## Oneida County CARE Project

#### **CARE Facilitation Case Study**



### Facilitation Reduces Skepticism, Increases Community Participation

This case shows the importance of designing a group structure and decision-making process that meets the needs of its participants. In this instance, the facilitation team developed a group that encourages community members and regulatory agencies to participate as equal partners in a community-driven, consensus-based project. The case also illustrates that process management and project coordination roles are complementary and do not have to reside in one individual. Both roles are essential to the facilitation function.

#### Background

Oneida County is a large and sparsely populated county in upstate New York. While the County is predominantly rural, the majority of its population is concentrated in the urban areas of Utica (County seat) and Rome. The County faces a number of environmental challenges that result from:

- Over 200 years of heavy industrial activity ranging from past activities such as textile mills, tanneries, and metal industries to the present day uses including light electronic and machine industries:
- Increased vehicular traffic and industrial emissions contributing to ever increasing Particulate Matter (PM5.5) levels;
- Twenty-seven inactive waste disposal sites with identified contaminants including heavy metals, waste solvents, and other environmental hazards;
- Pesticides application and concentrated animal feeding operations; and
- Antiquated wastewater infrastructure that is subject to leakage and system failure.

Residents identified environmental health as a major concern in the County's 2005 Health Assessment Report, which prompted the Oneida County Health Department (Health Department) to apply for a CARE Level I Assessment grant. The Health Department intended to use the CARE funding to implement the Protocol for Assessing Community Excellence in Environmental Health (PACE EH). The PACE EH tool aligns with CARE goals and requirements in its design to help communities systematically conduct and act on an assessment of the environmental health status of their localities. The Health Department was awarded a CARE Level I Cooperative Agreement in 2005.



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#### **Project Roles**

The former Director of the Health Department was the initiator of both the PACE EH project and the CARE grant application. He made an early decision to hire personnel external to the Health Department to serve as project coordinator and facilitator to reinforce the message that CARE is a community project and not a Health Department initiative. Additionally, he believed that using external personnel would help create and sustain the neutrality of both the Health Department and EPA as partners in the process equal to all other community partners. He foresaw the need for a project coordinator to recruit group membership and manage the day-to-day activities of the group and for a facilitator to design and manage an effective group decision-making process. For the project coordinator role he recruited the former Cornell Cooperative Extension radon coordinator because she was a well known and trusted member of the community, had experience in the environmental health education and outreach field, and had demonstrated outstanding relationship-building skills. For the third party facilitator role he selected a seasoned facilitator with technical expertise in the PACE EH process. Both roles were written into and defined in the grant proposal. Together, the two "facilitate" the group process, easing the way for community members and other stakeholders to participate.

#### **Establishing the Group Structure**

Based on the desire for broad community engagement and recognizing the multitude of potential partners with differing levels of expertise and resources, the Director designed a group structure that is somewhat elaborate. It includes a Community Team, broken into two tiers. Tier 1 has approximately 30 members, meets monthly and makes all decisions for the project. Tier 2 is made up of community members/groups that have a strong interest in the project but cannot dedicate all the time needed to be in Tier 1. Tier 2 members are committed to becoming more involved in discussions or activities where their particular expertise or point of view would benefit the outcome. This two tier approach allows community members to get a feel for the project and chose their level of commitment. The community team is supported by a five-person Steering Committee, whose members include the EPA Region 2 representative, a Health Department representative, the project coordinator, the project facilitator, and a rotating Tier 1 Community Team member. The Steering Committee prepares all meeting materials, ensures that all information needed to make monthly decisions is brought to the Community Team before each meeting, and advises the project coordinator in managing the project. Finally, the Technical Advisory Group, composed of researchers and scientists, is available to identify and clarify any scientific information or technical data.



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#### **Establishing the Group Process**

The facilitator needed to design a process that would encourage and enable both community members and the grantee to participate in this community-led decision-making process. In designing the process, the facilitator had to be mindful of two perspectives:

- Some community members are skeptical of the ability of group processes to bring about positive change in their communities. Hence, community members are not accustomed to participating in groups like this and, therefore, needed to ease into the process.
- The grantee is a regulatory agency and is accustomed to serving in the role of a sole decision maker.

To provide participants with a big picture sense of the process, she developed a clear process map, with specific interim goals and milestones, to help guide the group. This helped ease community members into the process by establishing a context for understanding where the group was relative to where it was going. To emphasize the community's role in the project, the group also decided to make all its decisions by full consensus of the Tier 1 members, meaning that all members agree they can live with, or none of the members object to, the decision.

In addition to designing and managing the overall group process, the facilitator is also responsible for structuring each community team meeting to encourage efficient and effective decision making. She develops a clear agenda with a well defined purpose, process, and meeting outcomes, and creates an atmosphere that encourages participation and keeps the group focused and on track. She also draws on her technical knowledge of PACE EH to ask probing questions when further discussion is needed.

With facilitation assistance, the community team has realized many accomplishments during its short history. It has:

- Identified and documented the project vision, objectives, and scope of the process:
- Strengthened community support for and ownership of the process;
- Provided a concrete illustration of a successful assessment process;
- Increased the ability of the community team to communicate the goals of the process to others; and
- Heightened the inspiration and motivation to complete the project.



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#### Value of Facilitation

The facilitation team has contributed to this project's early success. By creating a process in which the Health Department, EPA, and the community participate as equal partners and make decisions together, the facilitation team has encouraged some community members to recognize the potential for how their participation could result in positive change and innovation. The efforts of the facilitation team have increased the level of community engagement, both in terms of the number of persons involved and their degree of participation in the project. Once community members choose to become involved, the facilitator sustains engagement by reminding the group of where it is in the overall process relative to where it began and its final goals. Finally, the facilitation team assists the Health Department navigate its role as a regulatory agency and technical advisor and its role as community member, helping the department differentiate between its customary role as a regulatory agency and its role as a community team member.

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For more information on whether facilitation may be helpful for your project, please contact EPA's Conflict Prevention and Resolution Center at 202-564-2922, or visit the CPRC Web site at: http://www.epa.gov/adr