

California Environmental Health Tracking Program

California Department of Health Services Environmental Health Investigations Branch Oakland, CA

Paul English, PhD, MPH, P.I.

Funding provided by the Centers for Disease Control and Prevention and the California Wellness Foundation

Project Staff

- Geoff Lomax, DrPH –
- Mimi Johnson, MPH –
- Eric Roberts, MD, PhD –Pilot Projects Manager,
- Craig Wolff, MsEng –
- Eddie Oh, MPH –
- Michelle Wong, MPH –
- Makinde Falide, MS –
- Sam Valdez –
- Svetlana Smorodinsky,
- Maile Newman –

Pilot P.I.

IT/GIS Manager

Research Director

Program Coordinator

Health Educator

Health Educator

IT/GIS Specialist IT/GIS Specialist Research Scientist Administrative History of Environmental Public Health Tracking in California: How Tracking leads to Policy Actions

- PEW Environmental Health Commission 2000
- California Env. Health Surveillance System 2001 (SB 702-Escutia)
- CDC Tracking Cooperative Agreement 2002
 CA Wellness Foundation award
- CA Environmental Health Tracking Act 2003 (SB 189-Escutia)
 CDC Data Linkage Demonstration Award

History of Environmental Public Health Tracking in California: How Tracking leads to Policy Actions

2004

• Report "Strategies for Establishing an Env Health Surveillance System in CA" released

Office of Environmental Health Tracking (SB 1446-Escutia – Pending)

Healthy Californians Biomonitoring Program (SB 1168-Ortiz – Pending)

Chemical Hazard Info/Tracking (AB 1940- Chan – Withdrawn)

Parkinson's Disease Registry (AB 2248 – Frommer – Pending)

California Environmental Health Tracking Program

Communication/Stakeholder Capacity

Needs AssessmentData visualizationOutreach/Education

"Best practices" Exposure assessment Methods

Chemical Hazard and Disease surveillance

Biomonitoring

Policy Development

Linkage Demonstration Projects

SB 702

Expert Panel Recommendations

- There is an urgent need for a coordinating office of all California databases that track environmental health (SB 1446)
- Environmental Health data need to be shared and integrated in a standardized manner and communicated to public in a timely way
- Public health and environmental agencies lack adequate staff and resources to respond to env. health threats.
- Industries that produce, import, or store chemical, biological, or physical agents in CA should be required to report (AB 1940):
 - Full chemical/tox properties
 - Location and quantity of manufacture
 - Lab methods for env. and biological sampling

SB 702 Report Recommendations

- State laboratory biomonitoring capabilities need to be enhanced
- California needs CAlHANES and Cal-HEXAS surveys
- Surveillance systems for asthma, childhood neurodevelopmental, and neurological diseases need to be developed or enhanced. (AB 2248 – Parkinson's Disease)
- Need to develop standardized protocols for investigating disease clusters/ Build Health Education Capability
- Hazard, exposure and health data need to be reported by race and income.

Needs Assessment

- We surveyed 29 NGOs, 13 local env. health agencies and 17 local health agencies.
 - Priority issues related to tracking:
 - Public education/outreach/advocacy
 - Building/fostering partnerships
 - Priority issues for training:
 - Interpreting/ analyzing data
 - GIS mapping/spatial statistics

Needs Assessment Results

Frequently asked by public of respondents:

• Basic information on environmental health

Frequently asked of NGOs:

– Data on environmental hazards/exposures

Frequently asked of local agencies:

– Data on health effects

Respondents are most able to provide:

- Basic information on environmental health
- Assistance in utilizing data for action

Respondents are least able to provide:

- Assistance in collecting community data
- Assistance in conducting community-based research/studies

Priority Health Effects



Priority Hazards/Exposures



Data Linkage Project 1: Traffic-Related Pollutants and Adverse Reproductive Outcomes / Asthma Exacerbations

Health Effects Associated with Motor-Vehicle Emissions



PM, DEPs ---- Lung Cancer

Demonstration 1 Goals

- To examine the feasibility of tracking routinely available data on asthma and adverse pregnancy outcomes
- To identify elevated "hotspot" areas of concern of these health outcomes and traffic-related pollutants
- To explore GIS methods of mapping and linking pollution and health data for health communication and data dissemination for local stakeholders
- To assist local health departments in planning and allocation of resources





Modeled traffic pollution (ADMS-Urban)

