**A Tale of Two Agencies:**

**The Quest for Developing a Health Data Sharing Agreement**

# 2007 - 2008

# Environmental Public Health Leadership Institute Fellow:

# Greg Kearney; Dr.P.H., M.P.H., R.S.

*Environmental Epidemiologist;Florida Department of Health*

*4052 Bald Cypress Way,*

*Tallahassee, Florida 32399*

*(850) 245-4577*

*Greg\_Kearney@doh.state.fl.us*

# Mentor:

### CAPT Steve Inserra, REHS, MPH

*Environmental Epidemiologist;* Agency for Toxic Substances and Disease Registry

Department of Homeland Security,

Health Investigations Branch

# Acknowledgements:

### Meade Grigg

### *Director and State Registrar, Florida Department of Health, Office of Planning, Evaluation, Data Analysis and Statistics*

### Carina Blackmore, DVM., Ph.D.

*State Public Health Veterinarian, Florida Department of Health, Division of Environmental Health*

### Denise Love

### *National Association of Health Data Organization*

### Carolyn Turner

### *Agency for Health Care Administration*

### Judith Qualters, Ph.D.

*Chief, Health Tracking Branch, Centers for Disease Control and Prevention,*

# EXECUTCHAPTER 62-210 STATIONARY SOURCES - GENERAL REQUIREMENTS62-210.100Purpose and Scope. (Effective 1/10/07)62-210.200Definitions. (Effective 3/16/08)62-210.220Small Business Assistance Program. (Effective 2/11/99)62-210.300Permits Required. (Effective 3/16/08)62-210.310Air General Permits. (Effective 5/9/07)62-210.350Public Notice and Comment. (Effective 2/2/06)62-210.360Administrative Permit Corrections. (Effective 3/16/08)62-210.370Emissions Computation and Reporting. (Effective 7/3/08)62-210.550Stack Height Policy. (Effective 11/23/94)62-210.650Circumvention. (Effective 8/26/1981)62-210.700Excess Emissions. (Effective 11/23/94)62-210.900Forms and Instructions. (Effective 7/3/08)62-210.920Registration Forms for Air General Permits. (Effective 5/9/07)62-210.100 Purpose and Scope.The Department of Environmental Protection adopts this chapter to establish general requirements for stationary sources of air pollutant emissions and definitions fIVE SUMMARY:

Hospital data can be used by epidemiologists and public health officials to monitor the health status of a community and to perform disease surveillance. Although primarily used for medical billing purposes, hospital data can serve as a rich source of health informationor use in this chapter as well as Chapters 62-212, 62-213, 62-214, 62-296, and 62-297, F.A.C. This chapter provides criteria for determining the need for an owner or operator to obtain Department authorization, by individual air permit, or by air general permit, to conduct certain activities involving sources of air pollutant emissions. It provides procedures to apply for an air construction or non-Title V air operation permit, or to register for use of an air general permit. It establishes public notice requirements, reporting requirements, and requirements relating to estimating emissions and using air quality models. This chapter also sets forth special provisions related to compliance monitoring, stack heights, circumvention of pollution control equipment, and excess emissions.Specific Authority 403.061 FS. Law Implemented 403.031, 403.061, 403.087 FS. History–New 2-9-93, Formerly 17-210.100, Amended 11-23-94, 1-10-07.62-210.200 Defin providing valuable insight for evaluating selected chronic and acute diseases, and establishing and reporting health trends in the population.

In Florida, the Agency for Health Care Administration (AHCA) collects and manages all hospital data for the entire state. Hospital data is considered confidential, and to receive this data, all applicants, including the Florida Department of Health (FDOH) must submit an annual “request for data” application. From a state health department’s perspective, requesting this data has proven to be a repetitive, lengthy and time consuming process. This leadership project utilizes methods focused on recognizing, describing and identifying barriers in an attempt to facilitate a process to overcome a cumbersome, annual renewal application process. The goal is to work towitions.The following words and phrases when used in this chapter and in Chapters 62-212, 62-213, 62-214, 62-296, and 62-297, F.A.C., shall, unless the context clearly indicates otherwise, have the following meanings:(1) “Acid Mist” – Liquid drops of any size of any acid including sulfuric acid and sulfur trioxide, hydrochloric acid, and nitric acid as measured by EPA test method 8, adopted by reference at Rule 62-204.800, F.A.C., and listed at Rule 62-297.401, F.A.C.(2) “Acid Rain Compliance Option” – A method of compliance available to an Acid Rain unit under the Federal Acid Rain Program.(3) “Acid Rain Compliance Plan” – That portion of an Acid Rain Part application submitted by the designated representative of an Acid Rain source which specifies the methods, or compliance options, by which each Acid Rain unit at the source will meet the applicable Acid Rain emissions limitation and Acid Rain emissions reduction requirements.(4) “Acid Rards developing a multi-year data sharing agreement (DSA) between the Florida Department of Health and the Florida, Agency for Health Care Administration.

The “shifting the burden” and “fixes that backfire” archetypes were selected, a casual loop developed, role-playing dialogue was constructed and an action plan developed. Other methods included interviews with data administrators and attorneys among the two agencies and internal meetings with stakeholders.

The short term benefits include, an interagency application being developed, and a January 2008 meeting scheduled with the new AHCA leadership to propose a DSA. As a result of this project, FDOH senior leadership is now cognizant of the situation and intends to pursue this idea. The EPHLI has improved my knowledge and abilities to strategize and frame the discussions for FDOH with AHCA for enabling a continuing this dialogue into 2008. In addition, this project has improved my negotiation approaches and skills For collaborating with other agencies. Long term, these AHCA negotiations may prove to have long lasting benefits to the Division of Environmental Health as well as other Divisions within the Florida Department of Health.

