# Chapter 8: Appendices

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Appendix 1: Methodology

A team of program staff in the Division of Extramural Research and Training at NIEHS worked closely with the Science and Technology Policy Institute (STPI) to develop the Partnerships for Environmental Public Health Evaluation Metrics Manual.

In 2008, the National Institute of Environmental Health Sciences (NIEHS) created PEPH as a network to promote greater interaction among grantees with a common focus on environmental public health. Grantees who are considered part of the PEPH program received funding from 17 different funding mechanisms or opportunities:

- Breast Cancer and the Environment Research Program (BCERP)
- Centers for Children's Environmental Health and Disease Prevention Research
- Centers for Population Health and Health Disparities
- Environmental Health Sciences Core Centers
- Environmental Justice Program (EJ)
- Obesity and the Built Environment
- Research to Action (R2A)
- Superfund Basic Research Program (SRP)
- Worker Education and Training Program (WETP)
- American Reinvestment and Recovery Act (ARRA): STEM Education
- ARRA: Capacity Building
- ARRA: Community-linked Infrastructure
- Ethical, Legal, and Social Implications of Genomic Research
- NIH Partners in Research
- Community Participation Research Targeting the Medically Underserved
- Community Participation in Research
- Understanding and Promoting Health Literacy

We reviewed these programs and identified five cross-cutting program areas:

1. Partnerships
2. Leveraging
3. Products and dissemination
4. Education and training
5. Capacity building for communities, researchers, health care professionals and decision-makers

In 2009 and 2010, the team conducted literature reviews on these five program areas to identify metrics that have been used to evaluate them. Materials reviewed included NIEHS program documents, journal articles and evaluation manuals, as well as grantee websites, documents, and outreach and engagement materials.
The STPI team then developed standard interview protocols around partnerships, communication and capacity building and conducted a series of interviews and focus groups with NIEHS staff and PEPH grantees. NIEHS identified nine potential respondents with a broad spectrum of programmatic experience (see Appendices 2 and 3). The team worked together to develop logic models for each of the program areas. Based on the literature reviews, grantee materials and input, we identified evaluation metrics for each activity, output and impact listed, as well as common strategies grantees can use to collect relevant data for the metrics. Almost every metric also includes a narrative that illustrates the “metric in action,” a real world example of how a grantee measured a specific activity, output or impact.

In October 2010, the NIEHS published the draft Manual on the PEPH website. Throughout the fall and winter NIEHS staff presented the draft Manual at grantee meetings, scientific meetings, invited sessions and webinars (see list below). We sought comments from a wide range of stakeholders including grantees, federal and state government agencies, public health practitioners, and other NIH institutes. We estimate that over 350 individuals participated in the sessions. During the and Summer and Fall of 2011, comments received were discussed and incorporated into the final version of the Manual.

Outreach venues Meeting at which NIEHS staff presented the Manual:

- Superfund Grantee meeting (October, 2010)
- Worker training program meeting (October 2010)
- P30 Core Centers meeting (October 2010)
- Children's Centers meeting (October 2010)
- Breast Cancer and the Environment Research Centers Grantee meeting (November 2010)
- American Evaluation Association Annual Meeting (November 2010)
- Society for Risk Analysis Annual Meeting (December 2010)
- NIEHS/EPA/Public Launch (January 2011)
- Association of State and Territorial Health Officials, Environmental Health Director’s Monthly Call (January 2011)
- NCI Evaluation Special Interest Group (January 2011)
- NIAID Evaluation Seminar (January 2011)
- PEPH Grantee Webinar (January 2011)
- NIH-wide Evaluation Special Interest Group (February 2011)
- NIAID Evaluation Work Group (February 2011)
- EPA Webinar (February and March 2011)
- NAEHS Council (February 2011)
- CDC Evaluation Workgroup (February 2011)
Appendix 2: NIEHS Staff Discussants and Discussion Dates

Anderson, Beth, Program Analyst, Superfund Research Program, Division of Extramural Research and Training, NIEHS; August 11, 2009.

