

CARE Grantee Final Report

Grantee: West Harlem Environmental Action aka WE ACT for Environmental Justice

Project location: New York, NY – Northern Manhattan (Washington Heights/Inwood, Central Harlem, West Harlem and East Harlem)

Project title: Northern Manhattan CARE Collaborative

Grant period: September 2007 – September 2009

Project Manager: Ogonnaya Dotson-Newman (Senior Environmental Health Coordinator)

EPA Project Officer: Derval Thomas

Our Partnership – The Northern Manhattan CARE Collaborative

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

The Northern Manhattan CARE Collaborative identified a number of environmental problems through 4 community meetings; these were: outdoor air quality, indoor air quality, pest and pesticides, solid waste, environmental health service delivery, stress, lead poisoning, access to healthy food, built environment and land use. In order to bolster the input received at the community meetings the Environmental Health Community Survey (EHCS) was developed and distributed to a number of stakeholders that represent a broader sample of Northern Manhattan residents. Based on our analysis of the survey results additional information was ascertained about the list of environmental health issues and sub-issues previously identified by meeting participants. As a result of these processes, the Collaborative felt it was important to call attention to the causes and public health impacts of the problems identified. The Partners felt each issue and sub-issue should be addressed from a variety of perspectives in order to ensure the development of holistic community based strategies to improve health outcomes related to issues of concern. For example, “outdoor air pollution” can result from a wide range of activities and causes. The Collaborative members felt that simply pointing out that Northern Manhattan had an outdoor air pollution problem would not be helpful in designing solutions to address and reduce exposure. Appendix A lists the full set of ten environmental health concerns with sub-issues to which they relate.

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.

The Northern Manhattan CARE Collaborative was made up of approximately 45 community groups that represent individuals with an interest in environmental health issues, community development organizations, government agencies, non-profit organizations, tenant associations, businesses and academic institutions. The Collaborative made decisions through a consensus process. Early on, the Collaborative recognized that groups, institutions, and individuals had different purposes and capacities to participate in the CARE process. In order to facilitate a progress and respect the membership's time and effort, we agreed to assign formal participation designations to each organization and/or individual depending on their ability to participate (e.g., attend meetings on a regular basis, provide feedback in a timely manner, etc.); participation designations ranged from full participation with voting rights in the decision-making process to serving as technical advisors and/or issue advisors without voting rights. Table 1 lists the names and affiliation of our Collaborative members along with their participation designation; the list of members and full organizational affiliation information is also available in the attached Appendices. Please see Attachment B for a full explanation of the participation designations.

Table 1: Organizational and Individual Participation List

Name	Affiliation	* Type of Participation - see side designation
Adriano Espaillat	State Legislature	CP
Alma I. Whitford	The Children's Aid Society	CP
Ana Garcia	New York Academy of Medicine	NP
Ana Mejia	Growing Up Healthy in East Harlem - Mount Sinai	CP
Ana-Ofelia Rodriguez	Broadway Housing Communities	CP
Andria Reyes	Community Board 12	CP
Anita Geevarughese	Mount Sinai School of Medicine	CP
Anna Stamm	New York State Department of Health	CP
Ann-Gel Palermo	Centre for Multicultural & Community Affairs/Department of Pediatrics Mount Sinai	NP
Autumn Brown	I am Brown	Facilitator
Barbara Brenner	Mount Sinai School of Medicine	AP
Betty Wilson	NYC Department of Housing Preservation and Development	AP

Name	Affiliation	* Type of Participation - see side designation
Linda Guy	Bill Perkins NYS Senate	NP
Bill Sothern	Microecologies, inc	NP
Carmen De La Rosa	Office of Assembly member Daniel O'Donnell	CP
Carmen Perez	Community Board 9	CP
Cheryl Pahaham	CB 12	CP
Cynthia L Doty	Morningside Heights/West Harlem Sanitation Coalition	AP
Daisy Russel	East Harlem Community Health Committee	CP
Damiyr Davis	High School Student	CP
Daniel Kass	Bureau of Environmental Surveillance & Policy NYC Dept of Health and Mental Hygiene	AP
David Currier	Riverstone Senior Life Services (Formerly Fort Washington Houses)	CP
David Evans	Columbia NIEHS Center for Environmental Health in Northern Manhattan/Columbia Children's Center for Environmental Health	AP
David Tracey	Harlem Children's Zone - Community Pride Program	NP
Dawn Philip	New York Lawyers for the Public Interest (NYLPI)	CP
Debbie Quinones	Community Board 11	NP
Dipan Ray	Touro College of Pharmacy	CP
Diurka Diaz	Columbia Children's Center for Environmental Health	CP
Dolina Duzant	Environmental Health Survey Team Member	AP
Donald Notice	West Harlem Group Assistance, Inc.	CP
Ebenezer Smith	Community Board 12	CP
Ed Randolph	Harlem Independent Living Center	CP

Name	Affiliation	* Type of Participation - see side designation
Eleanor Moody-Shepherd	New York Theological Seminary	CP
Emma N'Dri	Environmental Health Survey Team Member	AP
Eric Canales	Human Services Consortium of East Harlem	CP
Eric Goldstein	Natural Resources Defense Council	CP
Eric Schneiderman	NYS Senate	CP
Erik Hinderlie	Little Sisters of the Assumption	AP
Gail C. Garbowski	Columbia NIEHS Center for Environmental Health in Northern Manhattan	AP
Geneva Bain	Community Board 10	NP
George Sarkissian	Community Board 11	CP
Gigi Gazon	New York Lawyers for the Public Interest (NYLPI)	CP
Gloria Allen	Grant Houses Tenant Association	NP
Gregory Castro	Bronx Museum of the Arts	CP
Haja Wonley	Project Harmony, Inc	CP
Herman Denny Farrell	State Legislature	CP
Honghong Luo	Bellevue/NYU Occupational & Environmental Medicine	CP
Imee Jackson	Environmental Health Survey Team Member	AP
Lermond Mayer	Inez Dickens Office New York City Council	NP
Jennifer Zarr	New York Public Library - Fort Washington Branch	NP
Jane Clougherty	New York City Department of Public Health and Mental Hygiene	AP
Jeremy Levkoff	New York City Department of Housing Preservation and Development	CP
John Culpepper	Lower Washington Heights Neighborhood Association	CP
Jose Serrano Jr.	NYS Senate	CP

