

**FAIRFAX COUNTY DEPARTMENT OF HEALTH  
DIVISION OF ENVIRONMENTAL HEALTH**

***ENVIRONMENTAL PUBLIC HEALTH TRACKING  
ASTHO FELLOWSHIP REPORT***

Submitted by

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Submitted to

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Program

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## INTRODUCTION

### Background

Fairfax County is comprised of the cities of Fairfax and Falls Church and the towns of Clifton, Herndon, and Vienna, in addition to 34 unincorporated communities. Together, these 37 communities are situated on 395 square miles of land, comprising 252,828 acres. As of April 2009, the estimated population of the county was 1,037,605, with a population density of 2,455 people per square mile, making it by far the most populous jurisdiction in the Commonwealth of Virginia, with 13.1% of Virginia's population. Fairfax is also the most populous jurisdiction in the Washington Metropolitan Area. Since 2000, population growth has increased by 7 percent and is expected to steadily increase over the next few decades. Two international airports (Dulles International Airport and Ronald Reagan National Airport) share immediate proximity with Fairfax. Fairfax is also home to the headquarters of several national intelligence agencies as well as approximately half of the metropolitan area's Fortune 500 companies. All of these elements provide Fairfax County with an impressive array of financial and programmatic resources that are not available to many jurisdictions across the United States.

The Robert Wood Johnson Foundation (RWJF) and the University of Wisconsin Population Health Institute (UWPHI) funded a county-by-county health status study in 2010 that ranked 132 localities throughout the state for a variety of health outcomes and health factors. The RWJF/UWPHI survey identified Fairfax County as the healthiest county in Virginia, however Fairfax County ranked 132<sup>nd</sup> out of 132 jurisdictions statewide for overall physical environment. That low ranking was due to the fact that Fairfax's air quality was rated as the poorest in the state due to being in non-compliance with the particulate matter and ozone standards.

Total Vehicle Miles Traveled (VMT) has increased in Fairfax County by 7.2% from 2006-2008, compared to a 3.6% increase statewide. VMT for Fairfax County was 26,438,703 miles in 2009, which equates to approximately 25.4 miles per capita per year. Fairfax County accounts for approximately 12% of the total VMT for the State of Virginia, but only contains 4% of the total roadway mileage.

The the Division of Environmental Health (DEH) of the Fairfax County Health Department embarked on a collaborative process in October 2009 with a broad-based stakeholders group to discuss the overall local environmental public health system and to identify how the emerging cultural and environmental changes will affect the county in the future. The stakeholder groups were comprised of participants from the full spectrum of the Fairfax community, including representation from the National Association of County and City Health Officials (NACCHO), the American Public Health Association (APHA), and the National Environmental Health Association (NEHA), as well as representatives from local public and private organizations and the general public. The entire process was supported by a group of graduate students from the George Washington University School of Public Health, who were responsible for researching

health status indicators for the Profile, doing the data research, and for providing observers and recorders for the stakeholder conferences.

This process resulted in the completion of a Community Environmental Health Profile and a comprehensive Local Environmental Public Health System Assessment (LEnvPHSA) over the course of the next two years. The Profile and LEnvPHSA identified significant challenges with which the environmental health system will have to deal in the future. The LEnvPHSA identified the need for a data tracking system as the most pressing need of the total environmental health system. The most critical need identified was for a tracking system that will enable us to more accurately identify those environmental health conditions that might disproportionately impact ethnic communities and explore more creative ways to effectively market the health message in a variety of cultural contexts. We will also need to create a systematic method for linking traffic and urbanization data to possible health effects. The findings of the LEnvPHSA were presented to a broad-based stakeholders environmental public health strategic roundtable in October 2011, from which a Data Tracking and Management Strategic Action Team was established to explore how to approach developing a comprehensive environmental public health tracking system.

The DEH applied for an ASTHO State-to-State Peer Fellowship Program grant on November 21, 2011, and received notice of acceptance on February 14, 2012. Fairfax County was paired with the Massachusetts Department of Public Health as our mentor state, and plans were initiated for completing the host state site visit, which was done on March 13-14, 2012.

