

Guidance on Collaborating with Local Health Departments to Advance Goals of Choose Safe Places for Early Care and Education



Choose Safe Places
for Early Care and Education
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Introduction

In 2017, about 8.3 million children in the United States under the age of five were cared for in licensed childcare facilities or early care and education (ECE) facilities. These include public or private preschool, childcare, and head start facilities. At that time, the Agency for Toxic Substances and Disease Registry (ATSDR) estimated that one in eight children could be in a childcare facility that was not carefully assessed for harmful chemicals (1,2). As of 2019, more than 12 million children under the age of five were cared for in an ECE facility (3). The safety of these facilities can play a big role in the health and wellbeing of children. Early exposures to contaminants, such as lead and pesticides, can lead to lifelong negative health effects — including asthma. It is important to protect the safety and health of both childcare staff and children, who are more sensitive to the effects of chemicals (4).

In order to ensure ECE facilities are located away from environmental hazards and chemicals, ATSDR implemented the [Choose Safe Places for Early Care and Education](#) (CSPECE or CSP for short) program. Support is provided to states to implement activities to ensure that ECE facilities are safe and healthy environments for children to grow, learn, and thrive.

How states address and regulate the environmental safety of these facilities differs across the country. Even if facilities themselves meet state licensing regulations, the ECE offerings may be in a building that has had a toxic environmental exposure or is near a business that uses harmful chemicals, such as a gas station or dry cleaner.

Nestled within ATSDR's [Partnership to Promote Local Efforts to Reduce Environmental Exposure](#) (APPLETREE) program, CSP encourages collaboration across state and local agencies, including health departments.

Beginning with 25 states in 2017, CSP has since expanded to 28 states. CSP states focus their efforts on “safe siting,” the public health term describing practices and policies used to locate ECEs in places free of chemical and physical hazards.

Partner Overview

The National Association of County and City Health Officials (NACCHO), the Children’s Environmental Health Network (CEHN), and the Agency for Toxic Substances and Disease Registry (ATSDR) work to support state and local agencies, childcare providers, and non-profit partners to ensure that ECE facilities are safe and healthy environments for children to grow, learn, and thrive.

NACCHO is the only organization dedicated to serving every LHD in the nation. NACCHO serves 3,000 LHDs through skill-building, professional resources, and programs. They support effective local public health practice and systems to advance health equity.

CEHN is a national multi-disciplinary organization whose mission is to protect the developing child from environmental health hazards and promote a healthier environment. CEHN’s Eco-Healthy Child Care® program is the sole effort working nationally for over 12 years to protect children from environmental hazards in child care facilities via education, training, and systems change.

ATSDR is a federal public health agency of the U.S. Department of Health and Human Services. ATSDR protects communities from harmful effects related to exposure to natural and manmade hazardous substances.

The goal of this document is to provide information and strategies on how state and local health departments (LHDs) can collaborate to promote CSP activities.

State and Local Health Department Collaboration to Support CSP

Environmental health involves a variety of settings, people, and factors, so there is no one way of addressing environmental health concerns. As a result, no single governmental department can or should be responsible for all aspects of CSP. A cross-sector [Health in All Policies](#) approach can be leveraged to maximize support of CSP across government and non-government sectors. Inspection, regulation, licensing, and programmatic education can involve a variety of partners, including LHDs and other local government offices. State health departments are the primary leaders of CSP activities and there is opportunity for collaboration with LHDs to achieve programmatic goals.

Through disease prevention and mitigation, LHDs support our communities so they can be at their healthiest. As a result, they have developed trusted relationships with local community members and organizations. LHDs are well positioned to advocate for CSP among different partners. They can also help raise awareness on the importance and impact of CSP.

In some cases, LHDs play a role in ECE licensing and regulation. They may conduct site inspections, be responsible for monitoring health regulations, and issue food permits. LHDs also have the resources to review environmental data, support environmental testing, and help ECE providers.

LHDs also have trusted relationships with other local government departments that may support CSP activities. The Department of Zoning, Departments of Planning and Development, Commerce Department, and Local Fire Departments all have a role to play in CSP activities.

For example, local planning and development officials may have information and data on how a possible ECE site location was previously used. This data can help inform whether an ECE facility should be permitted to open at that location. Additionally, childcare providers may be required to obtain a city license, which are approved by the city department of zoning, before they can receive a state license.

