

# Great Lakes Public Health Training Collaborative

## Environmental Public Health Inquiry: Initiative Summary

Illinois | Indiana | Michigan | Minnesota | Ohio | Wisconsin

### What is the project and what was the purpose?

Environmental Public Health (EPH) has never been more important than it is today. With ongoing and emerging concerns like Flint's water crisis and weather related emergencies, it is critical that we examine and enhance EPH efforts. EPH has been added as an essential function in Public Health 3.0 to assess the current state of public health. The Great Lakes Public Health Training Collaborative's (GLPHTC) intent is to understand how to assess and create change in the field of EPH through an inquiry project.

**The project's aim is to provide local Environmental Public Health professionals from each state an opportunity to identify needs and make recommendations to enhance the value and role of EPH in their state.**

**61**

Participants

**18**

Conversations

**6**

States

**1**

Region

**1**

Agenda

### What was the process?

- Multi-step process incorporating **action learning**.
- Collaborative learning groups were formed in 6 states comprised of 5-10 directors and environmental public health personnel from local health departments (LHDs) within each state.
- The collaborative learning groups assessed Essential Services 1 and 2 of the 10 Essential Services of Public Health (CDC, 2013) with a focus on **air, food, water, built environment**, and other relevant environmental public health focus areas ([www.neha.org/eh-topic](http://www.neha.org/eh-topic)).
- The collaborative learning groups followed a **6-step process**:

1

Each participant completed the assessment tool, which was used to capture the experiences of the participants and how their work may or may not align with Essential Services 1 and 2.

2

Assessment results were analyzed and used to guide **3 conversations** for each collaborative learning group, with the assistance of trained facilitators.

3

**Conversation 1:** Introduction to the assessment tool, discussed state role within each focus area, discussed role for Essential Service 1.

4

**Conversation 2:** Discussed role for Essential Service 2, state recommended action steps.

5

**Conversation 3:** State recommended action steps, agenda setting

6

Collaborative learning groups developed an action plan or 'agenda' for addressing opportunities at the state-level.

For more information and training opportunities visit our website at:  
[www.greatlakesphtc.com](http://www.greatlakesphtc.com)



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# Common Challenges Were Cited Across the States



## A lack of political will or prioritization of EPH

- Need for prioritization of EPH threats by state and local leadership
- Lack of involvement of EPH in developing policy supportive for community EPH policy



## Limited data collection and analysis systems to inform EPH needs

- Limited resources and infrastructure in collecting, tracking, disseminating data
- Need for training in framing issues to show value, gain priority, and secure funding



## System fragmentation among LHDs and between the state and LHDs

- Lack of clarity on if state or local EPH personnel are responsible for specific activities
- Confusion about whether local EPH role includes education/prevention or response
- EPH operational standardization within state and local agencies is needed



## A lack of integration between EPH and other public health functions

- Limited inclusion of EPH in public health actions, assessments, planning, and policies
- Other public health professions have limited understanding of role of EPH



## The public lacks a clear understanding of the role of EPH

- The public does not understand what is under the purview of the LHDs
- Better public communications mechanisms and platforms are needed



## Funding Constraints

- Financial support is limited at local, state, and federal levels
- Funding, rather than need, drives activities



## Emerging Issues (e.g. Zika)

- Insufficient capacity to address newer EPH issues and health related emergencies
- Emergent issues may compromise capacity to address ongoing EPH needs



## A lack of policy, standards, and mandates

- Limited policy, standards, and mandates supportive of state and local EPH operations



## A lack of workforce competency and capacity

- Limited workforce capacity in fulfilling necessary roles and responsibilities
- The need for EPH to define and communicate role to those entering the workforce

## Recommendations

1. Improve standardized environmental public **health informatics and surveillance systems** to support collection and analysis of EPH data (e.g. Minnesota Department of Health Annual Reporting for Local Public Health).
2. Develop improved mechanisms of **sharing and integration** (e.g. apply for shared service grants).
3. Address fragmentation between state and local entities by **clarifying and/or standardizing the role** of EPH (e.g. create a position paper).
4. **Build leadership capacity of the EPH workforce** to: better utilize data to drive decisions; facilitate collaborative processes; and organize and advocate for EPH needs (e.g. develop and/or promote leadership institutes).
5. Expand access and utilization of **evidence-based practices** to address ongoing and emerging needs (e.g. vapor intrusion, Zika)
6. **Develop workforce competency** for Environmental Public Health to build the pipeline and current workforce (e.g. standard EPH roles such as Environmental Health Specialist)
7. **Expand and integrate the role of Environmental Public Health within public health** activities (e.g. community health assessment; Health in All Policies)
8. **Expand connections and partnerships** with state associations and other agencies to better address broader health needs (e.g. Wisconsin partnership between its NEHA and LPHA affiliates)
9. Use **various communication platforms to demonstrate the role and value of EPH** (e.g. YouTube videos, etc.)