#### Statement of relevance/rationale

The activities described in this report are relevant to the needs of Fairfax County because they constitute the first step toward addressing what was identified as the major weakness in our existing environmental public health system – the need for a comprehensive environmental public health tracking system. Like most jurisdictions across the United States, Fairfax County is data rich, but analytically poor when it comes to making sense of what the various data mean in terms of their relation to public health. Creating an environmental public health tracking network will provide the county with a systematic method for collecting and analyzing to make data driven public health policy decisions.

## REPORT ON TRACKING ACTIVITIES

### National Tracking Conference

#### Background

The CDC initiated the National Tracking Conference as a venue through which grantee states could meet together to get updates from the CDC on the status of the tracking project, share experiences, and collaborate on issues of mutual interest. Funds were made

available to Fairfax County through the ASTHO grant to participate in the 2012 conference, which was attended by Thomas E. Crow on May 1-3, 2012. This was a completely new experience for the county since we had no prior experience in environmental health tracking, so everything presented was new to us.

### Learning experience

Attending the conference was a wonderful learning experience for the county. We were in the process of planning for a data steward's conference for later in May, and the information gained in the conference provided valuable information around which to plan our agenda. Following are some specific examples of the most valuable learning experiences that were gained through the conference:

- By far the major benefit derived from the conference was the opportunity to network with grantee states. We were able to spend more time with our mentor state (Massachusetts), as well as talk to several other grantee states about their lessons learned and challenges that they experienced in establishing their networks.
- The first day consisted of topical discussions that combined the four workgroups into larger groups to discuss crosscutting topics. I participated in the following discussions:

- Session 1, Topic 3: Giving Data Meaning: Messaging, Display, and Data Integration

This session was opened by a panel discussion consisting of representatives from New York City, New Jersey, and the CDC talking about the advantages and goals of integration. The biggest thing I got from the panel and following discussion was that the most important thing to remember in deciding how we integrate and display data is to make sure the presentation can be understood by and be useful to John Q. Public. One excellent point was made that maps might not always be the best way to present data to the public. It's easy to become infatuated with the mapping capabilities of the various software packages, but the needs of the public might best served in some instances by a simple table with explanation that by a multi-colored, multi-layered map.

- Session 2, Topic 4: Data Linkage and Utilization for Public Health Action: Current Efforts

This session was continuation of discussion that began during Session 1. A total of 75 projects were identified during the first session that presented opportunities for cross-collaboration among the grantee states. Those projects were grouped into six broad subject headings, and this session allowed state representatives to choose one of the subject areas and discuss how they might collaborate on the projects represented. I

participated in the group discussing projects looking at examining possible linkages between water systems and cancer. Two projects were specifically discussed. The first project was a project being undertaken by New Mexico looking at bladder and lung cancers. The second project is being done by the University of Illinois – Chicago looking at potential affects of arsenic and atrazine in eight states. It was agreed that all projects dealing with cancer and drinking water are complicated by the difficulty in finding good data on private wells and the difficulty in using surveillance data (which all of these projects represent) to establish the cause and effect relationships that the general public is expecting.

○ Session 3, Topic 7: Sustaining Tracking

This was a discussion of possible strategies for making the state tracking networks self-sustaining when the CDC grant monies are no longer available. The most important thought that I took away from the discussion was that in order to ensure the long-term viability of our network, we need to spend a lot of time in the beginning to make sure that we build something that appeals to those who hold the purse strings so that they will be inclined to support its continuance. This is especially important to us in Fairfax, since we do not have access to the CDC grant money and probably won't be getting any of it in the foreseeable future. We will need to establish a broad-based constituency within the county structure to make sure that our Board of Supervisors sees the network's value to the entire county as something that is worth the expenditure of county resources to maintain.

