

Direct from CDC's Environmental Health Services Branch

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CDC Grant Program Supports Environmental Health Services Delivery

Editor's note: NEHA strives to provide up-to-date and relevant information on environmental health and to build partnerships in the profession. In pursuit of these goals, we will feature a column from the Environmental Health Services Branch (EHSB) of the Centers for Disease Control and Prevention (CDC) in every issue of the Journal.

EHSB's objective is to strengthen the role of state, local, and national environmental health programs and professionals to anticipate, identify, and respond to adverse environmental exposures and the consequences of these exposures for human health. The services being developed through EHSB include access to topical, relevant, and scientific information; consultation; and assistance to environmental health specialists, sanitarians, and environmental health professionals and practitioners.

EHSB appreciates NEHA's invitation to provide monthly columns for the Journal. EHSB staff will highlight a variety of concerns, opportunities, challenges, and successes that we all share in environmental public health.

Basic environmental health services are often overlooked and taken for granted, thus jeopardizing the health and safety of the nation. Funding available for environmental programs is most often associated with a particular disease or issue, and the scope and activities are predetermined by the funding agency. Rarely do funds target the need to build infrastructure and system capacity. To address that need, the Centers for Disease Control and Prevention (CDC) sought to institute a grant program that would give the recipient flexibility to determine how, what, and where to build environmental health capacity.

Since 2001, CDC has funded the Environmental Health Capacity Building Cooperative Agreement program through the Environmental Health Services Branch (EHSB) at the National Center for Environmental Health. This program supports state and local efforts to better deliver basic environmental health services at the community level. Products and activities developed from this program vary and reflect the individual needs of each grantee. The products and activities are also sustainable and transferable, serving as models for environmental health programs in other communities.

The cooperative agreement funds in three-year cycles, referred to as rounds. The program is currently in the third year of the second round. Response to the funding announcements indicates a substantial demand for such resources. More than 150 environmental health programs submitted proposals for just 25 awards during the two rounds. Proposals came from state, local, tribal, and

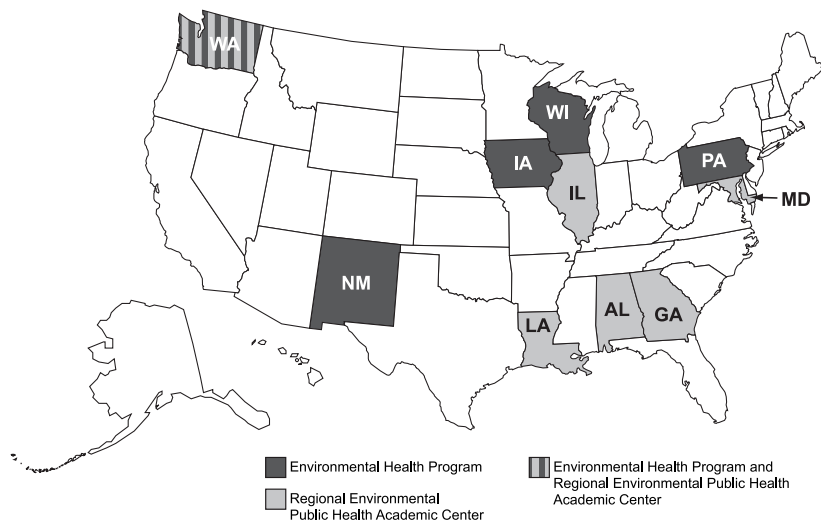
territorial programs that clearly demonstrated their need to address pressing environmental health issues in their communities.

Round I funding (2001–2004) supported 11 projects: five state and local programs and six academic-institution programs (CDC 2006a) (Figure 1). The grantees' goal was to build environmental health capacity at the local level by using the 10 Essential Public Health Services outlined in CDC's *A National Strategy to Revitalize Environmental Public Health Services* (CDC 2003). The state and local grantees focused on building capacity through assessing needs, training staff, enhancing services, and incorporating the 10 essential services into their management structures. The university grantees worked to support local environmental health efforts by providing technical resources not commonly found in state and local environmental health programs. They have, for example, developed training curriculums and performed technical analyses of environmental contaminants, environmental health needs assessments, and program evaluations. The 11 projects demonstrated that the essential services are important to building strong and effective environmental health programs, and are key components to revitalizing environmental health efforts.

