

EQC meeting
September 10, 2009

My name is Anne Weber, spelled WEBER. I am the Laboratory Services Bureau Chief at the Department of Public Health and Human Services. Coordination of some of the work related to environmental health is organizationally part of the Laboratory Services Bureau. In addition, we provide certain laboratory services to identify a variety of substances in water supplies. My brief discussion today will describe a recent application made by DPHHS to the Centers for Disease Control and Prevention (CDC) to request funding to establish an Environmental Public Health Tracking Program (EPHT). I'll also describe some current activities to augment those mentioned by Dr. Helgerson.

EPHT grant: we proposed to establish and develop an electronic data network for the purpose of transferring data to the national EPHT network. Since the national EPHT network is still under development, and Montana has not had funds to participate in the national EPHT for over 3 years, we proposed that it would take up to 2 years to provide the data specified in the national program. We requested resources to:

- Update the inventory of current and potential data sets maintained previously (2002-2006) by a Montana EPHT program
- Build capacity for programs, data linkages and surveillance systems so that data could be generated and transferred to the national EPHT program
- Develop and renew partnerships with public and private agencies to gather data
- Develop a plan to use the data to improve health in Montana

This proposal was approved but not funded. One important shortcoming in this proposal, as highlighted by CDC, was the fact that Montana does not have complete hospital discharge data. The need for these data was previously discussed by Dr. Helgerson. It is possible that more federal funding would become available for EPHT programs as a result of the Coordinated Environmental Public Health Network Act that was reintroduced in early August.

Current Activities: DPHHS currently investigates concerns about possible relationships between environmental exposures and adverse health effects. Our activities include:

- **Childhood Lead Poisoning prevention:** Childhood lead poisoning is reportable and cases identified are investigated. DPHHS had a 1 year prevention program grant from EPA that expired in January 2009, and we have applied for more funding from EPA.
- **Adult Lead Poisoning:** DPHHS has a \$20,000 annual contract with CDC to provide data on elevated lead testing for people over age 16. For each person identified, we report to CDC their occupation, their specific job title, and an activity that was linked to the exposure.
- We have become involved in discussions with the Department of Labor and Industry's Employment Relations (ER) Division related to a grant application for "State-based occupational safety and health surveillance." We at DPHHS

were encouraged to apply by NIOSH/CDC, but our discussions with DOLI have resulted in the Employment Relations Division applying for these funds to enhance their existing surveillance and prevention strategies. The ER Division includes a Safety & Health Bureau and Workers Compensation functions that include a vast amount of data, analytic capabilities and 15 occupational health specialists. We have since referred another potential source of grant funding to them related to understanding the health effects of pesticide use. The DOLI holds a major resource to enhance the state of Montana's ability to address environmental health issues and we look forward to continuing to work with DOLI in this regard. Jerry Keck is our contact there.

- Finally, an Asthma Control Program was established in the DPHHS Chronic Disease Prevention and Health Promotion Bureau using funds provided by the 2007 Legislature. We have now received a grant from CDC to greatly enhance our Asthma Control Program. The program will focus on improving care for persons with diagnosed asthma, reducing preventable emergency department visits and hospitalizations, addressing asthma-related environmental health concerns by improving school and day care policies related to asthma and reducing exposure to environmental triggers to asthma such as secondhand smoke.