- The second day began with the ASTHO fellows breakfast. This event was especially valuable to us in that it gave us the opportunity to network with other fellows and hear about their projects and experiences.
- The Private Well Task Force of the Content Workgroup meeting on the second day gave me an opportunity to learn about how the Content Workgroup goes about the business of determining what consistent measures will be displayed on the portals. I also came away with a good idea for how we in Fairfax can apply the process used by the Private Well Task Force to decide which private wastewater system data we will include on our local portal.
- The Program Marketing and Outreach meeting on the second day gave me an opportunity to hear how three states are evaluating the impact of their portals. New York State is using kiosks at various public venues to solicit input from residents; Maine is using baseline surveys to assess where potential users can be found; and Colorado is using Google analytics as an analytic tool. This session gave me some ideas for how we in Fairfax County can determine the need for a tracking network and evaluate its success using various survey tools such as Survey Monkey and focus groups.
- The Standards and Network Development meeting on the second day gave me an opportunity to sit in with the “techies” and listen to them talk about the technical

issues that we will need to consider as we move forward with our planning. Most of the discussion was well over my head, which taught me the value of getting our technical people involved in the process early on. The first thing I did when I returned to Fairfax from Denver was get our tech people together to go over the materials I picked up in Denver and off the web and get them engaged in the process. As a result of this early meeting, our IT people were well represented at our Environmental Public Health Tracking Symposium on May 21, which really helped to facilitate their buy-in to the system.

- I attended the Program Marketing and Outreach Workgroup meeting at the end of the second day where we discussed city and county outreach opportunities. This was a particularly useful session to me as a representative of a local health department, in which I had the opportunity to both discuss what support we needed as well as to hear what support is available to us at the local level.
- The major benefit of the plenary session on the third day was the opportunity to hear Judith Quarters talk about the current state of the network project and the future outlook. It was helpful to know that CDC funding for the EPHT project is proposed for a significant budget cut in FY 2013 and that we in Fairfax are at least two years away from being able to compete for future grant money. That gives us a sense of a timeline and also lets us know that we will have to find local resources to do our preliminary network development.

## **Host State Site Visit**

### Summary

A host site visit was made with the Massachusetts Department of Public Health, Bureau of Environmental Health on March 13-14, 2012. Only one individual was able to travel to Massachusetts from Fairfax, but several other members of our planning team were able to join the sessions via polycom, which made the information shared available to a much larger audience.

The State of Massachusetts eliminated their county structure many years ago, which means that the entire state functions as a single large county with multiple local governments, which provides several similarities to Fairfax County and makes Massachusetts a good host state for Fairfax. Fairfax staff benefited tremendously from the experience, with the specific benefits gained described in the following paragraphs.

### Accomplishments

The visit was structured around a very ambitious agenda (see Appendix A), which provided a lot of time for productive dialogue. The entire program was very well organized, which allowed us to accomplish a lot in a relatively short period of time. The following items describe the most significant accomplishments achieved during the site visit:

- We received a thorough overview of the Massachusetts tracking program, including a review of how their tracking system had been used effectively to address real life problems and drive public policy decisions. The overview provided an excellent framework for the discussions that followed.
- I didn't have a lot to share about the Fairfax County tracking program because we haven't actually established any form of a portal yet. However this item on the agenda did give us the chance to present what we have accomplished to date and get feedback from our hosts about what we've done and the direction we are taking.
- The discussion of information technology was beneficial in that it provided us with a good understanding of the kinds of technological support that we would need to establish our portal in Fairfax. Our GIS specialist was able to join the conference via polycom, so he was able to learn a lot that can be further shared with our county IT infrastructure team.
- The discussion of partnerships and potential data stewards was especially useful because we were in the process of planning for a data steward's conference and were trying to identify who should be invited. Our Massachusetts hosts provided us with an excellent list of data stewards that they found useful, including a list of people that comprise their Technical Advisory Group (TAG) that will be especially useful.
- As part of our relationship with George Washington University, one of our student groups were asked to review all 24 EPHT tracking sites and write a brief evaluation of each portal and site specific aspects of each portal that might be useful to Fairfax. This work was completed prior to Massachusetts being assigned as our host site, but the student group identified the Massachusetts portal as being the best portal of the 24 in terms of its potential usefulness to Fairfax. That bit of background in mind, it was especially interesting to witness the demonstration of the Massachusetts portal and get into specifics of how it can serve as a model for Fairfax.
- The discussion of assessing data systems, risk communication, and program marketing and outreach provided us with an excellent overview of the basic planning assumptions we will need to address in the very beginning of our process. We had an excellent discussion of what can be displayed on the public versus private portals and how much information should be provided to the public. Fairfax County is very similar to Massachusetts in terms of our philosophies toward transparencies, so our tendency to provide more rather than less information is in line with theirs. It was also interesting to see how many foreign interests access the Massachusetts portal regularly. The opportunity to use the tracking portal as a means of integrating data internationally is particularly exciting, given the international nature of Fairfax County and the Washington, D.C. area.