A policy determination has yet to be made of why a DSA can not be developed, however the recent change of leadership at AHCA may prove to be an opportunity for securing a DSA. Also, the National Association of Health Data Organization had developed a national-level work group to develop a uniform DSA that can be used by all states. Florida has been participating in these efforts, which may prove beneficial not only to Florida, but at the national level.

# INTRODUCTION/BACKGROUND:

Hospital data plays an important role in public health surveillance. In ain Compliance Schedule” – An enforceable sequence of actions, measures, or operations designed to achieve or maintain compliance, or correct noncompliance, with an applicable requirement of the Acid Rain Program, including any applicable Acid Rain Part permit requirement.(5) “Acid Rain Emissions Limitation” – The EPA-established sulfur dioxide and nitrogen oxides emissions limitations under the Federal Acid Rain Program.(6) “Acid Rain Part” – That separate portion of the Title V source permit specifying the Federal Acid Rain Program requirements for an Acid Rain source, and for the owners, operators and the designated representative of the Acid Rain source or the Acid Rain unit.(7) “Acid Rain Program or Federal Acid Rain Program” – The national sulfur dioxide and nitrogen oxides air pollution control and emissions reduction program established pursuant to 42 U.S.C. sections 7651-7651o and 40 C.F.R. Parts 72, 73, 75, 76, 77, and 78, adoptFlorida, hospitals and medical care facilities are required by Florida Statutes to report patient health data to the Agency for Health Care Administration. Throughout time, the Florida Department of Health (FDOH), Office of Planning, Evaluation, Data Analysis and Statistics (Vital Stats) has been the primary users of AHCA data to cross verify vital birth and death reed and incorporated by reference in Rule 62-204.800, F.A.C.(8) “Acid Rain Source” – A Title V source with one or more Acid Rain units.(9) “Acid Rain Unit” – A fossil fuel-fired combustion device listed as subject to any Acid Rain emissions reduction requirement or Acid Rain emissions limitation at 40 C.F.R. 72.6 or 79.2, adopted and incorporated by reference in Rule 62-204.800, F.A.C.(10) “Acrylonitrile” – An organic chemical, formula C3H3N, used in the production of various resins, polymers and acrylic fibers. Synonyms for acrylonitrile are: 2-propenitrile, acrylon, acrylonitrile monomer, cyanoethylene, AN, VCN, and vinyl cyanide. The Chemical Abstract Service registration number is 107-13-1.(11) “Actual Emissions” – The actual rate of emission of a pollutant from an emissions unit as determined in accordance with the following provisions:(a) In general, actual emissions as of a particular date shall equal the average rate, in tons per ycords. AHCA provides non-confidential health data to the Office of Vital Stats on an annual basis.

Besides using hospital data for tracking and producing vital statistics reports, there are many other important uses for the data, including public health surveillance. Currently, FDOH is being funded by CDC to help develop an environmental public health tracking network (EPHTN). One of the primary goals of EPHTN project is to link selected hospital health data with data on environmental hazaear, at which the emissions unit actually emitted the pollutant during a consecutive 24-month period which precedes the particular date and which is representative of the normal operation of the emissions unit. The Department shall allow the use of a different time period upon a determination that it is more representative of the normal operation of the emissions unit. Actual emissions shall be calculated using the emissions unit’s actual operating hours, production rates and types of materials processed, stored, or combusted during the selected time period.(b) The Department may presume that unit-specific allowable emissions for an emissions unit are equivalent to the actual emissions of the emissions unit provided that such unit-specific allowable emissions limits are federally enforceable.(c) For any emissions unit that has not begun normal operations on a particular date, actual emissions shall equal the potential emissions of the emirds, to help identify patterns and trends of chronic diseases in the population. For example, linking asthma hospitalization data with outdoor air pollution data to identify if there are certain times of the year when there is an increase in rates.

Obtaining confidential hospital data on an on-going, un-interrupted, electrossions unit on that date.(12) “Administrator” – The Administrator of the United States Environmental Protection Agency or the Administrator’s designee.(13) “Adverse Impact on Visibility” – An impairment to visibility which interferes with the management, protection, preservation, or enjoyment of the visitor’s visual experience of a Federal Class I area. This determination shall be made during the permitting process, utilizing EPA-approved methods of visibility impairment analysis and taking into account such factors as the geographic extent, intensity, duration, frequency, and time of visibility impairments, and how these factors correlate with the time of visitor use of the Federal Class I area and the frequency and timing of natural conditions that reduce visibility.(14) “Affected Pollutant” – In a nonattainment area or area of influence for any pollutant other than ozone, the pollutant for which the area is designated nonattainment. Innic basis is crucial for the project to succeed. Confidential data differs from non-confidential data by the variable contained in the dataset. The confidential hospital data needed for the project includes obtaining these selected identifiers within the data, such as social security number and zip codes. The Office of Vital Statistics does not get this detailed (low-level resolution) therefore; they receive a non-confidential, public-use CD, in a time efficient, non rigorous manner.

AHCA has an annual renewal application process for confidential information that has be the case of an ozone nonattainment area classified as marginal or higher, the affected pollutants are volatile organic compounds (VOC) and nitrogen oxides (NOx). For a transitional ozone nonattainment area, the affected pollutant is VOC only. A pollutant is no longer an affected pollutant upon redesignation of the nonattainment area to an attainment area by the U.S. Environmental Protection Agency.(15) “Affected States” – All states, specifically, Alabama, Georgia, or Mississippi or any combination thereof, whose air quality may be affected by the operation of, or that are within 50 miles of, a Title V source for which a permit, permit revision, or permit renewal is being proposed under Chapter 62-213, F.A.C.(16) “Air Curtain Incinerator” – A portable or stationary combustion device that directs a plane of high velocity forced draft air through a manifold head into a pit with vertical walls in such a manner as to maintain a curtain of aien both cumbersome and time consuming to complete. As a “sister” agency, FDOH is still required to complete many application forms, obtain multiple signatures, and proceed through a lengthy, often time-delayed process of obtaining recurring data.

