

Health and the Environment Community of Practice GEO Workshop on Using Earth Observations for Health, 12-13 Nov 2009

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Accomplishments

The workshop brought together people engaged in GEO activities with those new to GEO. After welcomes, the workshop began with an overview of the recent first meeting of this community of practice and recent climate and health conferences. The first morning had panels on partnering with user communities and support mechanisms. Technical presentations and breakout groups clustered around five themes: information architecture for environment, ecosystems, climate and health – toward interoperable systems; oceans, water quality and health; vector-borne disease (malaria, dengue); air quality and health; disasters and health. Some promising targets for projects to showcase soon are AirNow, MERIT (meningitis), biodiversity and health and possibly Vibrio disease from coastal waters. Planning for the 2010 Ministerial meeting is still very much open. The agenda and the proceedings will provide more details.

Challenges

Meetings for such an aggregated health and the environment group may not provide the right focus. It is difficult to attract participants, especially since GEO does not offer funding. Successful GEO health projects have their own communities of practice. Public health decision-making agencies (WHO and CDC gave presentations in the workshop) require their own focus.

Working with venues organized by public health can help to capture the burgeoning public health interest in this topic. The recent National Environmental Public Health Conference organized by CDC in Atlanta had sessions with NASA, NOAA, and EPA on GEO themes but no GEO presence organized as such. GEO could also help to support public health agencies to run invitation-only targeted workshops.

GEO has been subject to criticism for “claiming” work that it did not do. This problem will grow worse as tasks are written in the workplan with very broad language. The current situation with the malaria task could pose such a problem. Some at the workshop appeared to think that GEO could claim all of the malaria successes in its existing GEO task. That is not correct.

There is a gap between the GEO IT engineering (where the focus is on the pipes) and the GEO societal benefit areas (where the focus is on the content and decision-making). The best ways for these groups to interact requires ongoing thoughtful discussion.

Data privacy is extremely important for health and other areas while there is lots of interest in making data more usable at the local level. The policies for data-sharing require careful review. However, it should be made clear that health agencies do not have to share health data with GEO. Health agencies can provide expertise in using GEOSS shared data from other domains.

GEO communication should emphasize asking how it can help public health agencies. Much GEO communication is in the form of setting requirements without any enticements of funding.