

TITLE PAGE

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Cornell University
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This work was assembled by the University of Rochester Environmental Health Sciences Center with help from our community partners: Rochester Coalition to Prevent Lead Poisoning, Catholic Charities of Chemung County, Cayuga County Cornell Cooperative Extension and Mohawk Valley Community Action Agency (Oneida County).



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BACKGROUND

Lead poisoning is the most significant children's environmental health threat in New York State. Despite population-wide decreases in lead poisoning rates, rates remain high in upstate New York, particularly among low-income children living in older housing. To address this policy gap, diverse stakeholders in Rochester came together in 2000 to form the Coalition to Prevent Lead Poisoning (CPLP). Through years of developing a robust coalition, the CPLP has successfully promoted community awareness, direct action, and local policy change. These efforts culminated in passage of a local lead law in 2005 that is considered a national model, and is currently being considered as a model for statewide legislation. This project leveraged CPLP's experience in local lead poisoning prevention to foster lead coalitions in three counties in upstate New York: Cayuga, Chemung, and Oneida. Each of these counties has a significant amount of older housing in poor condition, resulting in high lead poisoning rates. Given the limited experience with community-based primary prevention efforts in each of these counties, their communities benefitted greatly from Rochester's experience. The University of Rochester's Environmental Health Sciences Center's (EHSC) Community Outreach and Education Core (COEC), a longtime member of the CPLP, coordinated the project. The COEC partnered with community groups in these three upstate counties to draft a Needs Assessment. The local partners participated in lead coalitions in their counties and will organize a Direct Action project. The CPLP assisted each local coalition based on its experiences in Rochester. COEC staff integrated the local coalitions' experiences and lessons learned from other communities into a Project Reports to guide the local partners' future actions to reduce lead poisoning in their county.

Activities and Final Status (from Work Plan)

<p>Planned Activities <i>Please list all major activities, be specific.</i></p>	<p>Status</p>
<ul style="list-style-type: none"> • Local Work Plans 	<ul style="list-style-type: none"> • Four signed subcontracts were issued (UR with: CPLP, CCC, MVCAA, CCE) • Each local partner compiled a list of initial contacts/potentially interested partners for each of three local counties
<ul style="list-style-type: none"> • Needs Assessments 	<p>“Needs Assessments” were drafted for and reviewed by partners in each county. These reports included existing efforts, lead poisoning rates, and available housing statistics.</p>
<ul style="list-style-type: none"> • Local planning workshops 	<ul style="list-style-type: none"> • UR staff attended at least one meeting with local coalitions and partners in each city early in the project;
<ul style="list-style-type: none"> • Direct Action projects 	<ul style="list-style-type: none"> • UR worked with each local partner to develop a Work Plan for a Direct Action project building on the Needs Assessment, local partners’ strengths and opportunities. Local partners reported quarterly on progress and UR provided feedback
<ul style="list-style-type: none"> • Technical Assistance from CPLP 	<ul style="list-style-type: none"> • CPLP hosted a meeting in Rochester in February to orient partners about past lead poisoning prevention efforts and offer initial technical assistance • Throughout the project, CPLP staff provided advice, materials, and assistance on request • CPLP members visited each partner at least twice to give presentations on aspects of lead poisoning prevention in response to local partners’ needs/interests.
<ul style="list-style-type: none"> • Final project report 	<ul style="list-style-type: none"> • UR staff drafted and produced Final Project Report for each county included updated NYSDOH data, describing the activities undertaken through this project, and making recommendations for future action.

Outcomes, Analysis, and Interpretation

Revisions of Goals and Activities:

There were slight shifts in the objectives that were necessary to accommodate local conditions. The initial project proposed to focus on the major city in each county. Because lead poisoning prevention efforts have been traditionally organized by county and because one partner (MVCAA) chose to focus on rural areas in their county, the partner focus shifted to the county level. In addition, since in each county the local partner had a different role in the local coalition, it was not appropriate to produce the final report as a Strategic Plan for the local coalition. Instead, it was reframed as a Project Report to guide the future activities of local partners and interested others in promoting lead poisoning prevention in their county.