Name	Affiliation	* Type of Participation - see side designation
Joseph Graziano	Mailman School of Public Health, Columbia University	NP
Julius Tajiddin	Friends of Macombs Bridge Branch Library	CP
K. Samuels	Friends of Macombs Bridge Branch Library/ Environmental Health Survey Team Member	NP
Karen Owes	Northern Manhattan Perinatal Partnership	CP
Keith Wright	New York State Assemblymember	CP
Kima Reed	Abyssinian Development Corporation	CP
Lernard Freeman	American Cancer Society of NY & NJ	CP
Linda Hackett	Mount Sinai Medical Center - Department of Community Relations	NP
Lisa Garcia	New York Department of Environmental Conservation - Office of Environmental Justice	CP
Loren Muirhead	Columbia NIEHS Center for Environmental Health in Northern Manhattan/ Student Columbia Mailman School of Public Health	AP
Lucille McEwen	Harlem Congregations for Community Improvement	NP
Luzdary Giraldo	New York Committee for Occupational Safety and Health	CP
Maida Galvez	Mount Sinai - Pediatric Environmental Health Specialty Unit	AP
Mary Nerney	Environmental Health Survey Team Member	AP
Matt Chachere	Northern Manhattan Improvement Corporation	CP
Michael Seilback	American Lung Association	CP

Name	Affiliation	* Type of Participation - see side designation
Michelle M. Moore	NYS Department of Environmental Conservation - Office of Environmental Justice	CP
Millicent Redick	Mother Clara Hale Bus Depot Taskforce	NP
Miriam Mejia	Alianza Dominicana	CP
Nancy K. Kim Ph.D.	NYS Department of Health	CP
Natasha Chiofalo	Environmental Health Survey Team Member	AP
Nora Heaphy	Colin Powell Center for Policy Studies, The	CP
Pat Jones	Community Board 9	CP
Pat Kinney	Columbia Mailman School of Public Health	CP
Paul deVries	New York Divinity School	CP
Paul Meisner, DrPH	Public Health Association of New York City (PHANYC)	CP
Rachel Amar	Waste Management of New York, LLC	NP
Ray Cornbill	East Harlem Community Health Committee	CP
Ray Lopez	Little Sisters of the Assumption	CP
Regina M. Santella	Columbia NIEHS Center for Environmental Health in Northern Manhattan	CP
Richard Gonzalez	The Earth Institute at Columbia University	NP
Robert Jackson	New York City Councilmember	CP
Robin Whyatt	Columbia Center for Children's Environmental Health	CP
Ronnie Moore	Touro College of Pharmacy	AP
Sara Shor	Student Intern	AP
Sarah Martin	Grant Houses Tenant Association/ West Harlem - Morningside Heights Sanitation Coalition	AP
Segrid Renne	Northern Manhattan Perinatal Partnership	CP

Name	Affiliation	* Type of Participation - see side designation
Shelley Prettyman	Metropolitan Transportation Authority	NP
Sideya Sherman	The Planning Center at the Municipal Arts Society	CP
Stanley Gleaton	West Harlem Group Assistance, Inc	CP
Steven N. Chillrud PhD	Lamont-Doherty Earth Observatory - Columbia University	CP
Suzy Del Valle	El Museo del Barrio	CP
Tom Cook	Touro College of Pharmacy	AP
Ulysses Ivey	Odyssey House	CP
Victoria Gordon	Harlem Congregations for Community Improvement	NP
Vincent J. Villalba	Dynamic Multilingual Interpreting Services	CP
Virginia Rauh	Columbia Children's Center for Environmental Health	CP
Yelimar Quinones	Assemblyman Adam C. Powell	NP
Yvonne Pradier	Harlem Children's Zone Asthma Initiative	CP
Deborah Williams	Globalscope.org	CP
Matt Babcock	Microecologies, inc	CP
Regina Smith	Harlem Business Alliance	AP
Carmen De La Rosa	Assemblyman Daniel O'Donnell	CP
Milton Hussett	Frederick Samuel MHOP	CP
Alicia Barksdale	NY City Councilmember Robert Jackson	AP
Kaeron Charles	Bank of America - 145th street	AP
Carnetta Clark	FES MHOP Resident Association	AP
Sonya Simmons	Simmons Gallery/Grass Roots Farmers Market/Community Resident	AP
Duval Osiris James	Urban GoGreen	NP
Corwin Breeden	Harlem Wing & Waffle/Teams Housing Development Fund	AP

*Please see appendix B for the explanation of the types of participation. The CARE Collaborative Steering Committee decided upon the type of participation.

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

The Northern Manhattan CARE Collaborative brought many new partners together to work on environmental health issues of concern for those living and doing business in Northern Manhattan. The opportunity that the CARE project created is two-fold. First, through the Collaborative, WE ACT was able to bring together new partners who had never worked together – partners who otherwise might not have recognized their mutual interests. Second it brought new partnership opportunities for WE ACT for Environmental Justice. For example, prior to the formation of the Collaborative, WE ACT worked intermittently with New York Public Library (NYPL) branches located in Northern Manhattan to distribute information and host activities as the need arose. However, during the summer of 2009, WE ACT and the Fort Washington NYPL branch, which hosts a number of activities for local youth who attend day camps in the area, partnered to conduct a series of environmental education presentations to youth ages 6 – 12 years. In addition to strengthened relationship with the branch library, WE ACT was able to also engage local businesses and building operators building a network to enhance our work in reducing the toxic impact of Garbage, Pests, and Pesticide use; increasing accessibility and affordability of health food in our Food Justice campaign; and reinforcing our advocacy and public educational work in winning better quality housing for Northern Manhattan residents through our Healthy Home campaigns.

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

WE ACT convened the Collaborative by bringing together non-traditional partners to work cooperatively on solving Northern Manhattan's environmental health threats. Moreover, WE ACT coordinated the Collaborative's functions and ensured working groups within the Collaborative received the appropriate technical support either through our in-house expertise or by soliciting advice from environmental health researchers at local academic, research, and health service institutions.

The skills most important to our implementation of the project was the ability to tie in the Collaborative's efforts with WE ACT's (as well as other organization's) ongoing campaigns. First, the CARE Collaborative was able to synergize with WE ACT's Garbage, Pest and Pesticide campaign to mobilize residents who were working on efforts to reduce garbage, litter and pest building-up to specifically use environmental health tools in order to developing solutions to these problems. Additionally, CARE used WE ACT's ongoing engagement with Columbia University's School of Public Health in order to bolster our ability to conduct environmental research around the issue of garbage and pests. We collaborated with a group of student researchers from organizer on the Garbage Pest and Pesticides campaign in order to engage business owners around their solid waste issues. The result was a PhotoVoice Project, a photographic documentary of solid waste-related environmental health issues around two major commercial corridors in Harlem, and a Business Roundtable discussion during which residents, business owners and operators, and representatives of elected officials came together to share their unique perspectives on the issue of solid waste and to strategize about potential solutions to the problem.

