FACE-TO-FACE: A State-Local Dialogue on Environmental Public Health Tracking – The Local Perspective

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It is a pleasure for me to appear before you today to present observations of the Environmental Public Health Tracking Network (EPHT or Network) from the perspective of practitioners at the local health department level. As I think we can all agree, much of the data gathered concerning the health of our communities is generated at the local level. The single cancer patient living in a single family home on a specific street, in a specific neighborhood, in a specific city or town provides the granular data necessary to fold into the larger registry. The larger registry will ultimately be the reservoir from which the state can begin to provide the bigger picture of the health of the citizenry. The state in-turn enters data into the national system forming the Network.

As a national program, it is vital that the federal government provide the states the platform to receive and disseminate data in a reliable and functional format. It is equally vital that the local health departments' work within state guidelines established to be able to assimilate individual data into the larger system and to be able to support distribution output from a trouble free and dependable network.

The states contribute to the national Network to assist in the proper management of information flow through portals designed for particular audiences. This larger national bank of knowledge begins to reach the lofty goals of the Environmental Public Health Tracking Network.

By design, states, territories and some large cities were identified as grantees for the federal money earmarked to support this new program. The design was not intentionally meant to exclude local health department and community group involvement, but it became clear early on that extra effort was necessary to engage everyone who could aid in realizing a successful program.

To encourage a dialogue between states and locals the Centers for Disease Control and Prevention (CDC), National Association of County and City Health Officials (NACCHO), Association of State and Territorial Health Officials (ASTHO) and other national partners, a series of meetings were scheduled to compile information on how well this dialogue was occurring.

Goals of the EPHT discussions were to: 1) promote the EPHT program – to inform those that might not be familiar with the obligations and benefits of becoming an active participant, 2) ensure inclusion of local public health perspectives – as mentioned earlier, the importance of local health department participation is vital to the success of the program, 3) foster collaboration between state and local public health agencies, environmental agencies, and partner organizations in order to improve the efficacy of the EPHT program – to point out the importance of advancing efforts to work stronger together to build a more well rounded approach to data management, 4) raise core issues about usage of the Network – how the data is stored, sorted, categorized, secured, released, and used are but a few core issues surrounding this ambitious project.

NACCHO and ASTHO identified other core issues that most accurately represented their constituents. These included "…establishing cooperation and good relationships between program grantees and local health departments, ensuring effective access and representation, health equity and environmental justice, and ensuring an open and flexible Network."[1] Both NACCHO and ASTHO believe the Network will be more effective and successful if a specific effort is made to engage local health departments with the state grantee to cooperatively identify various environmental causes of illness and/or disease.

To answer the question of why the meetings between state and locals were held, the discussions were summarized by 4 guiding principles: 1) help define the role of local public health departments and how the Network will serve to help them in conjunction with their states and other local users, 2) improve effective communication between local and state users of the Network, 3) enhance knowledge gained about key issues as they affect state and local health departments, and 4) help the locals and states develop strategies for EPHT implementation.

To begin the face-to-face process, meetings were held at the NACCHO annual conference and the American Public Health Association annual conference in late 2004. The 25-30 invitees to these first meetings represented various health departments from around the United States and colleagues from partner organizations. Results helped shape future meetings between specific state public health practitioners, their local health department counterparts, and representatives from community action groups.

Face – to – Face facilitated discussions began with the State of New York in March 2005, followed by Maryland in September 2005, Oregon in October 2005, Wisconsin in December 2005, and California in 2006. A second phase of discussions began with Massachusetts in October 2007, followed by Florida in January 2008, Washington State in May 2008 and concluded with Utah in May 2008.

A typical day - long meeting included participant and sponsor introductions; an explanation of the expectations, challenges, and capabilities of using the Network to respond to public health concerns; a demonstration of the interactive tool specific to the state, such as the Standard Incidence Ratio (SIR) or Rapid Inquiry Facility (RIF) tools; and an open dialogue between the state, local health departments, and community groups.

Representatives of various public health disciplines were present. Represented were people from: environmental health, epidemiology, toxicology, microbiology, biostatics, law, and community groups. A special effort was made to invite people who represented environmental justice and social justice organizations. Representatives of community groups brought a level of detail to the table that could not be properly presented by employees of the state or local health departments. While there was intimate knowledge of the issues by local health staff, the subject had to be spoken to by constituents living in the conditions that caused them to join community activist organizations.

