Missouri Department of Health and Senior Services
Division of Community and Public Health
Section for Environmental Public Health
Bureau of Environmental Epidemiology
Environmental Public Health Tracking Program

MISSOURI EPHT
RISK COMMUNICATIONS & MANAGEMENT PLAN
BEGINNING AUGUST 1, 2016

Published By:
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In partnership with the Centers for Disease Control and Prevention (CDC)
Environmental Public Health Tracking Branch

Web Published in Jefferson City, Missouri
August 2016

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Point of Contact

The Missouri Department of Health and Senior Services' (DHSS) Environmental Public Health Tracking (EPHT) Program is responsible for ensuring the goals and activities in this Risk Communication and Management Plan (RCMP) are completed.

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Authority

This RCMP conforms to rules, regulations, guidance, policies, and procedures under the following:

Federal Laws

PL 61-152	Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA)
PL 88-206	Clean Air Act (CAA)
PL 92-500	Clean Water Act (CWA)
PL 93-523	Safe Drinking Water Act (SDWA)
PL 91-190	National Environmental Policy Act (NEPA)
PL 91-596	Occupational Safety and Health Act (OSHA)
PL 94-580	Resource Conservation and Recovery Act (RCRA)
PL 96-510	Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA)
PL 99-499	Emergency Planning and Community Right-to-Know Act (EPCRA)
PL 104-191	Health Insurance Portability and Accountability Act (HIPPA)

Executive Orders

12898	Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations
13045	Protection of Children from Environmental Health Risks and Safety Risks

Missouri Revised Statute Sections

Department of Health and Senior Services

192.011	Duties of department--monitoring environmental effects on public health--developing disease prevention plan
192.067	Patients' medical records, department may receive information from--purpose--confidentiality-immunity for persons releasing records, exception--penalty-costs, how paid
192.665	Confidentiality of reports-release of reports, requirements--publication, when--exchange of data agreements with other registries permitted, when

Vital Statistics

193.005-325	Uniform Vital Statistics Law

Old Age Assistance, Aid to Dependent Children and General Relief

208.120	Records, when evidence, restrictions on disclosure--penalty

Governmental Bodies and Records

610.032	Executive agency disclosure of closed records, purpose, procedure--executive agency defined
610.035	State entity not to disclose Social Security number, exceptions

Lead Abatement and Prevention of Lead Poisoning

701.326	Lead poisoning information reporting system--level of poisoning to be reported--health care professional and department director to provide information
701.328	Identity of persons participating to be protected--consent for release form, when requested--use and publishing of reports

Code of State Regulation

Vital Records

19 CSR 10-10.090	Access to Vital Records

Communicable Diseases

19 CSR 20-20.010	Definitions Relating to Communicable, Environmental and Occupational Diseases
19 CSR 20-20.020	Reporting Communicable, Environmental and Occupational Diseases

Patient Abstract System

19 CSR 10-33.010	Reporting Patient Abstract Data by Hospitals and Ambulatory Surgical Centers

Background and Purpose

Missouri's Department of Health and Senior Services (DHSS) has been a leader in the development and implementation of the Environmental Public Health Tracking (EPHT) Network since its inception in October 2002. With this funding, the EPHT program has developed and implemented a portal with public and secure components. In September 2008 Missouri successfully launched its public and secure EPHT portal.

Missouri's portal integrates health information with environmental hazard and risk data; and contains multiple core data sets and Nationally Consistent Data Measures (NCDM), dynamic data queries, searchable metadata, and interactive mapping. The Missouri EPHT portal is a component of the national Centers for Disease Control and Prevention's (CDC) EPHT Network.

The purpose of this project is to expand, enhance, and strengthen both the national and Missouri EPHT Network portals to continue to identify environmental exposure, environmental hazard and risk data, and provides a basis for evidence based decision-making making and policy decisions. The Missouri EPHT project strives to bring consistency and uniformity to how environment, hazard, exposure, risk, and tracking databases collect and store the data that are developed, analyzed, presented, and distributed to entities looking for environmental information and analyses. This is evidenced most strongly in a massive undertaking by DHSS to develop a department wide data system based on the EPHT template.

Missouri EPHT continues to nurture its multiple long term data partnerships while always looking for new partners, with additional data sources, with which to collaborate. Missouri EPHT's collaborative efforts span the gamut of 115 Local Public Health Agencies (LPHAs), multiple Missouri state government agencies, other EPHT partner states, and several federal agencies. Missouri EPHT collaborates with these entities in an effort to enhance coordination and information exchange between the community, the Missouri EPHT program, and all partner entities.

The Missouri EPHT's primary objective is to provide information to, and receive information from, the national EPHT Network by compiling, combining, and translating public health and environmental data into meaningful information that leads to increased knowledge that is used to increase the health of Missourians and their communities.

This RCMP has been created to identify and address the needs between the DHSS EPHT program and the citizens of Missouri. This plan has been produced to enhance coordination and information exchange between the community, the Missouri EPHT program, and all partner entities by providing an overall reference tool for all parties interested in the EPHT program at DHSS.

The mission and purpose of the EPHT program is to provide information to and from a nationwide network of integrated health and environmental data that drives actions to improve the health of communities. This national network integrates three distinct components: hazard monitoring, exposure surveillance, and health effects surveillance.

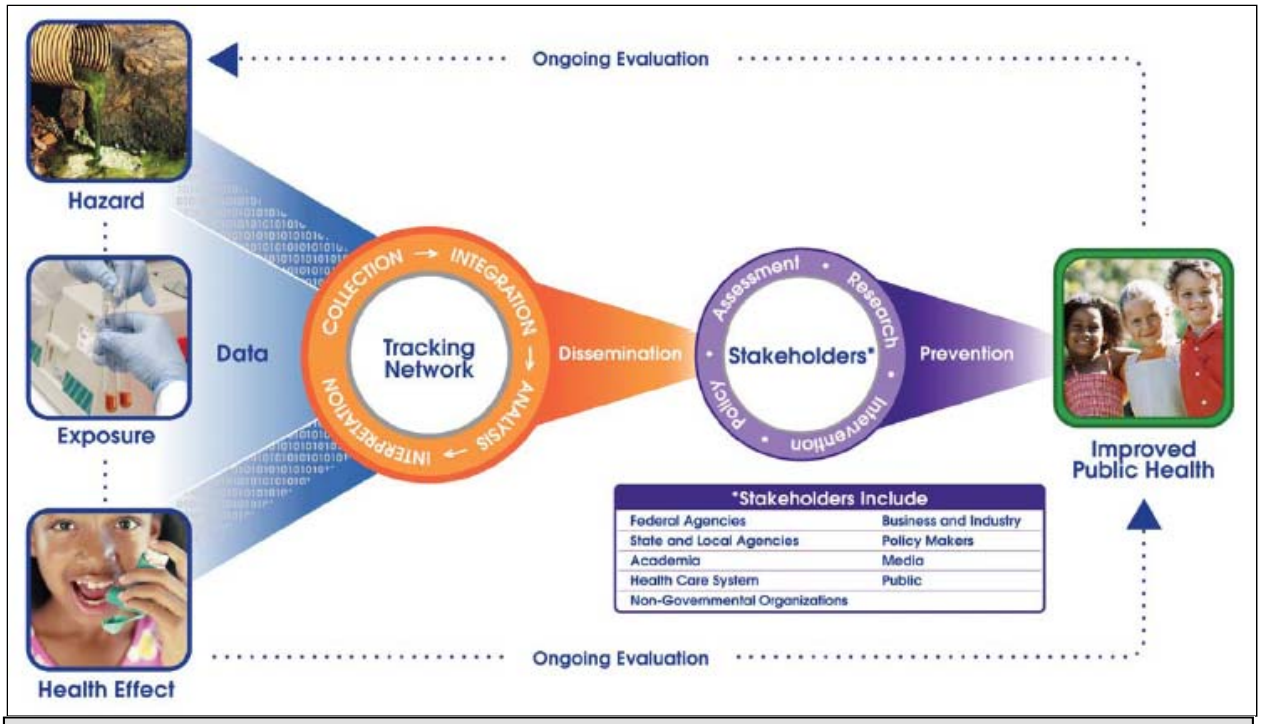


Figure 1: EPHT Concept

The CDC Environmental Tracking Branch has established the network by drawing on a wide range of expertise from federal agencies, state and local health and environmental agencies, non-governmental organizations, state public health and environmental laboratories, and the program's schools of public health working in partnership with each other. A complete grantee listing is included as Appendix B: EPHT Grantee Map.