In addition to the engagement of local business owners and operators, the CARE Collaborative was able to increase the level of participation of Northern Manhattan residents in uncovering environmental health issues and educating other community members about them. We recruited residents who were

active in the Collaborative to our Environmental Health Survey Team (EHST). The EHST conducted environmental health workshops and on-the-spot “mini-trainings” as they conducted the surveys.

The Collaborative was able to also work with WE ACT’s ongoing Healthy Homes campaign to assist the EHST in increasing completion of the EHCS. The goals of the Environmental Health Community Survey were to increase community participation in the process of identifying environmental health issues of concern and understand who the community prefers to receive environmental health information from. The Healthy Homes campaign had a number of incentives that could be used to thank community members for participating in our survey. In addition, the Healthy Homes campaign also allowed us to utilize a staff member to attend events with the EHST members thereby bolstering the survey workers’ ability to address environmental health questions from participants. These events, although traditionally meant to get information out about health impacts of lead exposure, also offered an opportunity for EHST members to engage community members on other environmental health issues. This boosted our outreach and information distribution more than 10-fold because it allowed us to reach a number of key community members that were not able to attend our initial community meetings in the winter of 2008. In addition to WE ACT’s internal capacity to support the Collaborative the addition of the EHST members was quite a helpful. The Environmental Health Survey Team was made up of 7 individuals who were familiar with our 4 focus neighborhoods in Northern Manhattan.

Finally, the CARE Collaborative benefited from WE ACT’s Food Justice campaign. The campaign’s coordinator was able to use the diverse membership of his various food-related partnerships to get out information about the Collaborative thereby increasing awareness and participation in the Collaborative.

Which partners were most active? How?

The following partners were most active – please see parentheses for a description of the individual partner’s participation: community residents, Grant House Tenant Association and the Morningside Heights/West Harlem Sanitation Coalition (donated space for meetings, participated in the issue profile development and other activities); Simmons Gallery and Grass Roots Farmers Market (participated in business roundtable and PhotoVoice project); Frederick E. Samuels MHOP Resident Association (participated in business roundtable and PhotoVoice project and is hosting the Community Mapping workshop to be held in January); Bank of America (participated in business roundtable and PhotoVoice project); NY City Council Member Robert Jackson (participated in community meetings and PhotoVoice project); Harlem Business Alliance (co-hosted business roundtable); Touro College of Pharmacy (interns to work on outreach for businesses and work on issue profiles); Environmental Health Survey Team Members (completed 507 surveys for community input); Columbia NIEHS Center for Environmental Health in Northern Manhattan (Survey development, issue profile development, space for community meetings); Mount Sinai – Pediatric Environmental Health Specialty Unit (Issue profile and community outreach); New York City Department of Health and Mental Hygiene – Bureau of Environmental Surveillance & Policy (Issue Profile); Little Sisters of the Assumption (Issue Profile and outreach); Mount Sinai School of Medicine (Issue Profiles and outreach); New York City Department of Housing Preservation and Development (outreach and early input on materials).

Which partners were most critical? Why?

The following partners contributed most to the success of the Northern Manhattan CARE Collaborative: Residents were crucial because they are experts on issues and concerns affecting their families and community life; The Department of Health and Mental Hygiene’s Bureau of Environmental Surveillance & Policy was crucial because they provided us with data around air quality issues; Little Sisters of the

Assumption were key to the success of the project because of their outreach and input throughout the process. They also were key in the issue profile related to indoor air quality because of their extensive work in east Harlem around mold and indoor asthma triggers. Grant Houses Tenant Association was essential because of their work in the west Harlem community and their input around environmental health issue in northern Manhattan. They worked with us to provide space for meetings and were supportive throughout the process mobilized participants. Morningside Heights/West Harlem Sanitation Coalition had a key stake because of their work around the issue profile related to solid waste. They were also instrumental in working to identifying key priorities and ways to address identified issues at the local level.

Were there critical partners that were not at the table? If yes, which ones and how would their participation have helped?

Some of the critical partners that could have been at the table were elected officials and key community based organizations with membership throughout Northern Manhattan. Moreover, their participation would have ensured engagement of an increased number of stakeholders in the process. The Collaborative's work could have also benefitted from greater support of local and national businesses who could have aided in both addressing individualized business needs and identifying funding for the continuation of potential remediation projects. Finally, considering the need and volume of public housing developments operating in Northern Manhattan (especially the New York City Housing Authority), increased support from this sector would have improved the outcome of the Collaborative's work.

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

Collaborative members brought a variety of resources to the project – most critically among these were provision of meeting space, member participation and support for outreach. Another essential resource was data from the New York City Department of Health, New York State Department of Environmental Conservation and the New York City Department of Environmental Protection.

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

There were a number of different ways that the Collaborative engaged vulnerable populations. First, WE ACT staff (this includes members of the Environmental Health Survey Team -- EHST) reached out to seniors. We did so by visiting retirement homes and special needs housing/apartment units such as those primarily occupied by seniors and individuals considered as vulnerable community members (e.g., low-income residents, lead-safe houses, transitional housing, etc.). The Environmental Health Survey Team members also spoke about the Collaborative at senior centers while giving environmental health seminars and distributing the EHCS. Second, the Collaborative made sure that the EHST (the Environmental Health Community Survey was implemented by our EHST) either conducted surveys at highly attended community events (for example a community health fair, community march or day care center) or gave a 30-minute environmental health presentation at venues frequented by vulnerable community members. The results of the survey reflected the same issues of concern that were identified through Collaborative meetings (Please Appendix C for EHCS results).

In addition to outreach to seniors or older adult populations, the Collaborative reached out to Northern Manhattan's youth. During the summer of 2009 at the Fort Washington Branch Library of the New York Public Library System, we conducted environmental presentations at the Fort Washington Branch Library of the NPL in order to engage youth 6 – 12 years of age around issues that have been identified

through the outreach process. Although the youth did not fill out the EHCS, they did participate in an activity focused on learning about environmental health hazards in the indoor and outdoor environments. Through the presentations, many of the youth realized that, on a regular basis, they encounter environmental health issues such as those related to indoor environmental exposures such as lead, allergens that trigger asthma, endocrine disrupting substances and air pollution from outdoor sources that has entered into the indoor environment. We also distributed information (in English and in Spanish) about meetings and opportunities to get involved.