Beard, Sharon D., Industrial Hygienist, Worker Education and Training Program, Division of Extramural Research and Training, NIEHS; August 13, 2009.

Collman, Gwen, Interim Director, Division of Extramural Research and Training, NIEHS; September 9, 2009.

Dilworth, Caroline, Health Science Administrator, Susceptibility and Population Health Branch, Division of Extramural Research and Training, NIEHS; August 19, 2009.

Gray, Kimberly, Program Administrator, Susceptibility and Population Health Branch, Division of Extramural Research and Training, NIEHS; September 18, 2009.

Humble, Michael, Health Science Administrator, Cellular, Organ Systems, and Pathobiology Branch, Division of Extramural Research and Training, NIEHS; September 9, 2009.

Lawler, Cindy, Program Administrator, Cellular, Organ Systems, and Pathobiology Branch, Division of Extramural Research and Training, NIEHS; September 3, 2009.

O’Fallon, Liam, Program Administrator, Susceptibility and Population Health Branch, Division of Extramural Research and Training, NIEHS; August 28, 2009.
Appendix 3: Subject Expert Discussants and Discussion Dates

Anderson, Henry; State Health Official, Wisconsin Division of Public Health, Department of Health Services; November 30, 2009.

Brody, Julia; Executive Director, Silent Spring Institute; November 10, 2009.

Carpenter, Hillary; Division of Environmental Health, Minnesota Department of Health; November 20, 2009.

Fryer-Edwards, Kelly; Associate Professor, Department of Bioethics and Humanities at the University of Washington School of Medicine; November 20, 2009.

Gray, Kathleen; Director, Environmental Resource Program, UNC-Chapel Hill; November 19, 2009.

Hricko, Andrea; Associate Professor of Clinical Preventive Medicine, University of Southern California; November 19, 2009.

Israel, Barbara; Professor, Department of Health Behavior and Health Education, University of Michigan; November 23, 2009.

Kiefer, Matt; Prevention and Intervention Core Leader, Pacific Northwest Agricultural Safety and Health Center; November 10, 2009.

Kyle, Amy; School of Public Health, University of California Berkeley; November 18, 2009.

Lewis, Johnye; Director, Community Outreach and Education Program, University of New Mexico; November 10, 2009.

McCauley, Linda; Dean, Emory University Nell Hodgson Woodruff School of Nursing; November 20, 2009.

McQuiston, Thomas; Tony Mazzocchi Center for Health, Safety and Environmental Education; November 17, 2009.

Miller, Pamela; Director, Alaska Community Action on Toxics (ACAT); November 20, 2009.

Mier, Frank; Associate Professor, Environmental and Occupational Health Sciences, City University of New York, Hunter School; November 20, 2009.

Osterberg, David; Associate Clinical Professor, Department of Occupational and Environmental Health, University of Iowa; November 20, 2009.

Sattler, Barbara; Professor, University of Maryland School of Nursing; December 2, 2009.

Serrell, Nancy; Director of Outreach, Dartmouth College; November 17, 2009.

Slatin, Craig; Associate Professor and Department Chair, Community Health and Sustainability, University of Massachusetts Lowell; December 1, 2009.

Wilson, Omega; President, West End Revitalization Association, November 16, 2009.

Wilson, Sacoby; Assistant Research Professor Institute for Families in Society, University of South Carolina; November 23, 2009.

Witherspoon, Nsedu; Executive Director, Children’s Environmental Health Network (CEHN); November 23, 2009.