National EPHT Network Goals are:

1. Build a sustainable National EPHT Network
2. Enhance EPHT workforce and infrastructure
3. Disseminate information to guide policy, practice, and other actions to improve the nation's health
4. Advance environmental public health science and research
5. Foster collaboration among health and environmental programs

Missouri EPHT Strategic Framework Activities:

1. Operate, maintain, and enhance the Missouri EPHT Network for the collection, access, analysis, and dissemination of environmental public health data, knowledge, and information.
2. Promote the use of Missouri's EPHT Network through marketing and outreach.
3. Use the EPHT Network to guide policy and other actions to improve the health, safety, and well-being of Missouri citizens.
4. Foster collaboration among Missouri's EPHT partners.

Scope

In January 2001, the Pew Environmental Health Commission issued the report "America's Environmental Health Gap: Why the Country Needs a Nationwide Health Tracking Network." The report, which stated that the existing environmental health system is neither adequate nor well organized, recommended the creation of a "Nationwide Health Tracking Network for disease and exposures."

At that time, no systems existed at the state or national level to track many of the exposures and health effects that may be related to environmental hazards. In addition, in most cases, existing environmental hazard, exposure, and disease tracking systems were not linked together. Because existing systems were not linked, it was difficult to study and monitor relationships among hazards, exposures, and health effects.

Environmental public health tracking is the ongoing collection, integration, analysis, and interpretation of data about the following factors:

- environmental hazards,
- exposure to environmental hazards,
- health effects potentially related to exposure to environmental hazards.

The Missouri EPHT Network helps to protect communities by providing information to federal, state, and local agencies. These agencies, in turn, will use this information to plan, apply, and evaluate public health actions to prevent and control environmentally related diseases.

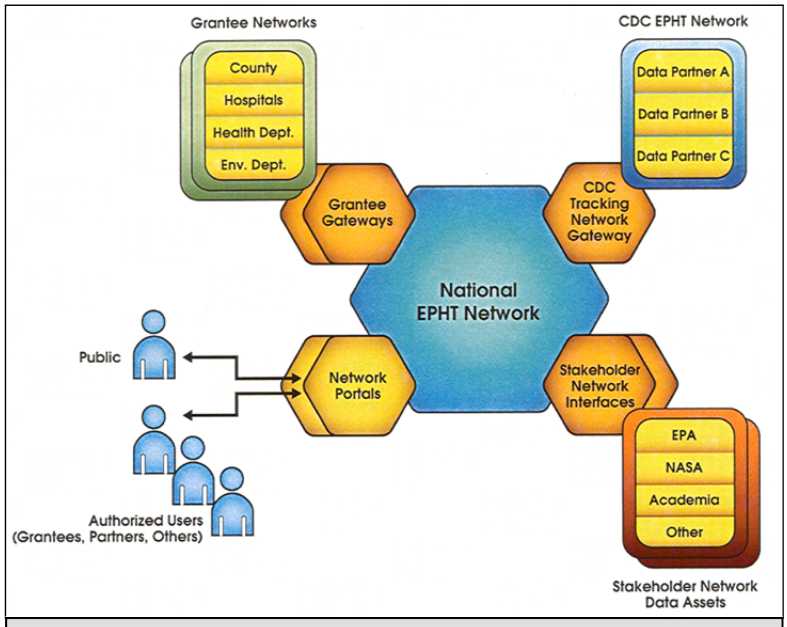


Figure 2: Overview of the National EPHT Network

Organization and Assignment of Responsibilities

DHSS Staff/Program Organization

The department director is responsible for the management of the department and the administration of its programs and services. The department deputy director assists the director and acts in his or her absence. The division of administration, and the offices of general counsel, governmental policy and legislation, human resources, minority health, primary care and rural health, public information, and women's health, report to the director.

The department services are divided among three programmatic divisions: community and public health, regulation and licensure, and senior and disability services. The Director's Office oversees and supports activities of these divisions.

The **Division of Community and Public Health** is responsible for supporting and operating more than 100 programs and offices addressing public health issues such as communicable disease control, chronic disease management, health education activities, children with special health care needs, genetic health conditions, cancer, pregnancy and pediatric conditions, vital statistics, healthy environments, and local public health agencies.

- The *Section for Community Health and Chronic Disease Prevention* directs statewide programs that are designed to prevent and control chronic diseases for all Missourians and support the nutritional health of high-risk populations. The section provides leadership for the assessment and development of plans and policies, and the implementation of evidence-based approaches to prevent and control cancer and chronic diseases, the leading causes of death in Missouri. In addition, the section administers statewide programs that provide early screening and detection of breast and cervical cancer and health promotion interventions to reduce risk factors for chronic diseases (e.g., tobacco use, physical inactivity and poor diets). These programs are managed through the bureaus of Cancer and Chronic Disease Control, and Community Health and Wellness.

- The *Section for Healthy Families and Youth* directs programs designed to improve maternal and child health for all Missourians and supports the needs of high- risk families. The section provides leadership for the assessment and development of plans and policies, and the implementation of evidence-based approaches to improve maternal and child health. Programs and initiatives are implemented through the bureaus of Community Food and Nutrition Assistance (CFNA), WIC and Nutrition Services, and Genetics and Healthy Childhood (GHC). Section administration maintains responsibility for the Early Childhood Comprehensive Systems' (ECCS) Building Health Through Integration Grant. The grant funds activities to build and implement a Statewide Early Childhood Comprehensive System that supports families and communities in their development of children who are healthy and ready to learn upon entering school, with a focus on the mitigation of toxic stress and trauma in infants and young children. ECCS grant activities include a partnership with the Department of Mental Health to provide a continuum of trauma training across the state, local infrastructure development, family leadership activities, and work with the Coordinating Board for Early Childhood to

inform the board about policymaking activities. The section also participates in the Collaborative Improvement and Innovative Network (CoIIN) to reduce infant mortality, a program sponsored by the U.S. Department of Health and Human Services. The purpose of the CoIIN is to bring together resources and stakeholders throughout the state to share innovative ideas and information in an effort to reduce and prevent infant mortality.

- The *Section for Special Health Services* provides statewide health care support services, including service coordination for children and adults with disabilities, chronic illness, birth defects and adults who have sustained a Traumatic Brain Injury (TBI). State and federal funding supports SHS services. To be eligible for SHS services, an individual must be a Missouri resident, have a special health care need and meet medical and financial eligibility when required. There is no fee to apply for these services. Service coordination is an essential service for people with complex conditions and needs. Service coordination includes assessment through home visits and links to services and resources that enable individuals to obtain the best possible health and greatest degree of independence. Service coordination is provided to all program participants, regardless of financial status. Programs and initiatives are implemented through the Brain Injury Unit and the Bureau of Special Health Care Needs.

- The *Section for Disease Prevention* is the principal section involved in the investigation of the cause, origin and method of transmission of communicable (or infectious) diseases. The section has specific responsibilities related to tuberculosis, sexually transmitted diseases, HIV/AIDS, other reportable communicable diseases, food and water-borne illnesses, zoonoses (diseases that humans contract from animals), emerging infections, such as multi-drug resistant tuberculosis, cryptosporidiosis, paragonimiasis, influenza, H1N1, early disease outbreak surveillance systems, and other emergency response functions. Robust prevention and education programs help to reduce the impact of infection and the spread of disease. The primary units are the bureaus of Communicable Disease Control and Prevention; HIV, STD and Hepatitis; Immunizations; Reportable Disease Informatics; and the Office of Veterinary Public Health.

  The section is integral to the Department of Health and Senior Services' emergency responses to public health emergencies and natural disasters. The section assures rapid detection through a comprehensive surveillance system operated by public health staff prepared through expertise and training to detect diseases or conditions that may indicate an emergency or a bioterrorism event. Rapid response is assured through emergency response planning by public health staff deployed strategically and prepared through expertise and training to respond to a possible emergency or bioterrorism event.