In some locations, applications for new ECE facilities must be approved by local fire departments once they certify that a location complies with their codes. Collaborating with local fire departments and/or zoning boards to add environmental health considerations to their requirements is one way to pre-screen potential ECE facilities.

LHDs can also increase CSP awareness work amongst childcare providers, community-based organizations, and local business owners. They may already have partnerships with organizations that focus on environmental justice and health equity to ensure that work is reaching those most at risk of environmental hazards.

Current State of Collaboration

Based on a 2022 survey of 20 states working on CSP initiatives (out of the 28 that are funded to work on CSP), 37% are currently partnering with LHDs and 63% are not.

Those that are partnering with LHDs report the partnership has enabled sharing of time and human and financial resources. These partnerships have also supported identification of, and relationship building with, additional local offices to include in CSP activities.

States who reported they were not engaged with LHDs stated their reasons as:

- Lack of time, resources, or staff amongst both state and LHD
 - LHDs have been inundated with COVID-19 response
 - Licensure only happens at the state level
 - Lack of partnership/engagement/coordination strategy
 - Competing priorities amongst leadership at both state and local level
 - Nuances in internal processes
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- Centralized public health infrastructure with no LHDs
- LHDs don't focus on childcare facilities (out of its purview)

These barriers do represent real challenges that state and local health departments encounter when working with additional partners. Yet, as mentioned above, if these challenges can be overcome, there are benefits to collaborating that can help with implementing CSP activities, sustaining the program and creating programmatic efficiencies, such as streamlining communications.

Strategies to Collaborate

The current APPLE TREE states who are engaging with LHDs identified key strategies that have made the partnership successful:

- Identifying champions at the local level
- Maintaining clear communication
- Maintaining transparency

Relationship management is key in supporting CSP activities. Due to realities of turnover and changes in capacity, having local champions, clear communication, and transparency over goals, time commitments, and capacity are all helpful in maintaining momentum.

The information below discusses key elements to consider in initiating collaboration between state and local health departments.

Key Element: Define the Needs

To have effective collaboration, it is important to determine what the CSP programmatic needs are.

Questions to ask that inform this process include:

1. What gaps exist and where can LHDs play a role? What broad, cross-sectoral participation is needed?
 - For example, a need is to engage a certain jurisdiction or population and an LHD has a relationship with that community.
2. What additional expertise is needed?
 - For example, there is a need to use a specific tool or resource that LHDs have expertise in.
3. What additional roles are needed?
 - For example, the team may want to ensure that resources and materials are relevant to the local needs and a representative from an LHD can provide that perspective.

Key Element: Stakeholder Mapping

As a next step, mapping the current stakeholders and team members is an effective way to identify potential new key players. A stakeholder map not only helps to identify individuals, groups, and organizations who have a role in CSP, but also their perspectives. NACCHO's [Mobilizing for Action through Planning and Partnerships](#) (MAPP) strategic planning process is a good place to start a collaborative planning process as it includes tools and resources regarding stakeholder engagement. NACCHO's [Local Health Department Directory](#) is also a great tool to identify LHDs and local health officials who may be key contacts moving forward.

Key Element: Role Clarification

Now there are two pieces of information: the roles needed and the potential partners who can fill the roles. In tandem with LHDs, explore what role would work best for them given any constraints they may be experiencing. Having clear roles and responsibilities will help with program management and efficiency. Clear expectations create conditions for success.

Key Element: Partnership Development

The next step is to engage in a discussion that frames the collaboration as a win-win – how do all partners meet their goals? It is also important to recognize that each partner brings unique skills and experiences to their work. Encouraging this diversity in experience helps develop more balanced partnerships. This approach creates a collaborative partnership rather than an extractive one where one party gets what it needs and the other gives up time, capacity, and resources. Have a conversation with the LHD and other agencies about their needs and tailor the ask to meet those needs. A potential resource to guide this conversation is the [CSP Factsheet for local audiences](#) to explore how CSP can benefit them.

For example, one CSP state was able to partner with their childcare licensing agencies because the CSP team met a need of the licensing agency during the COVID-19 pandemic. Another CSP team shadowed licensing agencies to learn more about their process, which built a relationship with a key member of the licensing agency and resulted in requiring providers to meet CSP clearance before being approved.

