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Partnering to Reduce Environmental Hazards Through a Community-Based “Healthy Home Museum”: Education for Action

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Abstract

Home environmental hazards can pose health threats, particularly to low-income children living in substandard housing. National agencies urge integrated treatment of such hazards; locally, however, home hazard reduction is often managed issue-by-issue. Helping diverse local groups understand the sources, health impacts, and solutions to home hazards is a critical first step toward action. Rochester's Healthy Home was a hands-on museum operated by a community-university partnership from 2006–2009 with the goal of supporting community members' and groups' efforts to address key environmental health hazards in high-risk housing. A secondary goal was to build connections between interest groups, government, and academic stakeholders to advance systems changes in support of environmental justice. Rochester's Healthy Home educated nearly 3,500 visitors about reducing home environmental hazards, served as a focal point for community action, and integrated over 30 local groups into the Healthy Home Partnership, which continues to meet regularly. Over 75% of visitors reported taking an action to improve their home's health following their visit. This hands-on and action-oriented training model generated attention and interest in replication in other cities. This collaboration showed that a collaboratively operated, interactive “healthy home museum” can build residents' capacity to reduce home health hazards while changing local policies and practices to sustainably promote healthier homes.

Introduction

Home environmental hazards are significant health threats, particularly to low-income children living in substandard housing.^{1–4} Lead poisoning, asthma triggers, carbon monoxide, radon, cleaning chemicals, and safety hazards are several key home health risks.

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Historically, these hazards were addressed—if at all—by separate government agencies, health or housing services, and educational programs. Additionally, efforts tended to focus either on resident education or on housing solutions, rather than on the partnerships needed to successfully reduce hazards over time. It is increasingly recognized that an integrated approach is most effective in treating the sources of and solutions to home environmental health hazards.^{5–7}

At the national level, many federal agencies and nongovernmental organizations now focus on promoting “healthy homes,” rather than on individual hazards. However, at the local level, programs and resources still tend to be organized around specific hazards (lead, fire hazards, mold, etc.) or diseases (asthma, lead poisoning, chemical poisoning, etc.). Not only residents and landlords, but also government agencies, community groups, and service programs need to understand the benefits of more holistically addressing home environmental health hazards. Reframing home hazards in this way at the local level requires that local organizations work together in new ways. This article describes the development and impacts of a partnership to integrate local home environmental health efforts in Rochester, New York, through the operation of a hands-on educational facility in the community.

Between 2000 and 2005, a wide range of community and governmental groups in Rochester organized as the Coalition to Prevent Lead Poisoning and passed a groundbreaking local lead law.⁸ In 2006, a group of community and university partners who had worked together during the lead law campaign began to discuss how they could help implement the new lead law in high-risk communities. These partners were particularly focused on a community-based approach to helping residents understand how to leverage new policies, information, and resources to protect their children from home environmental hazards. Noting the national move to integrate lead with other issues, they decided to broaden their scope to promoting healthy homes. After several months of discussion, they decided on two goals:

1. To provide cost-effective, action-oriented healthy homes education to high-risk residents in Rochester.
2. To develop a local partnership that could sustainably promote healthy homes in Rochester in the future.

In order to accomplish these goals, the partners decided to create a model healthy home (“the Healthy Home”) in a typical residential house in a high-risk neighborhood of Rochester. The Healthy Home functioned as a hands-on museum that demonstrated simple, low-cost solutions that individuals can use to reduce risks in their homes. Tours of the Healthy Home encouraged visitors to take personal action and access existing resources to reduce hazards in their own homes. Over 3,500 people visited the Healthy Home during its three and a half years in operation.

Partnership was essential to the Healthy Home for several reasons. First, healthy homes information is multidisciplinary and diverse; thus, a wide range of technical expertise is needed to develop educational messages. Second, information must be tailored—both in content and presentation—to varied audiences in order to be useful. For example, low income renters of pre-1978 urban housing may need different information about how to

identify, avoid, and address lead hazards than do owners of new suburban housing. Third, because home health touches so many aspects of people's lives, partners are needed who can reach people through programs ranging from parenting programs to worker training to housing services to medical education. Fourth, changing systems to promote healthy housing involves a wide range of housing, community, and health groups; one of the goals of the Healthy Home project was to recruit additional organizational partners in this effort.

