THREE THOUSAND LOCAL HEALTH AGENCIES ARE HERE TO HELP

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It is with pleasure that I offer remarks to this distinguished audience on a topic that has the potential to help shape the future of Environmental Public Health in the United States. I am referring to the Environmental Public Health Tracking project. Just how successful this program will be has yet to be discovered, but rest assured it will be as triumphant as we want to make it. The amount of work that has been done and the amount yet to be accomplished is very impressive. There have been a dedicated group of federal, state, local and private individuals behind this effort for the past 3 or 4 years carrying out the charge of the mission. The mission, simply defined, is to improve the health of communities by generating public health response to identified hazards in the environment. From the initial 40 or so people meeting in four work groups defining the project, to the gathering here today shows that the progressive effort to nationalize the Environmental Public Health Tracking Network is well underway.

As the title of this session states: "On the road to success: Incorporating many voices through innovative partnerships," involving many disciplines of Environmental and Public Health at several levels is necessary to realize the full benefit of this assignment. This is yet another example of combining the two traditional fields mentioned above into one; Environmental Public Health. This distinction is being used and recognized more and more around the country. It is apparent that federal health and environmental agencies and states are more alert to this connection than are many local (county, city, district) health agencies. Although, through programs such as EPHT the word is getting out and the relationship is being made.

As defined by program guidelines, funds for EPHT are awarded to states and some "city states." No county or city health departments are eligible to compete for the grant money. It is by design that the states are seen as lead agencies creating the Network. From strictly a managerial perspective it is easier to convene leaders from 50 states than it is to

assemble representatives from the approximately 3,000 local health agencies in America. However, I appear before you as a representative of the thousands of environmental public health departments speaking through the National Association of County and City Health Officials (NACCHO); "The national voice of local public health."

It is beyond simple descriptive words that can emphasize the importance of collaboration among all agencies involved to effectively implement this program. Looking back on previous interactions and to current reasons that exemplify the **REQUIREMENT**, not the suggestion, but the requirement that we all work as one on this project; the collaborative is defined. We must act together to make it a reality.

I will present examples of environmental public health issues that challenge local health agencies every day. To some of you who have worked in that environment this will be familiar, to those of you working at other levels of government this might be new information. NACCHO was invited to participate in the workgroups mentioned above, setting the framework for the Network. The Centers for Disease Control and Prevention recognized that without input from those speaking for grass roots environmental public health, the circle representing America's public health system would not have connected ends. It is clear to those of us who have spent careers on the street hearing from our constituents in formal town hall meetings or the more informal sidewalk "Say, do you have a minute?" conversations that connecting the local, state and federal workforce is the key to success. Even though states are the focus for fund distribution from this program, projects initiated under Tracking guidelines will be more successful when including representation from local health agencies. In fact, I will go so far as to predict that failure of some projects may result if city and county health agencies are not invited or allowed to participate.

In my home state of Colorado I know there are local Environmental Health practitioners who do not see their role as one of a collaborator with the State or the other disciplines of public health. The reverse is present, too. There are some State employees who do not recognize the opportunity to involve a city or county health representative in an assortment of projects. This is unfortunate because the work being done is not inclusive of other professionals who can function as a team and achieve goals with more comprehensive vision.

What if there were no communication and sharing of resources in 2003 between local, state and federal environmental public health agencies? How well would we have responded to the West Nile Virus epidemic? How would we manage more established disease such as AIDS/HIV? How effective would we be trying to address this medical crisis as a single state, single county or single city? What about Severe Acute Respiratory Syndrome, could a small rural health agency expect to diagnose and treat such a disease without help from the state and federal government? The answer to all of

these examples is obviously, NO! There is no system in place at a singular level that can be expected to effectively manage dramatic medical events as described above.

If a survey were done of the approximately 3,000 local health agencies asking what they do, it is a sure bet that the response will be quite comparable. There will be exceptions, but for the most part local health agencies do similar work. We do food service programs, waste water programs, drinking water programs, hazardous waste management, WIC programs, public health nursing, nutritional counseling, health education and others. These are routine programs performed in a routine setting.

