



## **INPHET Working Party 1: “Partnerships”**

**May 14<sup>th</sup> and 15<sup>th</sup>, City of Modena, Italy.**

### **Working Party Report**

FINAL v1.0 7/10/14

#### **Chairs**

The meeting of the working party on partnerships was chaired by Lina Balluz, Centers for Disease Control and Prevention, United States and Sylvia Medina, Institut de Veille Sanitaire, France. The rapporteur was Brigit Staatsen, National Institute for Public Health and Environment (RIVM), The Netherlands.

#### **Attendees**

Patrick Saunders, University of Birmingham, UK  
Karin Bjorklund, Public Health Agency, Sweden  
Isabella Krakis, Ministry of Health, Israel  
Carlo Goldoni, Ausl Modena, Italy  
Ivano Lavarone, WHO Collaborative Centre on Contaminated Sites  
Luciana Sinisi, ISPRA, Italy  
Tomasso Trenti, Ausl Modena, Italy

#### **Objectives of the meeting were:**

1. How to identify key potential partners?
2. What are the strategies and tactics for building and sustaining these partnerships?
3. What are areas for potential partnership outreach?
4. To discuss how partners could use and promote the INPHET.

#### **Presentations**

- **Lina Balluz (CDC, USA)** described how the partnerships of the Public Health and Environment Tracking network in the USA were developed. First, it was important to have clear objectives (e.g. raise awareness, advance tracking methods, etc). Partners should be selected based on these objectives. The selection criteria could be: resources, expertise, connected goals, easiest to reach, etc. A partnership is a two-way process. The main thing is to find a common ground for collaboration; shared benefits have to be emphasized.
- **Lucina Sinisi (ISPRA, Italy)** presented her experiences with building European partnerships on environment and health activities. She stressed that the network and scientific attitude of the partners is very important to consider. An open-minded attitude towards other sectors/professionals is desirable. It is important to figure out how to overcome barriers in international activities (language or organizational) and to make sure that everybody keeps involved (e.g. by having good communication tools).



- **Karin Bjorklund (Public Health Agency, Sweden)** described the (health-related) environmental monitoring programme in Sweden. A linkage of monitoring data, health-registries and biomonitoring helps to identify emerging issues. Depending on the case and topic, new partners have to be involved. She presented a case in Sweden involving flame retardants and drinking water pollution, which showed the need for involving new partners.
- **Patrick Saunders (University of Birmingham)** described a local environment and health tracking system in Sandwell, West Midlands, UK. The system was developed on the following steps: WHY (industrial pollution, deprived area), WHAT (is important to local citizens: well being), with WHOM (multi-agency group), and HOW (mechanism for the public to register concern, active horizon scanning, linkage various data sources and maps, make people responsible for progress). Integration of the work into business plans and involvement of a high-level politician as an active spokesman proved to be very helpful.
- **Ivano Lavarone (WHO Collaborating Centre for environmental health and contaminated sites)** used COST to get funding for an European network of scientists and stakeholders. He identified partners together with WHO and the national institutes of Public Health. The network is used for training and dissemination activities. The module for capacity building of the WHO may also be of help to INPHET. The Environment and Health Task Force of the WHO may be used for inviting countries to join.

#### **Options for common goals of the network/partnership**

- A common goal would be to 'find the data, show how data contribute to the protection and improvement of Public Health and monitoring data or tracking will become valuable'.
- There is a need to show the added value of this network as compared with existing networks. The added value of INPHET is that this network is focused on public health action and on more direct help to decision making. In addition, the network links different areas of expertise and data sources. Tracking links different methods and data.
- Focus on new issues/challenges which are not well regulated as yet such as emerging risks (e.g. risks of new energy sources), endocrine disruptors (example Sweden), climate change, indoor air, environmental (health) inequalities.
- Scientific training and capacity building should be part of the partnership: e.g. pools of skilled statistical teams can be organized who can exchange experiences and provide advice. Part of this training should be focused on **health risk/impact assessment** to enhance the interpretation of information when looking at (local, regional) environment and health data. Other topics could be data collection methods, (harmonization of) methods for small area-geospatial analysis.
- Exchanging experiences on risk governance and improving risk literacy should also be an element of the partnership.
- Create a shared **risk communication strategy** and tools (share resources, experts and experiences). In Italy there is a need for a good communication strategy, since a large part of the population does not trust public authorities. Translation and communication of the findings of health risk and health impact assessments to stakeholders is very important.
- Try to pilot the network in a few countries, see how you can generalize it.
- Identify barriers & common problems (e.g. data confidentiality, data stewards).