Below, we discuss how Rochester's Healthy Home helped develop a partnership focused on healthy homes education and action. Members of the resulting Healthy Home Partnership included community, academic, health, and government groups relevant to some aspect of home health. We then briefly describe the impacts the Healthy Home had on visitors. We conclude by summarizing the sustainability of these impacts after the Healthy Home facility closed in 2009.⁹

Discussion

Healthy Home partners and advisory council

The initial core partners in Rochester's Healthy Home included the Southwest Area Neighborhood Association (SWAN), the Rochester Fatherhood Resource Initiative (RFRI), and the University of Rochester Environmental Health Sciences Center's Community Outreach and Education Core (UR). Each partner contributed a different perspective and resources. SWAN, a community group serving a low-income neighborhood of Rochester, was particularly interested in helping residents understand how they could use the new lead law to protect their children from lead hazards. SWAN staff had extensive experience in community organizing, building youth assets, and partnering with schools. RFRI, an organization dedicated to supporting fathers in the community, focused on the potential for low-income residents to be trained and employed as lead abatement professionals. The UR provided technical resources (development of displays and materials), initial infrastructure (pilot funding and staff time), and ongoing evaluation of the program and its impacts.

Before beginning the project, the core partners developed and agreed to “principles of collaboration” to guide their interactions. These were derived from reviewing principles of past community collaborations in Rochester and other cities. The core partners met regularly for nearly a year to develop the concept of the Healthy Home—its messages, approach, and target audiences— and how it would be operated. The partners focused on an action-focused approach to teach people what they could do to improve home health and giving them the tools to take these actions in their homes and/or work. Based on the partners' experiences with a pilot “lead lab,” they decided to create a hands-on, interactive museum in a home-like setting.^{9,10} Since none of the core partners had the resources to own and operate a building, they looked for an appropriate site to rent. Fortunately, one of the core partners from RFRI offered 1,100 square feet on the first floor of a large, commercially zoned residential home he owned in the SWAN neighborhood. The UR partners obtained a \$15,000 pilot grant to produce educational materials and rent this space for one year. The Healthy Home opened to the public in June 2006. Tours were initially offered by the core partners, interns, and youth volunteers. Meanwhile, the partners successfully obtained a series of grants from government agencies and foundations, which enabled them to hire staff. A full-time project

manager was hired through SWAN to recruit visitors, lead tours, collect evaluation data, and manage the operation of the home with input from the core partners. Throughout implementation of the project, the core partners met weekly to support the day-to-day operation of the Healthy Home.

As the Healthy Home project evolved, the roles of the core partners shifted. As the employers of Healthy Home staff, SWAN became the primary manager of day-to-day operations and grants. After the first two years, RFRI's internal priorities shifted and the organization became less active with the Healthy Home. The remaining core partners reached out to other local groups to involve them in special projects, recruiting visitors, and adding educational programs. For example, during the second year, several programs focused on asthma drew the Regional Community Asthma Network into a core role in the Healthy Home. UR staff, who initially focused on developing the educational displays and writing grants to support the project, transitioned into evaluating and documenting the project's progress, supporting grant applications, and disseminating the project's experiences through publications, conferences, and consultation with groups in other cities interested in replicating the project.

The core partners recognized that the project's sustainability depended on educating a wide range of organizations whose work related to some aspect of Healthy Homes. Many of these groups were invited to join the Healthy Home Advisory Council (HHAC), a group of organizations that interacted regularly with the core partners, but were not involved in its day-to-day operation.

HHAC members had an ongoing interest in integrating healthy homes into their organization's activities. Many also provided information and resources through the healthy home. The HHAC met monthly to update members on the project's accomplishments, share opportunities (grants, outreach events, etc.), and get input on the project's future. Because each member organization's interests were different, individualized Memoranda of Understanding were drafted to reflect expectations about each group's involvement (whether the group's staff would be trained, bring or refer clients to visit the home, integrate Healthy Home into their ongoing activities, etc.). For example, the Injury Free Coalition for Kids used its expertise on home safety issues to develop Healthy Home displays on fire hazards, trips/falls, and chemicals storage. By 2009, the HHAC had grown to over 30 members (Table 1). Table 2 presents additional examples of HHAC members' interactions with the project.

Rochester's Healthy Home museum

The Healthy Home project that evolved from this core partnership was a “museum” which offered free tours, workshops, and counseling to a wide range of visitors. This hands-on, interactive format was based on both the partners' experiences with community-based education and literature showing that this approach was more effective with a diverse range of audiences than either written materials or presentations. Initially, the Healthy Home focused primarily on residents of low-income rental housing in the City of Rochester. However, new audiences and partners were brought in throughout the project that broadened its scope.

