



What's New in Environmental Health Tracking?

Do you want easy access to relevant environmental and health data in high quality web reports? The New Hampshire Environmental Public Health Tracking (EPHT) program can help you track the environmental health issues most important to you and the people you serve. You can now choose to view reports from two different environmental topic areas (outdoor air quality and drinking water quality), five different health outcomes (asthma, heart attacks, cancer, births, and carbon monoxide poisoning), and one exposure (child blood lead levels). In addition, there is also data for 14 behavioral risks (e.g., obesity, physical activity, asthma, smoking, and others), and data on selected socioeconomic risks such as children in poverty and age of housing (data available under lead poisoning topic area).

All of these issues can be explored on our web portal called the Environmental Health Data Integration Network (EHDIN). To view EHDIN go to: www.nh.gov/epht/ehdin/index.htm and send us feedback on how the site works for your needs.

The Centers for Disease Control and Prevention (CDC) has a similar website and report generating portal called the National Public Health Tracking Network (NEPHT Network). To view the NEPHT Network go to: <http://ephttracking.cdc.gov>. Most of the indicators are available at both the state and national level. Here you can see how New Hampshire fits in the national perspective. The CDC reporting tool has been redesigned for ease of use and quick report generation.

What else is new in the Tracking program?

-  New content in the portal – You can now find reports on environmentally related cancers such as melanoma and mesothelioma.
- New analyses started – EPHT staff are working on an updated analysis of melanoma data for New Hampshire to discover if there are any sub-populations at higher risk for this rapidly invasive skin cancer caused by UV exposure. To view our last report on melanoma go to: <http://tinyurl.com/EPHT-MelanomaAgeGen>
- New staff – Dennis Holt has joined our staff as a full-time data analyst working on development of reports and improving the EHDIN portal. He's a student at the UNH Graduate School in the public health program and has experience with quality control projects. Ms. Chia-Hui Chawla has joined our staff as a data analyst to work on managing data and building our IT network.
- New geographic areas in reports – Users of the EHDIN web portal can now view reports at the county level, public health networks, hospital service areas, and some towns.



A few reminders that could save you time and trouble:

- Improved geographic resolution in EPHT web reports allows users to select indicators of socioeconomic status (SES) at the town level for housing and children in poverty.
- Hospital discharges for heart attacks (AMI) can be deduplicated in order to remove transfers between hospitals and provide a more accurate incidence rate.
- New functions have been added for tests of significance to determine if an incidence rate in one geographic area or demographic is actually higher or lower than others.

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Environmental Public Health Tracking Calendar of Events

- March 2012
March 18-24
National Poison Prevention Week
- April 2012
NH EPHT Advisory Council Meeting

Mesothelioma as an Occupation-Related Cancer in New Hampshire

Adapted from the American Cancer Institute Fact Sheet on Asbestos Exposure and Cancer Risk:

<http://www.cancer.gov/cancertopics/factsheet/Risk/asbestos>

By Karla Armenti, ScD, DPHS Occupational Surveillance Program

Many New Hampshire residents are familiar with the hazards associated with occupational exposure to asbestos in various industries, such as the Portsmouth Naval Shipyard and at the former Johns Manville Site in Nashua, NH. There are still a number of sites in New Hampshire that are contaminated with asbestos. The NH Environmental Public Health Tracking Program (EPHT) recently began tracking mesothelioma (an asbestos-related lung cancer), and reports can be found on the Environmental Health Data Integration Network (EHDIN) portal: <http://tinyurl.com/Mesothelioma-3>.

It is well documented that the hazardous fibers released when asbestos-containing materials are disturbed can cause certain forms of cancer and other serious respiratory diseases in workers who have inhaled these fibers on the job. One of these cancers, mesothelioma, while relatively rare, is a fatal cancer largely attributable to workplace exposures where processes such as sandblasting, ship fitting, plumbing, pipe and steam fitting, and asbestos remediation take place. Regulatory action since the 1970s, coupled with widespread public concern about the health hazards of asbestos, have resulted in a significant annual decline in the United States use of asbestos.