- The *Section for Environmental Public Health* is an integral part of public health safety for Missouri citizens. It provides emergency response to public health emergencies and natural disasters, including biological, chemical and radiological terrorism. The section assures rapid detection through a comprehensive surveillance system operated by public health staff that is prepared, through expertise and training, to detect conditions that may indicate an emergency/ bioterrorism event. Rapid response is assured through emergency response planning by public health staff members, who are deployed strategically to

respond to a possible emergency/ bioterrorism event. The section is also responsible for oversight in food safety, regulating residential onsite wastewater systems and registering their professionals, and licensing commercial lodging establishments, among other things. The section monitors, provides education and responds to environmentally related health hazards, such as elevated blood-lead levels, hazardous substance exposure, food recalls, foodborne outbreaks, as related to FDA recalls, and other emergencies.

- The *Section of Epidemiology for Public Health Practice* serves as the highest scientific authority on issues related to the control and prevention of diseases and health risk behaviors in the state of Missouri. It houses the resources necessary to operate and maintain major public health information systems, state vital records and statistics, community health information, and medical and public health epidemiology resources necessary to prevent, intervene and control diseases and conditions impacting the health of Missourians.

  The section is involved in health data collection, from the enumeration of the population at risk (e.g., birth and death records) to health-care related experiences of Missourians (e.g., health data abstracting, health-care infections reporting); the collection, analysis and interpretation of data (e.g., Behavioral Risk Factor Surveillance System (BRFSS); the Pregnancy Risk Assessment Monitoring System (PRAMS); the Missouri Cancer Registry (MCR); the dissemination of health statistics (e.g., Missouri Information for Community Assessment (MICA)); and the distribution of downloadable public service announcements, brochures, and other information.

The **Division of Regulation and Licensure** has responsibility for a spectrum of services for Missouri citizens from child care to elder issues, as well as the Board of Nursing Home Administrators, the Family Care Safety Registry, and the Certificate of Need program.

- The *Section for Health Standards and Licensure* is responsible for licensing and regulating a wide variety of health care entities, investigating complaints involving those entities, performing inspection activities for numerous Medicare-certified programs, and also ensuring the safe, legal handling and distribution of controlled substances in Missouri, and also designating Trauma, Stroke & STEMI centers through the Time Critical Diagnosis Program. The section consists of six (6) bureaus: Hospital Standards; Ambulatory Care; Outpatient Healthcare; Emergency Medical Services; Home Care and Rehabilitative Standards; and Narcotics and Dangerous Drugs.

- The *Section for Child Care Regulation* licenses and regulates child care facilities in Missouri. The section licenses family child care homes that provide child care for up to ten children; group child care homes for 11 to 20 children; and, child care centers of 20 or more children, dependent upon available space, staff qualifications and other requirements that impact children's health and safety. The section regulates license-exempt child care programs. These include child care programs operated by religious organizations and nursery schools.

- The *Section for Long-Term Care Regulation* conducts state inspections and federal surveys, and investigates complaints regarding long-term care facilities. There are 1151 long-term care facilities in Missouri with more than 79,000 beds licensed and inspected by the section. Of the facilities, 501 are skilled nursing homes, 26 are intermediate care facilities, 250 are assisted living facilities, 374 are residential care facilities and 11 are long-term care units (skilled nursing facilities and intermediate care facilities) in hospitals. Five-hundred thirteen facilities participate in the federal Medicaid or Medicare programs and must meet federal as well as state standards. The major units that comprise the section are: Regulation and Compliance, Licensure and Certification, and Quality Assurance and Education. The section's seven regional offices are located in Cameron, Macon, St. Louis, Poplar Bluff, Springfield, Kansas City and Jefferson City.

The **Division of Senior and Disability Services** serves as the State Unit on Aging and carries out the mandates of the State of Missouri regarding programs and services for seniors and adults with disabilities. Mandates for the division include oversight, implementation and administration of state-, federal-, and community-based programs designed to maximize independence and safety for adults who choose to remain independent in the community. In coordination with the department director, the division advises legislators, advocates, state agencies and other organizations and individuals regarding services and available data.

More information on the DHSS organizational structure can be found in the directory of services located at http://health.mo.gov/about/pdf/directoryofservices.pdf.

Partnerships

The Bureau of Environmental Epidemiology (BEE) has a long established history of collaboration with local, state, and federal entities. While future EPHT projects will involve Missouri-based agencies, the EPHT team will also continue to vigorously pursue opportunities to work with agencies in other states and at national levels. Our commitment to working closely with our partners is illustrated by the following list of collaborative partners, past and present, including: the Missouri Office of Administration (OA), Agriculture (MDA), Conservation (MDC), Economic Development (DED), Elementary and Secondary Education (DESE), Department of Natural Resources (DNR), Social Services (DSS), Public Safety (DPS), and the Missouri Census Data Center (MCDC).

Within DHSS, the EPHT team continues to collaborate with the following: Missouri Cancer Registry and Research Center, Chronic Disease, Minority Health, Special Health Care Needs, Office of Epidemiology, Bureau of Vital Statistics (BVS), Bureau of Health Care Analysis & Data Dissemination (BHCADD), Bureau of Vital Records (BVR), and the Maternal and Child Health programs.

The Missouri EPHT team has also collaborated with several colleges and universities including: Tulane University, University of Missouri-Columbia, Lincoln University, Saint Louis University, Washington University in St. Louis, Missouri Southern State College, Central Methodist University, Truman State University, University of Illinois-Chicago, University of Pittsburg, and University of California-Berkeley.

Further collaborative relationships have been established with the following federal agencies: Environmental Protection Agency (EPA), Agency for Toxic Substances and Disease Registry (ATSDR), United States Geological Survey (USGS), Department of Housing and Urban Development (HUD), Health and Human Services (HHS), U.S. Census Bureau, Department of the Interior (DOI), and CDC.

More information on EPHT partnerships is included as Appendix D: Memorandums of Understanding/Agreement (MOU/A) Contacts.

Situations and Assumptions

How Risks are Identified

The Missouri EPHT team, as part of its self-assessment process, undertakes an ongoing, continual Strengths/Weaknesses/Opportunities/Threats (SWOT) Analysis. This analysis identifies what is happening in the program and describes key factors that may influence programmatic issues. The detailed evaluation of trends, conditions, opportunities, and obstacles provides direction in the development of the program's activities and objectives.

The process of identifying potential risks, establishing causes, and estimating the probability that adverse effects will occur begins with silent brainstorming by utilizing a survey of EPHT team members and affiliated partners.

The survey is sent to each person with instructions to complete the questionnaire based on their own experiences and viewpoint for each goal and objective identified in the Missouri EPHT Strategic Plan (see figure 3).

What could go wrong?	
What is the likelihood that it would?	☐ Low ☐ Medium ☐ High
What is the seriousness?	☐ Minimal ☐ Moderate ☐ Severe ☐ Extreme
How can this be avoided?	
What is the contingency plan?	
Who would be affected?	
Who needs to be contacted?	
What will it cost (estimate)?	$
What message needs to be relayed?	
What are the roles/responsibilities of each team member?	
What criteria can be used to evaluate the results?	
Thoughts/Comments:	

Figure 3: Initial Questionnaire of EPHT Team Members and Affiliated Staff

Upon receipt of the completed questionnaires, the responses are compiled and consolidated (see figure 4). The consolidated responses are then distributed to all EPHT team members and affiliated staff.

Activity	
Objective	
Strategies	

What Could Go Wrong	Likelihood	Seriousness

How Can This Be Avoided?	What Is The Contingency Plan?

Who Would Be Affected?	Who Would Need To Be Contacted?

What will It Cost (estimate)?	What Message Needs To Be Relayed?

What are the roles/responsibilities of each team member? (outreach & reporting)

What criteria can be used to evaluate the results? (outreach & reporting)

Thoughts/Comments:

Figure 4: Compiled Questionnaire Response Format

A retreat is held for the purpose of reviewing and evaluating the results of the survey. Free-form brainstorming is encouraged. An affinity diagram is then created to organize the risks to each goal and objective into a visual pattern.