The Healthy Home presented educational displays in a realistic, home-like setting. For example, an “asthma safe bedroom” included a bed with dust mite covers, a “safe housekeeping” demonstration station (including nontoxic cleaners), and plastic tubs for storage of toys to reduce dust accumulation. The kitchen included “look-alikes” (hazardous cleaning chemicals whose packaging resembles food products) and tools for integrated pest management (such as bait traps), since pest problems are often found in kitchens.

These displays were based on input from local and national organizations focused on each individual hazard and included information on local resources that could provide additional help. Initially, the Healthy Home focused on asthma triggers, lead poisoning, indoor air quality, and toxic chemicals. Over time, visitors and partners suggested additional topics that were incorporated into displays and programming, including safe food preparation, injury prevention, bed bugs, lice, and lead safe gardening.

Visitors were recruited through a variety of means, including special events, referrals, and organized tours/ programs. For example, every year SWAN organized a community barbeque, to which neighbors and community members were invited. Several organizations that joined the partnership regularly referred clients, members, or staff to the Healthy Home. The Healthy Home also had “open hours” each week for drop-in visitors. The most common way for visitors to come to the Healthy Home, however, was in specially arranged tours organized in partnership with community groups and tailored to the needs of each audience. For example, SWAN's summer camps, local elementary schools, a training program for young mothers, a pediatric residency program, and a support group for families of asthmatic children incorporated field trips to the Healthy Home into their curricula. Healthy Home staff frequently invited new or prospective partners to host a board or staff meeting at the Healthy Home, after which participants were given tours. The Perinatal Network, several block clubs, the Water Education Collaborative, the Center for Environmental Information, Promotores de Salud program (a community health worker program), the Rochester City School District Superintendent's Cabinet, and many other groups were introduced to the Healthy Home through such meetings. These visits frequently led to additional referrals or plans for the group to develop new programming involving healthy homes. The Healthy Home staff developed special programs for various groups, including Lead Safe Work Practices courses, refugee resettlement services, and work experience program participants.

Evaluation was an integral part of the Healthy Home project. After their tour, visitors were asked to fill out evaluation surveys that provided information on who visited the Healthy Home, what they learned, and what actions they planned to take to make their own homes healthier. Second, to assess the Healthy Home's impact on visitors' efforts to make homes healthier, follow-up calls were made with a subset of visitors to ask if they had in fact taken action. Third, the project's evolution was documented by staff, who recorded special events, outreach efforts, new partners, and inquiries about replication. Core partners reviewed this information to refine the project over time, produce annual reports, and develop presentations for local and national meetings. They also produced an online “guide to replication” geared toward groups interested in adapting lessons from the Healthy Home to their own communities.

The Healthy Home's impact on visitors

According to sign-in logs, 3,716 people visited the Healthy Home during its three and a half years in operation. These visitors came from a wide range of backgrounds (Table 3). This far exceeded the Healthy Home core partners' initial expectation of 350 visitors per year. Over this time, a total of 1,369 visitors completed evaluation forms; according to ZIP Codes recorded on the sign-in logs and evaluations, those who completed evaluations were geographically representative of all visitors. Community residents were by far the most common type of visitor, about one third of the total visitors. Many health care professionals and youth also visited the Home. Nearly one third of the visitors were parents of a child under six.

As a means of better understanding how the displays in the Home influenced visitors' understanding of the topics, one evaluation question asked visitors what were the “most useful” parts of the Healthy Home (Table 4). By far, the most highly rated components of the Healthy Home were the display items and tour guides, supporting the partners' insight that personalized hands-on education is effective. Most of the other Healthy Home components were also rated as useful by visitors. Visitors appeared to appreciate having the information displayed and available in several different ways.

Visitors were asked to state the most important thing they learned at the Healthy Home. This was a way of tracking interest in tour information and of adapting future tours to community needs. The open-ended responses were coded into eight general healthy homes categories by Healthy Home staff (Table 5). Lead (33.6%) was most commonly mentioned, followed by healthy home cleaning/chemicals use (18.0%) and reducing home asthma triggers (15.8%).