Mesothelioma, also termed malignant mesothelioma, is a cancer that occurs in the lining of the lungs, abdomen, and heart. Unlike lung cancer, there is no direct association between mesothelioma and smoking, but smoking greatly increases the risk of asbestos-induced cancers. Everyone is exposed to small amounts of asbestos at some time during their life. Low levels of asbestos are usually present in the air, water, and soil. Fortunately, most people are at low risk for illness. The people most at risk are those exposed to asbestos on a regular basis, such as a job where they work directly with the material.

Individuals who were involved in the rescue, recovery, and cleanup at the site of the September 11, 2001, attacks on the World Trade Center (WTC) in New York City are another group at risk of developing malignant mesothelioma. Because asbestos was used in the construction of the North Tower of the WTC, when that building was attacked, hundreds of tons of asbestos were released into the atmosphere. Those at greatest risk from exposure included firefighters, police officers, paramedics, construction workers, and volunteers who worked in the rubble at Ground Zero. Others at risk include residents in close proximity to the WTC towers and those who attended or taught in schools nearby.¹

There is some evidence for environmental exposure and health outcomes. Family members of workers heavily exposed to asbestos face an increased risk for mesothelioma, primarily from exposure to the fibers brought into the home on the shoes, clothing, skin, and hair of workers. Cases of mesothelioma have also been seen in individuals without

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With the high functionality of these reports come certain limitations. You may notice that some reports display slowly at times (1-3 minutes wait times), especially for reports where you want to generate rates or ratios that are a little more complex. You may also notice difficulty in navigating through the large number of reports displayed via the portal. Improvements are planned to address these limits, either by building power cubes to speed display times or changing the display format to aid user navigation.

We welcome your comments and encourage your ideas about the products and services we provide. Please call (603) 271-1604 to reach the EPHT program directly or email Liz Biron at elizabeth.l.biron@dhhs.state.nh.us.

“The Tracking Program showed us the value of having advance data on the environment and health for making decisions.”

- Suzanne Condon, M.S.M., Associate Health Commissioner, Massachusetts

Mesothelioma as an Occupation-related Cancer in New Hampshire, continued from page 2

occupational asbestos exposure who live in communities close to where asbestos is mined or processed.²

The National Institute for Occupational Safety and Health (NIOSH) has partnered with the Centers for Disease Control and Prevention (CDC), Environmental Public Health Tracking Program to share important indicators on national and state EPHT web sites. The New Hampshire Occupational Health Surveillance Program, along with 22 other NIOSH-funded states, tracks 20 core occupational health indicators using nationally consistent outcome measures, including malignant mesothelioma.³

Tracking of malignant mesothelioma has been undertaken to document the burden of occupational disease, to design, target, and evaluate the impact of prevention efforts over time, and to identify previously unrecognized settings in which workers may continue to be at risk of asbestos exposure. Mesothelioma cancer incidence counts for New Hampshire have increased between 1993 and 2007. The malignant mesothelioma data during 1999–2005 show the state death rate was greater than the national rate of 13.8 per million population per year in many states, including New Hampshire.⁴ Mesothelioma has a long latency period (10–40 years) so current rates are more reflective of past exposures and it may be many years before reductions in occupational exposures affect the rates of mesothelioma in the nation and in New Hampshire.

Nationally, death rates due to mesothelioma are expected to decline after 2010 since the widespread use of asbestos was stopped in the 1980s. We could assume that rates for women, mostly exposed from the clothing of family members working in the industry, will also continue to decline. The good news is that mesothelioma cancer rates are no longer rising, and most citizens now live in a much cleaner environment with a lower likelihood of significant asbestos exposure. Asbestos exposure and mesothelioma provide a cautionary tale of the dangers of uncontrolled occupational and environmental exposures to pollution.

References:

1. Landrigan PJ, Liroy PJ, Thurston G, et al. Health and environmental consequences of the World Trade Center disaster. *Environmental Health Perspectives* 2004; 112(6):731–739.
2. Agency for Toxic Substances and Disease Registry. Asbestos: Health Effects. Retrieved April 10, 2009, from: http://www.atsdr.cdc.gov/asbestos/asbestos/health_effects/index.html, and Agency for Toxic Substances and Disease Registry. Toxicological Profile for Asbestos. September 2001. Retrieved April 10, 2009, from: <http://www.atsdr.cdc.gov/toxprofiles/tp61.pdf>
3. Council for State and Territorial Epidemiologists Website: <http://www.cste.org/webpdfs/OHIIdocumentrevised2008.pdf>
4. Malignant Mesothelioma Mortality – United States, 1999 – 2005, *MMWR Weekly*, CDC, April 24, 2009/58(15); 393–396.