Key Element: Partnership Governance

Once partners are on board, the group can determine what type of partnership structure, or governance, works best for all members. LHDs may be a part of a task force with clear action items and decision-making guidelines. Another option could be an advisory council, where they provide input based on their perspectives on overall CSP activities. Questions to think through in developing a governance structure include:

1. How will the group meet? (e.g., virtually, in-person, hybrid)
2. How often will the group meet? (e.g., monthly, quarterly)
3. How will decisions be made?
4. What are the expected contributions of each member? (e.g., providing technical assistance, relationships, research)



Key Element: Communication

In all aspects of partnership development and collaboration, maintaining clear and transparent communication is essential for building and sustaining trust. As plans change, challenges arise, and successes happen, communicating ensures that all partners are on the same page and are acting with the best information possible.

Key Takeaways

Developing relationships and building collaboration takes time and is an ongoing process. Team members working on CSPECE may need to visit the same partners and departments several times to nurture existing relationships. As staff turnover in both partner organizations and among CSPECE teams is a real challenge, revisiting partners may also help to identify new staff and partners interested in supporting CSPECE activities.

Identifying mutually beneficial goals is a great way to get buy-in and build collaboration. Perhaps information can be exchanged, shared goals can be created, or technical assistance can be provided to a department outside of the CSP activities.

Resources

1. Agency for Toxic Substances and Disease Registry. Centers for Disease Control and Prevention. "Choose Safe Places for Early Care and Education (CSPECE) Guidance Manual. April 2017." https://www.atsdr.cdc.gov/safeplacesforECE/docs/Choose_Safe_Places_508_final.pdf
2. National Association of Regulatory Administration, "Research Brief #1, Trends in Child Care Center Licensing Regulations and Policies for 2014," [Online]. https://www.naralicensing.org/assets/docs/ChildCareLicensingStudies/2014CCStudy/center_licensing_trends_brief_2014.pdf
3. Child Care Aware of America. The US and the high price of childcare: 2019 Report. <http://usa.childcareaware.org/priceofcare>
4. National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Division of Behavioral and Social Sciences and Education; Board on Children, Youth, and Families; Roundtable on the Promotion of Health Equity; Forum for Children's Well-Being: Promoting Cognitive, Affective, and Behavioral Health for Children and Youth; Keenan W, Sanchez CE, Kellogg E, et al., editors. Achieving Behavioral Health Equity for Children, Families, and Communities: Proceedings of a Workshop. Washington (DC): National Academies Press (US); 2019 Feb 13. 2, Introduction to Health Equity and Social Determinants of Health. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK540766/>

Case Study of State and Local Collaboration: New Hampshire

CEHN published [this case study](#) on New Hampshire's Choose Safe Places for Early Care and Education Program (NH Choose Safe Places), which serves as one example of state and local health department collaboration to advance CSP activities. NH Choose Safe Places launched in 2020 and is working to help towns, cities, and the state improve children's environmental health through early care and education licensing and the creation of environmental health best practices for the renewal and inspection process. Early on, NH Choose Safe Places recognized that multi-sector collaboration, including with health departments, would be essential in moving the program forward.

As a result of this collaboration, NH Choose Safe Places established a statewide advisory committee charged with the following responsibilities:

1. reviewing CSP progress;
2. providing feedback to programmatic activities; and
3. guiding the overall program.

The committee, which is still active, includes childcare providers, NH Child Care Aware, staff from New Hampshire Health and Human Services (in particular, from the Child Care Licensing Unit and Bureau of Child Development and Head Start Collaboration), staff from the New Hampshire Department of Environmental Services, and local health officers from the City of Berlin and the City of Concord. The advisory committee started out by meeting monthly and has since moved to bi-monthly meetings. These meetings are virtual to increase accessibility for all to participate.

As a result of this collaboration, environmental health has become a greater priority at the local level. Local health officers have an increased awareness about the resources available to ECE providers to learn about the environmental impacts on children's health. Additionally, NH Choose Safe Places staff learned more about the childcare licensing and inspection process which can inform their work moving forward.

For more information on NH Choose Safe Places, please visit [the CEHN case study](#) and view this NH Choose Safe Places [flyer](#).



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The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.

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