Once the group reaches consensus regarding the risks to each goal and objective, the likelihood and seriousness of each are discussed. Likelihood refers to the probability that the risk may

occur. Responses are classified as low, medium, or high. Seriousness refers to the impact the risk would have on the EPHT program, if the risk were to occur. Responses are classified as low, moderate, severe, or extreme.

In order to produce a risk register, numerical values have been assigned to each classification for both likelihood and seriousness (see figure 5). The risks to each goal and objective are scored individually with the minimum possible score a 2 and the maximum possible score a 7 (see figure 6). Once the scores are calculated, a risk plot chart is produced to organize the information into a visual pattern. The risk plot chart is color coded by priority. Red represents the highest priorities, yellow the medium, and green the lowest (see figure 7).

	Likelihood	Seriousness
Low/Low	1	1
Medium/Moderate	2	2
High/Severe	3	3
Extreme	N/A	4

Figure 5: Risk Register Classification Values

	Likelihood	Seriousness	Risk Score
Risk A	1	3	4
Risk B	2	1	3
Risk C	3	4	7
Risk D	3	2	5

Figure 6: Example of Risk Register Scoring

High		D		C
Medium	B			
Low			A	
	Low	Moderate	Severe	Extreme

Figure 7: Example of Risk Plot Charting

By utilizing both the risk register and risk plot chart, the EPHT team is then able to stratify, or rank, each risk and plan appropriate communication and management strategies for each.

Special Considerations to Special Populations

It is the policy of the DHSS to provide equal employment opportunity to applicants, employees and clients without regard to race, color, religion, sex, age, national origin, disability, genetic information and when applicable, veteran status, ancestry, and sexual orientation; hereafter referred to as protected category.

In accordance with the Affirmative Action Program, Governor's Executive Order 94-03 and 10-24, applicable federal and state laws and regulations, and the principles of affirmative action and equal employment opportunity, the DHSS provides equal opportunity for all in recruitment,

hiring, training, promotion, transfer, compensation, and all other terms and conditions of employment without regard to protected category status. These same principles apply to all aspects of service provision. DHSS is firmly committed to compliance and enforcement of all federal and state regulations, which forbid discrimination in the delivery of services to clients and patients served by the programs of the department. DHSS conducts routine compliance reviews of all contractors to ensure regulations are met.

All staff and contractors of DHSS adhere to the DHSS Administrative Policy and the Workforce Diversity Plan. Supervisory and management staff assures that the intent, as well as the stated requirements, are implemented in all employee relations and personnel practices.

Procedures for Requests for Information

The DHSS, as a major unit within the Executive Branch of state government, is frequently called upon to answer questions or make statements on complex health related issues. In order for the EPHT program to maintain credibility with the media, elected officials, and the public, it is important that all information that is released be accurate and consistent with Department priorities and policies.

This policy/procedure should not be construed as limiting the rights of an individual to contact an elected official on his/her own behalf or as limiting the rights of an individual to exercise legally protected speech.

Responsibility for Public Notification and Media Involvement

The DHSS/Office of Public Information (OPI) coordinates the public relations and media messages released by the DHSS, including media contacts and information in response to inquiries from other agencies and the public.

The office:

- Prepares and distributes news releases and reports of department activities.
- Maintains relationships with the state's media and responds to inquiries from the media, legislators and the public.
- Designs and edits the department's many publications, including newsletters, brochures and pamphlets for every program and division.
- Oversees the department's website, health.mo.gov.
- Maintains the department's social media messages to stakeholders and the public.
- Counsels other units of the department about the communication aspects of public health and senior services programs and assists them in designing their publications and audiovisual material.
- Provides video services that are used statewide to promote the department.
- Promotes the department's health education programs to help reduce the impact of chronic disease on Missourians.

Requests for Information from the Public
In accordance with DHSS policy, the EPHT team will respond by answering specific questions about previously published information or public facts and established Department policy. Supervisors will approve the response. Replies to correspondence will be responded to within ten (10) calendar days with the requested information or an explanation to the initiator of the correspondence of the delay and an approximate date when the full response will be available.

If an effort to reach more Missourian's, DHSS is now using social media websites. All messages intended for social marketing platforms must be submitted to and approved by the OPI.

The DHSS website contains an "ask us" feature that allows citizens to submit requests for information via email (info@health.mo.gov). The OPI is responsible for monitoring and disseminating the requests for information to the appropriate program area. Requests received from the info@health.mo.gov email account will be responded to within 1-3 working days.

Requests for Information from the Media
All media contacts, request, and inquiries shall be promptly directed to the Chief, OPI. In case of contact with the media via telephone, the EPHT team member is to inform the caller the department will gather the requested materials and get back with them. Staff may only communicate directly with media when specifically instructed by the OPI.

Responsibility for Legislative Contact
The DHSS/Office of Governmental Policy and Legislation (OGPL) is responsible for the coordinating the development, review and tracking of public health-, health-, and senior services-related state legislation.

The office:

- Reviews federal legislation for its impact on department policy and programs.
- Serves as the departmental liaison between elected officials, other state agencies and constituent groups.
- Provides research about policy alternatives under consideration by other states or federal agencies.

Contacts with the State Legislature, Congress, Other Elected Officials, and their Staff
(Programmatic, Budgetary, and Funding Issues)
The Chief, OGPL, and other staff designated by the Department Director will be the department spokespersons.

When other staff members are contacted by elected officials or their staff, they shall refer the elected official to the Chief, Office of Governmental Policy and Legislation.

Telephone Contacts. When an EPHT team member receives a call from local, state or federal elected officials or their staff, the call shall be referred to the Chief, OGPL.

Written Requests. Responses to written requests from the elected officials or their staffs shall be routed through the DCPH Director's Office to the OGPL. Responses are to be

provided within ten (10) calendar days with either the full information or an explanation of the delay and date for full reply.

Testimony. The Department Director, Deputy Department Director, Department Chief, OGPL, division directors, or their designees will act to represent the Department at legislative and congressional hearings. When possible, planned testimony will be prepared in writing and provided to the OGPL at least twenty-four (24) hours prior to the hearing unless directed otherwise.

Program Initiated Contacts. It is standard procedure for the Department Director, Deputy Department Director, or Chief, OGPL to, when necessary, initiate contacts with the Governor's Office, State Legislature, Congress, or their staff. Other Department staff may initiate such contacts with the prior approval of the Chief, OGPL.

Legislative Constituent Organizer. If an EPHT team member is directed by a department spokesperson to contact an elected official or their staff, the team member will enter within twenty-four (24) hours the contact information in the legislative constituent organizer.

Fiscal Notes. Fiscal notes are formal requests from the state legislature asking state departments to estimate their costs for implementing proposed items of legislation. The DHSS Division of Administration will coordinate fiscal note preparation by working with the OGPL, deputy director(s) and the division(s) involved.

Other Requests for Information

Employees shall use good judgment when contacted about sensitive issues by key policymakers such as local government officials and executives of major state organizations and associations.

If the contact relates to an opinion, departmental policy, media or newsworthy issue, the OPI shall be involved. If the contact relates to legislation or legislative issues, the OGPL shall be involved. If the contact relates to budget issues, the Director or the Division of Administration or his designee shall be involved.

A complete contact listing is included as Appendix E: DCPH Public Notification Staff Contact Listing.

Data Releases

Data releases are governed by many sources. Details regarding specific release of data may vary, depending upon the intended purpose, and are found in each MOU/A.

In general, statistical data can be released to such entities as LPHAs, community planning partners, health care providers, and the general public in aggregate format. However, in some cases where aggregate data contains certain small numbers (termed small cell data) and could potentially identify a patient (e.g., release of risk and race in low prevalence and low population counties), data may be released in an alternate format (e.g., less than five cases, less than ten cases, etc.).

Patient level records are not public information, and may only be shared with other public health authorities and co-investigators of a health study if they abide by the same confidentiality restrictions required by DHSS under section 192.067 of Missouri's Revised Statutes. More information about the department's data release policies, procedures, and guidelines, including the data request application, are available on our website at: http://health.mo.gov/data/policies.php.

