

Pursuing Environmental Health Through Community Assessment

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Environmental justice is the fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies.

Local health data indicate that environmental degradation results in adverse health consequences in Multnomah County, Oregon. Breathing contaminated air can exacerbate asthma conditions—the incidence of asthma among children in the Portland public schools exceeds the national average. Exposure to lead-based paints can cause learning disabilities in young children—70% of pre-1930s homes in Portland neighborhoods had composite lead dust levels that exceed federal standards. Consuming drinking water with high levels of volatile organic compounds (VOCs) can cause cancer—several ground water wells in northeast Portland are contaminated by VOCs. Contact with contaminated surface waters can cause a variety of different illnesses—each year millions of gallons of untreated wastewater are diverted directly into the Willamette River, which runs through Portland and is used by local residents for swimming, fishing, and other recreation.

These kinds of environmental and health concerns disproportionately affect minority and low-income populations. Polluting industries and businesses tend to be located in communities with many low-income residents, who often lack the means to move to a community free from contamination. Low-income residents are often affected by multiple environmental and health concerns that accumulate over years and generations. Additionally, many low-income residents don't have the economic, legal, or political resources to address their health disparities and environmental health issues.

Although the health consequences of environmental conditions are real, the Multnomah County Health Department (MCHD), in Portland, Oregon, has not had the resources to develop the internal capacity or the public mandate to deal with environmental justice problems. Environmental health services, which have been sustained historically in the local health department, reflect a traditional public health approach to controlling communicable diseases: fee-based public health services related to inspections of restaurants, swimming pools, and care facilities; vector control; and food safety policies and education. MCHD has tried to develop, with varying degrees of success, new environmental health programs to address

childhood lead poisoning and brownfields (industrial or commercial property that is abandoned or underused and often environmentally contaminated). However, there are various barriers to integrating these programs into the existing environmental health practice model.

MCHD's capacity to address environmental health issues has been hampered by a lack of a systematic way to assess the environmental health of Multnomah County. A climate of mistrust, fostered by grants ending, has led to community perceptions that the department was unwilling to sustain environmental health programming has also compounded the department's problems.

The Protocol for Assessing Community Excellence

In order to develop a systematic approach to assessing the county's environmental health and respond to community concerns, Lila Wickham, the director of the Environmental Health Division, decided to try the Protocol for Assessing Community Excellence in Environmental Health (PACE EH).

PACE EH was developed in 1995 by the National Association of County and City Health Officials (NACCHO) to help local health officials accurately identify environmental health issues at the community level; discover, collect, and analyze meaningful environmental health data; and identify populations at disproportionate risk of environmental exposure and adverse health outcomes.

PACE EH offers a way to integrate data-driven assessments of environmental health concerns with the values and perceptions of communities. It promotes leadership among environmental health advocates, involves the community in planning and decision making, and addresses issues of environmental justice. A complete PACE EH assessment includes 13 interrelated tasks from project planning and assessment team recruitment to environmental health issue identification, indicator development, and action plan development (*see box on page 9 for complete list*). The tasks walk the participants through planning and assessment and into action in a nonlinear, iterative, and dynamic process.

The initial MCHD planning team included representatives from various divisions in the health department: Environmental Health, Planning and Development (the unit responsible for public health data analysis, qualitative and quantitative research, and grant writing), and the director's office, which focuses on community involvement in public health program development. Initial community partners included Portland State University School of Community Health and the Environmental Justice Action Group, an advocacy group for people of color living in north and northeast Portland who are affected significantly by environmental health issues (*see sidebar on page 8 for more information on the Environmental Justice Action Group*).

Managing the tensions of community process

The team's first step was to establish a shared philosophical underpinning of environmental justice, with an explicit value placed on developing relationships of trust and understanding the strengths and assets that each individual and organization brought to the team. Meetings and processes were structured to encourage relationship building, leadership development, and sharing and nurturing of the skills, resources, and capacities that contribute to a successful PACE EH process.

From the beginning of the PACE EH project, participants have had to learn to work differently. For MCHD staff, this project has required working across organizational work units, which often represent different professional communities. The team approach is different from the hierarchical organizational structure in work units and requires an appreciation of diversity, in this case professional as well as cultural diversity. Frequent conversations about roles and responsibilities have been necessary as the process unfolded.

The role community members play in the PACE EH process also differs from past government-led efforts. The strength of the PACE EH process rests on the degree to which community members become advocates for environmental health with policy makers as well as with their friends and neighbors. "The voices of the community resonate more strongly with elected officials and other sources of funding than would the solitary voice of a government bureaucrat," says Wickham, who believes that organized community engagement is crucial for advancing a sustainable environmental health policy agenda.

