



California Environmental Public Health Tracking Facilitated Discussion

**February 9, 2006
Alameda County Public Health Department
Oakland, CA
9:30 A.M. to 3:30 P.M.**

Background

The Association of State and Territorial Health Officials (ASTHO) and the National Association of County and City Health Officials (NACCHO) are working collaboratively to host a series of four facilitated discussions about the Centers for Disease Control and Prevention's National Environmental Public Health Tracking Program (the National Tracking Program). They asked state and local environmental health professionals in Maryland, Oregon, Wisconsin, and California to attend and discuss the environmental public health tracking work in their state. The California discussion was the fourth and final in the series and was held February 9, 2006 at the Alameda County Health Department in Oakland, California.

The discussions were intended to open lines of communication among state and local environmental health professionals, identify needs and priorities for the National Tracking Program, and develop strategies on how state health agencies and local health departments can most effectively communicate and collaborate on environmental public health tracking projects. In addition to state and local environmental health officials, representatives from other departments, agencies, and organizations have also participated. Summaries of the four discussions will be made available online and a final report is expected in late spring 2006.

Summary

The California meeting was part of a two-day session coordinated in partnership with the California Department of Health Services Environmental Health Tracking Program. On the first day ASTHO, NACCHO, and California Environmental Health Tracking Program staff hosted a meeting among state and local environmental health practitioners. On the second day staff hosted a meeting with representatives from community-based environmental justice organizations that are actively involved in the California Environmental Health Tracking Program. An additional report that summarizes the second day will be available with the final report in late spring 2006.

The meeting among state and local environmental health practitioners consisted of a morning and afternoon session. The morning discussion, facilitated by Lori Barck from the Oregon Environmental Public Health Tracking Program, was specifically geared toward state and local environmental health representatives. An afternoon session, facilitated by Christine Arnesen of

the California Environmental Health Tracking Program, included presentations by the following California Environmental Health Tracking Program staff and stakeholders:

- Paul English, California Environmental Health Tracking Program.
- Craig Wolf, California Environmental Health Tracking Program.
- June Weintraub, San Francisco Department of Health.
- Paul Simon, Los Angeles County Department of Health Services.
- Mark Horton, California Department of Health Services.

This document summarizes the facilitated discussion portion of the first day. The following three questions guided the morning discussion:

Question 1 – *What features or capabilities would you like to see in the National Environmental Public Health Tracking Program's network (the National Tracking Network)? (What would you like to be able to do with the network?)*

Question 2 Introduction – Many communities have multiple stressors generating health risks that accumulate over time and taken together potentially weaken the body's biological systems. These may include poor housing conditions and working environments, lack of access to mass transit, poverty, low level of basic social services, lack of jobs, poor condition of schools, etc. Public health practitioners recognize that environmental health is broader than individual hazards and disease because risk of illness cannot be considered in isolation from the disease risk of the populations with respect to where they live, work and play. They also understand that data about conditions that produce patterned health outcomes may derive from sources external to those used by local public health departments.

Question 2 – *What sources of data, if available from other local departments and linked to yours (housing, planning/zoning, education, transportation, social welfare, etc), would inform policy, priority, and resource decisions of your agency? In what ways do you think the National Tracking Network should assist you accessing these data bases where available?*

Question 3 – *What strategies do you believe would be effective, working with all partners, in seeking to ensure that CDC meets the needs of local public health departments in the design of the National Tracking Network? What can ASTHO and NACCHO do to help facilitate this process?*

A synopsis of remarks from the discussion of each question is below.

Needed Features and Expected Uses of the National Tracking Network

Question 1 – *What features or capabilities would you like to see in the National Tracking Network? (What would you like to be able to do with the network?)*

Discussion about the first question focused on how participants would want the National Tracking Network to look and characteristics they viewed as necessary for it to be successful. Local practitioners desired direction and guidance on the architecture, standards, and resource

allocation from the national and state level to ensure local health departments are aligned with work being done at the state and national level.

Participants would like the network to have a transparent infrastructure with interoperable, standards-based data. They would also like data to be accessible to local, state, and national stakeholders in format that is useful to agencies with varying capacity for data management. Neighborhood level, real-time data is another potential component that could be useful for local health departments and influence how they used the network and its data. They discussed the need for simple reports, overlays, and other guidance, as well as the commitment to strengthen local capacity to analyze data.

Participants also discussed expected uses of the network. Local health departments could employ the network and information contained within it to target risk-based assessments as well as to enhance risk communication with communities. The network might also serve as a means to facilitate contact between jurisdictions and to garner support for reporting. In addition the network could be used to monitor trends in and prevalence of health outcomes related to bioterrorism surveillance and environmental exposures. For example, bioterrorism syndromic surveillance of respiratory disease outbreaks would also be useful in addressing forest fire smoke exposure and asthma. Another potential use of the network is policy analysis, which might start with state and local health agency partnerships to analyze policies on environmental health. A central issue that emerged concerned whether local departments could receive digested information for use by policy-makers. Overall, the network would help to demonstrate where to allocate resources, e.g., inspection versus regulation.

