

SUMMARY

Partnering for Healthy Communities Workshop

Working Together for Public Health in the CDA Basin Cleanup Area

April 11, 2017, 9:30-3:30 pm

Shoshone Medical Center, Second Floor, 9 Country Club Lane, Pinehurst Idaho

Impartial facilitation and this summary provided by Nedra Chandler of Triangle Associates. Please see pdf document including workshop photos and flip chart content provided separately.

There were 48 people in the workshop with a list provided at the end of this summary. There are 4 sections of this document including: **I. next steps; II. agenda notes and expectations; III. participant evaluations; and IV. list of participants.**

I. Next Steps

These include 7 tangible next steps (shown shaded below) with commitments from individuals to follow through. There are 11 additional collaborative next steps suggested by participants. Workshop time did not allow for the additional work of making specific commitments with time frames for the other 11 ideas.

These are as reported from each small group. Additional insights and detail are contained in the flipchart summary under separate cover.

COLLABORATION OR TANGIBLE NEXT STEP:	Initial Commitment by whom?	When?
1. Send a) workshop summary, (b) pdf document with flipcharts and photos from workshop and (c) Version 2 of the updated Resource Directory.	Nedra Chandler of Triangle to deliver to Val Wade for her to distribute via email list and by surface mail upon request.	Triangle to send finals to Val Wade of PHD by 4-18
Suggested Collaboration/Next Steps from "Medical Testing and Treatment" Conversation Partners		
2. Take next step toward vision of clinic with residency program to create core providers in the area and economic development		
3. Create care program for adults here		
4. Get universal health care in place (group noted they wanted to say this even though they know the U.S. Congress or at least the State of Idaho would have to act to provide access to healthcare for all.)		
5. Consider the possible adaptation of the VA van model to take people to clinics and specialists.		
Suggested Collaboration/Next Steps from "Education" Conversation Partners		

6. Convene teacher focus groups		
COLLABORATION OR TANGIBLE NEXT STEP (cont.):	Initial Commitment by whom?	When?
7. Discern how to discuss the topics in ways people can hear it		
8. How to measure success? Choose some measures		
9. Mike Basilie offered the Food Bank as a channel for getting the word out about available services such as blood lead testing, the vacuum loan program and other services of interest. The Food Bank is already a site that distributes and posts the Basin Bulletin and Healthy Living Brochures and so on.	Mike Basilie, Community Action Partnership/Food Bank	Ongoing
10. Patty Martin offered to write a letter on behalf of the Washington Toxics Coalition-NW Toxic Communities Coalition the new EPA Administrator Scott Pruitt appreciating EPA's direct work with communities. The reason is to encourage continued funding in the next Congressional budget.	Patty Martin, NW Toxic Communities Coalition	at her own discretion
11. Because the "healthy homes" small group didn't happen today, they suggested an interagency conference call to address how stepping up collaboration between those who do home visits (e.g., for child protection or other services) could also deliver useful support to families to reduce their lead exposures in homes from all sources.	Rob Hanson, DEQ and Andy Helkey, Panhandle Health District	
Suggested Collaboration/Next Steps from "Remediation" Conversation Partners		
12. Need to get a county long term comprehensive plan in place keeping remediation action preserved and redevelopment possible.		
13. Make firm plans and agreements with DEQ property transfers to promote proper use, remediation protection and growth.		
14. Highlight successes and move forward. Stop mudslinging and remember everyone in their own specialties is working together toward same ends.		
15. Involve new participants and positive energy to continue successes.		
Suggested Collaboration/Next Steps from "Restoration" Conversation Partners		
16. Create a "Q and A" (Question and Answer) document for education and outreach purposes that answers "How does the Trust work?" "What can settlement dollars be used for?" Also include some links and explanations to things such as "what is remediation?" "what is restoration?" "what is a Natural Resource Trustee?" and "where are we with records of decision?"	Basin Commission and EPA (Harwood and Adams offered)	
17. Terry Harwood will add the entire email list from this workshop to the Basin Commission's email distribution list to include all and to encourage additional participation in the CCC – Community Coordinating Council.	Terry Harwood, Basin Commission	

COLLABORATION OR TANGIBLE NEXT STEP (cont):	Initial Commitment by whom?	When?
Suggested Collaboration/Next Steps from “CHA” Conversation Partners		
18. CHA stands for Community Health Assessment. This is a 5-county Panhandle Health District update of past community health assessment that is underway now. Participation is invited from all interested individuals.	Tina Ghiraduzzi	Now into next year

II. Agenda Notes and Expectations

The agenda that was sent out in March is inserted below. On workshop day the agenda was revised a bit to be responsive to the interests of all those who made the considerable effort to come to the workshop in person.

