

A Report by a Panel of the

# NATIONAL ACADEMY OF PUBLIC ADMINISTRATION

*for the Environmental Protection Agency*

## Putting Community First:

### A Promising Approach to Federal Collaboration for Environmental Improvement

*An Evaluation of the Community Action  
for a Renewed Environment (CARE) Demonstration Program*



2009



NATIONAL ACADEMY OF  
PUBLIC ADMINISTRATION®

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**NATIONAL ACADEMY OF  
PUBLIC ADMINISTRATION**

*For the United States Environmental Protection Agency*

**Putting Community First: A Promising Approach  
to Federal Collaboration for Environmental  
Improvement**

*An Evaluation of the Community Action  
for a Renewed Environment (CARE) Demonstration Program*

May 2009

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The views expressed in this report are those of the Panel and do not necessarily reflect the views of the Academy as an institution.

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## FOREWORD

On his first full day in Office, President Obama called on Executive departments and agencies to offer Americans opportunities to provide their Government with the benefits of their collective expertise and information. This level of collaboration and cooperation—across levels of government and with nonprofit organizations, businesses, and individuals—is critical to the efficiency and effectiveness of Government.

The Environmental Protection Agency's (EPA) Community Action for a Renewed Environment (CARE) Demonstration Program supports a community-driven process that uses the best available data to help communities set priorities and take action on their greatest environmental risks. CARE fosters local partnerships that seek participation from business, government, organizations, residents, and EPA staff. And, CARE supports a public, transparent planning and implementation process based on collaborative decision-making and shared action.

The National Academy appreciates this opportunity to conduct an independent evaluation of the CARE Demonstration Program. The Study Panel overseeing this effort was impressed by the dedication of EPA staff to the goals of this unique initiative and commends EPA for its efforts to partner with communities in achieving important, long-term and sustainable environmental improvements at the local level.

The National Academy is proud to offer EPA leadership practical recommendations for building on the strong foundation of the CARE Demonstration to create a model for working with communities and other federal programs that promotes the principles of transparency, participation and collaboration—and ultimately, helps EPA effectively achieve its mission.

We extend our appreciation to the members of the Panel for their excellent work and to the project team for their research and other contributions. We also thank the external experts and EPA staff who generously contributed their time, expertise, and perspectives to this important effort.

A handwritten signature in black ink, reading "Jennifer Dorn". The signature is fluid and cursive, with the first name "Jennifer" written in a larger, more prominent script than the last name "Dorn".

Jennifer L. Dorn  
President and Chief Executive Officer



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## ACRONYMS

<b>ATSDR</b>	Agency for Toxic Substances and Disease Registry
<b>CARE</b>	Community Action for a Renewed Environment
<b>CAT</b>	CARE Action Team
<b>CDC</b>	Centers for Disease Control
<b>CO</b>	Carbon Monoxide
<b>CO<sub>2</sub></b>	Carbon Dioxide
<b>CPRC</b>	Office of General Counsel's Conflict Prevention and Resolution Center
<b>DAA</b>	Deputy Assistant Administrator
<b>DRA</b>	Deputy Regional Administrators
<b>EPA</b>	Environmental Protection Agency
<b>NCEI</b>	National Center for Environmental Innovation
<b>Nox</b>	Nitrous Oxides
<b>OAR</b>	Office of Air and Radiation
<b>OCFO</b>	Office of the Chief Financial Officer
<b>OEJ</b>	Office of Environmental Justice
<b>OPAA</b>	Office of Planning, Analysis, and Accountability
<b>OPEI</b>	Office of Policy, Economics, and Innovation
<b>OPPTS</b>	Office of Pollution, Pesticides, and Toxic Substances
<b>OSWER</b>	Office of Solid Waste and Emergency Response
<b>OW</b>	Office of Water
<b>PM</b>	Particulate Matter
<b>RFP</b>	Request for Proposals
<b>TASC</b>	Technical Assistance Services for Communities Contract



## PANEL MESSAGE

This Panel of the National Academy of Public Administration is excited to transmit this report to the Environmental Protection Agency (EPA) and voice our support for its efforts with community-based programs. This evaluation of the Community Action for a Renewed Environment (CARE) demonstration program comes at an important juncture for EPA, while:

- The federal government is transitioning to a new administration, which has a strong interest in civic and community action; and
- EPA is expanding its work on energy and climate change, an issue that actively engages many local governments and communities.

The Environmental Protection Agency has a long history of improving the quality of life for all communities by reducing toxic pollutants in the environment. Achieving EPA's mission has required multiple approaches. These approaches include major environmental statutes and regulations; the promotion of environmental justice for all communities and tribes; and CARE's cooperative partnerships with local community partnerships that include local governments, businesses, organizations, and residents. CARE is the most recent example in the evolution of EPA's community-based efforts to reduce toxic pollutants in the environment, and is firmly grounded in the Agency's experience with environmental justice and other place-based initiatives.

As EPA leadership takes on the various environmental challenges facing our nation, the CARE model provides a solid, tested framework for engaging communities and other stakeholders. Though the present demonstration program was conducted over the past five years, the development of key aspects of the CARE model has involved decades of thought and effort by EPA's career staff, especially those working in environmentally overburdened and economically disadvantaged communities. The Panel urges EPA leadership to take advantage of this existing model, possibly applying it in new directions, and avoid reinventing something that has already been tested and has shown value.

The CARE program has demonstrated how communities can effectively address environmental problems, and how EPA can work together with them for mutual gain. Although the body of this report focuses primarily on EPA's administration of the CARE program, the Panel would like to take this opportunity to share some of the broader lessons learned, gained through its 3-year engagement with the CARE program and staff. It is the Panel's position that EPA has demonstrated two important lessons from its experience with CARE:

**Lesson # 1:****Communities Benefit from Partnerships with EPA Regions and National Programs**

- CARE Provides Necessary and Appropriate Support to Communities to Improve Environmental Health
- CARE Provides a National Platform for Sharing Lessons About How to Improve Environmental Protection
- Communities' Diverse Challenges and Solutions are Valuable for EPA

**Lesson #2:****Community-Based Programs Strengthen EPA as a Whole**

By working with communities EPA can:

- Make National Regulatory Programs More Effective
- Build Ties with Other Federal Agencies
- Meet the Challenge of Providing Environmental Protection to the Nation's Most Sensitive and Vulnerable Populations.
- Mobilize New Energy within EPA
- Find New Ways to Deploy Its Resources Effectively

The Panel offers the following recommendations for EPA leadership based upon these lessons:

**Recommendations**

1. Foster Community-based Programs Modeled on CARE
2. Actively Support the Work and Growth of Community Partnerships with EPA
3. Maintain CARE's Grant Flexibility to Allow Communities to Optimize Their Talents and Resources

At a time when the new administration is seeking ways to promote civic and community engagement, and partnership and collaboration, the Environmental Protection Agency is in a good position to benefit from this tested model for working with communities that has gained the support of agency managers and program staff. The CARE program has demonstrated that serving communities serves EPA's mission.

## LESSON # 1:

### Communities Benefit from Partnerships with EPA Regions and National Programs

#### CARE Provides Necessary and Appropriate Support to Communities

CARE community partnerships are dynamic and non-linear. Therefore, CARE partnerships all have different needs. However, CARE is valuable for all communities because it brings:

- **Legitimacy.** Winning a federal grant gives communities a seat at the table not just as a stakeholder, but as an expert with standing along side local, state, and federal government agencies.
- **Technical Support.** CARE gives communities an opportunity to work with EPA modeling and monitoring technologies.
- **Neutral Broker.** CARE's access to independent, third-party facilitation allows communities to resolve old arguments and make new starts by creating a neutral forum.
- **Learning.** The annual training workshop creates a space where communities can learn based on each other's and EPA's experiences.
- **Operational Funding.** Resources allow communities the means to start developing an organization that is able to take action on local environmental issues.
- **Programs.** The project officer can align communities with those EPA programs that are most relevant to their short and long-term efforts.
- **Environment and Health Improvements.** An effective partnership with EPA can improve local environmental conditions.

#### CARE Provides a National Platform for Sharing Lessons About how to Improve Environmental Protection

CARE has provided a national platform that allows federal agencies and local communities to work directly together through partnerships. These partnerships have given EPA unique stature to collaborate with other federal organizations and to provide far-reaching dissemination of lessons learned to a national audience. This is a significant opportunity, but the Panel has found that the implementation of CARE has been challenging for EPA.

CARE's national meetings are productive opportunities to learn from other communities—to gather technical information, fresh ideas, and a sense of perspective on challenges back home. Initial evidence suggests that these face-to-face meetings have often been more powerful than “virtual” forums on the web. These meetings have been the most effective learning tool, but there is still additional need for engaging other learning opportunities.

It could also be beneficial for CARE grantees and program staff to participate in national meetings of local officials (e.g., the International City/County Management Association and the League of Cities) as well as of non-profit organizations and professional associations. These meetings provide additional venues and opportunities to disseminate lessons learned from CARE.

EPA should explore additional ways to circulate the lessons of CARE. The web may be most useful for sharing information across a broader audience—not only among grantees and EPA staff. A wide audience exists, including current and potential grantees, other federal agencies, and others interested in the CARE model and accomplishments.

### *Communities' Diverse Challenges and Solutions are Valuable for EPA*

The Panel has learned that when working with community based partnerships, the plans must be somewhat flexible and the lessons learned may be unexpected. The approach and resulting experience of each partnership is unique. CARE communities are diverse economically, demographically, and geographically. In addition, CARE grantees are varied from local government agencies, tribes, and community advocacy groups, to universities. The result is that each community partnership is custom-designed, taking into account the skills and stature of individual leaders within the communities.

Each community has experiences that are worth sharing, even if they are not quantifiable or easily comparable—the key is to get their stories out so that others may learn from them.

Community partnerships often wax and wane, and there is rarely a single “final” result from a demonstration grant program like CARE. Local partnerships usually emerge to address an important issue, or to take advantage of a unique opportunity. Resources—especially dedicated leadership—are often scarce and often rely heavily on volunteerism. After the partnership has achieved its primary goal, it may establish itself as a new, formal organization, find a home within an existing organization, become less active, or even disband.

CARE allows communities the flexibility to solve their unique problems, yet, every community has something to share with others, because each experience has value. In this era that emphasizes performance management, measuring the results of community-based approaches and assigning those results a cumulative numeric value, is a challenge. The nature of community-driven approaches makes comparative, quantitative measures very difficult, but that does not intrinsically reduce the actual value of the individual community results or the CARE program at large.

## **Lesson #2: Community-Based Programs Strengthen EPA as a Whole**

### *Working with Communities Can Make National Regulatory Programs More Effective*

For many years, EPA has been working to find more effective ways to reduce pollution from small businesses and small sources whose emissions often seem minimal, but when added up can cause significant problems. Small businesses sometimes claim—with some justification—that they cannot afford to clean up. Often, what they lack are the technical skills and information to do so.

Local partnerships can influence how EPA writes national rules and regulations, because EPA gains a better understanding of how these actions translate to the local level where implementation occurs and results are realized. CARE demonstrates that EPA partnerships with communities can—and do—find ways to reduce small sources of pollution, which in turn can strengthen national regulatory programs. For example:

The use of toxic solvents in auto body shops was a high-priority key issue in poor communities in Tucson and Boston, but residents did not want to force these businesses to shut down. CARE projects put community leaders and local business owners in touch with EPA's *Design for the Environment* program as well as with EPA staff responsible for national air quality regulations. The result was a reduction of local pollution and a new, more effective EPA national rule based on the experience and input of local CARE communities.

The CARE project in Marquette, Michigan identified mercury pollution in streams and lake water as an important concern and reduced its discharge by 19 percent to Lake Superior. The project brought EPA's regional office and the state environmental agency into a partnership with local dentists and the Michigan Dental Association. The results included the voluntary installation of mercury-amalgam separators by 30 local dentists, a state rule requiring separators, and on-going discussions about a national rule.

#### *Working with Communities Can Build Ties with Other Federal Agencies*

Environmental challenges at the community level cut across agency lines. Therefore, it is not surprising that CARE projects have fostered partnerships that include local health departments, environmental groups, businesses, economic and community development organizations, research institutions, other groups and EPA. What is unique is that EPA's participation in these partnerships has led to the development of effective partnerships with other federal agencies.

At the national level, EPA has built a very successful partnership with the U.S. Department of Health and Human Services Center for Disease Control (CDC), an organization that is also working at the community level. In 2008, CARE and CDC jointly hosted the CARE National Workshop, and CDC staff have assisted EPA staff in specific CARE communities.

#### *Working with Communities Can Mobilize New Energy within EPA*

Attracting new, high caliber employees to federal service is a national concern. In this context, the CARE experience is very powerful because it demonstrates that employees will volunteer to undertake additional work when they find it personally meaningful and inspiring.

As Panel members, we are impressed with the energy and enthusiasm CARE staff bring to their jobs. As our report explains, many EPA employees have volunteered to work on CARE and are excited about this work, finding it personally and professionally fulfilling. In regional offices many people work on CARE projects in addition to their full-time assignments—putting in much more time than required.

Why so? Many staff report they find it highly rewarding to work on the front lines with people who experience these problems in their daily lives and who are struggling to find effective solutions. They find it satisfying to contribute to real progress, even if the steps are small, while they continue to build their skills and knowledge. It is clear to the Panel that this approach not only offers incentives that motivate employees, but also benefits the agency through increased productivity, improved morale, and ultimately, may result in the ability to attract and retain high-performing personnel.

### *Working with Communities Can Help EPA Finding New Ways to Deploy Its Resources Effectively*

As mentioned above, the environmental problems EPA seeks to address at the community level cut across EPA's regions and various national programs around which the Agency is organized. The result is that CARE staff must also be able to work across these "boundaries." Despite the fact that this is often challenging, and takes no small amount of time, CARE staff report they find it essential and personally rewarding to have opportunities to work with colleagues at headquarters and in the regions across the Air, Water, Waste, Toxics and various other programs.

To this end, CARE's annual national meetings play a particularly valuable role, as they provide opportunities for community members and front-line EPA staff from the regions and headquarters to build relationships with their peers, share information, and participate in the exchange and generation of new ideas. This in turn benefits EPA, as CARE staff share promising practices and gain greater appreciation and functional understanding of how the organization works as a whole.

The CARE model's management approach is unusual and seems to work quite well. Each of EPA's four major program offices—Air, Pollution Prevention and Toxics, Solid Waste and Emergency Response, and now Water—has provided leadership to CARE for a year. Every two years, someone in senior leadership within the lead program offices devotes part of his/her time to CARE, and another person in that office is the full-time CARE program manager. This shared leadership approach promotes cooperation among the national program staff in the regions and headquarters.

## **Recommendations for EPA**

As the full report explains, CARE is not yet a fully mature program. It is a demonstration program that has had both successes and shortcomings, but holds much promise. The Panel believes that CARE has demonstrated sufficient progress and promise to warrant strong, continued support from EPA and authorization from the Congress.

### 1. Foster Community-based Programs Modeled on CARE

CARE is a demonstration program. Its approach has proven useful in organizing and learning about EPA-community partnerships. This model has key features of success that should be incorporated into EPA's future community partnership endeavors.

The Panel would support this step. Key features of the CARE model include:

- The mission of making grants to local communities for the purposes of understanding and reducing local environmental risks;
- Rotating management of the program through EPA's major national program offices; and
- Working with EPA partners at the state, regional, and national level to provide assistance to these communities and to integrate lessons and tools from these communities in EPA's national programs, including its regulatory programs.

EPA established CARE to address “toxics,” but used this broad definition to cover virtually any environmental problem. The CARE model can be applied to other partnerships beyond those framed as “toxics,” and may choose to re-frame the approach in terms that might ensure broader public understanding, greater community interest, or other federal priorities. Over the long haul, the substantive focus of EPA's community partnerships should be open for change as EPA learns more about how communities define issues and as different environmental issues emerge.

## 2. Actively Support the Work and Growth of Community Partnerships with EPA

All partnerships, including CARE, need champions inside EPA to survive, grow and mature. Ideally, EPA leadership can enable CARE through clear statements of support for community-based partnerships, and by approving the national pollution programs' and Innovation Action Council's active support of, leadership, and execution of the CARE program. Incoming EPA leaders can take advantage of CARE's national platform to build external partnerships with other federal agencies, national associations that represent local government officials and community leaders, and others. CARE's partnership with the Center for Disease Control has been very productive and can be replicated and expanded.

Increasingly, environmental problems have other dimensions—concerning public health, community and economic development, social issues, and technological innovation. Federal agencies and other organizations whose primary mission focuses on these other dimensions can learn from CARE's “lessons learned” and, in turn, can help EPA be more effective.

Community-based programs like CARE involve more than giving grants—the Agency needs to invest in hiring and training its staff with community partnering skills. Systems for tracking accomplishments do not give sufficient attention to community-based work, and employee evaluation systems often do not fully reflect this work

Regions vary in the resources they have provided to support the CARE program. Some regional offices have more staff than others with the skills needed to work effectively at the community level. Some regions are more ready to recognize and reward employees' successful community work. CARE and similar innovative efforts could invest their efforts in building a critical mass of staff, skills, and energy for community-based work in one or two regions and then expand work in other regions.

The Innovation Action Council might consider the eagerness of some regions, and the reluctance of others, to invest their resources in CARE at a time of tight budget pressures and rising demands for attention from top regional officials. As the report explains, there are many organizational and management bureaucratic barriers to working at the community level on issues that transcend program lines.

### 3. Maintain CARE's Grant Flexibility To Allow Communities To Optimize Their Talents And Resources

CARE's grant model allows community partnerships flexibility in how they plan for and execute their Level I or Level II grants. For example, the grant model allows communities to determine the intensity and duration of their information gathering process or priority setting process in relation to their community partnership. Furthermore, the model allows them to determine at what point in time they want take action to improve their environment, so that they can take advantage of positive opportunities when they become available. The key is for EPA to make a commitment to each community for sustained support as long as the community is making meaningful progress towards clearly-defined, high-priority, community-wide objectives that are important to the agency and are broader than other EPA programs.

## **Conclusion**

At a time when the new administration is seeking ways to promote civic and community engagement, and partnership and collaboration, the Environmental Protection Agency is in a good position to benefit from this tested model for working with communities that has gained the support of agency managers and program staff. The CARE program is an approach to community-based environmental protection—built on the shoulders of the Environmental Justice program and others before it—that complements and strengthens EPA's regulatory and national-program-office efforts to protect human health and the environment. This appears to be especially true for environmentally-burdened communities that have multi-layered, multi-media (air, water, waste) local environmental concerns from various sources. For the Academy, the CARE model demonstrates that “serving communities serves EPA's mission.”

The Panel endorses the recommendations described here and in the full report, and is optimistic that EPA leadership will share this commitment.

## EXECUTIVE SUMMARY

In 2000, the National Academy called on EPA to improve its efforts to work directly with communities.<sup>1</sup> The Academy noted that such a transition would be difficult without broader changes in the agency, including strong efforts to:

- Adjust agency structure;
- Train current employees with different skills, recognize and reward employees with these skills, and hire additional employees with needed skills;
- Dramatically improve data about environmental conditions and make these data available to local communities; and
- Win specific statutory authorization from Congress for new approaches.

In 2004, the National Environmental Justice Advisory Council (NEJAC) called upon the EPA Administrator to:

- Institutionalize a bias for action within EPA through the widespread utilization of an Environmental Justice Collaborative Problem-Solving Model;
- Address and overcome programmatic and regulatory fragmentation within the nation's environmental protection regime;
- Promote a paradigm shift to community-based approaches, particularly community-based participatory research and intervention;
- Develop and implement efficient screening, targeting, and prioritization methods/tools to identify communities needing immediate intervention; and
- Address capacity and resource issues (human, organizational, technical, and financial) within EPA and the states, within impacted communities and tribes, and among all relevant stakeholders.<sup>2</sup>

EPA has a long history of implementing place-based environmental protection, including large-scale collaboration like the Chesapeake Bay Program and smaller efforts like watershed initiatives, comparative risk projects and other initiatives. The NEJAC recommended to EPA that it “initiate community-based, collaborative, multimedia, risk-reduction pilot projects,” and “...take the lessons gained and integrate them into EPA programs as part of the Agency’s day-to-day activities.” The Community Action for a Renewed Environment (CARE) program is a pilot, and represents the next chapter in EPA’s efforts to implement place-based environmental protection.

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<sup>1</sup> *Environment.gov: Transforming Environmental Protection for the 21<sup>st</sup> Century*, National Academy of Public Administration, 2000.

<sup>2</sup> *Ensuring Risk Reduction in Communities with Multiple Stressors: Environmental Justice and Cumulative Risks/Impacts*, National Environmental Justice Advisory Council, December 2004.

## What is the Public Purpose of CARE?

Section 1 of the report illustrates that the CARE demonstration grant program was designed to show that federal-to-local partnerships can create capacity to address pollution from small and diverse sources (“area sources”), which is an acknowledged weakness of the federal regulatory system. CARE is a partnership that exists in two arenas: externally between EPA and communities, and internally among EPA’s major program offices (air, water, waste, toxics). This partnership engages the energy of the communities and the expertise of EPA to identify and reduce pollutants that negatively impact community health and the quality of life. The CARE program complements EPA’s traditional regulatory and enforcement efforts to provide additional targeted assistance to communities at highest risk. Drawing lessons from EPA’s earlier place-based grant programs, CARE makes EPA more responsive to communities’ needs and priorities through an emphasis on community-driven priorities and an enhanced role for the EPA project officer.

## What Do We Know About CARE?

Section 2 of the report describes CARE as a competitive grants program that builds broad-based local partnerships to reduce toxics in communities at high risk for a range of environmental hazards.<sup>3</sup> Two kinds of CARE grants are available: Level I CARE grants provide up to \$100,000 for 24-month<sup>4</sup> projects aimed at planning, partnership development, investigation of toxics, and building consensus on the community’s toxic priorities; Level II CARE grants provide up to \$300,000 for two-year projects to carry out strategies to reduce the toxics identified and prioritized in Level I, or a similar process.

The CARE program is a unique effort at EPA, and a significant departure from EPA’s traditional business and organizational models. CARE:

- Vests decision-making power with the community partnership grantee;
- Brings cross-programmatic (“multi-media”) support and technical assistance;
- Delivers support through partnerships external and internal to EPA; and
- Involves all of EPA’s program offices in the leadership and resource support of CARE.

CARE’s joint community-EPA partnerships successfully produce local environmental improvements through the reduction of high-risk toxics and pollutants.

***Intra-government partnerships.*** CARE enables environmental protection at the local level by delivering support to grantees through a partnership approach. This approach also applies internally to EPA program offices, as well as other federal agencies. The partnerships allow the

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<sup>3</sup> EPA uses the term toxics to mean environmental pollutants and long-term challenges that cause negative health or environmental impacts. EPA is not limiting the term toxics to chemicals listed in one or more environmental statutes or regulations. CARE Request for Proposals (EPA-OAR-IO-08-02), p. 4.

<sup>4</sup> Level I grants provide two years of funding. The applicant can complete the project more quickly to apply for a Level II grant in 18 months, or plan to ask for a no-cost extension, and then apply for a Level II grant in 30 months after their CARE Level I project is completed. CARE Request for Proposals (EPA-OAR-IO-08-02), p. 10.

EPA project officer to target specific EPA, or other federal programs that can meet the needs identified by the partnership—it helps EPA deliver the appropriate programs to the community-in-need.

CARE is also a catalyst for change within EPA. The CARE model requires EPA staff and internal institutions to stretch, which is sometimes difficult. CARE is opening cracks in the walls between traditionally “siloeed” programs and providing new opportunities for Headquarters and regional staff to work collaboratively. The CARE program’s approach holds the promise of helping many communities faced with a wide array of environmental toxics and long-term challenges.

