



NATIONAL
ASSOCIATION OF
COUNTY & CITY
HEALTH OFFICIALS

**Local Public Health Perspectives
on
Environmental Public Health Tracking**

**Final Report
May 2005**

Introduction

Working closely with the Centers for Disease Control (CDC) and partner organizations, the National Association of County and City Health Officials (NACCHO) seeks to promote and explain the Environmental Public Health Tracking Network (EPHTN) to local public health agency officials, as well as solicit their ideas as potential producers of data and end users of the network. The success of the EPHT Network depends, in part, on the willingness and capacity of local public health officials to commit time, knowledge and energy to its development and use.

In an effort to promote the EPHTN more effectively, identify the needs of local public health agencies (LPHAs), and to ensure coordination between state and local health officials, NACCHO developed three facilitated discussions over the course of 2004-2005. The participants included local health officials, state health officials, state environmental officials, NACCHO's partners (Physicians for Social Responsibility, Environmental Council of States, Association of State and Territorial Health Officials (ASTHO), and the National Environmental Health Association), and representatives from the Centers for Excellence and CDC. Particular attention was given to advancing communications and developing links between state and local public health agencies. They were asked for their views and recommendations about features they would like to see in the tracking system and raised related issues of concern.

The first two discussions, both comprised of approximately twenty-five participants, were conducted at NACCHO's annual conference in St. Paul, Minnesota on July 14, 2004 and in Washington, DC on November 9, 2004 at the American Public Health Association (APHA) Annual Meeting. Participants in the second meeting included some overlap with the first. The first facilitated discussion differed from the second discussion in that the

participants had greater explicit knowledge of the EPHTN program in the second facilitated discussion, and therefore raised more pointed issues.

On March 11, 2005, NACCHO conducted the third and final facilitated discussion for the grant period in cooperation with the New York State Association of Local Public Health Directors in Albany, NY and the state's principal investigator for EPHT. Both state and local representatives attended. Our rationale for choosing a grantee state, and particularly New York, was that the discussion would be more intensive and focused, with all participants from the same system, providing an especially realistic analysis of state and local interaction. In addition, it offered a vehicle for identifying ways in which state and local agencies could work together more effectively. The New York State Department of Health is far along in its process, although it had not yet met with LPHAs to explain the basics of its EPHTN operations and plans for the future. We worked closely with the state health department in choosing participants and developing the agenda. This meeting was also different than the others in that after the regular two hour discussion, representatives from the New York State Department of Health conducted their own presentation, highlighting progress from their demonstration project.

For all three events, NACCHO chose to invite those departments with a declared interest and knowledge EPHTN, in order to ensure a dynamic and engaged interaction. Each participant was provided with extensive background information, including 1) NACCHO's initial primer on EPHT; 2) CDC's vision statement, 1.0; and 3) a paper entitled, "Developing a Local Comprehensive Environment and Health Tracking System: Using What We Know to Improve Health and the Environment," by Glad, Kotchian and Baron, along with an agenda, a list of the questions, and list of participants.

To view any of these documents please visit:

<http://www.naccho.org/topics/environmental/EPHT.cfm>

The Facilitated Discussions

Each facilitated discussion lasted two hours, with the exception of New York, which included an additional presentation by the principal investigators for the New York State grant. The questions focused on what LPHAs need from such a system, their expectations from the system once it's running, and what types of problems and issues they will use it for. At each location, we also asked participants to guide us about NACCHO's future role in the EPHTN. Below is a summary integrating the findings from all three sessions.

What features would you like to see in the EPHT Network and what would you like to be able to do with the network?

Eight basic themes emerged in our discussions. The first concerned effective linkage, coordination, and compatibility among data systems, with an additional emphasis on access. Some indicated the need to link several data systems but not create a new one. In

addition, many data systems would need to be integrated, e.g., GIS, police report data, engineering plans. Right now little coordination exists among federal, state, and local data systems. A major issue in this regard concerns data entry and consistent rules for accuracy in entering data. A great deal of data would have to be re-entered because of incompatibility in data entry requirements. In addition, some data needs to be enhanced, particularly files in non-electronic formats.

The ability to find, share and communicate data in a user friendly format was a second issue, both among agencies and with the general public. LPHAs especially need to be able to respond to requests from the public and the mass media in a timely manner, particularly about things like hazardous spills.

A third area for discussion involved determining how the Network would cope with difficult data issues and tailor the system to local needs. For example, the chemical emissions released inside a factory will not be reflected in any EPHTN database. Another example is historical vs. real time data and the difficulties of monitoring. Finally, some issues are temporal, causing problems over long periods of time and therefore difficult for databases to track.

