

Building Environmental Health Capacity in New Health Departments

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Public Health Infrastructure in Nebraska

- In 1999, health departments covered only 22 of the state's 93 counties
- RWJ Turning Point Grant and state Tobacco Settlement money used to increase PH infrastructure
- By 2003, 16 newly formed multicounty health departments had been established with the **Goal** of performing core functions of public health by building community partnerships to address health problems

Project Goal and Outcome Objective

Goal - Increase the resources used to address environmental health issues in 16 newly formed health departments in Nebraska

Outcome objective- Newly formed health departments will report an increase in resources and ability to address EH issues in 2007

Purpose of EPHLI project

To identify:

EH needs of new health departments (HDs)

State's role and responsibility to new HDs

Possible resources available for EH services

Ongoing work related to EH needs

Methodology

- Electronic survey to health directors of the 16 newly formed health departments
- Telephone interview with administrators in state agencies that have EH duties
- Dissemination of survey and interview findings at 2006 Public Health Association of Nebraska (PHAN) conference
- Ongoing use of PHAN website for EH information/dissemination
- Continued work as member of Turning Point Stakeholders Group and subcommittee on EH

Problem Statement

There is inadequate environmental health capacity in the newly formed multicounty health departments as evidenced by: lack of

- 1) local rules & ordinances for EH issues
- 2) trained EH health professionals
- 3) educated board of health members on EH role and responsibilities
- 4) state involvement
- 5) resources in general

Results of Health Director Survey

10 of 16 Health directors responded:

- 1) EH areas most cited-animals, water, litter/junked cars/roadside debris
- 2) EH complaints primarily handled by HDs with 5 directors indicating use of state agencies
- 3) Number of EH issues addressed since 2005 ranged from 5 to 2000
- 4) 11 personnel total, excluding director, serve in 10 HDs (1 EH specialist, 1 EH coordinator, 2 PHNs, 2 wellness coordinators, 1 lab scientist, 1 epidemiologist, 2 EMR and 1 assistant executive director)
- 5) Needs identified were in areas of EH training, personnel, and funding

Results of Telephone Interview

- State agencies had little contact with new health departments
- State agencies quite limited in what they can offer in terms of resources
- “ the inspection and regulatory side of EH and public health was not included in the discussion when the new health departments were formed”

Ongoing work

- Four planning sessions between the state Health and Human Services and local health departments directors began in 2006
- June 2006 planning session included discussion of sharing EH staff and difficulty health directors having accessing legal advice or consultations from county attorneys related to EH issues
- December 2006 session resulted in a work team formed under the function of EH assurance to work on transferring some responsibility for EH assurance

Ongoing work

- Dissemination of EH information on the PHAN website
- Personal commitment as active member of Stakeholders Group to work on Strategic Plan for PH in Nebraska and strategies for EH