A request for confidential information to AHCA, from any state agency, Division or Bureau within government, requires the applicant to complete a formal application, and a hierarchy of upper management signatures from both Agencies. Despite the importance of obtaining data from AHCA, there has never been an “official” agreement between the two agencies that would allow Division’s, Bureau’s at FDOH to obtain confidential data in an easy manner.

According to sources within FDOH, the Department has been actively pursuing a health data sharing agreement (DSA) from the Agency for Health Care Administration for a number of years. However, a DSA hasr over the surface of the pit and a recirculating motion of air under the curtain.(17) “Air Dried Coating” – Coatings which are dried by the use of air or forced warm air at temperatures up to 194 degrees Fahrenheit (90 degrees Celsius).(18) “Air Emissions Bubble” or “Bubble” – An air pollution control strategy wherein a facility complies with a multi-unit aggregate emissions limit or cap, in lieu of unit-specific limits, on a pollutant-specific basis for carbon monoxide, nitrogen oxides, sulfur dioxide, particulate matter, PM10, or volatile organic compounds (VOCs).(19) “Air General Permit” – An authorization by rule as described in subsection 62-210.300(4), F.A.C., to construct or operate an air pollutant emitting facility. Use of such authorization by any individual facility does not require agency action.(20) “Air Pollutant” – Any substance (particulate, liquid, gaseous, organic or inorganic) which if released, allowed to escape, or e never transpired.

The primary stakeholders of this project are those epidemiologists with FDOH, and 16 other state and city health departments federally funded for the Environmental Public Health Tracking grant. As mentioned, thmitted, whether intentionally or unintentionally, into the outdoor atmosphere may result in or contribute to air pollution.(21) “Air Pollution” – The presence in the outdoor atmosphere of the state of any one or more substances or pollutants in quantities which are or may be harmful or injurious to human health or welfare, animal or plant life, or property, or unreasonably interfere with the enjoyment of life or property, including outdoor recreation.(22) “Air Pollution Control Equipment” – Equipment, including that used to separate entrained particulate matter or organic vapors from gases, gas separation equipment, thermal oxidation equipment, and chemical reaction/conversion equipment, which is designed and used to reduce the discharge of a specific air pollutant to the atmosphere.(a) “Destructive Control Device” – Any device intended and designed for the reduction of VOC pollutant emissions from an emissions unit which alters the chemie primary focus of the grant is to integrate data from health and environmental agencies to evaluate adverse chronic disease outcomes, such as cancers and birth defects. Other stakeholders include other state health departments, county health departments (CHD’s), Agencies for Health Care, Department’s of Environmental Protection (DEP’s), Federal agencies (i.e, US EPA, ATSDR), not-for-profit agencies and professional organizations. The Tracking states must partner with stakeholders, with the goal of bringing health and environmental data sets together for the purposes of exploring potential health risk relationships.

The majority of state health and environmental agencies collect data as a regulatory means. Health agencies collect health data for bical composition of the pollutant flowing through the device.(b) “Non-Destructive Control Device” – Any device intended and designed for the reduction of VOC pollutant emissions from an emissions unit which does not alter the chemical composition of the pollutant flowing through the device.(23) “Air Quality Control Region” – Any air quality control region designated pursuant to Section 107 of the Clean Air Act. The boundaries of the air quality control regions in Florida are set forth in 40 C.F.R. Part 81, Sections 81.49, 81.68, 81.91, 81.95, 81.96 and 81.97, adopted and incorporated by reference in Rule 62-204.800, F.A.C.(24) “Allowable Emissions” – The emission rate calculated using the maximum rated capacity of the emissions unit, as limited or modified by any state or federally enforceable restrictions on the operating rate or hours of operation, or both, and the most stringent state or federal emission limiting standard applicable to lling purposes, and environmental agencies the emissions unit; or the maximum allowable emission rate specified by any state or federally enforceable permit conditions.(25) “Alternate Designated Representative” – (a) For the purposes of the Acid Rain Program, alternate designated representative shall mean “alternate designated representative” as described in 40 CFR 72.22, adopted and incorporated by reference in Rule 62-204.800, F.A.C.(b) For the purposes of the CAIR Program, alternate designated representative shall mean “alternate CAIR designated representative” as defined in 40 CFR 96.102, 96.202, or 96.302, adopted and incorporated by reference in Rule 62-204.800, F.A.C.(c) For the purposes of the Hg Budget Trading Program, alternate designated representative shall mean “alternate Hg designated representative” as defined in 40 CFR 60.4102, adopted and incorporated by reference in Rule 62-204.800, F.A.C.(26) “Alternative Control Techniques Document” or “ACT” – A guidance documecollect data to assure compliance of air, water, sewage, etc.., Both, health and environmental agencies are typically stove-piped with data, and rarely do the two meet; state health agencies would benefit by havingnt issued by the U.S. Environmental Protection Agency under the Clean Air Act (42 U.S.C. s. 7511b) which identifies control alternatives for sources of volatile organic compounds (VOC) and nitrogen oxides (NOx) that emit more than 25 tons per year.(27) “Ambient Air Quality Standard” or “Ambient Standard” – A restriction established to limit the quantity or concentration of an air pollutant that may be allowed to exist in the ambient air for any specific period of time.(a) “National Ambient Air Quality Standard” means an ambient standard established by EPA and specified at 40 C.F.R. Part 50, adopted and incorporated by reference in Rule 62-204.800, F.A.C.(b) “Primary Standard” means an ambient standard established to protect public health.(c) “Secondary Standard” means an ambient standard established to protect the public welfare including the protection of animal and plant life, property, visibility and atmospheric clarity, and the enjoym hospital data that could be “linked” with environmental hazard data to analyze and determine trends of health outcomes (i.e., asthma, myocardial heart infarctions and birth defects) in the population-at-risk.