## Learning experience

The host site visit was extremely beneficial, and Fairfax County is grateful to the Massachusetts Department of Public Health and to ASTHO for making the opportunity possible. Following are the major learning experiences we received as a result of the site visit:

- By far, the most beneficial learning experience was the exposure we received to what is involved in establishing a tracking network. We had a general awareness of what needs to be done as a result of what we had been reading on the CDC web site, but we really weren't aware of all of the specific challenges for which we would need to prepare, such as selecting the right data stewards, establishing data use agreements and other data sharing arrangements, and forming an optimal internal planning and management infrastructure. The experience we gained in this regard through the host site visit gave us a good insight into those issues that we can now account for in our preliminary planning.
- We had no idea about how much time would reasonably be expected in order to get our portal up and running. We were under the impression that it was something that we would be expected to have online by the end of this year, which really caused a lot of stress for us. The experience of the host site visit has given us a much more realistic timeline around which to work that will aim at having a portal up and running within the next two years.
- The host site visit taught us how to approach the staffing need for our portal. We had a vague idea about staffing from the CDC web site, but the host site visit gave us the opportunity to learn first hand what a reasonable staffing commitment would be for our portal. We now have an idea about what we will need to request from our agency and county resources to support our developmental and maintenance staffing needs.
- We learned what technological resources will be necessary to provide the data analysis, display, and mapping capabilities for our portal, which will help to inform the decision making process as we decide what we want our portal to look like. It was particularly helpful for our IT people to be able to join our conversation via polycom so they could hear the discussion and make judgments about what technological resources we currently have available and what additional resources might have to be purchased to implement our tracking portal.
- The bottom line in any project is always money, and this experience taught us what level of financial commitment it will take to get our project up and running. While the initial planning and preparation won't require a significant outlay of resources, to get the portal up and running will require a significant financial commitment from the county. Since CDC grant funding is extremely doubtful for the next few years, it will be necessary to involve senior county management in our initial planning discussions to ensure that we are creating something for which they will be comfortable providing significant financial resources over the next two to three years.

## **Small Project**

### **Project Title: Distribution Characteristics of Elevated Blood Lead Levels in Fairfax County, Virginia 2005-2010**

#### **Project summary/abstract**

Substantial improvements have been made to reduce the amount of lead (Pb) exposure as an environmental hazard in the United States. Considered one of the most preventable environmental diseases among children, elimination of childhood Elevated Blood Lead Levels (EBLL) has remained a national objective supported by the Centers for Disease Control and Prevention (CDC), the Department of Housing and Urban Development (HUD), the Environmental Protection Agency (EPA), and other agencies.

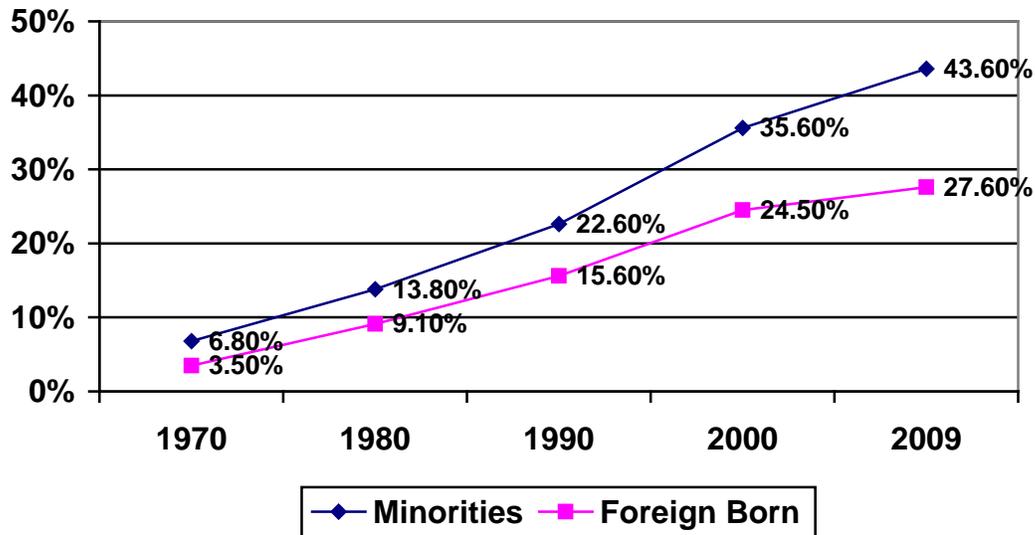
Fairfax County is home to over 1.2 million residents of which nearly 92,000 are children under the age of 6 years. Although the percentage of children under the age of 72 months being screened annually for EBLL has been increasing, the percentage of those being screened is still only slightly more than 10% (Table 1). Of those being screened each year, about 270 children have been identified as having EBLL above 10-micrograms/deciliter, with approximately 10-15 children annually found to meet thresholds initiating local Health Department investigation.