Wright, Beverly; Director, Deep South Center on Environmental Justice, Dillard University; December 3, 2009.
Appendix 4: Additional Evaluation Resources

The references in this appendix provide further information on the topics discussed in the Partnerships for Environmental Public Health Evaluation Metrics Manual. Sections include:

- General program evaluation
- Environmental health and health program evaluation
- Logic modeling
- Evaluation tools
- Process evaluation
- Impact/outcomes evaluation
- Online databases
- Partnership and coalition assessment resources
- Capacity building resources
- Bibliometric analyses

This list of references is meant to be informative, not prescriptive, and it does not preclude the use of other resources. NIEHS is interested in keeping the list of resources as current and complete as possible. Any suggestions for additional resources are greatly appreciated and should be sent to peph@nieh.nih.gov.

General Program Evaluation


**Environmental Health and Health Program Evaluation**


**Logic Modeling**


http://www.hfrp.org/var/hfrp/storage/original/application/54215cb424759345fe597991d399c466.pdf
[accessed 16 December 2011].


[accessed 16 December 2011].

[accessed 16 December 2011].

Evaluation Tools


Process Evaluation

[accessed 16 December 2011].


Impact/Outcomes Evaluation


Online Databases


Partnership and Coalition Assessment Resources


Capacity Building Resources


Bibliometric Analyses


Social Media (Because this is an emerging field, resources include blogs and other non-peer reviewed sources.)


Appendix 5: Combined Bibliography of References Cited in the Manual


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<th>Chapter</th>
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<td>Partners with the UTMB EHS Core Center COEC</td>
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## Appendix 7: List of Acronyms

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<td>Agency for Toxic Substances and Disease Registry</td>
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<td>CBO</td>
<td>Community-based organization</td>
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<td>CBPR</td>
<td>Community-based participatory research</td>
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<tr>
<td>CCCEH</td>
<td>Columbia Center for Children's Environmental Health</td>
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<td>COEC</td>
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<td>Integrated Pest Management</td>
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<td>Institutional Review Board</td>
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<tr>
<td>IRB</td>
<td>Institutional Review Board</td>
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Appendix 8: Sample Memorandum of Understanding

(available online at: http://depts.washington.edu/ccph/pdf_files/MOU10.pdf)

In Chapter 2, we discussed the how a Memorandum of Understanding might help groups clarify the roles and responsibilities of each partner. Below is a sample Memorandum of Understanding that provides the goals of the group, and documents the roles and responsibilities of each of the partners.

MEMORANDUM OF UNDERSTANDING FOR THE COMMUNITY ORGANIZING PART OF COMMUNITY ACTION AGAINST ASTHMA 1-22-01

This is a Memorandum of Understanding between the University of Michigan School of Public Health, Detroiters’s Working for Environmental Justice (DWEJ), the Detroit Hispanic Development Corporation (DHDC) and Warren Conner Development Coalition (WCDC). For the purposes of this Memorandum, these agencies will be called “host agencies.” This Memorandum of Understanding sets forth the working relationship of these organizations including their roles and responsibilities as a part of their involvement in the community organizing part of Community Action Against Asthma, hereafter called CAAA.

Philosophy/Principles: Throughout the term of this partnership, these partner organizations agree to abide by the philosophy and principles spelled out in the Detroit Community Academic Urban Research Center’s “Community-Based Public Health Research Principles” adopted on July 24, 1996, agreed upon by the Community Action Against Asthma Steering Committee on December 16, 1998, and listed here:

1. Community-based research projects need to be consistent with the overall objectives of the Detroit Community-Academic Urban Research Center (URC). These objectives include an emphasis on the local relevance of public health problems and an examination of the social, economic, and cultural conditions that influence health status and the ways in which these affect life-style, behavior, and community decision-making.

2. The purpose of community-based research projects is to enhance our understanding of issues affecting the community and to develop, implement and evaluate, as appropriate, plans of action that will address those issues in ways that benefit the community.

3. Community-based research projects are designed in ways which enhance the capacity of the community-based participants in the process.