Finally, in order to augment our effectiveness and increase participation, the Collaborative provided a number of services. Because large part of the Northern Manhattan community is monolingual Spanish-speaking, the Collaborative translated a majority of our materials into Spanish; these included the EHCS, the CARE brochure and the CARE Fact Sheet. The Collaborative also provided Spanish translation at all community meetings and presentations. In addition to translation, the Collaborative also provided complementary childcare at all community meetings. Interestingly, childcare services proved to be another interactive activity that engaged young people in the identification of environmental health hazards. At one of our community meeting, a child attendee drew a very telling – an insightful – map of the environmental exposures in “her world.” We shared this drawing with the meeting participants, because it contained very relevant information about the Collaborative’s work including issues about children’s ability to access healthy food and open space for physical activity

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

Our project officer played an important role in the partnership. The project officer acted in a variety of roles which included, but was not limited to: serving as a sounding board for the project coordinator and project staff as well as a key resource for details relating to the implementation of the project. Our project officer also participated in a number of the meetings, providing guidance along the way and mentorship to project staff and Collaborative members.

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.)?

Many of the barriers experienced in the partnership were addressed collaboratively during the project period and currently are being addressed. Many of the barriers experienced in the partnership were addressed collaboratively during the project period and continue to be resolved by Collaborative members. The major barrier to the partnership was getting constituents out for the meetings especially since many of the steps in the CARE roadmap included projects that Collaborative and community members have engaged in prior to the Collaborative’s formation. Another barrier was incorporation of businesses into the process. Business participation within the Northern Manhattan context is a bit different than traditionally outlined in the CARE Roadmap, because, although recent zoning revisions have attracted large national chains, the area is still populated primarily by smaller, family- or single-owner businesses. Smaller businesses operate on fairly slim margins and therefore cannot provide the kind of resources that large industrial and/or manufacturing ventures can. In addition to business outreach, language proved to be a barrier. Traditionally, Northern Manhattan is split up into 4 community areas (East Harlem, Central Harlem, West Harlem and Washington Heights/Inwood). These neighborhoods are diverse and are home to residents from ethnic, linguistic and nationalities as diverse the Dominican Republic, Senegal, Haiti, and the Caribbean – just to name a few. This wonderful diversity can be a barrier to engaging residents, because some of the groups do not traditionally work with some organizations, may be isolated based on a number of different language and cultural needs, and may even regard “outsiders” with some suspicion and/or caution.

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 partnership broadened the discussion and engagement around issues with which we previously had not addressed. This had to occur in order to engage people in the issues because they feel overwhelmed by other issues of concern. In other words, the Collaborative broadened the context of what we all considered “environmental health” prior to engaging in this work. The broader scope of what we all considered environmental health was somewhat forced on Collaborative members, because we recognized that this was the only way to engage such a diversity of residents – many of whom felt overwhelmed by the number of other issues (such as eviction, unemployment, lack of health care, poor educational services for their children, etc.) that seemed more pressing. Fortunately, in going through the exercises that were part of the CARE roadmap and utilizing the PACE EH methodology individuals, were able to see the intersections between issues that concerned and how these impact their health and well-being. The exercises also created an opportunity for us to work with other types of organizations that have not traditionally focused on environmental health. We are working to strengthen these relationships.

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

WE ACT has had a long history of engaging with residents/community members within Northern Manhattan (and beyond) on issues related to environmental health. Although the CARE process was similar to steps WE ACT has had to take in order to understand impacts of toxic exposures such as air emissions from the North River Sewage Treatment Plant and the impact of the Metropolitan Transportation Authority’s disproportionate placement of bus depots in Northern Manhattan, it offered a different frame for investigating issues of concern. WE ACT’s long history is based on the principle of reaching out to residents to identify key concerns and then conducting research, education, and empowerment in order to address the needs of the community.

Is there anything else about your partnership that you would like to share?

The partnership needed more time to build its effectiveness. Building a partnership of this magnitude within this context requires a longer duration of time for activities such as working with community organizers to work with residents and businesses to address environmental exposures.

Our Project - Identifying and Prioritizing Environmental Health Issues of Concern for the Northern Manhattan CARE Collaborative

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.

The Collaborative set priorities through a collaborative process that included the use of consensus decision-making, representative leadership, and issue-specific working groups. Our facilitator, Ms. Autumn Brown, provided a template for consensus decision-making and always included a short refresher at the beginning of each meeting. This provided an opportunity for new and old members of the Collaborative to become familiar with the decision making process and ground rules for being involved. Professional facilitation removed any appearances of bias or control thus allowed group members to all work on an equal footing of respect in identifying issues of concern; the result was a list

of environmental exposures that represented the views of as many community members as was possible.

The Collaborative was organized into a steering committee, which guided and set the agenda for the Collaborative's membership, goals, and meetings. The steering committee was made up of a number of carefully selected organizations and individuals whose stated purpose is to address that environmental health issues in Northern Manhattan. The Collaborative's steering committee met every other month (generally in months when broader Collaborative did not meet). The steering committee process allowed us deftness in decision-making for many of the minor operational issues so that the wider Collaborative membership could devote its meeting times to the stated purpose of the partnership, although, all steering committee meetings were open to the full Collaborative membership. In some circumstances the steering committee met via a conference call. The steering committee itself was split into two working groups depending on the interests of individual members; these were Data and Issue Profile and the Community Survey working groups. The Data and Issue Profile Working Group guided the process for identifying sources of data for the development of issue profiles, and they were responsible for approving the Issue Profile outline. The Community Survey Working Group developed the EHCS and methodology for implementing the tool.

In addition to the working groups from the steering committee, the Collaborative itself was organized into a number of working groups that were charged with completing the Issue Profiles. The Issue Profiles were developed through nine working groups based on each environmental health issue identified (See Appendix D). The Issue Profile Working Groups worked on the following environmental health issues: Indoor Air Quality; Outdoor Air Quality; Built Environment and Land-Use; Access to Healthy Food; Stress; Lead Poisoning; Environmental Health Service Delivery; Solid Waste and Pest and Pesticides (See Appendix A).

