who committed to and fulfilled their responsibilities during the year-long assessment —possessed neither the expertise nor capacity to commit to the next labor-intensive phase of our project. Three members remained actively engaged in our post-EHAT work.

- xii. What other resources (not already covered in your discussion of your partnership above) did your project mobilize, both financial and in kind? None.

Reflection

- xiii. How likely is it that the progress achieved could have been made without your CARE partnership? Our lead partnership would have made similar progress, although numbers would have been reduced. Our built environment partnership would not have existed, had it not been for our CARE Level I funding.
- xiv. What do you consider your project's greatest achievement? We feel that our project's greatest achievement was the relationships and partnerships we were able to create, particularly on the built environment issue. This was the most satisfying, fulfilling, and sustainable aspect of our work.
- xv. What was your greatest challenge and how did you deal with it? Please see (k) and (xi) above.
- xvi. What would you do differently next time in terms of organizing and structuring your partnership to achieve your project objectives? We got a bit overwhelmed and bogged-down on the built environment issue early-on, while we were attempting to create our partnership. In hindsight, it probably would have made sense for our fledgling partnership to spend more time on fewer issues.
- xvii. How might you have been more strategic in designing or implementing your project? N/A
- xviii. 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? N/A
- xix. To what extent did your CARE community communicate or engage with other CARE communities and how was that interaction helpful? The only CARE community we engaged with was the Tacoma-Pierce County Health Department. This involved occasional telephone conversations to check-in, compare notes, and ask/answer questions, which was helpful. We appreciated meeting representatives from other CARE communities at yearly CARE workshops, but did not sustain these relationships during our grant period.
- xx. Did media coverage play a role in your project? If so, please explain. We received excellent media coverage on our lead work. In addition to coverage explained in (v) above, we were featured in the Spokesman Review twice (once on the front page), in InHealthNW magazine, and on KXLY-TV Channel 4; and produced a 30-minute DVD documentary with Community-Minded Television.
- xxi. 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)? Aside from project officer guidance, we rarely relied on EPA for project assistance (other than actual CARE Level I funding).

- xxii. What role did your Project Officer and other EPA staff play in your work? What would you have liked more of or less of? Please see (j) above. We didn't require much assistance from our Project Officer; but when we did, she provided it in a timely and effective manner.
- xxiii. To what extent do you think that this project increased the capacity of your organization? Your partnership? Your community? Please provide examples. This project increased the capacity of The Lands Council by way of the fact that we were able to create and nurture excellent long-term, sustainable community relationships (often with "non-traditional allies") which can be tapped at any time and which will serve to further The Lands Council's work in other project areas. The project increased the capacity of our partnerships to more effectively and collectively work on lead and built environment, and helped build awareness of these issues on the part of the community.
- xxiv. Did your project produce any new "community leaders?" Please describe. No; rather, it helped strengthen leadership skills and abilities of individual partnership members.
- xxv. What advice would you offer to other communities undertaking similar work? Power lies in relationships...focus on them!

What Next?

- xxvi. Will the partnerships created continue to serve the community by protecting the environment and reducing toxics? Yes, although not to the extent that they would have with CARE Level II funding.
- xxvii. How will this work be sustained? Presently, The Lands Council will be able to sustain our built environment work (to a lesser degree than with CARE Level I funding) for approximately 6 more months with funding from a grant awarded to us by the Bullitt Foundation. The Lands Council's work to reduce childhood lead poisoning will not be sustained at this point in time.
- xxviii. If neither your organization nor the members of the partnership plan to continue the work, please describe why. Lack of funding.
- xxix. 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. The Lands Council will be able to continue its built environment partnership work for approximately 6 more months with funding from a grant awarded to us by the Bullitt Foundation. Our other partners will be able to continue their work with their own funding.

Feedback and Follow up

- xxx. Please share any thoughts you have about what EPA could do to improve the CARE program. We feel that EPA could improve the CARE program by securing adequate funding so that more Level I communities are able to proceed to Level II and take action on the enormous amount of time spent on the environmental health assessment process.

- xxxi. 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? Yes. Are there others we should contact instead of or in addition to you? No. If so, please provide their contact information.

- xxxii. Would you be willing to be interviewed for a more in depth case study? Yes.

