

Oneida Community Survey

Comprehensive Data – November 2018



Data Results from the Oneida Community Survey

In May 2018, 14,200 surveys were distributed to all enrolled Oneidas 18 years of age and older as of May 1, 2018. 2,575 survey responses were initially received and entered by the end of June 2018. An additional 90 surveys were collected in subsequent months, especially during September concurrent with Per Capita Form submissions. In total, 2,665 survey responses were received. This is approximately a 20% (18.77%) response rate. According to a current benchmark (Oneida Quality of Life Survey), a sample of about 400 responses is necessary in order to be 95% confident the results represent the general population with a 5% (+/-) margin of error. However, attention to analysis must be considered for the respondent ages – to ensure all age brackets are sufficiently represented.

It is important to note that due to data entry consistency and errors, there are some answers that cannot be determined and/or are seemingly not applicable. The data seemingly not applicable may be due to overwritten cells during data entry and/or due to respondents not fully understanding the question in the context it was written. Also, dependent on how a respondent interpreted the purpose of the survey and its question, inappropriate and/or not applicable responses were also found. For these reasons the number of survey responses may vary from graph to graph.

Additionally, it must be noted that the information presented herein is the result of the analyzer's perspective and priority of importance at the time of review. Although there are effectively twenty-eight survey questions, there are multitudinous ways in which the data can be presented. For example, question nine seeks to know how many respondents think Oneida enrollment criteria should be modified. A direct way to translate the data would be to total the number of *Yes*, *No*, *Not Sure* and *No Answer (N/A)* responses. However, as the survey data is intended to help guide future project objectives and identify necessary communication topics, it may be equally important to identify which age groups need additional outreach.

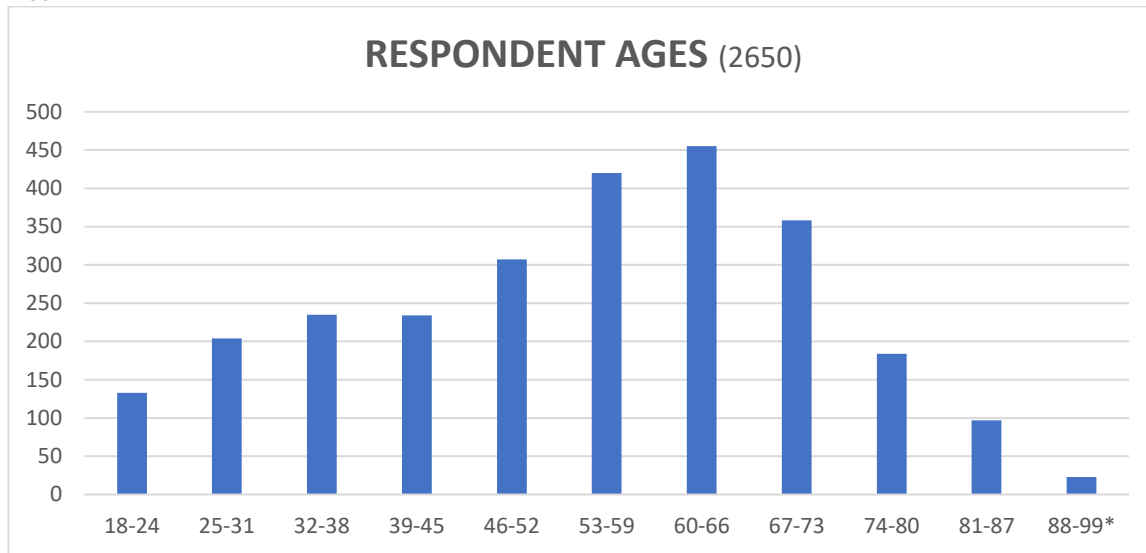
While the intention is to portray the data objectively, some inferences were made for the sake of prompting further analysis and research. It is important to consider the data, as well as its limitations.

The raw data, along with the formatted data - sorted, counted/coded and analyzed, along with any resulting graphs, are available. The electronic files have been turned over to the Project Specialist for retention, further analyses and use for Sustain Oneida Project purposes.

Demographics

Of 2,650 surveys (2,665 less 11 *No Answers* and 4 undetermined or data errors) the respondents ages ranged from 18 years to 99 years of age. Portrayed in Figure 1, the ages are broken into 7-year age ranges. The highest number of respondents were ages 46 to 73 years old.

FIGURE 1



* 88-99 is a larger age bracket accounting for a few additional respondents over 88 years of age

It may be determined that another method of data collection should be considered in order to solicit specific information from younger and older populations. For purposes of this analysis however, it is believed the response sample is significant. For a broader, more generational, visual, future graphs denote the same age results, but in 20-year increments. Additional demographic information is included in the following graphs.

Figure 2 identifies the number of respondents by gender – 57% (1,512) female and 43% (1,139) male. (2651 respondents were referenced after 14 *No Answers* or data errors were removed from the 2,665 total respondents.)

FIGURE 2

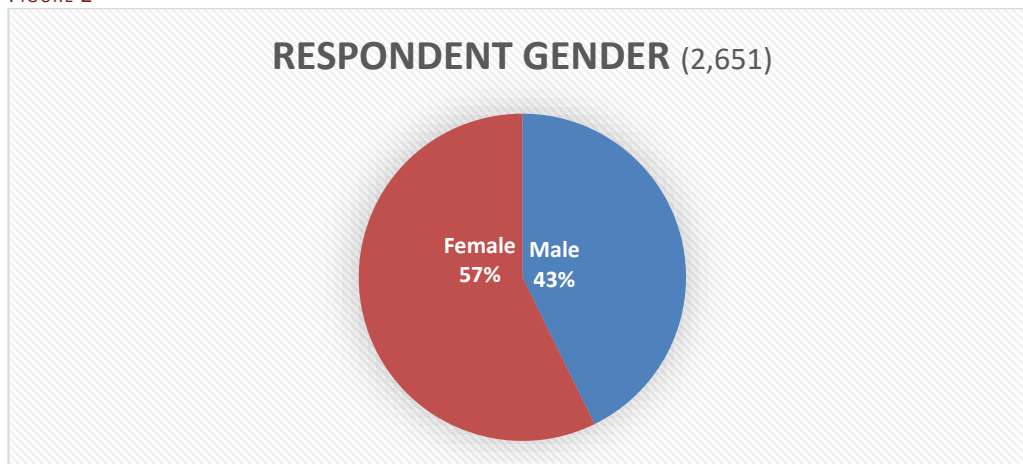


Figure 3 shares the same gender information broken into the generational 20-year increments. Females account for the majority of respondents, yet females and males alike are similarly represented within each of the age brackets.

FIGURE 3

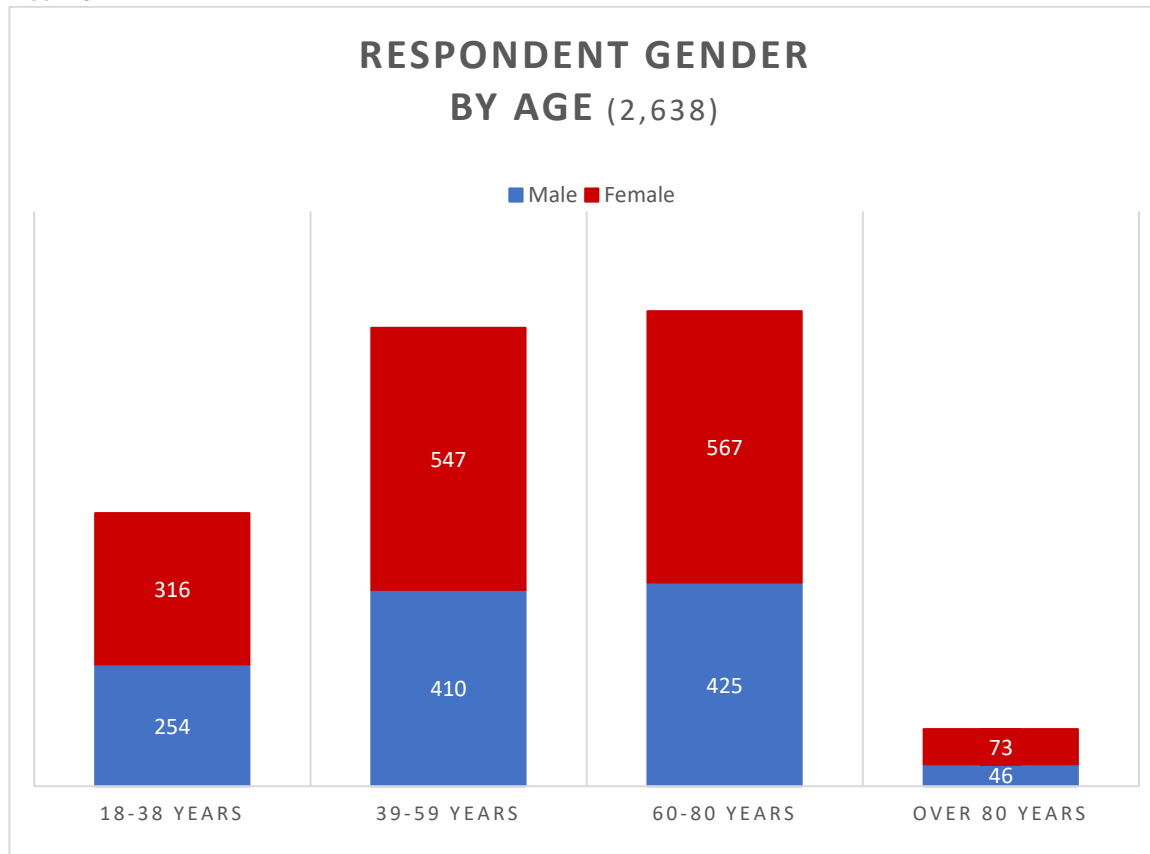
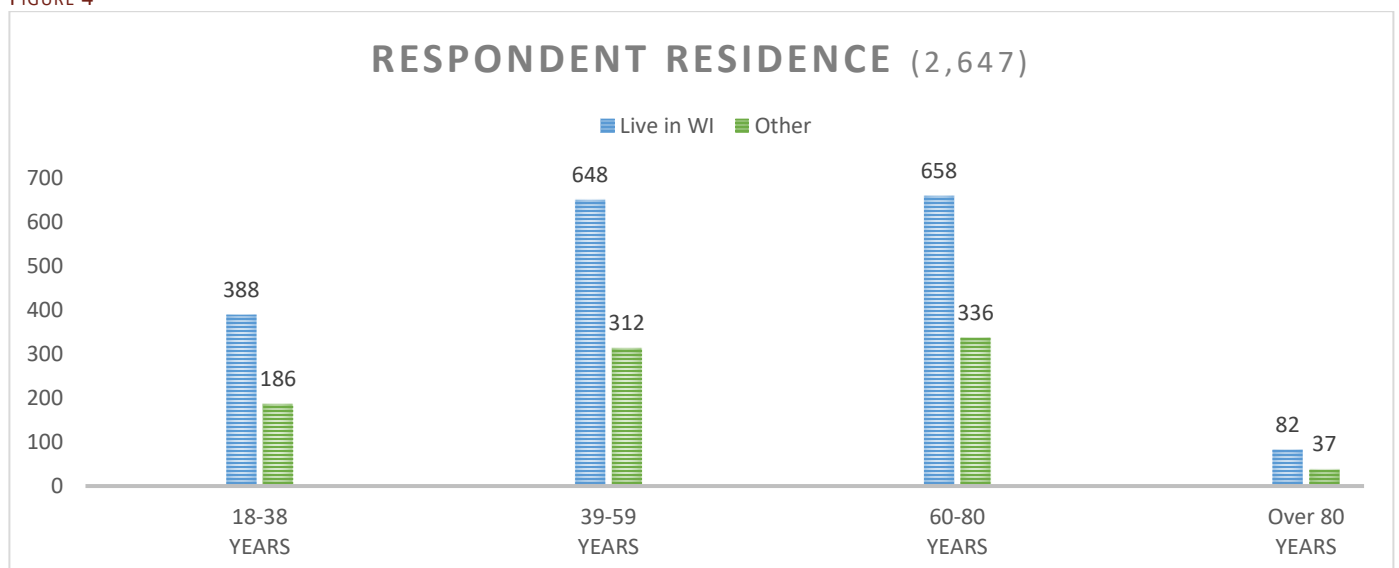


