DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

JUL 28 2004

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Patrick J. McConnon, M.P.H.
Executive Director
Council of State and Territorial Epidemiologists
2872 Woodcock Boulevard, Suite 303
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Dear Mr. McConnon:

Thank you for your letter regarding the Council of State and Territorial Epidemiologists (CSTE) Position Statement 04-ENV-01. The Centers for Disease Control and Prevention (CDC) appreciates the continued support of CSTE for the National Environmental Public Health Tracking Program. Our partnership has advanced and will continue to advance the important work of developing and implementing environmental public health tracking in states, with the ultimate goal of protecting the health of the public from harmful environmental exposures.

We also appreciate the position statement you provided for our review. Enclosed is a copy of that draft with some suggested minor changes as well as additional comments from our staff.

We look forward to working with you on environmental public health tracking and other important public health issues.

Sincerely,

Julie Louise Gerberding, M.D., M.P.H.
Director

Enclosures

**CDC Comments on the CSTE Position Statement 04-ENV-01**

1. The draft addresses tracking in the context of chronic diseases only. The national program focus and vision is broader: the tracking effort focuses on health effects not related to infectious causes (for example low-birth-weight related to environmental exposure), not on just disease or chronic disease. CDC recommends that this point be added. The chronic disease issue can be kept and used as an example of the knowledge gaps and the potential power of tracking in specific areas of concern.

2. Several small changes in wording have been marked on the attached draft itself.

Council of State and Territorial Epidemiologists
Position Statement

**04-ENV-01**

**Committee:** **Environmental**

**Title:** **Expanding the Environmental Public Health Tracking Program**

**Statement of the Problem:**

It is widely recognized that the environment influences human health and impacts health outcomes. However, only a few clear relationships have been identified between environmental factors and specific diseases, such as exposure to asbestos and lung cancer or air pollution and asthma exacerbation. The effects of most environmental exposures on the development of chronic diseases have yet to be examined. Chronic disease—which affects 90 million Americans and costs $105 billion annually[1]—can be prevented in part by improved monitoring and management of environmental factors. Yet public health professionals lack basic information as to how chronic diseases, such asthma or cancer, are influenced by environment. This critical knowledge is needed to mitigate hazardous environmental exposures and reduce the public health burden of chronic diseases.

There is currently no comprehensive national surveillance system to investigate the possible links between environmental exposures and chronic diseases. Few systems exist at the state or national level to track environmental exposures and subsequent health effects and these systems are usually not compatible with each other; linking data to identify and examine environment-related diseases is extremely difficult. Moreover, most states lack adequate epidemiologic capacity required for collecting and distributing essential environmental and health data.[2] A cohesive national network with uniform standards for tracking chronic disease trends and environmental exposures is needed to ascertain the association between environmental hazards and disease and to identify populations at risk for developing environmental-related disease. In addition, information gathered through this network will help establish sound environmental policy and inform appropriate intervention and prevention strategies.[3]

In 2001, with the assistance of CDC, CSTE developed a comprehensive set of environmental health indicators to be used by states to characterize the status of environmental health. Indicators can serve as a first step towards national level data on health and the environment. Such a step is vital given the complexity of developing a national surveillance system. Our state and national environmental partners have already utilized environmental indicators to describe the state of the national environment, but lack the health impact component the CSTE indicators could provide. Better integration of health and environmental indicators can serve to establish sound environmental policy and inform appropriate intervention and prevention strategies. An added benefit of this work is to incorporate non-infectious diseases into the National Public Health Surveillance System. By using a core set of indicators for environmental hazards, exposures and health effects within NPHSS, states will have uniform tools for surveillance of status and trends, program development, policy evaluation, and enhanced capacity to respond to environmental problems.

In 2002, the Centers for Disease Control and Prevention (CDC) was allocated funding to develop a nationwide environmental public health tracking network and build capacity in environmental health within state and local health departments. The goal of this program is "to create a tracking system that will integrate environmental hazards and exposure data with data about diseases that are possibly linked to the environment. This system is envisioned to allow federal, state, and local agencies, and others to:

- monitor and distribute information about environmental hazards and disease trends
- advance research on possible linkages between environmental hazards and disease
- develop, implement, and evaluate regulatory and public health actions to prevent or control environment-related diseases."[4]

To date, 21 states and 3 cities have been funded through CDC's National *Environmental Public Health Tracking Program* to link environmental exposure and health effects data. Even in the program's infancy, states

have made progress in gaining knowledge needed to link environmental hazards and chronic disease. For example, states have implemented new data systems, improved existing surveillance systems, and engaged stakeholders critical to the tracking process.