***Community-to-Government Partnerships.*** Community partnerships have employed the CARE process and taken direct action to improve the quality of life in their communities. Simultaneously, community leaders have gained experience and expertise as they work through the CARE approach, and developed a greater capacity to plan and have measurable impact. Through CARE, community leaders have developed further expertise in sustaining partnerships and addressing environmental issues, which provides them with a strong basis for continued action in the future as other environmental threats emerge in their locales.

### **What has CARE Achieved?**

At this early stage, most partnerships have not yet completed their projects, but the program is amassing both quantitative and qualitative data that indicate environmental improvements are occurring. Examples from specific communities are described in Section 3, but aggregation of results across CARE grantees is not feasible. Data collection from grantees continues, and outputs and outcomes will continue to be examined as the grantees progress.

CARE partnerships have changed their environments by reducing pollution in their communities; a few CARE communities together have also had national impact. Examples of toxic reductions achieved as a result of CARE include the:

- Grace Hill Settlement House Partnership (St. Louis, MO) successfully passed a resolution for the St. Louis City Public Schools to become idle-free district-wide. EPA estimates that reduced idling by school buses at these 88 schools will result in over 224,000 gallons of gas savings; 1,102 tons of Nitrous Oxides (Nox) eliminated; 29 tons of Particulate Matter (PM) avoided; and 2,491 tons of Carbon Dioxide (CO<sub>2</sub>) prevented at a cost savings of \$785,610. This process is catching on and other school districts are interested in duplicating the effort
- Lake Superior Watershed Partnership (Marquette, MI) with the state Dentistry Association convinced over 30 dental offices to voluntarily install mercury-amalgam separators decreasing the amount of mercury discharged from Marquette’s waste-water treatment plant to Lake Superior by 19 percent.
- CARE program created a synergy among grantees working to address environmental and health issues associated with auto-body shops. The Sonora Environmental Research Institute (Tucson, AZ) was successful in promoting environmentally responsible

practices in local auto-body shops. The Boston Public Health Commission Partnership (Boston, MA) was successful in achieving behavior change and substitution of less toxic solvents. These efforts were recognized by EPA, and these grantees—plus 3 others—were asked to help EPA develop a rule for regulating auto-body shop emissions.

***Capacity Building Outcomes for Communities.*** Pollution reductions are not the only impacts from the CARE program. CARE communities have developed local environmental expertise and organizational capacity through their partnership members and their completion of the CARE Roadmap process. As a result of participating in CARE, the community partnerships are able to apply the process to identify and address other environmental and public health risks. For example, Harambee House, a Level I grantee at the time, identified a number of environmental problems that led to or exacerbated social problems in the community, such as trucking (a direct pollution source) leading to increased crime and prostitution in the area, as well as public safety and transportation issues due to speeding and police chases. This project drew in diverse members of the community who took a more holistic, interrelated view of the links between environment, health, and behavior in the community. Growing environmental expertise and local organizational capacity are additional long-term goals of CARE and demonstrate that this is more than a traditional top-down “program.” It is a promising mechanism to help foster sustainable community leadership and expertise in environmental matters.

***EPA Organizational Outcomes.*** The CARE program also has impacted EPA. CARE’s biennial rotational leadership model has been successful in gaining leadership support from EPA’s program offices. The two-year leadership term passed among four EPA program offices, coupled with the community-driven approach, has created a way for EPA staff to work across programmatic silos and respond to a broad range of community concerns. It allows CARE project officers to become problem solvers, as well as program specialists. This has attracted highly motivated, skilled staff to volunteer and compete for assignments supporting CARE. They are excited to have the chance to work directly with communities to help them improve their health and environment. CARE staff exhibit a deep commitment to the goals of the program as they work directly with communities and realize the more immediate impact and rewards of their work.

This cross-programmatic path has, in turn created some positive opportunities. CARE staff report that CARE has helped improve communications across siloed programs and among regional and headquarters staff. This new communication and interaction among staff and programs has increased CARE staff’s understanding of other agency programs. This has then helped them offer more targeted assistance to communities, matching them with additional EPA programs to achieve their goals.

To prepare staff members, the CARE program offers training to help project officers and community project leaders understand each other and how to successfully execute partnership development and employ the Roadmap process. Both within EPA, and between EPA and community partnerships, the CARE program has improved the ability to develop productive relationships and produce mutual benefits.

## What are CARE's Challenges?

Sections 4 and 5 evaluate the CARE program against a life-cycle framework for developing high-performance partnerships. CARE is showing promise in a number of areas, and is well poised to develop into a robust, yet flexible program. A number of actions are recommended to help CARE further mature and address the challenges it currently faces. Recommendations are offered for each of these issues, and are summarized here.

***Information Sharing.*** While CARE communities have experienced a variety of successes, as well as challenges, the learning achieved from the program cannot be fully realized without a sound method of capturing and disseminating those experiences. EPA should develop an information sharing system to organize, synthesize and share the valuable lessons learned and methods used by CARE partnerships in achieving their goals. Recommendations for improving the information sharing of CARE address three key aspects: people (roles and responsibilities), technology (existing systems may leverage for data storage and retrieval), and processes (business rules for handling the lessons).

***Coordinate and Refine Internal Program Management Activities.*** From a program lifecycle perspective, CARE is shifting out of a start-up phase into an active development phase; some of the community partnerships are healthy and growing, and the inter-office partnership appears to be healthy as well. CARE's growth over the last five years has occurred with informal program administration, allowing the program to focus its energies on developing the partnership and refining the Roadmap approach. However, CARE is at a point where it must put more attention toward longer-term program planning activities.

Too much bureaucracy during the start up period can stifle innovation; CARE took a positive approach to balancing the need for systems and accountability with the need for flexibility when developing the program. The current size of the program, however, requires that EPA and its program offices begin to develop more formal expectations, processes, and support systems if the CARE program is to continue. CARE has shown its strength in the partnership and process aspects of the demonstration; its next challenge is to refine the basic program planning and management aspects to ensure the program is prepared for maturity.

To provide this well-rounded approach and foundation of program management, the Panel offers recommendations for:

- Tracking internal level-of-effort in a manner consistent with EPA's accounting procedures, or the time spent supporting a mature CARE program by those who play a core role in its administration (e.g., headquarters staff, regional coordinators, and project officers);
- Reinforcing data collection from grantees, to ensure the program receives thorough and timely data about how and how well each partnership is progressing towards its goals;
- Enhancing the technical assistance capabilities of EPA program staff by creating a support matrix of internal subject matter experts;

- Review the current RFP criteria, evaluation, and award process to ensure more of a consistent, objective decision-making process;

***Refine Outcome Measures.*** While national-level metrics are commonly applied by EPA, and have been included in the CARE demonstration program as well, the bottom-up nature and smaller scale of CARE projects warrant the refinement and further development of CARE-specific process, output, and outcome measures.. EPA should revisit and revise CARE’s short-term and long-term outcomes to demonstrate the success and impact of the program. Having clearly articulated outcomes will help EPA develop appropriate metrics for gauging the results and impacts of the community partnerships initiated through CARE.

***Develop Strategic and Business Plan and for CARE.*** The Panel recommends that EPA broaden its focus from day-to-day management to address more strategic aspects of program management. This “pause and plan” activity is a natural part of the development of any program. A strategic plan for CARE would outline goals, objectives, challenges, actions and performance measures to support the program. A CARE business plan would describe what the program is going to do and how EPA will demonstrate its value to external audiences. Taken together, these plans help EPA define CARE’s vision, scope of work, purpose and resource requirements in a thoughtful way. Just as the Logic Model was important for getting CARE started, having strategic and business plans are key to maturing CARE.

## **Conclusion**

The Panel is encouraged by the achievements of the CARE program. CARE has already established a functioning, viable partnership that includes federal, regional, county, tribal, local and neighborhood partners that engage and take action around the promise of improving environmental conditions in local communities. In support of this partnership achievement, the Panel encourages EPA and the CARE staff to undertake the actions identified in the study’s recommendations to ensure that the CARE partnership program has the administrative and operational systems in place to provide appropriate support to achieve CARE’s short and long-term outcomes. These actions are essential for demonstrating the successes of the CARE program, and to ensure its continued support and ultimate sustainability.

## **SECTION 1**

### **INTRODUCTION AND BACKGROUND**

In fiscal year 2005 (FY05), the Environmental Protection Agency (EPA) launched the Community Action for a Renewed Environment (CARE) demonstration grant program after two years of design and planning. CARE is a competitive grants program that builds broad-based local partnerships to reduce toxics and pollutants in communities at high risk for a range of environmental hazards.<sup>5</sup> Two kinds of CARE grants are available:

- Level I CARE grants provide up to \$100,000 for 24-month<sup>6</sup> projects aimed at planning, partnership development, investigation of toxics, and building consensus on the community's toxic priorities;
- Level II CARE grants provide up to \$300,000 for two-year projects to carry out strategies to reduce the toxics and pollutants identified and prioritized in Level I, or a similar process.

Since 2005, CARE has awarded 69 grants; 12 grants have been completed, 1 grant was returned, and the remaining grants are still active.

The CARE program is a unique effort at EPA, and a significant departure from EPA's traditional business and organizational models. CARE:

- Vests decision-making power with the community partnership;
- Offers grant support and technical assistance from the full range of EPA programs;
- Delivers support through partnerships external and internal to EPA; and
- Involves all of EPA's program offices in the leadership and resource support of CARE.

CARE's joint community-EPA partnerships are intended to produce local environmental improvements through the reduction of high-risk toxics and pollutants. CARE is creating positive opportunities in communities and at EPA. Community partnerships are using the CARE process to take direct action to improve the quality of life in their communities. Simultaneously, community leaders are gaining experience and expertise as they work through the CARE approach, and developing a greater capacity to plan and have measurable impact.

CARE is also catalyzing changes within EPA. CARE staff exhibit a deep commitment to the goals of the program. As they work directly with communities, EPA staff see the immediate

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<sup>5</sup> EPA uses the term toxics to mean environmental pollutants that cause negative health or environmental impacts. EPA is not limiting the term toxics to chemicals listed in one or more environmental statutes or regulations. CARE Request for Proposals (EPA-OAR-IO-08-02), p. 4.

<sup>6</sup> Level I grants provide two years of funding. The applicant can complete the project more quickly to apply for a Level II grant in 18 months, or plan to ask for a no-cost extension, and then apply for a Level II grant in 30 months after their CARE Level I project is completed. CARE Request for Proposals (EPA-OAR-IO-08-02), p. 10.

impact of their work, which they find personally rewarding. The CARE model does require EPA staff and internal institutions to stretch professionally, which is sometimes difficult. CARE is opening cracks in the walls between traditionally “siloes” programs, and is providing new opportunities for headquarters and regional staff to work collaboratively.

The CARE program’s approach holds the promise of helping many communities that face a wide array of environmental toxics and long-term challenges. This report shares the accomplishments of the CARE demonstration program, documents its challenges, and offers recommended actions to mature the program.

## **MISSION STATEMENT**

The mission of CARE is to:

*...enable overburdened communities to develop and implement locally-based solutions that will significantly reduce toxic exposure by (1) providing federal assistance to create, or enhance existing, self-sustaining community-based partnerships, analyze toxic exposure from local sources of toxics emissions, and leverage local toxic exposure reduction activities and (2) more effectively coordinating the delivery of EPA environmental services.<sup>7</sup>*

The Panel notes that from the earliest days of CARE’s creation, EPA staff viewed the program as a means to bring about needed changes within EPA, such as the break down of program “silos” within the agency, improved coordination between EPA headquarters and the regions, and increased capabilities of EPA staff to work directly with communities. Each of these goals are being pursued by CARE.

## **INTENDED OUTCOMES**

The CARE demonstration program was designed to help EPA and communities to overcome some historical obstacles to improving local environmental conditions.

**Outcome 1:** *CARE will improve local environmental conditions where the impact of federal regulations has been limited.* Federal statutes and regulations for improving public health and the environment are most effective at controlling small numbers of heavily polluting facilities. They are less effective in addressing multiple, small and diverse pollution sources. This has resulted in an uneven distribution of environmental benefits and resources in neighborhood communities. While federal regulation has successfully addressed much of the “low-hanging fruit,” the CARE program complements EPA regulatory strategies with place-based strategies—strategies that consider the local context in which environmental decisions are made and effects are felt. The Panel believes that the CARE approach represents a “next step” in environmental improvement and protection.

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<sup>7</sup> “CARE Logic Model” the Environmental Protection Agency, undated.

**Outcome 2:** *CARE is a community-driven—not a federally driven—intervention that will significantly improve local environmental conditions.* CARE is an example of a citizen-driven, participatory government program that builds environmental expertise in economically distressed and environmentally burdened communities. CARE is unique in that it is a direct federal-to-local intervention where the community is responsible for, and drives the process of pollution/toxics identification, ranking, prioritization, and action to address pollution/toxins that exist in their geographic area. This approach allows communities to address their environmental problems holistically, whereas traditional federally-driven efforts approach these problems programmatically (i.e. air, water, waste, or toxics). In the CARE process, EPA is a partner whose role is determined by the partnership. That is to say, the primary role of the EPA project officer is to help community partnerships navigate EPA’s organization structure, providing support and technical assistance at the request of the community.

**Outcome 3:** *CARE will support community-driven partnerships in overburdened communities with a full range of tools—both regulatory and non-regulatory to significantly improve environmental conditions.* Economically distressed and environmentally burdened communities are often the least equipped in terms of resources and expertise to navigate federal bureaucracies and find support. Through the project officer, the CARE program provides communities access to the full range of EPA’s tools, programs, and resources to build capacity in their communities. Community partnerships thereby become the drivers of positive environmental changes.

The CARE demonstration program is designed to achieve each of these three outcomes, and has made positive progress towards each goal. As is appropriate for a young program, these outcomes have evolved for a number of reasons—the program modifies as lessons are learned; adjustments are made in conjunction with the rotation of leadership; or new opportunities become available—and therefore exist in a number of different iterations across CARE. For the purpose of this evaluation, the Panel has distilled them into the statements offered above. The commonality that runs across all three outcomes is the expectation that CARE partnerships will reduce residents’ exposure to toxics/pollutants, or reduce or remove them from the community, and improve environmental and public health.

## **CARE PROGRAM ELEMENTS**

CARE embodies a community-driven approach for defining community needs and actions, and provides tools and support that allow the community partnerships to be successful. The notion of a citizen-centric method to service delivery and communications is gaining ground, both in the U.S. and overseas.<sup>8</sup> At its core, this approach represents a paradigm shift—from impersonal, top-down “mandates,” to bottom-up driven engagements that give the citizenry the opportunity to define when and how to engage with the government. This approach actively engages the “end user” in the agency’s mission-critical work, while simultaneously enhancing the partnership between citizens and government. This is a departure from how EPA, and most federal agencies, structure and approach programs.

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<sup>8</sup> See a report on FEMA’s approach to developing a citizen-centric website, shifting from an agency-centric site: [http://www.fema.gov/media/site\\_case\\_study.shtm#4](http://www.fema.gov/media/site_case_study.shtm#4) . Citizen-centric approaches to eGov services are also popular in Europe; see [http://www.ccegov.eu/downloads/Handbook\\_Final\\_031207.pdf](http://www.ccegov.eu/downloads/Handbook_Final_031207.pdf) for an example of this approach.

The CARE paradigm puts the local community partnership in the leadership position with EPA as an invited partner, providing the information and support to the partnership to achieve the desired outcomes. In order to support this paradigm, CARE has three defined structural elements as core to the program:

1. A ***process*** embodied in the CARE Roadmap, which is a tool detailing actions and steps to establish a partnership, and develop community capacity and leadership to address local issues;
2. ***Program administration*** which supplies the funding and administrative support to communities who conduct the work; and
3. A ***partnership*** between multiple EPA stakeholders (headquarters, regions, program offices) and grantee communities. CARE is centered on this partnership approach that creates a platform, both internally and externally, for identifying and delivering support to community partnerships. The CARE “program” is the sum of its partnerships—both within and outside EPA.

The CARE paradigm presents both opportunities and challenges unique to partnerships.

## **THE NATIONAL ACADEMY’S CARE EVALUATION**

In 2006, EPA began working with the National Academy of Public Administration to design and carry out a three-year evaluation of the CARE program. The purpose of the evaluation is not only to assess the outcome and results of the CARE program but also to provide real-time feedback and advice to EPA to strengthen the program. The National Academy’s focus of the evaluation was on EPA’s administration of the CARE program, rather than individual local CARE projects. The National Academy formed a study panel comprised of William Hansell (chair), Elizabeth Hollander, and DeWitt John to oversee and direct the National Academy staff’s conduct of this evaluation (Appendix A).

### **Data Sources**

In conducting this evaluation, the National Academy Panel has relied on the following sources of information and research:

- Interviews with CARE staff including: senior leadership, regional coordinators, project officers, and others;
- Interviews and panel discussions with CARE grantees and project leaders;
- Surveys of EPA CARE staff and grantees;
- Meeting discussions between CARE Leadership and the National Academy Panel;
- Presentations and conversations at the CARE National Training Workshops; and

- Secondary research including: EPA Program Evaluations, CARE Tracking Data, Communications Materials, Program Budget, and Presentations.

### Three-Phase Evaluation

The National Academy designed the CARE evaluation in three phases (Appendix B):

1. An Evaluation of the Planning and Design of CARE
2. An Evaluation of the Implementation of CARE
3. An Evaluation of the Operation and Results of CARE

At the outset of the project, the Panel and EPA developed seven factors by which to explore the CARE program and to evaluate it. These seven factors were to be applied at each of the three evaluation stages (see Table 1-1).

**Table 1-1. CARE Evaluation Factors**

1. Multi-Sector\* Consensus on Toxic Priorities (Level I)
2. Multi-Sector\* Pursuit of Risk Reduction Strategies (Primarily Level II)
3. Sustainability of Multi-Sector Partnerships (Primarily Level II)
4. Risk Reductions Achieved (Primarily Level II)
5. EPA CARE Technical Assistance to Grantee Communities (Level I and Level II)
6. Dissemination of Experiences (Level I and Level II)
7. Continuous Improvement at EPA (Internal to EPA)

\* “Multi-Sector” refers to a community partnership that has representation from local organizations, business, government, and residents.

The first phase of this evaluation was completed with the Panel’s submission of both an observations paper on the *Review of the Planning and Design of EPA’s CARE Program*, and a *Methodology for Evaluating the Implementation, Operation and Results of the EPA’s CARE Program* (the methodology is discussed in Chapter 3). The Panel found that on balance, EPA’s design and planning of the CARE program had been careful, comprehensive, and consistent with the principles and practice of effective public administration and management.

The second phase of this evaluation was completed with the submission of an observations paper, *Review of the Implementation of EPA’s CARE Program*. The Panel found that the CARE program had made good progress against the evaluation factors selected for this evaluation. As more CARE grantees complete their projects and work through the CARE model, more data would become available and allow for a fuller assessment of the program implementation along with its results and impact. Available data suggested that CARE has had successes in establishing new relationships among community partners, between communities and EPA, and

among EPA staff at headquarters and the regions resulting in positive changes in environmental conditions at the community level. To maintain and improve upon these early successes, the Panel focused CARE's immediate attention on: the implementation of minimum risk screening standards; strengthening CARE applications through further outreach and support; and continued work to ensure a smooth transition between leadership among EPA Program offices.

The third phase of this evaluation—Operation and Results of CARE—cannot be fully completed at this time. The CARE demonstration is still in progress, and at the time of writing this report, the number of grantees having completed a CARE grant (12 of 69) is too small to draw accurate conclusions. The National Academy Panel and EPA agree that a summative evaluation is premature. The evaluation factors and the data collected against them are reported in Section 3, but summative conclusions are not offered. Substantial data are available, however, to support a formative evaluation. In addition, a detailed evaluation of the operational aspects of CARE is offered from the context of a “partnership lifecycle” framework, which further supports the formative evaluation.

### **Formative Program Evaluation**

In this report, the National Academy presents an evaluation based on CARE's “formative” experiences. Over the last three years, the National Academy team has gathered data around each of the seven factors to support each of the three evaluations. The data, and absence of data, reflect how EPA has implemented the CARE program, and where further attention is needed. Seven factors were developed and prioritized at the start of the first evaluation. These factors may need to change or be reprioritized based on the trends in the data and the needs of the CARE program.

The National Academy was asked to evaluate EPA's administration of the CARE program, not CARE grantees execution of their grant workplan. The evaluation factors capture the program's major touch-points between EPA and communities and among CARE staff within EPA's national structure—headquarters and regions. These factors can be grouped into three major structural elements: the CARE Roadmap process, EPA-CARE program administration, and the CARE partnership.

**The Roadmap.** Four factors relate to the CARE Roadmap process and its results:

- Multi-sector consensus of toxic priorities (Roadmap steps 1-8);
- Multi-sector pursuit of risk reduction strategies (Roadmap steps 8 & 9);
- Sustainability of multi-sector partnerships (Roadmap step 10); and
- Risk reductions achieved (Roadmap steps 1-10).

These four factors focus on how EPA supports its grantees as a partner in the process and as federal fiduciary agent for the cooperative agreement.

**The Program.** Three factors relate to EPA-CARE’s administration of the program:

- EPA-CARE support and technical assistance to grantee communities (Level I and Level II);
- Dissemination of Experiences—sharing lessons learned (Level I and Level II); and
- Continuous Improvement at EPA.

These three factors focus on how EPA administers the CARE program from the drafting of the RFP through award to the conclusion of the grant period. They also examine the internal management of the program including budgeting, staffing, costs/investments and program improvements. These factors explore the nuts and bolts of how the program operates.

**The Partnership.** All seven factors relate to the CARE partnership. The CARE program is highly leveraged through partnerships with communities, other federal agencies, and across EPA program offices. This leveraged partnership approach was an intentional design feature of the program. The CARE program is heavily weighted towards partnership approaches, based on the experiences of previous direct federal interventions, both regulatory and community based, that were not as impactful as was anticipated. CARE successfully builds upon the lessons of those efforts. The result is that the CARE program is, at heart, a highly matrixed partnership designed to get the right people, in the right place, at the right time to improve environmental conditions in economically distressed and overexposed communities.

This report presents the Panel’s findings and recommendations in each of these three major groupings. Some of the Panel’s findings have implications for more than one grouping, while others have narrow application within a single group.

## **ORGANIZATION OF THIS REPORT**

This report is organized into the following sections:

- **Panel Message**
- **Executive Summary**
- **Section 1. Introduction and Background**, offers the mission, outcomes, and guiding paradigm for the CARE program
- **Section 2. Design and Implementation of the CARE Program**, details the structure, administration and participants in the effort
- **Section 3. Original Evaluation Factors and Baseline Data**, describes the outcome measures designed to assess the performance of CARE

*Section 1: Introduction and Background*

- **Section 4. Analysis and Findings**, assesses CARE using a partnership lifecycle framework
- **Section 5. Recommendations**, offers actions to take now and in the future to maximize the success of the CARE model

## SECTION 2

### OVERVIEW OF THE CARE DEMONSTRATION PROGRAM

CARE is a competitive grants program that builds broad-based local collaborative partnerships to reduce toxics in communities at high risk for a range of environmental hazards.<sup>9</sup> Two kinds of CARE grants are available:

- Level I CARE grants provide up to \$100,000 for 24-month<sup>10</sup> projects aimed at planning, partnership development, investigation of toxics, and building consensus on the community's toxic priorities; and
- Level II CARE grants provide up to \$300,000 for two-year projects to carry out strategies to reduce the toxics identified and prioritized in Level I, or a similar process.