Alternatives to Submitting a Data Analysis Request

“How to get the health data you want and need”

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Most health professionals want access to high-quality data, and we want it fast! Web-based query tools use for public health data has increased significantly over the last ten years. As a result of this trend, staff in the Health Statistics and Data Management Section (HSDM) are preparing fewer requests for data, yet these requests are becoming more complicated and time consuming.

For data requests that do not require complicated customization, HSDM staff refer requesters to any number of sites where information for reports may be found. Let us know what health data you need, and we’ll help you get it.

So, what’s available online now? The NH Environmental Public Health Tracking, Environmental Health Data Integration Network (EHDIN) is the most flexible portal for geographic parameters. Indicators available on EHDIN go beyond vital records and hospital discharge data to include several environmental measures of health. To view the available indicators, go to this website: <http://tinyurl.com/ehdin2012>.

Public health data access is constantly improving and the role of HSDM staff continues as providers of customized data outputs that are outside the parameters available on EHDIN, and other websites.

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Alternatives to Submitting Data Analysis “How to get the data you want and need”, continued from page 3

HSDM staff also:

- Maintain quality assurance of New Hampshire public health data sets
- Assist requesters with data interpretation of results
- Continue to educate the public on the best use of public health data resources

If you're not sure what you really want or need for health data, contact one of the data analysts at HSDM. If you're ready to get your own health data and see what's available, start by exploring the sites below.



Most Helpful Self-Serve Data Websites:

US DHHS, Health Resources and Services Administration (HRSA)

<http://datawarehouse.hrsa.gov>

CDC, Injury Prevention & Control: Data & Statistics (WISQARS™)

<http://www.cdc.gov/injury/wisqars/>

CDC Wonder, State Level Population Projections

<http://wonder.cdc.gov/population.html>

CDC Behavioral Risk Factor Surveillance System

<http://apps.nccd.cdc.gov/BRFSS/index.asp>

CDC, State Cancer Profiles, by State and County

<http://statecancerprofiles.cancer.gov/>

2011 New Hampshire State Health Profile

<http://www.dhhs.nh.gov/dphs/documents/2011statehealthprofile.pdf>

NH Health Cost, by Hospital or Primary Care Practice

<http://www.nhhealthcost.org/>

NH Hospital Association, NH Price Point, by Hospital

<http://www.nhpricepoint.org>

NH HealthWRQS, by State, County, Public Health Region, and Senate District

<http://nhhealthwrqs.org>

NH Environmental Public Health Tracking, Environmental Health Data Integration Network (EHDIN), by State, County, Public Health Region, Hospital Service Area, and Cities of Manchester and Nashua

<http://www.nh.gov/epht/>

ABOUT US

The EPHT Program is a cooperative initiative between NH Department of Health and Human Services/Division of Public Health Services, the NH Department of Environmental Services, and the national Center for Disease Control and Prevention (CDC).

MISSION

Our mission is to develop a secure network for the collection, access, analysis, and dissemination of environmental public health data and information; to guide policy, practice, and other actions toward improving the health of New Hampshire residents; and to foster collaboration among the state's environmental and public health partners.

VISION

Our vision is for New Hampshire to be a state where information on environmental health is available to all citizens in a rapid, simple, and high quality manner to support an environment of wellness consisting of an abundance of clean air, clean water, and healthy buildings.

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The Tracker is published annually by the NH Environmental Public Health Tracking Program. If you would like to be on our mailing list, or provide us with feedback, please call/email Claire Gendron at claire.gendron@dhhs.state.nh.us

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The Mission of the NH Department of Health and Human Services is to join communities and families in providing opportunities for citizens to achieve health and independence.

This publication was supported by grant number 1 U38 EH000947-01 from the [National Center for Environmental Health \(NCEH\)](#) at the [Centers for Disease Control and Prevention \(CDC\)](#) in Atlanta. Its content is solely the responsibility of the authors and does not necessarily represent the official views of the CDC.