Figure 4 breaks down how many respondents live in Wisconsin (1,776) and how many live elsewhere (871). 67% of the survey respondents live in Wisconsin.

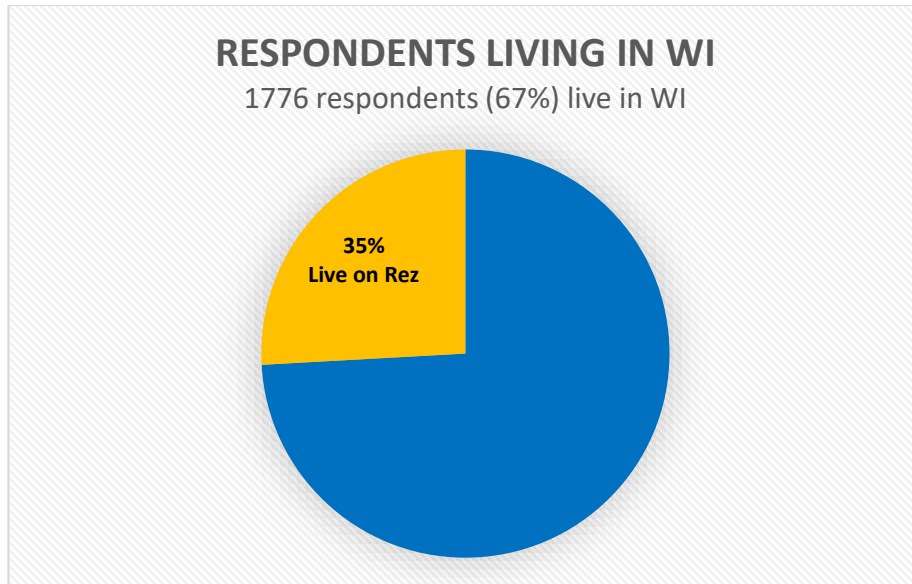
FIGURE 4



Of the respondents living in Wisconsin, 577 live in Brown County, 346 live in Outagamie County, and 394 live in Milwaukee County and the nearest ten (10) surrounding counties to Milwaukee. This roughly translates into 1,317 respondents within Oneida service areas of Brown and Outagamie Counties and Southeastern Oneida Tribal Service areas.

Figure 5 further shows that of the respondents living in Wisconsin, about 35% live on the Oneida reservation. 24% (620) of the survey respondents overall live on the Oneida reservation.

FIGURE 5



Subsequent questions to residency were asked, particularly if respondents intend on moving to the reservation, and if not, why not.

Do you intend on moving to the reservation?

Yes	No	N/A	N/S	Total
246	1,047	514	858	2665
9%	39%	19%	32%	

246 respondents (9%) answered *Yes*, they want to move to the reservation. 39% of the respondents (1,047 of 2,665) said they do NOT want to move to the reservation. 514 respondents (19%) did not answer the question and 32% (858 respondents) are *Not Sure*. Some main reasons noted for not wanting to move to the reservation include:

- Job/Career/Successful employment elsewhere
- Born and raised, or otherwise established elsewhere
- Family is elsewhere
- Age/Retired or close to retirement
- Already own or built a home elsewhere

- Happy or content elsewhere
- In school or college elsewhere; or already enjoy the school district they are in
- Cannot afford to move/Move is costly
- Weather/Too cold

More analysis can be done to better quantify the various reasons for why such a large number said they do not want to move to the reservation. Such information would be a helpful reference point to be able to respond to opinions brought forth during community dialogue and sharing. For example, a previous claim during a Sustain Oneida summit was if only there was enough housing on the reservation people would return. It would benefit future presentations and/or dialogue to be able to claim, that according to this survey, only nine (9) respondents were identified (out of 2,665 in total) that stated something to the effect that they cannot find a home on the reservation or they do not qualify for housing.

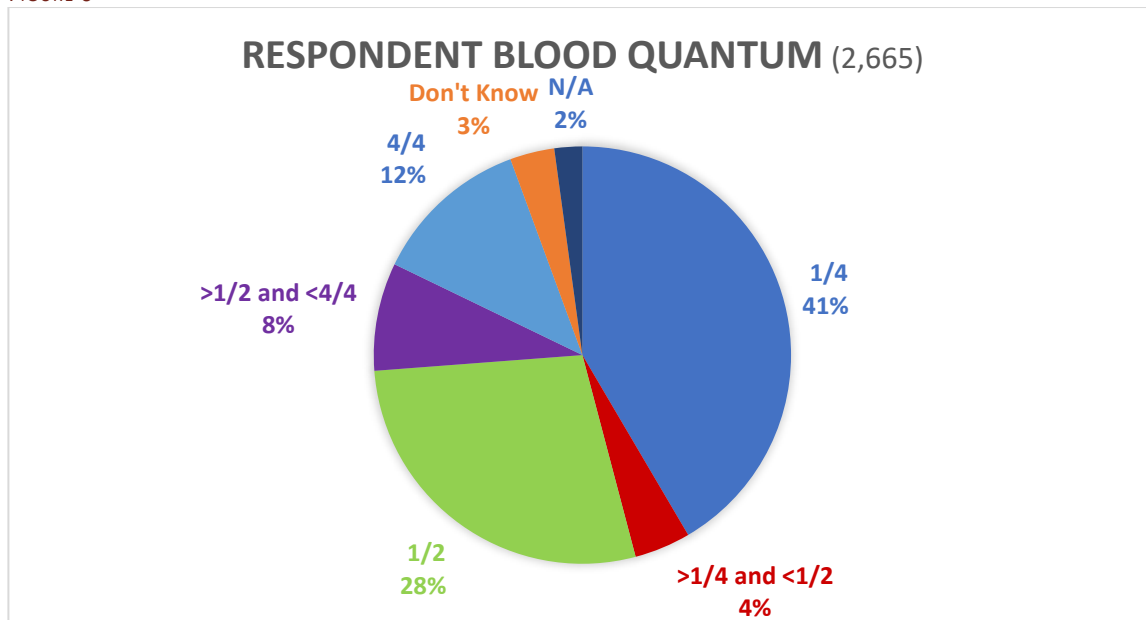
Blood Quantum

From 2,665 responses, the blood quantum breakdown in Figure 6 shows that close to half (45%) of the respondents are less than 1/2 blood quantum and most of the remaining half (48%) of the respondents are at least 1/2 or more blood quantum.

