


Assessing ATSDR Community Engagement Activities

Memo on Proposed Indicator Set

The Agency for Toxic Substances and Disease Registry (ATSDR) is required by law to conduct a public health assessment at each site on the Environmental Protection Agency's (EPA's) National Priorities List (NPL). The aim of these evaluations is to find out if people are being exposed to hazardous substances and, if so, whether that exposure is harmful and should be stopped or reduced. ATSDR is seeking to understand and improve its ability to communicate with and disseminate information to communities where it has interacted with the public through public health assessments and consultations, community meetings, health education efforts, and other community outreach activities. Building on current data collected through tools like the Site Impact Assessment (SIA) form and Health Education Activities Tracking (HEAT) form, ATSDR is developing a Community Engagement Assessment System which will be implemented to better understand both the range of community engagement activities and the impact of those activities on communities. The assessment tools proposed as part of this system complement a toolkit of materials prepared in collaboration with the American Institutes for Research (AIR) to assist ATSDR health assessors, health educators, and other health professionals working in the community on ATSDR's behalf, with their community outreach and engagement strategies.

This memo describes a proposed set of performance and outcome indicators to be collected at sites where ATSDR is engaged in public health assessments, health consultations, health education, and other activities that involve communicating with communities. The indicator set is built on three guiding assumptions:

- HEAT and/or SIA can be feasibly expanded and guidance can be provided to promote timely collection of new and extant indicators.
- Data for some of the indicators can best be collected through a survey of community members. The Brief Community Survey (also contained in this Toolkit) is a proposed tool to fill this gap. ATSDR will be submitting the survey as an information collection activity under the Paperwork Reduction Act (PRA). If sponsored by Federal funding, the Brief Community Survey should not be fielded until the proper clearance has been obtained.
- For some proposed indicators, interviews with community members and other stakeholders are an important information source. Four tools to support this kind of information gathering have also been included in this toolkit (see the respective "Stakeholder Interview Guide" for Community Members, Community-Based Organizations, Policymakers, and Industry Members). Like the Brief Community Survey, ATSDR is also submitting the Interview Guides as an information collection activity under the requirements of the PRA. Until the proper clearances have been obtained by ATSDR, the Stakeholder Interview Guides should not be used to collect data from more than nine persons per Guide if the data collection is federally funded.



At present, ATSDR does not envision collecting all proposed performance data from all sites. Rather, the agency's informational needs will determine the sites from which data will be collected and reported to ATSDR for monitoring and quality assurance of its sponsored public engagement efforts. The feasibility, usefulness, and implications of having only a subset of sites report these indicators need to be further explored, as do considerations about the ways the Division of Community Health Investigations (DCHI) can best support ATSDR health assessors, health educators, and other health professionals working on ATSDR's behalf in collecting important performance and outcome data on community engagement.

Proposed Process Indicators

ATSDR can ensure that best practices in community engagement are being used at sites by collecting performance measures that demonstrate use of the strategies and tools promoted in the ATSDR Communication Toolkit ("the Toolkit"). The Toolkit is based on a guiding principle that ATSDR's engagement with the public occurs in phases, and that different tools and strategies are needed at each phase to build and maintain optimal relations with the community throughout the public health assessment process and other ATSDR interactions with sites.

Proposed process indicators of effective community engagement include the following:


- **Expectation setting:** Health assessors, health educators, and other health professionals working on behalf of ATSDR engage in setting the public's expectations about the public health assessment process and other work to be done in the community.
 - *Proposed Primary Measurement:* Include in SIA and/or HEAT an indicator demonstrating that public presentations and other public messaging include an expectation-setting component. Because community stakeholders (e.g., religious leaders, president of an environmental group or local coalition) can be one channel for communicating expectations about ATSDR's work to the local community, the proposed SIA/HEAT "expectation-setting" indicator could also be applied to individual communications between ATSDR staff and members of the community.
 - *Proposed Secondary Measurement:* A survey of community members, conducted at least twice during the timespan when ATSDR is working on a site, indicates that community members self-report a clear understanding of the work being done by ATSDR. For example, at sites where ATSDR is conducting a public health assessment, community members would be able to self-report a clear understanding of the public health assessment process.
- **Use of accessible educational materials and tools:** Health assessors, health educators, or other health professionals working on behalf of ATSDR distribute and/or promote educational materials to the public that are accessible and appropriate to the community's needs. "Accessible" materials are those that meet the audience's linguistic, cultural, educational, and other needs, for example, those that are written in plain language and follow the principles discussed in the accompanying Toolkit document, the "Guide to Materials Development."
 - *Proposed Primary Measurement:* Include in SIA and/or HEAT an indicator demonstrating health assessors, health educators, and other health professionals working on behalf of ATSDR have distributed and/or referred the public to educational materials and other information that is written in plain language and otherwise considers the needs of the community. In HEAT, this indicator

(and associated metrics about the reach of distributed materials) can be co-located with other questions asking whether materials were distributed at activities/events.