Analysis of Outcomes

The proposal anticipated the following three outcomes:

1. **Increase commitment to ending lead poisoning in three upstate cities:** We will convene a broad cross-section of stakeholders, including housing providers, residents, child advocates, government agencies, educators, health care providers, and the business community. These stakeholders will become educated about the extent and hazards of lead poisoning in their community, existing resources to address the problem, future needs and strategic plans for ending lead poisoning. This group will, in turn, educate their colleagues, clients, and the public about lead poisoning, building local support for lead poisoning prevention efforts.
2. **Initiate a sustainable and strategic process for ending lead poisoning in three upstate cities.** The project will produce a Needs Assessment, conduct a Direct Action project, and draft a Strategic Plan for each community. These products will position the local partner and/or stakeholders to obtain sustained commitment and funding to eliminate lead poisoning in their community. These documents will also provide a foundation for a local childhood lead poisoning Elimination Plan.
3. **Develop a model for lead coalition-building in the top lead-poisoning cities in New York.** This project will demonstrate the feasibility, barriers, and effective approaches to supporting lead coalition-building. The lessons learned will be summarized in a report that will be distributed widely to community and governmental groups. If the expected results are achieved, they will provide a model for replication in the thirty upstate municipalities with the greatest number of lead-poisoned children.

These outcomes were pursued by providing support for community-based activities in each of the counties. The University of Rochester and CPLP worked closely with each local partner to build on their existing strengths, take advantage of unique local opportunities, and respond to local conditions. We intentionally chose counties with different lead poisoning statistics and community groups with different local roles to pilot this model under varied local conditions. Thus, not surprisingly the project had different outcomes in each of the three counties.

At the outset of the project, University of Rochester staff visited each local partner to discuss their organization's strengths and resources, ongoing activities in the county, and potential activities. They were then invited to Rochester, where they attended a CPLP meeting and learned about the structure of the group and its working committees. They received copies of several of the CPLP's primary outreach tools, including a DVD for parents and heard presentations about the history of the Coalition. They then toured the Healthy Home, and hands-on museum for lead and other home hazards education, where they heard about a variety of community based direct action projects that had been conducted in Rochester over the past years.

Through at least monthly phone calls and regular visits, UR and CPLP provided input to development of the three partners' coalition-building and direct action projects. CPLP sent several of its members to visit each local coalition to share experiences in Rochester that were particularly relevant to the major concerns/opportunities in each locality. Several local partners worked to raise awareness through the newsletters of local organizations and the local media; in response to their requests for sample text, CPLP posted archives of lead-related articles from the Rochester area media and referred them to past editions of the Coalition's newsletter with relevant articles. In response to several partners' queries about how best to reach out to landlords, UR provided local and national materials specifically for that audience, shared past experiences with reaching out to and engaging landlords such as the "healthy home" and "peer educator" models. On an ongoing basis, UR and CPLP reviewed brochures, press releases, visual displays, information letters, and other materials produced by local partners for technical accuracy, readability, etc.

CPLP tracked its interactions with local partners, as did the UR. In addition to regular communication with all four subcontractors, the UR tracked progress in each county through quarterly reports and final in-person interviews. A brief summary of the accomplishments in each county follows:

1) Cayuga County:

The lead poisoning prevention initiatives that were undertaken by Cornell Cooperative Extension (CCE) during the project year were primarily implemented by CCE Environmental Educator Renee Jensen in partnership with Lisa Donalds at the Cayuga County Health Department.

Prior to this project, Cornell Cooperative Extension had limited experience with lead poisoning prevention, but had extensive experience with community outreach and education on other environmental topics. CCE built on this experience by partnering with the local health department to develop educational materials on lead, including a display board and Cayuga County-specific brochure. In addition, CCE collected brochures and other materials from NYSDOH, USEPA, and others to stock a 'Lead Resource Center' at the CCE offices. These materials will continue to be available after the end of this project.

Throughout the year, CCE made efforts to bring in new partners and expand their involvement in lead poisoning prevention in the County. The County Health Department had a pre-existing Lead and Immunization Advisory Committee that included primarily County and City of Auburn staff. CCE hosted two meetings (one in May, another in November) to which it invited a wide range of community stakeholders in addition to existing Advisory Committee members. At the May meeting, the group interacted with Rochester Coalition founding member Ralph Spezio, who shared his experience as a former elementary school principal where 41% of his incoming students had blood lead elevations. At the December meeting, the group heard about CCE's direct action efforts over the year and discussed the feasibility of continuing as an independent coalition.

In addition to providing education at a number of public events alongside the Cayuga County Health Department (including the Chamber of Commerce 2008 Home Expo, blood lead screening clinics at the WIC office and at the County Fair), CCE conducted several activities designed to reach out to additional stakeholders. These events directly reached nearly 700 individuals. Environmental Educator Renee Jensen and Lisa Donalds were interviewed about lead on local radio station WAUB on October 7. CCE also organized, advertised, and supported a free Lead Safe Work Practices course in October that trained nine individuals. These activities were complemented by news releases that generated newspaper articles/announcements about the events to heighten public awareness.