Health and environmental data will continue to be stored and under utilized for the purposes of research or public health surveillance. It is unknown at this point if either the environmental or health agencies perceive change. Some agencies, for example, the US EPA, are making a paradigm shift for sharing their data for accountability, others may potentially follow suit.

***Problem Statement:***

*In Florida, the ent of life and property.(d) “State Ambient Air Quality Standard” means an ambient standard established or adopted by the Department.(28) “Animal Crematory” – Any combustion apparatus used solely for the cremation of animal remains.(29) “Applicable Requirement” –(a) For purposes of the permitting requirements of Chapter 62-213, F.A.C., all of the following as they apply to a Title V source or any emissions unit at such source:1. Any standard or other requirement provided for in the state implementation plan;2. Any term or condition of any preconstruction permit issued by the Environmental Protection Agency pursuant to 40 C.F.R. 52.21 or by the Department pursuant to subparagraph 62-204.800(11)(d)2., F.A.C. (formerly 62-204.800(10)(d)2.); Rule 62-212.300, F.A.C. (formerly 17-212.300, formerly 17-2.520); Rule 62-212.400, F.A.C. (formerly 17-212.400, formerly 17-2.500); Rule 62-212.500, F.A.C. (formerly 17-212.500, formerly 17-2.510); Rule 6Agency for Health Care Administration (AHCA) requires the Florida D2-212.720, F.A.C.; Rule 17-2.17, F.A.C. (repealed); or Rule 62-4.210, F.A.C. (formerly 17-4.210, formerly 17-4.21);3. Any term or condition of any air operation permit issued pursuant to paragraph 62-210.300(2)(b), F.A.C.;4. Any standard or other requirement under Chapter 62-4, 62-204, 62-210, 62-212, 62-213, 62-214, 62-252, 62-256, 62-257, 62-281, 62-296, or 62-297, F.A.C.;5. Any standard or other requirement under the Federal Acid Rain Program;6. Any standard or other requirement under 42 U.S.C. Section 7411 or 7412, as published in “United States Code, 2000 Edition, Supplements 1 and 2,” available online at http://www.gpoaccess.gov/uscode/index.html;7. If incorporated into the Specific Operating Agreement with the Department, any standard or other requirement adopted by a local air pollution control program having geographical jurisdiction over the emission unit, unless such standard or requirement conflicts with the provisions of the ept. of Health (FDOH) to proceed through a lengthy and time consuming application process to receive health data. As a “sister” governmental agency, bound by similar health care protection laws and regulations as AHCA, FDOH receives no special consideration or expedited review in the data request process. This process presents concerns for surveillance purposes. This process appears to be similar at the national level, and needs to be streamlined, so that health data can be more easily retrieved by state (environmental) health departments*.

***Behavior Over Time Graph:***

***Causal Loop Diagrams and applicable archetypes:***

***10 Essential Environmental Health Services:***

This project, “The Quest to Develop a Data Sharing Agreement” fulfills six (6) of the objectives identified in the Institute of Medicine (IOM) Report, including AssessmFederal Acid Rain Program or the Florida Electrical Power Plant Siting Act;8. Any standard or other requirement of 40 C.F.R. Part 55, adopted by reference in Rule 62-204.800, F.A.C.;9. Any applicable standard or other requirement of Subpart B, C, or D of 40 C.F.R. Part 59, adopted by reference in Rule 62-204.800, F.A.C.;10. Any applicable standard or other requirement of 40 C.F.R. Part 64, adopted by reference in Rule 62-204.800, F.A.C.;11. Any applicable standard or other requirement of Subpart A, B, C, D, E, F, or G of 40 C.F.R. Part 65, adopted by reference in Rule 62-204.800, F.A.C.;12. Any applicable standard or other requirement of Subpart A, B, C, E, F, or G of 40 C.F.R. Part 82, adopted by reference in Rule 62-204.800, F.A.C.(b) For purposes of the permitting and exemption requirements of Chapters 62-210 and 62-212, F.A.C., all of the following as they apply to any facility or to any emissions unit within such facility:1. Any stanent, Policy Development and Assurance including;

**ASSESSMENT:**

Monitor Health: This project is primarily built on the need for conducting surveillance using hospital data linked with environmental data.

Diagnose and Investigate: result of this project will be to use data to help better understand the relationship between health and environmental hazards

**ASSURANCE:**

Evaluate Effectiveness: Having a DSA will enable the Florida EPHTN to evaluate and measure progress of intervention and prevention efforts

