

07-EH-01

Committee: Occupational/Environmental Health

Title: Support for Continuity of Environmental Public Health Indicators Development

Statement of the Problem:

The Council of State and Territorial Epidemiologists (CSTE) and the National Center for Environmental Health (NCEH) of the Centers for Disease Control and Prevention (CDC), have a common interest in enhancing environmental public health surveillance capacity nationally and among state health departments using standardized, systematic methods that produce useful results. This was expressed in the 2001 CSTE position statement, 01-ENV-01 "Development of Environmental Public Health Indicators." Subsequently, several state and national environmental health agencies, including the NCEH Environmental Public Health Tracking (EPHT) Program of CDC, have recognized the value of developing indicators that can represent data on important environmental public health issues such as air and water pollution, asthma, the built environment, and climate change for stakeholders. Developing workable indicators requires several steps including pilot testing.

The U.S. Environmental Protection Agency (EPA) has a rich collection of data through its extensive history of environmental monitoring facilitated by individual state programs. Through many avenues, the EPA is strengthening its role in protecting ecosystems which directly and indirectly benefit human health. The EPA provides broad access to national and state-specific environmental measures and has several different indicator initiatives including the EPA 'Report on the Environment' and "America's Children and the Environment." These indicators are primarily focused at the national level. Efforts to enhance environmental surveillance and indicator development at the state level are needed.

CSTE serves as the primary body for collaborative efforts to increase state-level public health surveillance and indicator development. CSTE has been working on development of the National Public Health Surveillance System, which includes non-infectious disease indicators from injury, occupational, chronic disease and environmental health. The need for technical direction and best practices for characterizing environmental public health is common among all states. The degree of resource availability and technical skill for developing measures for environmental public health varies throughout the US. To that end, CSTE has the opportunity and the organizational capacity to positively affect Environmental Public Health Indicators (EPHI) on a broad scale. CDC, in the interest of standardizing systematic methods throughout the nation, can benefit from additional contributions toward development and pilot testing of indicators.

The State Environmental Health Indicators Collaborative (SEHIC) has made important strides in development and testing of environmental public health indicators relevant for states. Cooperation among states, CSTE, CDC and EPA have been sought to leverage this existing collaboration model to increase topics covered by SEHIC and to accelerate indicator product development, testing and deployment on a national scale as part of the CDC/CSTE cooperative agreement. To date SEHIC partners have developed templates and "how-to-guides" outlining indicators and measures related to (1) air quality, (2) asthma and (3) drinking water. Piloting of these indicators has been performed among SEHIC participating states. Additional efforts are underway to address climate change and the built environment.

Statement of the desired action(s) to be taken:

Twelve of the states participating in the State Environmental Health Indicators Collaborative met March 2007 with the following recommendations:

1. The SEHIC should be continued in order to promote a systematic approach to indicator development and to provide a venue for developing environmental public health indicators useful to all states.
2. Support for the continuation of the SEHIC is best provided by CSTE as an administrative and professional entity with its demonstrated success in managing resources and collaborative projects impacting public health, and more specifically, indicator development.
3. CDC has similar interests in developing environmental public health indicators through its Environmental Public Health Tracking (EPHT) program. The EPHT scope, however, is limited to those entities specifically selected to participate in its program. The CDC long-term goal is to institutionalize a comprehensive Tracking Network, presumably to include data from all states, regardless of funding for EPHT. CDC should support the continuing of the SEHIC and CSTE to extend capacity for indicators that can contribute to the agency's EPHT project as well as provide technical support to every state.
4. The EPA and the United States Geological Survey (USGS) can provide data and facilitate the acquisition and analysis of environmental data critical in the development of environmental public health indicators. These agencies are vital partners in the SEHIC and, as such, working relationships with the EPA and USGS should continue. Involvement of state environmental agencies will also enhance the process.
5. Evaluation of the SEHIC should be conducted to assure the partnerships are functioning effectively and products are meeting the needs of the respective entities.

Public Health Impact:

SEHIC membership is extended to all states. Representatives of state environmental health agencies, health and environmental data stewards, as well as universities, federal agencies and federal environmental data stewards (CDC, EPA, USGS) are invited to participate. The comprehensive and voluntary nature of this effort clears the way for innovation, exploration and expansion beyond traditional mechanisms of federal and state initiatives. The nature of the SEHIC organizational flexibility can decrease time for identification, development and pilot testing of indicators. The result of this collaboration is broader participation, technical skill development, intellectual and professional sharing and growth. Additionally, relationships among the contributors lead to mentoring, resource sharing, and better quality of environmental health capacity for public service.

Coordination:

Agencies for Response:

- (1) Julie Gerberding, MD, MPH
Director
Centers for Disease Control and Prevention
1600 Clifton Road MS D14
Atlanta, GA 30329
404-639-7000
julie.gerberding@cdc.hhs.gov
- (2) Stephen L. Johnson
Administrator
Environmental Protection Agency
USEPA Headquarters Ariel Rios Building
1200 Pennsylvania Avenue, N. W.
Mail Code: 1101A
Washington, DC 20460
202-564-4700
johnson.stephen@epa.gov

Agencies for Information:

- (1) Paul E. Jarris, MD, MBA
Executive Director
Association of State and Territorial Health Officials
2231 Crystal Drive Suite 450
Arlington, VA 22202
Phone: (202) 371-9090
Fax: (571) 527-3189
pjarris@astho.org
- (2) Pat Libbey
National Association of City and County Officials (NACCHO)
1100 17th Street, NW, Second Floor
Washington, DC 20036
(202) 783-5550
plibbey@naccho.org
- (3) Nelson Fabian
Executive Director
National Environmental Health Association
720 S. Colorado Blvd.
Suite 1000-N
Denver, CO 80246-1926
(303) 756-9090
Nfabian@neha.org

Submitting Author:

- (1) Lesa Roberts, MPH, BSN, RN
Environmental Health Officer
Divisions of Health & Environment
Kansas Department of Health & Environment
1000 SW Jackson, Suite 310
Topeka, KS 66612
(785) 296-2501
Lesaroberts@kdhe.state.ks.us

Co-Author:

- (1) Kristen Malecki, PhD, MPH
Epidemiologist
Wisconsin Department of Health and Family Services
Division of Public Health
Bureau of Environmental and Occupational Health
1 West Wilson, Rm 150
Madison, WI 53717
(608) 267-3830
maleckm@dhfs.state.wi.us