

Creating an Environmental Public Health Program for Children

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Our vision is toxics free and healthy children becoming healthy adults.

This project proposes to create a Children's Environmental Public Health (CEPH) Program in King County, WA that focuses our collective thinking on life stages and disease causes rather than environmental conditions or particular hazards.

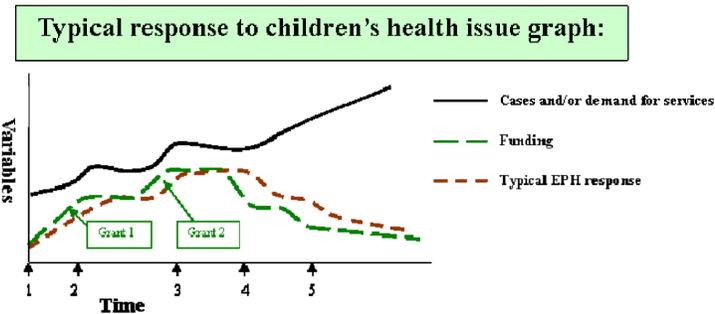
Historically, we have collected grant money and attacked each health issue as an isolated entity. The proposed plan would create a broadly supported program from which individuals can view the big picture, develop messages and directly respond by closing gaps and coordinating overlaps for CEPH. The result will be a stable program which will be the intersection of assessment, policy creation and assurance delivery for CEPH planning and action.

The different environments that affect a child's health include their home, school, childcare and playground. The impacts from these environments attract stakeholders with various interests, skills and capacities. The project team utilized the ten essential services of environmental-public health and the national goals of *Healthy People in Every Stage of Life* and *Healthy People in Healthy Places* in designing this project.

By implementing the ten essential services wheel and applying it to each *Place* of a child's environment, one can develop a plan of assessment, policy development and assurance. The project team, with tremendous input, leadership and assistance from their division and program partners, started with childcares.

Methods included discussions with key external stakeholders regarding perceptions and realities of CEPH needs and services. They were asked a series of questions regarding the role that Environmental-Public Health and the proposed CEPH program should undertake, as well as about programs to model and potential funding sources.

Behavior Over Time



1. The typical response to a rising children's health issue is illustrated by the **Cases** (in black) rising over time. As an example the cases can be requests for Asthma intervention services. As the Asthma rate increases there are more requests for EPH staff Response.
2. Normally the next step would be to find a **Grant (Grant 1)** that can pay for the staff training as well as paying for some of the response, as this money is not available in the existing budget. There is a lag in the EPH Response as staff is brought up to speed on what needs to be done. Also, as word of the grant gets out, the demand for service increases.
3. Since the first grant does not pay enough to make a significant impact in closing the gap between the cases and the response another grant is applied for (**Grant 2**). Again, there is a slight lag as additional staff are brought up to speed, and again the demand for service increases in the short term.
4. This approach appears to have addressed the issue in the short term. Unfortunately Grant 1 sunsets and although the money is no longer coming in, the staff still tries to respond at the full level. Of course this is short lived, and then staff are diverted to other tasks.
5. Finally Grant 2 sunsets, and although it looks like the response was working in the short term, in the long term the need for interventions has in fact increased. Since there is no more money available, either the services are discontinued, or more likely the staff is forced to respond to Asthma interventions while doing other work for programs that have money. The net effect being that EPH is seen as unresponsive and untrustworthy by the Public, staff morale suffers and EPH loses its effectiveness in the community.

The 10 Essential Environmental Health Services

The Ten Essential Services of Environmental Public Health was the most useful tool used in developing this project. The services clearly spelled out what efforts are required to accomplish specific outcomes. It also helps to define next steps as development of the Children's Environmental Public Health Program in King County continues.

The essential services wheel was assigned to each *Place* a child spends time, specifically childcares, schools, homes and playgrounds. Childcares were selected as the first place to assess.

Childcare Policy Development

During the childcare risk assessment project development, a planning group was convened to help steer the project and provide feedback on proposed tools. This planning group will reconvene when the risk assessment report is complete so that recommendations can be created for policy development. The stakeholders participating in the planning group represent different aspects of the childcare community. When policies are created, there will be an outreach to inform, educate and empower childcares in King County.

Childcare Assessment

In 2006, the Local Hazardous Waste Management Program in King County completed the field component of a childcare risk assessment coordinated by Tracee Mayfield. The field component consisted of environmental health professionals visiting 206 of the existing 2000 childcare homes and centers in King County. The assessment survey included observations and questions on chemical asthmagens, cleaners and art supplies; or lead, phthalates and pesticides. All childcares visited received the same questions regarding what environmental health issues should be examined in the child care industry and what technical support and incentives should King County offer. Diagnosing and investigating childcares included observations, measurements, and stakeholder questions to the operators. The "Monitoring Health" component is the next step and will take the form of a King County Children's Morbidity Report.