4. Representatives of community-based organizations, public health agencies, health care organizations, and educational institutions are involved as appropriate in all major phases of the research process, e.g., defining the problem, developing the data collection plan, gathering data, using the results, interpreting, sharing and disseminating the results, and developing, implementing and evaluating plans of action to address the issues identified by the research.

5. Community-based research is conducted in a way that strengthens collaboration among community-based organizations, public health agencies, health care organizations, and educational institutions.
6. Community-based research projects produce, interpret and disseminate the findings to community members in clear language respectful to the community and in ways which will be useful for developing plans that will benefit the community.

7. Community-based research projects are conducted according to the norms of partnership: mutual respect; recognition of the knowledge, expertise, and resource capacities of the participants in the process; and open communication.

8. Community-based research projects follow the policies set forth by the sponsoring organization regarding ownership of the data and output of the research (policies to be shared with participants in advance). Any publications resulting from the research will acknowledge the contribution of participants, who will be consulted with prior to submission of materials and, as appropriate, will be invited to collaborate as co-authors. In addition, following the rules of confidentiality of data and the procedures referred to below (Item #9), participants will jointly agree on who has access to the research data and where the data will be physically located.

9. Community-based research projects adhere to the human subjects review process standards and procedures as set forth by the sponsoring organization; for example, for the University of Michigan these procedures are found in the Report of the national commission for the Protection of Human Subjects of Biomedical and Behavioral Research, entitled “Ethical Principles and Guidelines for the Protection of Human Subjects of Research” (the “Belmont Report”).


Program Objectives to be Accomplished: The following are specific aims and objectives as stated in the grant as it was funded. CONEH refers to the community organizing activities of CAAA.

Specific Aim 1: To identify, prioritize and translate the relevant findings of the current CAAA data collection activities, together with proposed, additional CONEH data collection activities, to guide the implementation and evaluation of an expanded, community-wide intervention.

Objective 1: To identify specific sources of particulate matter (PM) and their association with childhood asthma severity.

Objective 2: To identify and prioritize the relevant findings of the CAAA project to guide the CONEH.

Objective 3: To translate the priority areas selected into intervention action plans to guide the CONEH.

Specific Aim 2: To conduct and evaluate a multi-level community-based intervention in order to reduce exposure to physical environmental and psychosocial environmental stressors associated with asthma severity and exacerbations, and to strengthen protective factors (e.g., social support, community capacity) that may modify the effects of these stressors.

Objective 1: To identify and engage existing community-based organizations, groups, institutions and agencies in an Inter-Organizational Network to address identified priorities.

Objective 2: To reduce identified physical environmental and psychosocial environmental stressors through community organizing intervention activities.

Objective 3: To strengthen neighborhood protective factors, such as social support and community capacity, through community organizing intervention activities.
Objective 4: To increase the capacity of organizations involved in the I.N. to work collectively to reduce physical and psychosocial environmental health hazards and strengthen protective factors associated with asthma.

Specific Aim 3: To examine whether the conducted multi-level, community-based intervention enhances the effect of an intensive household intervention on the health and well being of children with asthma and their caregivers.

Specific Aim 4: To increase community awareness and knowledge of factors associated with the environment and asthma through the dissemination of research findings to community residents in ways that are understandable and beneficial to the community.

Dates for this Memorandum of Understanding: The grant project period is from 9-18-2000 to 7-31-2005. This memorandum is intended to cover the entire grant period.

Responsibilities of the University of Michigan, School of Public Health:

1. Actively support the CAAA partnership.

2. Participate in the CAAA partnership through membership in the Steering Committee. Communicate with the Steering Committee members regarding administrative and programmatic issues related to the community organizing project in Detroit.

3. Provide overall program oversight.

4. Collect data, conduct preliminary analyses of existing and new data, and provide feedback to all partners and to staff as appropriate.