**POLICY DEVELOPMENT:**

Inform, Educate and Empower: By using the data from this project, will bdard or other requirement provided for in the State Implementation Plan;2. Any term or condition of any preconstruction permit issued by the Environmental Protection Agency pursuant to 40 C.F.R. 52.21 or by the Department pursuant to subparagraph 62-204.800(11)(d)2., F.A.C. (formerly 62-204.800(10)(d)2.); Rule 62-212.300, F.A.C. (formerly 17-212.300, formerly 17-2.520); Rule 62-212.400, F.A.C. (formerly 17-212.400, formerly 17-2.500); Rule 62-212.500, F.A.C. (formerly 17-212.500, formerly 17-2.510); Rule 62-212.720, F.A.C.; Rule 17-2.17, F.A.C. (repealed); or Rule 62-4.210, F.A.C. (formerly 17-4.210, formerly 17-4.21);3. Any term or condition of any air operation permit;4. Any standard or other requirement under Chapter 62-4, 62-204, 62-210, 62-212, 62-252, 62-256, 62-257, 62-281, 62-296, or 62-297, F.A.C.5. Any standard or other requirement under 42 U.S.C. Section 7411 or 7412, as published in “United States Code, 2000 Edition, Supplemene used to inform stakeholders, communities about how their health may be impactedts 1 and 2,” available online at http://www.gpoaccess.gov/uscode/index.html; and6. If incorporated into the Specific Operating Agreement with the Department, any standard or other requirement adopted by a local air pollution control program having geographical jurisdiction over the emission unit, unless such standard or requirement conflicts with the provisions of the Federal Acid Rain Program or the Florida Electrical Power Plant Siting Act.(30) “Application Area” – The area where a coating is applied by spraying, dipping, or flowcoating techniques.(31) “Approved Conditional Compliance Option” – A conditional compliance option which has been incorporated into the Acid Rain Part.(32) “Area of Influence” – An area which is outside the boundary of a nonattainment or air quality maintenance area but within the locus of all points that are fifty kilometers outside of the boundary of the nonattainment or air quality maintenance area.(33) “Asphalt” – A dark brown to black cementitious material (solid, semi-solid, or liquid in consistency) in which the predominating constituents are bitumens which occur in nature as such or which are obtained as a residue in refining petroleum.(34) “Asphalt Concrete Plant” or “Hot Mix Asphalt Plant” – Any facility that produces hot mix asphalt by heating and drying aggregate and mixing with asphalt cements.(35) “Base Emission Limit” – The maximum emission offset that any emissions unit is eligible to provide to another emissions unit. In an ozone nonattainment area classified as marginal or higher, the base emission limit is defined separately for emissions of volatile organic compounds (VOC) and nitrogen oxides (NOx).(36) “Baseline Actual Emissions” and “Baseline Actual Emissions for PAL” – The rate of emissions, in tons per year, of a PSD pollutant, as follows:(a) For any existing electric utility steam generating unit, baseline actual emissio by environmental hazards.

Mobilizing Community Partnerships: The end results after formalizing a DSA and providing researchers with data needed to produce results in a more timely fashion may help to mobilize and engage community partnerships, particularly stakeholders to identify environmental hazards and the need of environmental interventions.

Develop Policies: With a successful project, a data sharing agreement may spur a national policy effort for all state health care administration agencies to share data with their Department of Health.

Figure 1: Picture courtesy of Carl Osaki, MSPH, RS

Department of Environmental & Occupational Health, Northwest Center of Public Health Practice

University of Washington

***National Goals Supported***

1. CDC Health Protection Goals

This project supports the primary CDC Health Protection Goal: “Healthy People in Healthy Places.” As a result ofns means the average rate, in tons per year, at which the unit actually emitted the pollutant during any consecutive 24-month period selected by the owner or operator within the 5-year period immediately preceding the date a complete permit application is received by the Department. The Department shall allow the use of a different time period upon a determination that it is more representative of normal source operation.1. The average rate shall include fugitive emissions to the extent quantifiable, and emissions associated with startups and shutdowns.2. The average rate shall be adjusted downward to exclude any non-compliant emissions that occurred while the source was operating above any emission limitation that was legally enforceable during the consecutive 24-month period.3. For a PSD pollutant, when a project involves multiple emissions units, only one consecutive 24-month period must be used to determine the baseline actual emissi implementing the data sharing agreement, health department’s capacity will increase by having data partners and a more efficient and increased way of conducting surveillance on a routine basis, promoting the health and safety of communities.

2. Healthy People 2010

In addition, this project also meets the following Health People 2010 objectives:

**23-2.** Increase the proportion of Federal, Tribal, State, and local health agencies that have made information available to the public in the past year on the leading health indicators, and priority needs.

**23-12.** Increase the proportion of Tribal, State, and local public health agencies that provide or assure comprehensive epidemiology seons for the emissions units being changed. A different consecutive 24-month period can be used for each PSD pollutant.4. The average rate shall not be based on any consecutive 24-month period for which there is inadequate information for determining annual emissions, in tons per year, and for adjusting this amount if required by subparagraph (a)2. above.(b) For an existing emissions unit (other than an electric utility steam generating unit), baseline actual emissions means the average rate, in tons per year, at which the emissions unit actually emitted the pollutant during any consecutive 24-month period selected by the owner or operator within the 10-year period immediately preceding the date a complete permit application is received by the Department, except that the 10-year period shall not include any period earlier than November 15, 1990.1. The average rate shall include fugitive emissions to the extent quantifiable, and emissions rvices to support essential public health services.

**8-27.** Increase or maintain the number of Territories, Tribes, and States, and the District of Columbia that monitor diseases or conditions that can be caused by exposure to environmental hazards.

3. National Strategy to Revitalize Environmental Public Health Services

This project support four (4)goals outlined to support revitalizing environmental public health services.

**Goal I**. Build Capacity. Enlighten policy makers and other state agencies to Environmental Public Health and Data Sharing, and an opportunity to coordinate and collaborate with policy development.

**Goal II**. Support Research to define Effective Approaches to Enhance Environmental Public Health Services. Linking research with health and environmental data.

**Goal III**. Foster Leadership to Enhance Environmental Public Health Service. Enhance EPH by developing strong working relationships, specifically, among stakeholders,

**Goal IV**. Communicate and Market. Improve communication, information and data sharing among health care administration and public health agencies.

4. Environmental Health Competency Project: Recommendation for Core Competencies for Local Environmental Health Practitioners

This project supports two (2) recommendation for Core Competencies for Local Environmental Health Practitioners.

A2. Data Analysis and Interpretation: The capacities to analyze data, recognize meaningful test results, interpret results, and present the results in a meaningful way to different types of audiences. This project supports data sharing for public health surveillance.

B7 Partnering: The capacity to form partnerships and alliances with other individuals and organizations in order to enhance performance on the job. This project recognizes the need for state agencies to share data and form partnerships so that epidemiologists and other public health authorities enhance findings.