**Table 1. Percentage of Children Under 72 Months Screened for Blood Lead, 2006-2010**

<b>Year</b>	<b>Population &lt;72 months</b>	<b>Number Tested</b>	<b>Calculated % Tested</b>
2006	81,675	8,075	9.8%
2007	81,675	7,751	9.5%
2008	81,675	8,964	11%
2009	81,675	12,036	14.7%
2010	91,971	11,271	12.3%
Total	418,743	48,097	11.5%

The net population of children under the age of 72 months has grown by approximately 11.5% between 2000 and 2010. This growth in the population of children under the age of 72 months corresponds to a significant increase in racial and ethnic minorities (Figure 1). The percentage of foreign-born residents is more than double that of the national average.

**Figure 1: Fairfax County Racial/Ethnic Minorities and Foreign Born Status, 1970-2009**



The 2008 American Community Survey conducted by the U.S. Census Bureau indicated that 35 percent of Fairfax County's residents age five years and older spoke a language other than English at home. Fairfax County Public Schools information indicates that 44 percent of all elementary school students speak a language other than English at home as of May 2009. These households containing elementary students who speak languages other than English at home form a very diverse group with more than 100 different languages being spoken. The areas of Reston, Herndon, Central Fairfax, Bailey's Crossroads, Culmore, and the Route 1 Corridor have the most diverse populations as well as the highest number of people living at or below the federal poverty level.

#### Specific aims

The broad goal of this project is to examine the overall geographical dispersion of early childhood EBLL among children residing in Fairfax County, Virginia and identify demographic characteristics. The specific aims of this project are:

- Evaluate geographic dispersion of EBLL among census blocks of Fairfax County.
- Analyze demographics including race, ethnicity, home age, and household income among census blocks where children are most often seen with EBLL.
- Compare actual dispersion of EBLL with current accepted screening criteria by Fairfax County providers supported by Virginia Department of Health and recommend updates to blood lead screening policies.
- Research prevention strategies that Fairfax County Health Department can implement to increase screening rates of children in high-risk areas.

## Benefits and significance to our state and EPHTN

Fairfax County is one of the wealthiest counties in the United States, however it is an extremely demographically diverse community with a significant ethnic community with 3.5% of the population living at or below the poverty level. The county consistently ranks as one of the top five jurisdictions in the Commonwealth of Virginia with children under 72 months of age with high blood levels. Recent studies have shown that minorities and families living below the poverty level tend to be medically underserved for services such as blood lead screening, so the prevalence of EBLL in Fairfax County could actually be higher than even reported.

## Research design/methods/key personnel (e.g., collaborating departments/organizations/stakeholders)

This project will entail reviewing EBLL cases identified for the period 2005-2010 and comparing actual cases against blood lead screening data. Individual cases will be aggregated by census tract and mapped to allow comparison. This activity will allow us to compare EBLL cases against screening data and to identify if there are areas of the county that are experiencing a significant prevalence of EBLL.