- Make better use of existing data). A lot of data is not being used for environment and health purposes. In various European countries (e.g. UK and the Netherlands) they combine geo-based data (e.g. pollution, roads) to cohort studies and then get the anonymized data back for further analysis.

### **Some potential topics for INPHET;**

- Fracking
- Endocrine disruptors, e.g. flame retardants and endocrine dysfunction.
- EMF – exposure through mobile phones. In the Netherlands a Knowledge Exchange Platform was developed in which phone companies, scientists and NGOs share the same scientific information.
- Health risks of waste incinerators or more general areas, e.g.- risks of new energy sources.
- Industrial sites, waste sites (Italy). There are still several areas in Italy with high pollution levels. The problem is how to integrate, interpret and communicate the health outcomes of epidemiological and biomonitoring studies. The results of body burden studies are important, but what does it mean in terms of predicted risk?
- Cross-border topics of interest for neighbouring countries.

### **Partners to be involved**

- It is difficult to define partners if you do not know more precisely the goal and topics as yet. First we need to agree on the common goals, and then identify the actors to be involved.
- Usually, it will be the same categories of partners. In many countries already (in)formal partnerships are arranged, due to EU environmental legislation. Partners usually include: Public Health institutes, Environmental Protection Agencies, Food Agencies, local health authorities, representatives of the general public, industries and other stakeholders depending on the issue at stake (water works, schools etc.).
- Universities and academic hospitals could also be partners. Environmental Health clinicians are an important group of professionals to be included. In the Netherlands for example Environmental Health professionals work at local health services.
- We also need partners who are skilled in communication strategies, with an eye for lobbying when needed and educators who can translate findings of environment and health studies to the public (meaning of risk - hazard) and thus increase environmental risk literacy.
- Choose goals or issues that attract different sectors/institutes (health, environment, transport, education, etc) and involve partners from all sectors.
- Cross-border partnerships: there is a need for local levels of partnerships, e.g. Palestine, Egypt.

### **Some potential partners and networks at international level**

- European Environmental Agency (EEA): network of national reference centres on environment and health (EIONET)
- WHO, European Centre for Environment and Health



- ECDC, European Centre for Disease Prevention and Control
- HEAL, Health and Environment Alliance
- WECF, Women in Europe for a Common Future
- UNECE –United Nations Economic Commission for Europe;
  - Aarhus convention- a UNECE Convention on Access to Information, Public Participation in Decision-making and Access to Justice in Environmental Matters adopted on 25th June 1998, in the Danish city of Aarhus at the Fourth Ministerial Conference in the 'Environment for Europe' process
  - PRTR- protocol on Pollutant Release and Transfer Registers
  - 'THE PEP'- the Transport, Health and Environment Pan-European Programme.

### **Opportunities for partnerships**

- Investigate the links to other networks like Triple S, EEA E&H (EIONET), ERA-ENVHEALTH, International Association of National Public Health Institutes (IANPHI), HEAL, WECF, Healthy cities.
- Consider the collaboration within UNECE 'THE PEP' as a working model and alternative finance model. THE PEP is a voluntary collaboration of European Countries. Ministries of Environment, Public Health and Transport exchange experiences, organize capacity-building workshops and together with WHO, produce action plans and scientific reports.
- Explore possibilities for funding of the network. Options are COST or research projects in the framework of EC Work Programme DG Sanco (health information strand) or HORIZON 2020.

### **Recommendations to develop the partnership and network**

- Start sharing our current resources, questions and expertise to show the added value of this network (start building a list of expertise in Public Health and Environment tracking: who does what and why?).
- Look at possibilities to start an informal network.
- Start with a website and link this with the websites of national public health and environmental agencies.
- Start with exchanging experiences and training modules/e-courses, organize a webinar if several people are interested in the same subject.
- Look for funding possibilities (national, EU-COST, HORIZON 2020, DG Sanco – Health programme).
- Pay attention to involve various stakeholders, disciplines and expertise.
- Involve the public (e.g. through NGO's) from the start (e.g. at international level: HEAL, WECF).
- Involve communicators/educator groups (e.g. NGOs, Eurohealthnet).

Report by Brigit Staatsen, Lina Balluz and Sylvia Medina  
August 2014