### STATUS OF LOCAL CARE PROJECTS

For FY08, the total enacted budget for Operating Programs for EPA was \$4.3 billion.<sup>11</sup> In comparison, the operating budget for the CARE program was \$3.3 million in FY08 and is \$2.0 million in FY09. Since 2005, CARE has awarded 69 grants; 12 grants have been completed, and the remainders are still active.

The CARE Request for Proposals (RFP) is offered annually. At the time of this writing, EPA has awarded CARE grants to 65 communities as shown in Table 2-1.<sup>12</sup> As of March 1, 2009, 11 of 12 FY05 grantees have completed their projects and submitted final reports to EPA (all 7 Level I projects, and 4 of 5 Level II projects).

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<sup>9</sup> EPA uses the term toxics to mean environmental pollutants and long-term challenges that cause negative health or environmental impacts. EPA is not limiting the term toxics to chemicals listed in one or more environmental statutes or regulations. CARE Request for Proposals (EPA-OAR-IO-08-02), p. 4.

<sup>10</sup> Level I grants provide two years of funding. The applicant can complete the project more quickly to apply for a Level II grant in 18 months, or plan to ask for a no-cost extension, and then apply for a Level II grant in 30 months after their CARE Level I project is completed. CARE Request for Proposals (EPA-OAR-IO-08-02), p. 10.

<sup>11</sup> *FY2009 EPA Budget in Brief*, Office of the Chief Financial Officer, U.S. Environmental Protection Agency. February 2007. p. v.

<sup>12</sup> CARE has awarded 69 grants to 65 communities. Pacoima Beautiful, CA; International District Housing Alliance Seattle, WA; Harambee House, GA; and Clean Air Council, PA each received two grants. Cerro Gordo, IA withdrew from the program.

Section 2: Overview of the CARE Demonstration Program

**Table 2-1. CARE Grant Awards**

<b>Fiscal Year*</b>	<b>Level I Grants</b>	<b>Level II Grants</b>	<b>Total</b>
<b>2005</b>	7	5	12
<b>2006</b>	10	7	17
<b>2007</b>	15	7	22
<b>2008</b>	13	5	18
<b>Total</b>	<b>45</b>	<b>24</b>	<b>69</b>

\*CARE cooperative agreements are typically signed early in the fiscal year following award.

On average, Level I grantees completed their CARE project in 24 months, and Level II in 29 months (See Appendix C). The FY06 class has finished its second year of operation; the FY07 class is in the middle of its second year of operation; and FY08 is in its first year of operation (see Figure 2.1). To date, only one CARE grantee—a 2006 Level I project—has withdrawn from the program. The FY09 RFP for the fifth annual round of CARE grants closed on March 16, 2009; EPA will execute cooperative grant agreements in the fall of 2009 with the communities selected for funding.

**Figure 2-1. Progression of CARE Grantee by Fiscal Year**

	<b>OCT 05 – OCT 06</b>		<b>OCT 06 – OCT 07</b>		<b>OCT 07 – OCT 08</b>		<b>OCT 08 – OCT 09</b>	
	<i>0-6mos</i>	<i>7-12mos</i>	<i>13-18mos</i>	<i>19-24mos</i>	<i>25-30mos</i>	<i>31-36mos</i>	<i>37-42mos</i>	<i>43-48mos</i>
2005	12	11	10	5	2	2	1*	1*
2006			16	16	16	16	16	16
2007					22	22	22	22
2008							18	18
<b>Total Active Grantees</b>	<b>12</b>	<b>11</b>	<b>26</b>	<b>21</b>	<b>40</b>	<b>39</b>	<b>57</b>	<b>57</b>
<i>* This grantee has received 2 no-cost extensions</i>								

## **OPERATION OF THE PROGRAM: CARE GUIDANCE**

There are three primary documents that define the CARE demonstration program:

1. The **CARE Request for Proposals (RFP)** describes aspects of the CARE program administration, Roadmap process, and the partnership, including grantee eligibility requirements, scope of work, timeline, and the grant selection criteria and award process.
2. The **CARE Roadmap** describes the process grantees will use to develop a partnership through taking action on community risks.
3. The **CARE Program Logic Model** paints a broad view of the basic relationships among CARE's participants, activities, and outcomes.

These documents lay out the basic framework, roles and responsibilities, and process for the program. The following section describes the CARE demonstration program in terms of these three major guides.

### **1. CARE REQUEST FOR PROPOSALS**

This section provides an overview of the CARE Request for Proposal (RFP) process, and specifically addresses the following elements of that process:

- Eligible Applicants
- Grant Applications Submitted
- Grant Selection Process
- CARE Timeline and Reporting

The CARE RFP defines the purpose of the demonstration program, outlines expectations and responsibilities for EPA and the subject grantee, and details requirements for both the Roadmap process and the Community Partnership. In addition, the RFP describes the eligibility criteria for Level I or Level II grant applicants, competitive selection process, and scoring parameters for the CARE cooperative agreement. Applicants who are selected for award negotiate a work plan with their regional EPA project officer that is consistent with their RFP grant application and the CARE Roadmap.

The first CARE RFP was fielded in Spring 2005, and has since been offered annually in the first quarter of the fiscal year. FY2009 marks the fifth CARE RFP process. EPA publicizes the availability of CARE funds by posting notice on the national CARE webpage, EPA regional office webpages, and EPA program webpages.<sup>13</sup> Notice is also circulated through EPA program constituent distribution lists, and the personal and professional networks of EPA staff. In some cases, regional offices have conducted outreach sessions in target communities to spread the word about the program and the RFP. In a first for the program, CARE launched an online,

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<sup>13</sup> The National CARE website is available at [www.epa.gov/care](http://www.epa.gov/care).

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grant-writing tutorial to walk potential applicants through the 2009 Request for Proposal grant application.

**Eligible Applicants**

EPA encourages a diversity of grantees to apply for the CARE cooperative agreement. The RFP defines the following as eligible: local, public non-profit organizations; federally recognized Indian tribal governments; Native American organizations; private non-profit organizations; quasi-public nonprofit organizations both interstate and intrastate; and local governments, colleges, and universities.<sup>14</sup> State governments or their agencies are not eligible; this decision was made based on advice from an Environmental Council of the States (ECOS) subcommittee that viewed the states as co-partners in the delivery of environmental technical assistance, and thus should help support the program instead of competing with the intended applicants.

The distribution of grantees varies from year to year, but can be grouped into four categories: nonprofit, government, tribal, and university. Table 2-2 illustrates the distribution of grantees selected for award by category, year, and CARE grant level. Over the past four years, nonprofits have been more successful than government entities (e.g., health departments, city governments) in winning CARE awards.

**Table 2-2. Grantee Types by Year**

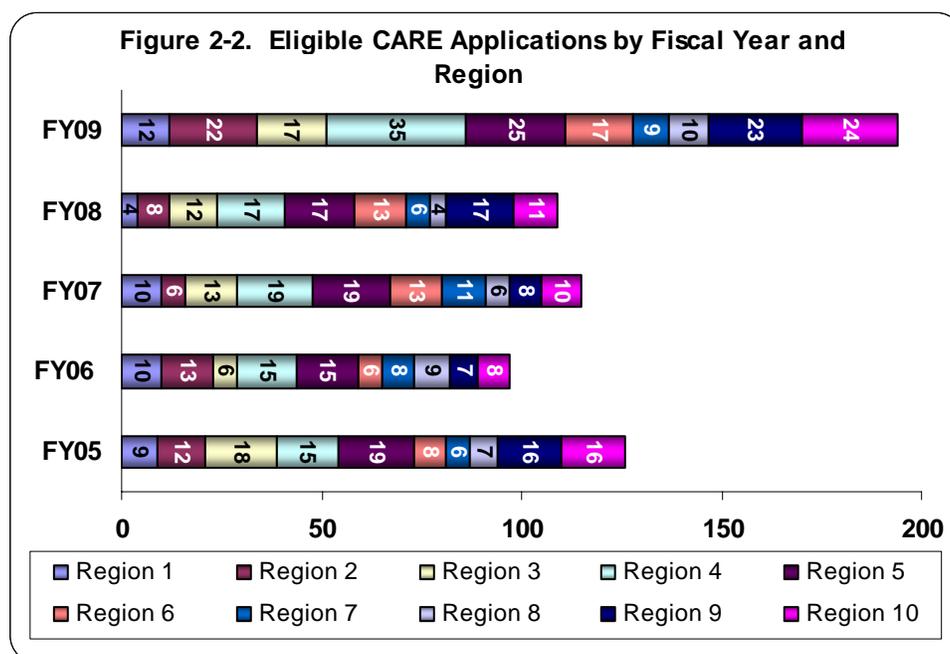
Grantee Category	2005		2006		2007		2008		Total
	L1	LII	L1	LII	L1	LII	LI	LII	
<b>Nonprofit Total</b>	4	4	4	4	6	4	6	5	37
<b>Government Total</b>	3	1	4	1	7	3	2		21
<b>Tribal Total</b>			2	1	1		1		5
<b>University Total</b>				1	1		4		6
<i>Total</i>	7	5	10	7	15	7	13	5	<b>69</b>

<sup>14</sup> See EPA, “Community Action for a Renewed Environment” Request for Proposals (No. EPA-OAR-IO-09-02), 2009 for more details on eligibility.

## Grant Applications Submitted

The overall number of grant applications submitted per year has remained fairly constant from FY05 to FY08 (135, 110, 127, and 129). In FY09, the number of applications increased dramatically to 230. Over the first four years, the number of applications submitted has varied from region to region, ranging from 4 to 19 annually, with a mode of 8 (Figure 2-2). Appendix D, *RFP Submissions*, presents a summary of CARE grant applications submitted to EPA for the last five annual grant rounds, FY05-FY09.

**Figure 2-2. Eligible CARE Applications by Fiscal Year and Region**



Of the 731 applications submitted in the last five years, 543 (74 percent) have been for Level I projects and 188 (26 percent) have been for Level II projects.

## Grant Selection Process

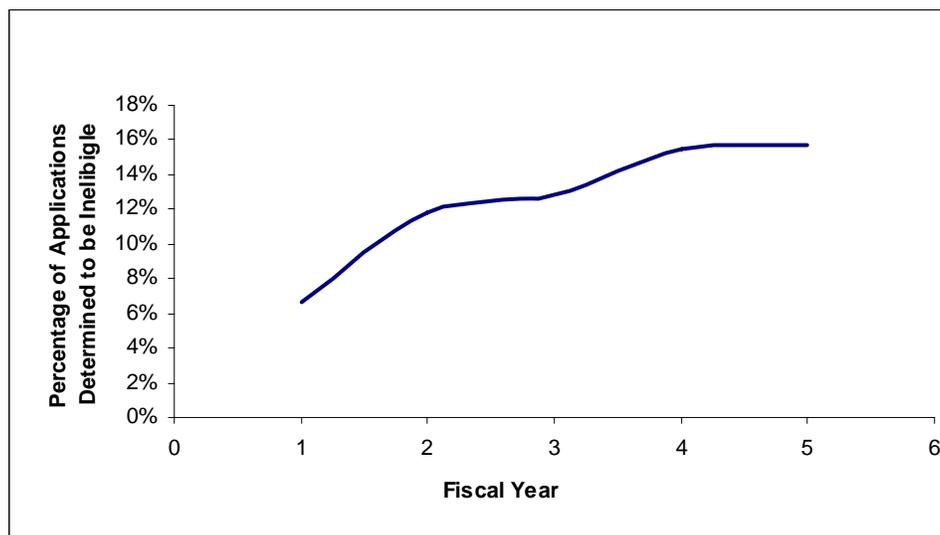
After initial receipt of CARE grant applications, EPA headquarters performs a threshold screen of all applications submitted to determine applicant eligibility (i.e., meeting minimum legal requirements for consideration as an applicant). For the first four rounds of grants, the percentage of applications judged ineligible has been relatively low and constant, ranging from 7 percent to 15 percent of total applications annually (see Figure 2-3).

Among Level I and Level II submissions over the first four grant rounds, Level II applications are four times more likely to be found ineligible than Level I applications (43 percent compared to 10 percent). This is not unexpected, as Level II projects are subject to more eligibility criteria and must demonstrate successful pre-work in order to be considered (i.e., applicants must have

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developed a community partnership and completed an investigative process). The net result is that the number of “eligible” applications has stayed fairly constant over the first four grant rounds at 126, 97, 115, and 110. After completing the initial eligibility screen, headquarters forwards the eligible applications to each region for review and scoring.

**Figure 2-3. Ineligible Applications**



Headquarters invites each region to submit up to 4 nominations for award—2 Level I and 2 Level II proposals. Regions send forward only their best proposals; few regions have submitted the maximum number of applications for both Levels. For example, from FY06 to FY08, the number of Level I applications grew each year (19, 23, 28, and 29), while the number of Level II application shrank each year (14, 7, 7 and 5).

Each region convenes a review committee that includes representation from most of the EPA program offices to review and score the applications. After each regional committee makes its selections, the Regional Administrator and/or Deputy Regional Administrator reviews and forwards their selections to headquarters for consideration. Each region sends one representative to EPA headquarters to make the case for its selections.

A national review committee is established at headquarters, comprised of both headquarters and regional staff to make the final selection of projects for funding. The National Review Committee is composed of the following: one representative from each region (Region 1 through 10); one Assistant Administrator representative from six of the EPA national program offices<sup>15</sup>; one representative from the CARE partnership with National Office of Environmental Justice; and 3 representatives from the CARE program: Chair, Co-Chair, and Program Coordinator.

<sup>15</sup> Office of Water (OW); Office of Air and Radiation (OAR); Office of Solid Waste and Emergency Response (OSWER); Office of Policy, Economics, and Innovation (OPEI); Office of Compliance Assistance and Enforcement (OECA); Office of Prevention, Pesticides and Toxic Substances (OPPTS).

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Over the last 4 funding rounds, EPA has awarded at least 1 CARE grant to each region, and all regions now have experience managing both Level I and II projects. Once the final applicants selected for award, each of the regions negotiates a final work plan with the selected grantee.

### **CARE Timeline & Reporting**

CARE grants provide 2 years of funding, and grantees may ask for up to a 1-year no-cost extension to complete their grant. For Level I CARE grantees that want to apply for a Level II grant without a lapse in funding, they can either complete their project more quickly within 18 months, or utilize the no-cost extension and apply for a Level II in 30 months. After completion of the grant period, CARE grantees must submit a final report within 90 days. Applicants who are awarded a CARE grant are required to submit a progress report every quarter to their project officer describing how well they are progressing against their negotiated work plan. Grantees are also required to send at least one representative to the CARE National Training Workshop for each year of the 2-year grant period.

## **2. CARE ROADMAP**

The CARE program embraces a philosophy of community competence. The CARE Roadmap process is driven by community partnerships that have full decision-making power, and full responsibility for completing the requirements of the cooperative agreement. CARE community partnerships have broad discretion to determine their own priorities, and to select their own reduction strategies for toxics.

The CARE Roadmap process assists grantees in developing community partnerships, learning about local environment and environmental health risks and impacts; building community consensus to get to effective action; mobilizing a community to take action to reduce health pollution/toxics and impacts; and building long-term capacity within the community to understand and address environmental health impacts over time (see Figure 2-4). The Roadmap includes both Level I and Level II activities.

The basic elements of the Roadmap process are as follows:

- Organize a broad partnership needed to reach community goals (Step 1)
- Collect the information needed to understand community health risks and impacts
- Analyze the information to identify community priorities and identify options for reducing risks (Steps 7-8)
- Mobilize the community partnership to take action (Step 9)
- Evaluate the work of the community partnership, measure progress, and a new process to address remaining risks (Step 10)

**Figure 2-4. A Summary of the Roadmap Process**

- 1. Build a Partnership:** Build a collaborative partnership representing a broad range of interests, including local organizations, government, business and residents, that is able to identify environmental risks and impacts, build consensus, and mobilize all the resources necessary to achieve community goals.
- 2. Identify Community Concerns:** Identify the environmental, health, and related social and economic concerns of the community.
- 3. Identify Community Vulnerabilities:** Identify community vulnerabilities that may increase risks from environmental stressors.
- 4. Identify Community Assets:** Develop a list of community assets in order to build on the existing strengths of the community.
- 5. Identify Concerns for Immediate Action:** Identify and begin to address immediate concerns and vulnerabilities.
- 6. Collect and Organize Information:** Collect and summarize available information on stressors, concerns, and vulnerabilities. Identify gaps where the information on stressors, concerns, and vulnerabilities is missing or inadequate.
- 7. Rank Risks and Impacts:** Compare and rank community concerns to help identify those that have the greatest impact.
- 8. Identify Potential Solutions:** Identify and analyze options for reducing priority concerns and vulnerabilities and for filling information gaps.
- 9. Set Priorities for Action and Begin Work:** Decide on an action plan to address concerns, fill information gaps, and mobilize the community and its partners to carry out the plan.
- 10. Evaluate Results & Become Self-Sustaining:** Evaluate the results of community action, analyze new information, and develop a plan to restart the Roadmap process. You can restart the process as needed to reestablish priorities, develop new plans for action, collect information, and make your partnership self-sustaining.

The Roadmap encourages community partnerships to develop a comprehensive understanding of all local environmental risks from multiple paths of pollution—air, land, water, waste, toxics. This process builds the foundation of information necessary to ensure that their actions have the greatest positive impact on local health and the environment. The Roadmap challenges partnerships to collect and analyze information needed to target and reduce risks where benefit to the community is greatest, while at the same time incorporating a “bias for action” by encouraging communities to take action on known risks whenever possible.

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The Roadmap lays out the full progression of activities that a CARE grantee may undertake from Level I through Level II. CARE Level I grantees are expected to complete the first 9.5 steps of the Roadmap (see Figure 2-4). Once completed, a Level I grantee can apply for a Level II grant to complete the Roadmap. However, completion of a Level I grant is not a prerequisite for award of a Level II grant. If a community has undergone a process similar to the CARE Roadmap, such as the Protocol for Assessing Community Excellence in Environmental Health (PACE EH), they can apply for a Level II grant, having not completed a Level I grant. Of the 24 Level II grants awarded to date, 4 successfully completed a Level I grant, and the remaining 21 completed a comparable process and entered CARE as Level II grantees.

### **3. CARE PROGRAM LOGIC MODEL and PROGRAM ADMINISTRATION**

This section includes descriptions of the following:

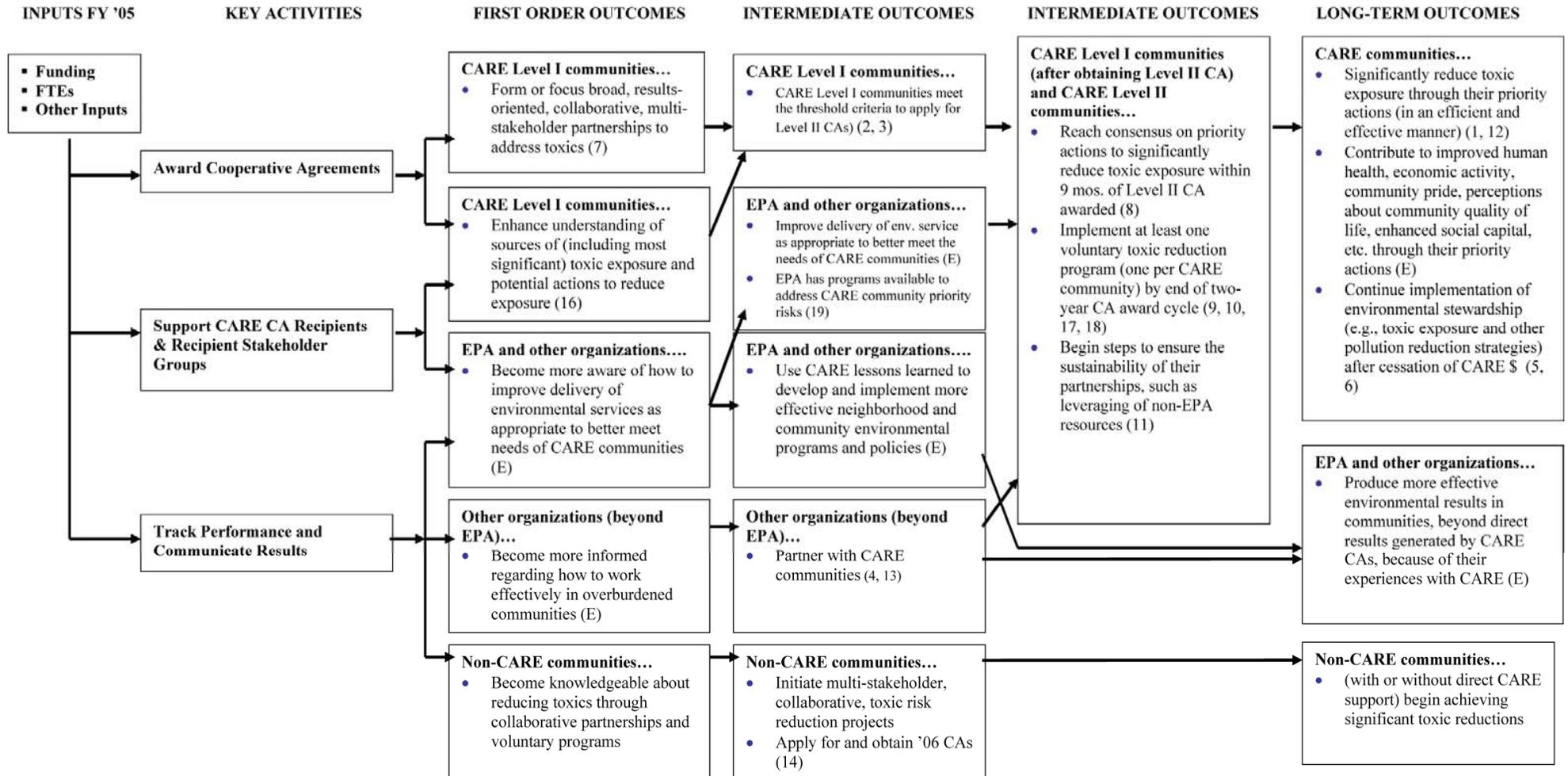
- CARE Logic Model;
- EPA Management Structure; and
- EPA CARE Resources for Grantees.

The CARE Program Logic Model describes how the demonstration program effort will function, as well as its intermediate and final outcomes (Figure 2-5). The Logic Model was developed before the Roadmap or first RFP, and states the basic participants, relationships, and activities of the CARE Program. The model served as a guide to help coordinate and focus the start up of the Program's demonstration effort, and continues in that purpose as CARE moves into the developmental phase. The Logic Model helps the CARE staff maintain the health of the demonstration's program framework and functions, and provides an additional benefit in that it functions as a communication tool for describing CARE to various EPA headquarters and regional staff.

Figure 2-5. CARE Program Logic Model

CARE Program Logic Model in Brief

**CARE Goal:** Enable overburdened communities to develop and implement locally-based solutions that will significantly reduce toxic exposure by 1) providing federal assistance to create, or enhance existing, self-sustaining community-based partnerships, analyze toxic exposure from local sources of toxics emissions, and leverage local toxic exposure reduction activities and 2) more effectively coordinating the delivery of EPA environmental services.



### **CARE Management Structure at EPA**

The CARE program is managed using a leadership matrix approach, which necessitates a great deal of attention from, and communication among, the senior management within the agency. The leadership matrix is how CARE manages its internal partnerships; CARE staff are spread across the national program offices and among headquarters and the regions. A matrix approach allows CARE to work across the programmatic silos and ‘pluck’ individual expertise from them. It also gives the CARE program agility in responding to challenges and opportunities, because it is not confined to its own programmatic borders. However, execution of a matrixed approach requires extensive commitments of both headquarters and regional staff time to serve on various inter-office committees and teams (see Figure 2-6). For example, in order to build a learning community at EPA, regular conference calls for project officers are held that cover topics that may be pertinent to Level I, or II, or both.