This project will be coordinated among the Epidemiology and Environmental Health programs of the Fairfax County Health Department, the Fairfax County Department of Information Technology, the Blood Lead Poisoning Prevention program at the Virginia Department of Health, and the George Washington University. The following people are the principal stakeholders in the project:

Amy Tarte, George Washington University, Principal Investigator  
Shawn Kiernan, Fairfax County Health Department Epidemiologist  
Adrian Joye, Fairfax County Health Department, Division of Environmental Health, GIS Mapping Specialist  
Thomas Conry, Fairfax County Department of Information Technology  
Layla Williams, Virginia Department of Health Blood Lead Poisoning Prevention Program  
Jessica Leibler, George Washington University, biostatistician  
Peter LaPuma, George Washington University, project advisor

## Result/expected outcome

The outcomes of this project will help guide Fairfax County in evaluating blood lead screening policies and identify geographical areas of the county that are potentially being underserved in the blood lead screening program.

## Discussion (limitations)

The project will be limited primarily by the availability of good data for EBLL and blood lead screening from existing databases. We will also be limited by what data we are able to get from private care providers, and by confidentiality restrictions that will limit receiving certain data points.

## **Other Activity Carried Out During the Fellowship**

### Environmental Public Health Tracking Symposium

We conducted an Environmental Public Health Tracking Symposium on May 23, 2012 to provide potential data stewards and partners with an overview of the purpose of environmental public health tracking (EPHT) and how it can be applied in Fairfax County. A copy of agenda is attached as Appendix B. Fifty people participated in the Symposium, representing an excellent cross-section of the community and of potential data stewards and stakeholders. A copy of the participant list is attached as Appendix C.

Dr. Clifford Mitchell provided the opening discussion, which was entitled, “Environmental Public Health Tracking: Past, Present, and Future.” Dr. Mitchell emphasized that the goal of EPHT is to empower better local decision-making. He emphasized the importance of reaching firm decisions about what we want to accomplish with our tracking network very early on to prevent what he referred to as “data creep,” which means collecting data for the sake of collecting data simply because it’s available whether it meets our needs or not. He also spoke about some of the challenges and opportunities presented by EPHT and challenged the group to make their decisions based on clearly defined public health need and not on statistical fancy or the “topic of the day.”

Lisa Hines followed Dr. Mitchell’s presentation with a discussion and demonstration of the CDC national Environmental Public Health Tracking Network (EHPTN). The national tracking program currently consists of 24 grantees that receive approximately \$700,000 dollars annually from the CDC to manage their portal. An additional 18 non-grantee states (including Fairfax County) have received state-to-state peer fellowship program grants from the Association of State and Territorial Health Officials (ASTHO) to allow them to build their capacity to participate in the national tracking program in the future. Lisa talked about the purpose and capabilities of the national program and provided a demonstration of the actual tracking portal. She said that CDC will not have funds available for the immediate future to bring on additional state grantees, but encouraged Fairfax to continue to work through its current network of resources to build what we can just to get the process started.

Dr. John Davies-Cole followed Lisa’s presentation with a discussion of the Washington DC EPHT Project. The District is currently working under a Phase II ASTHO grant to continue to build their tracking capacity. The District received a Phase I grant last year, so one year ago, they were in the same place as we are today. Dr. Davies-Cole stated that

the goals of their project include (1) further documenting the relationship between environmental exposure and health effects; (2) gaining greater ability to undertake health assessment, policy development and assurance; and 3) generating information that guides policy development and decision making on prevention and treatment activities, as well as resource allocation. They will work on developing a close collaborative relationship with the State of Maryland for sharing of resources and data under their Phase II ASTHO grant.

Dr. John Braggio and Dr. Mitch Wang followed Dr. Davies-Cole's presentation with a discussion and demonstration of the Maryland tracking portal. Dr. Braggio provided a brief overview of the portal and Dr. Wang gave an excellent demonstration of the capabilities of the portal and how it can be used to evaluate community needs and drive health policy decisions.