- 45% respondents are less than 1/2 blood quantum
- 48% respondents are at least 1/2 blood quantum
- Interesting to note, 3% of respondents (91) did not know their blood quantum

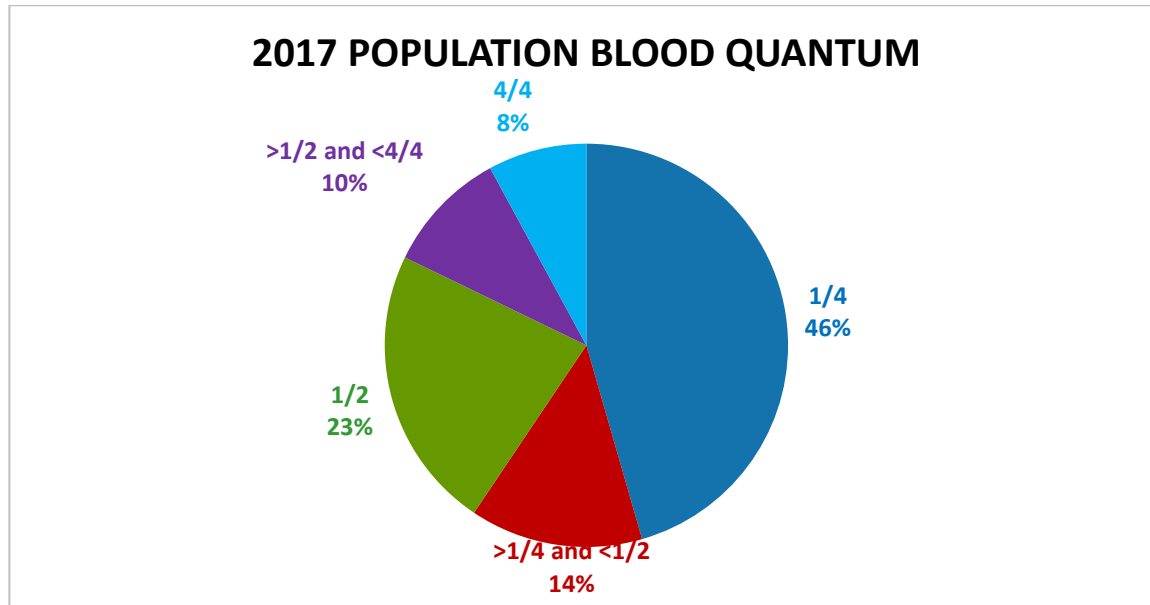
With an almost equal number of respondents on either side of the blood quantum split of 1/2, it is further data to support that the number of survey responses received are representative of the general population.

FIGURE 6



See Figure 7 to compare the above pie chart data on respondent blood quantum to the 2017 enrollment data presented to the General Tribal Council in June 2018. The similarities further support the survey respondents are indicative of the larger Oneida community. The information in the survey overall should be considered valuable data to move forward with project planning and reference points.

FIGURE 7



For another data reference point of blood quantum by age, Figures 8 and 9 show respondent blood quanta by the identified age brackets. Figure 8 breaks down enrolled respondents with blood quantum less than half ($1/2$). This 1,212 figure represents individuals who may not have a child eligible for enrollment (under current criteria) unless they procreate with another native of substantial Oneida blood. Ages 18 to 45 years is on the higher end of standard child-bearing years, which is inclusive of geriatric pregnancy ages 35 and older.

However, this age range is used for a conservative data point and includes both male and female respondents. A total of 551 respondents ranging from 18-45 years, which equates to more than 45% of the total respondents, will not likely have descendants eligible for Oneida enrollment according to current enrollment criteria, unless they are purposeful in procreating Oneida eligible offspring.

FIGURE 8

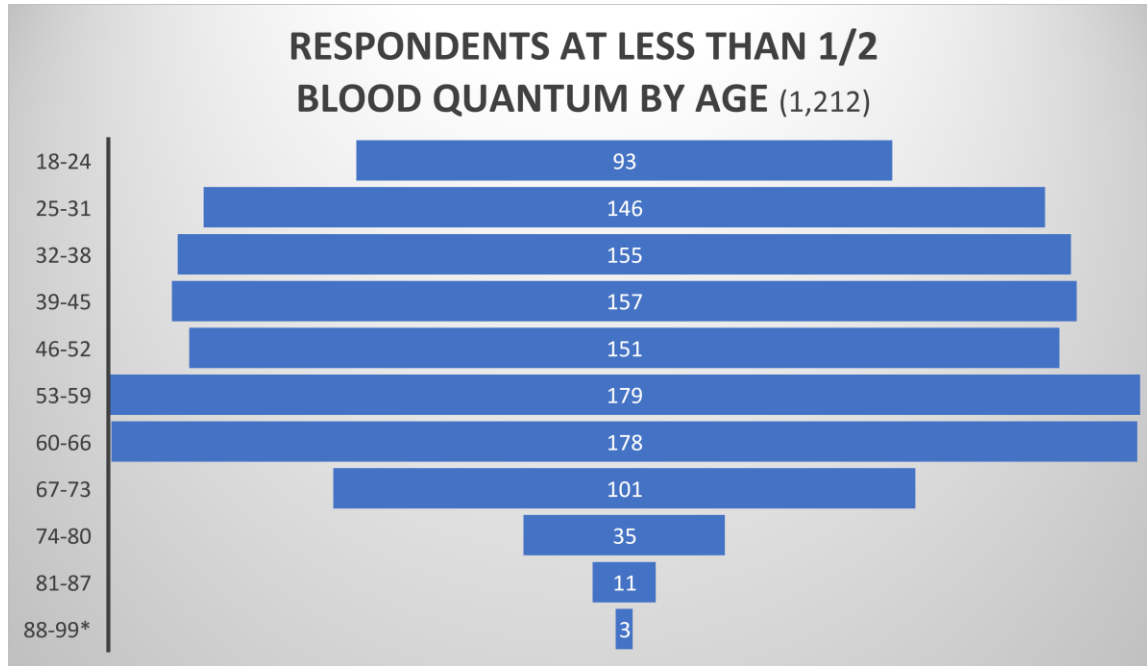
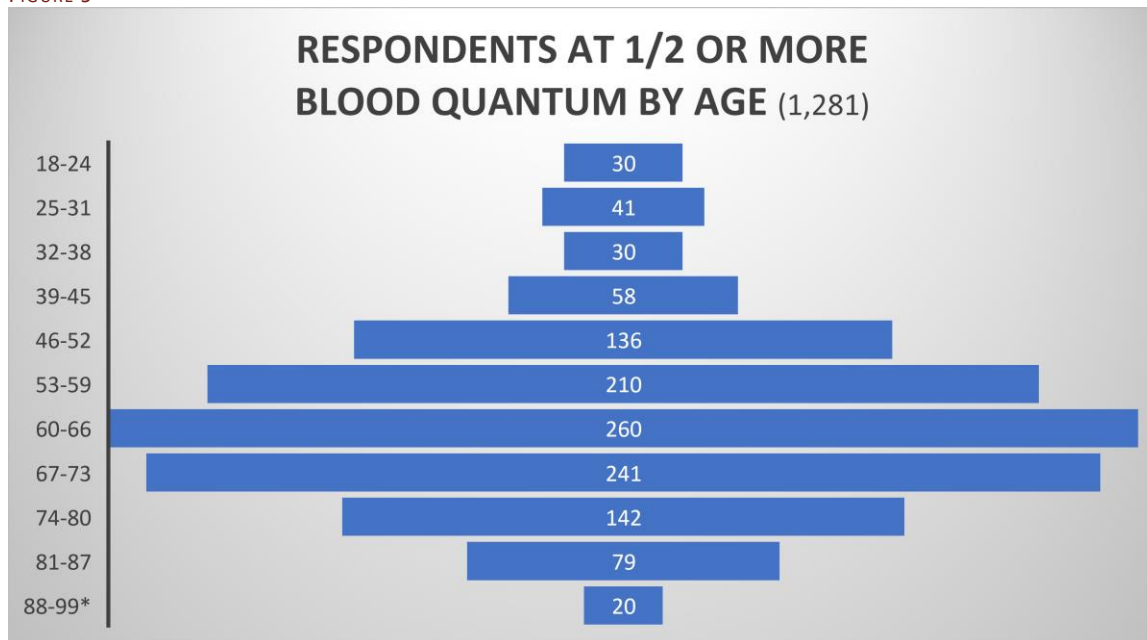


Figure 9 breaks down the number of enrolled respondents with blood quantum of half (1/2) or more by age groups. The total 1,281 is representative of individuals who may have children eligible for enrollment (under current criteria), without having to purposefully partner with another native with Oneida blood. Important to note however, using the same age range of 18 to 45 years as a conservative child-bearing age range reference, the total is 159 respondents. That equals 12% of the total respondents.

FIGURE 9



If this is in fact indicative of the general population, and the data points are validated by the demographic projections, purposefulness in procreation in order to sustain Oneida enrollment eligibility, under current criteria, should be an educational aspect of the project for the younger generations. Special focus may be necessary to discuss this topic with youth in their adolescent years before the age of 18.

Descendants

Of the 2,665 total respondents, 1,064 (40%) said they have children who are Oneida descendants. This indicates there is a larger voice that has gone unheard in this survey. It is important to note that during the planning and development of this survey, the descendants' voices were wanted to be sought. However, there were no sufficient enrollment records with contact information for descendants to deploy such a survey. There could (and should) be additional work done to gather the opinions of the descendants for this project. The argument can be made that descendants are just as much a part of the Oneida community as their enrolled Oneida relatives. Social media may be the initial vehicle to start the Sustain Oneida conversations with descendants that are not currently enrolled in the Oneida Nation.

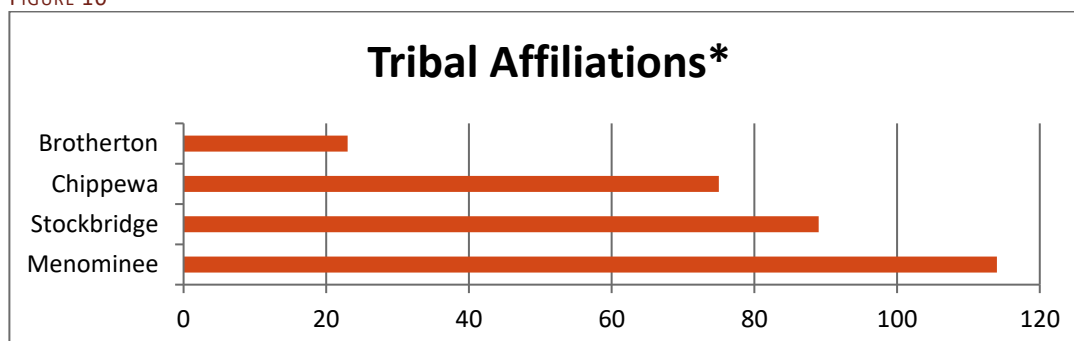
Tribal Affiliations

The survey asked, *What other tribal affiliations do you have, if any?* There are multiple responses of various tribal affiliations from across the nation from Aleut to Zuni. 513 respondents claimed they have other tribal affiliations. The main tribal affiliations are noted below and in Figure 10.