Strong community participation will result in community-driven change. Professionals can

detach from environmental health threats at the end of the work day and may experience environmental health as subject matter—a luxury community people living in environmentally compromised situations don't have.

Another source of tension is that the PACE EH process requires working with community partners before the vision, roles, and responsibilities for the PACE EH project are fully developed. This meant providing sufficient structure so that community partners knew where they could contribute, with enough flexibility that their participation would be meaningful and they could assume shared ownership of the project.

A very interesting tension that has emerged is a result of the multiple roles of government employees—do we participate in a community process only as staff? Are we not also community members?

Should the health department have a vote in the process? Is it appropriate for us to take a leadership role or is it more appropriate to encourage leadership among the community members that we are working with? Many involved in the PACE EH process, county and community members alike, have

suggested that the appropriate answer to each of these questions is *yes*. Public health professionals have a responsibility to continue to ask questions about our appropriate participation, to listen to a multiplicity of answers, and to balance multiple identities. In doing this, we can help develop community processes in which all participants are encouraged to lead and not dominate, to speak out and to listen, and to fully commit to both the success of the process and the development of the participants.

How the county health department should do its work was only one of the questions. The larger question that the PACE EH process has moved the broader community toward is "What

PACE EH helps local health agencies:

- Be more responsive to community environmental health concerns
- Gain visibility in the community as leaders in environmental health
- Work for environmental justice with disenfranchised communities
- Have community-based coalitions that lobby for local environmental health ordinances
- Have a health department staff that is comfortable being engaged with communities
- Become more effective in engaging community members in environmental health issue identification and problem solving
- Educate communities on the importance of science-based decision making
- Provide state and national policy makers with community-driven findings that could be used to shape environmental health policies and resource allocation

—Centers for Disease Control and Prevention

Environmental Justice Action Group

“A community that educates and speaks out for itself can best protect itself,” is the mission of the Environmental Justice Action Group (EJAG) of Portland, Oregon. EJAG is a community-based, membership-driven organization founded in 1996 by a group of north and northeast Portland residents to address significant environmental health hazards faced by residents of those communities. EJAG embraces the organizing strategies established during the civil rights movement and is dedicated to developing and using community-based leadership among people of color and low-income communities to address issues of environmental justice, health, and safety. Jeri Sundvall, the executive director, and other EJAG activists have spent the past seven years educating community residents, policy makers, and local power brokers about environmental justice and the effect of policy decisions on low-income communities of color.

EJAG has had several significant victories in its brief history. “Healthy Albina,” a report produced by EJAG and the Oregon Environmental Council, mapped many environmental health threats present in the Albina neighborhood in north and northeast Portland, home to many people of color as well as low-income families. The report showed that 55 percent of all toxic emissions reported in 1995 in Multnomah County originated in the Albina community even though only 13 percent of the county’s population lives there. EJAG used a survey on asthma, administered by high school community organizer trainees, to raise awareness of air pollution as a major factor in disproportionate asthma rates in the community. A follow-up study conducted in partnership with Lewis and Clark University confirmed that asthma rates in north and northeast Portland are 14 percent, almost three times as great as the city rate of 5 percent and double the national rate of 7 percent.

Sundvall and EJAG recently leveraged their public health data and community organizing strategies to defeat plans to expand the interstate freeway that runs through north Portland. Not only did EJAG’s participation in the I-5 expansion project protect vulnerable communities from increased exposure to air pollution, it also educated policy makers about the consequences of their decisions. As a result, policy makers on the I-5 Task Force also voted unanimously to develop a community enhancement fund to provide some redress for past political decisions that have unfairly affected Portland’s low-income neighborhoods. That community members and policy makers alike are more aware and proactive about environmental justice is a testimony to the effectiveness of the Environmental Justice Action Group.

kind of network needs to be in place, including community organizations, government bodies, and citizen advocacy groups, to ensure that a broad environmental health agenda gets attended to by citizens, elected officials, government bureaucrats, business leaders, and private foundations?” Not only will the county health department have to work differently, community organizations and citizens groups will have to start interacting more effectively with each other and with local government. To the extent that the PACE EH project can develop a common environmental health agenda and a mutuality of support among its members, there will be a strong multisectoral environmental health agenda and potential for creating a holistic system to manage environmental health threats.

Moving from theory to practice

The Multnomah County PACE EH Coalition has spent the majority of its first year working on tasks 1, 3, and 5 of the PACE EH process.