The fourth theme focused on the purpose of EPHTN. Participants discussed the exchange of data among the states and the development of case studies to see what lessons might be learned by those not in participating states. Indirectly, the EPHTN has the potential to encourage environmental health professionals to think about public health more broadly, and the importance of epidemiology in addition to regulation. The network offers possibilities to make information sharing easier. Many agreed that it would be useful as a tool to conduct basic analysis and prioritize the use of resources. One participant indicated that we must have clarity on the end user: health professionals or community members and whose questions would guide the system. Prediction of future disease trends was another purpose. Overall, participants agreed that the EPHTN offers a way to identify stories and showcase problems and solutions.

A fifth theme concerned the quality of data: it should be timely, updated, robust, and capable of being collected from all jurisdictions. The network should also be interactive in order to combine community data, e.g., door-to-door data), with already existing data such as cancer registries. Moreover, there should be standards on data collection to ensure compatibility with other data sets.

The sixth point emphasized the types of data needed. Beyond chronic disease and environmental data, participants suggested the need for population data, as well as body burdens, socioeconomic status data, data useful for informing public policy, and environmental epidemiologic data.

A seventh theme stressed characteristics or qualities of the network. They included: a belief that the network should be flexible, linked to the local level, driven by community values and questions, such as: is there mold in my classroom?; the ability to query databases; a system not solely dependent on state data; a link to *Protocol for Assessing*

Community Excellence in Environmental Health (PACE EH) to help shape community thinking, i.e., an assessment process that will connect to the network—a link with other tools to generate data; and a system with standards for the network facilitator, regardless of the end user.

An eighth theme centered on the usability of the network—the importance of focusing on the end user to ensure it is user friendly, particularly in explaining the uses of data. One participant indicated that policy-makers should be able to use the data. Another noted that attention should be paid to rural states and small area population data. In addition, there should be technical assistance: an infrastructure of support, a learning process and other skills for accessing the network that provides hands on training in how to work with data and improve it. One idea, in this regard was to have a strong epidemiology training program at CDC. A number of participants mentioned the need to ensure that a large constituency of end users such as community members, planners, and nurses are included in this process, not just public, environmental and medical care health professionals.

How will the national Environmental Public Health Tracking Network (EPHTN) program benefit local public health agencies (LPHAs)?

Two basic themes emerged on this question. The first emphasized the opportunities provided by the Network to: integrate environmental and public health, synthesize data sets, enable agencies to work together and inform each other of emerging issues and priorities. The second stressed the ability of the Network to demonstrate how risks relate to human health impact, thereby increasing the quality of analysis and interpretation and also raising consciousness about environmental health, in order to improve the public's health.

What do you expect the network to do when completed: How will you use it? What are the challenges?

Participants had three basic responses to the question of usage, under an assumption of precise and high quality data. The first concerned the ways in which the Network would provide documentation and legitimacy for decision-making. For example, the system would help to explain a crisis and why there would be a need for testing and sampling. In addition, the EPHTN would serve to educate the regulated community and assist in the explanation of why new mandates might need to be imposed. It would also facilitate the setting of priorities, allocation resources, and develop strategic plans; alleviate pressures, and direct energies where needed. With respect to the general public, the Network would help with interpretation and a faster response. The second theme involved specific circumstances such as information that would enable the agencies to determine where an impact occurred, help with the identification of hazards data, or assist with a health impact assessment. A third issue in usage was about ensuring that help with the system is available, through a tutorial, training, or a help desk. In addition, the LPHAs expect state support (including health departments that do not have environmental health programs), particularly in access to data, given that the public expects them to be responsible and responsive.

On the question of challenges, participants identified seven. First, the potential for blaming one source for a problem that many have multiple factors, second, the difficulties of ensuring that the system would work in all jurisdictions within the state, and third the lack of mandatory reporting on a lot of illnesses. Fourth, and perhaps most important was making the data useful for local needs, not just general queries. That is, a number of participants echoed the need to be able to manipulate data with their own individual queries, not canned ones. A fifth challenge involved determining who owns the data and who will interpret its meaning, along with identifying its limitations and presenting them to the community. On this point, participants suggested that data not be downplayed—that the community should be informed without alarming them. A sixth challenge concerned determining the reporting methods to be used for different types of data, given that GIS may not be appropriate for all data. The need to ensure data security and privacy and determine whether security clearances or other approvals were needed represented the final challenge.

With regard to expectations, participants believe the network will provide standards and policy goals for its organization. They see it as a support network with many partners. It is essentially an alert tool that will offer good, reliable, valid baseline data and access to data from other sites. Part of it would be analytical, focused on data; part of it would emphasize outreach.

Depending on how people would use it, participants indicated that the network will be helpful for performance indicators and measurement. It will also help end users know what difference their decisions make. In this regard, it would force them to change how they conduct their work. One person commented that it would ensure a connection with people on the environmental side—a way to interact with those with environmental training. Another noted its utility to analyze data at the community level.

What obstacles and challenges do LPHAs face prior to implementation of the EPHT system?