The primary direct action project was a targeted door to door outreach event on Orchard Street in Auburn. This neighborhood had been identified by lead risk maps, County records, and the City of Auburn as having particularly high lead risks. CCE trained BOCES high school students in environmental science and health sciences classes to do exterior visual assessments of homes, conduct short interviews with residents, and provide education about

childhood lead poisoning. The event was held on November 14, 2008. Nearly 70 door mats and litterbags were distributed to houses and housing units. 13 residential surveys were conducted, 59 houses were evaluated for cracking, chipping or peeling paint from the outside and 19 soil samples were taken. CCE followed up by mailing property owners copies of their external visual assessments, soil sample results, and information about lead hazard reduction and local resources. CCE plans to share these results with residents, owners, and the neighborhood's community group. The project was also presented to the Central/Eastern New York Lead Poisoning Resource Center and received significant press coverage.

While it is not clear whether CCE will have staff capacity to continue to convene a lead coalition or replicate their direct action activities, they expect that a wider range of stakeholders will continue to meet to share information and coordinate lead poisoning prevention efforts, perhaps as a subcommittee or work group of the County's Advisory Board. In addition, the educational materials in the Lead Resource Center will continue to be available to the public. CCE will continue to seek funding to support continuation of these efforts in the future.

2) Chemung County:

This project was primarily implemented by Catholic Charities of Chemung County (CC) staff with technical support from the University of Rochester and Rochester's Coalition to Prevent Lead Poisoning.

Prior to this project, Catholic Charities had limited experience with lead poisoning prevention, but had extensive experience with facilitating local coalitions on children's issues and housing, and with working directly with low income families on health and housing issues. CC built on this experience by inviting existing and new partners to form a new lead coalition, which attracted over 25 organizations to five meetings over the course of the year. These meetings were used to share information about ongoing lead efforts and encourage partners to participate in lead education and statewide policy advocacy efforts. Rochester Coalition to Prevent Lead Poisoning members made presentations at two of these meetings. Members of this new coalition contributed to lead education efforts by, for example, distributing brochures through their existing outreach channels and printing articles on lead in their newsletters/bulletins.

In addition, CC collected brochures and other materials from NYSDOH, USEPA, and others to distribute in door to door outreach and various community events, such as the Elmira farmers' market. CC wrote two articles about lead that appeared in local newspapers. Over 200 landlords were invited to a meeting in December that provided information about opportunities for lead inspection and hazard reduction funding through the Kennedy Valve settlement. Although only 7 landlords attended, CC hopes to build on this effort to reach out directly to owners of high-risk rental housing. An estimated 900-1,000 people received information on lead through these various outreach activities.

Throughout the year, CC made efforts to bring in new partners and expand their involvement in lead poisoning prevention in the County. CC's awareness-raising, combined with the County's focused efforts, likely contributed to a significant increase in testing rates. During the first nine months of 2007, a total of 649 blood tests were done in the county; during the same period in 2008, 1,679 tests were done (personal communication, Chemung County Health Department).

In recognition of their capacity to contribute to lead poisoning prevention efforts, CC has received ongoing funding for these activities from several sources. CC will receive \$10,000 in funding from the Kennedy Valve settlement and \$2,000 from the Diocese of Rochester to continue their lead outreach, education, and coalition-building work in 2009.

3) Oneida County:

This project was primarily implemented by Mohawk Valley Community Action Agency (MVCAA) staff with technical support from the University of Rochester and Rochester's Coalition to Prevent Lead Poisoning.

Prior to this project, MVCAA had extensive experience with training contractors in lead safe work practices (LSWP), but limited experience with lead poisoning education and outreach. However, because MVCAA runs the Head Start programs in rural parts of the county, they were

able to leverage this experience to provide lead poisoning prevention education to parents of young children in Oneida County. Because the county's highest lead poisoning rates in the county are in Utica, the Oneida County Health Department has developed a comprehensive lead poisoning prevention pilot that focuses efforts on that city. Both because of MVCAA's strong presence in rural areas and the need for lead poisoning prevention education in these areas, MVCAA decided to focus its efforts in rural areas outside of Utica.

The primary direct action project conducted by MVCAA was to write and produce a play on lead poisoning. The "actors" in the play were Head Start children and the audience was their parents. The play was performed twice (in Booneville and Camden) reaching 110 adults in addition to dozens of Head start children, teachers, and staff. At both performances Oneida County Health Department and MVCAA staff attended to provide lead education to the parents in attendance. Now that the script, scenery, and costumes have been produced, MVCAA expects to be able to produce the play in partnership with other Head Start centers in the future.