Task 1: Determine community capacity. To build relationships across the multiple sectors of the community, the health department hired two community connectors. The work of the community connectors is to reach out to the various sectors of the environmental health community in the area and engage them in the PACE EH process. The leadership of the community connectors in the PACE EH process has been central to the effectiveness of the project.

The community connectors have informed representatives of government, community organizations, environmental health organizations, physicians groups, neighborhood associations, faith communities, social services, and schools about the PACE EH process. The initial focus of outreach and community capacity assessment was on participants who have a county-wide or community-wide perspective. The community connectors will refocus their outreach and capacity assessment activities when the team has determined a specific geographically defined focus for the assessment.

Hiring the community connectors also sent a clear message from the senior leadership of the health department to the PACE EH staff and the community that the health department was serious about its commitment to expanding its role in environmental health and to doing so as an active partner with a broad array of community partners. That the commitment happened during a period of budget cutting and tight fiscal controls underscored the value MCHD placed on community mobilization as an effective strategy in promoting the health of the community.

Task 3: Assemble a community-based environmental health assessment team. Over the past year, there have been several community meetings to work out many of the issues raised by community members about the structure and function of the PACE EH process—and a strong environmental health coalition has evolved. In this evolution, several community members have emerged as

leaders and committed advocates for the PACE EH process.

The coalition operates through several committees. The steering committee is responsible for the functioning of the overall coalition, including fund-raising, developing a shared environmental health agenda, ensuring diversity and leadership development for coalition members, and implementation of the recommendations that emerge from the assessment.

The membership committee is responsible for ensuring diverse representation among the coalition body and on the committees. It will broaden and deepen current community outreach strategies, orient new members to environmental health and the coalition, and ensure that coalition and committee meetings are welcoming to limited English-speaking individuals and participants with children.

The assessment committee is responsible for facilitating the actual work of the PACE EH assessment. The committee will also work with the coalition to analyze the data, identify themes, and set benchmarks and community standards.

MCHD staff and coalition members are exploring ways to ensure the long-term viability of the PACE EH coalition and Multnomah County's capacity for attracting more funding to support environmental health, community organizing, and environmental justice. The coalition expects community-based organizations to take more ownership and leadership of the grant-writing and fund-raising process.

Immediate next steps

Task 2: Define and characterize the community to be assessed. The expectation developed by the PACE coalition is that the PACE process will define a geographical area of focus, but the community will identify itself as a result of outreach in the assessment area. To define the geographic area of focus, the members of the assessment team will use criteria of multiple environmental risk factors in low-income communities of color. The research team is analyzing existing data in a geographic information format to identify where these factors overlap. This analysis is expected to produce clear geographic priorities for assessment.

Task 4: Define the goals, objectives, and scope of the assessment. In this task the actual assessment methods will be determined. Given the variety of experience of community members on the assessment team, methods could include community surveys, analysis of existing data, mapping environmental health risk factors, or testing environmental hazards. The environmen-

tal justice underpinning of the PACE EH process suggests that whatever the methodology, the community will be involved in the design, implementation, and analysis phases of the research process.

Task 5: Generate a list of community-specific environmental health issues. This task was initiated early on through a brainstorming process in a community meeting that brought together community-based organizations and environmental agencies. The coalition will revisit the list through a more systematic assessment process once it has selected a community for the formal PACE EH assessment.

The MCHD elected to use the PACE EH process in order to build a strong environmental health mandate for the Department and the general community. The focus of the first year has been to develop strong relationships with environmental health advocates in the community. In doing so, an environmental health coalition has developed with a commitment to evolving from a community-focused, health department-driven process into a more community-driven, health department-supported process. The coalition expects to complete the first round of community assessments by the end of 2003, with priorities and strategies for action finalized by summer 2004. Many members have expressed their belief that the PACE EH process will continue beyond the first assessment, and as other communities express interest in environmental health, the coalition will be poised to help them assess their environmental issues and mobilize for action. ☺

Resource

PACE EH: A Tool for Community Environmental Health Assessment. National Association of County and City Health Officials. www.naccho.org/project78.cfm

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The 13 Tasks of PACE-EH

1. Determine community capacity
2. Define and characterize the community
3. Assemble a community-based environmental health assessment team
4. Define the goals, objectives, and scope of the assessment
5. Generate a list of community-specific environmental health issues
6. Analyze the issues with a systems framework
7. Develop locally appropriate indicators
8. Select standards against which local status can be compared
9. Create issue profiles
10. Rank the issues
11. Set priorities for action
12. Develop an action plan
13. Evaluate progress and plan for the future