Evaluations also asked visitors to consider their own homes, and to rate their personal level of concern regarding some common household hazards (Table 6). Over 40% of visitors were concerned with mold, pests, and chemical hazards in their own homes after touring the Healthy Home. Lead and tobacco smoke were also common concerns, with over 30% of visitors reporting that they had these hazards in their homes.

The Healthy Home emphasized personal action in addressing home environmental health hazards. Healthy Home partners recognized that residents have the ability to mitigate some hazards through their actions, but that these behaviors are only effective when the housing is properly maintained. In the case of rental housing, owners or property managers are responsible for maintaining environmentally healthy housing. Health and housing agencies have a role to play in providing resources and education. Therefore, the Healthy Home focused on helping each individual visitor identify personal actions that they could take appropriate to their resources and roles. The evaluation form asked visitors to identify one or more specific actions they planned to take to address home hazards (Table 7). More than half of the respondents said they planned to change their household cleaning habits, followed by sharing information they learned at the Healthy Home with others.

Finally, each visitor was asked to complete an individual “Action Plan,” stating at least one specific action they would take to make their home healthier. Staff made follow-up calls to 472 visitors (around a quarter of all who completed evaluations) within one year of their

visit to determine whether they had completed their planned healthy home action. Over two-thirds reported successfully completing their action (76.8%), with an additional 7.6% having “partially” completed that action (Table 8).

Conversations with visitors during follow-up calls suggested that visitors were experiencing improvements in environmental health. Visitors reported a reduction in pests, better relationships with property owners, and improved housing situations. Many respondents noted that they were using information they learned of the Healthy Home when searching for new homes or apartments.

Dissemination and sustainability of healthy homes education in Rochester

The Healthy Home was designed to be a time-limited project. Therefore, throughout the project, partners were mindful of documenting both the impacts, as reported above, and the process of maintaining the museum so that they could be shared with other communities for future dissemination. One product was a “Guide to Replication,” which was made available on the UR partners' website as a resource for other groups looking to implement similar projects. The Healthy Home's progress was also presented at numerous local and national meetings and was highlighted on list serves for groups interested in reducing home environmental hazards. Additionally, photographs and informational materials from the Healthy Home were uploaded on the UR website as an ongoing educational resource for interested groups.

When the Healthy Home closed in 2009, the HHAC agreed to transition to a “Healthy Home Partnership” (HHP), which continued to meet on a monthly basis, facilitated by UR and hosted by various community groups. This group continued to share information on the ongoing healthy home activities of member organizations, new opportunities, and bringing in new partners interested in learning about home health. For example, HHP members have developed training for childcare providers, replicated and distributed thousands of healthy homes DVDs, and incorporated healthy homes measures into housing grants programs. Other members continue to share healthy homes information through their ongoing outreach programs.

Conclusions

At the national level, the healthy homes concept has led to new partnerships and programs between both government and not-for-profit agencies. Rochester's Health Home shows the potential for and importance of forging these connections at a local level. Having a concrete project—the experience of operating a Healthy Home museum—was an effective way to develop and broaden a local healthy home partnership. Perhaps this is because each group could literally envision how its mission, activities, and members could relate to the Healthy Home museum. Similarly, collecting evaluation and follow-up data, as well as documenting the process of creating and sustaining the museum, facilitated dissemination and replication of the project.

The Healthy Home museum raised awareness of what is meant by “healthy homes” and how this concept related to a wide range of community groups, service organizations, and

government agencies in Rochester. As a result, numerous local groups integrated healthy homes into their ongoing programs and future plans. In addition, by sharing its experiences through project reports, presenting the project at national meetings, and responding to requests for information about replication in other cities, Rochester's Healthy Home contributed to national efforts to address home health hazards. Rochester's Healthy Home provides a promising model both for educating diverse partners and developing a partnership that can help communities transition to a more holistic and sustainable approach to home health promotion.