Modeled total NO_x for 2000, San Diego County

24 Hour NOx up m3							
	Lo						
	1-5						
<u>9 19</u>	5.001 - 10						
	10.001 - 25						
	25.001 - 50						
	50.001 - 75						
8-13	75.001 - 100						
	100.001 - 150						
	150.001 - 200						
	200.001 - 250						
	250.001-300						
3 - 3	300.001-350						







Asthma indicators

Decreasing quality of care

Increasing quality of care

Mortality

Outpatient visits

Hospitalizations

ER visits

Symptom medication purchasing

Maintenance medication purchasing

Asthma maintenance med fills by children ALBANY **Kaiser Permanente & Medi-Cal** BERKELEY Alameda County, 2001 100 OAKLAND PIEDMONT OAKLAND ALAMEDA SAN LEANDRO DUBLIN CASTRO VALLEY α O SAN LEANDRO LIVERMORE 😫 📯 С PLEASANTON HAYWARD Maintenance Medication Purchase Rate (per 1,000) [0.5 mile resolution] UNION CITY 0-40 66 41 - 81 SUNOL 88 FREMONT 82 - 121 122 - 161 NEWARK 162 - 201 2 4 Miles 0 1 202 - 242 FREMONT 243 - 282 283 - 322 323 - 2,360 Significantly Elevated Rate (two-tailp < 0.05)

Data Linkage Demonstration 2:

The Central Valley/South Coast (CVSC) Children's Environmental Health Tracking Project

Eric M. Roberts, MD PhD, Principal Investigator

CVSC Project Foci

infancy

Exposures to hazards

conception inth

Autism spectrum disorders

childhood

Mental retardation

→ SIDS

→ Term LBW

Preterm birth

Health outcomes

Data Linkage model

USING WEB SERVICES TO SECURELY INCORPORATE CAL/EPA DATA INTO DHS DISEASE SURVEILLANCE SYSTEMS

DHS Intranet

Lead Biomonitoring Autism Surveillance Vital Stats:

Cal/EPA

Air Resources Board Community Health Air Pollution System:

Internet: Spatial queries using Web Services over secure connection – Coordinates of health event

GIS Database (modeled hazard data)

Distribution of Respiratory Irritant Pesticide Use

Tracking cannot survive without well trained env. public health workforce

- Public health program funding decreasing
 - 32 states cut their public health budgets between FY '02-'03
 - \$1.1 billion cut in Function
 550 for FY '05
- Workforce is shrinking; moving to private sector
- Inability to fill new positions
- Leadership gap

Estimated Size of Environmental Public Health Workforce in the U.S.

Source: USDHHS, 1988; HRSA, 2000 1 per 1000 0.7 per 10,000

Recommendations For Future

- Need to continue to build capacity to address and be responsive to environmental health issues of local concern.
 - Surveillance data should support actions to protect communities and support evidencebased policies
- IT/Surveillance capabilities of tracking can only be developed with strong collaborations with key partners

Recommendations For Future (cont.)

- Continue emphasis on all areas of env. health gap (i.e. health outcome, exposure, and hazard surveillance), along with data linkage
- Continue to allow states the flexibility in program priorities which address state/local needs and are responsive to constituents.
 Balance national and state priorities.

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 California Environmental Health Tracking Program :: INFORMATION FOR ACTION

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SB702 REPORT

EH TRACKING 101

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<u>1515 Clay St., Suite 1700</u> Oakland, CA 94612

email: info@catracking.com phone: (510) 622-4500 fax: (510) 622-4505

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Summary of Program Components

Planning Consortium	Needs Assessment	Technical Assessment	Outreach and Training	Alameda County Pilot Project	Central Valley/South Coast Pilot Project
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In order to involve stakeholders, incorporate needs and issues, and utilize their expertise in planning for an Environmental Health Tracking Network, we have convened a Planning Consortium composed of representatives from local agencies, community-based and non-governmental organizations, environmental advocacy groups, the University of California, and state and federal agencies such as US EPA, California Department of Health Services, and Cal/EPA.

The Planning Consortium has met four and has contributed significantly toward planning for an Environmental Health Tracking Network in California; especially toward our understanding of stakeholder perspectives and needs. The consortium is currently facilitating the development of protocols and policies for an Environmental Health Tracking Network in California. Examples include: accountability mechanisms, transparency policies, stakeholder involvement/public participation guidelines, procedures for responding to community concerns/requests, etc.

<u>Click here for more information and update regarding the Planning</u> <u>Consortium >></u>

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