Concept of Operations

> "Risk analysis is the science of evaluating health, environmental, and engineering risks resulting from past, current, or anticipated future activities."
>
> "Risk analysis is an interdisciplinary science that relies on epidemiology and laboratory studies, collection of exposure and other field data, computer modeling, and related social and economic and communication considerations. In addition, social dimensions of risk are addressed by social scientists."
>
> - *Risk Analysis*
> An International Journal

Risk analysis, for the purpose of this plan, includes risk assessment, risk management, and risk communication. The EPHT team and affiliated partners understand that circumstances may arise that could create unique and unexpected situations. While no one document can detail every possible risk, this plan was created to address those risks specifically associated with Missouri's EPHT Network and its inclusion in the national network.

This plan is based on the Missouri EPHT program's *Missouri EPHT Logic Model & Strategic Framework*. The use of the logic model and strategic framework as the source of the *Risk Communication and Management Plan* was made to:

- Be proactive, not reactive
- Build off of existing resources
- Provide detail for data partners and stakeholders
- Integrate planning processes to provide for consistent, cohesive self-assessment and evaluation of program activities

The *Missouri EPHT Logic Model & Strategic Framework* is available on the DHSS website at: http://ephtn.dhss.mo.gov/EPHTN_Data_Portal/pdf/MO_EPHT_Strategic_Plan.pdf.

General Risks

Risks

General risks to the Missouri EPHT program/network and its inclusion in the national network include:

A. A decrease/cut in funding of the EPHT program.
B. CDC could change the priority of the EPHT program.
C. DHSS could change the priority of the EPHT program.
D. Information Technology Services Division (ITSD) could change the priority of the EPHT program.
E. Reorganization of state agencies could impact partnerships.
F. Change in DHSS application architecture Missouri Health Strategic Architectures and Information Cooperative (MOHSAIC).
G. Loss of staff involved in EPHT Network.
H. Inability of hire for vacant positions.
I. Misconceptions/confusion about the EPHT program and network.

Risk Register

Risk	Likelihood	Seriousness	Risk Score
A	1	4	5
B	1	4	5
C	1	3	4
D	1	3	4
E	2	2	4
F	1	3	4
G	1	2	3
H	2	2	4
I	3	3	6

Risk Plot Chart

High			**I**	
Medium		**E H**		
Low		**G**	**C D F**	**A B**
	Low	Moderate	Severe	Extreme

Mitigating Factors and/or Contingency Plans

In order to diminish these risks, the EPHT team is working to:

- Continue to educate higher management in both the DHSS and the OA about the benefits, functionalities, and partnerships of the EPHT Network.
- Ensure continuation of external funding.
- Educate and promote the necessity and use of both the national and state EPHT Networks.

Activity:	Operate, maintain, and enhance the Missouri EPHT Network for the collection, access, analysis, and dissemination of environmental public health data, knowledge, and information.
Objective:	House and maintain data in a way that can be added to the National EPHT Network.

Risks

Risks to this activity and objective include:

A. Poor data quality from the source.
B. Use of data for reasons other than it was collected.
C. Standards not descriptive or over prescriptive.

Risk Register

Risk	Likelihood	Seriousness	Risk Score
A	3	2	5
B	3	1	4
C	1	1	2

Risk Plot Chart

High	**B**	**A**		
Medium				
Low	**C**			
	Low	Moderate	Severe	Extreme

Mitigating Factors and/or Contingency Plans

In order to diminish these risks, the EPHT program is:

- Following proper information technology (IT) practices including the following of Public Health Information Network (PHIN) security and network standards.
- Conducting thorough testing of all IT systems to bear out any potential problems and the solutions necessary to repair them.
- Ensuring Missouri's participation in the Standards and Network Development (SND) subcommittee, to develop national standards for both the EPHT Network and the data sets to be exchanged.
- Documenting in detail all policies and procedures necessary within each MOU/A for both data acquisitions and exchanges.
- Working with sister state agencies to adopt statewide equipment, software, and data standards.

Activity:	Operate, maintain, and enhance the Missouri EPHT Network for the collection, access, analysis, and dissemination of environmental public health data, knowledge, and information.
Objective:	Provide secure access to data for approved EPHT Network Users.

Risks

Risks to this goal and objective include:

A. Network traffic from all users simultaneously could overload the system.
B. Data may be lost through a catastrophic network failure.
C. Sensitive data may be accessed by unauthorized parties through intrusive measures (hacking).
D. Unintentional unauthorized data access.

Risk Register

Risk	Likelihood	Seriousness	Risk Score
A	1	2	3
B	1	4	5
C	1	4	5
D	1	2	3

Risk Plot Chart

High				
Medium				
Low		**A D**		**B C**
	Low	Moderate	Severe	Extreme

Mitigating Factors and/or Contingency Plans

In order to diminish these risks, the EPHT program is:

- Following proper IT practices including the following of PHIN security and network standards.
- Conducting thorough testing of all IT systems to bear out any potential problems and the solutions necessary to repair them.
- Conducting load surveys to assess the condition of network traffic.
- Utilizing the “least-access” security method to assign user roles and access.
- Archiving all network files on a regular schedule. In the event of a server failure, data can be restored to their latest archived state.

Activity:	Operate, maintain, and enhance the Missouri EPHT Network for the collection, access, analysis, and dissemination of environmental public health data, knowledge, and information.
Objective:	Continue to provide, maintain, and enhance mechanisms for secure data transport.

Risks

Risks to this goal and objective include:

A. Unable to procure needed equipment.
B. Failure to secure transport protocols.
C. National PHIN standards don't work.
D. National standards are not compatible with partners.
E. National standards are not created in time for state implementation.

Risk Register

Risk	Likelihood	Seriousness	Risk Score
A	1	2	3
B	1	3	4
C	2	2	4
D	2	2	4
E	1	2	3

Risk Plot Chart

High				
Medium		**C D**		
Low		**A E**	**B**	
	Low	Moderate	Severe	Extreme

Mitigating Factors and/or Contingency Plans

In order to diminish these risks, the EPHT program is:

- Ensuring Missouri's participation in the SND subcommittee, to develop national standards for both the EPHT Networks and the data sets to be exchanged.
- Documenting in detail all policies and procedures necessary within each MOU/A for both data acquisitions and exchanges.
- Working with sister state agencies to adopt statewide equipment, software, and data standards.

Activity:	Operate, maintain, and enhance the Missouri EPHT Network for the collection, access, analysis, and dissemination of environmental public health data, knowledge, and information.
Objective:	Continue participation in the DHSS data standardization initiative, known as Missouri Public Health Information Management System (MOPHIMS).

Risks

Risks to this goal and objective include:

A. PHIMS could fail and not be implemented.
B. Contractors could not meet DHSS expectations for the project.
C. MOHSAIC system changes could impact PHIMS.
D. Loss of staff.

Risk Register

Risk	Likelihood	Seriousness	Risk Score
A	2	2	4
B	2	2	4
C	1	2	3
D	2	3	5

Risk Plot Chart

High				
Medium		**A B**	**D**	
Low		**C**		
	Low	Moderate	Severe	Extreme

Mitigating Factors and/or Contingency Plans

In order to diminish these risks, the EPHT program is:

- Continual DHSS oversight, good communication in relaying program needs.
- Continue participation in the ongoing PHIMS planning/design meetings.
- If PHIMS is discontinued, continue/revert to IBIS or create static indicators until an alternate replacement for IBIS can found.

Activity:	Promote the use of Missouri's EPHT Network through marketing and outreach.
Objective:	Enhance Missouri's workforce and infrastructure.

Risks

Risks to this goal and objective include:

A. Lack of participation in EPHT-related trainings.
B. Resource and personnel limitations to provide training.
C. Loss of collaboration on Local Emergency and Environmental Public Health Initiative.

Risk Register

Risk	Likelihood	Seriousness	Risk Score
A	2	2	4
B	2	3	5
C	2	3	5

Risk Plot Chart

High				
Medium		**A**	**B C**	
Low				
	Low	Moderate	Severe	Extreme

Mitigating Factors and/or Contingency Plans

In order to diminish these risks, the EPHT program is:

- Educating stakeholders on the utility of the EPHT Network.
- Evaluating training effectiveness.

