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### Welcome to the Quarterly Tracker

This inaugural newsletter will help us communicate about important activities and upcoming events. It will be provided quarterly. In each issue, there will be news about Environmental Public Health Tracking (EPHT) activities; a summary of news about EPHT; a spotlight on our Grantees and other Partners; updates about our workgroups and committees; and, upcoming events of significance to EPHT.

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# From Judy's Desk

As Chief of CDC's Environmental Health Tracking Branch (EHTB), I've learned that Superman isn't the only one who's faster than a speeding bullet. Every day, EHTB's staff and partners work quickly and tirelessly to forge vital lines of communication, build tracking infrastructure, and develop statistical and epidemiologic methods, at a pace that I can describe only as heroic.

EHTB's mandate—to lay the groundwork for the National Environmental Public Health Tracking (EPHT) Network—is simple, but its scope is broad and requires collaboration with many internal and external partners. Those include state and city grantees, federal agencies, universities, professional and industrial associations, nonprofit organizations, and the CDC Centers, Institutes, and Offices (CIOs). Our academic partners and many of our state and local partners are working on their third year of tracking activities and have made tremendous progress. To keep everyone up to date on the progress being made by CDC and its partners, we will be publishing this e-newsletter quarterly, and we have already begun a series of Tracking "Brown Bag" meetings. CDC hosts these web-based Brown Bag meetings on the 4th Monday of each month at 1 p.m. EST. Send an e-mail to [epht@cdc.gov](mailto:epht@cdc.gov) if you would like to learn more about the EPHT Brown Bag meetings.

For those of you who are not familiar with EHTB's activities, here is a little bit of background:

Currently, few systems exist at the state or national level to track many of the exposures and health effects that may be related to environmental hazards. The purpose of the EPHT Program is to provide information from a nationwide network of integrated health and environmental data that drives actions to improve the health of communities. This National EPHT Network will integrate three distinct components: data on environmental hazard monitoring, exposure surveillance, and health effects surveillance. CDC is establishing the Network by drawing on a wide range of expertise from federal agencies, state and local health and environmental agencies, nongovernmental organizations (NGOs), state public health and environmental laboratories, and the Program's funded schools of public health.


CDC has defined the vision and mission to set a clear direction for the EPHT Program. These core elements incorporate activities internal and external to CDC at the federal, state, and local levels, emphasizing that the vision cannot be achieved alone. To be successful, the Program requires the input and participation of many stakeholders and partners.

## **Vision: Healthy Informed Communities**

The vision captures the ideal for the National EPHT Program. Translating environmental and public health data into meaningful information leads to increased knowledge; applying that knowledge leads to actions that result in healthy communities.

## **Mission: To provide information from a nationwide network of integrated health and environmental data that drives actions to improve the health of communities**

The mission provides a means to reach the vision, empowering environmental and public health practitioners, healthcare providers, community members, policy makers, and others to make information-driven decisions that affect their health. At the local, state, and national levels, the Network will include a core set of health, exposure, and hazards data; information summaries; and tools for analysis, visualization, and reporting.

In September 2002, the EPHT Program began to fund state and local partners to begin the process of developing the National EPHT Network. The EPHT Program relies on the efforts of these state and local partners. At the end of 2004, CDC provided funding through cooperative agreements to 3 cities, 21 states, and 3 schools of public health to promote planning and capacity building activities, infrastructure enhancement, data linkage demonstration projects, and methods developing. For additional information about our activities, please visit our Web site at <http://www.cdc.gov/nceh/tracking>. 

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## Tracking Gets Talking

### **National EPHT Conference — A Huge Success!**

CDC and partners joined to present the second conference highlighting the National EPHT Program. During the 3-day conference in Atlanta, more than 330 people attended the sessions! The April 20–22, 2005, meeting, titled "Vision to Reality," builds upon and represents our progress since last year's "Many Voices, One Vision" conference. The 2005 conference highlighted the goals of the EPHT Program, program accomplishments, and lessons learned.

*CDC's Strategy for the National Environmental Public Health Tracking Program, Fiscal Years 2005-2010* was unveiled at the conference. This document provides the conceptual framework to further this important work over the next 5 years, including the vision, mission, and main goals for the National EPHT Program.

This meeting provided an opportunity for CDC's grantees and partners to share successful methods for integrating environmental and health information to guide public health practice and policy. It also allowed them to communicate important findings from environmental public health tracking projects and strengthen collaborations to promote the development of an EPHT network at the local, state, and national levels.