Three major themes emerged on this issue. The first concerns the utility and availability of the data. For example, what could you say locally about a particular power plant in the midst of many? Data points might be scattered at the local level, making it difficult to capture data comprehensively. A related issue involved reliability and compatibility of data. How systematic would it be? One person noted that we might not be able to perform appropriate statistical analysis if the population size is too small. Another expressed doubt about what you could do with the data once you had it—what kind of analysis? How would it be helpful? And if you could not answer questions about what problems it would actually address, it would be difficult to sell the program to the community and boards of health.

A second theme involved resources and capacity for analysis. Some wondered whether there would be enough time and money to devote energy to the Network, including staff skills and workforce training, given other mandates, and that expectations might develop that could not be met.

The third major theme concerned the role of the community and LPHAs. Who will have access? What kind of community involvement would there be? Who owns the data? What ensures that community needs are addressed? Participants suggested a requirement that LPHAs be involved with the development and implementation of the Network.

What is NACCHO's role as a representative of LPHAs to facilitate success of program? How can NACCHO play an effective role in influencing the CDC tracking program?

Within a general frame of defining a clear role for local public health agencies in having an influence on the design of the system, especially in the early phases while there is still time, beyond marketing, four basic themes dominated the consideration of NACCHO's role.

Overall, participants suggested that NACCHO serve as an ongoing "warehouse" for local feedback on the Network and its challenges. In addition, NACCHO should identify where locals fit in the system and facilitate dialogue about the kind of relationships that are necessary between the state, local, and federal levels. The general perspective of most participants was that NACCHO should communicate about the needs of LPHAs and their role in the Network to CDC. They were particularly concerned that CDC is narrowing the range of issues to things like birth defects and autism, when LPHAs must listen to their constituencies on a broad range of issues. As someone noted, "The locals take the heat regardless of whether it's a state or local application." Participants also noted that they required complete access to the data that they enter and that CDC should not predetermine the nature of that data. They further wanted NACCHO to engage in dialogue with CDC more generally about needs relevant to LPHAs, given their regulatory framework. NACCHO should thus work with CDC to clarify the relationships among state, federal and local. It is important to develop a strategy on these relationships, to build allies and ensure that the system works. Each level of government is important to the functioning of the larger system. One participant noted that, CDC will "lose locals if [the network focuses] only on certain national issues."

The next concern was marketing. Participants suggested marketing the best examples of success stories, promoting the network with state officials and the community, and with local officials for adoption. At the federal level, the best stories should be taken to Capitol Hill to exert pressure. In overall promotion, NACCHO would show how the network fulfills needs in meeting standards and otherwise communicate value added to users.

A third theme concerned assisting locals with the use of the system, particularly those without support, including dealing with systemic barriers to using the network, making grant funds available to LPHAs, and, in the implementation of grants, working with them in the field, which includes putting the system in context for them with issues they already work on. Training institutes might be useful to determine competencies necessary to ensure that data is useful for change. Another form of assistance suggested

was to sort out what things are local, regional, and national from a tracking and policy perspective, e.g., health inequities are local.

A fourth theme concerned linking with our partners such as the Association of State and Territorial Health Officials (ASTHO) and the National Association of Local Boards of Health (NALBOH). This would include resolving tensions between states and locals regarding collection, analysis, and communication of data, as well as standardization of the network and assisting them in making decisions on public policy. Right now there is no authority or capacity to create the network as a functioning system; it is a major challenge. Working with partners includes the CDC, and participants suggested that NACCHO influence CDC to get into the field in order to understand the needs of users at the state and local levels; requiring that, in the reauthorization, states extend requests to local public health agencies to participate; questioning whether it is a good idea to fund public health by competitive awards—who writes the best grant.

In addition to these themes, participants also suggested the following: a) involve NACCHO's environmental health advisory committee more directly in making recommendations; b) evaluate the system and define success; c) develop a web-based system for the disease piece; d) ensure that states perform a needs assessment as mandated.

Next Steps

As a result of the issues raised, the discussion participants' engagement with the issue, and the excellent feedback that NACCHO received as a result of these discussions, NACCHO will conduct three more facilitated discussions in the coming year, based on the New York model completed in March 2005. In cooperation with ASTHO, they will be conducted in Wisconsin, Oregon, and California. These locations were chosen based on their stage of development in advancing the tracking system, differences in approaches, and NACCHO's relationship with the LPHAs in those states.

These discussions highlighted several key issues. First, local and state public health officials need to communicate with each other effectively in order to manage the tracking initiatives, meet the needs of communities, and achieve the ultimate goals of the program. NACCHO and the meeting participants gained insight into the importance of making salient the nature of the relationship between state and local health agencies and how those relationships can be improved as EPHTN develops. Second, the Network must function in a user friendly, flexible, and accessible fashion for both producers and consumers of data, with technical assistance. Third, the system must be effective in informing public policy decisions. That is, it should be capable of covering a broad range of environmental health issues. Finally, participants encouraged the states and CDC to ensure that LPHAs play a significant role in the development of the system, given their role in providing and using data.

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**For more information about NACCHO's EPHT project, please visit:
<http://www.naccho.org/topics/environmental/EPHT.cfm>**