

**CHAPTER 112-1 OPERATIONAL MODEL**

112-1.2 ENVIRONMENTAL HEALTH (EH) CORE SERVICES

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**112-1.2 ENVIRONMENTAL HEALTH (EH) CORE SERVICES**

The core EH services are foundational levels of service that each environmental health program should provide to tribal communities. Each of the core EH services, and how they relate to Chapter 11, are described in this section.

**A. MONITOR EH STATUS**

Environmental Health programs provide technical services and consultation. Evaluating the EH status of tribal communities is paramount to determining the scope and priority of services needed. To that end, EH programs will monitor community EH status through the activities described below. EH staff will conduct the following:

**(1) Inspections**

Provide inspections associated with Chapter 11 program elements to identify EH risk factors and make recommendations to reduce or eliminate them.

- Inspections will follow national current e-Survey formats and use the most current applicable standard. Use of standards should be prioritized as follows (this may vary depending on the location):
  - o Tribal; if not available then,
  - o Federal regulations; if not available then,
  - o National guidelines; if not available then,
  - o State regulations; if not available then,
  - o Local regulations
- Data from the inspections will be entered using e-Survey checklists, when applicable.
- Additional data may be collected to further identify EH risk factors. This data can be stored and managed locally outside

of the IHS Web-based Environmental Health Reporting System (WebEHRS).

- WebEHRS will generate inspection records that can be used to develop reports and other documents.
- The work of the Environmental Health Specialist often is just beginning when the inspection ends. To affect change to EH risk factors, follow-up may include developing action plans, providing training or other resources, and writing letters to Tribal leaders (i.e., Health Directors, Tribal Council, Tribal Governor/Chairman/President, tribal facility manager, tribal gaming commission).

## **(2) Surveillance**

Conduct surveillance to identify EH risk factors, measure health outcomes, and determine program priorities. See a list of recommended surveillance data sources in section 112-1.4.A.

Types of recommended environmentally-related disease and injury surveillance to conduct include the following:

- Communicable diseases (including food or water related)
- Vector-borne disease
- Severe injury
- Chronic diseases or conditions

## **(3) Investigations**

Conduct investigations in response to requests for assistance from communities or other entities, complaints from within the service area, and in association with projects developed in the service area.

- Environmental Health staff should build relationships with clinical staff to ensure that they receive referrals for EH related health issues such as dog bites, healthy homes, and asthma investigations. The results of medically referred EH investigations should be sent to the referring agency for inclusion in the patient's medical record.

## **(4) Assessment**

Environmental health assessments will be conducted through community engagement activities. Community engagement may utilize [CDC's Protocols for Assessing Community Excellence in Environmental Health \(PACE-EH\)](#), focus groups, or [health impact assessments](#) that engage primary stakeholders such as tribal

officials, federal officials, and community members. Environmental health priorities and activities will be developed in consultation with local stakeholders using the information from the EH assessment.

This process can be used to develop profiles that describe the EH status of one or more communities.

Area EH Programs have written a variety of policies, guidance documents, and standard operating procedures that describe EH practices. These documents may describe the methods used to conduct inspections, surveillance, and investigations as well as methods for communicating risk and risk resolution to our customers. For information on these support documents, field staff should query their District or Area DEHS managers.

#### **B. PROVIDE EDUCATION TO INCREASE EH AWARENESS**

EH information, education, and promotion activities (as described in Chapter 11) should be developed and designed to:

- Engage tribal communities and programs in formulating policies and procedures.
- Reduce EH risks through utilization of effective and appropriate teaching and learning strategies using recognized best practices.
- Promote awareness of and access to field EH programs.

Environmental health communication plans and activities that include media advocacy and social marketing strategies should be considered during program planning. Visit the [CDC's "Gateway to Health Communication and Social Marketing Practice"](#) for more information on this topic. It is important for the EH program to have a partnership with the local and Area Public Affairs staff responsible for media releases. Media releases may need to be approved by the IHS Headquarters' Public Affairs Office.

Environmental health education and promotion program partnerships should be developed (and formalized where appropriate) with schools, communities, tribal health programs, IHS programs, state health programs, other federal health and environmental programs, and private/non-profit health entities to implement and reinforce EH information and best practices.

Environmental health programs should promote EH within and outside the Agency. Marketing materials are available on the [DEHS](#) website.