Spokane County Environmental Health Assessment 2007 Report

Background

Since 2005, various entities in Spokane County have expressed interest in assessing the environmental health of the region. The Lands Council, a non-profit environmental advocacy organization, applied unsuccessfully for an EPA Community Action for a Renewed Environment (CARE) grant in 2005 and in 2006. CARE grants assist communities in identifying environmental health concerns, creating action plans and conducting activities to reduce community health risks.

In March 2006, Lands Council staff and Lyndia Tye, Director of Assessment and Epidemiology for Spokane Regional Health District, attended a conference hosted by NAACHO on the Protocol for Assessing Community Excellence in Environmental Health (PACE EH). PACE EH is an innovative tool that allows communities and local governments to identify environmental health issues, rank local environmental health concerns, and prioritize environmental health program activities. The PACE EH process mobilizes the community to take an active role throughout the entire assessment process.

Lyndia Tye and Amber Waldref, then Water Watch Director for The Lands Council, agreed that the PACE EH model would be useful for doing an assessment in Spokane County. Lyndia pursued and received \$25,000 in initial funding from the Washington State Department of Health to kick-start an assessment in 2007. The Lands Council was contracted to facilitate the community process.

Introduction

In January, 2007, The Lands Council and the Spokane Regional Health District began a year-long process to assess the environmental health of Spokane County. Amber Waldref of The Lands Council was designated as the lead facilitator of the process, responsible for recruiting community members to the table, using the PACE EH model to assess environmental health issues, running meetings and ensuring on-going communication, and documenting the process by posting meeting notes/agendas and products on an interactive blog.

The Lands Council and the Regional Health District brainstormed an initial list of participants or the type of participants to include and invite to the table. This rough list, which included over 70 individuals and groups, reached out to all areas and interests in the community. Invitees included county, city and state government staff, environmental experts, health experts, non-profit agencies, low-income advocates, elected officials, legal advocates, business, industry, neighborhood leaders, educators, and community activists. Those invited were asked to commit to one year of participation on an Environmental Health Assessment Team (EHAT). After about one month of recruitment, around 25 individuals committed to participating in the year-long process. (Please see attached initial EHAT list from 3.07). Over the course of the year, at least 5 participants decided to

drop the process for various reasons. (Please see “Lessons Learned”). New participants joined the team and the roster changed a bit by the end of the calendar year. (See attendee list from 11.07).

Defining the Process & Goal-Setting

At the first meeting in February 2007, the EHAT developed meeting and participation ground rules. The team agreed to work using consensus-based decision-making. By April 2007, the EHAT had developed a statement of purpose in order to structure and focus its conversation: “The EHAT is assessing the effect of human made and natural factors on physical (& mental) health in Spokane County.” (Mental health was kept in parentheses because team members only wanted to address mental health issues if there were data available to link environmental impacts on mental health).

The Lands Council and SRHD introduced the PACE EH model to the participants at the February and March 2007 meetings. Amber Waldref developed a handout that described the 13 step process and how the year would progress along these steps. At nearly every meeting during the year, Amber updated the handout, checking off the steps that had been completed and identifying the next steps in the process. (Please see attached PACE EH Framework handout with notes on completed steps in 2007).

One of the first main tasks of the team was to identify a list of environmental issues that each person thought may be putting risk to human health in Spokane County. (Please see March 2007 meeting notes). The issues were grouped into seven main categories: Built Environment, Land Use, Water Quality, Food, Indoor Environmental Quality and Toxics. The issues grouped above were used to help populate the issues provided to people in a community survey (via telephone) sponsored by the Health District (generalized survey to Spokane County). (The survey was created and implemented using different funds than the assessment). The EHAT used the data collected by these surveys and other data collected from surveys of convenience at neighborhood meetings to better understand the community’s environmental health concerns.

Identifying Environmental Health Issues

By the May 2007 meeting, the EHAT realized it had to narrow down the seven main categories of environmental health issues. The main reason was the limited amount of time of the assessment process (one year). Another reason was the number of people on the team and how much each person could realistically research into all the issues over the next four months. The team had some long and fruitful discussions about narrowing down the issues and how the issues identified by the team corresponded to the community survey results. Also, how to weigh perception of the community vs. documented facts and data. (Please see May 2007 meeting notes).

After much discussion, the team decided to narrow down its focus to four main categories: water quality, indoor environmental quality, outdoor air quality, and built environment. It was decided that toxics could be wrapped up into indoor environmental

quality and air quality. Land use could be discussed within the context of built environment. Safety and security of food received very low concern in the community survey and it was determined that these issues (as well as pest control and neighborhood safety) could be discussed if necessary within other topics. Four sub-groups were formed from the EHAT to begin researching the four main issues areas.

