

# Health in All Policies and Choose Safe Places for Early Care and Education



**Choose Safe Places**  
for Early Care and Education  
Planning. Guidance. Protection.

## Introduction

As of 2019, more than 12 million children under the age of five were cared for in an early care and education facility (ECE).<sup>1</sup> Ensuring these facilities are located away from environmental hazards can play a big role in protecting children's health and wellbeing. Early exposures to contaminants, such as lead and pesticides, can lead to lifelong negative health effects — including asthma. The safety and health of both childcare staff and children are important. Children are especially sensitive to exposures because they are in the prime stages for mental and physical development.<sup>2</sup>

[Choose Safe Places for Early Care and Education \(CSPECE\)](#) is a program supported by the Agency for Toxic Substances and Disease Registry (ATSDR). 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 ECE facilities varies across the United States. However, due to the multi-faceted nature of environmental health, early childhood care and education, and the built environment, adopting a [Health in All Policies](#) approach can be a useful framework for partners to advance their goals of CSPECE.

## About Health in All Policies

NACCHO defines Health in All Policies (HiAP) as a change in systems that determine how policy decisions are made and implemented by local, state, and federal governments to ensure that policy decisions have neutral or beneficial impact on health determinants.<sup>3</sup>

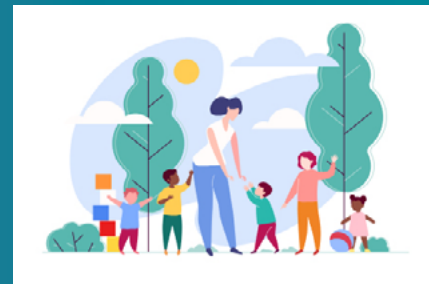
Addressing public health priorities effectively may involve not only traditional healthcare and public health sectors, but also transportation, the environment, and education, which are known to impact health outcomes. HiAP is a framework for stakeholders, policymakers, and those most impacted by a decision to collaborate and integrate these various factors and sectors during the development, implementation, and evaluation of policies, practices, and programs that promote the public's health. It involves different strategies for increasing health considerations in all-of-government practices. Specifically, NACCHO promotes seven strategies for implementing HiAP at various levels of government to ensure that ECE centers are located away from environmental hazards.<sup>4</sup>

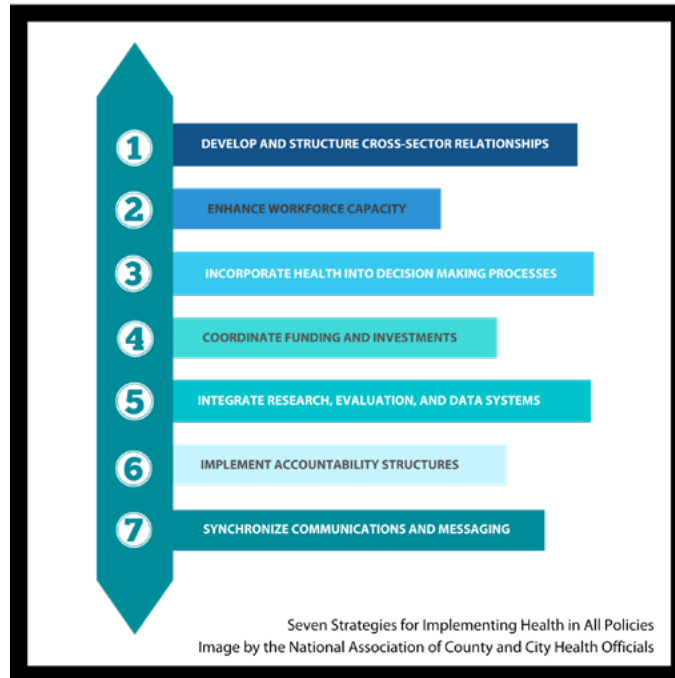
Each strategy is detailed below with an example from a CSPECE participating state. When available, additional resources and information are hyperlinked.

## About Choose Safe Places for Early Care and Education (CSPECE)

In 2017, ATSDR implemented CSPECE to ensure that early care and education facilities are located away from chemical hazards. Nestled within ATSDR's Partnership to Promote Local Efforts to Reduce Environmental Exposure (APPLETREE) program, CSPECE encourages collaboration across state and local agencies, including health departments.