5. Provide financial and programmatic reports to the funder, NIEHS (National Institute of Environmental Health Sciences.

6. Serve as a point of contact with NIEHS.

7. Assist in the staff hiring process.

8. Develop and conduct an orientation to the project for partners and staff.

9. Work with the community organizers and administrative assistant in planning and conducting community forums.

10. Provide co-supervision of community organizing staff with each of the host organizations.

11. Serve as the fiduciary agent for this project. Pay the bills, dispense funds (see “Financial Arrangement” for more details).

12. Assist in providing resources and technical assistance in activities supporting the design and implementation of assessment, data collection, and evaluation systems.

13. Assist in the dissemination of results to the community.

14. Ensure that there is ongoing communication between the host organizations and the University of Michigan by sharing information regularly and frequently.
Responsibilities of Detroiters Working for Environmental Justice:

1. Actively support the CAAA partnership.

2. Participate in the CAAA partnership through membership in the Steering Committee. Communicate with the Steering Committee members regarding administrative and programmatic issues related to the community organizing project in Detroit.

3. Develop and conduct an orientation to DHDC for all community organizing staff.

4. Provide co-supervision of Neighborhood Community Organizer housed in DHDC with the University of Michigan School of Public Health.

5. Provide office space for staff assigned to DHDC.

6. Facilitate communication and linkages between DHDC and other community organizations and groups.

7. Provide 10% of a staff person’s time to serve as the “Host Agency Liaison.” The responsibilities of this person will include:
   - Participating in the hiring of the community organizing staff using a process to be approved by the CAAA Steering Committee;
   - Participating in an orientation to the overall community organizing project;
   - Providing an orientation and integration of Neighborhood Community Organizer to the organization;
   - Providing co-supervision of the Neighborhood Community Organizer. This would include day-to-day supervision to ensure attendance and adherence to the agency’s policies, and oversight and assistance in his or her conduct of day to day job responsibilities as per the job descriptions.

8. Assist in providing resources and technical assistance in activities supporting the design and implementation of assessment, data collection, and evaluation systems.

9. Meet deadlines to ensure that the reporting process for the grant is a timely one.

10. Participate in the process of analyzing and translating the data collected to guide the efforts of the community organizers.

11. At all times, assure that the community organizers are carrying out their responsibility to focus on the community, with the goal of seeking ongoing, continuous input from the community.

12. Assist in the dissemination of results to the community.

13. Ensure that there is ongoing communication between the host organizations and the University of Michigan by sharing information regularly and frequently.

14. Provide necessary training on an ongoing basis to community organizing staff and Administrative Assistant.
Responsibilities of Detroit Hispanic Development Corporation:

1. Actively support the CAAA partnership.

2. Participate in the CAAA partnership through membership in the Steering Committee. Communicate with the Steering Committee members regarding administrative and programmatic issues related to the community organizing project in Detroit.

3. Develop and conduct an orientation to DHDC for all community organizing staff.

4. Provide co-supervision of Neighborhood Community Organizer housed in DHDC with the University of Michigan School of Public Health.

5. Provide office space for staff assigned to DHDC.

6. Facilitate communication and linkages between DHDC and other community organizations and groups.

7. Provide 10% of a staff person’s time to serve as the “Host Agency Liaison.” The responsibilities of this person will include:
   – Participating in the hiring of the community organizing staff using a process to be approved by the CAAA Steering Committee;
   – Participating in an orientation to the overall community organizing project;
   – Providing an orientation and integration of Neighborhood Community Organizer to the organization;
   – Providing co-supervision of the Neighborhood Community Organizer. This would include day-to-day supervision to ensure attendance and adherence to the agency’s policies, and oversight and assistance in his or her conduct of day to day job responsibilities as per the job descriptions.

8. Assist in providing resources and technical assistance in activities supporting the design and implementation of assessment, data collection, and evaluation systems.

9. Meet deadlines to ensure that the reporting process for the grant is a timely one.

10. Participate in the process of analyzing and translating the data collected to guide the efforts of the community organizers.