Initially the workshop was by invitation to environmental health agencies and selected community organizations with primary roles and funding for public health in the area. One reason for the meeting was traced back to a November 2016 meeting EPA had with Silver Valley Resource Center (SVRC) and decided then to convene a health roundtable to encourage more agency and organizational partnering to address ongoing health risks from lead and other heavy metal contamination.

However, leading up to the workshop, many more individuals expressed interest in attending. The co-conveners of this workshop -- EPA Region 10, Idaho Department of Environmental Quality, and Panhandle Health District along with Shoshone Medical Center -- emphasized the purpose of the workshop yet promised no one would be turned away if they wanted to attend in person.

Not all of the people who expressed interest ended up deciding to attend, yet additional local citizens, university-affiliated students and professors as well as several regional advocacy organizations did attend.

Extra start time was needed to invite a group of local community participants who had gathered outside in front of the workshop site. The group welcomed all participants and took the opportunity for all to greet one another and then hear in more detail from each person who was there and why. The focus and timing for small groups in the afternoon also shifted a bit to capture the apparent interests of those who were there.

AGENDA

*Organizations and community group representatives with a public health role are coming together for collaborative conversations. One focus is human health related to ongoing risks from lead and other heavy metal contamination in the area. A complete list of attendees, summary and **Resource Directory** will be available shortly after the workshop. If you'd like, please bring informational materials you'd like to share or display on a resource table in the meeting space.*

By the end of this workshop participants will have:

- **Listened and talked candidly with each other.**
- **Explored gaps and challenges in meeting needs of community, together.**
- **Highlighted collaborative ways to work together.**
- **Set one or more doable next steps.**

	<i>ARRIVAL TO MEETING COFFEE AND TEA PROVIDED</i>	<i>All welcome</i>
<i>9:30 AM</i>	<i>WELCOME, INTRODUCTIONS, REVIEW OF DAY, ROLES, WHAT TO EXPECT</i>	<i>Jerry Brantz, Shoshone Medical Center then Facilitator</i>
<i>9:45–10:45 AM</i>	<i>SHARING PERSPECTIVES AROUND THE ROOM</i>	
<i>10:45–11:45 AM</i>	<i>ACKNOWLEDGING PAST; LOOKING AT PRESENT, ENVISIONING FUTURE</i>	<i>Various leaders & All</i>
<i>11:45 AM-NOON</i>	<i>PREVIEW OF AFTERNOON ACTIVITY</i>	<i>Facilitator</i>
<i>NOON LUNCH PROVIDED ON SITE BY SHOSHONE MEDICAL CENTER - PLEASE RSVP FOR THIS PURPOSE</i>		
<i>1:15-2:25 PM OR AS LATE AS 2:50</i>	<i>SMALL GROUPS MEET FOR A SERIES OF CONVERSATIONS</i>	
<i>300 PM</i>	<i>FULL GROUP: SHARE</i>	<i>All</i>
<i>3:15-3:30 PM</i>	<i>WRAP UP: IDENTIFY NEXT STEPS FROM PERSPECTIVES OF THOSE HERE TODAY & ADJOURN</i>	<i>ALL</i>

After Lunch...

Breakout groups will be invited to move through several rounds (2 or 3) of café conversations at smaller tables between approximately 1:15 to 2:30 pm or a bit later, and then full group to discuss and share.

Progressive rounds of conversation, approximately 20 minutes each, will allow participants to bring both their active listening and conversation skills to each focus area.

