

Foundational Public Health Services

C. Environmental Public Health

DRAFT Results of a subgroup call on 2/12/14 (Maryanne Guichard, Kevin Barry, Ngozi Oleru, Scott Daniels, Marie Flake)

Overarching Issues to rise to the FPHS Technical Workgroup

- Emergency response – were response costs adequately estimated within program areas? i.e. EH, CD, Communication (i.e. Fukushima)
- Climate change – how has / will we account for this?

FPHS Definition	Assumptions used to develop cost estimate Include cost for capacity to do basic outbreak response Red Font = New additions	Current Estimate – to be completed by BERK					Proposed Additional Cost Estimates					Notes
		Klickitat 20,700 pop	Kitsap 254,500 pop	PHSKC 2M pop	DOH	Total Statewide 6.9M pop	Klickitat 20,700 pop	Kitsap 254,500 pop	PHSKC 2M pop	DOH	Total Statewide 6.9M pop	
C1 – Provide timely, statewide and locally relevant and accurate information to the state and community on environmental public health issues and health impacts from common environmental or toxic exposures	DOH / LHJs – “provide” = generate and disseminate						0	0	1 FTE Toxicologist, 2-3 FTE enviro health specialists, 1 FTE Health Educator/ community engagement	0	Sum of columns to the left	Additional cost driver to consider r/t “toxic exposures” is the number of or density of industry
C2 – Identify statewide and local community environmental public health assets and partners, and develop and implement a prioritized prevention plan to protect the public’s health by preventing and reducing exposures to health hazards in the environment						0	0	0		NA		
C3 – Conduct mandated environmental public health laboratory testing, inspections and oversight to protect food, water recreation, drinking water, and liquid and solid waste streams in accordance with federal, state, and local laws and regulations	DOH / LHJs <ul style="list-style-type: none"> • Include costs for water bacteriology and biotoxin testing for Shellfish Program. • Include land use planning related to drinking water, well head siting, OSS siting and review development zoning and platting • Includes pools, 						0	0	0	0	0	NA

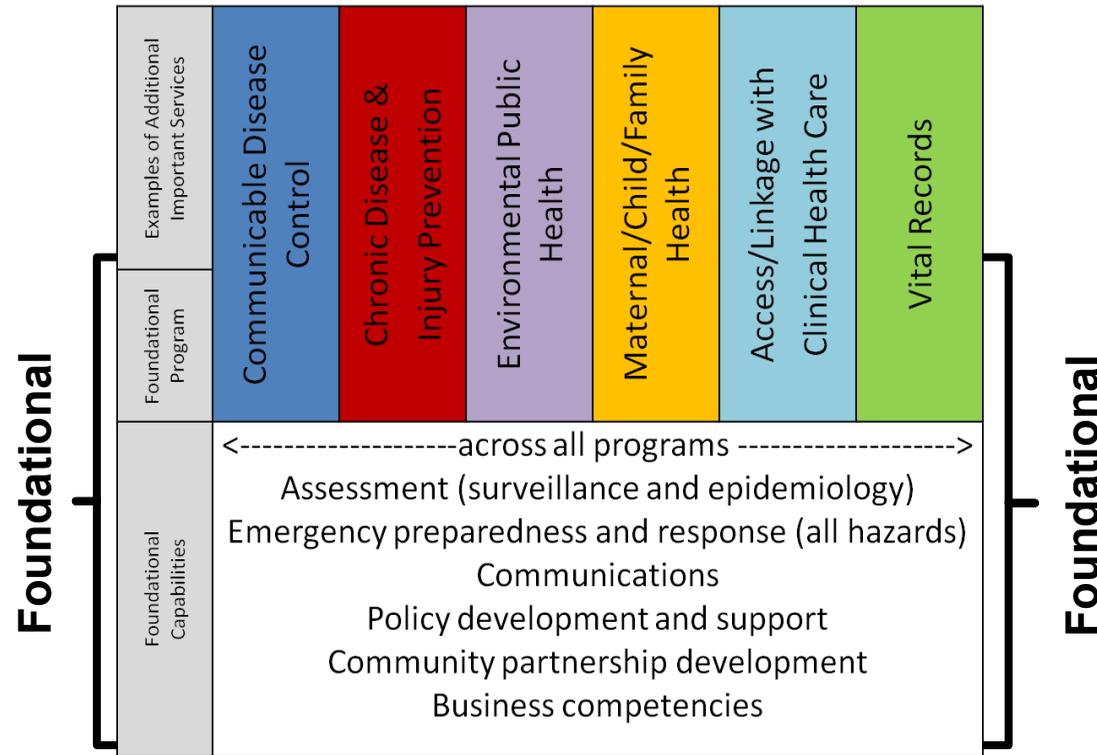
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	bathing beaches.....											
C4 – Identify and address priority notifiable zoonotic (e.g., birds, insects, rodents) conditions, air-borne, and other public health threats related to environmental hazards	<ul style="list-style-type: none"> Includes sanitary surveys, shellfish, indoor / outdoor air, wildfire smoke, WNV... OSS estimates should be for the full cost, not just what is recoverable via fees The last statement "...and other PH threats..." relates to local proprietries. 						EH Sanitarian 0.5 FTE	Water quality – EH Specialist 10 FTE Rodent - ? Air - ? Scott to provide	PH Vet 1 FTE EH specialist 6 FTE	0	Sum of columns to the left	NA
C5 – Protect workers and the public from unnecessary radiation exposure in accordance with federal, state, local laws and regulations [state function]	DOH – Include costs for state public health radiation chemistry lab.						0	0	0	Maryanne to provide	EHS 2-3 FTE statewide + DOH additions	Need to add a local role & resources r/t radon and other topics.
C6 – Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes (e.g. consideration of housing, urban development, recreational facilities and transport)	<p>DOH – Include built environment work and coordination with other state agencies on this.</p> <p>LHJs –Include land use planning that is broader than a specific public health program area (e.g. drinking water, OSS); planning related to "built environment", Health Impact Assessment (HIA), siting schools, etc.</p>						0	~1 FTE Scott to provide	EH Planner 7 FTE	Maryanne to provide	Sum of columns to the left	Additional cost driver: Number of governments (local and regional) involved in planning (r/t GMA, etc.) i.e. King has 37 cities, Kitsap has 5.
C7 – Coordinate and integrate other categorically-funded environmental public health programs and services	DOH – Assume addressed by division in-directs											

EXAMPLES OF ADDITIONAL IMPORTANT PUBLIC HEALTH SERVICES

The services in Appendix A may be considered foundational in many jurisdictions. In some cases they are needed to address an important local health risk or community priority; in other cases they are supported by fees or other funding sources outside of minimum flexible and categorical public health funding. The list is intended to add description and detail to another level of key public health services that many, if not all, jurisdictions will be able to offer. The list is not intended to be all-inclusive. The list of ‘augmented foundational capabilities’ that follows next illustrates capacities that some health departments may develop in response to staff interests and partnerships with educational institutions, organizations in other sectors, and external funders.

A. Environmental Public Health

- 1. Development of appropriate response strategies for newly-recognized toxic hazards and other adverse environmental health conditions through surveillance, program evaluation, and applied research
- 2. Assessment, policy development, and implementation of evidence-based health promotion elements in land use, built environment, and transportation



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