***Project Logic Model:***

# PROJECT OBJECTIVES/DESCRIPTION/DELIVERABLES:

**Program Goal:** To increase inter-agency collaboration between the FDOH and AHCA, and develop a data sharing agreement (DSA) between FDOH and AHCA to share (confidential) hospitalization data in a timely and consassociated with startups and shutdowns.2. The average rate shall be adjusted downward to exclude any non-compliant emissions that occurred while the source was operating above an emission limitation that was legally enforceable during the consecutive 24-month period.3. The average rate shall be adjusted downward to exclude any emissions that would have exceeded an emission limitation with which the major stationary source must currently comply, had such major stationary source been required to comply with such limitations during the consecutive 24-month period.4. For a PSD pollutant, when a project involves multiple emissions units, only one consecutive 24-month period must be used to determine the baseline actual emissions for all the emissions units being changed. A different consecutive 24-month period can be used for each PSD pollutant.5. The average rate shall not be based on any consecutive 24-month period for which there is inadequistent manner.

**Health Problem:** Increasing rates of chronic diseases and lack of public health surveillance of adverse health conditions associated with environmental hazards.

**Outcome Objective:** Develop a data needs assessment group, and establish a joint DSA agreement between the AHCA and FDOH.

**Determinant:** Hospital data is not being used to full potential - a lengthy application process to obtain confidential health information contributes to a gap in proactiate information for determining annual emissions, in tons per year, and for adjusting this amount if required by subparagraphs (b)2. and 3. above.(c) For a new emissions unit, the baseline actual emissions for purposes of determining the emissions increase that will result from the initial construction and operation of such unit shall equal zero; and thereafter, for all other purposes, shall equal the unit's potential to emit.(37) “Baseline Area” – The area (and every part thereof) designated as a prevention of significant deterioration (PSD) area under Rule 62-204.360, F.A.C., in which the facility or major modification establishing the minor source baseline date would construct or in which the emissions of the facility (or the significant net increase in emissions for a major modification) would have a predicted air quality impact equal to or greater than one (1) microgram per cubic meter (annual average) of the pollutant for which the ve public health surveillance.

**Impact Objective:** By 2008, one (1) Division or Bureau within the FDOH should be obtaining confidential hospitalization data and using it for public health surveillance purposes.

**Contributing Factors:**

There has never been a coordinated effort from FDOH, Divisions or Bureaus to

obtain confidential hospitalization data from AHCA, except in a piece-meal fashion.

Lack of communication between agency, and no clear criteria available that would explain why FDOH cannot obtain data, only verbal responses.

**Process Objectives:**

1. By 2008, key stakeholders within FDOH will demonstrate awareness of complications and need towards receiving confidential information from AHCA.

# METHODOLOGY:

***Events and Activities***

**Event:** Awareness of issue is common knowledge among key stakeholders and upper management.

**Activities:**

a) Internal FDOH meeting held to discuss strategy to move towards developing a Data Sharing Agreement.

b) Obtain an electronic spreadsheet list of all FDOH users of AHCA data.

c) Hold internal FDOH meeting. Appoint liaison, Meade Grigg, Director, Office of Planning, Evaluation, Data Analysis and Statistics, to take leadership role to discuss a data sharing agreement with AHCA.

e) Meeting scheduled with new leadership at AHCA.

# RESULTS:

At this time, a formal DSA between FDOH and AHCA has not been developed, however an interagency data appminor source baseline date is established.(38) “Baseline Concentration” – The ambient concentration level that exists in the baseline area at the time of the applicable minor source baseline date. A baseline concentration is determined for each pollutant for which a minor source baseline date is established and for each averaging time for which a maximum allowable increase is established in Rule 62-204.260, F.A.C.(a) The baseline concentration shall include the concentration attributable to:1. The actual emissions representative of sources in existence on the applicable minor source baseline date, except as provided at paragraph (b) below; and2. The federally enforceable allowable emissions of major stationary sources on which construction commenced on or before the major source baseline date but which were not in operation by the applicable minor source baseline date.(b) The baseline concentration shall not include the concentration attrlication (see attached) was modified to help ease the data application process. The interagency request for data is now a less intensive process, however, still requires an annual renewal. Additionally, a recent change of leadership has prompted another meeting which may prove to be an opportunity for securing a DSA in the near future. In addition, communication between the two agencies has increased, and the stimulation provided by this project has helped to formulate an internal partnership among selected Division’s within FDOH, and gain momentum to support an effort for a DSA.

# CONCLUSIONS AND NEXT STEPS:

In summary, the system thinking approach using the shifting the burden and fixes that backfire archetypes, helped to propel this project towards identifying obstacles to reach resolution. The result of the work effort of this leadership project helped to stimulate a heightened interest between agencies of sharing hospital data. Althoughibutable to the following emissions; rather, such emissions shall affect the amount of any applicable allowable increase remaining available:1. The actual emissions from any major stationary source on which construction commenced after the major source baseline date; and2. Any increase or decrease in the actual emissions of facilities occurring after the applicable minor source baseline date.(c) For purposes of this definition, “construction” means any physical change or change in the method of operation (including fabrication, erection, installation, demolition, shutdown or modification of an emissions unit) that would result in a change in emissions, and “commence construction” has the meaning given at Rule 62-210.200, F.A.C., provided, however, that in the case of demolition or shutdown of an emissions unit, “commence construction” means that the owner or operator has permanently ceased all operations of the unit.(d) Notwithstanding th a forma data share data on a recurring basis between agencies has not matured, an interagency data request application was developed. More importantly, a communication channel has been established, and management is keenly aware of the need for a more collaborative effort to partner to share data.