- 114 respondents claim Menominee ancestry
- 89 respondents claim Stockbridge ancestry
- 75 respondents claim Chippewa ancestry
- 23 respondents claim Brotherton ancestry

The next ranking majority tribal affiliations are Mohawk (11), Bad River (10), and Potawatomi (10). Cherokee and Choctaw tribal affiliations each had 9 respondents claim their tribe's ancestry.

FIGURE 10



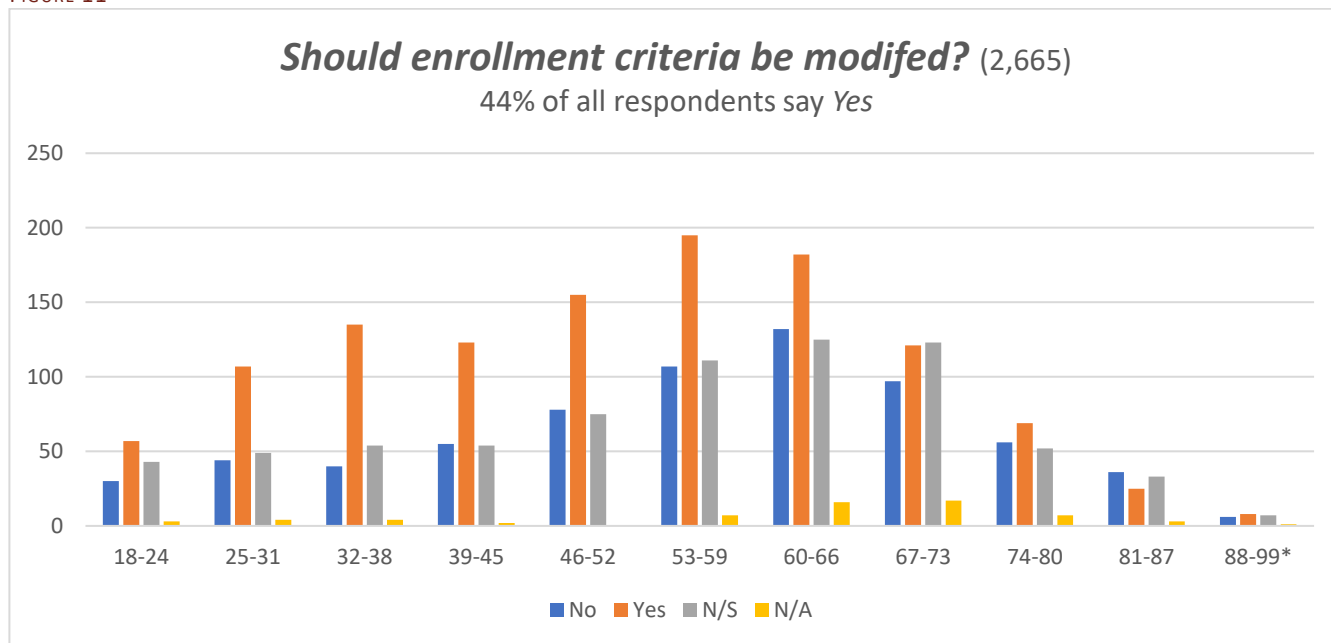
* "Affiliations" was intended to identify any other Native blood.

Interesting to note, at least four (4) responses referred to the respondent being affiliated with another tribe, but in the past tense. It was shared, the respondent “was” another tribe, but “had to give it up to be Oneida.” It can be speculated that in order to be enrolled in the Oneida Nation, they had to give up enrollment eligibility in another tribe. It can be further speculated that culturally this creates a gap in an individual’s identity. To feel that they must give up part of themselves to become or be something else can create subconscious feelings of being only part of a whole and lead to identity issues and less sense of belonging. This not only affects an individual but can create a rippling trauma effect to their descendants – enrolled Oneida or not.

Enrollment Criteria

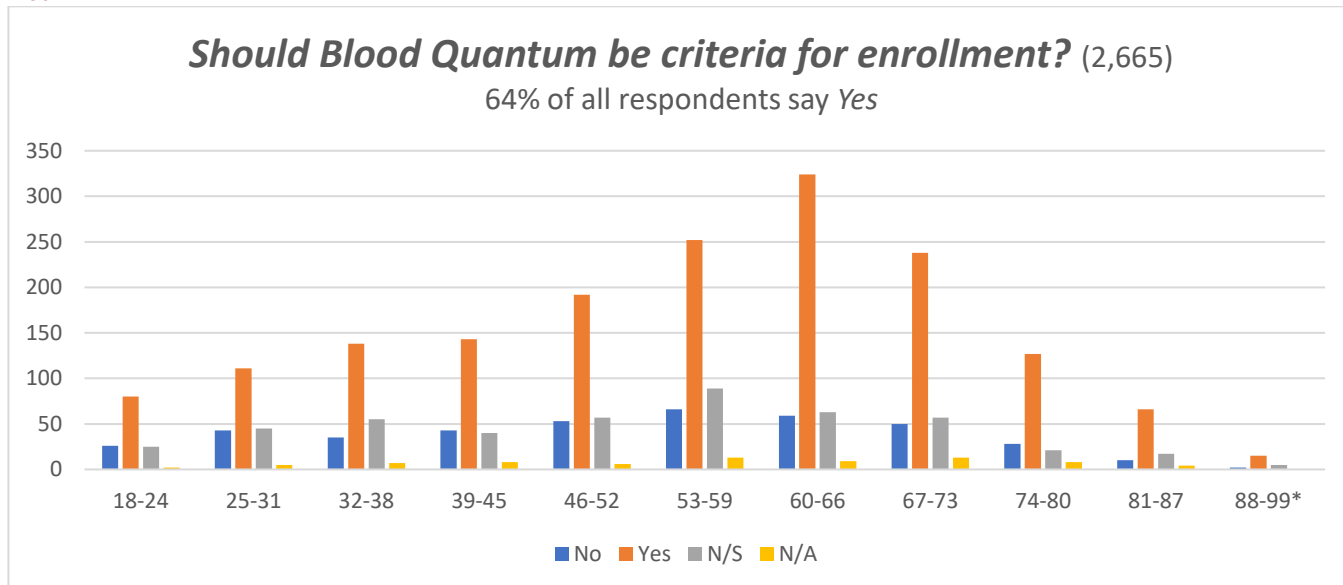
In review of the specific inquiries about enrollment criteria, the main data results show that 1,183 respondents (44%) feel enrollment criteria should be modified. However, 728 respondents are *Not Sure* (27%) and 26% of the respondents say criteria should *NOT* be modified. The substantial amounts of *Not Sure* responses within each generational age bracket supports that this is not a generational discrepancy. This is a significant data point for further community exploration. Figure 11 identifies the respondents by age brackets for how they responded.

FIGURE 11



The next survey question was, *Do you think blood quantum should be a criteria for enrollment?* Interestingly, 1,694 respondents (64%) said Yes. Figure 12 breaks down the responses by age.

FIGURE 12



Subsequent to the main question if blood quantum should be criteria for enrollment, were options for the respondent to choose and fill in the blank, if applicable. The data is inconclusive. If respondents answered *No* to the main question, they were instructed to go to the next question. However, even though respondents answered *No*, meaning blood quantum should NOT be a criterion for enrollment, the respondent still gave answers to decrease, increase, lineal descent, etc. There is too much ambiguity to speculate what these respondents were thinking when answering the questions. The question may have been misunderstood altogether or perhaps felt *No* but wanted to document their input IF blood quantum continues to be enrollment criteria. Again, there would be too much speculation to draw reasonable conclusions from the data for decision-making. The data and further explanations of the discrepancies are provided below.

If you think blood quantum should be a criteria for enrollment (Yes or Not Sure), choose one of the options below:

	Yes/X	Not Sure
<i>Decrease</i>	696	57
<i>Raise</i>	95	2
<i>Lineal Descent</i>	445	101
<i>Matrilineal Descent</i>	113	29
<i>Remove and Add</i>	60	24
<i>None</i>	359	60
<i>Other</i>	303	33
(2,377) TOTAL	2071	306

To reiterate, the survey asked those who answered *Yes* or *Not Sure* if blood quantum should be a criteria for enrollment to further choose an option to support their answer. The preliminary survey data results identified the majority of respondents that say blood quantum should be a criteria for enrollment, also believe the level of blood quantum criteria should stay the same. It was also anticipated the survey results would provide majority themes (i.e., decrease blood quantum to a specific percentage or transition to lineal descent) to be able to request specifics of the demographic analysis. However, the initial data did not, and still does not, strongly support majority themes for such research options. The data instead, shows the majority of respondents simply said *Yes* to the question if blood quantum should be criteria for enrollment. Which, in a sense, does not seem to have a direct correlation to the previous question that enrollment criteria should be modified.

Thus, the figures reported for what the community opinions are for what should happen with blood quantum criteria (if they think it should be modified) cannot be relied upon with any level of accuracy. It should instead ensure the communication going forward is clear and the audience understands what is being asked. It seems the respondents were generally confused and/or changed their mind question to question. Additionally, when a decrease box was checked, there were fractions that were increased percentages, or even identifying lineal descent as their ideal answer (yet, the way it was answered was in the decrease column). The discrepancies such as this example were excluded when identified, and when possible. The inconsistency also means the total check on the formulas against the number of responses is inaccurate. Figures noted are best estimates of *Yes* (including X/checked answers) and *Not Sure* answers that identified blood quantum changes without rearranging or significantly changing the data.

It is recommended that further community research and structured dialogue occur, for all generations, to share and explore the consequences of continued blood quantum criteria requirements. Demographic projections could be shared to ensure the community understands the impacts to the Oneida population in years to come if blood quantum continues to be part of enrollment requirements – especially if the rate of new enrollments remains constant or decreases. It is equally important for the community to fully understand the questions and conversation as it is posed for discussion.