11. At all times, assure that the community organizers are carrying out their responsibility to focus on the community, with the goal of seeking ongoing, continuous input from the community.

12. Assist in the dissemination of results to the community.

13. Ensure that there is ongoing communication between the host organization by sharing information regularly and frequently.

14. Provide necessary training on an ongoing basis to community organizing staff.
Responsibilities of Warren Conner Development Coalition:

1. Actively support the CAAA partnership.

2. Participate in the CAAA partnership through membership in the Steering Committee. Communicate with the Steering Committee members regarding administrative and programmatic issues related to the community organizing project in Detroit.

3. Develop and conduct an orientation to WCDC for all community organizing staff.

4. Provide co-supervision of Neighborhood Community Organizer housed at WCDC with the University of Michigan School of Public Health.

5. Provide office space for staff assigned to WCDC.

6. Facilitate communication and linkages between WCDC and other community organizations and groups.

7. Provide 10% of a staff person’s time to serve as the “Host Agency Liaison.” The responsibilities of this person will include:
   - Participating in the hiring of the community organizing staff using a process to be approved by the CAAA Steering Committee;
   - Participating in an orientation to the overall community organizing project;
   - Providing an orientation and integration of Neighborhood Community Organizer to the organization;
   - Providing co-supervision of the Neighborhood Community Organizer. This would include day-to-day supervision to ensure attendance and adherence to the agency’s policies, and oversight and assistance in his or her conduct of day to day job responsibilities as per the job descriptions.

8. Assist in providing resources and technical assistance in activities supporting the design and implementation of assessment, data collection, and evaluation systems.

9. Meet deadlines to ensure that the reporting process for the grant is a timely one.

10. Participate in the process of analyzing and translating the data collected to guide the efforts of the community organizers.

11. At all times, assure that the community organizers are carrying out their responsibility to focus on the community, with the goal of seeking ongoing, continuous input from the community.

12. Assist in the dissemination of results to the community.

13. Ensure that there is ongoing communication between the host organization by sharing information regularly and frequently.

14. Provide necessary training on an ongoing basis to community organizing staff.
Financial Arrangements:
Each of the community partners involved in the Community Organizing part of CAAA: DWEJ, DHDC, and WCDC will receive funds from The University of Michigan, School of Public Health for services rendered as host agencies, as a part of this agreement. For year one, each agency will received $13,000. There will be a slight increase each year (e.g., $13,200 for year two, $13,408 for year three). These funds are for community field costs, which include:

- Liaison – 10% x 3 locations $15,000
- Facilities Rental x 3 locations $9,000
- Community Organizing Activities x 3 locations $11,100
- Field Office Supplies $1,200
- Copying, printing $900
- Telephone $1,200
- Postage, express mail $600

Total Community Field Costs $39,000 divided by three = $13,000 each

To obtain the funding, after staff is hired, each agency will submit an invoice for the first six months of the first year, or $6,500. An invoice for the second six months will be submitted five months later. It will take approximately one month from the time the University of Michigan receives the invoice for it to be processed and for the agencies to receive the funding. Agencies do not need to keep a detailed track of the expenditures as a part of this agreement.

The University of Michigan School of Public Health will also provide a computer at a cost of no more than $2500 for each of the four staff person hired.

Memorandum of Understanding Amendments:
The agreement shall be renewed annually by the signatories.

Termination of Memorandum of Understanding:
This agreement may be terminated by either party provided not less than thirty days (30) written notice of intent to terminate is given and an opportunity for prior consultation is provided.

In the event of termination, accounts shall be reconciled as of the date of termination.

Signatures:
This Memorandum of Understanding is entered into on ______________________________ (date)

(signatures)

_____________________________________________ (for the University of Michigan, School of Public Health)

_____________________________________________ (for Detroiers Working for Environmental Justice)

_____________________________________________ (for Detroit Hispanic Development Corporation)

_____________________________________________ (for Warren Conner Development Coalition)
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