**C. ENSURE A COMPETENT EH WORKFORCE**

Competency development of EH professionals – including partners, volunteers and other lay community health workers – is needed to ensure the highest quality of EH services and consultation. The competency process is typically composed of:

- Assessing technical skills and abilities across the EH spectrum of services provided in AI/AN communities.
- Developing professional training opportunities to build new or enhanced skills and knowledge of EH practice. These opportunities may include formal training courses, staff exchanges, job shadowing, or other competency development methods.
- Assessing individual competency needs.
- Ensuring that staff has opportunities to participate in competency development training.
- Measuring and improving competency development methods.

The training of partners, volunteers, and other lay community health workers provides an opportunity to build community EH capacity. Examples include community injury prevention, OSHA training for Tribal utility workers, food handlers' training and food manager certification, and healthcare safety officer courses. Training may be provided through formal courses or one-on-one interactions. An [IHS Online Food Handler](#) training program is available online. Other IHS-sponsored courses are offered at the [Environmental Health Support Center](#).

Environmental health programs should develop and implement annual individual development plans for all EH staff. Individual development plans should consider the current competency needs of the individual as well as training needed for career and professional advancement. Individual development plans should be based on defined competency pathways that include technical, managerial, cultural, and leadership knowledge, skills, and abilities.

Standardization of Inspectors – To ensure that EH programs are effective, Areas should ensure that staff competencies are uniform for common EH surveys.

The Registered Environmental Health Specialist (REHS) or Registered Sanitarian (RS) credential is required for all staff in leadership or supervisory positions at the District level or

higher. Registration of all EH staff, regardless of the position level, is encouraged.<sup>1</sup>

Other professional certifications are also encouraged including:

- [Healthy Homes Specialist \(HHS\) Credential](#)
- [Certified Pool Operator \(CPO\) Credential](#)
- [Certified Professional - Food Safety \(CP-FS\) Credential](#)
- [Certified Industrial Hygienist \(CIH\)](#)
- [Certified Safety Professional \(CSP\)](#)

**D. EVALUATE PROGRAMS FOR EFFECTIVENESS AND QUALITY**

The IHS DEHS uses an evaluation tool to assess Area programs which is based on state Public Health performance standards, [CDC's National Environmental Public Health Performance Standards](#), and the [10 Essential Environmental Public Health Services](#). This tool is comprehensive and the results indicate whether programs provide basic, intermediate, or comprehensive levels of service. Other assessment and accreditation standards and guidelines are available for evaluating EH programs. For a list of recommended EH assessment references see section 112-1.4.B.

It is recommended that Area DEHS programs use a tool similar to the HQ evaluation method to review district, Service Unit, and field programs. Contact the HQ DEHS program for a copy of the current HQ DEHS evaluation tool and the IHS Injury Prevention Program assessment tool.

It is recommended that evaluation and critical review of the EH program or program elements will be conducted every three years to determine overall program effectiveness. Evaluation findings can be used to allocate program resources and determine if improvement plans are necessary for improved efficiency, effectiveness, and quality. The program or program element evaluation report may be shared with internal and external stakeholders.

Other methods of program evaluation may include peer reviews, customer service surveys, or focus groups.

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<sup>1</sup>Environmental health staff often seek credentialing through the [National Environmental Health Association \(NEHA\)](#). If eligibility is met, NEHA may credential, without re-examination, individuals who have state-issued environmental health credentials.

**E. RESEARCH, DEVELOP, AND APPLY BEST PRACTICES**

Environmental Health Programs should conduct projects at the field level that use best practices to reduce or eliminate exposure to factors causing injury or illness. Examples are provided below:

- Laws mandating the use of child safety seats.
- Child safety seat distribution and education programs that provide child safety seats to parents through a loan, low-cost rental, or giveaway of an approved safety seat.
- Enhanced seat belt enforcement programs.
- Keeping foods at proper temperatures.

While the use of best practices and proven strategies are recommended, EH projects that develop new and innovative practices are also encouraged.

A project can be described as work that is ongoing, uses a high level of staff resources, involves a number of partners, and spans multiples years or has a specific timeframe.

DEHS projects may not emulate academic research. They are often focused on how to effectively apply best practices in tribal communities. Technical assistance resources are available to assist with project planning, background research, applying interventions, and project evaluation including District and Area IHS staff, State and County Health Departments, Federal Agencies, and Tribal Epidemiology Centers.

Projects should include an evaluation. Project evaluation helps programs understand the progress, success, and effectiveness of a project. Through evaluation, programs can determine which projects are likely to be successful when applied in other DEHS locations.

EH best practices that have the most impact on a community's health and reduce EH risk factors should be shared with other EH programs.

See a list of recommended best practice references in section 112-1.4.C.