Additional enrollment criteria questions were asked, for which the respondent answers follow:

Should enrollment criteria allow for other Oneida blood (Canada and New York)?

	<i>Yes</i>	<i>Not Sure</i>	<i>NO</i>	<i>N/A</i>
<i>Other Oneida blood</i>	1015	47	791	809
	38%	2%	30%	30%

Should enrollment criteria allow for other Native American blood?

	<i>Yes</i>	<i>Not Sure</i>	<i>NO</i>	<i>N/A</i>
<i>Other Native blood</i>	539	540	1548	35
	20%	20%	58%	1%

Should enrollment criteria allow for adoption?

	<i>Yes</i>	<i>Not Sure</i>	<i>NO</i>	<i>N/A</i>
<i>Adoption</i>	821	749	1058	34
	31%	28%	40%	1%

If identifying the majority responses, 38% responded that other Oneida blood should be considered. 58% of respondents believe that other Native American blood should NOT be allowed for enrollment criteria. And 40% do NOT believe adoption should be an enrollment criteria. However, overall, the resulting data is close and probably too soon to make any significant decisions based on the responses.

Additional survey questions regarding enrollment criteria were specific to topics determined to be historically, and theoretically, of some level of importance. Questions were asked for respondents to identify if they felt the topic is:

- Important enough to be required for enrollment (*Yes* answers)
- Important but should NOT be required for enrollment (*IMP* answers); and
- NOT important and should NOT be required for enrollment (*No* answers)

79% of the respondents (2,088) said that knowledge of Oneida values is important but should not be required for enrollment. 16% believe Oneida values should be required for enrollment.

80% of the respondents (2,128) said that knowledge of Oneida history is important but should not be required for enrollment. 15% said it is important enough to be required for enrollment.

80% of the respondents (2,118) said that knowledge of Oneida culture is important but should not be required to be enrolled. 15% said it is important and should be required for enrollment.

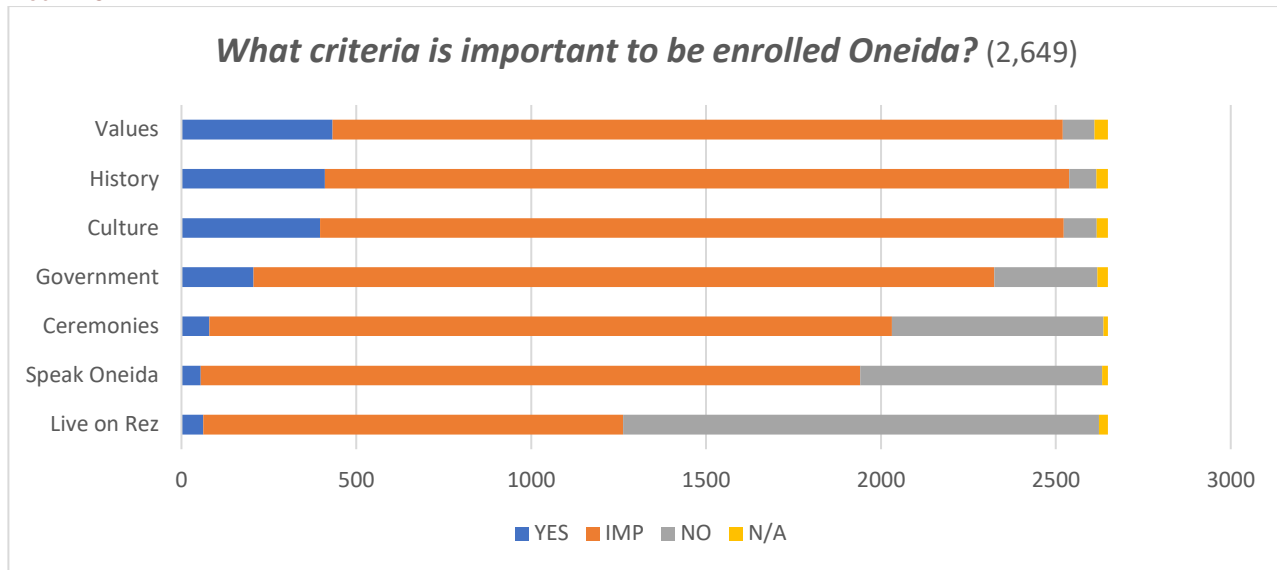
80% of the respondents (2,127) said that participation in government is important but should not be required as enrollment criteria. 8% believe it should be required for enrollment, while 11% said it is not important.

74% of the respondents (1,951) said that participating in traditional ceremonies and/or the longhouse is important, but should not be required for enrollment. 23% said it is not important.

71% of the respondents (1,886) said that speaking the Oneida language is important but should not be considered an enrollment requirement. 26% said that speaking Oneida is not important.

45% of respondents (1,201) said it is important to live on the Oneida reservation, but should not be required for enrollment. 51% said it is not important.

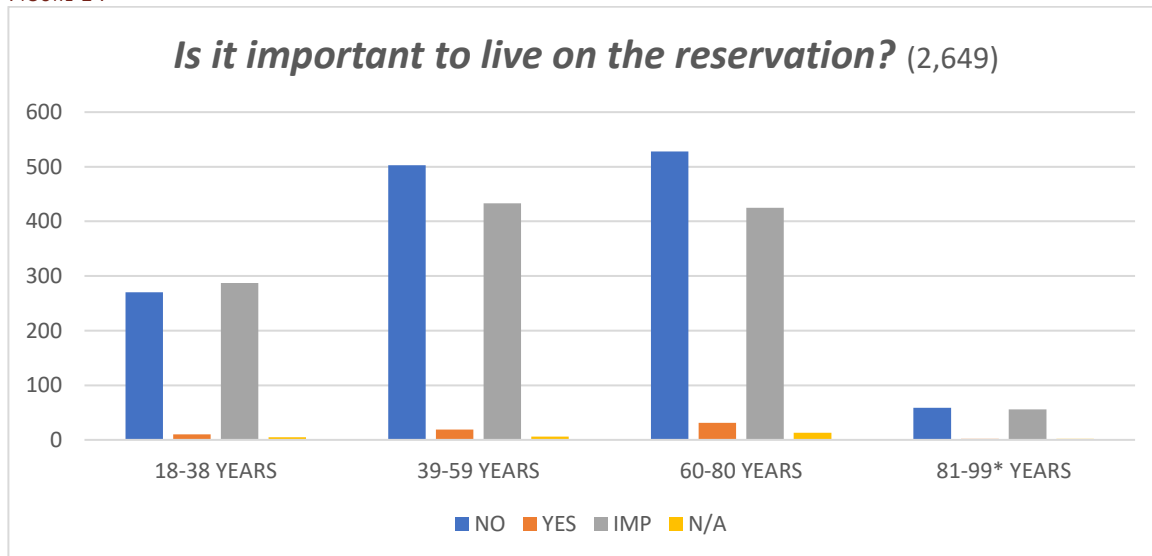
FIGURE 13



Each topical category is also identified and broken into age ranges. Figures 14 through Figure 20 shows the responses by 20-year age groups relevant to the question listed in the graph.

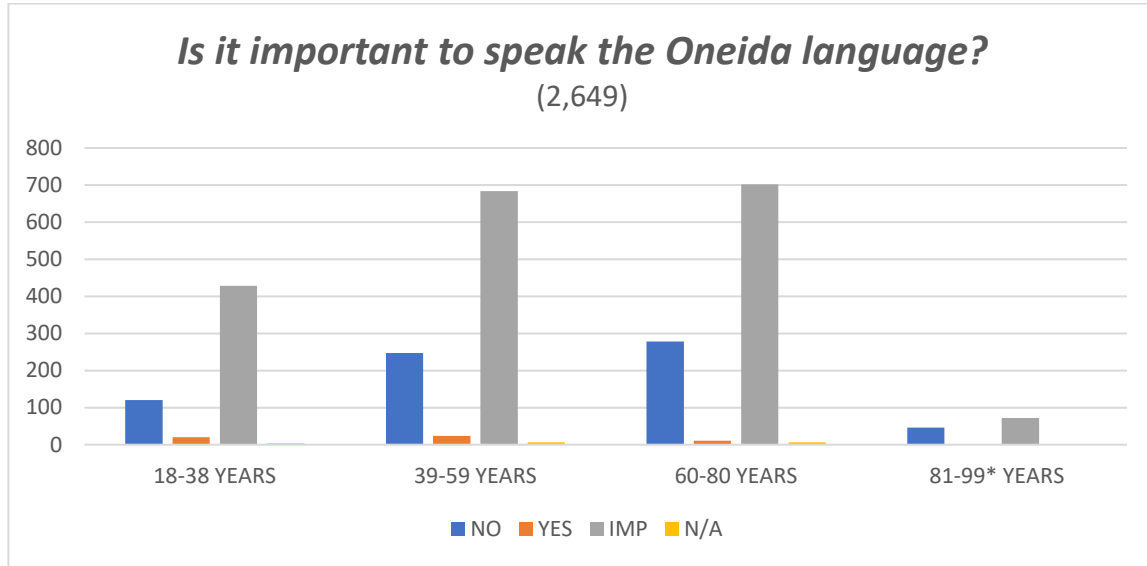
Figure 14 shows somewhat similar answers across the age groups stating that *No*, living on the reservation is NOT important, and an almost equivalent number of individuals in the same age group stating it IS important, but not enough to be an enrollment requirement. Only 2% overall the age groups said living on the Oneida reservation should be a requirement for enrollment.

FIGURE 14



In Figure 15, similarly, across all age groups, only 2% said that speaking the Oneida language should be an enrollment criteria requirement. It is prevalent across all age groups that that majority of respondents believe speaking Oneida is important, but do not consider it important enough to be required for enrollment.

FIGURE 15



In Figure 16 the majority of respondents, across age groups, said participating in traditional ceremonies and/or longhouse is important, but should be required. 3% of respondents said it should be a criteria for enrollment.