**Figure 2-6. CARE Matrix Management Teams**

**CARE Regional Teams (10):** Provide direct support to the community partnerships

- EPA Project Leaders/Officers: Work directly with partnerships to link them to regional resources. Most POs manage only one cooperative agreement on top of other duties.
- Regional Coordinators: Primary regional contact for CARE program.
- Multimedia support staff: Provide support to community partnerships as needed when requested by EPA project leaders.

**CARE National Teams:** Teams are organized to carry out national functions of program and staffed by regional and headquarters staff.

- Regional Coordination Team: Organizes regional participation and leadership of CARE.
- Grants Team: Maintains the CARE RFP and serves as the National Selection Committee that recommends CARE proposals to the selection official for funding.
- Outreach and Communications Team: Helps develop and publish outreach materials and organize events for CARE. Outreach to federal agencies, states, and private organizations to coordinate work with CARE and other communities.
- Tracking and Evaluation Team: Develops CARE program measures, quarterly progress report template, and tracks result from CARE projects.
- Training and Support: Identifies, develops, and provides training needed by CARE teams and CARE communities through 5 related workgroups focused on Level I Support, Level II Support, National Workshop, Facilitative Leadership and PO Training. Provide access to information and tools that teams and communities need to meet CARE goals.
- CARE Administrative Team: The central body that administers the program on a day-to-day basis.

#### **CARE Management/Leadership**

- Rotating Lead: CARE program Co-chairs are rotated among the National Program Offices
  - Office of Air and Radiation (OAR), and Office of Prevention, Pesticides, and Toxic Substances (OPPTS)
  - OPPTS, Office of Solid Waste and Emergency Response (OSWER):
  - OSWER, Office of Water (OW):
  - OW and OAR
- CARE Executive Team (Part of Innovation Action Council): Is a team made up of Deputy Assistant Administrators (DAAs) and Deputy Regional Administrators (DRAs). The Executive Team meets periodically to provide overall management and direction to the CARE Program. The core of the Executive Team is formed of the DAAs for the 4 National Program Offices (OAR, OPPTS, OSWER, OW) and a subset of the DRAs. Other key senior career managers are very actively involved in the Executive Team, including Office of Environmental Justice management, OCFO/OPAA management, OPEI/NCEI, and ORD management.

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The primary administrative team is the CARE Administrative Team (CAT), which is composed of senior EPA staff from the four national programs and additional ancillary offices. The CAT is managed by two national program co-leads, and is composed of a mix of EPA Regional office staff (3 CARE Regional Coordinators), CARE Team Leads, and other staff integral to program operations. In addition to the CAT, there is a Regional Coordinating Team, as well as: a Grants Team; a Tracking Team; a Communications Team; an External Liaison Team; and a Training and Tools Team (see Figure 2-7).

Leadership of the CARE program and the CAT rotates biennially among the four national program offices at EPA headquarters. This rotating leadership function is widely regarded as a key factor in CARE's internal adoption and is a true innovation at EPA. Each EPA program office has a stake in supporting CARE, since due to the rotation, it is clear that each office will have stewardship of the program at some point in the future. This awareness has created positive peer pressure among senior staff to ensure the program succeeds.

In the regional offices, regional coordinators (RCs) implement the CARE program. RCs are responsible for day-to-day management of the program in the regions, as well as oversight of the regional grant review process, leadership of CARE project officers,<sup>16</sup> and management of internal partnerships required to deliver technical assistance and support to grantees. Initially, most regional coordinators also served as project officers, but over the last few years, involvement of the RCs has shifted towards managing their regional CARE program and away from day-to-day involvement in managing individual grants.

Day-to-day management of CARE grants is the primary responsibility of an EPA project officer in conjunction with his/her regional coordinator. The CARE project officer is the primary link between EPA and the community partnership. She or he is the pivot point for receiving assistance requests, and for delivering appropriate, timely support. Project officers provide:

- Partnership support by working with the grantee on the best ways to conduct community outreach, communications, and maintenance of the community partnership;
- Program administration support through oversight of the cooperative agreement, reporting, accounting, and adherence to the negotiated workplan; and
- Identification and delivery of specific EPA, or other federal programs that can meet the needs identified by the partnership.

Grantees shared that the key to getting good technical assistance from EPA is having a savvy EPA project officer who is able to work across EPA programs.<sup>17</sup>

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<sup>16</sup> In most cases, the CARE regional coordinator is not the direct supervisor for CARE project officers in his/her region.

<sup>17</sup> National Academy of Public Administration Focus Group with FY05 CARE Grantees, 2007.

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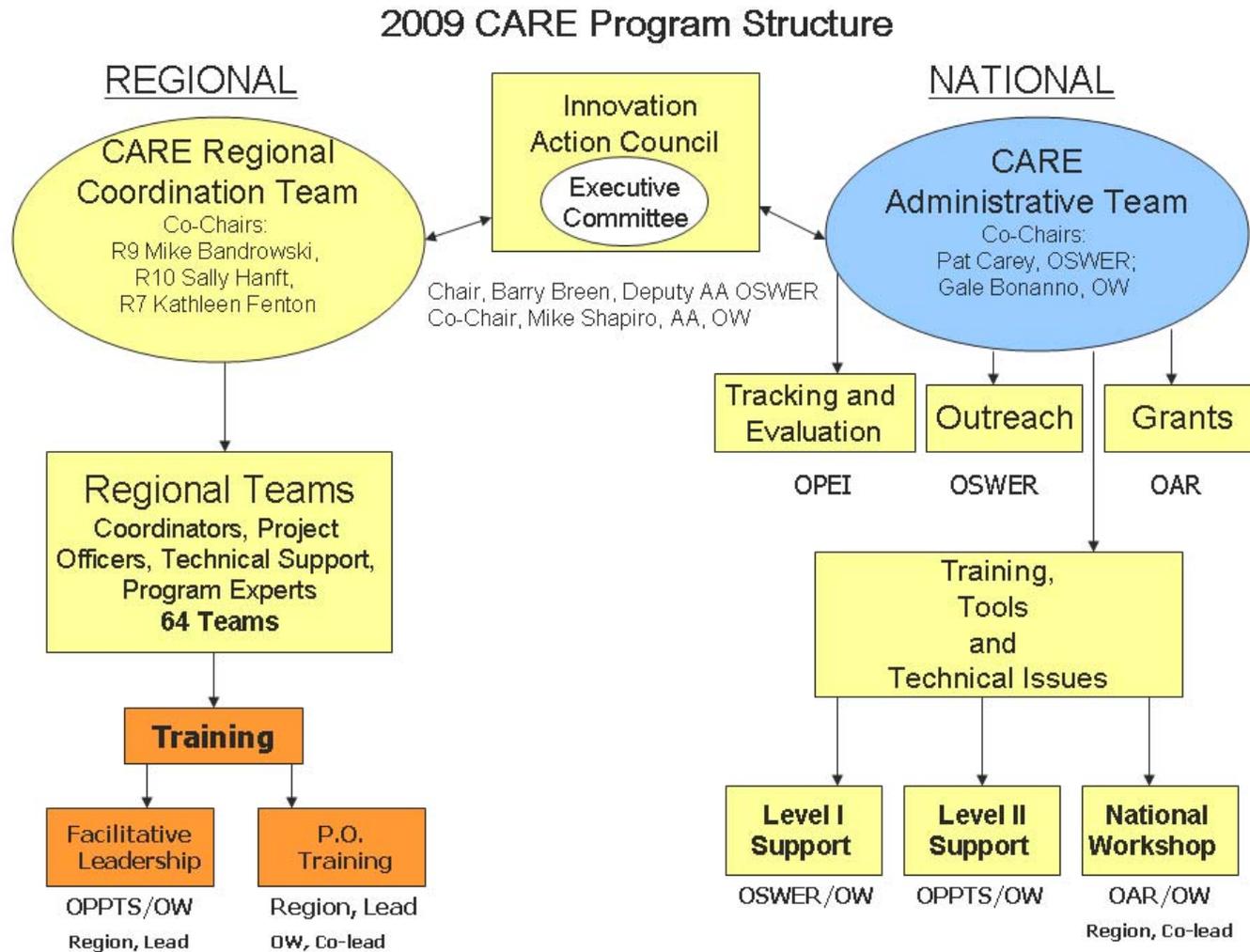
### **CARE Resources for Grantees**

CARE grants were designed as cooperative agreements that position EPA as an integral partner in a collaborative process. As described in the CARE RFP, EPA provides the following resources to CARE grantees:

*EPA Project Officer Support:* EPA assigns a regional project officer to work with the partnership and serve as the EPA representative in the partnership. The project officer is the primary point of contact for the partnership through which all support will be provided. The project officer is responsible for ensuring that the grantee is meeting the terms and conditions of their cooperative agreement, for providing technical assistance, and for providing support to complete the CARE Roadmap.

*CARE Program Support:* EPA provides information about EPA programs and support to help CARE grantees use the EPA programs they select. Level I and Level II grantees select programs that will help them meet their goals. The most commonly selected EPA programs are the Brownfields Assessment Program, Healthy Homes: Assessing Your Indoor Environment, Indoor Air Quality (IAQ) Tools for Schools, the Clean Diesel Campaign, Community Based Asthma Programs, and Design for the Environment (DfE).

Figure 2-7. CARE Matrix Management Structure



*EPA Technical Support:* EPA provides regional technical advisory staff who work directly with the collaborative partnership. These individuals provide scientific information (such as access to data and pollution distribution models, and technical support on how to administer the CARE grant); advise on building a collaboration/coalition and conducting outreach to communities; and assist communities in identifying, ranking and reducing risks. If specific regional resources are not available, EPA can provide expertise through its Centers for Disease Control-Agency for Toxic Substances and Disease Registry (CDC-ATSDR) partners or through internal technical support contracts, including just-in-time facilitation support and Technical Assistance Service for Communities (TASC).

*CARE National Training Workshop:* CARE grantees are required to budget for, and attend an annual, multi-day CARE training in each year of the grant. The workshop is the primary training event for both community grantees and EPA CARE staff, and is planned jointly by a team of CARE staff and grantee communities (50/50 respectively). Presentation of the workshop is also shared, with grantees playing a primary role as workshop facilitators and presenters. The workshop is an annual opportunity to bring the entire CARE grantee community together to share experiences and learn from one another.

*Training Opportunities:* CARE, as funding allows, occasionally provides opportunities for training on skills and topics relevant to CARE grantees. For example, EPA organized two training workshops on facilitative leadership for CARE project officers and grantees in late 2007, and early 2008. The training served as both a capacity-building exercise and professional development opportunity.

*CARE Community Network:* All CARE communities are networked together through the *CARE Connection* listserv, conference calls, and the Environmental Science Connector (a shared electronic workspace) to allow for sharing of information, support, and problem solving.

## **Conclusion**

The CARE Request For Proposals, Roadmap, and Logic Model, respectively provide the basic responsibilities for the grantee partnership, requirements for the process, and description of how the CARE program is to be administered. These documents represent the bulk of CARE's written guidance. The next section describes the program's achievements thus far in each of these areas.

## SECTION 3

### THE CARE EVALUATION FRAMEWORK AND BASELINE DATA

Rigorous program evaluation requires the analysis of outcomes. In the context of the CARE program, outcomes are measured when partnerships have completed their grant work *and* when CARE internal leadership has rotated among all four EPA program offices. Because few grantees have completed their work, and one of the four program offices<sup>18</sup> has not yet led the demonstration program, a summative evaluation of CARE would be premature at this point. However, a substantial amount of data has been collected throughout the program's demonstration period that warrants reporting and analysis, which offers insight and identifies areas for improvement as CARE continues to develop. This section discusses the outcome measures that were defined early in the CARE demonstration, and the baseline data that was captured in support of those measures.

#### **The Evaluation Framework**

In early 2007, the Academy Panel and EPA CARE staff worked together to develop a summative evaluation methodology for the CARE demonstration program. The methodology focused on EPA's administration of the entire CARE program, rather than an analysis of individual local CARE projects. The methodology also sought to establish a set of baseline data measures to assess ultimate performance of the demonstration. Along with the assistance of a skilled facilitator, the Academy Panel and EPA CARE staff developed a list of seven (7) critical evaluation factors. The measures applied to grantees at different stages of participation, and included an internal measure of EPA performance. The seven critical evaluation factors are:

#### *Factors relating to Roadmap Process*

1. Multi-Sector Consensus on Toxic Priorities (Level I)
2. Multi-Sector Pursuit of Risk Reduction Strategies (Primarily Level II)
3. Sustainability of Multi-Sector Partnerships (Primarily Level II)
4. Risk Reductions Achieved by the Multi-Sector Partnership (Primarily Level II)

#### *Factors relating to Program Administration (Technical Support)*

5. EPA CARE Technical Assistance to Grantee Communities (Level I and Level II)
6. Dissemination of Experiences—Best Practices (Level I and Level II)
7. Continuous Improvement at EPA (Internal to EPA)

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<sup>18</sup> Office of Air and Radiation; Office of Pollution, Pesticides and Toxic Substances; Office of Solid Waste and Emergency Response; and Office of Water.

These evaluation criteria focus on the major points of interaction between grantee partnerships and EPA staff. Factors 1, 2, 3, and 4 are significant outputs of the CARE Roadmap process where EPA is a partner, but where the community partnership has direct control of the outputs. Factors 5, 6 and 7 are major grantee support activities where EPA has direct control of the outputs.

### **Baseline Data Sources**

Under the Panel's direction, National Academy staff undertook extensive research to gather both qualitative and quantitative data around these seven critical evaluation factors. Academy staff reviewed the following documents in this assessment:

- CARE Program fact sheets;
- Historical briefings and PowerPoint presentations;
- CARE Logic Model and Narrative;
- CARE Program Performance Measures (*draft*)
- Organization and responsibilities charts;
- Performance measures development process;
- Performance management plan;
- Charter RFP Process;
- CARE Grants Requests for Proposals 2005-2009;
- Community profiles and cooperative agreements;
- Grantee quarterly progress reports;
- *Community Guide to EPA's Voluntary Programs*;
- *Resource Guide*;
- *CARE Roadmap*;
- *National Conference Calls on 2007 RFP, definition of "Sustainable Partnerships," and definition of "Community Driven"*;
- CARE Regional Support matrix;
- Draft Programs of Interest to CARE Communities by Region matrix; and
- Sustainability Checklist.

The Academy gathered additional information through the following mechanisms:

- Discussion and survey with CARE Regional and Headquarters staff immediately prior to the 2007 CARE National Training Workshop (CARE Workshop);
- Focus group with CARE FY05 grantees at the CARE Workshop;

### Section 3: CARE Evaluation Framework and Baseline Data

- Panel Discussion with CARE grantees at the 2008 CARE Workshop;
- General sessions and individual discussions with grantees at the CARE Workshop;
- Review of FY05 and '06 CARE grantee quarterly reports;
- Review of FY05 CARE grantee final reports;
- CARE Administrative Team summary tables;
- CARE Project Officer Training (Washington DC, June 2007);
- Facilitated Leadership workshop (Dallas TX, January 2008);
- Telephone interviews with nine CARE Regional Coordinators (two years);
- *CARE Project Officer Survey Results: Understanding Resource Needs of Level II Grantees*, EPA's Office of Research and Development, 2008;
- *Recommendations for Next Steps for Support on CARE Level I Projects*, CARE Level I Support Steering Committee, 2008;
- *2007 Level II Needs Assessment—Table 1 and 2*;
- *Evaluation of Community Based Environmental Protection Projects: Accomplishments and Lessons Learned (March 2003)*;
- *Towards and Environmental Justice Collaborative Model: An Evaluation of the Use of Partnerships to Address Environmental Justice Issues in Communities (January 2003)*;
- *Towards an Environmental Justice Collaborative Model: Case Studies of Six Partnerships Used to Address Environmental Justice Issues in Communities (January 2003)*;
- *Evaluation of the Tribal General Assistance Program (May 2007)*; and
- *Evaluating the Effectiveness of the Targeted Watersheds Grant Program*.

### RESULTING DATA SET

While there are a great number of data sources, there remains a shortage of quantitative performance data to accurately assess the 7 critical evaluation factors because the CARE demonstration program is still in its early stages. At the time of this writing, only twelve grantees have completed their 24-30 month Level I or Level II grant—representative data simply are not available for several of the critical evaluation factors. Specifically, evaluation factors 2, 3, and 4 have not yet produced sufficient data for analysis from which to draw definitive conclusions. However, data that provide some insight into evaluation factors 1, 5, 6, and 7 are available. These data, combined with Panel insights on research and analysis conducted to date, inform several observations, which are highlighted as “themes” in this section.

**Evaluation Factor 1:  
Multi-Sector Consensus on Priorities (Level I)**

Overview: EPA helps community partnerships achieve consensus agreement on a priority list of toxics as a partner of the community and as a grant administrator. The EPA project officer and regional technical staff stand ready to support grantees as they complete the Roadmap. This factor specifically involves the Roadmap steps of multimedia toxics screening, risk ranking, and prioritization for action.

There are three basic tests for determining whether communities have achieved a multi-sector consensus on toxic priorities:

1. Has the CARE grantee established an appropriately inclusive multi-sector partnership that includes local government, business, organizations, and residents?
2. Has the CARE partnership investigated and documented toxics across all EPA program offices and their impact on the community?
3. Has the CARE partnership agreed upon a priority list of toxics to address through a consensus decision-making process?

***Themes in the Data***

- Maintaining the Partnership
- Risk Screening Expectations and Support
- Achieving Consensus on Priorities

*Maintaining the Partnership.* Grantees' reports and feedback from EPA project officers indicate that all Level I CARE communities have made and are making a good faith effort to build broad-based partnerships. Level I grantees are reaching out to the major players in their communities to participate, including local community members, business leaders, and government representatives. Communities show significant variation in potential partners' response to invitations to participate and in the consistency of partners' participation in the local CARE collaborative. Grantees report that local business is often the least active in the partnership, and that simply persuading a local business leader to agree to meet with community members or to attend a CARE meeting is a major accomplishment, as both the Port of Philadelphia and the West Oakland (Level II) communities can attest.

**REDUCING TOXIC RISKS IN THE  
COMMUNITY OF PACOIMA BEAUTIFUL  
(Level I) 2005**

***About the Partnership.*** Pacoima Beautiful (PB) was founded in 1997 by five residents in a bi-lingual, majority Hispanic community near Los Angeles. Since then, PB built up its partnership to include more than 150 organizations from within and outside the community, in addition to local residents. Faced with multiple pollution sources from freeways, a railroad line, an airport and over 300 industrial facilities, the partnership prioritized multiple toxics present in the community. PB received a CARE Level II grant in 2007 to pursue reductions from two of their prioritized toxic sources: automotive shops in targeted areas, and diesel emissions from trucks and buses.

***Actions.*** PB collected baseline data from both regulated (permitted) and unregulated automotive shops, and used that data to inform an educational campaign aimed at those businesses, sharing better environmental management practices. Additionally, PB collected baseline data on diesel emissions by documenting the volume and traffic patterns of trucks and buses in residential areas.

***Successes.*** PB's involvement in CARE has resulted in successes measured both in environmental results, as well as benefits to the partnership. The CARE model has contributed to the sustainability of the partnership, which continues to thrive, and has secured additional funding partners and a CARE Level II grant to support its short and long term goals.

All CARE grantees experienced attrition of partners over the course of their projects, as both community members and business partners tend to come and go. Completing a Level I grant is a long planning process with few opportunities to achieve and celebrate victories. As a result, most CARE projects continuously recruit new volunteers in an effort to maintain a representative multi-sector partnership.

*Observation:* CARE communities have made progress in the time- and resource-consuming effort of developing and maintaining good partnerships.

*Risk Screening.* Based on questionnaire responses by grantees and EPA project officers, assistance with the risk-screening step of the CARE Roadmap is one of the top four areas of help requested.<sup>19</sup> This is not surprising given that the field of comparative risk assessment is very complex and still relatively young; EPA does not have a standard approach for conducting cumulative risk assessments. In the 2009 RFP, with strong encouragement from the Panel and the then-CARE Chair, the CARE program clarified that the grantees were not expected to undertake a rigorous quantitative risk screening, but to complete a thorough qualitative screening.

EPA staff acknowledge how important it is for CARE staff to spend more time in communities to help with this difficult step. However, the availability of CARE staff that are professionally trained in risk screening or risk assessment is very limited. Some CARE communities have secured risk screening help from universities, health departments, or other partnerships, but this is not the norm.

*Observation:* Support for risk screening is an area of the CARE demonstration program that continues to need focused attention. CARE should consider using the program's national scope to pool technical expertise from among the regions to support grantees.

*Achieving Consensus on Priorities.* So far, experience indicates that CARE communities are achieving broad-based consensus about what toxics should receive priority attention for corrective action. Some have had more difficulty than others. In an effort to garner community support for their CARE partnerships, one

MUSKEGON COUNTY ENVIRONMENTAL  
COORDINATING COUNCIL (Level II) 2005

**About the Partnership.** The Community Environmental Health Assessment Team (CEHA) includes 27 community stakeholders from the Muskegon County area. They identified several toxics present in their environment, including air pollution from coal burning power plants, mercury in fish from Lake Michigan, lead paint in homes, and water contamination from pesticides and fertilizers.

**Actions.** The CEHA partnership conducted outreach and awareness efforts to educate citizens in avoidance of these environmental risks. Examples of their activities included lead abatement in homes; teaching of proper food handling of Great Lakes fish targeted specifically at women of childbearing age, children and non-English speaking residents; and community education on safer fertilization techniques.

**Successes.** The CEHA reported environmental impacts in terms of reductions in exposure to mercury in locally caught fish, air contaminants, and lead. The partnership has long-term plans, however, and sees their involvement in CARE as just the beginning of a sustained, successful community partnership. They attribute CARE with providing them with the ability to maximize their efforts in both attracting more members and in expanding the breadth of their community outreach.

<sup>19</sup> The four top areas for which assistance was requested are Outreach, Collaboration/Coalition Building, Grant Administration, and Risk Assessment.

community group has reframed its environmental issues as “health” issues to overcome negative perceptions associated with “environmental” projects. For example, mountaintop mining is one issue where a CARE grantee encountered resistance because some in the community feared that pressuring the mining company could cost them jobs. Yet, all of the FY05 Level I grantees that completed their projects and submitted their final reports were able to bring their partnerships to consensus on what toxics should be addressed in a Level II grant.

*Observation:* Completion of a Level I grant is a significant challenge, but is being met by the CARE community partnerships.

**Evaluation Factor 2:  
Multi-Sector Pursuit of Risk Reduction Strategies (Primarily Level II)**

Overview: Grantees receiving a Level II grant are expected to produce measureable toxic reductions in their community by using EPA partnership programs or any other support the partnership can bring to bear on their list of priority toxics. This evaluation factor primarily applies to Level II grantees, however the CARE demonstration program encourages both Level I and Level II grantees to take advantage of opportunities to improve environmental conditions at any point in the CARE Roadmap. As a general rule, CARE promotes a bias for action.