Activity:	Promote the use of Missouri's EPHT Network through marketing and outreach.
Objective:	Facilitate the awareness and use of the EPHT Network by implementing social media and marketing outreach opportunities

Risks

Risks to this goal and objective include:

A. Unable to obtain necessary management approvals for outreach activities
B. Limitations on outreach activities and resources.
C. EPHT Portal could be made vulnerable to intrusive attacks (hacking).
D. Limited funding for social media/marketing advertisement.

Risk Register

Risk	Likelihood	Seriousness	Risk Score
A	3	3	6
B	2	2	4
C	1	4	5
D	3	2	5

Risk Plot Chart

High		**D**	**A**	
Medium		**B**		
Low				**C**
	Low	Moderate	Severe	Extreme

Mitigating Factors and/or Contingency Plans

In order to diminish these risks, the EPHT program is:

- Educate management of the importance and necessity of social marketing and media outreach.
- Carefully review and evaluate previous outreach efforts to determine effective and efficient outreach opportunities.
- Work with information technology partners to ensure security of EPHT tools and resources.

Activity:	Promote the use of Missouri's EPHT Network through marketing and outreach.
Objective:	Facilitate the awareness and use of the EPHT Network by traditional sources.

Risks

Risks to this goal and objective include:

A. Actions/reactions of program staff based on influence, public opinion, and/or unfunded mandates.
B. Logistical problems in coordinating public events.
C. Partners ignore/refuse technical advice.

Risk Register

Risk	Likelihood	Seriousness	Risk Score
A	2	2	4
B	3	1	4
C	2	2	4

Risk Plot Chart

High	**B**			
Medium		**A C**		
Low				
	Low	Moderate	Severe	Extreme

Mitigating Factors and/or Contingency Plans

In order to diminish these risks, the EPHT program is:

- Working closely with stakeholders.
- Continuing to educate program management and staff on EPHT.
- Ensuring planning of public events and synthesizing lessons learned.
- Publicly displaying products of the EPHT Network regularly.

Activity:	Promote the use of Missouri's EPHT Network through marketing and outreach.
Objective:	Facilitate the awareness and use of the EPHT Network by accredited schools of Public Health as well as colleges and universities with complementary areas of study.

Risks

Risks to this goal and objective include:

A. Unable to collaborate due to policies and procedures of colleges/universities.
B. Lack of appropriately trained support personnel.
C. Unable to assist in funding for educational activities and materials.
D. Lack of understanding of EPHT functionalities, tools, and resources by college/university officials.
E. Incompatibility of EPHT curricula to integrate into college/university curricula.

Risk Register

Risk	Likelihood	Seriousness	Risk Score
A	2	2	4
B	1	3	4
C	3	2	5
D	3	1	4
E	1	4	5

Risk Plot Chart

High	**D**	**C**		
Medium		**A**		
Low			**B**	**E**
	Low	Moderate	Severe	Extreme

Mitigating Factors and/or Contingency Plans

In order to diminish these risks, the EPHT program is:

- Selecting partner colleges and universities carefully.
- Providing technical assistance to partners.
- Educating college/university officials on the importance of EPHT and its functionality, tools, and resources.
- Follow the Grade Level Expectations (GLE) and Course Level Expectations (CLE) outlined by the US Department of Education and the DESE.

Activity:	Use the EPHT Network to guide policy and other actions to improve the health, safety, and well-being of Missouri citizens.
Objective:	Identify, facilitate, and communicate emerging issues and the risks from environmental exposures to DHSS, allied agencies, and LPHAs

Risks

Risks to this goal and objective include:

A. Inappropriate or incomplete datasets.
B. Inappropriate or incomplete data analysis.
C. Conditions chosen because of influence, public opinion, and/or unfounded mandates.

Risk Register

Risk	Likelihood	Seriousness	Risk Score
A	2	2	4
B	3	2	5
C	3	3	6

Risk Plot Chart

High		**B**	**C**	
Medium		**A**		
Low				
	Low	Moderate	Severe	Extreme

Mitigating Factors and/or Contingency Plans

In order to diminish these risks, the EPHT program is:

- Educating and promoting the necessity and use of metadata
- Providing consultation and technical assistance.
- Promoting the use and understanding of good science through EPHT-related trainings.

Activity:	Use the EPHT Network to guide policy and other actions to improve the health, safety, and well-being of Missouri citizens.
Objective:	Expand and continue to develop the use of EPHT Network opportunities to guide policy, practice, and other actions among a virtual technical advisory group (VTAG).

Risks

Risks to this goal and objective include:

A. Lack of participation in group.
B. Lack of formal structure creates challenges.
C. Personal interests influencing group.
D. Regional Priorities influencing group.
E. Lack of experts/expertise.
F. Lack of data to adequately identify concerns.

Risk Register

Risk	Likelihood	Seriousness	Risk Score
A	1	1	2
B	2	1	3
C	3	1	4
D	3	1	4
E	1	2	3
F	3	2	5

Risk Plot Chart

High	**C D**	**F**		
Medium	**B**			
Low	**A**	**E**		
	Low	Moderate	Severe	Extreme

Mitigating Factors and/or Contingency Plans

In order to diminish these risks, the EPHT program is:

- Creating an inventory of experts to act as a knowledge base.
- Continuing a flexible communication system to interact with partners.
- Retaining a virtual group structure.
- Supporting health and environmental data collection.
- Supporting health and environmental data analysis.

Activity:	Foster collaboration among Missouri's EPHT partners.
Objective:	Identify and recruit partners for inclusion in EPHT Network activities.

Risks

Risks to this goal and objective include:

A. Potential EPHT partners not inclined/choose not to participate.
B. Potential EPHT partners unable to participate.
C. Potential EPHT partners have restrictive policies.
D. Lack of funding for support of partners.

Risk Register

Risk	Likelihood	Seriousness	Risk Score
A	3	2	5
B	2	3	5
C	3	3	6
D	3	2	5

Risk Plot Chart

High		**A D**	**C**	
Medium			**B**	
Low				
	Low	Moderate	Severe	Extreme

Mitigating Factors and/or Contingency Plans

In order to diminish these risks, the EPHT program is:

- Continuing to educate partners about the importance and functionalities of the EPHT Network.
- Creating innovative methods to obtain participation.
- Creating useful products that directly benefit partners.

Activity:	Foster collaboration among Missouri's EPHT partners.
Objective:	Collaborate with DHSS, allied agencies, Public Interest groups, and fellow EPHT grantee program advisory group(s) to identify environmental public health concerns.

Risks

Risks to this goal and objective include:

A. Lack of participation in group.
B. Lack of formal structure creates challenges.
C. Personal interests influencing group.
D. Regional Priorities influencing group.
E. Lack of experts/expertise.
F. Lack of data to adequately identify concerns.

Risk Register

Risk	Likelihood	Seriousness	Risk Score
A	1	1	2
B	2	1	3
C	3	1	4
D	3	1	4
E	1	2	3
F	3	2	5

Risk Plot Chart

High	**C D**	**F**		
Medium	**B**			
Low	**A**	**E**		
	Low	Moderate	Severe	Extreme

Mitigating Factors and/or Contingency Plans

In order to diminish these risks, the EPHT program is:

- Creating an inventory of experts to act as a knowledge base.
- Continuing a flexible communication system to interact with partners.
- Retaining an informal group structure.
- Supporting health and environmental data collection.
- Supporting health and environmental data analysis.

Activity:	Foster collaboration among Missouri's EPHT partners.
Objective:	Identify and improve processes for working with and between partners.

Risks

Risks to this goal and objective include:

A. Lack of potential funding sources/opportunities.
B. Shortage of time/staff availability.
C. Available funding opportunities fail to support the mission and vision of the EPHT program.
D. Unable to secure funding.
E. Funding secure is inadequate.