FIGURE 16

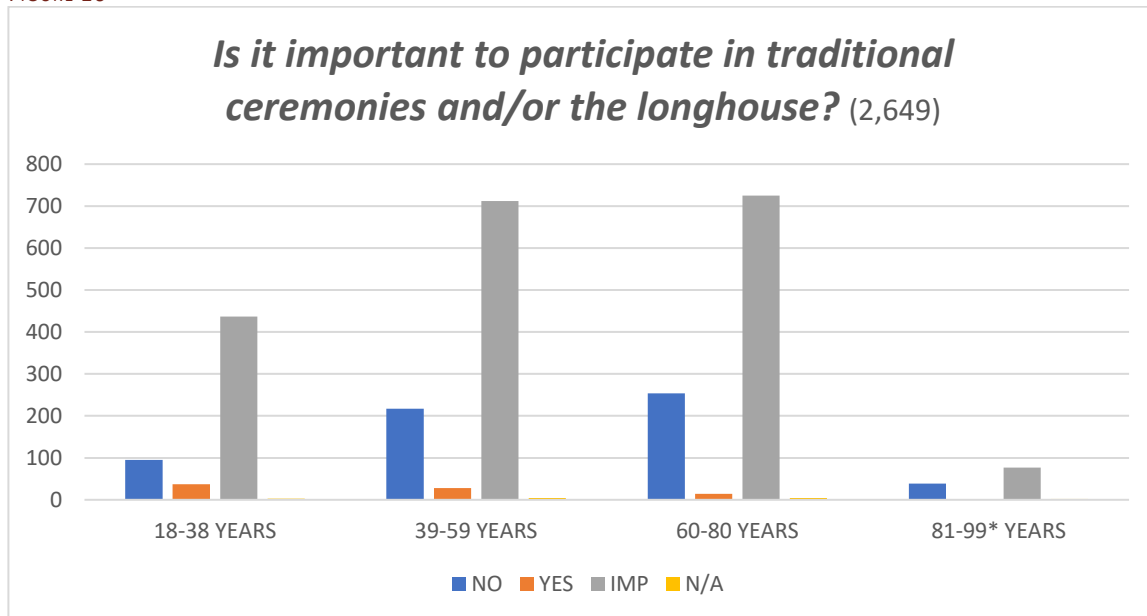


Figure 17 shows that 8% of respondents, across all age groups, believe participating in government is important and should be a criteria for enrollment. However, again, the majority said it is important to participate in government, but not important enough to be required for enrollment.

FIGURE 17

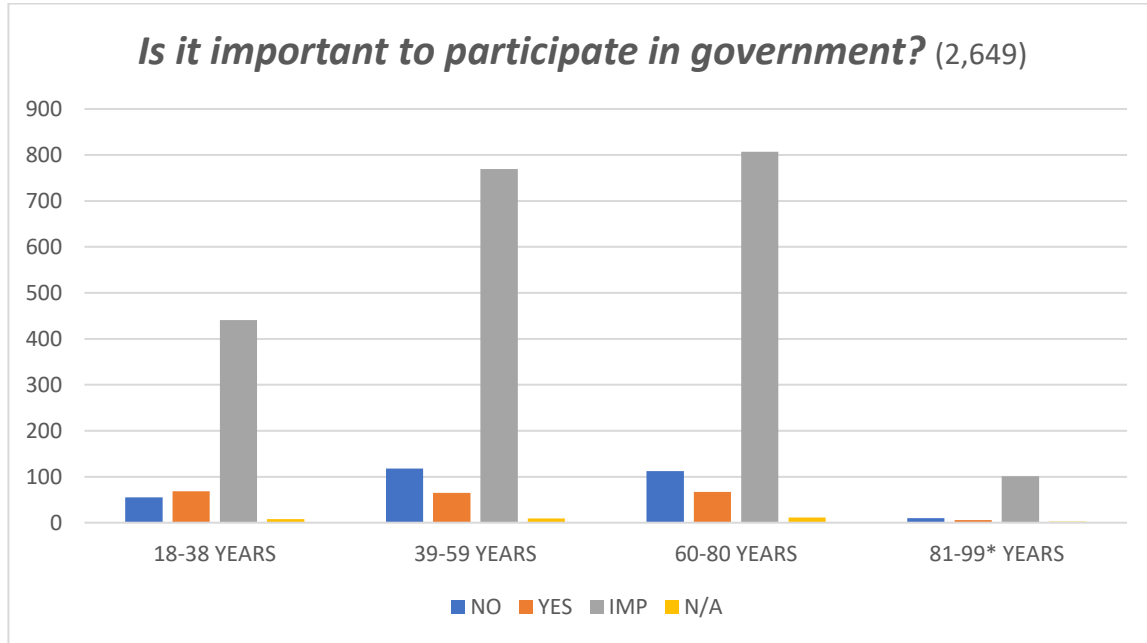


Figure 18 shows that knowledge of Oneida culture, similarly in all age groups, is believed to be important, but 80% of respondents said it should not be required for enrollment. 15% of respondents, however, said it IS important enough to be a required enrollment criteria.

FIGURE 18

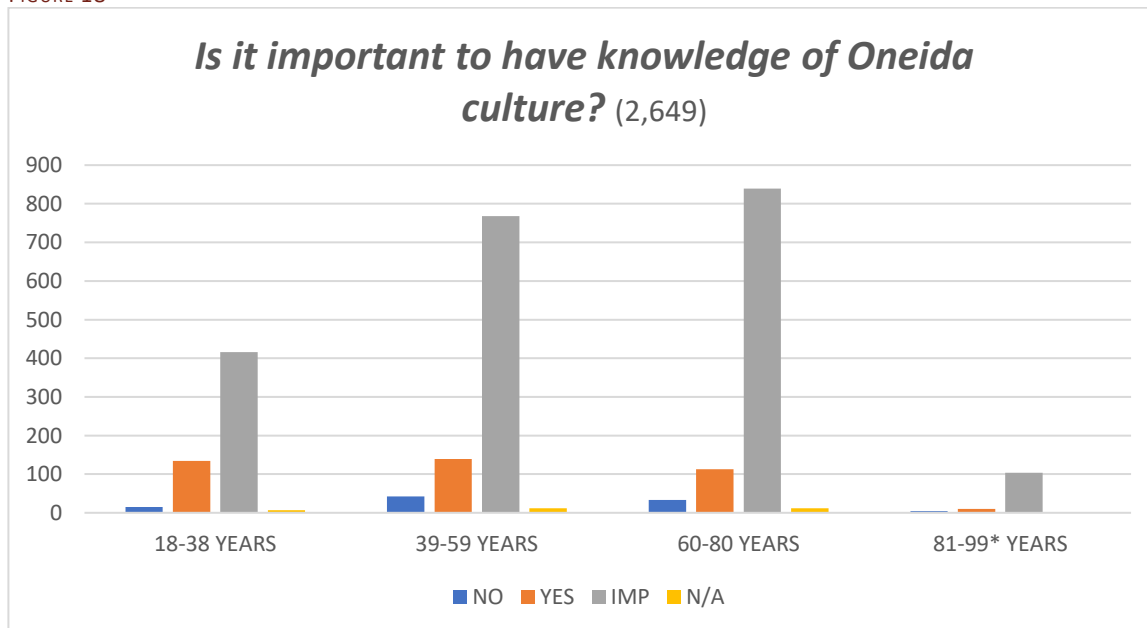


Figure 19 breaks down what respondents said about knowledge of Oneida history across the age groups. 15% of all respondents said it is important enough to be required for enrollment.

FIGURE 19

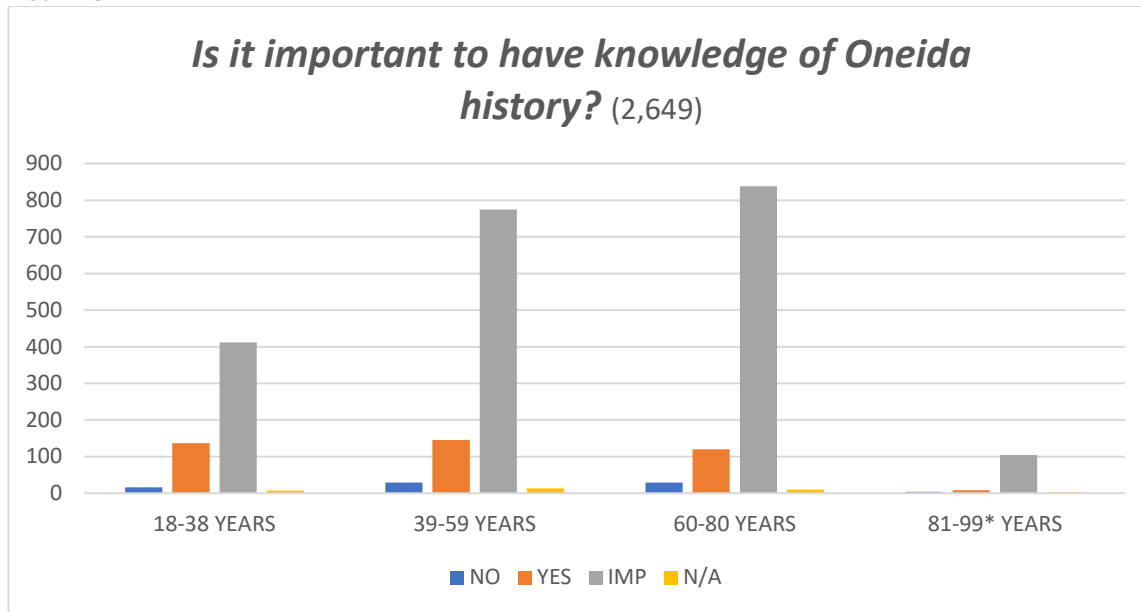
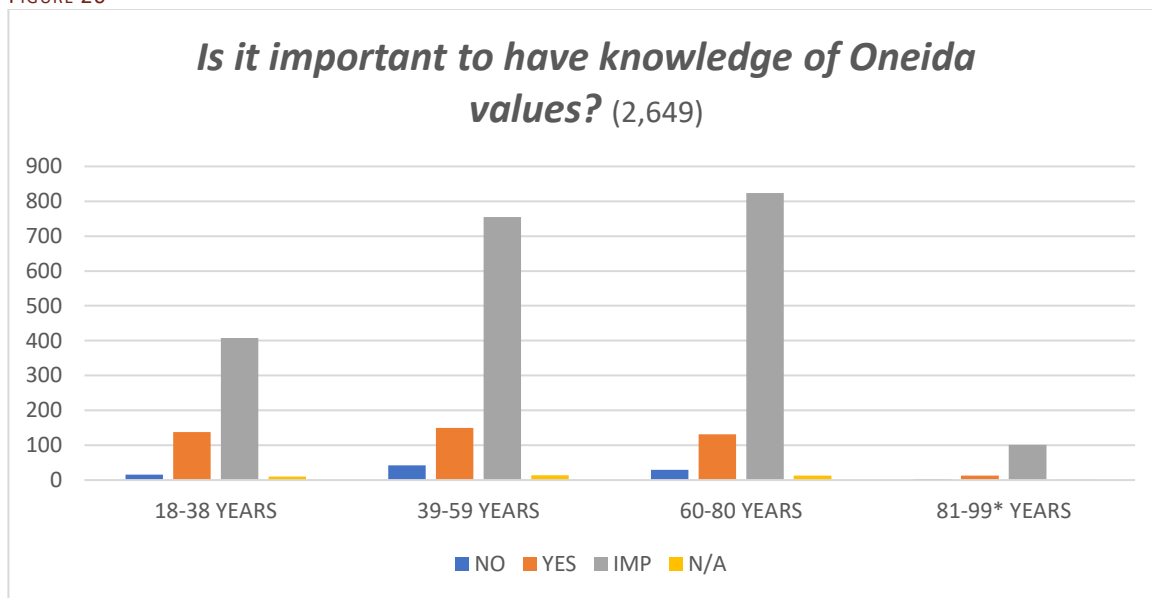