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Table 1
Healthy Home Advisory Council

Action for a Better Community
American Lung Associate/Regional Community Asthma Network
Center for Youth Services
City of Rochester Lead Hazard Control grant program
City of Rochester Fire Department
Coalition to Prevent Lead Poisoning
Cornell University Cooperative Extension – New York State IPM Program
Eastman Dental Clinic
Finger Lakes Lead Poisoning Prevention Center
Finger Lakes Occupational Health Services
Ibero American Action League/Promotores de Salud
Injury Free Coalition for Kids of Rochester
Monroe Community College Office of Service Learning
Monroe County Department of Environmental Services
Monroe County Department of Public Health
Monroe County Work Experience Program
Neighborworks Rochester
New School Vision, Inc.
Perinatal Network of Monroe County
Planned Parenthood
Ruth A. Lawrence Poison and Drug Information Center
Rochester Diabetes Network
Rochester Child First Network
Rochester Fatherhood Resource Initiative
Rochester Housing Authority
Rochester Regional Children's Environmental Health Center
South East Area Coalition
Southwest Area Neighborhood Association (SWAN)
St. John Fisher, Community-Based Service Learning
The Housing Council
University of Rochester Environmental Health Sciences Center
University of Rochester Medical-Legal Partnership
University of Rochester Pediatric Links to the Community
Westside Farmers' Market
Wilson Foundation
Youth as Resources

Table 2
Healthy Home Advisory Council (HHAC): Involvement and Impacts

HHAC member organization	Healthy Home involvement	Impact on organizational activities
<i>Action for a Better Community (ABC)</i>	ABC staff and interns were trained in healthy homes information	Incorporated healthy homes education and remediation into home repair grant program
<i>Catholic Family Center</i>	Partnered with Healthy Home staff to train seven interpreters and give Healthy Home tours to 200 recent refugees	Interpreters and staff address home health hazards in interactions with refugee families
<i>Children's Environmental Health Center</i>	Funded production and distribution of 5,000 "Healthy Homes" booklets	Incorporated healthy homes information into Camp Broncho Power, a summer day camp for asthmatic children; distributed booklets
<i>Ibero</i>	Brought promotoras (community health workers) to Healthy Home for training	Promotoras integrated Healthy Home messages into ongoing home visit program
<i>Injury Free Coalition for Kids</i>	Donated injury prevention displays to Healthy Home	Incorporates healthy homes information in outreach events; includes healthy home health improvement tips in newsletters
<i>Monroe County Department of Public Health</i>	Donated display materials; worked with the program manager to connect visitors with county resources	Funded for Healthy Homes Concepts trainings for two years after Healthy Home closed; conducts home visits through the Healthy Neighborhoods Program
<i>Neighborworks Rochester</i>	Encouraged clients and staff to visit Healthy Home	Incorporated healthy homes information into their first time home buyers' classes
<i>Regional Community Asthma Network</i>	Partnered to bring families of asthmatic children to Healthy Home	Trained home visiting nurses and incorporated comprehensive healthy home assessments into home visits for asthmatic children
<i>Perinatal Network of Monroe County</i>	Hosted staff meeting at Healthy Home; developed environmental and community health resource database	Included healthy homes information in ongoing training for network members
<i>Southwest Area Neighborhood Association (SWAN)</i>	Core partner	SWAN's Grow Green Youth Entrepreneurship program and greenhouse operation grew out of the lead safe gardening displays
<i>WXXI (public television station)</i>	Used Healthy Home resources to develop short video clips on healthy homes	Includes healthy homes information into WXXI's ongoing community health programming

Table 3
Type of Visitor from Sign-in Sheet (DEC and Refugee Special Projects Listed Separately)

Target audiences	Year 1	Year 1 %	Year 2	Year 2 %	Year 3	Year 3 %	Total	Total %
Health care professionals	216	29.2%	141	11.3%	218	12.6%	575	15.5%
Youth (K-12)	140	18.9%	295	23.6%	168	9.7%	603	16.2%
Students (higher education)	32	4.3%	79	6.3%	18	1.0%	129	3.5%
Housing professionals	99	13.4%	46	3.7%	63	3.6%	208	5.6%
Community residents	130	17.6%	471	37.7%	722	41.8%	1,323	35.6%
Other	123	16.6%	217	17.4%	185	10.7%	525	14.1%
Housing professionals under DEC grant**	-	-	-	-	113	6.5%	113	3.0%
Refugees under MCDOPH grant**	-	-	-	-	240	13.9%	240	6.5%
Total	740		1,249		1,727		3,716	

* In Year 3, the Healthy Home received funding from the New York State Department of Environmental Conservation (DEC) to focus on bringing housing professionals (particularly property owners, contractors, and renovators) to the Healthy Home.

** In Year 3, the Healthy Home received funding from the Monroe County Department of Public Health (MCDOPH) to train interpreters and bring members of refugee communities through tours in their own languages.