Risk Register

Risk	Likelihood	Seriousness	Risk Score
A	2	2	4
B	3	2	5
C	2	1	3
D	2	2	4
E	3	1	4

Risk Plot Chart

High	**E**	**B**		
Medium	**C**	**A D**		
Low				
	Low	Moderate	Severe	Extreme

Mitigating Factors and/or Contingency Plans

In order to diminish these risks, the EPHT program is:

- Enhancing grant- writing skills.
- Making grant-finding a priority.
- Writing good proposals.
- Support partner's efforts to secure funding.

Potential Costs

In the event that these risks were to occur, potential monetary costs would be limited to the capital already expended in benefit of the program or those necessary to repair and/or replace equipment needed to operate Missouri's EPHT portal.

However, non-monetary costs would be substantial and threaten the viability of Missouri's network. These costs include the loss of:

- Data quality, availability, continuity, and reliability.
- Collaborative data sharing, projects, and research with other states and universities.
- Staff time, talent, experience, and credibility.
- Goodwill and faith by stakeholders and/or partners.
- Recruiting new partners and the retention of existing partners.

EPHT Communications

In the event that any of these risks were to occur, the EPHT team will work closely with the OPI to develop and utilize messages appropriate to each audience. Messages will be tailored specifically to each established security role and delivered in the most efficient and timely manner possible.

Primary delivery strategies include posting the notice on Missouri's EPHT Network portal, electronic mail, and telephone. Secondary delivery strategies include posting the notice on the Missouri State Government and the DHSS websites.

Condition-Specific Communications

The EPHT program will share results of its analysis and findings with the DHSS program dedicated to that condition. The program will be responsible for determining the need for any condition-specific communications necessary. For these communications, the EPHT team will act as the knowledge base and work closely with the program responsible and the OPI to develop and test appropriate messages and strategies.

Plan Development and Maintenance

This RCMP is based on previous experiences, ongoing community involvement, information gathered from personal interviews, and other input from community members interested in and/or involved in the EPHT program (e.g., the public, partner entities, elected officials, local business and industry, and government representatives).

The comments received during the interviews have been analyzed. Community involvement and public information activities will continue to be tailored to meet the needs identified by the community.

The RCMP will continue to be revised and updated, as needed, as the program progresses. .As part of the EPHT program's ongoing self-assessment, interested parties from the EPHT program, DHSS, OA/ITSD, and other partner entities will meet periodically throughout the year and review this plan to determine whether revisions are needed. Revisions will be published annually.

The RCMP is posted on the DHSS Internet site and available at:
http://EPHTN.dhss.mo.gov/EPHTN_Data_Portal/pdf/Missouri_EPHT_RCMP.pdf

The plan is also provided to all partner entities and included in executed MOU/As.

Appendices

A. Missouri EPHT Staff Listing (1 pages)
B. EPHT Grantee Map (1 page)
C. DHSS Organization Chart (1 pages)
D. Memorandum of Understanding/Agreement (MOU/A) Contacts (1 pages)
E. DCPH Public Notification Staff Contact Listing (1 pages)
F. Missouri EPHT Acronym List (2 pages)

Appendix A

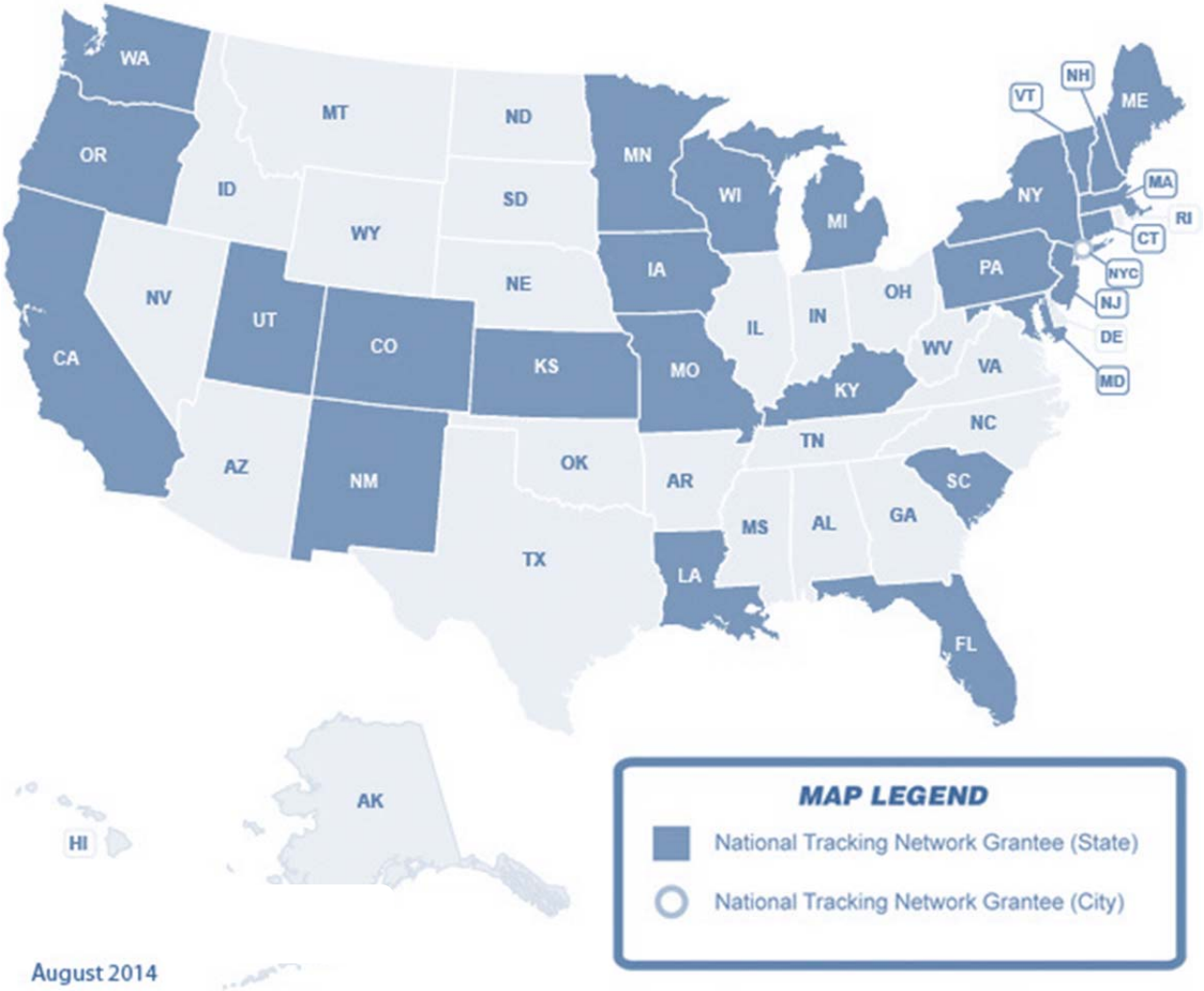
Missouri EPHT Staff Listing

Position Title	Staff Name	Email
Principal Investigator	Jonathan Garoutte	Jonathan.Garoutte@health.mo.gov
Program Manager/Senior Epidemiology Specialist	Jeff Wenzel	Jeff.Wenzel@health.mo.gov
Research Analyst IV	Scott Patterson	Scott.Patterson@health.mo.gov
Senior Epidemiology Specialist	Lori Harris-Franklin	Lori.Harris@health.mo.gov
Senior Epidemiology Specialist	Vacant	
Research Analyst III	Kris Schwartz	Kris.Schwartz@health.mo.gov
Research Analyst III	Jared Woolfolk	Jared.Woolfolk@health.mo.gov
Research Analyst III	David Litchfield	David.Litchfield@health.mo.gov
Epidemiology Specialist	Carol Braun	Carol.Braun@health.mo.gov
Health Program Representative III	Dawn Parker	Dawn.Parker@health.mo.gov
Senior Office Support Assistant	Allison Amend	Allison.Amend@health.mo.gov
Geographic Information Systems Specialist	Tracy Schloss	Tracy.Schloss@oa.mo.gov
Computer Information Technologist Specialist II	James Brockman	James.Brockman@oa.mo.gov