Figure 20 depicts similar results among the age groups regarding the importance of knowledge of Oneida values. The majority said the knowledge is important, but not enough to be required for enrollment. 16% said that knowledge of Oneida values should be required as a criteria for enrollment.

FIGURE 20



Finally, the last survey question regarding enrollment criteria solicited other options for enrollment measures.

Are there other options for enrollment criteria?

A multitude of answers were provided. Some answers were duplicative of some of the survey responses already, like *add descendants*, *decrease to 1/8 blood quantum*, and *remain the same*. Other answers were more original:

- Have to pass a test (i.e., basic citizenship)
- Have to be free from drug and/or felony convictions
- Make everyone participate in volunteerism in Oneida to receive per capita
- Non-Native spouses
- Be a good person and honorable member of the Tribe
- Be interested in some kind of Oneida culture

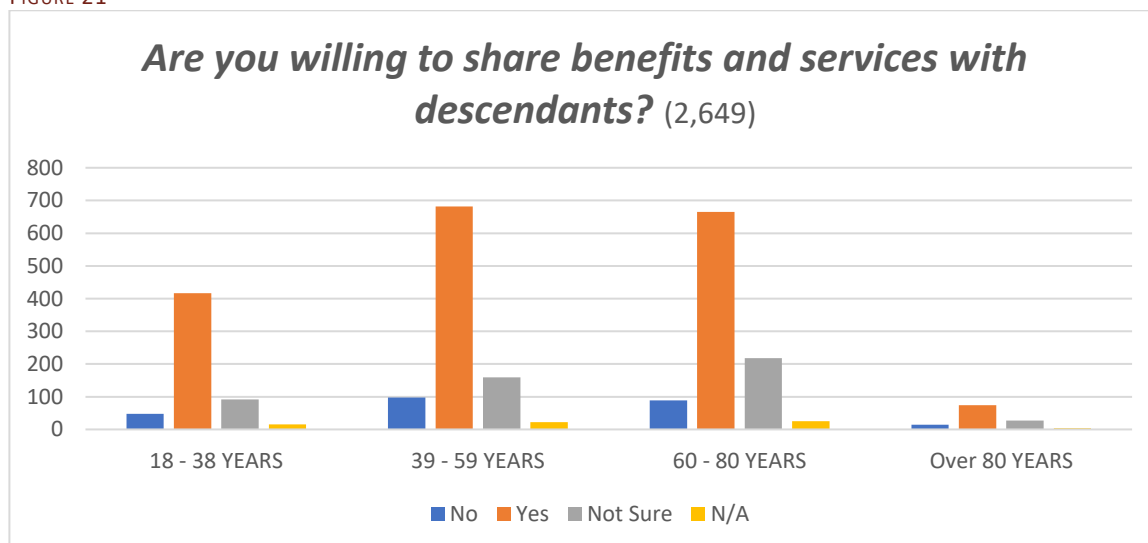
Further review of the detailed responses may prove beneficial for further research and social media snippets to solicit more ideas and information.

Benefits and Services

Four specific survey questions were related to benefits and services, namely to determine the community opinion about sharing IF enrollment criteria were to change and/or have an effect on benefits and services. 69% of all respondents (2,649) said they are willing to share benefits and services with descendants. 19% of the respondents said they are *Not Sure*. The survey information collected is further displayed by age ranges. See Figures 21 through 23 below. Each is specific to one of the survey questions, which are noted at the top of the graph.

Figure 21 shows the majority of each age bracket agrees in sharing with descendants.

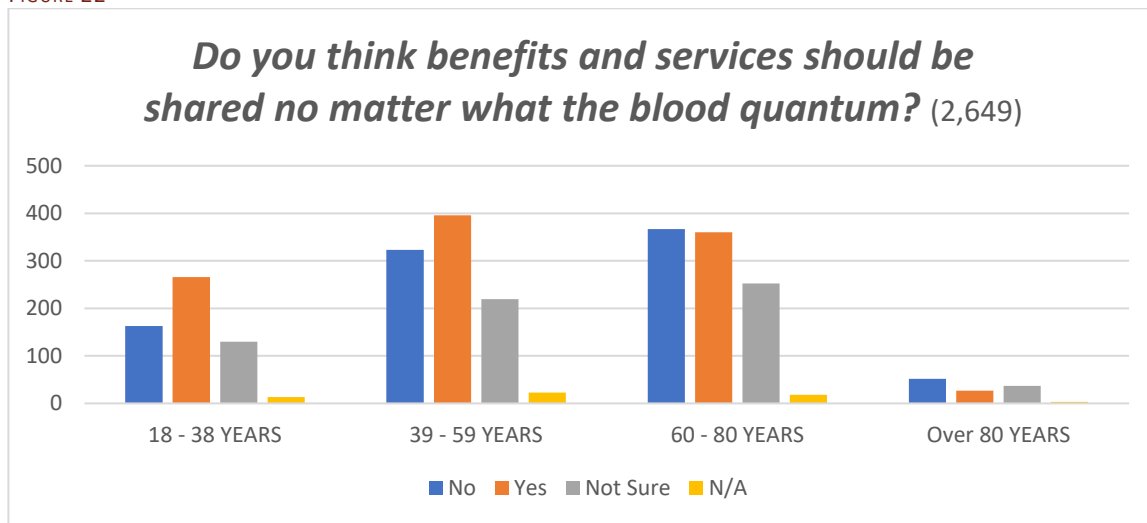
FIGURE 21



It is recommended demographic, statistical and financial assistance be solicited to determine criteria and considerations in order to internally calculate impact projections for any changes in benefits and services based on population trending. (Demographer analysis will not be able to estimate fiscal, economic and other impacts.) Population trending and potential impacts calculated should be shared with the community to discern if the willingness to share remains intact.

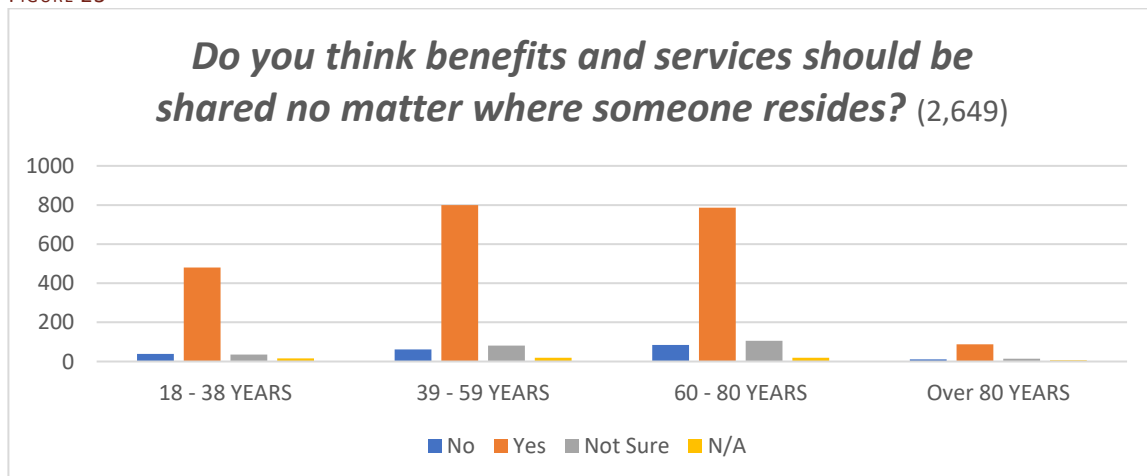
When a similar question of sharing benefits and services references blood quantum, the response data is more clustered. Figure 22 displays that respondents are more divided when it comes to the matter of blood quantum. 40% say *Yes* to sharing, while 34% say *No*. This is a collective example crossing all the generations shown.

