

# Implementing an Environmental Public Health Tracking Program: Challenges and Solutions

Since 2002, [CDC's National Environmental Public Health Tracking Program](#) has provided state and territorial health agencies (S/THAs) with guidance and funding opportunities to bolster environmental public health tracking (EPHT) capacity, with the goal of establishing a national Tracking Network. S/THAs use EPHT programs to collect and analyze health, environmental, and population data to better understand their relationship and how they inform public health policies and practices. [CDC's EPHT Program](#) funds 25 states and one city to develop and expand their public-facing Tracking Networks.

In collaboration with CDC, ASTHO launched its [EPHT Fellowship Program](#) in 2008 to support S/THAs without dedicated federal funding in building tracking capacity. Additionally, ASTHO has successfully enrolled more territories and Freely Associated States over the past several years to address their unique needs. In 2021, ASTHO convened a workgroup of former ASTHO EPHT Fellowship participants and a series of workshops to discuss common challenges states face—funding, data sharing, and partnership building—when developing and executing fellowship projects and building tracking capacity. This brief shares solutions from Delaware and Kansas that other states and territories can explore in their jurisdictions.

## Challenge: Funding and Capacity Building

When planning to develop a formal EPHT program, S/THAs may not have the capacity or funding needed to support the start-up, implementation, and long-term maintenance of the program. One way S/THAs have begun to build capacity without dedicated federal funding is through [ASTHO's EPHT Fellowship Program](#), which facilitates peer-to-peer mentorships between CDC Tracking grantees and unfunded S/THAs. Five ASTHO Fellows have become funded CDC EPHT grantees. [Previous fellowship summary reports](#) outline state and territorial fellowship projects as well as the impact these projects had on their capacity to conduct EPHT-related activities. For example, the [Alabama Department of Public Health's 2018 report](#) highlighted the value that discussions with its peer mentor, the Florida Department of Health, had in developing their own Tracking portal and data sharing agreements.

### State Solution: Former ASTHO Fellow, Delaware, Finds Unique Funding Solution

In May 2019, the Delaware Department of Health and Social Services Division of Public Health (DPH) released [My Healthy Community](#), a platform that shares community-level health tracking data in an accessible format. While they did not have dedicated federal funding for their platform, DPH had already developed an EPHT framework, which helped provide justification for initial funding from the Delaware Department of Natural Resources and Environmental Control (DNREC) in 2016 to help build their Tracking program. That same year, DPH was mentored by Kentucky—a current CDC grantee and a former ASTHO fellow—through ASTHO's Fellowship Program to [pilot test](#) making asthma hospitalization and air quality data publicly accessible. This project helped lay the foundation for the My Healthy Community platform. DPH continues to add new data to their portal, which now includes several additional health indicators that allows residents to better understand how the environment impacts health in their communities.

## Challenge: Data Sharing and Partnership Building

Obtaining and sharing the data necessary for a successful EPHT network is another major obstacle. Concerns and confusion around different state and federal [data sharing rules and regulations](#) (publicly or between agencies) can stymie S/THA efforts to build their EPHT programs. S/THAs can utilize data-sharing agreements, which, once negotiated and implemented, allow them to work with data stewards to access and share key data needed to build out their EPHT network. CDC identifies partnership development activities, data sharing agreements, and memorandums of understanding as important initiatives in [building an EPHT network](#), as well as in sharing and receiving data. Potential partners and data stewards should be engaged early and often when building an EPHT network.

### State Solution: Kansas Partnership with Veterinary Lab Yields Data

Sharing data with other departments and state agencies in Kansas can be difficult due to departmental and agency differences in confidentiality policies. To strengthen its passive harmful algal bloom surveillance system, the Kansas Department of Health and Environment (KDHE) is collaborating with the Kansas State Veterinary Diagnostic Laboratory to obtain animal exposure data related to harmful algal blooms through a recently developed formal data sharing agreement. Before creating data sharing agreements, KDHE recognizes the value of identifying and working alongside someone at the agency or organization they wish to engage that can further highlight the need for sharing data. Additionally, KDHE has been able to work with their state Poison Control Center to access data related to blue-green algae exposure and carbon monoxide (CO) poisoning as needed. These data help make KDHE's tracking portal more robust and useful to the public. The CO poisoning data has also been used to develop [factsheets](#) with information on preventing CO poisoning and death.

## Benefits of a Comprehensive EPHT Program

EPHT programs are integral to helping states and territories not only identify how the environment is impacting the health of a population, but also to identify potential policy solutions and inform decision making. ASTHO continues to identify barriers and potential solutions related to applying for EPHT funding so that additional S/THAs can successfully apply for future funding opportunities. By exploring other funding opportunities, looking for additional capacity-building options, building partnerships with data stewards, and setting up data sharing agreements, S/THAs may be able to navigate these challenges to build a sustainable, comprehensive EPHT program.

**Related:** [ASTHO Fellowship Reports 2002-2019](#) | **Related:** [CDC's Guide to Building an EPHT Network](#)

*This ASTHO Brief was supported through cooperative agreement OT18-1802.NU38, Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health, awarded to the Association of State and Territorial Health Officials and funded by the Centers for Disease Control and Prevention National Center for Environmental Health and the Agency for Toxic Substances and Disease Registry. The contents of this publication are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the U.S. Department of Health and Human Services.*