The point of this message is that practitioners filling the roles of service providers and health care workers develop a keen understanding of what makes their communities function. There is no better place to acquire this knowledge than in a local health agency. Documented, intuitive and repetitive information forms the grounding for how the job gets done. Certain wisdom is gained about the neighborhood, the clientele, the politics of the community, available resources, where to reach for program support, how to barter for the benefit of all, and knowing when to ask for help, all become evident when working one-on-one. There are generally no information filters at this level. There are no layers of insulation between the person making the decision and the person impacted. As a local Environmental Health Director I could expect to be face-to-face on a regular basis with people my decisions impacted. This might be at the post office, the grocery store, the movie theater, the gas station or just walking down the street. This structure generally does not exist at the state and federal level. There is a certain disjunction between practitioners and the public that is not as intimate as found in a small health department in a small town.

The reason for stating the above is that it offers insight as to where information comes from that can make or break a program. The way messages flow from citizens, to local health officials, to administrators, and finally to elected officials sets the framework for how decisions are made. Without help from our constituents we tend to flounder and make programmatic decisions in a vacuum. There is little or no public support when this occurs. In fact, a backlash of uprising can occur if the decision is dramatic enough. Comprehensive and collaborative input and output makes programs stronger. NACCHO stands ready to assist in implementation of EPHT. The outreach mechanism present in the NACCHO organization will play a key role in distributing information about the Tracking project to local health agencies. Opening the flow-of-information pipeline to and from this national organization will prove vital to the growth of the project. The Tracking program should be recognized as a catalyst that can be used to strengthen local and state relations.

It will be a challenge to NACCHO to assemble all responses from local health departments into constructive contributions to help define what the Tracking project will look like 10-years from now.

Currently there is no requirement that states solicit formal input from locals, but there is a body of evidence that shows a better program will result. Getting beyond any differences that may exist from past interactions that did not go well requires leaders who can see the bigger picture. The picture in this case being citizens who will benefit from an environment healthier than the one they live in today. It will be a challenge to local health agencies to prepare to make the best use of the deliverables generated by the Tracking program. CDC recognizes and acknowledges the importance of engaging local health representatives in this effort. We must rise up to the challenge.

Local health agencies stand to gain monumental value from the Tracking program. When the Network is in place the flow of information will be of tremendous benefit to a city or county health officer that must make a decision influencing his or her constituents. If a trend is developing in a specific area around a specific environmental exposure causing a specific disease cluster, and it is identified through Tracking, what better information could a decision maker have? While in the formative stages now, once mature and tested, the EPHT project has the potential to guide public health policy to higher levels than we experience today.

Two of the "Learning Objectives" listed in this session's abstract state that, after attending this session, you will be able to: "Articulate clearly the importance of collaboration for the future of environmental public health and Environmental Public Health Tracking," and "Assist in the creation of innovative collaborative efforts that will assist in strengthening environmental public health in the 21st century."

I ask that you think deeply about these messages and internalize the challenges presented. The take home word from this session is **COLLABORATION**. We get so used to working in a comfortable setting that it can be uncomfortable when asked to reach farther. Development of EPHT will succeed or fail on our shoulders. Many people with tremendous skills are working on this program. There are many more people watching to see how well we do in putting this together. Working cooperatively and with a common vision will certainly cause the EPHT project to succeed.

In closing, to quote from the CDC regarding the EPHT Program: "CDC's goal is to develop a national network that will 1) be standards-based, 2) allow direct electronic data reporting and linkage within and across health effect, exposure, and hazard data; and 3) interoperate with other public health systems." What better way to accomplish this than by developing problem solving interactive cooperation among various levels of government.

Carl Larson and David Chrislip state the following in their book: **COLLABORATIVE LEADERSHIP – how citizens and civic leaders can make a difference**,

"*There is a fundamental premise – we call it the collaborative premise. ...there is a belief that if you bring appropriate people together in constructive ways with good information, they will create authentic visions and strategies for addressing the shared concerns of the organization or community. Underlying this premise is an implicit trust that diverse people engaged in constructive ways and provided with the necessary information to make good decisions can be relied upon to create appropriate answers to the most pressing problems."*

Thank you