FIGURE 22



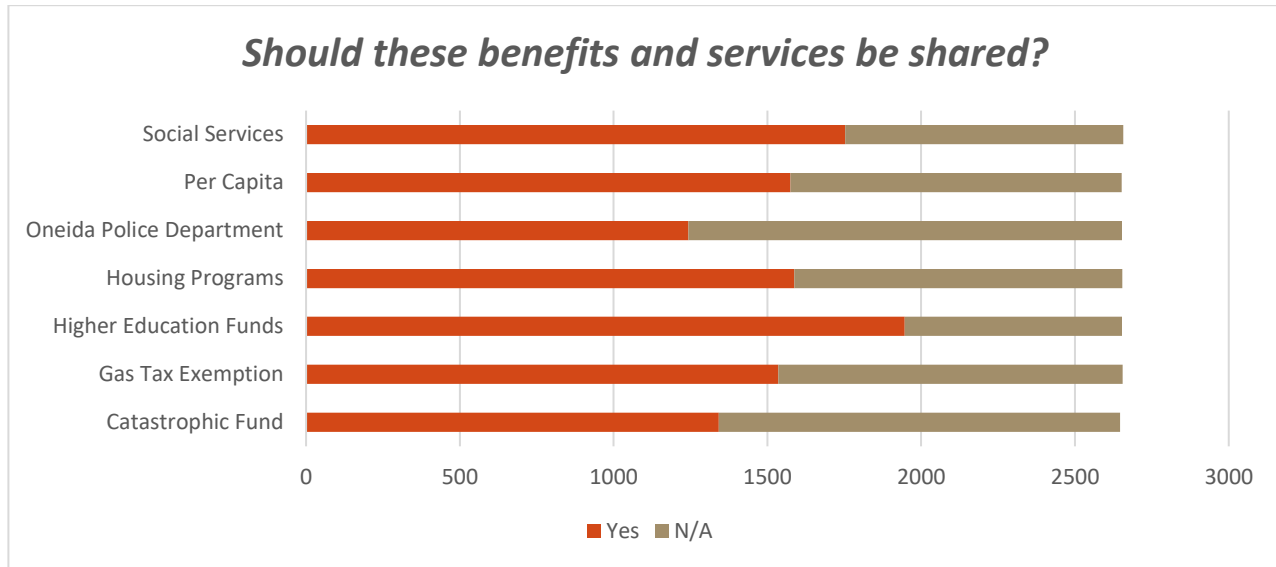
As for the question of sharing benefits and services with those that do not live on the Oneida reservation, 2,154 respondents (81%) said place of residence does NOT matter. This is also a collective and unified sample across the generations listed. See Figure 23.

FIGURE 23



The final questions about benefits and services asks, *If descendants were to become eligible for enrollment, what benefits and services to you think should be shared among all enrolled Oneidas, no matter the blood quantum?* Respondents were directed to fill in a circle for all that apply. The results are shown in Figure 24.

FIGURE 24

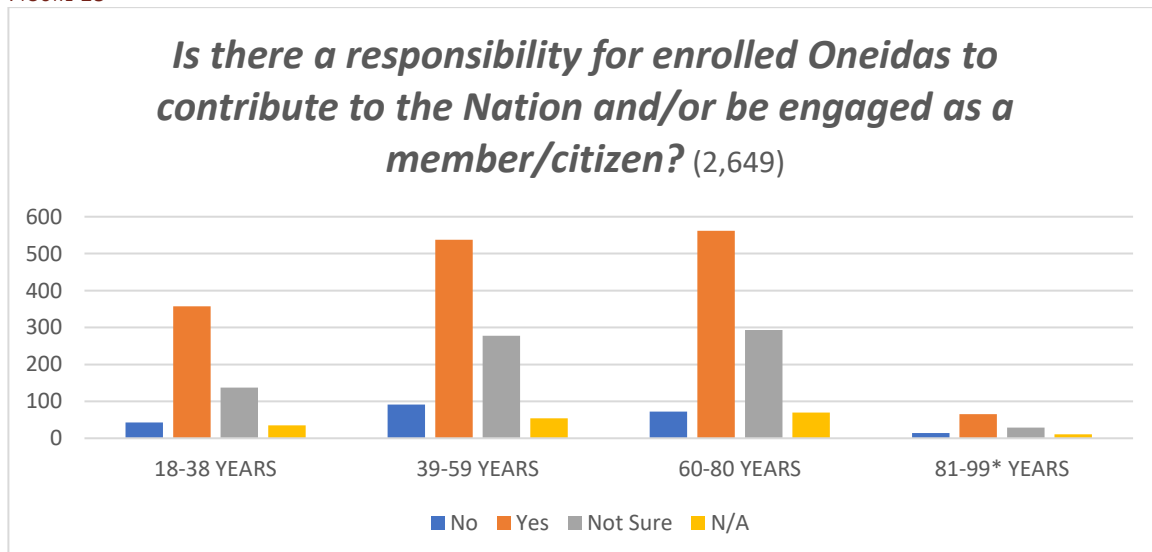


212 respondents (8%) checked *Yes* for “None” to be shared, while 2,442 respondents left the option unanswered. There were approximately 107 responses for “Other” which included Health Care and Medical as majority suggestions. Such services are likely already shared among descendants through Indian Health Service funds.

Citizenship

As for the last survey segment questions, there are three (3) regarding citizenship. 57% of respondents (1,522) respondents said there IS a responsibility to be an Oneida Citizen, although 28% were *Not Sure*. See Figure 25 below.

FIGURE 25



Recalling data from Figure 17, 2,118 survey respondents believed participating in government should NOT be criteria for enrollment. So, while the majority in the latter question feel there IS a responsibility to be engaged as an Oneida citizen, it should be further explored by structured community dialogue as to what that means specifically. How is the community to be engaged to contribute citizen obligations without a correlating enrollment requirement? What does it mean to be a responsible Oneida member/citizen?

The survey asked for responses for such a question. Specifically,

What does being a “responsible Oneida member/citizen” mean to you?

Some prevalent answers include:

- Participating in government
- Attending GTC meetings
- Educating oneself on culture and history
- Staying informed of political issues
- Take pride in who you are
- Be respectful and kind
- Cherishing and educating others on culture and history
- Sharing responsibilities to help the community and culture thrive
- Contributing to the community

More data can be gleaned from the detailed responses. Larger categories can be identified and quantified for snippets of information to be shared and expanded upon via social media interactions.

And finally, survey respondents were asked to complete this sentence:

To me, being Oneida means...

Response results were reviewed and placed into larger group topics. The categories documented thus far, with some of the detailed responses within the larger category include:

PRIDE

- Pride in culture, values
- Proud of heritage/ancestry
- Proud to be Oneida/Proud Nation

LEARNING & KNOWLEDGE

- Knowledge of culture, traditions
- Knowledge of history and family
- Learning about teachings, customs and history
- Passing down teachings and values

IDENTITY

- Knowing who I am and where I come from
- Member of an American Indian people
- Representing culture, heritage and history

BELONGING

- Being a part of another family
- Belonging/Being a part of something
- Being a part of a culture
- To share/Be part of close, strong culture
- To share a history with
- Being a part of a strong community

CONNECTION

- Be one with life
- Guidance from Mother Earth

LEGACY

- Carrying on culture, lineage
- Representing those who came before us
- Being a descendant
- Passing pride on to children

FAMILY is another broad category that has multiple references. Additionally, many responses included descriptions of characteristics, such as:

- Being responsible
- Being a strong, important member of society
- How I carry myself
- Care, respect, integrity
- Giving/Sharing
- Respectful of our ancestors

Similarly, more data can be assembled from the detailed responses. Larger categories can be identified and quantified for snippets of information to be shared and expanded upon via community interactions and loosely structured dialogue. It is important to reiterate that the qualitative data sets can be interpreted differently dependent upon researcher focus and attitude. Thus, the methodology for grouping was focused on and samples provided for further assessment, as warranted.

Recommendations

Summarily, the main recommendations from the Oneida Community Survey data are:

- 1) Convene focus groups and/or community gatherings for structured conversations and more information gathering specifically for:
 - How the community feels about modifying enrollment criteria in order to validate (or increase the difference among) the smaller gaps between grouped answers. For example,
 - 44% say *Yes*, enrollment criteria should be modified
 - 27% say they are *Not Sure* enrollment criteria should be changed
 - 26% say *No*, enrollment criteria should NOT be changed
 - What the community understands about blood quantum criteria requirements
 - Review and discussion of the enrollment criteria data and what the majority believes should be modified
 - Structure dialogue relevant to HOW it should be modified (i.e., decrease/increase blood quanta, descendency); Explore options and impacts, and collect more information
 - Corroborate what the majority identifies as important, but should not be required for enrollment
 - How the community feels about including other Oneida blood, other Native American blood, and adoption for enrollment criteria
 - 38% say include other Oneida blood (Canada and New York)
 - 58% say include other Native American blood
 - 40% say adoption should not be included
- 2) Review data points for further exploration and partnerships with tribal entities to pursue actualization of important criteria (i.e., if values, history and culture are important to younger generations, how can the Nation communicate and support future engagement)
- 3) Review and utilize benefits and services data in order to identify scenarios for future impact calculations and informational snippets and reports for communication
 - Using the demographic (population) analysis as a baseline, these scenarios will provide perspective for determining fiscal, economic and other impacts of potential changes to benefits and services
- 4) Convene community gatherings (i.e., brown bag lunch) for open dialogue about:
 - Citizenship responsibilities, particularly how to engage community without a correlating enrollment requirement to “enforce” citizenship
 - Data points (including those validated by the demographic projections), relevant to purposefulness in procreation in order to sustain Oneida enrollment eligibility
 - Under current criteria, there may be an educational aspect for younger generations to discuss this topic and how purposeful they may need to be

- 5) Utilize the various data points to identify snippets of information to be shared and expanded upon via (weekly) social media interactions for further data collection and community engagement
- 6) Communicate survey data results to the community with:
 - Structured conversations (focus groups and community gatherings) and social media interactions
 - Mailer and/or Kalihwisaks article (i.e., 1-2 pages of highlights from this report)
 - Continue to collect data further information collection and plan to further communicate project information for improved awareness