- *Proposed Secondary Measurement:* A survey of community members, conducted at least twice during the timespan when ATSDR is working on a site, indicates that the public understands the communications about the site/process/hazard and has a favorable opinion of these communications.
- **Preliminary information gathering:** Health assessors, health educators, and other health professionals working on behalf of ATSDR conduct interviews with stakeholders prior to engaging publicly with the community and gather other information to take the community’s “pulse” on the environmental hazard/site. A “Stakeholder Interview Guide” for each of four types of stakeholders has been developed as part of the Toolkit to facilitate the collection of these data (i.e., “Stakeholder Interview Guide” for Community Members, Community-Based Organizations, Policymakers, and Industry Members).
 - *Proposed Measurement:* Include in SIA and/or HEAT an indicator demonstrating that health assessors, health educators, and other health professionals working on behalf of ATSDR conducted any or all of the following: stakeholder interviews, media analysis, partner inventory/outreach, or other information gathering encouraged by the Toolkit.
- **Ongoing interaction with the community:** Health assessors, health educators, and other health professionals working on behalf of ATSDR engage with community members through public meetings, emails, phone calls, consultations, social media, listserv postings, public service announcements, and so forth.
 - *Proposed Primary Measurement:* Include in SIA and expand in HEAT an indicator demonstrating that health assessors, health educators, and other health professionals working on behalf of ATSDR conducted any or all of the following: public meetings, public availability sessions, Webinars, trainings, emails, phone calls, consultations, social media postings, listserv postings, public service announcements, other public messaging, and partner outreach. Reach metrics (i.e., “number of participants”) are currently included in the HEAT form and would also be applied where applicable to the proposed indicator in SIA.
 - *Proposed Secondary Measurement:* A survey of community members, conducted at least twice during the timespan when ATSDR is working on a site, indicates that the public has recently read about/heard about/attended a public event about the site; feels that information is being communicated about the site; and that the public is being involved in the process and decision-making.

Proposed Outcome Indicators


ATSDR can assess the impact of its community engagement activities by assessing community members’ knowledge, attitudes, opinions, and behaviors at multiple points in time during the timespan when ATSDR is working on a site. The “Brief Community Survey” has been developed as part of the Toolkit to facilitate the collection of these data. Understanding there may be time and resource limitations, health assessors, health educators, and other health professionals working on behalf of ATSDR may consider collaborating with the Division of Community Health Investigations (DCHI) Office of the Director, Program Evaluations Team to assist in the administration of the survey. Outcomes related to ATSDR’s



relationships with local partners should also be assessed if there are sufficient resources to do so. To accomplish this, ATSDR may expand an indicator currently included in SIA that asks about partners the site team “worked with” (e.g., local health department, State health department, EPA, CDC).

Proposed outcome indicators of effective community engagement include the following:

- **Indicators of community understanding/knowledge:** Community perceives itself to have a good understanding of the work being done by ATSDR at the site, the findings of the public health assessment (where applicable), implications of any confirmed environmental hazard on health risks and activity restrictions, how to avoid coming into contact with the environmental hazard, what to do in case of contact, and how to get help.
 - *Proposed Measurement:* A survey of community members, conducted at least twice during the timespan when ATSDR is working on a site, indicates community members understand “very well” or “completely” health impacts, activity restrictions, exposure details, and so forth. They also rate their level of concern about the site commensurate with the actual hazard.
- **Indicators of community “trust” and positive affect about the ATSDR process/staff:** Community views favorably health assessors, health educators, and other health professionals working on behalf of ATSDR; perceives their work as being conducted in a manner that is fair and respectful of the community.
 - *Proposed Measurement:* A survey of community members, conducted at least twice during the timespan when ATSDR is working on a site, indicates that the public is “very confident” or “completely confident” that ATSDR’s work at the site is being conducted fairly, community concerns are taken seriously, and the community will be able to trust the results of the site assessment. They also rate ATSDR representatives and other health professionals working on behalf of ATSDR as trustworthy.
- **Indicators of community inclusion:** Community input is actively sought; community members experience a process that feels inclusive of their input.
 - *Proposed Primary Measurement:* A survey of community members, conducted at least twice during the timespan when ATSDR is working on a site, indicates that community outreach is happening, community members are “very confident” or “completely confident” that they are receiving all of the information they need to know, and they favorably rate ATSDR’ efforts to involve the public in decisions being made about the site. They also have a high global level of satisfaction with how the community is being involved.
 - *Proposed Secondary Measurement:* Include in SIA and expand in HEAT an indicator demonstrating that health assessors, health educators, and other health professionals working on behalf of ATSDR conducted any or all of the following: public meetings, public availability sessions, Webinars, trainings, emails, phone calls, consultations, social media posting, listserv postings, public service announcements, other public messaging, partner outreach. Reach metrics (i.e., “number of participants”) are currently included in the HEAT form and would also be applied where applicable to the proposed indicator in SIA.

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- **Community action and self-sufficiency:** There is coordinated local energy and/or action about the site and efforts to ensure the community's needs are met. This local energy is projected to last beyond the completion of ATSDR's work in the community.
 - *Proposed Primary Measurement:* A survey of community members, conducted at least twice during the timespan when ATSDR is working on a site, indicates community confidence in the presence of local leadership and the community's own ability to move forward following ATSDR's work. Community members also rate their community as having a high level of action or engagement about the site.
 - *Proposed Secondary Measurement:* Include in HEAT and expand in SIA an indicator demonstrating that health assessors, health educators, and other health professionals working on behalf of ATSDR have conducted outreach to new community partners. An indicator can also be established to characterize these partnerships (e.g., degree of active engagement) with community partners.