Our initial process of identifying issues of concern took place in the winter of 2008. Each meeting had the same format – a description and/or review of the CARE process, a technical presentation of issues, small group discussions about the community-specific concerns related to the issues, and a plenary “report-back” and discussion of potential solutions. The initial meeting included an introduction of the CARE process, two presentations that focused entitled “Risk 101” and “Environmental Health 101.” After each meeting, the facilitator typed up notes and these notes were distributed to the Collaborative and we distributed these along with the meeting summaries (See Appendix E), via email to the Collaborative members.

Once the issue identification process was complete, the Collaborative created the broader issue list (see e.g., discussion in the previous section), and the work groups began to put together the individual Issue Profiles. The working groups helped draft the Issue Profiles, and each member of the respective working groups contributed to a database of sources of data that could be used to generate the Issue Profiles. Some of the data sources included: DOHMH Community Health Profiles; data from government websites such as the United States (US) Environmental Protection Agency, US Centers for Disease Control and Prevention; City and State government agencies; and academic articles. The working groups also identified the criteria and subtopics that should be used to rank the issues (See Appendix G).

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

The Risk Ranking meeting took place on September 14, 2009. Again, Ms. Autumn Brown facilitated the meeting. The agenda included two riveting presentations by community activists working in Northern Manhattan who had become environmental health experts through working on their respective campaigns in solid waste management and food justice. After the community presentations, our EPA Project Officer gave an overview of the Level 2 CARE process. The attendants then broke up into breakout sessions that performed the risk ranking in groups of related issues. Once they had completed the ranking process, the groups reconvened for a discussion about the final Issue Prioritization meeting. Ms. Brown again duly distributed notes and results from the Risk Ranking meeting via email to Collaborative members and meeting attendees.

The Issue Prioritization meeting took place on September 29, 2009. Ms. Brown also facilitated meeting. Our EPA Project Officer presented a brief description of the CARE process up to that point, and a roadmap of the potential future uses of the risk ranking information – both locally and by EPA. Soon after these short presentations, meeting participants broke up into working groups and went through a process of prioritizing the ranked issues; prioritization was based on the criteria established and approved by the steering committee. Once the working group completed their prioritization, the group reconvened for a report back of the results, and our facilitator led participants through an exercise to identify the three top priority issues, which were Solid Waste; Pest and Pesticides; and Indoor/Outdoor Air Quality.

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

We distributed the results of this meeting via email to meeting participants and Collaborative members. In addition to email correspondence, we published the information in the “WE ACT Community Voices” Newsletter and the Northern Manhattan CARE Collaborative Newsletter. We are in the process of developing more comprehensive Issue Profiles that will be turned into Environmental Health Report Cards, which we will also distribute widely in Northern Manhattan.

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

We are in the process of beginning to plan our toxic reduction strategies. These strategies will include partnering with our local health department on issues of mutual interest and partnering with our Collaborative members to work on a select set of issues that we will strategically select – our main criteria are the issues that are persistent and widespread and capable of mobilizing community members into action. We have tentatively identified the priority issues: solid waste, pest and pesticides and indoor/outdoor air quality. In addition to the priority issues we have identified the built environment and contamination of our local waterways (especially by pharmaceuticals that are either discharged directly through industrial activity or indirectly through our sewage stream) as an additional issue to galvanize support and work with a Collaborative partner around.

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

We have also begun the process of bringing Collaborative members together in order to continue to strategize about potential methods for reducing toxics. We are starting with our business members through the business roundtable, which aims to bring together businesses located in Northern Manhattan. At an initial meeting, business roundtable members identified solid waste management as a major concern for businesses operating in Northern Manhattan; their worries ranged from hefty

littering fines (which could be in excess \$30,000.00 per year) to pest infestations to negative images of their businesses (which could cut into their profitability). The partners have begun to catalog the problem and identify a set of solutions to deal with our broken solid waste system in Northern Manhattan.

The Collaborative also went through the beginning-brainstorming portion of this process during our issue prioritization work (this is mentioned in the above sections as well). We did this by looking at the assets currently within the community, thinking about what we want to see as a community, and what we can get to address the issue. Because the Collaborative identified issues are currently being worked on through a variety of programs through the efforts of a number organizations, we see an opportunity to really identify strategic ways for this work to come together and add value to what has been done.

The project raised awareness around issues that many often talk about but do not readily relate to environmental health. Stress, an issue raised at all of our initial community meetings, is one such issue. Because stress was so overwhelmingly experienced in the community (especially within the context of the built environment), the Collaborative realized early on that this was a key issue to address in our efforts to engage Northern Manhattan's diverse communities. This strategy proved effective and was later confirmed in our survey results. Other non-traditional environmental health issues were uncovered by our survey; these were lead poisoning, air pollution, pest and pesticides, solid waste and cigarette smoke. All of these issues were also later identified during community meetings. It is only the beginning of this process and we believe that we will be able to make a plan for future action.

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?

We built momentum over the course of the project through the meetings first of the steering committee and later the full Collaborative. We also utilized programs and projects currently being implemented at WE ACT for Environmental Justice and other organizations that are active members of the Collaborative. We have also looked for additional funding through partners in order to continue our work. However, this has not been an easy task, and unfortunately, we have not been able to secure funding directly through the work of the project so far. For example, we have pursued funding to perform a Health Impact Assessment (HIA) through the Robert Wood Johnson Foundation. This opportunity would allow us to explore the relationship between the burning of dirty heating oil in buildings and its impact on outdoor air quality and related health outcomes.

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 New York City DOHMH was helpful in providing some health data. However, the City was either unwilling or unable to provide key statistics on asthma prevalence rates and useful metrics for determining overall community health. We also had difficulty in identifying City (and other government agency's) health service programs and the tools that could be used to map community health status. Such information would help both in ensuring that we address critical health needs and the methods we choose to achieve this would indeed improve our community's overall health and well-being. Fortunately, we continue to have a strong relationship with the NYC DOHMH through a number of research collaborations with its staff members. We will be having some post grant period activities that

will add value and potential momentum to the project. Data from the NYC DOHMH was helpful although it would have been preferable to have had more of their help in terms of identifying and pulling together some of the key stats on asthma rates and other outcomes and key indicators that describe the overall health of the community. This would also be supported by the need to ensure that work is done. It is also difficult to identify key sources for programs and mapping tools. We will be having some post grant period activities that will add value and potential momentum to the project.