Round II (2004–2007) built upon lessons learned from Round I by requiring grantees to focus on known environmental health program deficiencies. State and local applicants for Round II were required to identify environmental health concerns in one or more of the five basic service areas: food, water, air, waste management, and vector control. Interven-

FIGURE 1

Environmental Health Capacity–Building Grantees During Round I, 2001–2004



State and Local Grantees

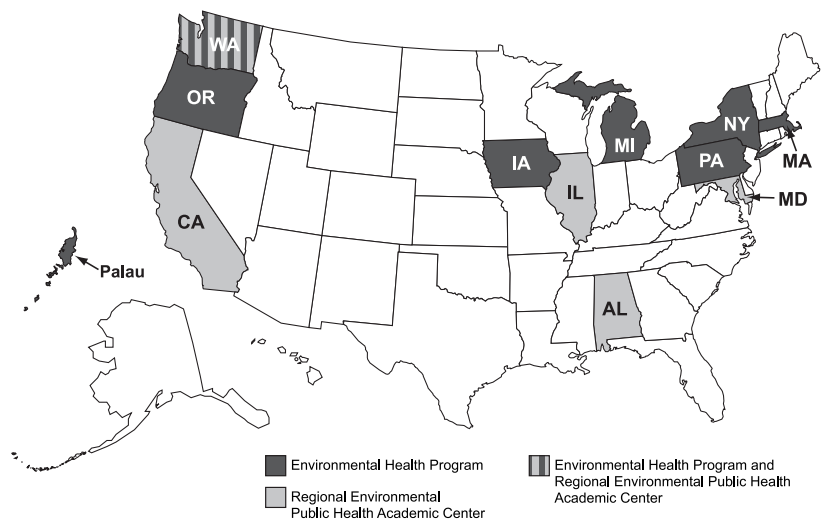
- Allegheny County, Pennsylvania
- Island County, Washington
- Iowa
- New Mexico
- Wisconsin

Centers of Excellence

- University of Alabama at Birmingham
- Emory University, Georgia
- University of Illinois at Chicago
- Johns Hopkins University, Maryland
- Tulane University, Louisiana
- University of Washington

FIGURE 2

Environmental Health Capacity–Building Grantees During Round II, 2004–2007



State and Local Grantees

- Allegheny County, Pennsylvania
- Boston, Massachusetts
- County of Bucks, Pennsylvania
- Detroit, Michigan
- Iowa
- Island County, Washington
- Multnomah County, Oregon
- New York City, New York
- Republic of Palau

Regional Academic Centers

- University of Alabama at Birmingham
- University of Illinois at Chicago
- Johns Hopkins University, Maryland
- Loma Linda University, California
- University of Washington

tions were proposed to address concerns. For academic partners, the program funds five regional academic centers (Northeast, Southeast, Midwest, Northwest, and Southwest) that serve the 50 states and territories. The 14 programs funded in Round II—nine state and local environmental health programs, and five regional academic centers—are developing programs and models for all five of the basic environmental health services (CDC 2006b, 2006c) (Figure 2). Interim evaluation criteria from the funded programs suggest that activities and goals will demonstrate their ability to build capacity and to improve health outcomes.

Interventions funded during Round II range from a Rodent Control Academy, which teaches the principles of integrated pest management in New York City, to implementation of recommendations from a community environmental health assessment in Island County, Washington. Academic partners such as Johns Hopkins and Loma Linda University have published state profiles (Johns Hopkins Center for Excellence in Community Environmental Health Practice, 2005; Case & Dyjack, 2006) that document gaps in environmental resources. Other academic partners have developed innovative tools to meet the training needs of environmental health practitioners. Those tools include a CD-based training module developed by the University of Washington (Osaki, 2004) and the GeoLibrary of the University of Illinois in Chicago (University of Illinois, 2005), which catalogs environmental health training materials. These kinds of contributions to the practice of environmental health benefit programs that are funded by CDC and all environmental health programs and practitioners, either as models or resource tools.

This cooperative-agreement program is unique in giving grantees a rare opportunity to use federal funding to support projects that improve the delivery of basic environmental health services. It also allows them to share their products and experiences so that others may implement similar programs with minimal resources.

For more information on this program, please visit www.cdc.gov/nceh/ehs/Capacity-Building/default.htm.

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