Beginning with 25 states, CSPECE has since expanded to 28 states. Some states focus on safe siting, which refers to locating ECE programs on sites free of chemical and physical hazards. Others focus on evaluating the locations of existing ECE programs to ensure that any previous environmental health concerns have been mitigated.





## Strategies for Implementing Health in All Policies

### Develop and structure cross-sector relationships

Meaningful collaboration is the foundation of successfully implementing HiAP in CSPECE activities. Approaches for developing and structuring cross-sector relationships can be formal or informal. Formal structures are preferred since they help ensure accountability. These structures include councils, committees, and task forces; management practices; and memorandums of understanding. Informal structures, such as temporary workgroups and voluntary teams, can inform initial working relationships and provide the basis for a more formal relationship to take shape.



A central component of the **New Hampshire Choose Safe Places** initiative is multi-sector collaboration. The team spent their first year identifying partners and building key relationships. The result was a statewide advisory committee charged with the following responsibilities: 1) reviewing CSPECE 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 NH Health and Human Services (in particular, from the Child Care Licensing Unit and Bureau of Child Development and Head Start Collaboration), staff from the NH Department of Environmental Services, and local health officers from the City of Berlin and City of Concord. The advisory committee began their work meeting virtually every month and has since moved to bi-monthly meetings. The virtual nature of the meetings is an important factor as it has made the meetings more accessible to those committee members who live remotely.

## Incorporate health into decision making processes

Health departments (HDs) can use a variety of approaches and tactics to integrate health into decision making regarding CSPECE, such as cross-sector needs assessments, strategic planning, priority setting, and developing common goals and objectives. HDs can refer to guides, protocols, and checklists when best practices exist on how to infuse health into specific decisions. For example, health impact assessments and community health assessments can help HDs incorporate health considerations into land use or transportation policies by informing decisions or developing strategies to avoid or mitigate negative health effects.



For example, several CSPECE participating states require that childcare center applicants submit environmental assessments that detail potential site hazards and/or remediation efforts as part of the licensing process. When the childcare center licensing agency reviews the application, they have what they need regarding environmental health concerns to make an informed decision.<sup>5</sup>

## Enhance workforce capacity

HDs can increase their capacity to implement CSPECE by creating opportunities for staff to interact across sectors and with external stakeholders. Such opportunities can include training staff on how to develop and maintain partnerships; implementing hiring practices that incentivize collaboration with partners outside the health sector; hiring non-traditional staff (such as planners); and identifying specific staff to administer and sustain partnerships and coordinate HiAP implementation.



A goal of the **Texas Choose Safe Places** (TXCSP) program is to build the capacity of local jurisdictions to manage safe siting. Through a pilot program, they worked with a champion for the program in the Maternal and Child Health Division within the City of Austin's Department of Public Health to move elements of the state program to the local level. This champion then identified other partners within the City of Austin such as those charged with zoning with which TXCSP otherwise may not have developed partnerships. While COVID-19 did impact the rollout of many programmatic activities at the local level, they had many successes including developing shared goals, exchanging information, and providing technical assistance to inform environmental health policy.

## Coordinate funding and investments

HDs can incorporate health considerations into funding and investments by working with partners to develop funding announcements, cooperative agreements, and contracts. These can each include health criteria, coordinating investments, and reviewing and scoring funding applications that weight the inclusion of health objectives. Additionally, HDs and partners can share funding resources, provide free services, and/or provide grants to promote the uptake of health considerations in programmatic activities.



**Tennessee's Choose Safe Places** and Department of Health provides voluntary water testing for lead to Head Start facilities and Tennessee Department of Human Services [TDHS] licensed childcare agencies at no cost. If there is a concern with a childcare agency's water, the Tennessee Department of Environment and Conservation is available to provide technical assistance and address elevated lead levels when necessary. TDHS may assist licensed agencies in addressing sources of lead exposure through mini grants.

## Integrate research, evaluation, and data systems

HDs can use data from research and evaluation to identify the potential impact of cross-sector policies on health and find opportunities to maximize the positive health impacts of such policies. For example, HDs can integrate cross-sector data and indicators such as access to parks and healthy food into health data sets, include health indicators in program evaluation, and use data to validate health performance measures.



To ensure an ECE facility is in an environmentally safe site as well as address environmental concerns of an established ECE site, CSPECE representatives have taken creative approaches to address gaps in data around property history. Departments of Commerce and the local assessor's office may have information on location and business histories, which can help highlight properties that may have environmental risks that need remediation. These offices may not regularly collaborate with public health, however, they can be useful partners in property research.