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

The significant outputs of the project include:

- 507 surveys completed by the EHST;
- 5 Bimonthly CARE newsletters;
- Northern Manhattan CARE Collaborative fact sheet in English and Spanish (See Appendix H);
- Northern Manhattan CARE Collaborative FAQ sheet in English and Spanish (See Appendix I);
- Northern Manhattan CARE brochure in English and Spanish (See Appendix J);
- Development of a community environmental health survey (See Appendix K);
- 7 environmental health survey team members trained;
- Northern Manhattan CARE Collaborative Issue Profile Briefing Booklet to inform meeting participants during the risk ranking process (See Appendix L);
- Photovoice project.

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.)

The project bore a number of significant outcomes. First, the Collaborative completed the project within the project period – which is significant considering the scope of environmental hazards and the diversity of interests native to the Northern Manhattan community. Although the project got off to a bit of a late start, we were able to complete all of the required deliverables within the project period. Second, three business owners (operating in a very high-traffic commercial corridor) have committed to participating in the city department of sanitation's Adopt a Basket program in order to reduce litter and pest issues in their neighborhood of operation. This behavioral change represents a major paradigm shift for businesses. The majority of larger businesses in Northern Manhattan are owned and/or operated by individuals who do not live in Northern Manhattan or organizations that are not headquartered locally. For these businesses to take the first step to invest in the community is a shift from the usual telescoping focus on profits. Third, the environmental health survey team (EHST) members emerged as environmental health leaders. They were selected because they were working in some capacity as health service providers or researchers but they were not directly engaged in environmental health. Through working on this project they have become sensitized to the environmental health lens and are much more cognizant of environmental health issues in their own work. Additionally, through training survey workers, Ana Parks – a WE ACT staff member – has also emerged as a leader in housing-related toxic exposures and has become energized to incorporate this perspective into her anti-lead poisoning outreach work. Fourth, a success that is rarely recognized is that the project allowed WE ACT and Northern Manhattan organizations as well as individuals to connect in order to share and renew our mutual commitment to ensuring the environmental health and well-being of those living and working in Northern Manhattan. For example, during a meeting in East Harlem, a resident (and Collaborative member) was connected with key services to get her home

assessed for indoor environmental health hazards. Fifth, the CARE process represents the first time that a partnership in New York City has recognized mental stress as an environmental health issue and energized workers to begin developing solutions to ameliorate its causes. Stress was identified as a problem in almost all of the meetings that we had in the initial meetings for the Collaborative. Becoming engaged in the process of looking at an emerging issue is exciting. Fifth, the Collaborative was able to leverage funds from the EPA's Targeted Brownfields Assessment Program to begin assessment of three sites that have in various ways contributed to the toxic exposure of Northern Manhattan residents and have blighted our landscape through abandonment and disuse. These sites have been sources of concern for community members of Northern Manhattan for many years. Additional successes are noted above in relation to the completion of the Issue Profiles, development and implementation of the EHCS and the convening of the Northern Manhattan CARE Collaborative Business Roundtable.

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

We have not reached the point in our partnership where we have achieved measurable reductions in environmental risks. However, the Collaborative has allowed us to engage previously reticent groups and form strong relationships that may lead to risk reduction activities in the future. The biggest gain in this regard is our engagement of diverse stakeholders around recognizing environmental health issues and initiating research around understanding environmental health service delivery.

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?

Our original plan for the project and the eventual implementation methods did not substantially differ. However, one significant change was our method of engaging of businesses and environmental health survey participants. Originally, we had no plan for the series of business roundtables that we have held and will continue to hold in order to engage local businesses and national businesses doing work in Northern Manhattan. These roundtables will focus initially on solid waste management and its relationship to environmental health but we will work to expand the scope of issues considered and develop this as an opportunity to engage with a heretofore difficult to reach set of stakeholders to work toward a healthy sustainable community.

We also changed our method of capturing participants for the EHCS. Our original plan was for survey workers administer surveys to community members through a doorknocking campaign. We changed this model after recognizing that we would increase the diversity of survey participants through attendance of a variety of community cultural and health events held during the summer and fall months in Northern Manhattan. Although we have shifted our plans, we nevertheless achieved the objectives of engaging businesses and community members in identifying toxic exposures. Our flexibility and ability to make appropriate changes helped us reach better results than we had anticipated.

In addition to modifying our engagement with stakeholders, we were able to strengthen relationships with former partners whose participation in the Collaborative was unanticipated. One of these partners included the Fort Washington Branch of the New York Public Library, which provided a great opportunity to engage with children that were in the age range of 6 – 12 years old on issues related to environmental health. We were also able to reconnect with a former collaborator, HabitatMaps, to generate a cooperative community-mapping project; this work will begin in January 2010.

Because environmental health is the major focus of WE ACT, we will continue the work of the Northern Manhattan CARE Collaborative. Our plan for continuing the momentum of the CARE project are continuing engagement with businesses through the business roundtable and engagement with community members through Healthy Homes outreach campaign and distribution of environmental health information through WE ACT's newsletter. This newsletter has a hardcopy and electronic distribution of approximately 500 plus people and is distributed through community events, mailings and electronically through WE ACT's and The Northern Manhattan CARE Collaborative's list serves and website.

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

We found that a major resource in the engagement of the EHST was a community environmental health and leadership training template that WE ACT created. We used this template to train the EHST and to develop its workshop curriculum and talking points in engaging survey participants. The EHST identified this training material as a key resource during their administration of the surveys. The EHST used this information in their presentations to the partners and as a basis for providing information about environmental health to constituents within Northern Manhattan.

Reflection

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

The progress made during the partnership would not have been made without CARE funding. This opportunity allowed for the development and engagement of a new group of stakeholders that have not traditionally been engaged around environmental health issues within Northern Manhattan. Although the attendance at the open for a were not as high as we would have liked, CARE was an opportunity to really capitalize on readdressing issues of concern that had been identified by community members in the past and to strengthen WE ACT's leadership in this regard to our community partners.

The CARE program also provided an opportunity to work on an action plan that would be supported for the overall development of a comprehensive strategic plan that will allow for WE ACT to understand how its work around environmental health could grow and build upon previous work. For example, the project allowed for programs that WE ACT is working on with a variety of stakeholders to identify areas of concern and bring together issues under a broader understanding of environmental health. In addition, this opportunity provided a challenge and an opportunity to a community that has participated in process driven projects in the past. Investment in process can be difficult for community members that are looking for direct action and return over a short period of time.