At the National level, this project is supported by the CDC Environmental Public Health Tracking Branch, National Association Health Data Organization and several other Health Tracking funded states. The National Association of Health Data Organization (NAHDO) has been working to make DSA’s between health care agencies and health departments a reality among states. Currently, NAHDO and CDC are assisting a national work group effort to develop a uniform DSA that can be used by at a national level. Florida Department of Health is involved with this federally funded Environmental Pubic Healthe provisions of paragraph (b) above:1. The change in concentration attributable to any decrease in the actual emissions of a facility on which the Department has relied in demonstrating attainment, defining reasonable further progress, or issuing a permit under the provisions of Rule 17-2.17 (repealed), 17-2.510 (transferred), 17-2.650 (transferred), 62-212.500, 62-296.500 through 62-296.570, or 62-296.700 through 62-296.712, F.A.C., shall be included in the baseline concentration and not be considered in determining the amount of any maximum allowable increase remaining available; and2. Concentrations of particulate matter attributable to the increase in emissions from construction or other temporary emission-related activities of new or modified facilities shall be excluded in determining compliance with any maximum allowable increase.(39) “Batch Process” – A process which takes in the basic raw materials at the beginning of a cycle and Tracking states to work on this issue at a national level.

Next steps include continuing to participate at the state and national levels in workgroups and to advocate the need for agencies to develop DSA’s and to share hospital data.

**Application for Inter-Agency Staff Access to Confidential Data**

Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agreement for Inter-Agency Staff Access to Confidential Data**

By signing below, the Applicant agrees not to share the data externally or internally unless specifically authorized. The Applicant agrees to use the data only for the purpose stated in this application. The Applicant agrees to secure the data and any reports containing the data when not being used, use password protection, and provide for proper disposal of the data and reports, so that confidentiality will not be breached. The Applicant acknowledges that failure to abide by the terms of this agreement may subject the Applicant to penalties for wrongful disclosure of Protected Health Information under federal law. The Applicant agrees to ensure that any processes them in accordance with a predetermined scheme during which no more basic raw materials are added to the process. Two variations include:(a) Processes where some of the reactants (materials) are added at the beginning with the remainder added as the reaction progresses.(b) Processes where once the materials are added, one or more products are continuously removed as the reaction progresses.Such processes include production of super phosphate, basic oxygen furnaces, and cement batch plants.(40) “Best Available Control Technology” or “BACT” – (a) An emission limitation, including a visible emissions standard, based on the maximum degree of reduction of each pollutant emitted which the Department, on a case by case basis, taking into account:1. Energy, environmental and economic impacts, and other costs;2. All scientific, engineering, and technical material and other information available to the Department; and3. The emission limi subcontractors of the Applicant do agree to the same conditions and restrictions for safeguarding the data.

**Signed:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ApplicantDate

**Approved:**\_\_\_\_\_\_\_\_\_\_

Applicant’s Bureau Chief Date

\_\_\_\_

Applicant’s Division Director Date

\_\_\_\_\_

Data Owner’s Sting standards or BACT determinations of Florida and any other state; determines is achievable through application of production processes and available methods, systems and techniques (including fuel cleaning or treatment or innovative fuel combustion techniques) for control of each such pollutant.(b) If the Department determines that technological or economic limitations on the application of measurement methodology to a particular part of an emissions unit or facility would make the imposition of an emission standard infeasible, a design, equipment, work practice, operational standard or combination thereof, may be prescribed instead to satisfy the requirement for the application of BACT. Such standard shall, to the degree possible, set forth the emissions reductions achievable by implementation of such design, equipment, work practice or operation.(c) Each BACT determination shall include applicable test methods or shall provide for decurity Administrator Date

\_\_\_\_\_

Data Owner’s Bureau ChiefDate

\_\_\_\_\_

Data Ownetermining compliance with the standard(s) by means which achieve equivalent results.(d) In no event shall application of best available control technology result in emissions of any pollutant which would exceed the emissions allowed by any applicable standard under 40 CFR Parts 60, 61, and 63.(41) “Biological Waste” – Solid waste that causes or has the capability of causing disease or infection and which includes biomedical waste, diseased or dead animals, and other wastes capable of transmitting pathogens to humans or animals.(42) “Biological Waste Incinerator” – Any incinerator operated or utilized for the disposal or treatment of biological waste. The term does not include any air curtain incinerator used or authorized by the Department of Agriculture and Consumer Services for the emergency destruction of animal carcasses.(43) “Biomass” – Vegetative matter and untreated wood.(44) “Biomedical Waste” – Any solid or liquid waste which maer’s Division Director Date

**Data** \_\_\_\_\_

**Released:**Data Owner’s Dissemination AdministratorDate

*Note: Access authorization must be renewed annually.*

1. Identify Database(s) Requested:

2. Purpose of Project and Statutory Authority:

3. List subcontractor(s) who will receive access to confidential data and identify the contract manager.

4. Describe the subset of records requested (time periods, types of patients, diagnoses and etc.)

5. List confidential data elements\* requested and provide an explanation of why each element is necessary for the successful comy present a threat of infection to humans, including nonliquid tissue, body parts, blood, blood products, and body fluids from humans and other primates; laboratory and veterinary wastes which contain human disease-causing agents; and discarded sharps. The following are also included:(a) Used absorbent materials saturated with blood, blood products, body fluids, or excretions or secretions contaminated with visible blood; and absorbent materials saturated with blood or blood products that have dried.(b) Non-absorbent, disposable devices that have been contaminated with blood, body fluids, or secretions or excretions visibly contaminated with blood, but have not been treated by a method listed in Section 381.0098, F.S., or a method approved pursuant to Chapter 64E-16, F.A.C.(45) “Black Liquor Oxidation System” – The vessels used to oxidize, with air or oxygen, the black liquor, and associated storage tank(s).(46) “Black Liquor Solids” – Thpletion of the project or study.