The presentations were followed up with two panel presentations that gave participants the opportunity to interact with the presenters on a variety of topics. The first panel was comprised of Dr. Braggio, Dr. Mitchell, Dr. Davies-Cole, and Ms. Hines, and discussed challenges and lessons learned. Following were the challenges and lessons learned that were discussed by the panelists and participants:

- Tracking networks can be extremely resource-intensive. Grantee states spend from \$500,000 to \$1.1 million annually to manage their portals. Maryland employs 5 epidemiologists and 2 IT contractors to maintain their portal, which is pretty standard around the country.
- Establishing a tracking network requires many partners and a lot of collaboration in order to be successful. Data sharing agreements with all of the necessary data stewards can be time-consuming and at times frustrating to enact.
- Balancing the expectations of the community, stakeholders, data stewards, and funding entities can be tricky.
- Anytime you make this amount of data available to the public, you run the risk of the data being misinterpreted by the public and by the media. We will need to develop careful outreach plans very early to address this problem and minimize misinterpretations.
- Virginia's status as a Dillon Rule state potentially complicates our ability to collect data. The Dillon Rule prohibits local governments from undertaking any activity that is not expressly given to them by law, so it might be necessary to enact state legislation providing us with the legal authority to do this before we can even undertake it.
- Fairfax County will experience unique challenges in implementing a local portal because we are not a state. We will need to identify ways of presenting data in meaningful ways at levels below what is normally presented in state portals, which will limit what we will be able to do. Also, many of the issues being addressed in Fairfax require us to access data from other jurisdictions in the Northern Virginia region as well as the military. Will we be able to get that data?

The panelists made the following recommendations to the group as strategies to use to address the challenges:

- Review the users guide from CDC and follow those recommendations, beginning with establishing a Technical Advisory Group (TAG).
- Identify data gaps (specifically people and time, not just equipment).
- Review other states with similar characteristics, such as Massachusetts and New York City.
- Establish a point at which data from various data stewards can be aggregated in order to reduce confusion and misinterpretation.
- Secure the assistance of legal counsel to review confidentiality laws and considerations as well as the impact of the Dillon Rule.
- Maryland has two portals, secure and public. The secure portal is accessible only by those with a need to know and provides data that can be used for research, but prevents access by the general public.
- Fairfax could begin small by building a secure portal for internal use and then broaden the scope of the portal later as resources become available.

The second panel consisted of Dr. Charles Konigsberg, Dr. Mitchell, Dr. Braggio, and Dr. Wang, and discussed certain specific considerations. Dr. Konigsberg addressed the need to engage community and political leadership in public health tracking planning. He pointed out that it is important to form broad coalitions to coordinate strategies to serve at a policy level. He emphasized the importance of building relationships of a non-bureaucratic nature; that is, we need to break down system-imposed silos and reach out to those with genuine stakes in what we're trying to do, such as non-profit and non-governmental organizations. Once those relationships and coalitions have been established, all of the stakeholders will be able to work with policy makers to make important changes and support initiatives.

Dr. Wang and Dr. Braggio discussed the technical challenges that will need to be considered when establishing a portal. They pointed out some of the unique challenges that will come into play at the county level. They recommended that Fairfax should look at creating a "tracking lite" system that focuses on priority conditions, allowing the county to start building capacity gradually. Dr. Braggio offered Maryland's support to Fairfax to help us to build our tracking capacity.

Dr. Mitchell discussed the availability of resources at the regional level that are available to assist Fairfax. Maryland (as well as other states) has already done a lot of work, which they would be happy to share with Fairfax. He mentioned that he will be convening a meeting of all of the states in the mid-Atlantic region as well as the District of Columbia on June 14 to discuss regional approaches to data tracking, and invited Fairfax to participate.

Appendix D provides a summary of the Symposium evaluation as provided by the participants. Overall the Symposium achieved its purpose of providing participants with a

good general understanding of the purpose of EPHT. Participants were generally satisfied with what they heard, but they expressed some dissatisfaction with the administrative aspects of the Symposium, as evidenced by the overall scores that generally fell into the “Average” range. Our first speaker got tied up in traffic, which caused us to get off to a late start. The speakers also ran over their allotted time that caused us to run late in the afternoon, which didn’t allow us to take the time for general discussion about what this all means for Fairfax. We did allow participants the opportunity to provide that feedback via Survey Monkey (Appendix E), but that was a very poor substitute for face-to-face discussion. The whole thing was complicated by the fact that building contractors chose the day of the Symposium to resurface the outside of the building where we were meeting, which made it impossible to hear one of our speakers, even when he used the microphone. We were able to get the contractor to stop working until after the meeting adjourned, but it put a damper on the meeting. Overall however, the Symposium was successful in giving potential data stewards and stakeholders an understanding of what we hope to accomplish through EPHT so that they will understand what we are asking them to do when we approach them later about serving on the Technical Advisory Group or providing data to support the network.