Finally, CARE provided the community with the opportunity for proactive planning around identified issues, which is typically not an option for a community overburdened and reacting to emergency needs. Although Northern Manhattan community members have worked actively to plan for environmental health actions, funding does not always facilitate planning processes and certainly not one with as rich and diverse a discussion as our CARE process. More importantly, this has been a real opportunity to engage and build new interest in non-traditional environmental health issues (such as stress) or public health outcome related to the cumulative exposure to multiple environmental pollutants and contaminants.

We plan to continue to engage community members around a variety of issues and conduct ongoing activities related to the Collaborative's work. We will also develop the Northern Manhattan-specific environmental health report cards, which will reinforce the results of the CARE project's work. The environmental health report cards will be developed from the issue profiles (completed as part of the project) will provide data and direction that will enhance the advocacy work of local community leaders, groups, and individuals.

What do you consider your project's greatest achievement?

The project's greatest achievement is the engagement of local businesses, a task which has never been accomplished in Northern Manhattan around environmental health issues. Another achievement is the development and engagement of new strategies for identifying key environmental health issues of concern.

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

Our greatest challenge was the engagement of local businesses. The difficulty results in part from the traditional lack of local investment on the part of businesses and in part from the distraction that the current economic downturn has created. The majority of businesses located in Northern Manhattan are owner-operated and therefore run with limited staffing. Consequently, these businesses may not have the capacity to stay open and send a representative to participate in community meetings, especially when they have not been trained to see direct benefits (e.g., increased profitability) to participating.

We achieved success in engaging businesses through a multi-pronged approach. First, we partnered with public health students (from Columbia University's Mailman School) as outreach interns and engaging business owners and operators through a PhotoVoice project. The public health frame the students possessed proved very helpful in their recruitment of PhotoVoice participants because they were able to field questions with authority. Second, we synergized the efforts of CARE coordination with an existing WE ACT campaign—the Garbage, Pests and Pesticides Campaign – aimed at mobilizing the community around a more holistic solution to Northern Manhattan's solid waste and pest problems. Coincidentally, solid waste and pests happened to be two items high on the list of issues of concern and emerged as "priority issues" during the CARE process. While the students performed outreach to all businesses, WE ACT's organizing staff decided to focus on recruiting businesses that either had a history in the community or are national corporations that had operations in Northern Manhattan. In this work, we targeted both local entrepreneur and business organizations in order to access their outreach mechanisms and traditional relationships.

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

Targeting businesses for engagement in the CARE Collaborative was a major challenge because the nature of environmental health exposures is somewhat unique compared to that typically seen as overburdened communities. Unlike some environmental justice communities, Northern Manhattan is an urban and very densely populated that does not host much industrial or manufacturing activity; our pollution is not derived from single or concentrated private sector industrial or manufacturing sources. Rather, the polluters in Northern Manhattan are more aptly characterized as multi-point sources that are linked to government-delivered services such as sewage treatment plants (City-run) and bus depots (state-run). Even indoor sources of exposure are one way or another connected to government operations. For example, poor housing conditions that give rise to pesticide and solid waste problems exist because of the neglect of government-run housing facilities. Outside of these large pollution

sources, Northern Manhattan's business landscape is populated by smaller operations such as auto repair and body shops, nail salons, dry cleaners, and trucking fleets operated by delivery and moving companies. These business owners and operators often do not live within the community area and have proven to be a difficult group to engage. Those businesses that we have reached have participated in varied capacity depending on their internal structure and need to work with non-profits and other organizations; the non-uniformity of engagement structures creates a challenge in tracking and facilitating participation. However, we view these efforts as the beginning of our work around engaging businesses and over time; therefore, we are confident that our ability to reach businesses and opportunities to partner with them will grow.

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

As part of WE ACT's project evaluation process, we have identified a number of ways to improve design of the CARE process. First, in order to engage a more diverse segment of and greater number residents within the community, we would plan more meetings of longer length so that we have more time for dialogue. Second, we would structure the steering committee so that its make up include more community members that are engaged with a larger variety of informal groups and/or non-profit organizations within Northern Manhattan. Third, we would include a business group/organization on the steering committee and work with it to more effective strategies of engaging businesses. Fourth, we would internally increase staff assignment to the project and ensure staff dedication to specific portions of the work. Sixth, we would build in mechanisms for outreach to youth and incorporate them into relevant portions of the project. Finally, we would expand the project timeline in order to give staff sufficient time to set up the coordination mechanisms necessary to ensure project success. Because of our late start on this project, we did not have much time to strategize on how we would engage the large variety of stakeholders in a comprehensive way – especially when the project aimed to engage partners with whom we had not previously worked. Time for strategic planning is especially important because such an approach would give us time to consider our leverage points and develop talking points for engaging the variety of stakeholders that should really be involved in the project. Moreover, cooperative planning would have given the Collaborative members more opportunity for interaction and to learn about strategy development. By contrast, because many members of the Collaborative had not worked with each other in the past, we focused a substantially amount of our energy on process development in the period leading up to risk ranking and issue prioritization.

We could have been more strategic in the implementation of the project by outlining and identifying the desired project goals and outcomes more clearly at the outset. We would have liked to have time to perform a "power analysis" that would identify opportunities to meet with the elected officials and key community leaders in Northern Manhattan in order to strategically design and implement project activities. Had we been able to establish these critical relationships, we would have improved our ability to publicize the Collaborative's efforts and thus engage a greater segment of the community. Moreover, partnerships with resourced individuals and organizations would have allowed the Collaborative to conduct more community events and environmental training opportunities. The follow-up to such an effort would have been performing a health impact assessment (HIA) of programs aimed at addressing the identified issues of concern. The CARE Roadmap and PACE EH methodology are great tools that overlap with key principles and steps within the HIA. We perceive a real opportunity to encourage Northern Manhattan community members to use HIA or parts of HIA to engage around decision-making and sources of tension for their own projects.

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 logic model was used initially in the planning of the project, but was not used during the implementation phase of the project. This would have been a helpful tool to understand in thinking about the variety of ways to implement the project.

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

This interaction is useful. This was done at the national CARE workshop and should have been done more frequently throughout the year. Recently, we have begun to work with other CARE communities to identify ways of intersection and opportunity to work together. The process in which other communities were engaged was through informal networking done outside of the CARE network.

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

Media coverage did not play a role in our CARE project.

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 on the EPA for assistance in maintaining good relationships within the partnership support and in providing guidance for implementing the risk assessment protocol. Our project officer fulfilled these roles by attending all the major community meetings and provided mentoring of Collaborative members and project staff in both implementing the CARE methodology and navigating the politics of group dynamics.