These initial table topic areas are subject to change and dependent on interests of those who attend.*



Questions posed at each table by hosts and between and among participants will likely follow a line of questions to engage with the workshop topics. Especially,

1. What is working well to meet community needs (related to this table topic)?
2. What are the biggest unmet needs of community members (related to this table topic) in your view today?
3. What gaps and challenges are the most troubling to you when you consider this (table topic)?
4. When you imagine how we can help each other, what do you envision? What one or two main collaborative actions will make the biggest positive difference in your view?
5. Toward making that positive difference in (this table topic), are there tangible actions people at this table are realistically ready to commit to together a) in the next 6-12 months? and b) What about the longer term, say over next 5 years between now and 2022?
6. If not us, who else may be available or interested in contributing their energy, attention, resources to address (this table topic)?

Table hosts (except for Tina who will follow her pre-prepared visioning and asking process) are responsible for hosting themselves and each other. Mix it up, no host needs to stay put, people will move to their next table of interest so as many as possible contribute at each table. If you're having a great conversation, you have options to continue it but will need to negotiate to allow others to join you.

*Post 4-11-17 note: based on who was present and themes from the morning, table topics were shifted to the following 5 tables: **Medical Testing & Treatment; Education; Restoration; Remediation; and Community Health Assessment.**

Expectations of Facilitator and One Another

Sources of these suggested norms were from past work and from pre-meeting check in calls with invitees – **participants agreed to this version on 4-11-17.**

What to Expect from Facilitator – Nedra Chandler, Triangle Associates

1. guide on the side
2. ask questions and manage the workshop agenda
3. mirror not magnet
4. make process suggestions, interrupt or call for a break at any time
5. deliver summary charting, evaluations, and updated Resource Directory.

Participants – What to Expect from Each Other*

1. **Let’s listen to one another’s stories within the time we have and not assume we completely understand one another’s reality. “Let’s not give up on each other...”**
2. **Let’s be gracious in accepting each other’s stories or feedback for each other celebrating what’s accomplished and what’s working (*what you want to do more of today and in the future*), noticing what we want less of (*shifts you may want to make in how you interact*).**
3. **Let’s assume the best intentions, yet also address impacts of our words on one another** in the workshop itself and after the workshop. *“Please: no shame, blame or judgement in communications.”*
4. **Let’s highlight one or more tangible next steps all can support that improve health-related risks from lead and other heavy metal contaminants.**

Other? Let’s avoid side conversations to minimize distractions, yet please make yourself comfortable and take your own breaks as you need; Also: any participant may suggest a group break to re-focus when/if you think it’s needed or will help accomplish the desired outcomes.

III. Workshop Evaluations and Written Comments Offered

Based on the workshop evaluations received, this is the degree to which attendees believed these stated workshop outcomes were met:

<i>Please indicate how strongly you agree or disagree with each of the following statements by marking a box.</i>		Strongly Agree	Mostly Agree	Mostly Disagree	Strongly Disagree
1	<i>We listened and talked (following agreements for the day).</i>	7	8		
2	<i>We explored gaps and challenges in meeting needs of community, together.</i>	6	9		

Please indicate how strongly you agree or disagree with each of the following statements by marking a box.		Strongly Agree	Mostly Agree	Mostly Disagree	Strongly Disagree
3	<i>We highlighted collaborative ways to work together.</i>	3	10	2	
4	<i>We set one or more doable next steps we can all support.</i>	3	11	1	
5	<i>I have a better understanding of the range of perspectives on ways to improve health related risks from lead and other heavy metal contamination in the area.</i>	6	8	1	
6	<i>This partnering workshop met or exceeded my expectations.</i>	1	14		

Narrative comments offered in writing:

What activity or session of the workshop did you find most valuable?

- *“Networking”*
- *“I think the break out into smaller groups was most valuable – that was where actions/ideas were generated.”*
- *“Always good to listen to others!”*
- *“Small table discussions.”*
- *“Learned additional history of the Superfund site which will help me answer questions correctly in my line of work.”*
- *“Question and Answers Panel Discussion.”*
- *“All activities were valuable, but I believe periodic follow-up meetings must be considered to highlight the progress along the issues.”*
- *“Having Mac, Andy, Bill et al talk and time to ask questions and discuss issues. That type of discussion helps identify gaps and issues.”*
- *“Connecting with those who I can build relationships with to improve my organizational scope and vision.”*
- *“Meeting people in person, hearing many ideas.”*
- *“The workshop proved the fact that urgency and health (lead) intervention with clear solutions was not met.”*
- *“What the lead-affected adults seem to want/need most of all is access to affordable treatment where the practitioners have expertise in life-long neurological health issues and other effects of childhood lead and metals exposures. They have fallen through cracks of the system, and feel betrayed by it daily. While they appreciate the need to educate the community, and to further reduce lead exposure to today's children, they are living with their own daily hell*