It is important when looking at a large surveillance program such as the Network to look deeply into the source of data to not lose sight of the origin of that data. The value of the Network carries different meaning for different people. But, the true benefit, as envisioned by the founders of the EPHT idea is to improve the health of the citizens of the United States. CDC has declared "… the purpose of establishing a nationwide tracking network [is] to obtain integrated health and environmental data and use it to provide information to support actions that improve the health of communities."[1]

In all meetings the level of EPHT awareness varied from none to very high. The majority expressed having some knowledge of the program. The meetings took various formats, but generally included a presentation by the host state regarding their specific projects and how they were incorporating local health departments into the EPHT program. Then there was a facilitated discussion among all participants. The initial facilitated sessions asked specific questions such as: 1) What features or capabilities would you like to see in the EPHT Network? 2) What would you like to be able to do with the Network? 3) What do you expect the Network to actually do

when completed and how will you use the Network? 4) What strategies do you believe would be effective, working with all partners, in seeking to ensure that the CDC meets the needs of local public health agencies in the design of the Network? And, 5) What can ASTHO and NACCHO do to help facilitate the process?

The second phase of discussions was slightly different from the first. The host state still presented their individual projects and implementation tools, but the facilitated discussion was more free form. In other words, specific questions were not posed to the participants, but instead a set of ideas were presented to guide the attendees into a dialogue that generally sought its own way as the meeting progressed. Examples of the prompts were: 1) What types of health data and/or environmental concerns are of interest to your community? 2) Will I have easy access to the system? 3) What role will the public have in the Network? 4) How far can I drill down to neighborhood level data? And 5) I need technical assistance, will it be available? These and other thoughts were used to stimulate a dialogue at a level specific to the local/state interest and benefit.

Post-assessment surveys of meeting participants revealed that indicators most often mentioned as being of interest were drinking water, selected cancers, asthma and myocardial infarction, childhood lead poisoning, selected birth defects, carbon monoxide poisoning, and outdoor air quality. These were mentioned because practitioners in the field were seeing and hearing from their constituents who were expressing concern about possible environmental exposures resulting in these sources of human consumption (water and air) possibly resulting in illness and/or disease.

Further questioning of participants gave guidance to the value of the EPHT program and Network. The top three benefits of the Network were: 1) the ability to link environmental and public health data, 2) the ability to compare data at local, state, regional, and federal levels and 3) increased advocacy with decision makers about environmental health program needs. Other mentions were the Network will provide improved community education, empowerment, and mobilization; increased response capability to environmental stressors; increased communication and coordination between agencies; improved data quality.

As mentioned earlier, participants came to the facilitated discussions with varying degrees of knowledge about EPHT. Seventy-nine percent left wanting more information. In other words, this response meant this new tool was seen as important enough to warrant future time allocation to learn more than was presented in the day-long meetings.

After the first 5 facilitated state/local/community group meetings a number of common themes began to surface. These included: 1) linkage coordination – designing a seamless system between sources of data and how to share that data most efficiently; 2) integration, and compatibility among data systems – a significant IT and informatics concern; 3) consistent rules for accuracy in entering data; 4) the ability to find, share, and communicate data in a user-friendly format; 5) how the Network would tailor the system to local needs; 6) how the Network would prioritize the use of resources; 7) the quality of data and the need for it to be timely, updated, robust, and capable of being collected from all jurisdictions; 8) the importance of socio-economic status data; 9) the usefulness of the Network for informing public policy; 10) Network flexibility, linked to the local level, and driven by community values and questions; 11) and usability of the Network, the importance of focusing on the end user to ensure the Network is user friendly,

particularly in explaining the uses of data. [1] As can be seen, many of the facilitated discussion raised more questions than were answered, an expected outcome.

In virtually all of the meetings held, a concern of local health department representatives, especially those from small health departments, was “How can I find time to work this new program into my already full day of inspecting restaurants, designing waste water disposal systems, inspecting schools, sampling contaminated food, responding to complaints, and all the while operating within a limited budget?” This question was never fully answered to everyone’s satisfaction. The general response was a clear understanding of the benefits of the program needed to be realized in order to engage local health departments in the Network.

In conclusion, in the 6 plus years since the EPHT program was formally established a tremendous amount of effort by thousands of people has been made to realize the potential of the program. The value of the concept of a healthier America has not been lost by those who continue to strive for success. Many questions have been answered, many more linger. As witnessed by those involved in the face–to–face meetings between states, locals and community groups the level of interest in EPHT is high. To maintain this strong energy results must be forthcoming that confirm the benefits of the program. The challenge for everyone is to maintain support for funded states and to engage unfunded states in a way that will truly result in a national Network.

Thank you.

1) NACCHO. (2008). *Issues in Environmental Public Health Tracking: Advancing the Network Opportunities for State and Local Health Agencies* [Brochure]. Washington, DC: Hofrichter, Richard.