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

We appreciated the mentorship and counsel of the project officer and EPA staff during the CARE process. As mentioned above, the project officer attended every community meeting and provided invaluable guidance during the planning process at the national CARE workshop. However, the Collaborative effectiveness could have been improved had we possessed a more understanding of support programs and resources, and early on in the project. For example, had we known early on, we could have used the CARE voluntary programs strategically to improve our recruitment of local businesses into the CARE process. We understood that these programs are intended to be useful but were not always aware either of their existence or specific function to ask for them by name. In addition, WE ACT would have benefitted from better training about how to move forward from the issue prioritization process – perhaps through the session at the national CARE workshop and strategy session for applying for your level 2 grant or how to move from a level 1 to level 2 grant. We would also have benefitted from support in evaluating our effectiveness in coordinating the CARE process. We would have liked to see a staffed “evaluation” unit that organizations such as ours or the Collaborative could have tapped throughout the project in order to modify our plans so as to maximize the success of the project.

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

The CARE process increased the capacity of the partnership because it provided an opportunity for participants to work together in different capacities than our historical relationships dictated and plan for how we might use our respective resources to respond to our community's environmental health needs. Although the CARE process is similar to work that WE ACT has done previously, the emphasis on involving diverse, non-traditional stakeholders such as private businesses offered us a chance to view our organizing and advocacy through a different lens. For example, the CARE methodology's focus on education and research as mechanisms for community capacity development was quite similar to WE ACT's own capacity building philosophy. Even within the relatively brief project period, we were able to see the potential (positive) impact of training environmental health educators to engage the community in both identifying local environmental problems and solutions. The effectiveness of such a strategy was most apparent in our anti-lead poisoning outreach program. Within the organization, we were able to integrate most successfully the activities of these programs, and the strategy proved to be the strongest asset to our completion of the project. Despite our successes, the CARE methodology presented major challenges. We found the protocol's definition of some sectors (such as "businesses") too rigid and therefore restrictive, even though we could see the importance of and agree with a more expansive stakeholder engagement in a process like CARE. As discussed in previous sections, pollution sources in Northern Manhattan are primarily government-run services and/or non-profit institutions such as universities and hospitals, not private industrial or manufacturing facilities.

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

A number of leaders emerged as a result of the project. For example, through the implementation of the environmental health survey, we found three new leaders (out of a total of seven) from the environmental health survey team (EHST). Although some of members of the EHST were leaders in their respective work around health service delivery, their engagement in the EHS, and the training that prepared them for that process, provided a new frame for conducting their work. We are currently working on ways to keep them engaged in WE ACT's campaigns and work around environmental health issues. We also hope that as we move into the process of community-based strategy development, we will be able to identify and/or cultivate other leaders.

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

We found that the most important task to undertake – and we would encourage this to be done as early in the process as possible – is to take time to develop a comprehensive engagement plan that focuses on strategies and innovative means to engage different segments of the community around the most pressing issues in that particular community. To accomplish this, we would recommend that these communities perform a power analysis and asset mapping of the community and its pressure points as early as possible in the CARE process. This should be done through a cooperative process, and if possible, incorporate as many informational interviews with a diverse cross-section of the community. The aim should be to capture the widest diversity of participants possible, but develop concrete goals for recruiting participation so as to avoid becoming bogged down by the process and rigid frameworks. In order to ensure success of the engagement plan, we would suggest that the community devote the first year of the project to building relationships and excitement within the partnership – this is important for keeping the partnership focused on the goals of the long and difficult task ahead. The second and third year should be spent on developing and implementing the project. We found that we achieved the best results with groups that have developed strong relationships with a long history of cooperation and mutual trust. Therefore, we place a great premium on relationship building and trust development.

This process requires time and should not be trust; communities looking to engage in this work should develop the appropriate time and resources to this process, because it will make their work easier in the long run.

What Next?

Will the partnerships created continue to serve the community by protecting the environment and reducing toxics?

Yes, environmental protection and toxics reduction have been major foci of WE ACT for the past 20 years, and we plan to continue this work and to make full use of the new relationships formed and old relationships strengthened during the CARE process. Some short-term projects that we have planned for the upcoming year include the business roundtable series, community mapping workshop and development and implementation of the Northern Manhattan CARE Collaborative Environmental Health Report Card.

How will this work be sustained?

We will sustain this work through our environmental health and sustainability programs for which we have been successful at securing private foundation and government support. We will also continue to partner with our academic partners and research institutions in conducting the environmental health research and public education portions of our efforts. We are also actively identifying funding to create additional opportunities to train partners on environmental health and justice issues. Through the CARE process, we are beginning to develop strategies for engaging other stakeholders -- such as local businesses.

If neither your organization nor the members of the partnership plan to continue the work, please describe why.

This does not apply because we plan to continue to do the work.

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.

WE ACT will continue look for sources to fund its Sustainability, Environmental Health and Community-Based Participatory Research Program. We have funding through our partnership with Columbia University School of Public Health research centers which will continue to fund work in the area of environmental health, which overlaps, with many of our proposed future CARE activities. We will continue to engage businesses and will continue to build these nascent partnerships and work to encourage sustainability in their operation. We are also working to identify funding to publish the environmental health report cards. In completing this task, we will continue to work with interns, the Department of Health and Mental Hygiene and the Department of Environmental Protection to identify ways to maximize our individual capacities and ability to tap into each other's resources.

Feedback and Follow up

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

We would like to see larger grants and more time to build the project and engage stakeholders holistically. We also see opportunities for EPA to incorporate HIA into process as a useful tool but this would require training and ongoing support for communities undertaking such effort. In addition to the HIA framework, EPA should increase its efforts to train communities on CARE tools; for example, the Agency should make available training opportunities and workshops throughout the year on topics such

as: informational interviewing, qualitative research techniques, and utilization of tools to expand communities' and researchers' understanding of what should be included environmental health issues. Such offerings should emphasize strengthening cumulative exposure assessment, use of non-traditional communication methods – messaging and information marketing. For example, a messaging databank or health education material templates to use for marketing the message and getting out information related to community efforts or issue would also be very helpful.

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.

It would be okay to contact others or myself about the project.

Peggy Shepard – peggy@weact.org; Cecil Corbin-Mark – cecil@weact.org; Anhthu Hoang – anhthu@weact.org

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

Yes, we would be interested in being interviewed for a more in depth case study.