Systems Frameworks

The PACE EH Process encourages the community to analyze environmental health issues using a systems framework. Amber used a powerpoint presentation (see Systems Framework tab) to explain the outline of the framework (as provided in the PACE EH workbook) to the full EHAT during the May meeting and groups began presenting their completed frameworks at the June meeting. This framework helped each sub-group identify the connections among health status, affected populations, exposure factors, environmental agents/conditions, contributing factors and behaviors, and public health protection factors for issues within each category of interest. For instance, two frameworks were created in the water quality sub-group – one for surface water quality and one for drinking water quality. (Please look over the attached Systems Frameworks).

During the summer months, when the sub-groups were completing their frameworks, The Lands Council got notice that it had received a US EPA CARE grant for \$71,000 that would run October 2007 through September 2009. This CARE grant would essentially use the PACE EH process to continue the community environmental health assessment and move into action and implementation. With the knowledge that additional funding had been obtained, the EHAT reevaluated its timeline for the year. The team did not want to sacrifice quality information gathering and analysis for a speedy process. The goal of completing the 13 steps of the PACE EH process was altered to achieving at least 11 steps by the end of 2007 – essentially, choosing priorities, but delaying action plans and implementation until 2008.

Issue Profiles

The next step in the PACE EH process was to complete “issue profiles” that would organize all the information in the systems frameworks, develop this information, identify data (or data gaps) for local environmental health indicators, identify state and national standards, identify actions already taking place in the community, and provide an initial “ranking” of the issue based on this information of low, medium or high.

In June 2007, guest speakers from DOH presented information on environmental health indicators to the full EHAT to provide clarity and help each sub-group identify local indicators for their environmental health issues. This presentation was very helpful in helping the EHAT to choose indicators and then locate corresponding data. For instance, an indicator of environmental health for drinking water may be the number of drinking water contaminant exceedences for the City of Spokane water system. The data for this indicator could be found by going to DOH (or by visiting the Spokane County Community Indicators website: www.communityindicators.ewu.edu).

All the issue profiles in the areas of Built Environment, Water Quality, Outdoor Air Quality and Indoor Environmental Quality were completed by November 2007 and presented by sub-groups or individuals within those sub-groups to the full EHAT. All together, nine issue profiles were presented (see attached Issue Profiles tab) and these were the issues or categories that the EHAT ultimately prioritized based on the rankings provided by the sub-groups. (See November meeting notes).

Data Gaps

As part of the assessment process, the EHAT worked on identifying local environmental health indicators for the issues it identified and relevant data sources. Here were some of those indicators and data gaps identified:

Outdoor air quality – Rapidly increasing vehicle miles could cause an increase in CO and other toxic levels in the air. EHAT identified minimal air toxics data (just one year of data collected by Clean Air Spokane). This toxics data needs to be looked at geographically, over time, with potential neighborhood pollution sources identified.

VOCs – There is little data available relative to morbidity and mortality rates due to exposure to VOCs. There was insufficient data to determine the total number of manufactured and mobile homes in the Spokane area.

Surface water/Ground water – Although ample data exists for surface and ground water quality for public water systems, private well sampling data for Spokane County is difficult to get. Individuals who sell homes on private wells must provide well sampling data to potential buyers, but this data does not always make it to the Health District and there is not a consistent record of samplings and failures. Any private well or septic sampling reported to the Health District is kept in paper form and not digitized for optimal searching. There is also little data collected to show correlation between surface water and ground water contaminants.

Mold – Data specific to mold in Spokane County is not readily available. Data desired would include numbers of houses in Spokane County that have mold problems and numbers of people treated for mold related health problems

Lead – A very low number of children in Spokane County have received blood lead testing, despite high percentage of older housing and low-income children in Spokane County. Increased screening is necessary to gain statistics. Also, low numbers of houses have been tested for lead. It was difficult to access lead pipe data. (Please note that The Lands Council recently received an EPA lead grant to increase child lead screening in urban neighborhoods in the city of Spokane. This project will help increase the testing data for at-risk children in our area).

Dioxins – There was a desire for increased monitoring to help track human exposures to dioxins in order to track data and assist in determining if dioxins are a health concern for

Spokane County. Healthy People 2010 provided no baseline data to determine number of exposed people or the overall impact of exposure on general community.