All of the presenters in the breakout sessions were grantees. They organized their presentations around the five goals stated in the CDC document:

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

The diverse conference attendees included the following:

- environmental public health and other public health practitioners and professionals at federal, tribal, state, and local levels
- academicians and students from schools of public health and from universities and colleges with undergraduate and graduate environmental public health and health informatics programs
- advocacy and public health professional organizations and associations
- private-sector leaders
- medical professionals
- health educators and communication specialists
- health and environmental informatics specialists, researchers, and policy makers

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- International environmental public health colleagues
- CDC EPHT partners, such as the NCEH Air Pollution & Respiratory Health Branch, NCEH Division of Laboratory Services, National Center on Birth Defects and Developmental Disabilities, National Center for Chronic Disease Prevention and Health Promotion, National Center for Public Health Informatics.

The agenda, presentations, poster abstracts and more can be found at <http://www.cdc.gov/nceh/tracking/conf05/home.htm>.

To view the full text of *CDC's Strategy for the National Environmental Public Health Tracking Program* as a PDF file (2.2Mb) go to: <http://www.cdc.gov/nceh/tracking/pdfs/strategy.pdf>.

### CDC Director Gives Keynote Address at 2005 National EPHT Conference

"The National Environmental Health Tracking Program is a giant step towards fulfilling one of CDC's overarching goals and that is that people in all communities are protected from infectious, environmental, and terrorist threats. By integrating environmental and public health information systems, CDC will be better able to protect the nation's help by responding more timely to public health problems related to the environment."

— Julie Louise Gerberding, MD, MPH

Director, Centers for Disease Control and Prevention  
Administrator, Agency for Toxic Substances and Disease Registry

The National EPHT Program was honored to have Dr. Gerberding accept its invitation to be the conference keynote speaker for opening day of the conference. Her presentation, "Health Protection in the 21st Century: Exploiting 'Small World' Networks," focused on the increasing importance of networks such as the National EPHT Network in public health. She spoke for 30 minutes to an audience of more than 300 people, then answered questions from attendees. One audience member commended Dr. Gerberding for being the first CDC Director he has seen speak at an environmental health conference.

Slides from Dr. Gerberding's presentation can be viewed on the 2005 National EPHT Conference Web site at <http://www.cdc.gov/nceh/tracking/conf05/pdfs/presentations/gerberding.pdf>.

## In the News

A series of seven articles have been published in the October 2004 issue of *Environmental Health Perspectives* (Vol. 112, No. 14) as a mini-monograph titled "National Environmental Public Health Tracking Program: Bridging the information gap." These articles discuss the need for a national environmental public health tracking network and where this effort has gone thus far. You can find all seven articles in the "Publications" section of the Centers for Disease Control and Prevention's National EPHT Program Web site at <http://www.cdc.gov/nceh/tracking/monographs.htm>.

- Hanrahan LP, Anderson HA, Busby B, Bekkedal M, Sieger T, Stephenson L, et al. 2004. Wisconsin's Environmental Public Health Tracking Network: information systems design for childhood cancer surveillance. *Environ Health Perspect*: doi:10.1289/ehp.7150. [Online 3 August 2004].
- Kass DE, Thier AL, Leighton J, Cone JE, Jeffery NL. 2004. Developing a comprehensive pesticide health effects tracking system for an urban setting: New York City's approach. *Environ Health Perspect*: doi:10.1289/ehp.7149. [Online 3 August 2004].

- Knorr RS, Condon SK, Dwyer FM, Hoffman DF. 2004. Tracking pediatric asthma: the Massachusetts experience using school health records. *Environ Health Perspect*: doi:10.1289/ehp.7146. [Online 3 August 2004].
- Laflamme DM, VanDerslice JA. 2004. Using the Behavioral Risk Factor Surveillance System (BRFSS) for exposure tracking: experiences from Washington State. *Environ Health Perspect*: doi:10.1289/ehp.7148. [Online 3 August 2004].
- Litt J, Tran N, Malecki KC, Neff R, Resnick B, Burke T. 2004. Priority health conditions, environmental data, and infrastructure needs: a synopsis of the Pew Environmental Health Tracking Project. *Environ Health Perspect*: doi:10.1289/ehp.7147. [Online 3 August 2004].
- Mather FJ, White LE, Langlois EC, Shorter CF, Swalm CM, Shaffer JG, et al. 2004. Statistical methods for linking health, exposure and hazards. *Environ Health Perspect*: doi:10.1289/ehp.7145. [Online 3 August 2004].
- McGeehin MA, Qualters JR, Niskar AS. 2004. National Environmental Public Health Tracking Program: bridging the information gap. *Environ Health Perspect*: doi:10.1289/ehp.7144. [Online 3 August 2004].

## Grantee Spotlight

To share success stories of the grantees, one grantee will be highlighted in each newsletter.

### Childhood Cancer and Environmental Data Linkage Project

The Massachusetts Department of Public Health, Center for Environmental Health (MDPH/CEH) is linking data from existing health effects surveillance systems with data from monitoring systems for human exposure and environmental hazards. The overall purpose of this project is to develop methods for linking environmental databases (i.e., drinking water quality, ambient air quality, pesticide use, etc.) with childhood cancer incidence data to identify possible areas for further public health intervention.