This program follows successful tracking models established by the success with tracking the decrease in childhood lead levels after the removal of lead from gasoline and paint and the success of the birth defects tracking program which identified a cause of neural-tube defects and then documented the decline in neural-tube defects after the introduction of folate fortification.

Experience to date has underscored the complexity of trying to bring together disparate sources of information in a state or nationwide environmental surveillance (tracking) system. Reflecting on the goals of the National Environmental Health Tracking Program and other public / environmental health priorities, indicators can immediately serve the following functions:

- Provide information for comparison of environmental health status and trends across states;
- Fill a critical need of tying environmental protection policies to the protection of public health as policy makers are increasingly requesting such information to support evidence-based policy making;
- Provide a core set of indicators for environmental hazards, exposures and health effects within the National Public Health Surveillance System;
- Inform existing state and local environmental and public health programs in directing existing resources most effectively;
- Provide an accessible means meeting stakeholder expectations by providing a way of communicating and disseminating existing information.

Indicators and the Tracking Program are complementary and as the results of the Tracking Program become available they will inform and improve the indicators. Both will contribute to achieving the Healthy People 2010 Goals.

The success of the Environmental Health Tracking Program will depend on the continued progress of these funded states and the participation of the remaining unfunded States. Currently, states are limited in their ability to implement indicator development and continue tracking programs without additional resources and the continued support from the federal government.

**Statement of Position(s) to be Adopted:**

CSTE supports the annual appropriation of $100 million for the CDC *Environmental Public Health Tracking Program*, which would assure that in the long-term all states have needed environmental health capacity to develop an Environmental Health Tracking Network and will have the ability to begin using the CSTE environmental health indicators to meet critical information dissemination needs.

**Public Health Impact:**

The *Environmental Public Health Tracking Program* coupled with utilization of state and national priority CSTE environmental health indicators will help improve the understanding of the environmental health status of communities when states have the ability to continuously collect, interpret, and disseminate information about environmental exposures, hazards, and related health effects. Information gathered from this tracking will enable public health officials and healthcare providers to better target, implement and evaluate preventive strategies. In addition, the publics' right-to-know will be served when they have a better understanding of environmental exposures and their relationship to health outcomes in their communities and what actions they may take to protect or improve their health.

**Agencies for Response:**

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OFFICE OF
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Dear Mr. McConnon:

I would like to take this opportunity to thank you for your letter dated June 24, 2004, requesting that the U.S. Environmental Protection Agency (EPA) respond to your position statement entitled: "Expanding the Environmental Public Health Tracking Program." The Administrator has asked that I respond to your request.

EPA shares your organization's sense of importance regarding environmental health tracking. We have been working diligently with the Centers for Disease Control and Prevention (CDC) on linking their effort with our own program as represented by the National Environmental Information Exchange Network. The importance of this collaborative undertaking was acknowledged with the signing of a Memorandum of Understanding between EPA and the Department of Health and Human Services in 2002.

As you may be aware, CDC and its state partners and grantees have developed a series of demonstration and capacity building projects which will help to build a comprehensive environmental public health tracking network. The sustainability of this effort depends on a variety of factors, including the translation of these efforts into environmental and health indicators that are understandable to policy makers and the public. These efforts will enable communities, states, and the federal government to measure the success of environmental and public health programs.

The Office of Environmental Information (OEI) and EPA's Office of Research and Development have co-chaired the Environmental Indicators Initiative that resulted in the *Draft Report on the Environment* (www.epa.gov/indicators/roe) released in June 2003. Both offices are now working to develop the next report and are examining a broader range of existing environmental and health data sets and associated indicators. Our mutual goal is to have the ability to use environmental public health tracking

information and indicators to improve the health of citizens in all communities. We intend to continue our efforts through collaboration with CDC, other federal and state agencies, and organizations such as yours to help attain this goal.

Thank you for bringing your interest and views to our attention. If you have any questions, feel free to contact Mike Flynn, Director of OEI's Office of Information Analysis and Access, at (202) 566-0600.

Sincerely,

Kimberly T. Nelson
Assistant Administrator and
Chief Information Officer

cc: Julie Gerberding, MD, MPH
Paul Gilman, Ph.D