Although only 4 Level II projects have been completed to date, it is clear that CARE community partnerships are pursuing a wide range of risk reduction strategies.<sup>20</sup> In 2007, halfway through CARE’s demonstration period, a survey was conducted of CARE Level II project officers. The survey revealed that “educational outreach was a primary venue through which mitigation occurred. Education outreach serves as a ‘jumping board’ from which community members are able to become more involved in the mitigation process.”<sup>21</sup>

CARE Level I and Level II grantees are taking advantage of multiple EPA programs, and most grantees are engaging in more than one program at a time to reduce toxics and toxic risk in their communities. The most commonly selected EPA programs are the Brownfields Assessment Program; Healthy Homes: Assessing Your Indoor Environment; Indoor Air Quality (IAQ) Tools for

**EARTH KEEPERS, MARQUETTE, MICHIGAN  
(Level II) 2006**

*About the Partnership.* In 2004, the Central Lake Superior Watershed Partnership (CSLWP) helped establish the Earth Keepers. Participants included faith-based organizations, representatives from the environmental sector, industry, government, human health, business, recreation, academia, tribal organizations and non-profits. The partnership sought to develop community education and outreach materials to address the issues of pharmaceuticals, household hazardous waste, e-waste, mercury and toxins from household burn barrels.

*Actions.* In 2006, the Superior District Dental Association signed an agreement to encourage their participating dentists to install mercury amalgam separators to separate the mercury from dental wastewater. Over 30 dentist offices in the Marquette area did so. Once the mercury is separated out it can then be properly disposed of at the local hazardous waste recycling facility.

*Successes.* As a result of this action the Marquette Waste Water Treatment Plant has seen a 19 percent (Fall 2008) reduction in mercury in the effluent going to Lake Superior. The partnership continues to thrive and pursue a number of efforts to reduce pollution in the Superior Watershed.

<sup>20</sup> Muskegon, MI; Rochester, NY; Grace Hill Settlement House, MO; Groundwork Denver, CO.

<sup>21</sup> “CARE Project Officer Survey Results: Understanding Resource Needs of Level II Grantees.” Barzyk, TM and KC Colon. Presented at the CARE National Training Workshop, Atlanta Georgia, 2007.

Schools; the Clean Diesel Campaign, Community Based Asthma Programs; and Design for the Environment (DfE).

*Observation:* During this initial phase, CARE communities have chosen to implement more air-toxics than other EPA partnership programs. The Office of Air and Radiation was the first to chair CARE and has had the full duration of the CARE demonstration to integrate its programs. The Panel expects that as leadership of CARE moves through the program offices, that additional programs and support will be integrated. For example, the OPPTS leadership has successfully integrated its Design for the Environment programs, and OSWER is integrating its Technical Assistance Services for Communities (TASC) contact into CARE.

**Evaluation Factor 3:  
Sustainability of Multi-Sector Partnerships (Level II)**

CITIZENS FOR CLEAN AIR IN PUEBLO  
(Level I) 2006

**About the Partnership.** Since its founding in 2000, the Citizens for Clean Air in Pueblo (CCAP) partnership has advocated for high standards of air and water quality in Pueblo and Southern Colorado. With an economy historically based on heavy industry, Pueblo's citizens, largely minority and low income, bear a large portion of Colorado's output of lead, mercury, and other toxic pollutants. CCAP is the recipient of a Level I CARE cooperative agreement with the EPA.

**Actions.** CCAP seeks to inform the public on impacts to air and water quality from existing and proposed enterprises, and to promote informed decision-making on environmental policies in the community.

**Successes.** The partnership formed for the CARE project and includes a cross-section of citizen groups, industry, and government groups. This partnership is developing an inventory of toxic exposures to Pueblo's citizens, and determining which of these should head the priority list for immediate reduction. Through CCAP, 120 buses were retrofitted, reducing in-cabin emission concentrations by 50%, reducing carbon monoxide by 120 tons/year, and reducing hydrocarbons by 13 tons/year. Pre-heaters were installed on 80 buses, reducing fuel consumption by 25,000 gallons/year with attendant reduction in emissions.

**Overview:** Fully realized community partnerships developed through the CARE Roadmap will have the capability to seek additional funding to improve environmental conditions after the CARE funding ceases.

At this time, results are not available to address this evaluation factor. CARE is in its fifth year of implementation. Of the twenty-four Level II CARE grants issued since CARE was established, four grantees have completed the CARE process. It is too soon to evaluate their long-term sustainability because most have completed their grants within the last 2 years.

Deciphering how to measure progress as grantees move towards sustainability during the grant period is a challenge. Similarly, there are difficulties associated with documenting the achievement of sustainability when it occurs well outside of the grant period. Within EPA, much of the discussion about sustainability has revolved around "what" is to be sustained and how it can be measured after the period of performance has ended. In the fall of 2008, CARE staff proposed a draft *Sustainability Checklist* to help grantees and project officers begin clarifying the meaning of "sustainable." The checklist offers multiple factors to meaningfully measure sustainability for CARE communities.

The Panel notes that at present the definition of

“sustainability” requires further clarification. The current definition is unfocused, and refers primarily to the lasting capability of the original partnership. In the course of its discussion, the Panel has suggested the following definition for sustainability: “*the CARE process will develop long-term environmental expertise at the community level.*” This definition shifts the focus from the number of specific *projects* that are sustainable to the number of *CARE communities* that have developed and maintained long-term environmental expertise. This shift from a project-specific output measure to a learning and capacity outcome allows EPA to measure several aspects for success.

The focus on sustainability as an outcome should be modified to include a focus on building communities with environmental expertise. Metrics to capture this new outcome would focus on what maintenance of environmental expertise looks like in a community, including:

- Diversified Funding Sources supporting environmental efforts in the community;
- Presence of Organizational Elements in the CARE community partnership such as organization structure, governance, staffing, and written guidance that predict longer-term stability; and
- Retention of core aspects of the CARE partnership, process, and partners, with those aspects being that the
  - Existing Partners remain active
  - Partnership Structure remains cohesive
  - CARE process continues with or without new partners.

Many of the metrics suggested here are already identified in the *Sustainability Checklist* and could easily be re-contextualized to support the outcome of long-term, community-based environmental expertise.

*Observation:* The current definition of sustainability focuses on what a long-term CARE partnership would look like. This definition, however, fails to capture “why” sustainability is important, nor does it focus on long-term, community based environmental expertise as the principle outcome. Evaluating “success” with regard to how well communities establish expertise will require multiple forms of measurement that are applied in flexible ways.

**Evaluation Factor 4:  
Risk Reductions Achieved (Primarily Level II)**

Overview: One of the three goals of the CARE demonstration program is to improve the quality of life in over-burdened and over-exposed communities where federal environmental regulation has not been effective. The expectation is that the CARE community partnership can and will measurably improve environmental conditions and health through the Roadmap process.

At this time, uniform results are not available that support this evaluation factor. Measuring the benefits that accrue from reducing multimedia, area-source toxics or exposure to them is very difficult. In addition, the sample of grantees who have completed the demonstration program is small (11 of 69, or 15 percent of all grantees), and of those 11, their results are idiosyncratic to

**Table 3-1. Examples of Outputs and Outcomes Achieved by CARE Community Partnerships**

<b>CARE COMMUNITY PARTNERSHIP <i>OUTPUTS</i></b>
<b>Grace Hill, MO (Level II) 2005</b>
<ul style="list-style-type: none"> <li>• All 88 St. Louis public schools signed up for No Idling Zones.</li> <li>• Distributed 1,348 bottles of environmentally friendly surface cleaners, which users substituted for harsher commercial cleaners. Use improves indoor air.</li> </ul>
<b>Marquette, MI (Level II) 2006*</b>
<ul style="list-style-type: none"> <li>• Over 30 dental offices voluntarily installed mercury amalgam separators.</li> <li>• Collected one ton of pharmaceuticals including about \$500,000 worth of narcotics from approximately 2,000 people during the April 21, 2007 Earth Day “Clean Sweep.”</li> </ul>
<b>NE Denver, CO (Level II) 2005</b>
<ul style="list-style-type: none"> <li>• 200 home visits in 7 neighborhoods</li> <li>• 1600 community members reached</li> <li>• 2092 youth engaged over the course of the grant</li> <li>• 8 Tools for Schools Audits performed. 92 students involved in the audits</li> <li>• 104 businesses visited</li> <li>• Input developed for Small Area Plan for impacted neighborhoods</li> <li>• 40 potential brownfields sites identified</li> </ul>
<b>Rochester, NY (Level II) 2005</b>
<ul style="list-style-type: none"> <li>• 21 home indoor environment evaluations</li> </ul>
<b>Community Assist of Southern Arizona (Level II) 2006*</b>
<p>CASA completed a total of 1,991 home visits. During those home visits <i>promotoras</i>:</p> <ul style="list-style-type: none"> <li>• Conducted 5,097 tests of items for lead; 230 of the tests were positive. The visiting <i>promotora</i> provides a form that explains what the family should and should not do with the item.</li> <li>• Referred a total of 71 families to the City of Tucson Lead Hazard Control Program, 29 families to St. Elizabeth’s Health Center for asthma care and 49 families to St Elizabeth’s for blood lead testing.</li> <li>• Distributed 500 smoke detectors</li> <li>• Gave out vouchers for a total of 526 trees</li> </ul>
<b>Pueblo, CO (Level I) 2006*</b>
<ul style="list-style-type: none"> <li>• Tested 200 homes for radon</li> <li>• Installation of storm-water diversion barriers to protect low-lying EJ community</li> <li>• Removal of Polycyclic Aromatic Hydrocarbon (PAH) source material (gases and solids from creosote-treated materials)</li> </ul>
<b>CARE COMMUNITY PARTNERSHIP <i>OUTCOMES</i></b>
<b>Grace Hill, MO (Level II) 2005</b>

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<ul style="list-style-type: none"> <li>• As a result of No Idling Zones, EPA estimates 224,000 gallons saved, 1,102 tons nitrous oxides (Nox), 29 tons particulate matter (PM), and 2,491 tons carbon dioxide (CO2), totaling \$785,610 in costs saved.</li> <li>• A coal distributor improved practices to cut down on fugitive emissions. Between Oct. and Dec. 2007, the maximum monitored 24-hour PM10 concentration decreased from 188 ug/m<sup>3</sup> to 47 ug/m<sup>3</sup>.</li> <li>• A pharmaceutical company installed an additional scrubber/new filters thanks to project's interactions with the company.</li> </ul>
<b>Marquette, MI (Level II) 2006*</b>
<ul style="list-style-type: none"> <li>• The Marquette wastewater treatment plant measured a 19% decrease in mercury discharged to Lake Superior.</li> <li>• 320 plus tons of E-waste collected, recycled, and properly disposed.</li> </ul>
<b>NE Denver, CO (Level II) 2005</b>
<ul style="list-style-type: none"> <li>• 300 smoke-free pledges obtained</li> <li>• 10,320 pounds CO2 reduced due to porch light bulb change-out</li> <li>• 2 businesses changed practices as a result of business visits</li> </ul>
<b>Rochester, NY (Level II) 2005</b>
<ul style="list-style-type: none"> <li>• Lead hazards reduced in 51 housing units</li> <li>• 15 diesel trucks, which deliver food items to schools, were retrofitted</li> </ul>
<b>Community Assist of Southern Arizona (Level II) 2006*</b>
<ul style="list-style-type: none"> <li>• 100% of the families found to have lead containing items in their homes have agreed to participate in voluntary childhood lead poisoning prevention strategy.</li> <li>• Over 75% participation in a voluntary pollution prevention program for all industry sectors of concern. Participation is defined as a successful referral to a business assistance organization, attendance at a pollution prevention workshop, and/or implementation of best environmental management practices.</li> <li>• Retention of <i>promotoras</i> who still live in Tucson in the program during the grant period is 100%.</li> </ul>
<b>Pueblo, CO (Level I) 2006*</b>
<ul style="list-style-type: none"> <li>• Number of homes with radon reducing features as a result of project work: 20 (estimated.)</li> <li>• 120 school and municipal buses retrofitted. Reduced in-cabin emission concentrations by 50%. Reduced carbon monoxide (CO) by 120 tons/year. Reduced hydrocarbons by 13 tons/year.</li> <li>• Pre-heaters installed on 80 buses, reducing fuel consumption by 25,000 gallons/year with attendant reduction in emissions.</li> </ul>
<i>*these partnerships are still working on their grants and are expected to build upon the outputs and outcomes listed in this table.</i>

their communities, difficult or inappropriate to aggregate, and include a combination of measures and estimates of actual risk reductions. See Table 3-1 for examples of toxics reductions reported.

CARE partnerships have changed their environments by reducing pollution in their communities; a few CARE communities together have also had national impact. Examples of toxic reductions achieved as a result of CARE include:

- The Grace Hill Settlement House Partnership (St. Louis, MO) successfully passed a resolution for the St. Louis City Public Schools to become idle-free district-wide. EPA estimates that reduced idling by school buses at these 88 schools will result in over 224,000 gallons of gas savings; 1,102 tons of nitrous oxides (Nox) eliminated; 29 tons of particulate matter (PM) avoided; and 2,491 tons of carbon dioxide (CO<sub>2</sub>) prevented at a cost savings of \$785,610. This process is catching on and other school districts are interested in duplicating the effort.
- The Lake Superior Watershed Partnership (Marquette, MI), with the state Dentistry Association, convinced over 30 dental offices to voluntarily install mercury-amalgam separators. The result was a 19 percent decrease in the amount of mercury discharged from Marquette's waste-water treatment plant into Lake Superior. The success in Marquette also has led to a state-wide rule to require mercury amalgam separators in dentist's offices as well as a Memorandum of Understanding between U.S. EPA and the American Dental Association. The outcome is that less mercury in the environment results in less mercury poisoning from edible fish and improves overall water quality.
- The Sonora Environmental Research Institute (Tucson, AZ) was successful in promoting environmentally responsible practices in local auto-body shops. Forty-nine percent of the auto-body shops visited agreed to participate in a voluntary reduction program, resulting in an estimated decrease of 2,400 to 12,200 pounds/year of solvent emissions.
- The Boston Public Health Commission Partnership (Boston, MA) was successful in convincing three auto-body shops to switch to water-based products. For the other approximately 150 shops that had been inspected and received training, data show the following: there was a 28 percent increase in the labeling of waste area

HEALTHY AIR FOR NORTHEAST  
DENVER (Level II) 2005

**About the Partnership.** The Healthy Air for Northeast Denver (HAND) partnership sought to improve air quality in their 20-square mile region through a voluntary, collaborative effort. Awarded a CARE Level II grant in 2005, the "Groundwork Denver" effort of HAND began its work with approximately 30 partners from government, nonprofit agencies, neighborhood associations and local industry.

**Actions.** The partnership focused considerable effort on outreach and education to reduce toxics from multiple sources. The HAND effort engaged in seven separate outreach and education activities in its community.

**Successes.** In addition to raising public awareness and action around specific environmental issues, the CARE model served as a catalyst for this partnership to attract new members and identify new opportunities for environmental improvements in their community.

containers, a 20 percent increase in the proper labeling of waste oil, anti-freeze, paints and solvents, and a 16 percent increase in labeling and closing of lids for solvents and parts cleaners.

Together, the CARE program created a synergy among grantees working to address environmental and health issues associated with auto-body shops. EPA's Design for the Environment program developed water-based solvent substitutes, and EPA's Office of Air and Radiation asked CARE communities to share and review a national rule for regulating local auto-body shops emissions of toxic solvents.<sup>22</sup> In this example, the outcomes were: improved environmental conditions in the auto-body shops themselves, improved conditions in the adjacent neighborhoods, and a national rule to help other communities reduce the impact of auto-body shops on their health.

### Measuring Results

In 2005, the EPA Order on "Environmental Results under EPA Assistance Agreements" was issued. The Order lays out a policy for measuring environment outputs, interim outcomes and end outcomes. The order defines an outcome as "the result, effect or consequence that will occur from carrying out an environmental program or activity....Outcomes may be environmental, behavioral, health-related or programmatic in nature, must be qualitative, and may not necessarily be achievable within an assistance agreement funding period."

The CARE Logic Model and Program Performance Measures appears to be in-line with the definitions described in the EPA Order. However, some of the most important impacts of the program are interim outcomes that will, in most cases, not be achievable within the grant-agreement funding period. The following example from the Order has direct relevance to the CARE program, "reductions in pollution emissions may be viewed as an intermediate outcomes to measure progress toward meeting or contributing to end outcomes of improved ambient air quality and reduced mortality from air pollution."

Further attention and modification of how EPA approaches this evaluation factor are warranted. The challenge is developing some shorter-term metrics that include some outputs to help track the program's progress toward intermediate and final outcomes that may not be achievable within the funding period. Given the idiosyncratic results across communities, the Panel encourages EPA to track a group of indicators that include activities, outputs and outcomes to capture the full range of efforts being undertaken by the grantee communities and EPA.

*Observation:* CARE needs to gather data at the output level, to produce a more timely and illustrative picture of the program's activities and accomplishments.

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<sup>22</sup> National Emissions Standard for Hazardous Air Pollutants: Paint Stripping and Miscellaneous Surface Coating Operation at Area Sources.

**Evaluation Factor 5:  
EPA CARE Technical Assistance to Grantee Communities**

Overview: EPA’s primary function as a partner in the cooperative agreement with a community partnership is to offer technical assistance to help the partnership achieve its goals. EPA’s technical assistance spans the process, partnership, and programmatic elements of the CARE demonstration. The CARE project officer is responsible for providing Roadmap process support for completing the multimedia risk screening, ranking, and prioritization activities of the Level I grant and the coordination of the partnership programs in Level II grants. The project officer provides partnership support by working with the grantee on the best ways to conduct community outreach, communications, and maintenance of the multi-sector partnership. The CARE project officer provides program administration support through oversight of the cooperative agreement, reporting, accounting, and adherence to the negotiated workplan. The impact of CARE technical assistance cascades through every aspect of the CARE demonstration program.

**Themes in the Data**

Five main themes emerged from the baseline data around technical assistance:

- Types of Assistance Most Often Sought by Grantees and Delivered by EPA
- Levels of Assistance Provided to Grantees
- EPA Mechanisms for Delivering Assistance
- Availability of EPA Assistance Support
- Project Officer Technical Assistance Skills

***Types of Assistance Most Often Sought by Grantees and Delivered by EPA***

Intensive technical assistance to grantees is a primary feature of the CARE program. At the 2007 National Training Workshop, CARE staff and FY05 grantees were both asked to list the types of technical support they gave and received.<sup>23</sup> This inquiry was repeated at the 2008 National Training Workshop with CARE staff and Level I and Level II grantees. The data consistently show that CARE project officers are called upon to provide technical assistance on the following:

- Outreach—how to develop community interest around, and participation in the CARE partnership
- Collaboration/Coalition Building—how to build and operate the community partnership
- Grant Administration—how to meet the CARE grant requirements and timelines

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<sup>23</sup> National Academy of Public Administration Focus Group with EPA CARE staff. National Training Workshop, Atlanta Georgia, 2007; National Academy of Public Administration Focus Group with FY05 CARE grantees. National Training Workshop, Atlanta Georgia, 2007.

- Risk Assessment—how to complete CARE Roadmap steps 5, 6 & 7

*Observation:* These are the primary points of interaction between grantees and CARE staff, and illustrate the key skill sets needed by project officers to be effective.

### ***Levels of Assistance Provided to Grantees***

Looking across all the CARE grantees, some are heavily reliant on EPA for technical assistance, while others, such as the Tucson, AZ and Pacoima, CA grantees, have been able to turn to their own qualified community partners, including health departments, universities, state environmental agencies, or others.

As the number of CARE grantees has grown from 12 to 29 to 49 to almost 60, the sum of grantees' need for technical assistance has increased correspondingly. The nature and extent of technical assistance resources available to CARE grantees varies by EPA region. For example, Region 9 has a very formal organization structure to support grantees that includes two air risk assessors available to help CARE communities rank risks, and Region 5 designates at least one technical advisor to support each CARE grantee, in addition to the project officer. However, such structured relationships for technical support do not exist in most regional offices.

*Observation:* EPA's informal structure for delivering technical assistance is a risk for the program, given the growth in the number of grantees and their varying needs for technical assistance.

### ***EPA Mechanisms for Delivering Assistance***

Technical assistance is primarily provided by the project officer or the regional coordinator. Additional assistance and training is offered to both EPA staff and grantees at the annual National Training Workshop (2005-2008), the New Project Officers' Training (2007, 2008), and other skills development training such as Facilitative Leadership trainings (2008, 2009).

*Observation:* EPA is supporting project officers and grantees with trainings that cover the four major types of technical assistance sought by grantees and offered by EPA staff.

### ***Availability of EPA Assistance Support***

Providing appropriate technical assistance is the responsibility of project officers and regional coordinators. It falls on them to navigate the agency's resources to identify and procure relevant support for their grantee communities. If an EPA project officer cannot meet a grantee's technical assistance request, he or she will ask someone in the appropriate program office to assist as needed. The majority of the regions respond to technical assistance requests on an ad hoc basis; regional coordinators stated that neither they nor their project officers have had problems getting volunteer support from the relevant EPA program offices.

Over the last year, the CARE demonstration has focused intensely on its delivery of technical support to grantees. Headquarters' staff have made a number of internal-EPA support contracts

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available for use by CARE grantees (see Table 3-2). EPA also has added new CARE partners including the Office of Environmental Justice (OEJ), and CDC-ATSDR. OEJ has added money to an OSWER technical support contract to assist grantees, and regional coordinators report getting good individual support from regional ATSDR staff in support of the CARE grantees.

**Table 3-2. Summary of Financial Support Available for CARE Projects  
November 2008**

SUPPORT	SOURCE	AMOUNT	PURPOSE	TYPE OF MONEY
Travel	CARE Program	\$100K split among the regions based on formula	Travel to national meetings and grantees	Funds with travel ceiling
Travel	OPPTS	\$40K split equally across the regions	Additional travel funds	Funds with travel ceiling
Targeted Brownfields Assessment	OSWER	Up to \$75K per region is currently available	Targeted Assessments of potential Brownfields sites or assessment of risk at known site(s)	Contract funds held in regional office. No year-end money rolls over to next year.
Level 1 TASC (Technical Assistance Services for Communities) Contract	OSWER	\$100K nationally, no set amount distributed to regions	To assist projects most in need of technical support such as data collection, analysis and screening activities.	Contract dollars
Level II TASC Technical Support	OEJ	Up to \$15K per region	To help CARE and/or EJ projects	Contract dollars
CPRC <sup>24</sup> Just in Time Facilitation Contract	CPRC, CARE and OEJ	\$47K plus \$15K from OEJ	Facilitation services for CARE partnerships	Contract dollars
Regional Training	CARE	\$50K nationally.	Regional coordinators submit top training needs for EPA/CARE projects	Contract dollars

<sup>24</sup> Office of General Counsel's Conflict Prevention and Resolution Center

*Observation:* The primary concern in this area is the consistent availability of regional EPA technical staff to provide timely assistance to grantees.

### ***Project Officer Technical Assistance Skills***

The CARE FY05 grantees unanimously noted that the key to getting good technical assistance from EPA is having a savvy EPA project officer who can help work across EPA departments.<sup>25</sup> Being an effective CARE project officer requires a combination of many skill sets not routinely available in EPA's workforce. The CARE program faces a challenge in training new project officers with the skill sets to be effective community partners in CARE cooperative agreements. CARE is addressing this challenge by offering multiple trainings, including a formal project-officer training course.

*Observation:* the number of EPA staff with cross-programmatic experience at EPA and community outreach skills may be an immediate limiting factor in the growth of the CARE program. Additionally, this could limit the current effectiveness of the program, if not for the CARE staff's foresight to train and connect new project officers with experienced CARE staff, and to offer experienced staff new learning opportunities to improve their skills.

### **Evaluation Factor 6: Dissemination of Experiences—Best Practices**

Overview: The effective dissemination of learning is critical to expanding the impact of the CARE program so that when CARE partnerships develop successful processes and approaches they can be replicated in both current CARE and non-CARE communities to improve environmental conditions and health. This evaluation factor addresses the extent of EPA's success in applying an information sharing approach to CARE.