Cancer incidence data are derived from the Massachusetts Cancer Registry (MCR), which began collecting data in 1982. As of March 2005, the most recent year for which complete data have been published is 2001. Complete data for 2002 are expected to be published within several months. MCR releases city/town reports of cancer incidence annually. It collects reports of all newly diagnosed malignant cancer cases from all Massachusetts acute care hospitals and one health maintenance organization. By law, newly diagnosed cancer cases for residents of Massachusetts must be reported to the MCR within 6 months of the date of diagnosis. Geocoding of statewide cancer incidence data for the period 1982–2000 is complete and MDPH/CEH continues to geocode cancer incidence data from the year 2000 on.

The Standardized Incidence Ratio (SIR) calculator is a groundbreaking tool developed specifically for this tracking project. The SIR calculator combines geocoding work on ArcGIS software with statistical programming to respond to concerns about suspected cancer clusters, including childhood cancers, in neighborhoods throughout Massachusetts. ArcGIS is an integrated collection of geographic information system (GIS) software products for building a complete GIS. It gives staff

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## Grantee Spotlight *continued from page 3*

GIS functionality wherever it is needed: through desktop computers, servers, or custom applications; over the Web; or in the field. The calculator computes census-tract level SIRs on the basis of user-defined settings. The user can choose any community in Massachusetts and compute an SIR for 27 different cancer types by gender or age group. The calculator adjusts the calculation for census-tract boundary changes between the 1990 and 2000 censuses. It also can combine and adapt data to span geopolitical boundaries (i.e., portions of neighboring communities can be combined and reflected as a single SIR). The SIR calculator makes a color-shaded map and a table of statistics. Reported data include observed number of cancer diagnoses, expected number of cancer cases, an SIR, and confidence interval for the census tract(s) selected. The user can then display point locations of residences of individuals diagnosed with cancer and evaluate whether there may be an unusual concentration of cases within a given census tract.

Continued enhancements to the SIR calculator are being made. One enhancement gives users the ability to search and identify statistically significant elevated rates of childhood cancers by census tract. Enhancements related to population data enable the calculator to continue generating SIRs as new years of cancer incidence data become available. By updating the SIR calculator continuously as new data become available, the tool would be supporting a sustainable, ongoing surveillance effort. It enables ready identification of potential elevations in cancers, particularly childhood cancers, by community and by census tract or neighborhoods within communities.

MDPH/CEH is continuing to evaluate the available environmental databases for possible linkage with the childhood cancer incidence data, such as the following:

- databases on drinking water quality for public and nonpublic drinking water systems;
- databases on drinking water systems that are served primarily by groundwater versus surface water systems (the latter generally require treatment, such as chlorination, while the former do not); and
- databases that include systems that have specific types of violations (e.g., searching for specific contaminant violations).

MDPH/CEH also is assessing the feasibility of linking cancer incidence with pesticide use databases currently available at the Massachusetts Department of Food and Agriculture. That may include information on pesticide products registered in Massachusetts, who is using what restricted use pesticide product and where in the state they are being used; the active ingredients of the product and the type of crop it is used for, and other information.

You can find out more about the State of Massachusetts EPHT activities on the Internet at <http://www.mass.gov/dph/beha/beha.htm>. 

## Our National Partners

CDC is working with national organizations, national agencies, and other key groups to effectively develop, implement, and promote the National EPHT Program. The main objective of EPHT partners is to promote and increase the knowledge base of health and environmental professionals of the nationwide EPHT initiative. EPHT partners include the following:

- Association of State and Territorial Health Officials (ASTHO),
- Association of Public Health Laboratories (APHL),
- National Association of County and City Health Officials (NACCHO),
- National Environmental Health Association (NEHA),
- Environmental Council of the States (ECOS),
- Physicians for Social Responsibility (PSR),
- Council of State and Territorial Epidemiologists (CSTE), and
- United States Geological Survey (USGS).

CDC has also signed memorandums of understanding (MOUs) with the U.S. Environmental Protection Agency (EPA) and the National Aeronautics and Space Administration (NASA). EPA and CDC have signed a MOU to achieve mutual environmental goals relative to environmental public health tracking. CDC and NASA have signed a MOU to explore the use of earth systems science technology and data for characterizing the relationship between environmental hazards, human exposures, and potential health effects for the National EPHT Network. The combined efforts of all these partners are essential to the success of the EPHT initiative.

### Partner Spotlight – National Environmental Health Association

This quarter, we spotlight NEHA and its 2004 survey. Some preliminary results are reported below.