of pain and disabilities without any recourse. Yesterday they came to the meeting to tell their stories, only to discover (again) that their own needs for specialized care are not (and perhaps, cannot be) addressed. The comparisons to un- or under-treated veterans in the VA system was particularly powerful. I understand (I think) that this is not in the scope of funding in the Bunker Hill Superfund settlements. It leaves me with nagging questions. What else can be done for them? How can their cause be advanced?"

IV. List of Participants

Last Name		Primary Affiliation
1. Adams	Bill	EPA
2. Basilie	Mike	Community Action
3. Birdsell	Brandy	Head Start
4. Boyle	Dori	Medicaid Blood Lead Coordinator, Idaho Department of Health and Welfare
5. Brantz	Jerry	CEO and CFO for Shoshone Medical Center
6. (b)(6)		Local community participant
7. (b)(6)		Local community participant
8. Casteneda	Racheal	Health Education Specialist, Sr. Idaho Dept of Health and Welfare
9. Chandler	Nedra	Triangle Associates (impartial facilitator)
10. (b)(6)		Grad Student/Water Resources/Univ of Idaho
11. (b)(6)		Local community participant
12. Delsaso	Julie	Nurse
13. Douglas	Terry	Kellogg City Council
14. Fabbi	Monica	Intermountain Fair Housing Council
15. Fitzgerald	Mike	Shoshone County Commissioner
16. (b)(6)		Local community participant
17. Ghiraduzzi	Tina	Panhandle Health District – Health Education Specialist, Sr.
18. Gilbert	Rene	EPA
19. Hanson	Rob	Idaho DEQ
20. Harwood	Terry	Executive Director, Basin Commission
21. Helkey	Andy	Panhandle Health District
22. (b)(6)		Local community participant
23. (b)(6)		Local community participant
24. Laumatia	Laura	Univ of Idaho Extension Educator/Coeur d’Alene Tribe
25. Lindsay	Andrea	EPA
26. Little	Duke	Chairman, Bunker Hill Task Force
27. Martin	Patty	Washington Toxics Coalition-NW Toxic Communities Coalition
28. Miller	Barbara	Silver Valle Resource Community Center
29. Miller	Kristy	Shoshone County Probation Office

Last Name		Primary Affiliation
30. (b)(6)		Local community participant
31. (b)(6)		Local community participant
32. Plank	Rod	City of Kellogg Project Liaison
33. Pooler	Mac	Mayor of Kellogg
34. Roetter	Karen	Regional Director and Liaison to U.S. Senator Mike Crapo
35. Rosson	Colleen	Silver Valley Chamber
36. Schuld	Bruce	Idaho DEQ
37. Smith	Mike	Shoshone County Probation Officer
38. Spalinger	Susan	Principal Environmental Scientist/Risk Assessor, Terragraphics
39. Stevens	Rebecca	Restoration Coordinator/Program Manager, Coeur d'Alene Tribe Hazardous Waste Management Program
40. Suchar	Alex	Soil Modeling Team, University of Idaho
41. Swift	Dana	Idaho DEQ
42. (b)(6)		PhD student, NSF IGERT Fellow/Water Resources –Science and Management
43. (b)(6)		PhD student, Water Resources-Law, Mgt, Policy, University of Idaho
44. Twillmann	Bev	CASA – Court Appointed Special Advocate
45. Wade	Val	Panhandle Health District
46. Whitten-Kaboth	Loren	Silver Valley Economic Development Corporation
47. (b)(6)		NSF-IGERT PhD Student, Dept of Water Resources, University of Idaho
48. (b)(6)		Local community participant

Apologies if you find errors here. For more information or if you see something substantial you'd like corrected for accuracy in your view, you may call me, Nedra at 406-461-1621, nchandler@triangleassociates.com and I will let you know what's possible to do at that point.