Effective dissemination of experiences among CARE's complex, "matrixed" organization (including EPA headquarters, ten regions, almost 60 grantees and their partners) has proven to be a significant challenge. By far the most effective dissemination activity for the CARE program has been the annual National Training Workshop, which brings staff and volunteers from CARE communities together with staff from EPA headquarters and regions to learn directly from one another. This three-day workshop provides an unprecedented opportunity for learning through formal sessions and informal discussions, as well as for grantees to build relationships with each other and identify common ground.

The CARE program produces a lot of communications and training materials to support its improvement and growth. The majority of this information is pushed out to the CARE staff and grantees through multiple channels including e-mail, phone calls, websites, and factsheets. Grantees report using similar communication channels to get information to their partnerships.

CARE is currently lacking a systematic approach to information capture, analysis, and dissemination. Although this information is valuable in its raw form, it is also difficult to mine,

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<sup>25</sup> National Academy of Public Administration Focus Group with FY05 CARE Grantees, 2007.

compare, and share as lessons that can be directly applied to current projects. Improved information sharing will enhance efficiencies, reduce risk of repeating the mistakes of others, and improve overall program performance. While the existing approach to information sharing was sufficient during the program start-up, a more systematic approach is now needed to guide interactions and organize program-related information.

*Observation:* CARE staff and grantees would benefit from a formalized information sharing system to capture and disseminate lessons. An effective information sharing system will improve both current and future operations and outcomes.

**Evaluation Factor 7:  
Continuous Improvement within EPA**

This internal-facing factor was designed to track acceptance and institutionalization of the program. The three themes that emerge mirror the three goals of the program. These themes are

- *Adopting a Community-Driven Service Model at EPA*
- *Solving Community Problems by Coordinating EPA Support*
- *Providing Grantees Access to EPA's Tools, Programs and Resources*

***Adopting a Community-Driven Service Model at EPA***

*Awareness & Acceptance.* Acceptance for CARE is growing across EPA, but awareness is still most high among those who have directly participated in the program. The rotating leadership model is noted repeatedly as an example of an effective practice that has increased awareness, acceptance, and broad based buy-in.

*Observation:* the rotational leadership approach is a novel model for developing relationships and establishing buy-in across siloed organizations.

*Staff Skills.* For CARE to continue and grow, EPA needs more staff with community outreach skills. At present, outreach and community experience is not widespread within EPA, and additional staff will require training to grow the program or expand this model to other programs. Survey data in particular indicate that community outreach is a key skill needed by POs and is reported as a major type of support requested by/given to grantees. CARE has significantly increased training for CARE staff, but at this point there is no CARE-specific job series or career path at EPA for staff specializing in community outreach for improving local environmental conditions.

*Observation:* The availability of CARE staff with community outreach skills is a limiting factor for the program's growth.

*Recognition.* EPA is not organized to reward employees for engaging in cross-silo initiatives. In 2008, most CARE staff (62 percent) indicated that their CARE involvement was reflected in their annual reviews, with minimal difference between headquarters (61 percent) and the

regional offices (68 percent). To raise the importance of CARE, it was included as an output measure in EPA's Agency Commitments Systems (ACS). Nevertheless, if EPA is committed to adopting this model, it requires strong support from the Administrator to direct and hold headquarters staff and Regional Administrators accountable for recognizing and promoting staff who participate in successful cross-cutting efforts.

*Observation:* Having effort spent on the CARE program recognized in the personnel performance program is key to legitimizing the program within EPA.

### ***Solving Community Problems by Coordinating EPA Support***

Regional coordinators report that more interaction is occurring between national programs through the project officers. Regional coordinators shared that they and their project officers often seek advice and council from EPA staff in other regions and headquarters. This personal interaction is not mirrored in EPA's program structures. Traditionally, the role of technical assistance staff is to support a program, and not to deliver support across agency programs. Therefore, there is little joint delivery of services because most direct technical assistance is delivered through individual EPA programs. Given this, it is not surprising that regional coordinators reported that there is almost no sharing of staff among the regions to support grantees. Headquarters staff has given the regions some direct training, but it primarily interacts with the regions by offering support contract funding. Including partners in CARE, such as CDC-ATSDR, has the potential to allow staff to work across federal agency silos in a collaborative manner, but regional coordinators report that that interaction is primarily at an individual level.

In 2007, the few who commented on this noted an increase in workload for the regional office staff, a lack of headquarters' experience with community-based initiatives, and some general concerns about headquarters' control of the program funds. In 2008, those who responded noted that more communication channels are open between headquarters and the regions, there is more diversity in representation among the various groups, and there is greater shared decision-making. Regional coordinators report that there is general consensus that the review of grant applications at the regions and then at headquarters by committee is working well. The overall finding is that CARE has increased communication among different offices and groups.

*Observations:* The CARE model is a significant departure from how EPA does business as usual. Although CARE's partnership approach allows it to work across the silos, EPA technical support staff are not organized to be "service providers" across the agency, but to be expert staff for a specific program area. Therefore, coordination of EPA support, even through CARE, is and will be limited by the agency's organizational structure.

### ***Providing Grantees Access to EPA's Tools, Programs and Resources***

It remains an open question whether CARE promotes the use of partnership programs. There is evidence in the quarterly reports that grantees are engaging in EPA partnership programs in both Levels I and II, and many are involved with more than one partnership program. In addition, a few grantees report reductions achieved through the use of specific partnership programs

including Clean Diesel Campaign programs. Although providing appropriate support to grantees through the use of EPA programs is a primary focus for CARE, at present, there are not measures associated with the delivery of, or demand for this support.

EPA has made information available to grantees about other partnership programs, and developed the online *Community Guide to EPA's Voluntary Programs*, which lists all the community programs EPA offers. There are also additional efforts underway to develop a “climate guide” and “municipal guide” for EPA’s partnership programs. These remain, however, activity measures, and not outcomes. Outcomes would report the actual number of grantees who participate in these other programs as a result of their CARE involvement, or who are achieving results due to the partnership program.

*Observation:* Grantees are connecting with EPA partnership programs as a means to support their partnership’s goals.

### **Summary**

In the future, as work continues and more data become available around these evaluation factors, more definitive conclusions will be drawn about CARE’s performance. At this point, the data are too incomplete to provide a summative evaluation of CARE’s results and outcomes. Therefore, the next section of this report employs a “lifecycle framework” for partnerships to assess CARE’s forward progress.

*Section 4: Formative Evaluation of the CARE Program*

## SECTION 4

### FORMATIVE EVALUATION OF THE CARE PROGRAM

This section presents the Academy Panel’s evaluation of the CARE demonstration program. The demonstration is not far enough along at this point to conduct a summative evaluation examining the results and outcomes as described in Section 3. However, there is ample program experience to conduct a formative evaluation—a formative evaluation based on the continuous feedback provided by CARE participants and gathered by the Academy staff, focused on revising and improving the program.<sup>26</sup> The Panel findings and recommendations (*Section 5*) are based upon the evaluation framework introduced below.

The evaluation framework is based on the report of a Panel of the National Academy of Public Administration, *Powering the Future: High-Performance Partnerships*, which identifies the characteristics of high-performance partnerships and describes how these partnerships differ from more traditional cross-sector relationships.<sup>27</sup> The findings of this report are especially relevant to the CARE program given its strong focus on and use of partnerships—between EPA and communities, and among the CARE program and EPA program offices—to deliver support and resources to achieve community improvements and CARE programmatic outcomes. A brief description of this report and the rationale for its selection as an evaluation framework follows.

#### High Performance Partnerships

*Powering the Future* identifies the characteristics of high performance partnerships to empower public, non-profit, and civic organizations to achieve better and more collaborative outcomes in the delivery of public services. *It* describes how a high-performance partnership works in practice, and why many communities are striving to implement one. The report draws on the experiences of 10 cross-sector partnerships—some well established and some newly created.<sup>28</sup> Practitioners, citizens, and key stakeholders from these 10 partnerships were convened by the National Academy to share their experiences and knowledge in order to identify the common characteristics of high performance partnerships. From this research, the Academy Panel developed two important tools that are highly relevant to the CARE program: the *Continuum of Organizational Relationships* and the *High Performance Partnership Checklist*.

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<sup>26</sup> The Panel relied on data collected as evidence for the Seven Evaluation Factors discussed in Section 3; interviews with CARE senior leadership, Regional Coordinators, Project Officers, and grantees; 9 Panel meeting discussions with CARE staff; and secondary research.

<sup>27</sup> Power the Future is available at <http://71.4.192.38/NAPA/NAPAPubs.nsf/17bc036fe939efd685256951004e37f4/5dbfcef1da7b109985256d2b006565aa?OpenDocument>

<sup>28</sup> The 10 partnerships studied include the following: Medical Care for Children Partnership (Fairfax County, VA); Healthy Families Partnership (Hampton, VA); Lapham Park Venture (Milwaukee, WI); 5 A Day for Better Health Program (National Cancer Institute); Neighborhoods in Bloom (Richmond, VA); Family Strengthening Coalition (Indianapolis, IN); Neighborhood Based Serviced Delivery (Des Moines, IA); Safe Passages (Oakland, CA); Caregiver/Employer Project (Center for Medicare and Medicaid Services); and the PODER Project (Denver, CO).

The *Continuum of Organizational Relationships* illustrates a progression of organizational relationships—Cooperation, Contract, Collaboration, Partnership, and High-Performing Partnership (Figure 4-1). Each relationship increases in difficulty and impact as an organization moves along the developmental path. Each of these relationships are defined and has unique characteristics and accountability systems as described in Table 4-1.

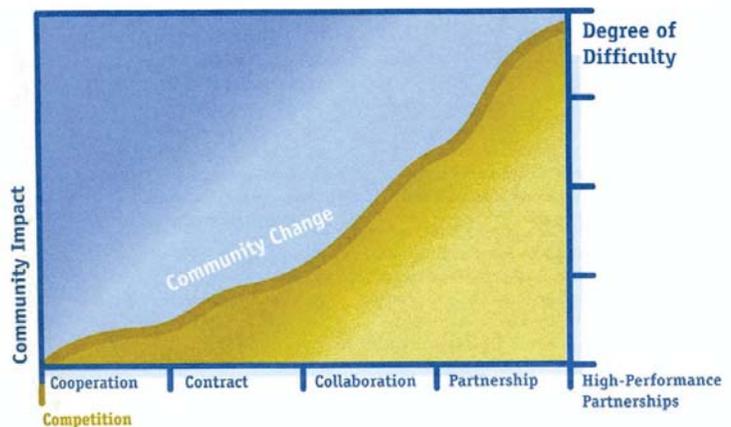
**Table 4-1. Comparatively Defined Organizational Relationships**

	<i>Cooperatives</i>	<i>Contracts/Grants</i>	<i>Collaborations</i>	<i>Partnerships</i>	<i>High-Performance Partnerships</i>
<b>Definition</b>	Association of organizations that pursue a common benefit	Formal agreement between two or more organizations to undertake a specified service, but goal setting is one-sided	Joint work effort with shared responsibility for mutually decided goals	Shared resources, authorities, and accountability for mutually decided goals	Partnerships that produce results
<b>Accountability</b>	No common responsibilities, resources, or accountability	Accountability for outputs, but one-sided decision-making and goal setting	No prescribed results	Produces benefits but not outcome-oriented results	Achieves extraordinary results for communities and clients that could not be accomplished by individual partners

The current CARE program falls within high difficulty, high impact range of the continuum.

**Figure 4-1. Continuum of Organizational Relationships**

The *High Performance Partnership Checklist* describes the essential characteristics and accomplishments of partnerships as they develop, and focuses attention on areas to address as they build toward maturity. These essentials broadly cover CARE’s process (Roadmap), partnership, and program administration aspects.



The checklist describes the growth process of a high-performing partnership (Table 4-2). There are three major phases in a partnership’s development: Start-Up, Developmental, and Mature. For each phase of the checklist there are “essentials” and “excellent investments.”. Essentials are must-have elements for growth; the elements of the growth process are sequential, each phase adds new elements that build upon the foundation laid by the previous phase. “Excellent investments” are not required to complete a growth phase, but they often become essential elements in the next phase of development. There is no timeframe for the growth process. Every partnership grows at a different pace so maturity is defined by operations, not time.

**Figure 4-2. High Performance Partnership Checklist**

	Established	Needs Additional Attention	Not Yet Applicable
<b>START UP PHASE</b>			
<u>Essentials</u>			
• CHAMPION	✓		
• List of specific desired results		✓	
• Mission Statement	✓		
• Governance Structure	✓		
• Right partners involved	✓		
• Initial funding and allocation to partners		✓	
<u>Excellent Investments</u>			
• Strategic plan with work tasks, timelines, and assignments		✓	
• Asset map		✓	
• Business plan, including revenue needs and sources		✓	
• Communications materials for internal and external audiences		✓	
• Baseline data		✓	
• Data collection formats and reports		✓	
• External Evaluator	✓		

Section 4: Formative Evaluation of the CARE Program

<b>High Performance Partnership Checklist (continued)</b>	<b>Established</b>	<b>Needs Additional Attention</b>	<b>Not Yet Applicable</b>
<p><b>DEVELOPMENTAL PHASE</b></p> <p><u>Additional Essentials</u></p> <ul style="list-style-type: none"> <li>• CHAMPION</li> <li>• Outputs and interim outcomes</li> <li>• Mission alignment/overlap with partners</li> <li>• Shared ownership of the mission</li> <li>• Baseline data</li> <li>• Routine reporting of results</li> <li>• Administrative and operational systems to manage the work</li> <li>• Communications materials</li> <li>• Return on investment for funders and partners</li> <li>• Reaffirmation of the mission</li> <li>• Strategic and business plans</li> </ul> <p><u>Excellent Investments</u></p> <ul style="list-style-type: none"> <li>• Meaningful long term outcomes</li> <li>• Succession plan for key leaders</li> <li>• Comprehensive communication plans, including marketing materials</li> <li>• Diversified revenue base</li> <li>• Plan to grow to scale</li> <li>• External evaluation of results</li> <li>• Celebration of success</li> <li>• Mentoring and training</li> </ul>	<p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p>	<p style="text-align: center;">✓</p>	<p style="text-align: center;">✓</p>
<p><b>MATURE/AT SCALE PHASE</b></p> <p><u>Additional Essentials</u></p> <ul style="list-style-type: none"> <li>• CHEERLEADER</li> <li>• Meaningful long term outcomes</li> <li>• Succession plan for leaders</li> <li>• Strategies to reinvent and re-energize the partnership</li> <li>• Mentoring, training, and retraining</li> </ul>			<p style="text-align: center;">✓</p>

The Panel uses this *High Performance Checklist* as a framework for evaluating the CARE program. This report assesses CARE’s “as-is” state in terms of whether or not the operational elements described in the checklist are “established,” “needs additional attention,” or “not yet applicable” to the program. The evaluation offers evidence to illustrate how CARE has “established” certain elements, and identifies others that “need additional attention.” Elements that “need further attention” are more fully explored and addressed through a series of recommendations in *Section 5: Panel Recommendations*.

**START UP PHASE: Essentials**

<b>START UP PHASE</b>
<p><i>ESSENTIALS:</i></p> <ul style="list-style-type: none"> <li>• <i>Champions</i> ✓</li> <li>• <i>Mission Statement</i> ✓</li> <li>• <i>Governance Structure</i> ✓</li> <li>• <i>Right partners involved</i> ✓</li> <li>• <i>Initial funding and allocation to partners</i></li> <li>• <i>List of specific desired results</i></li> </ul>
EXCELLENT INVESTMENTS
DEVELOPMENTAL PHASE
MATURE/AT SCALE PHASE

At the launch of the CARE program, EPA had already established a majority of the must-have growth essentials. *Mission statement* and *governance structure* were in place, and the *right partners involved* and *leadership champions* were positioned to initiate and support the program. These achievements are considerable given the innovative nature of the CARE program and tight budget conditions across EPA.

With that said, certain growth essentials present opportunities for improvement, such as *initial funding and allocation to partners* and *list of specific desired results*. These essentials have received less attention than others, and require improvement if the CARE program is to mature successfully and perform effectively. The following section evaluates CARE’s progress in establishing the growth essentials from the Start-Up Phase.

**Start-Up Phase: Essentials in Place**

At start-up, the EPA CARE team successfully developed the following growth essentials:

- Champions
- Mission Statement
- Governance Structure
- Right Partners Involved

**Champions.** CARE was launched by strong, enthusiastic, and committed leaders with extensive experience across multiple EPA programs. CARE implementation of a rotating leadership structure—management of the program and its overhead costs rotate biennially among four program offices at EPA<sup>29</sup>—has fostered additional champions as each new program takes the reins. The Panel notes that this “shared ownership” model has fostered commitment among both headquarters and regional staff to participate in, or support, the CARE program as project officers or staff to multiple intra-agency committees and teams (see Figure 2-6 CARE Management Teams within Section 2).

**Mission Statement.** The CARE Logic Model states that the mission of CARE is to “enable overburdened communities to develop and implement locally-based solutions that will

<sup>29</sup> Office and Air and Radiation; Office of Prevention, Pesticides and Toxic Substances; Office of Solid Waste and Emergency Response; and Office of Water.

*significantly reduce toxic exposure by (1) providing federal assistance to create, or enhance existing, self-sustaining community-based partnerships, analyze toxic exposure from local sources of toxics emissions, and leverage local toxic exposure reduction activities and (2) more effectively coordinating the delivery of EPA environmental services.*<sup>30</sup> In addition to this charge, the Panel notes that from the earliest days of CARE's creation, EPA staff has perceived CARE as a mechanism to use in bringing about needed changes within EPA, such as breaking down "silos" among EPA programs, improving coordination between EPA headquarters and the regions, and increasing the skills and sensitivity of EPA staff working directly with community partnerships.

**Governance Structure.** The CARE program established a governance structure to manage day-to-day operations, set policy and direction, conduct a grants competition and selection, and plan and execute an annual training workshop. . Senior leadership of the program is shared by EPA's four pollution programs, and decision-making is collaborative in nature across CARE's staff and management teams. The governance structures embodies a shared leadership approach as evidenced by the presence of headquarters, regional, program staffs, and sometimes CARE grantees on the majority of the program's committees and teams.

**Right Partners Involved.** The rotating leadership model brought EPA senior managers into the program. The rest of the CARE program was originally resourced through the recruitment of EPA staff with community-based experience, usually developed through Office of Environmental Justice or the Office of Children's Health, and other EPA programs that have community involvement components, such as Office of Air and Radiation's Community Toxics Program, Office of Solid Waste and Emergency Response's Superfund and Brownfields programs, Smart Growth, and Agency Tribal programs. The missions of these offices and programs converge around community involvement, making CARE a natural partner for them.

During this initial implementation of the CARE program, there has not been full representation in the regional offices from all four of the national pollution programs. The majority of EPA regional coordinators and project officers come from the Office of Environmental Justice, Children's Health, or Air and Radiation. Broad representation within EPA is important to properly support communities with a range of toxics, to ensure active participation in CARE among all four of the pollution programs. In addition, full program representation on the grant application review boards in the regions is necessary to properly understand and score applications that span a full range of toxics. CARE will, however, achieve full representation as the leadership is transferred to the last two pollution programs in headquarters, and they bring their leadership, staff, and resources to bear on the program.

CARE also has found support in EPA's other partnership programs and externally with another federal agency. Through CARE, multiple grantees have implemented EPA partnership programs, such as Indoor Air Quality-Tools for Schools, and the Clean Diesel Campaign. In addition, CARE drew interest from the Centers for Disease Control-Agency for Toxic Substances and Disease Registry (CDC-ATSDR). CDC-ATSDR manages the Healthy People and Healthy Communities Through Improved Environmental Health Service Delivery program whose mission overlaps with CARE's. EPA and CDC-ATSDR signed a memorandum of understanding

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<sup>30</sup> CARE Logic Model, undated.

in July, 2007 to formalize their relationship and to support local environmental health projects by:

1. Supporting communities with clear, concise, and consistent messages regarding environmental health threats and environmental health promotion;
2. Sharing timely information with communities on community-level environmental health concerns;
3. Providing support for selected community-led environmental health projects including exploring the feasibility of establishing a Community-based Environmental Health Leadership Academy;
4. Collecting and analyze data to address common environmental health issues, including environmental health indicators and outcome measures;
5. Building supportive partnerships for community-based initiatives; and
6. Ensuring broad stakeholder involvement in setting the national agenda for community-based environmental health initiatives.

At the community level, CARE staff have provided guidance and support to grantees in their efforts to establish community partnerships. While EPA is not responsible for the composition of each partnership, this assistance has helped grantees identify and bring the “right” representatives from local government, business, organizations, and residents to the community partnership table.

CARE’s efforts to bring the right partners to the table to support the program have been successful and they should continue their efforts in this area. As described by grantees’ experience in Chapter 3, partners come and go so continuous recruitment and maintenance of the partnership is necessary.

### **START-UP PHASE: Essentials Needing Further Attention**

The Panel identified two growth essentials from the start-up phase requiring improvement if the CARE program is to mature successfully and perform effectively.

- *Specific Desired Results*
- *Initial Funding and Allocation to Partners*

***Specific Desired Results.*** There are three primary documents that define the CARE program: the Logic Model, The Roadmap, and the Request for Proposals (RFP). Early in the planning process, CARE staff developed a Logic Model that describes the program’s key activities, intermediate outcomes, and long-term outcomes (See Figure 2-5 Logic Model). The CARE Roadmap, developed from a 2004 National Environmental Justice Advisory Council recommendation, is a guide that lays out the process grantees are expected to complete to

achieve the goals of their CARE grant. Last, the RFP describes EPA's specific expectations for grantees including workplan requirements, goals, and measures.

Although the outputs and outcomes described in the CARE Logic Model are consistent with the EPA Order on "Environmental Results under EPA Assistance Agreements," they do not, however, accurately reflect the shorter-term accomplishments of the CARE program. This gap in short-term measures puts CARE at risk in an annual appropriations environment. In fact, the omnibus bill passed in March 2009 has already reduced CARE's FY09 budget by one-third from its FY08 budget. While this specific reduction may be due in large part to overall spending cuts across all programs, further reductions are more likely in the future if CARE cannot produce interim outcome measures. The Panel urges that EPA revisit the program's *list of specific desired results*. This subject is discussed in depth as Recommendation 3 in Section 5.

***Initial Funding and Allocations to Partners.*** In this context, the initial funding and allocation pertains to funds and other resources available internally to execute and manage the program activities. Of the \$3.3 million CARE budget for FY2008 nearly \$2.9 million went directly into cooperative agreements for CARE communities; the remaining \$400,000 was available to cover EPA program management costs and this external evaluation. At start up approximately 1 full-time equivalent (FTE) supported CARE, and currently, only eight 8 FTEs (primarily headquarters staff) are explicitly reported in EPA's budget and accounting systems.<sup>31</sup> More than 50 EPA regional staff, however, devote some significant part of their time to the CARE program. As reported in interviews, most regional coordinators spend between 30-60 percent of their time supporting CARE.<sup>32</sup> Many CARE project officers spend up to 30 percent of their time overseeing each of their assigned CARE projects, with some project officers overseeing two or more projects.<sup>33</sup> Intuitively, it is clear that this level of staff support uses considerably more than the \$400,000 allocated.