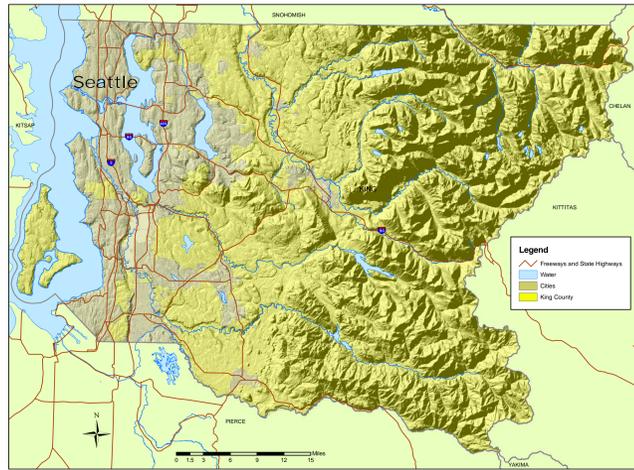
Childcare Assurance

This section's primary focus will be to assure the linkage of childcare operators, parents and children to the aforementioned policies' services and education. These policies are yet to be developed.



Ten Essential Public Health Services
Source: <http://web.health.gov/pdffiles/public.htm>

Location maps: King County, Washington State



Map of King County, Washington State (Home of Team Seattle and the Huskies!)

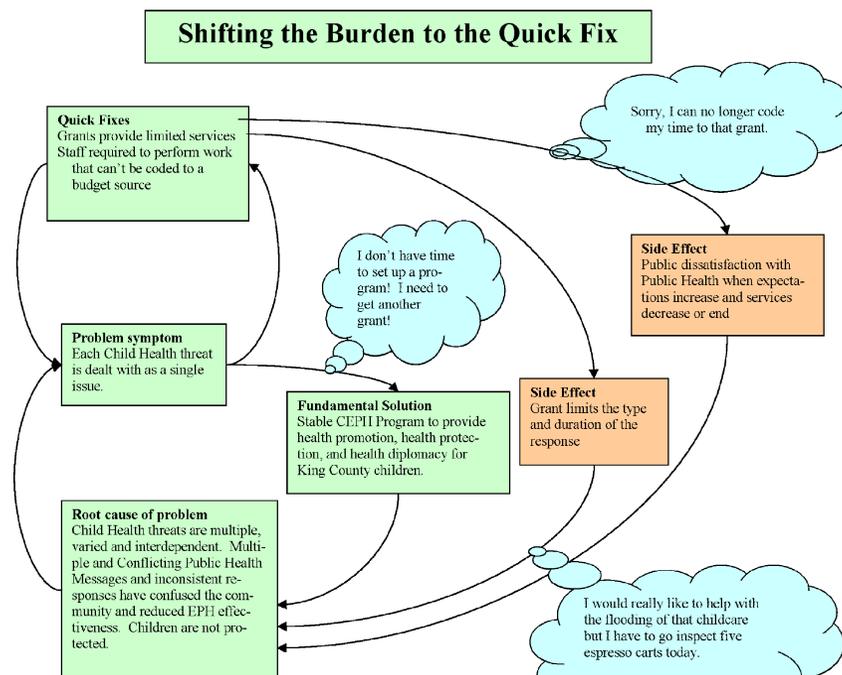


Washington State Counties



Lower 48 of the United States

Causal Loop Diagram



Next Steps

1. Explore Funding

- Continue interviews (good source of funding ideas)
- Examine and report on strategies in existing programs
- Link to new public health funding bill
- Inventory funding sources for current activities
- Draft three funding proposal for King County

2. Continue Problem Analysis

- Reporting
 - Apply findings of Child Care Assessment
 - Develop report on local health determinants
- Identify needed research
 - Modify based on partner / stakeholder input
 - Gaps and overlaps
- Stakeholder interviews

3. Continue Program Design

- Examine other CEPH programs
 - Compare compatibility with King County
 - Investigate funding system
- Design for NW regional health determinants of concern
- Continue Logic Model updates
- Continue Stakeholder interviews

4. Coordinate CEPH Activity

- Increase current Stakeholder involvement
- Develop new linkages
- Create advisory panel
- Develop Regional newsletter
- Update inventory of CEPH activities within PHSKC

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