Possible impediments to local health departments engaging with state and federal agencies include:

- Time and labor required to transfer existing paper-based data into electronic format.
- Training and labor needed to enter new data into the network.
- Training and labor on effective communication with communities about what the data means.
- Limited local health department capacity to use network features to find information they need.
- Unclear willingness of states to share data or make it available to local health departments for their purposes.

Participants also noted they need assurance that their contributions to the network will not duplicate other efforts underway in their departments. In addition, local health department partners must know their contributions add value to the network. Local health departments need assurance that they are partners and not only contributors in the tracking effort.

Potential Environmental Public Health Tracking Data Sources

Question 2 – What sources of data, if available from other local departments and linked to yours (housing, planning/zoning, education, transportation, social welfare, etc.), would inform policy, priority, and resource decisions of your agency? In what ways do you think the National Tracking Network should assist you accessing these data bases where available?

Participants discussed types of data that would be useful to have as part of the National Tracking Network. Participants believed that a host of different datasets should be included in the network. Examples of potential sources of environmental or public health data that participants identified include: diesel truck routes, climatic and meteorological information, locations of vulnerable sites such as schools, social determinants and other measures of health such as crime, parks, walk-ability, and real-time pesticide application schedules (particularly in the Central Valley), among others. The local health department representatives highlighted data they needed in order to provide their communities with better environmental health services. They indicated the need to examine broader issues concerning the built environment and infrastructure as well.

Participants stressed that local health departments do not have the same data needs; one size does not fit all. They also noted that local health departments might benefit most from a system that collects lots of information and allows the user to decide what is useful in a particular situation. Participants discussed other factors that influence local health department participation in a tracking system including how data in the network is collected and by whom. For example, if a local health department subscribes to the precautionary principle, hazard or exposure data below regulatory reporting requirements is needed. Participants noted that data below regulatory reporting requirements are necessary for environmental health assessments and should be shared among network users.

Participants desire a tracking system that addresses the needs of state and local environmental and health agencies with varying capacities will help stakeholders to better understand existing data and how agencies and organizations might interface with one another.

Strategies for Environmental Public Health Tracking Success and the Role of ASTHO and NACCHO

Question 3 – What strategy do you believe would be effective, working with all partners, in seeking to ensure that CDC meets the needs of local public health departments in the design of the National Tracking Network? What can ASTHO and NACCHO do to help facilitate this process?

The third question gave participants an opportunity to discuss requirements to meet their needs as the development of the National Tracking Network progresses as well as the role of ASTHO and NACCHO in facilitating the process. A key response was to avoid duplication of reporting efforts. Participants also discussed education, communication, advice and guidance as both strategies for success as well as ASTHO and NACCHO's role in tracking.

Participants thought CDC could assist with education, communication, and advisory guidance to ensure the success of the National Tracking Program. ASTHO and NACCHO could share tracking information with their respective members. Specifically, participants stressed the importance of education for state and local health agencies as well as communities about the tracking network and what the information in it means. Communicating clear and consistent interpretations of data, particularly with disparate results, is also an important process. Another strategy for program success suggested by participants is engaging individual healthcare providers and other key partners such as clinics and hospitals. Participants also suggested CDC continue to work with NACCHO to make certain local health departments become engaged with

the program. Other remarks included data specific strategies for success such as ensuring inclusion of metadata in the network as well as conversion tools so that the data might be used for comparison purposes.

Lessons learned by other state and local agencies need to be shared along with providing access to subject matter experts. Access to network specialists would be necessary to users to ensure the data is being used as the data provider intended. Continued communication about the program through local, state, and national meetings and conferences where public health practitioners gather is another strategy for success that ASTHO and NACCHO might facilitate. ASTHO and NACCHO could support state and local health departments through policy analysis and sharing information about National Tracking Program projects and other issues such as sustainability. State and local agencies are challenged to frame an issue, interpret the findings into common, compelling language, and explain why the issue is important in a broader public health context. These tasks are sometimes difficult. ASTHO, NACCHO, and others could help state and local health agencies by providing assistance in analysis and fostering a sense of sharing and community among stakeholders.

Conclusion

The California environmental public health tracking facilitated discussion provided a venue for environmental public health professionals from local, state, and national agencies as well as the non-profit sector to come together and learn more about one another's perspectives, needs, and goals related to the tracking program. This discussion along with the others in the series will contribute to a better improve strategies of how state health agencies and local health departments work together to further the progress of building the National Tracking Program.