Built environment – There was a lack of data to compare Spokane to other like communities in regard to walkability, bikeability, and more/less sprawl. Also, hard to find data that connected planning choices (providing more sidewalks or bus routes) with increased/decreased health impacts like obesity/diabetes. The built environment contains many factors from land use planning decisions to transportation choices to personal nutrition, making it difficult to measure and monitor.

Choosing Priorities for Continued Action

At the November 2007 meeting, the EHAT was tasked with narrowing down, once again, the list of environmental health issues facing Spokane County based on the ranking and prioritizing criteria provided by PACE EH in order to have a focused list from which to begin action planning. PACE EH suggests first ranking issues based on criteria such as geography, magnitude, location of the problem, sensitive populations, specific health risks and trends. The EHAT attempted to follow this criteria and each sub-group created a ranking at the bottom of its issue profile of low, medium or high. In the presentation of the issue profiles and the discussion of “prioritization”, it soon became clear that the participants used some other common criteria when suggesting a ranking. Several sub-groups looked at both the health risks and the lack of data to help them rank their issue. That is, they would rank an issue higher if the health risk was great, but if little local data existed. (See the issue profile for “Lead”). Also, most sub-groups considered current community action on issues and whether or not increased action was warranted. That is, they would rank an issue lower if there was a well-developed community plan already being implemented with positive environmental health results.

Thus, while PACE EH recommends a two-step ranking and then prioritizing process, the Spokane County EHAT essentially created a one-step process using the criteria listed above and taking into account current (positive) community activity and the desire to NOT duplicate efforts already in place. After reaching agreement on the high, medium and low rankings, the EHAT prioritized the issues that were ranked high or medium on the board. (See November 2007 meeting notes). There were five issues that were ranked high, medium or low: mold, lead, built environment, outdoor air quality and carbon monoxide monitoring. Each member of the team then prioritized two of the five issues that remained. The two issues that received the most support were built environment and lead. This prioritization process was not meant to take any of the environmental health issues identified “off the table.” Instead, the goal was to provide guidance for those who will be involved in action planning to help focus their efforts in 2008.

Lessons Learned & Next Steps

PACE EH for the most part was an excellent process for leading a community environmental health assessment. The model is both meant to be structured, yet have room for flexibility. The Spokane County EHAT did make changes during the course of

the year to the process when necessary, as documented in this report. The most difficult part of the assessment process was narrowing down issues over the course of the year. It would have been impossible to do adequate research into local indicators and data for all the environmental health issues initially identified by the EHAT. This was probably the most difficult aspect of the process that we all struggled with. Also, because it was a true community process, the amount of effort put into information gathering on EH issues was a product of each individual's commitment of time and energy to the process. Thus, some issues probably fell to the wayside because there simply were not enough people on the team or time for the team (just one year) to address them all – much different than if this was an in-house, agency-lead assessment.

A community process is always tenuous because it depends so much on the individual time and effort of people with full-time jobs and lives away from the process. EHAT participation did wane about halfway through the year. The most common reason for community members leaving the team was that it was too “process-oriented.” Many of the community members came to the team because they had a passion or expertise around a certain issue or community problem. Many of these folks felt their time was not being well-spent creating systems frameworks or issue profiles because they already had preconceived ideas or knowledge about various environmental problems and they wanted to get down to action right away. Hopefully, these people will want to get re-engaged in the coming year when action plans and implementation become the focus. Overall, however, the members of the EHAT who stayed consistent throughout the year bonded and looked forward to getting to know more about each other at each meeting. We shared a lot of laughs and there was rarely any grandstanding or sensitivity about whether or not someone's “issue” was prioritized over others. The commitment by the 15 core members of the team was quite impressive!

As the assessment process continues into 2008 using CARE grant funds, the partnership between The Lands Council and the Spokane Regional Health District will also continue. The Lands Council plans to sub-award funds to SRHD in order for its staff to continue participating and helping to guide the process over the next two years. At the December 2007 EHAT meeting, the Lands Council staff who will be facilitating the process asked for feedback into how the action planning should commence. The EHAT agreed that the two top priorities of “lead” and the “built environment” will require the participation of very different players in the community and the input of a variety of same and new participants. Both the “process” and “tasks” for the next phase of the assessment process will begin to take shape in the first months of 2008. Hopefully, with the help of many parts of the community, the work of this assessment will result in many positive environmental health impacts for the residents of Spokane County.

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