Participant Feedback (Appendix E) indicated that a little over half the respondents (10/17) would use the network at least quarterly if it were developed. Seven respondents indicated an interest in working with us in the further planning and development of our system. The response rate was less than desired, but the responses do indicate an interest among a significant portion of the participants in further pursuing the tracking network. It is hoped that further interest will be developed as people see things moving forward and actual things being accomplished.

## PLANNED ACTIVITIES

### Action plans for future tracking activities

The next step for Fairfax County is to assemble a Technical Advisory Group (TAG) that will guide the further planning process. The TAG will be comprised of individuals represented at the Symposium as well as other people from the local, state, and regional levels with a stake in the program. We will also seek the advice of our state-to-state mentor partners in the Massachusetts Department of Health. The TAG will coordinate the EPHT effort with the Partnership for a Healthier Fairfax (PFHF). PFHF is a broad-based strategic planning initiative that is being conducted as a partnership of the Fairfax County Health Department, other agencies of county government, and stakeholders from the broader Fairfax community. The PFHF has identified data management and tracking as one of their key strategic initiatives and has appointed a Data Strategic Initiative Team (SIT) to look at how to most efficiently manage public health data at the county level. Members of the Data SIT will also serve on the EPHT TAG to ensure coordination of the two activities, and at some point the two initiatives could be merged into a single entity. For now, the TAG will be formed in June/July and begin to work through the planning process as described in the CDC “Guide to Building an Environmental Public Health

Tracking Network.” The TAG first task will be to conduct an evaluation of environmental public health tracking needs and priorities.

#### Specific aims and long-term goals

We plan to apply for a Phase II ASTHO grant next year to continue with building our tracking capacity and use that momentum to apply for a CDC tracking grant when they become available. Our long-term goal is to build a tracking portal that will provide comprehensive environmental public health data that will inform the decision making process of public policy makers and provide members of the public with a transparent way of looking at their own health status indicators. We also hope to build a network that can serve as a platform from which the Virginia Department of Health can build a statewide tracking network.

#### Approach/strategy to realize goals

The TAG will establish specific strategies and timetables, but following is a general approach that we will follow to realize our goals:

- The TAG will conduct an analysis of environmental public health tracking needs and priorities and an assessment of existing data sets that are available to address those needs and priorities. Based on that analysis, they will identify sources of support at the county and regional levels that can provide the resources necessary to meet those needs. This will entail a significant public outreach and education campaign to identify further community needs and assess community support. We have received commitments for technological and limited financial support from Maryland, and the Fairfax County Department of Information Technology has also committed technological support.
- The TAG will utilize available resources to begin to build a network that is consistent with identified needs and available resources.
- We will apply for capacity building grants from ASTHO, CDC, and others as they become available, but our intention is to build a network that can be sustained from locally available resources without having to depend on transient grant monies.

## CONCLUSION

Participation in the State-to-State Peer Fellowship has been extremely beneficial to Fairfax County. Two independent assessments (the Local Environmental Public Health System Assessment and the Public Health System Assessment) both identified data tracking and management as one of the system's greatest needs, and the information gained through participation in the Fellowship has provided us with a very workable approach to meeting that need. We have gained a valuable ally in the Massachusetts Department of Health, and participation in the national tracking conference and our own tracking symposium have identified additional partners and provided us with a good strategy for moving forward. We have significant challenges facing us as we move forward because we lack the resources available at the state level, but Fairfax has significant financial, technological, and community resources available that we believe will allow us to build a tracking network that will effectively meet the needs of the Fairfax community and of Northern Virginia.

*\*This is a truncated version of the Fairfax fellowship report and does not contain appendices; references and supporting materials.*