## Synchronize communications and messaging

Communication is the foundation for both building a common vision among HDs and partners. It is also important to raise awareness of a policy's and/or program's impact on health to the public and external audiences. Approaches include framing activities in terms of how they relate to different sectors, developing common messages across sectors, in addition to creating materials and messaging to engage external partners.



States have created factsheets, short videos, flyers, brochures, infographics, and other products to engage potential partners as well as increase knowledge about children's environmental health. For example, Colorado's Choose Safe Places (CSP) program and the Department of Early Childhood aligned to include a promotional sentence about CSP on the "[Apply for a Child Care License](#)" section on the [Department of Early Childhood website](#), the agency charged with licensing.<sup>5</sup> Additionally, Colorado's Choose Safe Places team attends a myriad of events and meetings to promote their CSP activities and resources, as well as raise awareness of the importance of children's environmental health amongst ECE providers and public health practitioners. Events include the annual Colorado Environmental Health Association meeting, the annual Rocky Mountain Early Childhood Conference, presenting at existing childhood council meetings at regular intervals, and other community outreach events. By having a presence through tabling and giving out flyers and other CSP promotional items, the team can promote the importance of CSP amongst different sectors.

## Implement accountability structures

Accountability structures help HDs and partners sustain HiAP efforts in the long term by assigning responsibility and ensuring transparency. Such structures include budget oversight and public reporting, performance measures and objectives that include health considerations, and monitoring and enforcing laws that might affect health.



A Memorandum of Understanding (MoU) is one mechanism CSPECE states may use to formalize cross-sector partnerships, establish the roles of agencies and partners involved in CSPECE work, and ensure lasting collaboration.

## HiAP, Health Equity, and CSPECE

HiAP is also a great approach to addressing health inequities within hazardous environmental health exposures. These inequities are unfair and avoidable differences in health status that are connected to other determinants of health, such as where people live, work, and go to school. According to Dr. Camara Jones, “health equity is the assurance of the conditions for optimal health for all people. Achieving health equity requires valuing all individuals and populations equally, recognizing and rectifying historical injustices, and providing resources according to need.”<sup>6</sup>

An example of a HiAP approach to advance health equity and environmental justice within CSPECE can be seen in Massachusetts. The CSPECE and Massachusetts Environmental Public Health Tracking programs collaborated to identify specific environmental justice neighborhoods within a CSPECE pilot area so that communication about safe siting can be targeted to areas where there is a higher burden of contaminated sites. This [analysis](#) will allow the Massachusetts CSPECE program to direct more resources to areas that need them most. For more information, please review this case study developed by Children’s Environmental Health Network.

Environmental Justice (EJ) screening and mapping tools are available to allow agencies and organizations to identify communities experiencing high environmental burden, and to prioritize communities for policies and interventions designed to reduce inequities. The [Environmental Justice Index \(EJI\)](#) is the first nationwide index designed to address cumulative impacts through the lens of EJ and health equity. This tool uses data from a variety of sources, including the U.S. Census Bureau, the U.S. Environmental Protection Agency, the U.S. Mine Safety and Health Administration, and the U.S. Centers for Disease Control and Prevention, “to rank the cumulative impacts of environmental injustice on health for every census tract.”<sup>7</sup> A variety of [indicators](#) were used in developing the EJI, and CSPECE programs may be most interested in the environmental burden module. The tool can provide additional information for CSPECE programs looking to incorporate health equity into their activities by identifying and prioritizing areas that may require additional CSPECE outreach. It is important to note that this tool does not characterize all EJ issues, does not represent risk or exposure for a community, nor does it provide a comprehensive view of all social, environmental, or health characteristics of a community. It is most important to

engage community members in EJ and health equity work as they have the best understanding and knowledge of their communities. The EJI is another tool to support using a health equity approach with CSPECE activities.

For more, please see the [Environmental Justice Index Technical Documentation](#) and [Fact Sheet](#).

HiAP and health equity work together to ensure that decisions and interventions that aim to advance the public’s health happen in a way that enable resources to be directed where they are most needed. These strategies help ensure those who are most impacted by a decision are part of the discussion, implementation, and evaluation.

## Conclusion

Health departments can use HiAP as a framework to support the planning and implementation of CSPECE activities as well as to advance health equity goals. The seven strategies offer a variety of options for incorporating HiAP into CSPECE work to address environmental health concerns amongst ECE facilities.

## Resources

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