Formal accounting of time spent on CARE by core staff (headquarters, regional coordinators, and project officers) was not established at start-up, but is necessary for CARE to become a fully mature program. At start-up, most EPA staff members attracted to the CARE model had the latitude to volunteer or compete for CARE assignments as a collateral duty, in many cases with only the approval of their supervisor. This practice provided an advantage to the program in its early stages: by foregoing explicit accounting for FTEs devoted to CARE the program did not compete head-to-head with other programs for funds to cover salaries, expenses and scarce staff positions. Allowing the CARE program to present its model to other EPA offices without a perceived threat to their resources has been a successful tactic in winning acceptance of and avoiding active resistance to CARE. However, the informal accounting of time spent represents a gap in valuable "cost" or "investment" data necessary for a full evaluation of the program. Internally, cost data are helpful to determine resource and funding requirements; externally, cost data are necessary to justify the value of the program and ensure its continuation. In order for

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<sup>31</sup>The total number of FTE available at headquarters was reduced temporarily to about five due to a number of internal details and departures in the Summer and Fall of FY08.

<sup>32</sup> CARE Regional Coordinator Interviews, by Mark Hertko, National Academy of Public Administration. February-April 2008.

<sup>33</sup> National Academy of Public Administration Survey of EPA CARE Staff. CARE National Training Workshop, Atlanta, Georgia, 2007.

CARE to become a fully mature program, it will have to track costs in a manner consistent with EPA’s accounting practices to produce an accurate estimate of the resources required to administer the program.

**START UP PHASE: Excellent Investments**

<b>START UP PHASE</b>
<i>ESSENTIALS</i>
<p><i>EXCELLENT INVESTMENTS:</i></p> <ul style="list-style-type: none"> <li>• <i>Communications materials for internal and external audiences ✓</i></li> <li>• <i>Baseline data ✓</i></li> <li>• <i>Data collection formats and reports ✓</i></li> <li>• <i>External Evaluator ✓</i></li> <li>• <i>Strategic plan with work tasks, timelines, and assignments</i></li> <li>• <i>Asset map</i></li> <li>• <i>Business plan, including revenue needs and sources</i></li> </ul>
<b>DEVELOPMENTAL PHASE</b>
<b>MATURE/AT SCALE PHASE</b>

In addition to the Start Up Essentials, the partnership lifecycle model identifies a number of other good investments that are beneficial to forming and sustaining partnerships. This section looks at some of those Excellent Investments that helped with CARE’s successful launch.

**Excellent Start-Up Investments**

- *Communication Materials for Internal and External Audiences*
- *Baseline Data*
- *Data Collection Formats and Reports*
- *External Evaluator*

***Communication Materials for Internal and External Audiences.*** The CARE staff made a strong effort to communicate the purpose and benefits of the CARE demonstration. The primary tool was the Logic Model, which was used extensively to describe the program. Staff also developed the *CARE Resource Guide*, which is an easy-to-use online tool for navigating EPA’s website to find information about EPA programs of potential interest

to local community partnerships. Historically, finding information on EPA’s website has been difficult for the uninitiated and the *Resource Guide* has wide utility beyond the CARE program. Similarly, the *Community Guide to EPA’s Voluntary Programs* is a useful resource for CARE communities. It is a consolidated listing and description of the multitude of EPA voluntary partnership programs and also has utility beyond the CARE program. In addition, CARE developed fact sheets for each of the grantee partnerships to promote their efforts and accomplishments. Finally, CARE developed an online grant-writing tutorial as a companion to the FY2009 Request for Proposals. This tutorial is intended to improve the quality of the grant applications and to make the process easier for prospective applicants—almost 450 individual users visited the tutorial.

***Baseline Data.*** Throughout the demonstration, EPA has collected baseline data in three specific ways: quarterly reports and final reports filed by grantees, and through an external evaluator (i.e., the National Academy). All three mechanisms were in place at project start-up and data collection continues through to the present.

**Data Collection Formats and Reports.** EPA requires all local CARE grantees to report on a quarterly basis and to submit a final report at the end of their grant periods. CARE has established templates for both quarterly and final reports. The quarterly reports track project expenditures, a summary of project activities, and progress on a small set of milestones. The final report captures the sum of the partnership’s effort over the life of the grant. These data are collected by the regional project officers and compiled by the CARE tracking team.

**External Evaluator.** The CARE staff built continuous evaluation into the basic structure of the CARE demonstration. The National Academy was asked by EPA to provide its assessment of the CARE program, as well as suggestions for mid-course adjustments to improve and strengthen CARE. The National Academy has been involved in this evaluation over the past three years.

**DEVELOPMENTAL PHASE: Essentials**

<b>START UP PHASE</b>
<b>DEVELOPMENTAL PHASE</b>
<p><i>ESSENTIALS::</i></p> <ul style="list-style-type: none"> <li>• <i>Champions</i> ✓</li> <li>• <i>Outputs and interim outcomes</i></li> <li>• <i>Mission alignment/overlap with partners</i> ✓</li> <li>• <i>Shared ownership of the mission</i> ✓</li> <li>• <i>Baseline data</i></li> <li>• <i>Routine reporting of results</i></li> <li>• <i>Administrative and operational systems to manage the work</i></li> <li>• <i>Communications materials</i></li> <li>• <i>Return on investment for funders and partners</i></li> <li>• <i>Reaffirmation of the mission</i></li> <li>• <i>Strategic and business plans</i></li> </ul>
<i>EXCELLENT INVESTMENTS</i>
<b>MATURE/AT SCALE PHASE</b>

The Development Phase builds upon the foundation established in the Start-Up Phase. At present, the CARE program is moving beyond the Start-Up phase and has begun work on some of the Developmental phase Essentials. Many of the Essentials in this phase will require EPA to think more strategically about the long-term goals of the CARE program, and identify what gaps exist in the baseline data.

The section below identifies the Developmental Phase Essentials CARE has achieved, and identifies those that need further attention to continue to make progress.

**DEVELOPMENTAL PHASE: Essential in Place**

CARE has begun to establish some Development phase Essentials necessary to its long-term success:

- *Champions*
- *Mission Alignment/Overlap with Partners*
- *Shared Ownership of Mission*

**Champions.** CARE’s rotating leadership model continues to build support for the program inside EPA. Furthermore, past CARE Chairs and Co-Chairs continue to participate in the CARE program, in part due to a positive sense of competition that has developed among the pollution programs. Outside of EPA, communities that have participated in the CARE program are becoming champions by promoting the demonstration to other communities.

***Mission Alignment/Overlap with Partners.*** CARE has received support and cooperation from many of EPA's programs because of an overlap in mission as described above in the *Right Partners Involved*. Overlapping missions led to the signing of a memorandum of understanding between EPA and CDC-ATSDR. Finally, the CARE mission overlaps with many of its grantees, especially health departments, as many projects touch on issues that affect both the local environment and the health of their citizens.

***Shared Ownership of the Mission.*** The CARE program enjoys a high level of support among EPA headquarters' program offices and regional staff. Indeed, many headquarters and regional staff feel that they share ownership in CARE given the rotating leadership model, and the governance structure that shares decision-making between headquarters and regions. Enthusiasm and commitment to CARE have built over time within EPA, and remain high even in those program offices that no longer manage the program.

### **DEVELOPMENTAL PHASE: Essentials Needing Further Attention**

A number of Developmental Essentials need additional attention and improvement. Many of these essentials pertain to the "business" aspects of planning for, managing, and accounting for program activities. These growth essentials are presented in brief here, but are discussed in depth as recommendations in Section 5.

- *Outputs and Interim Outcomes*
- *Reaffirmation of the Mission*
- *Baseline Data*
- *Routine Reporting of Results*
- *Return on Investment for Funders*
- *Administrative and Operational System to Manage the Work*
- *Communications Materials*
- *Strategic and Business Plans*

***Outputs and Interim Outcomes.*** The Logic Model and the CARE Program Performance Measures<sup>34</sup> were developed during start-up and present interim and long-term outcomes for the CARE program. These measures should be revisited and improved upon given five years of experience in administering the CARE program. For example, as written many are dichotomous outcomes (e.g. present or absent; achieved, not achieved). These outcomes can be refined to include a numeric component, such as a percentage, count, or degree. Other outcomes listed, such as "EPA and other organizations become more aware of how to improve delivery of environmental services as appropriate to better meet needs of CARE communities" are broad

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<sup>34</sup> *Draft CARE Program Performance Measures Packet* (October 2004) is the companion to the CARE Program Logic Model and includes each measure CARE staff was considering to help track the progress of the CARE program.

statements that require additional identification and measurement of the various components that underlie that broader outcome (i.e. improving delivery of environmental service probably involves several dimensions of technical expertise and customer service metrics). Setting specific or numeric goals was probably difficult to do in 2004 given the newness of the program, but given five years experience, EPA should take action to revise the CARE's outcome measures to track program accomplishments.

**Baseline data.** While mechanisms were established during start-up to capture data, the current data set available for analysis has many gaps. Submission of quarterly reports to EPA headquarters' central repository has been inconsistent, and the format and qualitative nature of final reports has resulted in a diverse data set, making comparison and aggregation difficult. With more consistent data, based on clear outputs and outcomes, it will be easier to establish a solid baseline of performance. Creation of some rated items to augment the heavily narrative report formats would be helpful for comparative analysis (e.g., include ratings of degree of progress, degree of difficulty in various aspects of their project).

**Routine Reporting Of Results.** While the formats of quarterly and final reports were established early in the effort, the specific data requirements must be revisited and updated. Reporting formats should support both the programmatic and strategic needs of the demonstration. These efforts are significantly interrelated with "baseline data" efforts (above) and should be considered together.

**Administrative and operation systems to manage the work.** Grant support and technical assistance to grantees is an area that EPA has been working on vigorously. Identifying technical resources and guaranteeing their availability on a consistent and timely basis are critical to supporting grantees. An accurate, timely, and widely available database or spreadsheet of internal EPA contacts-by-subject matter expertise would be useful in speeding up delivery of service to grantees and streamlining the process of obtaining targeted assistance.

**Communication Materials.** Over the last five years, the CARE program has developed a lot of descriptive communications materials. The demonstration must now work to develop materials that build upon the experience of the grantees and EPA staff and use them to disseminate promising practices and lessons learned. This value-added communication is a critical need and one that EPA is well positioned to fill. Communications should cover both accomplishments of specific CARE grantees, including practices that are noteworthy and possibly replicable in other partnerships, as well as EPA's guidance on how to manage a CARE grant and obtain technical support.

**Return on investment for funders.** A mature program must have a way to demonstrate or estimate its return on investment. As discussed earlier, the current tracking of CARE staff time is not reflective of the true level of effort involved to manage this developing program. Estimates of cost—consistent with EPA's accounting practices—may be tracked in the future to determine resource and funding requirements. Cost estimates should be coupled with specific expected outcomes to demonstrate the benefit the program creates.

**Strategic and Business plans.** As noted previously, after the initial demonstration that successes can be achieved, CARE must shift focus and develop a long-term, multi-year vision for its continuation. The CARE Executive Team oversees the development of, and approves a biennial *CARE National Plan* that includes goals, objectives, and priority actions. However, successful partnerships need both short and long-term plans, goals, and agreed upon methods to achieve those goals.

**Reaffirmation of the mission.** Continuous re-affirmation of the mission is key as the program continues to grow. As CARE staff addresses the developmental growth factors listed here, the mission will be focal point.

**DEVELOPMENTAL PHASE: Excellent Investments**

<b>START UP PHASE</b>
<b>DEVELOPMENTAL PHASE</b>
<i>ESSENTIALS</i>
<p><i>EXCELLENT INVESTMENTS:</i></p> <ul style="list-style-type: none"> <li>• <i>Meaningful long term outcomes</i></li> <li>• <i>Succession plan for key leaders</i></li> <li>• <i>Comprehensive communication plans, including marketing materials</i></li> <li>• <i>Diversified revenue base</i></li> <li>• <i>Plan to grow to scale</i></li> <li>• <i>External evaluation of results</i></li> <li>• <i>Celebration of success</i></li> <li>• <i>Mentoring and training</i></li> </ul>
<b>MATURE/AT SCALE PHASE</b>

There are number of Excellent Investments that EPA can make in the Developmental phase to position the CARE program for development into Mature/At Scale program. These additional investments will not be discussed here, because the Start-Up Essentials and Developmental Essentials must be addressed first. After EPA has improved its work around those Essentials, it can move on to consider making Excellent Investments in the Developmental Phase, or addressing any remaining actions to be considered Mature/At Scale.

**Summary of Start-Up and Developmental Essentials**

The Panel finds that the CARE program is moving well through the partnership lifecycle described herein. The CARE demonstration has established or partially established all of the essentials specific to the Start-Up phase. The two Start-Up essentials that are not fully in place at this point involve the *initial funding and allocation to partners*, and listing *specific desired results*. They are critical foundational elements of a partnership and should be the top priorities for achievement by the CARE program.

The next chapter of the report focuses specifically on the Start-Up and Developmental Essentials that were identified as needing additional attention, and actions are recommended to improve these areas. As stated earlier, the maturity of the CARE program is defined by operations, not time. In the next chapter, the Panel offers its recommendations for developing CARE into a successful, mature program.



## SECTION 5

### RECOMMENDED ACTIONS FOR THE CARE DEMONSTRATION PROGRAM

The CARE demonstration Program was developed to achieve the following outcomes:

- *improve local environmental conditions where the impact of federal regulations has been limited.*
- *significantly improve local environmental conditions through a community-driven—not a federally driven—intervention*
- *support community-driven partnerships in overburdened communities with a full range of tools—both regulatory and non-regulatory to significantly improve environmental conditions.*

EPA’s goals for the CARE program are to close the gaps between federal actions and local impacts, to support overburdened communities to improve local conditions, and to broaden access to EPA’s tools among those who are overexposed to pollution through a community-driven partnership.

In the previous section, the High Performance Checklist provided the essentials necessary for developing a partnership that can meet CARE’s outcomes and goals. The Checklist was used to evaluate CARE’s progress towards becoming a mature program. In this section, the Panel offers recommendations that track directly to those growth essentials that “need additional attention” (see Figure 4-2, Checklist). Two types of recommendations are offered: (1) immediate actions needed to achieve the identified Start Up Essentials needing further attention; and (2) next-step actions needed to continue to grow and develop the CARE program. It is the opinion of the Panel that the CARE demonstration has almost left the Start-Up phase and is now active in the Developmental phase. The recommendations below are offered in priority order for action to maximize their benefit to the demonstration program.

#### RECOMMENDED ACTIONS TO COMPLETE THE CHECKLIST “START-UP” PHASE

##### **Recommended Action 1: Develop and Implement a Multi-faceted Information Sharing Approach**

**Rationale.** An information sharing system for CARE—or other federal agencies investing in community-based solutions—provides them information to be able to:

- disseminate promising practices and successful approaches to other communities;

- identify examples of community-based solutions that can be applied on a broader scale—state-wide, regionally, and or nationally—and how that can happen (level of effort, key stakeholders, etc.);
- and, determine what effect a federal intervention has in fostering community approaches.

The CARE program needs an information sharing system to accomplish these key actions.

CARE lacks a systematic approach to information capture, analysis, and dissemination. The program gathers a considerable amount of data in the process of managing each grant, including examples of good practices and new lessons. However, these data are not captured in a consistent manner. CARE should be able to manage the information it collects; synthesize data to reveal lessons learned, promising practices, and fabulous flops; and disseminate the results to EPA CARE staff and community partnership project managers. This is an opportunity for CARE to apply its subject matter expertise to synthesizing raw data into actionable information for itself and the CARE community partnerships.

A more systematic approach is needed to guide individual interactions and organize program-related information from CARE. CARE's current data collection systems and processes make it difficult to mine, analyze, and share data and lessons that can have immediate, positive application to CARE projects. Mechanisms are needed to share and access both qualitative and quantitative information on a just-in-time basis. CARE must build and actively maintain a library of knowledge that is shared both internally and externally to improve efficiencies, reduce risk of repeating common mistakes among grantees and EPA staff, and improve overall program performance and achievement.

These recommendations focus on applying structure and systems to data that are currently being gathered by the CARE program by leveraging existing information technology capabilities, rather than initiating new efforts that require substantial investments. The long-term goal should be to develop an information sharing system that uses local experiences to devise national strategies for reaching local pollutants. To that end, a sound information sharing framework addresses 3 areas:

1. People
2. Technology
3. Process

The Panel offers recommendations in each of these areas:

**People.** The Panel recommends that EPA assign the responsibilities for knowledge capture and management to an existing role within the current CARE program management model. These responsibilities may expand an existing role, or be met by the program staff through a more conscious effort to compile and organize data generated by the grantees, the regions and headquarters. In addition, CARE should also expand its partnerships to help disseminate the approach and benefits of the program. Federal agencies are not always the first place communities go to learn, and therefore CARE should partner with other national organizations

that have more direct connections with local governments, businesses, organizations, and residents to disseminate CARE’s community-based experiences.

**Technology.** The Panel recommends that EPA expand the use of its existing information technology capabilities, including CARE’s national and regional websites and the Environmental Science Connector (ESC) portal. The ESC portal can be leveraged by CARE to organize relevant email communications, program data, and grantee reporting. The National and regional CARE websites can provide reference aids and materials, share best practices that have national or regional implications; and report on grantees’ achievements. To best leverage these tools, the Panel recommends that EPA conduct a brief survey of internal and external CARE stakeholders to identify its users’ information sharing needs for organizing and accessing program-relevant information. To date, the greatest learning and exchange of knowledge has happened in face-to-face meetings of grantees at the CARE National Workshops. Virtual mechanisms have not been used as much as was hoped, but should become more popular once CARE’s data is better organized and posted to these virtual portals. The combination of identified user-needs, ESC portal, and EPA websites should form the backbone of the CARE information sharing infrastructure.

**Process.** The Panel recommends that EPA establish a set of “business rules” or practices for managing content. Development of these rules should be done in partnership with CARE staff in the regions and headquarters through a consensus process. This effort should include developing guidelines for:

- Determining what content to report and save;
- Formatting documents that will be stored/achieved;
- Developing key words to support tagging and search capabilities;
- Regularly analyzing and synthesizing data to reveal key insights and lessons learned; and
- Preparing, vetting and publically posting findings and best practices in various formats—FAQs, fact sheets, webpages, and training modules.

***Benefits of Acting on this Recommendation:***

- Creates efficiency for EPA staff and grantees in locating project-relevant information
- Allows EPA to synthesize data into actionable information to support the grantees and the program
- Reduces the risk of repeating mistakes across the program
- Supports the goal of building community capacity by providing information for replicating successful approaches
- Reduces silos and improves communication

### ***Relationship to Partnership Maturity Checklist***

These actions address the following Checklist activities:

- Start Up Phase:
  - *communications materials for internal and external audiences*
- Developmental Phase:
  - *routine reporting of results*
  - *communication materials*
  - *celebration of success*

### **Recommended Action 2: Coordinate and Refine Internal Program Management Activities**

Program management activities are the one area where CARE can benefit immediately from a more systematic approach as it continues its development. The Panel has identified 4 specific program management activities that EPA should undertake to improve its internal management and advance CARE to a mature program. Each activity is offered below, along with an underlying rationale for action and anticipated benefit.

#### ***2.1 Track internal costs or investments in CARE through time accounting of the most heavily involved program staff—headquarters staff, regional coordinators, and project officers.***

***Rationale.*** The CARE program has not yet established formal accounting practices to track the time spent by its core staff to administer the program—headquarter staff, regional coordinators, and project officers—but will need to in the future to become a fully mature program. During start-up, most EPA staff members attracted to the CARE model had the latitude to volunteer or compete for CARE assignments as a collateral duty, in many cases needing only the approval of their supervisor. This practice provided an advantage to the program in its early stages: by foregoing explicit accounting for FTEs devoted to CARE, the program did not have to compete head-to-head with other programs for funds to cover salaries, expenses and scarce staff positions. Allowing the CARE program to present its model to other EPA offices without a perceived threat to their resources has been a successful tactic in winning acceptance of and avoiding active resistance to CARE. However, the informal accounting of time spent represents a gap in valuable “cost” or “investment” data necessary for a full evaluation of the program. Internally, cost data are helpful to determine resource and funding requirements; externally, cost data are necessary to justify the value of the program and ensure its continuation. In order for CARE to become a fully mature program, it will have to track costs in a manner that’s consistent with EPA’s accounting practices to produce an accurate estimate of the resources required to administer the program.

***2.2 Reinforce reporting and data collection.*** Greater diligence and effort is necessary by EPA to ensure that thorough and accurate grantee reports are gathered centrally in a timely manner.

This ensures accountability and allows EPA to maintain up-to-date program data on outputs, activities, and outcomes.

**Rationale.** In Section 3, the Panel described the 7 Evaluation Factors that were initially developed to build a baseline of data to track performance. After two years of data collection, some of these measures show significant gaps. There are a variety of reasons for data gaps, including the challenges associated with the current outcome measures (described in Recommendation 3), inconsistent gathering and distribution of quarterly reports, and variation in the thoroughness of what is reported. Without thorough, accurate data from grantees that aligns with the program's intermediate and long-term outcomes, CARE cannot develop a solid baseline of program data. This creates a gap in the program's ability to assess performance, and adds risk to CARE's ability to demonstrate its value.

**2.3 Enhance EPA's Technical Assistance Support Role/Capability.** A great deal of Program Officers' time is spent finding individuals within EPA who possess specific subject matter expertise needed by a grantee partnership. The Panel recommends EPA create a matrix/database of subject matter expertise across the agency to streamline and expedite the support delivered to grantees. This database would be available to program officers/regional coordinators, who could access the tool to identify quickly who-knows-what within and across EPA regions.

**Rationale.** The majority of direct technical assistance to grantees is either provided by the project officer or technical staff who volunteer their assistance. This support system is, for the most part, just-in-time and ad-hoc. This type of informal system worked well for CARE when it was supporting a small number of grantees, but the program has grown to nearly 60 grantees and the currently structure is stressed.

The primary challenge for project officers is identifying and securing the support of appropriate technical assistance staff from within the multiple program silos across the EPA regional offices and headquarters. Regional coordinators report that it takes considerable time for the project officer to learn who-knows-what, where they are located, and to determine if they have available time to assist. This process is slow and labor intensive, and the results of these individual project officer efforts are not easily captured or shared among the regions and headquarters CARE staff. Enhancing this technical assistance capability will facilitate an efficient process for matching available technical experts to community partnership needs.

**2.4 Reexamine the RFP review and award process, including validation of the selection criteria.** The Panel recommends that EPA examine its application review process and award guidance used across the regions and at Headquarters to ensure that criteria are objective and consistently applied across all reviewers. Steps should be taken to enhance the consistency of the review, which will result in awards to grantees who are the most likely to achieve their goals and succeed.

**Rationale.** CARE should reexamine and validate the RFP criteria and selection process, based on the results of its request for proposals (RFPs) and national selection processes over the last five years. Validation and review of grant criteria and selection is a sound business practice that

will help the program achieve the following: (1) precise selection criteria will lower the risk of awarding grants that are less likely to succeed, and help EPA select those with stronger initial plans; (2) reevaluating the review process for objective and uniform treatment of applications will ensure a fair and competitive process for grantees and EPA; and (3) precise RFP criteria for grant selection and award will reduce the workload of the regional and national review committees in identifying the most qualified grantees, predicting a higher likelihood of achieving positive outcomes.

***Benefits of Acting on these Recommendations:***

- 2.1 Tracking level-of- effort of core CARE staff provides a basis for budgeting, resource allocation, and estimating return on investment.
- 2.2 Obtaining more complete and timely data from grantees will support EPA’s ability to track and demonstrate CARE-related activities, outputs, and outcomes.
- 2.3 Developing a matrix of technical assistance staff across EPA will increase the efficiency of project officers and provide a consolidated, sharable resource for those involved in administering the program.
- 2.4 Reexamining the RFP process will:
  - Lower the risk of awarding grants to communities that do not fit the CARE model;
  - Verify that the regional and national selection processes are fair and competitive; and
  - Reduce the workload of the regional and national selection committees with precise CARE grant criteria that result in more appropriate grantee applications.