In addition to the plays, MVCAA used project as an opportunity to expand their capacity in lead poisoning prevention in several other ways. For example, they purchased a second HEPA filtered vacuum cleaner to lend out to families with concerns about lead dust in their homes. MVCAA staffed an outreach table at the Rome Homes Show, where they contacted 324 people. They also sent a staff member to a national Healthy Homes meeting in Baltimore in September. In the fall, MVCAA took staff from the NYS Department of Housing and Community Renewal on a tour of area housing stock and emphasized the poor structural condition including the visible chipped and peeling paint and educated them about potential lead hazards in this housing.

Oneida County has a long-standing Safe Housing Coalition (SHC) coordinated by the Oneida County Health Department. Lead poisoning prevention is one of the primary topics addressed by this Coalition, so it did not make sense for MVCAA to form a new coalition as part of this project. However, MVCAA Staff supported by this project attended the SHC regularly to update the group on progress of the project and coordinate with ongoing lead poisoning prevention efforts by other organizations. MVCAA also arranged for University of Rochester staff to give a presentation on the project and experiences in Rochester at a SHC meeting early in the project, and for Rochester coalition member Ralph Spezio to present at the final SHC of the year. MVCAA also arranged a special community forum after the SHC meeting during which Mr. Spezio shared his experience with lead poisoning from the perspective of an elementary school principal.

Although MVCAA does not have continued funding to support lead poisoning outreach and education, they hope to continue to produce the Head Start play, possibly with the assistance of interns. In addition, the partnerships formed through this project have resulted in increased involvement by MVCAA in Oneida County Health Department's primary prevention pilot project, including training of additional MVCAA staff. MVCAA expects these partnerships to continue in the future so they may continue to contribute to lead poisoning prevention efforts in the county.

Project goals/accomplishments

	Innovative program	Short-term outcomes	Intermediate outcomes	Long-term outcomes
Outcome goals	<i>Create diverse lead coalition</i>	<i>Write and adopt a "Strategic Plan" to guide local efforts to end lead poisoning</i>	<i>Coalition obtains sustained funding to pursue Strategic Plan</i>	<i>Pursuit of strategic plan reduces childhood lead poisoning</i>
Cayuga (Cornell Cooperative Extension)	Held two meetings with broad-based group of local health and housing groups	Final Report reviewed by CCE and county health dept.; used in press releases; direct education of over 600 people	No dedicated staff; existing staff plan to continue lead education as part of ongoing outreach	(post-project)
Chemung (Catholic Charities)	Held five meetings with over 25 local organization	Final Report reviewed by CC for future use; direct education of nearly 1000	Received 2 grants totaling \$12,000 to continue work in 2009	(post-project)
Oneida	Participated monthly in existing SHC; arranged two speakers on lead	Final Report used in grant applications; reached over 350 individuals through outreach and over 110 through play	MVCAA will continue to partner with Health Dept. and Safe Housing Coalition	(post-project)

Thus, accomplishments were varied but significant in each of the partner counties. Each local partner reported quarterly on their activities, new organizations/individuals contacted, and coalition status. From these reports, it is clear that each local partner made significant new contributions to direct lead education as well as coalition-building in their county. Perhaps most significantly, however, is the increase in each local partner's capacity to contribute to ongoing lead poisoning prevention efforts in their county.

Interpretation

Increasingly, health agencies and organizations recognize the value of issue-focused coalitions and of partnering with community-based organizations to promote community health. Government agencies are limited in their ability to develop such coalitions, since they are constrained by legislative and regulatory mandates, limited resources, and ability to participate in community-driven agenda setting. In addition, such partnerships face many challenges, including lack of knowledge/capacity by potential community local partners.

The first question addressed by this project was whether a small amount of dedicated, flexible funding could help community groups develop their capacity to contribute to a new issue-area. It is clear that the dedicated staff time and concrete experience with Direct Action in each partner community significantly increased the local partners' capacity with respect to lead.

The second question was whether technical support from a community group in a different are ("peer to peer") could contribute to this development. The extent to which the local partners borrowed/built on materials provided by CPLP, the enthusiastic responses to presentations by CPLP members, and communication between CPLP and the local partners attests to the success of this strategy. Technical support from the UR to collect and analyze

each county's health and housing data (including GIS maps showing potential lead risk 'hot spots') provides the basis for future targeted actions.