Appendix B

EPHT Grantee Map

CDC's Environmental Public Health Tracking Program Grantees FY 2016

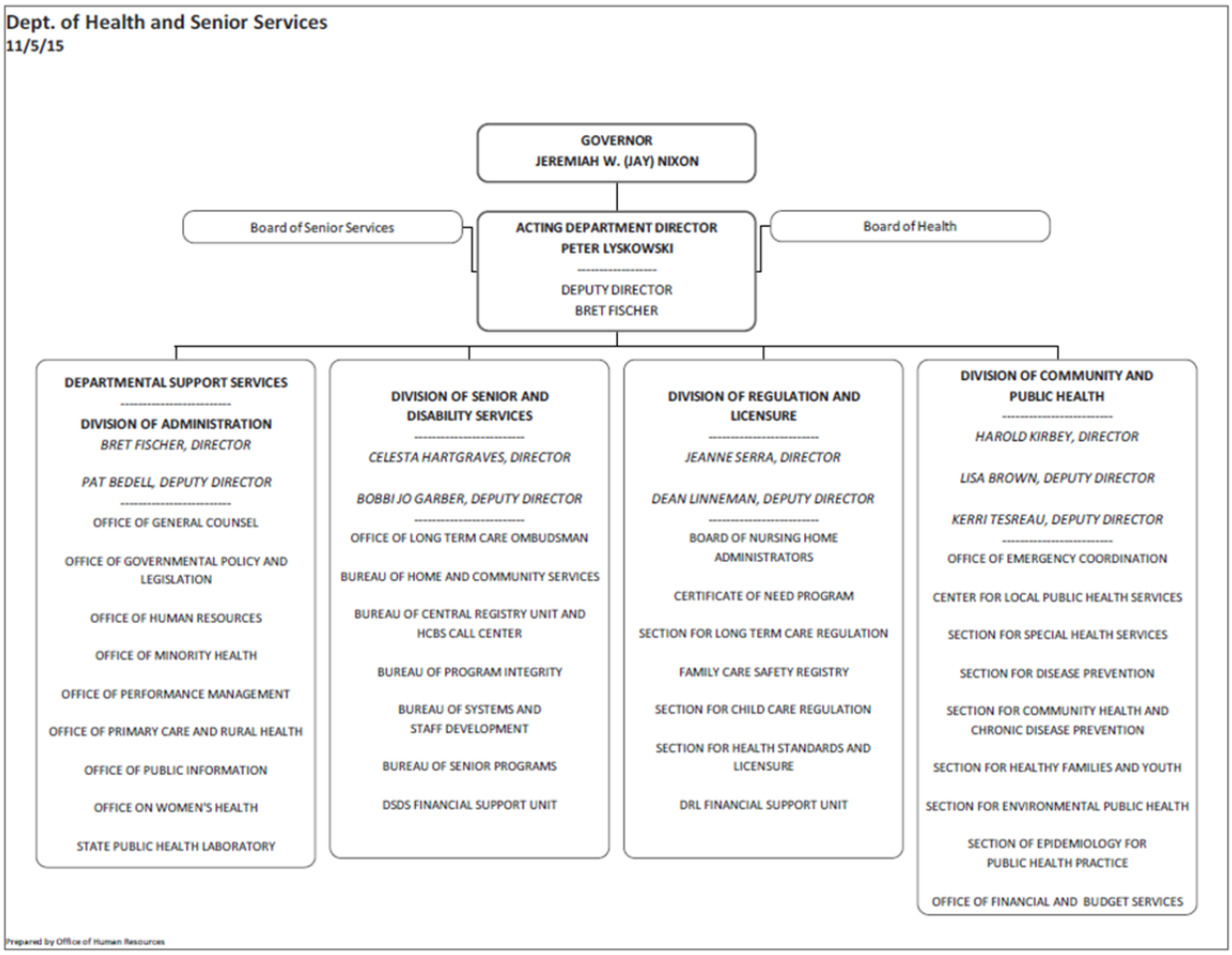


Funded for Network Implementation

California	Kentucky	Missouri	New York City	Washington
Colorado	Louisiana	Minnesota	Oregon	Wisconsin
Connecticut	Maine	New Hampshire	Pennsylvania	
Florida	Maryland	New Jersey	South Carolina	
Iowa	Massachusetts	New Mexico	Utah	
Kansas	Michigan	New York	Vermont	

Appendix C

Department of Health and Senior Services
Organization Chart



Appendix D

Memorandums of Understanding/Agreement (MOU/A) Contacts

Agreement Between the EPHT Program and:	Partner Agency Contact Person	Telephone*
Missouri Department of Health & Senior Services ➢ Bureau of Vital Records (BVR)	Craig Ward, State Registrar	573-526-0348
Missouri Department of Health & Senior Services ➢ Bureau of Vital Statistics (BVS)	Craig Ward, Chief	573-751-6272
Missouri Department of Health & Senior Services ➢ Bureau of Health Care Analysis & Data Dissemination (BHCADD)	Andrew Hunter, Chief	573-751-6272
Missouri Department of Natural Resources (DNR)	Leanne J. Tippett Mosby, Director of Division of Environmental Quality	573-751-3443
Missouri Department of Public Safety ➢ Division of Fire Safety (DFS)	Greg Carrell, Acting State Fire Marshall	573-751-2930
Missouri Department of Social Services ➢ MO HealthNet Division (MHD)	Joe Parks, Director of Mo HealthNet Division	573-751-3425

Appendix E

Division of Community and Public Health
Public Notification – Staff Contact Listing

DHSS Department Director
DHSS Deputy Department Director
cc: Executive Assistants

OGPL Chief
OPI Chief
cc: Assistants

DCPH Division Director
DCPH Deputy Division Directors
cc: Assistants

SEPH Administrator
cc: Assistant

BEE Chief
cc: Assistant

More information on contacts and organizational structure can be found in the directory of services located at http://health.mo.gov/about/pdf/directoryofservices.pdf.

Appendix F

Missouri EPHT Program – Acronym List

Acronym	Meaning
ATSDR	Agency for Toxic Substances and Disease Registry
BEE	Bureau of Environmental Epidemiology
BHCADD	Bureau of Health Care Analysis & Data Dissemination
BVR	Bureau of Vital Records
BVS	Bureau of Vital Statistics
CAA	Clean Air Act
CDC	Centers for Disease Control and Prevention
CLE	Course Level Expectations
CWA	Clean Water Act
CERCLA	Comprehensive Environmental Response, Compensation, and Liability Act
DCPH	Division of Community and Public Health
DED	Department of Economic Development
DESE	Department of Elementary and Secondary Education
DHSS	Department of Health and Senior Services
DFS	Division of Fire Safety
DNR	Department of Natural Resources
DOI	Department of the Interior
DPS	Department of Public Safety
DSS	Department of Social Services
EPA	United States Environmental Protection Agency
EPCRA	Emergency Planning and Community-Right-to-Know Act
EPHT	Environmental Public Health Tracking
HHS	Health and Human Services
FIFRA	Federal Insecticide, Fungicide, and Rodenticide Act
GLE	Grade Level Expectations
HIPPA	Health Insurance Portability and Accountability Act
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HUD	Housing and Urban Development
IT	Information Technology
ITSD	Information Technology Services Division
LPHA	Local Public Health Agency
MCDC	Missouri Census Data Center
MDA	Missouri Department of Agriculture
MDC	Missouri Department of Conservation
MHD	MO HealthNet Division
MOHSAIC	Missouri Health Strategic Architectures and Information Cooperative

Acronym	Meaning
MOU/A	Memorandum of Understanding/Agreement
NCDM	Nationally Consistent Data Measures
NEPA	National Environmental Policy Act
OA	Missouri Office of Administration
OGPL	Office of Governmental Policy and Legislation
OPI	Office of Public Information
OSHA	Occupational Safety and Health Act
PHIMS	Public Health Information Management System
PHIN	Public Health Information Network
RCMP	Risk Communication and Management Plan
RCRA	Resource Conservation and Recovery Act
SDWA	Safe Drinking Water Act
SEPH	Section of Environmental Public Health
SND	Standards and Network Development
SWOT	Strengths/Weaknesses/Opportunities/Threats
STD	Sexually Transmitted Diseases
USGS	United States Geological Survey
VTAG	Virtual Technical Advisory Group