***Relationship to Partnership Program Maturity Checklist***

These actions address the following Checklist activities:

- Start Up Phase:
  - *baseline data*
  - *data collection formats and reports*
- Developmental Phase:
  - *baseline data*
  - *routine reporting of results*
  - *administrative and operational systems to manage the work*
  - *return on investment for funders and partners*

**Recommended Action 3:  
Refine Outcome Measures**

EPA should revisit and revise CARE’s short-term and long-term outcomes to demonstrate the success and impact of the program. Clearly articulated outcomes will help EPA develop

appropriate metrics for gauging the results and impacts of the community partnerships initiated through CARE. While national-level metrics are commonly applied by EPA, and have been included in the CARE demonstration, the bottom-up nature and smaller scale of CARE projects warrant the refinement and further development of CARE-specific activities, output, and outcome measures. These measures should reflect the goals and objective articulated in CARE's strategic and business plans (see Recommended Action 4).

**Rationale.** The draft outcome measures described in the Logic Model and the Draft Program Performance Measures Packet are an excellent first step, but EPA should revisit these to reflect their experience in administrating the program. The Panel suggests that the EPA program offices focus on adding greater specificity to the existing outcome measures. This approach is good first step in developing metrics that are meaningful and measurable around all three aspects of the demonstration: the Roadmap process, the partnership, and the program administration.

While the CARE Logic Model and Draft Program Performance Measures offer a number of intermediate and long-term outcomes, these warrant further development. The draft measures reflect EPA's attempt to establish and measure expectations for a yet-to-be demonstrated program. Therefore, many of the measure lack specific targets and goals. Additionally, the lack of data around some of the expected outcomes, as noted in Section 3, offers further evidence that some of the current measures may not be feasible as program measures and need to be modified. Conceptually, they may be the "right" kinds of outcomes, but are not practical when put into application, and are sometimes un-measurable within the confines of the CARE grant period of performance. Defining the best outcome measures is a significant challenge, considering:

- EPA does not have an accepted standard for valuing reductions for cumulative exposures
- Results and impacts are idiosyncratic to each community partnership
- Data are difficult to aggregate across individual grants in a meaningful way
- Results include a combination of measures and estimates of actual risk reductions
- Many of the outcomes identified in the Logic Model and the Program Performance Measures can only be realized after many years and not within the 2-3 year timeframe of most grants.

Capturing short-term or intermediate outcomes that occur within the grant period is a necessary component to the sustainability and growth of any program. It provides critical information to decision makers when estimating the ultimate value of the program. For example, EPA has a number of "calculators" for pollution reduction that could be worked into grantees workplans from the start, providing the CARE program with common estimates that can be tracked across multiple grantees. Reliance on intermediate and long-term metrics that measure achievements outside of the grant period puts the program at risk, as decision makers and appropriators are reluctant to fund programs that cannot demonstrate their impact in some measurable way. Given the competition within and across agencies for limited program funds, having little cumulative data to support CARE outcomes over an extended period of time jeopardizes its ability to continue.

The Panel recommends that EPA initiate a process to identify a set of key performance outcomes and apply those measures to CARE grantees in progress, as well as to those who will be awarded in the next 1-2 years. This set of metrics should also include measures for tracking EPA's efficiency and effectiveness in administering the program. These key outcome measures will permit EPA to establish a data baseline allowing for a robust summative evaluation within the next 2 to 3 years. Furthermore, the data that is gathered for evaluation of the program should also be used to feed the CARE's knowledge management system and promote continuous improvement of the program.

This recommendation is driven by two factors: (1) over the next 2-3 years the program will continue its leadership rotation and transfer to the Office of Water, which is the fourth and final office that will lead the effort, and (2) substantially more grantees will have completed their projects by that time. At present, only 11 grantees out of 69 have completed their grant projects. It is anticipated that up to an additional 16 will complete their projects by October of 2009, increasing the number of completed projects to 28. Improving performance measures now will position EPA for a much more accurate and thorough summative evaluation of CARE.

#### ***Benefits of Acting on This Recommendation***

- Outcome measures are a critical element of any program
- Measures of interim outcomes are more likely to have data available
- EPA will be able to demonstrate interim outcomes
- Programs that can demonstrate their impacts are less likely to be cut

#### ***Relationship to Partnership Program Maturity Checklist***

These actions address the following Checklist activities:

- Start Up Phase
  - *list of specific desired results*
- Developmental Phase
  - *outputs and interim outcomes*
  - *return on investment for funders and partners*
- Mature/At Scale Phase
  - *meaningful long-term outcomes*

### **RECOMMENDED ACTIONS TO DEVELOP THE CARE PROGRAM—NEXT STEPS**

#### **Recommended Action 4: Develop a Strategic Plan and a Business Plan for CARE**

The Panel recommends that EPA take the next step to expand its focus from daily management activities of the demonstration program to address more strategic aspects of program

management. This forward-looking planning is a natural part of the development of any program. The strategic plan should outline the goals, objectives, challenges, actions to support the program and key performance measures. The business plan will help CARE map out how it will achieve those strategic goals. Just as the Logic Model was important for getting CARE started, having strategic and business plans in place are key to maturing CARE. As noted in Recommendation 3, the strategic plan lays the framework for measuring outcomes and there is a direct tie between the goals specified in the strategic plan and performance measures.

**Rationale.** Over the past four years, CARE has developed the Roadmap process, partnership and program administration aspect of the program. In that time, each of EPA four pollution program offices have been, or are currently involved in the management and development of CARE. Simultaneously, the number of grantee communities, CARE project officers, partnership programs delivered, and technical assistance vehicle implemented has grown rapidly. For example, the number of grantees and the CARE staff need to support them has grown from a total of 12 to 69 communities. CARE is no longer a small start-up effort, but is actively developing towards a mature federal program that needs to develop strategic and business plans.

A strategic plan prioritizes CARE's goals and lays a plan for action. A CARE strategic plan:

- Provides a mechanism to reaffirm the vision and mission of the program;
- Defines the scale of the program and establishes work parameters;
- Sets goals and timelines for action; and
- Supports a system of accountability for program performance.

A business plan describes what the CARE program is going to do and how EPA will demonstrate its value to external audiences. A CARE business plan should:

- Provide a solid foundation on which to build, by establishing the program's scope and parameters;
- Provide a basis for making staffing and resource decisions;
- Provide input for developing CARE's budget; and
- Align the program's assets and resources with its highly matrixed partnership structure.

A business plan helps support better staffing and resource allocation, and provides a basis for budgeting and securing operating funds. If EPA desires to continue the development and growth of CARE, it should invest in developing a business plan, including an asset map of resources, to help align the program's highly matrixed partnership structure.

***Benefits of Acting on this Recommendation:***

Developing strategic and business plans for CARE will:

- Give CARE a guidance document for continued development and growth of the program;

- Enable CARE to effectively manage and target its resources and staff; and
- Articulate CARE's strategic vision and programmatic needs to funders and partners.

***Relationship to Partnership Program Maturity Checklist***

Acting on this recommendation relates to growth elements of the checklist as follows:

- Developmental Phase
  - *Strategic plan*
  - *Business plan*
  - *Asset plan*

**Conclusion**

The Panel is encouraged by the achievements of the CARE program. The CARE team has successfully developed many of the key elements for starting up the program. CARE has already established a functioning, viable partnership that includes federal, regional, county, tribal, local, and neighborhood partners that engage and take action around the promise of improving environmental conditions and health in local communities. In support of this partnership achievement, the Panel encourages EPA and the CARE staff to undertake the actions identified in the study's recommendations to ensure that this partnership program has the administrative and operational systems in place to achieve CARE's short and long-term outcomes. These actions are essential for demonstrating the successes of the CARE program, and to ensure its continued support and ultimate sustainability.

EPA leadership must now broaden its focus and complete the program's administrative foundation, and build its long-term strategic vision and plans to provide a strong underpinning to support the CARE partnership and Roadmap process. EPA is taking action on a number of the Panel's recommendations and should continue that work with focused attention. The CARE program has a strong base of champions committed to the program's success who can bring together their skills and experiences to respond to the program's immediate development needs.

## PANEL AND STAFF

## PANEL

**William H. Hansell, Jr.,\*** *Chair*—Executive Director Emeritus and former Executive Director, International City/County Management Association. Former Executive Director, Pennsylvania League of Cities; Business Administrator, City of Allentown, Pennsylvania; Vice President, Business and Management, University of Scranton.

**Elizabeth Hollander\***—Senior Fellow, Tisch College of Citizenship and Public Service, Tufts University. Former Executive Director, Campus Compact; Former President, Government Assistance Program; Executive Director, The Egan Urban Center, DePaul University; Executive Director, Government Assistance Project, The Chicago Community Trust; Executive Director, Illinois Commission on the Future of Public Service, The Chicago Community Trust; Commissioner of Planning, City of Chicago, Illinois; Executive Director, Metropolitan Housing and Planning Council; Associate Director, Task Force on the Future of Illinois.

**DeWitt John\***—Director, Environmental Studies Program and Lecturer in Government, Bowdoin College; Former Director, Center for the Economy and the Environment, National Academy of Public Administration; Director, State Policy Program, Aspen Institute; Policy Studies Director for Economics, Trade and Agriculture, National Governors Association; Director, Governor’s Office of Policy, and Acting Director, Colorado Division of Mines, State of Colorado.

## STAFF

**Lena E. Trudeau,** *Program Area Director*—Ms. Trudeau oversees the National Academy’s work with the U.S. Coast Guard, the Environmental Protection Agency, the Department of State and the National Park Service. In addition, Ms. Trudeau directs the Collaboration Project, an independent forum of leaders committed to leveraging web 2.0 and the benefits of collaborative technology to solve government’s complex problems. Ms. Trudeau’s previous roles include: Vice President, The Ambit Group; Marketing Manager, Nokia Enterprise Solutions; Principal Consultant, Touchstone Consulting Group; Consultant, Adventis Inc.; and Associate, Mitchell Madison Group.

**Mark D. Hertko,** *Project Director*—Academy projects include the Department of Interior; Environmental Protection Agency’s National Center for Environmental Innovation, Office of Environmental Information, Office of Water, Office of Environmental Justice, Office of Air and Radiation; Department of Energy’s Office of Energy Efficiency and Renewable Energy; and others. Former positions include: Government Relations Researcher Intern, Defenders of Wildlife; Quality Assurance/Quality Control Inspector for Indoor Mercury Contamination,

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\* *Academy Fellow*

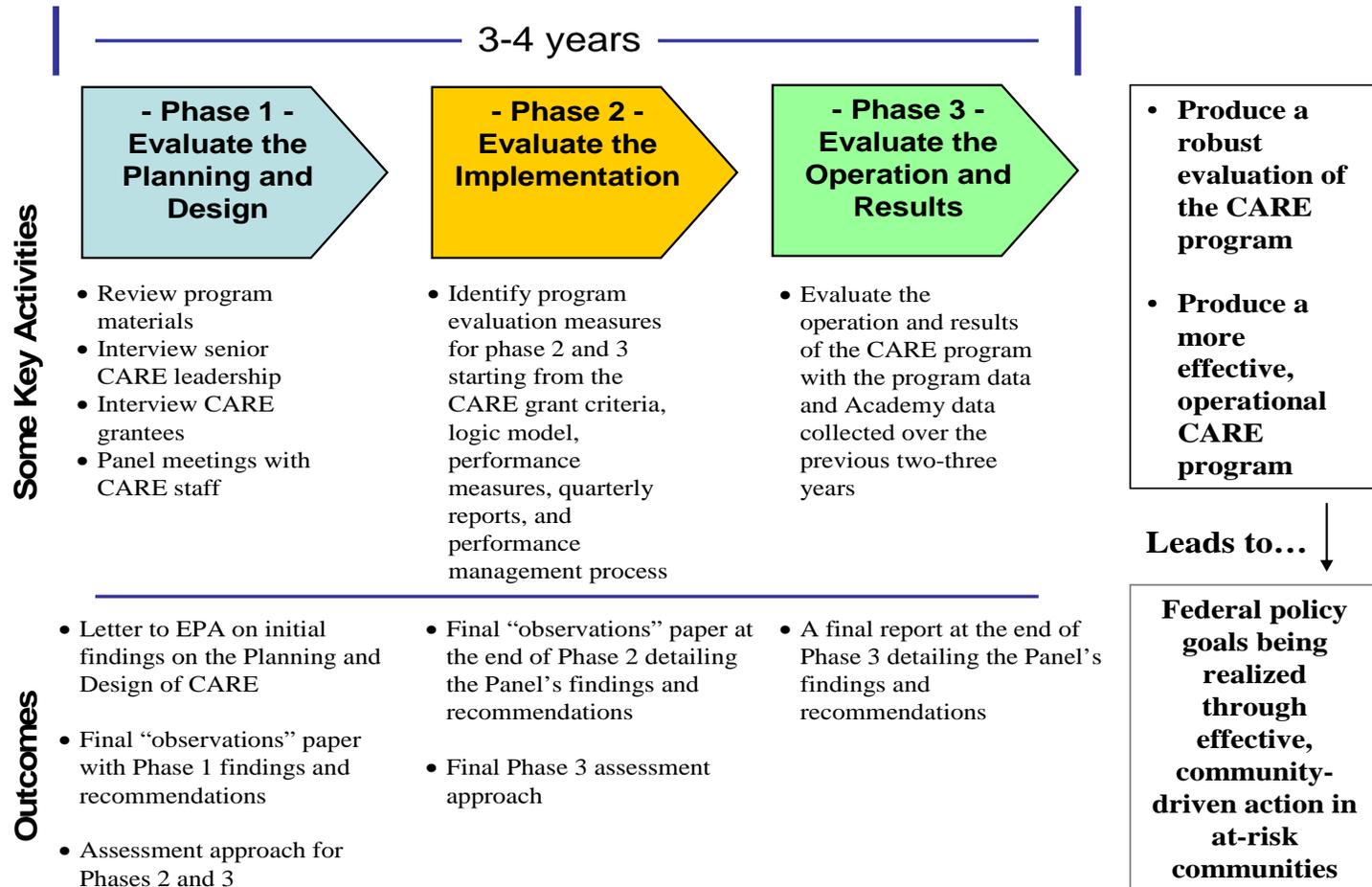
Accord Enterprises; Community Relations Coordinator Intern, Illinois Environmental Protection Agency; Environmental Educator, Illinois Ecowatch.

**Leslie Overmyer-Day**, *Senior Advisor*—Former positions include Director, the Ambit Group; Senior Research Analyst at AmerInd, Inc.; Senior Research Scientist American Society for Training and Development. Principal researcher on numerous organizational and human capital analyses. Ph.D. and M.A. in Industrial/Organizational Psychology, George Mason University, Bachelor of Science, Pennsylvania State University.

**Donald Ryan**, *Senior Advisor*—previously served as project director for National Academy’s study Panels that helped facilitate the development of performance metrics for the National Park Service (NPS) Historic Preservation Programs; evaluated the NPS Cultural Resources programs and Historic Preservation programs; and designed a national system of environmental indicators for the Department of Interior. Former positions: founder and Executive Director, Alliance for Healthy Homes, a national public interest policy and advocacy organization; Professional Staff, U.S. House of Representatives Committee on Appropriations; Program Analyst, U.S. Department of Transportation, Office of the Secretary, Budget and Program Evaluation; Program Analyst, U.S. Coast Guard; Commissioned Officer, U.S. Coast Guard Reserve.

**Marty Ditmeyer**, *Senior Administrative Specialist*—Staff member providing technical support for a wide range of Academy studies. Former staff positions at the Massachusetts Institute of Technology, Cambridge, MA and the Communications Satellite Corporation, Washington D.C. and Geneva, Switzerland.

NATIONAL ACADEMY CARE EVALUATION PROCESS



Some Key Activities

Outcomes

- Review program materials
- Interview senior CARE leadership
- Interview CARE grantees
- Panel meetings with CARE staff

- Letter to EPA on initial findings on the Planning and Design of CARE
- Final “observations” paper with Phase 1 findings and recommendations
- Assessment approach for Phases 2 and 3

- Identify program evaluation measures for phase 2 and 3 starting from the CARE grant criteria, logic model, performance measures, quarterly reports, and performance management process
- Final “observations” paper at the end of Phase 2 detailing the Panel’s findings and recommendations
- Final Phase 3 assessment approach

- Evaluate the operation and results of the CARE program with the program data and Academy data collected over the previous two-three years
- A final report at the end of Phase 3 detailing the Panel’s findings and recommendations

- Produce a robust evaluation of the CARE program
- Produce a more effective, operational CARE program

**Leads to...** ↓

**Federal policy goals being realized through effective, community-driven action in at-risk communities**



### CARE FY05 LEVEL I AND LEVEL II GRADUATES

2005 Level I Completion—100% (7/7)

2005 Grantee	Start	Finish	Months to Complete	Won a Level II Grant Award
California: Pacoima Beautiful	Oct 05	Mar 07	17	Yes
Georgia: DeKalb County Health Department	Oct 05	Feb 08	28	
New Hampshire: RCAP Solutions, Sullivan County	Oct 05	Sept 07	24	
New Mexico: NW New Mexico Council of Governments	Oct 05	Mar 08	30	
New York: Oneida County Health Department	Oct 05	Sept 07	24	
Pennsylvania: Philadelphia Clean Air Council, Port of Philadelphia	Oct 05	Sept 07	24	Yes
Washington: International District Housing Alliance, Seattle	Oct 05	Sept 07	24	Yes
<i>Average</i>			<i>24.4 months</i>	

Level II Completion—80% (4/5)

2005 Level II Grantee	Start	Finish	Months to Complete
Michigan: Muskegon County Environmental Coordinating Council	Nov 05	May 08	30
Missouri: Grace Hill Settlement House, St. Louis	Oct 05	Dec 07	26
New York: Center of Environmental Information, Rochester	Oct 05	Sept 07	24
Colorado: Groundwork Denver, Inc.	Oct 05	Sept 08	36
<i>Connecticut: New Haven City Government</i>	<i>Oct 05</i>	<i>Est. Oct 09</i>	<i>Est. 48</i>
<i>Average</i>		<i>29.00 months (not including CT: New Haven)</i>	



## CARE RFP SUBMISSIONS AND AWARDS RFP SUBMISSION FOR FY 05, '06, '07, '08 AND '09

**Legend**

- IE Ineligible Applications
- E Eligible Applications
- SHQ Apps Submitted to HQ for National Review
- A Apps Awarded

FY05					FY06					FY07					FY08					FY09				
Regions	IE	E	SHQ	A	Regions	IE	E	SHQ	A	Regions	IE	E	SHQ	A	Regions	IE	E	SHQ	A	Regions	IE	E	SHQ	A
1	1	9	3	2	1	0	10	3	2	1	0	10	2	2	1	1	4	3	2	1	1	12	<i>tbd</i>	<i>tbd</i>
2	1	12	4	2	2	0	13	4	1	2	0	6	4	2	2	5	8	4	2	2	2	22	<i>tbd</i>	<i>tbd</i>
3	1	18	4	1	3	1	6	3	1	3	1	13	3	2	3	3	12	4	3	3	3	17	<i>tbd</i>	<i>tbd</i>
4	0	15	3	1	4	0	15	3	2	4	4	19	3	2	4	5	17	4	2	4	6	35	<i>tbd</i>	<i>tbd</i>
5	0	19	3	1	5	3	15	4	2	5	1	19	4	2	5	1	17	3	2	5	5	25	<i>tbd</i>	<i>tbd</i>
6	0	8	3	1	6	3	6	2	2	6	2	13	4	2	6	2	13	4	2	6	8	17	<i>tbd</i>	<i>tbd</i>
7	2	6	3	1	7	0	8	1	1	7	1	11	4	2	7	2	6	4	2	7	0	9	<i>tbd</i>	<i>tbd</i>
8	1	7	3	1	8	0	9	4	2	8	1	6	3	2	8	0	4	2	1	8	2	10	<i>tbd</i>	<i>tbd</i>
9	3	16	4	1	9	4	7	3	2	9	2	8	4	3	9	1	17	3	1	9	4	23	<i>tbd</i>	<i>tbd</i>
10	0	16	4	1	10	2	8	3	2	10	0	10	4	3	10	0	11	3	1	10	5	24	<i>tbd</i>	<i>tbd</i>
<hr/>					<hr/>					<hr/>					<hr/>					<hr/>				
9      126      34      12					13      97      30      17					12      115      35      22					20      109      34      18					36      194 <i>tbd</i> <i>tbd</i>				

**Legend**

Ratio: Level I Applicatons/Level II Applications

FY05					FY06					FY07					FY08					FY09				
Regions	IE	E	SHQ	A	Regions	IE	E	SHQ	A	Regions	IE	E	SHQ	A	Regions	IE	E	SHQ	A	Regions	IE	E	SHQ	A
1	0/1	4/5	1/2	1/1	1		8/2	2/1	1/1	1		9/1	2/0	2/0	1	0/1	3/1	2/1	1/1	1	1/0	9/3	<i>tbd</i>	<i>tbd</i>
2	0/1	8/4	2/2	1/1	2		10/3	3/1	0/1	2		5/1	4/0	2/0	2	3/2	5/3	3/1	1/1	2	1/1	17/5	<i>tbd</i>	<i>tbd</i>
3	0/1	13/5	2/2	1/0	3	0/1	5/1	2/1	0/1	3	1/0	7/6	2/1	1/1	3	3/0	11/1	3/1	2/1	3	1/2	15/2	<i>tbd</i>	<i>tbd</i>
4		13/2	2/1	1/0	4		9/6	3/0	2/0	4	2/2	16/3	2/1	1/1	4	2/3	12/5	3/1	1/1	4	3/3	31/4	<i>tbd</i>	<i>tbd</i>
5		17/2	2/1	0/1	5	0/3	10/5	3/1	1/1	5	0/1	11/8	2/2	1/1	5	1/0	16/1	3/0	2/0	5	2/3	22/3	<i>tbd</i>	<i>tbd</i>
6		7/1	2/1	1/0	6	0/3	4/2	2/0	2/0	6	1/1	11/2	3/1	0/2	6	1/1	13/0	4/0	2/0	6	4/4	15/2	<i>tbd</i>	<i>tbd</i>
7	0/2	5/1	2/1	0/1	7		6/2	1/0	1/0	7	1/0	9/2	4/0	2/0	7	0/2	6/0	4/0	2/0	7		8/1	<i>tbd</i>	<i>tbd</i>
8	0/1	5/2	2/1	0/1	8		7/2	3/1	1/1	8	0/1	6/0	3/0	2/0	8		4/0	2/0	1/0	8	1/1	5/5	<i>tbd</i>	<i>tbd</i>
9	0/3	12/4	2/2	1/0	9	1/3	5/2	1/2	0/2	9	0/2	6/2	3/1	2/1	9	1/0	16/1	3/0	1/0	9	1/3	19/4	<i>tbd</i>	<i>tbd</i>
10		12/4	2/2	1/0	10	1/1	6/2	3/0	2/0	10		7/3	3/1	2/1	10		8/3	2/1	0/1	10	2/3	21/3	<i>tbd</i>	<i>tbd</i>
<hr/>					<hr/>					<hr/>					<hr/>					<hr/>				
0/9      96/30      19/15      7/5					2/11      70/27      23/7      10/7					5/7      87/28      28/7      15/7					11/9      94/15      29/5      13/5					11/9      162/32 <i>tbd</i> <i>tbd</i>				





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