The third question was whether this technical and capacity-building support could contribute to development of community coalitions. As noted above, the three counties had very different experiences. In Oneida, there was a pre-existing Safe Housing Coalition that is coordinated by the county; this project increased the role of the MVCAA in the SHC but there were not major shifts in composition or agenda of this group. On the other hand, MVCAA's activities were largely focused on rural areas and working through their Head Start boards, which appear to have increased their understanding of and interest in lead. In Cayuga County, Cornell Cooperative Extension actively tried to pull together an expanded community coalition focused on lead. This group met several times, but without sustained funding will likely combine with the county's existing Advisory Committee. In Chemung County, Catholic Charities used their existing community contacts and experience convening coalitions, along with strong community interest surrounding the Kennedy Valve settlement, to develop a diverse new coalition. Chemung County's coalition is the most likely to continue meeting since their initial success has attracted modest future funding from the City and County (from the settlement).

Thus, we believe that this approach to coalition building has great potential as a strategy for primary prevention of lead poisoning and other health problems. However, the strength of a flexible, locally-responsive approach is a liability in terms of funding, as describe below.

Communications and Dissemination

The primary products of this project are the three Final Reports for each partner county (attached). As noted above, the Needs Assessments were primarily used by the partners to guide and inform their Direct Action projects. Because the local partners had different roles in their local coalitions, we found that they were not in a position to facilitate a countywide strategic plan. However, they did need a collection of the most relevant and current data on their county and documentation of their experience in lead poisoning prevention (Direct Action projects) as the basis for future work and funding requests. Therefore, rather than producing a Strategic Plan, we updated the Needs Assessments with two years of more recent health data released by NYSDOH during the year, summarized the activities conducted during the year, and laid out "next steps" based on our final interviews with local partners and coalition members. These Final Reports will be available in hard copy from the local partners, will be shared electronically with their coalition partners, and will be posted on the UR's web site. In addition, each community has received media attention for their Direct Action and/or coalition-building work.

The University of Rochester plans to promote local, state, and national awareness of the impact of this project through contributing to newsletters on lead, presentation at national conferences, and peer-reviewed publications. We also plan to send a project summary to the NYS Department of Health to encourage them to support community involvement in their lead Primary Prevention programs.

The Future

As noted above, we believe that this project made major contributions to lead poisoning prevention efforts in the partner counties that will be realized over the coming years. However, these contributions are diverse (different in each county), qualitative (impossible to fully capture in terms of quantitative outputs), and diffuse (likely to be indirect, for example as the result of new relationships/partnerships, rather than directly attributable to project activities).

One of the greatest challenges of the project was how to capture the local partners' diverse activities. For the quarterly reports, we asked each partner for three forms: an updated list of contacts, an 'activities database' (date, type, and number of people reached), and a narrative description. This system was somewhat cumbersome for all the partners, but was necessary to document the wide range of activities under the grant. We experimented with several different sets of instructions and templates; in the future we will be able to streamline this somewhat.

We also would schedule regular conference calls so that the local partners could talk directly to each other. We think this would help them give each other new ideas, increase utilization of the CPLP's expertise, and promote joint action (for example on press releases or statewide policy issues).

It is very difficult to obtain funding for an initiative in which specific outputs cannot be predicted. UR submitted two separate grant applications to US Environmental Protection Agency and US Department of Housing and Urban Development, neither of which was successful. Because these programs necessarily focus on quantitative outputs, rather than qualitative outputs such as coalition building, partnerships, and capacity-building, we are particularly appreciative of the NYSHF's willingness to support our innovative approach. We strongly believe that the general approach of providing peer-to-peer capacity building coordinated by a central organization (in this case, UR) has great potential to address some of the unmet needs for developing local coalitions to address community health issues.

Despite these challenges, we are confident that each local partner now has greatly increased chances of obtaining funding because of this project. First, in each case, the community partner built strong partnerships with the County Health Department and other local groups which are expected to continue into the future in terms of partnerships, joint grant applications, and subcontracts. Second, the Final Report for each county compiles all the statistical, demographic, health, and geographic information needed to write a strong needs-based proposal. Third, each partner's successful implementation and evaluation of its Direct Action project provides concrete evidence of their capacity to contribute substantively to lead poisoning prevention, outreach, and education. Already Catholic Charities has received \$12,000 to continue their outreach and coalition-building work through 2009.

The University of Rochester will continue to seek funding for coalition building in additional counties and to support ongoing efforts of the three existing partners in this project. Based on our experiences in this project, we will be able to anticipate more consistent and quantitative outputs for the local partners (while maintaining necessary flexibility in response to local conditions). This specificity should make future funding requests more attractive to potential sponsors. Thus, we expect that this project will lay the foundation for an expanded and streamlined process of local capacity, community involvement, and coalition-building efforts for lead in New York State.