Table 4
Most “Useful” Part of the Healthy Home (Multiple Responses Allowed)

	Year 1 (N ₁ = 352)	Year 1 %	Year 2 (N ₂ = 503)	Year 2 %	Year 3 (N ₃ = 470)	Year 3 %	Total (N = 1,325)	Total %
Posters	167	47.4%	164	32.6%	142	30.2%	473	35.7%
Display items	241	68.5%	270	53.7%	258	54.9%	769	58.0%
Small signs	72	20.5%	102	20.3%	74	15.7%	248	18.7%
Checklists	94	26.7%	105	20.9%	112	23.8%	311	23.5%
Tour guides	250	71.0%	338	67.2%	261	55.5%	849	64.1%
Brochures	127	36.1%	124	24.7%	160	34.0%	411	31.0%
Giveaways	57	16.2%	61	12.1%	53	11.3%	171	12.9%
Other	23	6.5%	30	6.0%	26	5.5%	79	6.0%

Table 5

Most Important Thing Learned During the Healthy Home Visit

	Year 1 (N ₁ = 328)	Year 1 %	Year 2 (N ₂ = 469)	Year 2 %	Year 3 (N ₃ = 437)	Year 3 %	Total (N = 1,026)	Total %
Energy	0	0.0%	1	0.2%	0	0.0%	1	0.1%
Indoor air quality	37	11.3%	59	12.6%	26	5.9%	122	11.9%
Asthma	42	12.8%	63	13.4%	57	13.0%	162	15.8%
Lead	103	31.4%	119	25.4%	123	28.1%	345	33.6%
General	53	16.2%	110	23.5%	112	25.6%	67	6.5%
Cleaning/chemicals	51	15.5%	76	16.2%	58	13.3%	185	18.0%
Community Resources	42	12.8%	36	7.7%	29	6.6%	107	10.4%
Pests	0	0.0%	5	1.1%	32	7.3%	37	3.6%

Table 6
Home Hazard Concerns Reported by Healthy Home Visitors (Multiple Answers Allowed)

	Year 1 (N ₁ = 360)	Year 1 %	Year 2 (N ₂ = 537)	Year 2 %	Year 3 (N ₃ = 515)	Year 3 %	Total (N = 1,411)	Total %
Mold	193	53.6%	231	43.0%	211	41.0%	635	45.0%
Pests	161	44.7%	206	38.4%	228	44.3%	595	42.2%
Tobacco smoke	87	24.2%	162	30.2%	203	39.4%	452	32.0%
Asbestos	78	21.7%	88	16.4%	111	21.6%	277	19.6%
Carbon monoxide	94	26.1%	140	26.1%	141	27.4%	375	26.6%
Radon	65	18.1%	86	16.0%	97	18.8%	248	17.6%
Lead	131	36.4%	143	26.6%	182	35.3%	456	32.3%
Chemicals	199	55.3%	250	46.6%	197	38.3%	646	45.8%

Table 7
Planned Actions to Reduce Home Hazards Based on Evaluation Responses (Multiple Responses Allowed)

	Year 1 (N ₁ = 337)	Year 1 %	Year 2 (N ₂ = 513)	Year 2 %	Year 3 (N ₃ = 424)	Year 3 %	Total (N = 1,274)	Total %
Contact a resource agency	70	20.8%	118	23.0%	149	35.1%	337	26.5%
Make physical changes my home	150	44.5%	186	36.3%	156	36.8%	492	38.6%
Ask landlord to make changes	82	24.3%	113	22.0%	174	41.0%	369	29.0%
Change household cleaning habits	194	57.6%	265	51.7%	219	51.7%	678	53.2%
Teach/share information with others	194	57.6%	208	40.5%	175	41.3%	577	45.3%
Other	21	6.2%	27	5.3%	21	5.0%	69	5.4%

* For most visitors, action plan type was included in the evaluation, in addition to the actual Action Plan. This allowed visitors to list several types of actions they might take in addition to the single plan. This question was excluded from the refugee evaluation form to simplify the evaluation process.

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Table 8

Action Plan Completion Based on Follow-up Calls

	Year 1 (N ₁ = 119)	Year 1 %	Year 2 (N ₂ =257)	Year 2 %	Year 3 (N ₃ = 96)	Year 3 %	Total (N=472)	Total %
Yes	95	79.8%	177	68.9%	90	93.8%	362	76.7%
Partial	14	11.8%	20	7.8%	3	3.1%	37	7.8%
No	10	8.4%	60	23.3%	3	3.1%	73	15.5%