6. Describe any linkage to other data files, sources of linked files, and identifying information contained in the linked files. Will any identifiable data obtained for this project be used as a basis for any actions which may affect individuals and/or establishments identified from the confidential data?

7. Describe the *least* aggregate data or research results that will be released internally and/or externally.

8. Indicate the anticipated project completion date and the duration of access requested.

9. Provide (print) name, title, and phone number of persons approving request on behalf of the applicant.

10. Applicant’s mailing address.

# \*Program must provide applicant with a list of confidential data elements

# LEADERSHIP DEVELOPMENT OPPORTUNITIES:

***Greg Kearney, DrPH, MPH, RS***

Attending the Environmental Public Health Leadership Institute (EPHLI) has played an important role in helping mee dry weight of the solids which enter the kraft recovery furnace in the black liquor.(47) “Brown Stock Washer System” – Brown stock washers and associated knotters, vacuum pumps, and filtrate tanks used to wash the pulp following the digester system.(48) “Bubble Baseline Emissions” or “Bubble Baseline” – For purposes of establishing an air emissions bubble, the sum of emissions of each pollutant from the emissions units included within the bubble, expressed both on a short-term and long-term basis.(a) On a short-term basis, the bubble baseline shall be calculated by summing the allowable emissions of each unit after converting the allowable emissions to the equivalent pounds per hour.(b) On a long-term basis the bubble baseline shall be calculated in tons per year by multiplying the allowable emissions times the actual capacity of each unit, actual capacity being determined as the average of the highest two out of the last five calendar to develop important leadership skills. The systems thinking assignment, readings and exercises have taught me to understand the dynamics of a problem, and how to resolve it, by breaking it down into more manageable parts. By applying the system thinking assignment to a “real world” project, I was able to clearly identify weaknesses and where to target my efforts towards obtaining successful results. By completing the Individual Development plan, I was able to work towards focusing on those areas that needed attention as identified in the Skillscope self assessment. By tracking my progress towards these objectives, I was able to reach several of my personal leadership development goals.

The resources provided by EPHLI, including quality speakers, reading material, mentoring, coaching, projects and assignments were all top notch. The face to face meetings throughout the various locations were filled with valuable information, and the group projects provided for great opportunities to learn leadership skills and have some fun in the process. More importantly, I was impressed with the dedication and commitment by the mentors, staff and others attending the EPHLI sessions. The networking opportunities provided for a great chance to meet with other professionals and discyears prior to the permit application for the bubble. For steam generating units, the actual capacity shall be expressed as million British Thermal Units per year.(49) “Building Enclosure” – A building or room enclosure that contains an activity, process, or emissions unit that emits an air pollutant.(50) “Bulk Gasoline Plant” – Any gasoline storage and distribution facility that receives gasoline from bulk terminals by pipeline, ship, barge, or gasoline cargo tank, stores it in tanks, and subsequently delivers it to resellers, farms, businesses, service stations, or other end users, and that has an annual average daily throughput of less than 20,000 gallons (75,700 liters), calculated on the basis of the number of calendar days that the facility receives or distributes gasoline.(51) “Bulk Gasoline Terminal” – Any gasoline storage and distribution facility that receives gasoline from its supply sources primarily by pipeline, ship, barge, or gasoline cargo tank and duss environmental health issues from all over the country.

I am very thankful to my mentor and EPLI for providing the time to share their knowledge, skills and learning experiences with me. I am proud to have been a part of the EPHLI class of 2008, and look forward to encouraging others to apply for this great opportunity to improve their environmental public health leadership skills.

# ABOUT THE EPHLI FELLOW(s)

Greg Kearney has 18 years of professional experience working in environmental health and epidemiology. Dr. Kearney currently works as an Environmental Epidemiologist for the Florida Department of Health (FDOH), Division of Environmental Health and adjunct professor at Florida Agricultural and Mechanical University (FAMU). Dr. Kearney serves as the Principal Investigator for the CDC Environmental Public Health Tracking Network (EPHTN) grant at FDOH, and is primarily responsible for overseeing the work involving the design and implementation of a state/national environmental epidemiology public health surveillance network system.

Dr. Kearney holds a Doctor of Public Health (Dr.P.H.) in Environmental Health Sciences, from the University of Alabama at Birmingham, a Masters of Public Health (M.P.H.) from the University of South Florida, and a Bachelor of Science (B.S.) in Urban and Regional Planning from East Carolina University. He received his Florida Registered Sanitarian (R.S.) certification in 1995, National RS certification in 1997. Dr. Kearney also serves as Chair for the National Environmental Health Association’s, Environmental Public Health Tracking and Informatics’ Technical Committee.

Dr Kearney enjoys collecting and reading books on environmental health and epidemiology and has a special interest in spatial analysis (using GIS). He lives in Tallahassee, Florida with his beautiful wife, Michelle, video-game expert son Patrick, and his two pugs, Bandit and Mojo. Whether working or playing, each day, he looks forward to living, learning, laughing, and never wasting a precious moment.

# REFERENCES

Osaki, C., Northwest Center for Public Health Practice, 10 Essential Environmental Health Services.

CDC National Strategy to Revitalize Environmental Public Health Services.

http://www.cdc.gov/nceh/ehs/Docs/nationalstrategy2003.pdf

3. CDC Health Protection Goals for the 21st Century http://www.cdc.gov/about/goals/default.htm

4.Healthy People 2010

http://www.cdc.gov/nchs/about/otheract/hpdata2010/abouthp.htm

5.Rowitz, L., Pubic Health Leadership: Putting Principles into Practice, (2003). Jones and Bartlett Publishing Co.

6.Environmental Health Competency Project: Recommendation for Core Competencies for Local Environmental Health Practitioners http://www.apha.org/programs/standards/healthcompproject/corenontechnicalcompetencies.htm