NEHA's mission is to advance the environmental health and protection professional to provide a healthful environment for all. NEHA was started in California, where it was incorporated in 1937. The original impetus behind the creation of a national professional society for environmental health practitioners was the desire by professionals to establish a standard of excellence for this developing profession. This standard for professionals is known as the Registered Environmental Health Specialist/Registered Sanitarian (REHS/RS) credential. To receive this credential, the practitioner must pass an exam verifying that he or she has mastered the knowledge and acquired sufficient experience to work in the environmental health field. The pioneers of the association believed that such a credential was necessary if the environmental health field was to grow and take shape as a legitimate and widely respected profession.

NEHA today stands as a 5,000-member strong professional society. It offers a variety of programs that are in keeping with the association's mission, which is as relevant today as it was when the organization was founded.

### Partnership Activities with Centers for Disease Control and Prevention (CDC)

NEHA's main objectives for the National EPHT Program are to

- Learn more about environmental health professionals' current level of knowledge and understanding of EPHT.
- Increase the knowledge base of environmental health professionals of the National EPHT Program by disseminating relevant information.
- Collaborate with other EPHT partners to help develop the National EPHT Program and Network.

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For more information on tracking activities at NEHA, visit [http://www.neha.org/research/enviro\\_public\\_health\\_tracking\\_program.html](http://www.neha.org/research/enviro_public_health_tracking_program.html)

### NEHA Annual Meeting

NEHA is hosting its Annual Educational Conference and Exhibition, June 24–28, 2006, in San Antonio, Texas.

### National NEHA Survey

To learn more about the current level of knowledge and understanding of EPHT, in early 2004 NEHA developed and launched a national survey of the NEHA membership, which includes epidemiologists, sanitarians, researchers, state and local health officials, professors, and others. Approximately 400—representing almost 15% of the membership—were received from 42 states. Most of those respondents serve communities with 25,000 to 100,000 residents.

Data from this survey has provided NEHA and its partners with information that will assist in the development of educational materials and training. It has provided insight and needed direction for this initiative; and, more specifically, insight into what is needed to increase interest and involvement by all environmental public health professionals in EPHT.

### Survey suggests need to share data

Data were collected in isolated program areas (e.g. air, water, etc.) and in different formats. Respondents listed drinking water data as the type of data most often being collected and shared. The survey stated that 68% of respondents did not analyze both public health and environmental health data together to make environmental public health decisions. A small portion (25%) of respondents indicated that they did analyze health and environmental data together. Examples included drinking water data and health advisories; groundwater data and cancer cluster issues; blood lead levels for abatement programs; and indoor/outdoor air quality and emergency room data on asthma.

### Respondents see value in EPHT network

The survey indicated that 72% of respondents do see value in EPHT, although 26% were undecided. This suggests that there still is work to be done to generate awareness of the EPHT initiative so that environmental public health professionals become involved and interested.

### Training and education needed to boost awareness

The NEHA survey revealed that 87% of respondents rated their current level of knowledge about the EPHT program as “none” to “very little.” Most respondents said they had good knowledge levels about epidemiology, but were least knowledgeable about GIS. Epidemiology and environmental public health surveillance were the top two areas identified for more training and education.

### Only 5% of NEHA membership knew about the three EPHT Academic Centers for Excellence

EPHT Academic Centers for Excellence were funded by CDC within schools of public health at Tulane University in New Orleans; University of California, Berkeley; and Johns Hopkins University in Baltimore.

### CDC grants for EPHT


At the time of the survey, 21 states were receiving funding from CDC for planning, capacity-building, or for enhancement and demonstration projects. The funded states include California, Connecticut, Florida, Illinois, Louisiana, Maine, Maryland, Massachusetts, Missouri, Montana, New Hampshire, New Jersey, New Mexico, New York, Nevada, Oklahoma, Oregon, Pennsylvania, Utah, Washington, and Wisconsin. Additionally, three local public health agencies were funded

(Houston, New York City, and Washington D.C.). Yet, 77% of respondents were “not sure” whether their state had received a CDC grant for EPHT. NEHA recommends that state officials do more effective outreach and communicate more with local public health agencies and environmental health staff about EPHT.

### EPHT programs face further challenges

Additional barriers identified in the survey and partner organization’s discussion groups include the following:

- Not meeting expectations of the community and state and local officials
- Limited workforce (number of people) and capacity
- Need to protect privacy
- Absence of link to state data system
- Lack of qualified employees
- Limited utility and availability of data
- Data points might be scattered at the local level, making it difficult to capture data
- Limited reliability and compatibility of data
- Inability to complete statistical analysis if the population size is too small
- Inconsistency in methods for analyzing data collected
- Difficulty in determining what problem the data might actually address
- Difficulty in promoting the program to the community and boards of health.

For more information about the survey, contact NEHA staff at 303-756-9090 or visit [http://www.neha.org/research/enviro\\_public\\_health\\_tracking\\_program.html](http://www.neha.org/research/enviro_public_health_tracking_program.html). 

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## Workgroups/Committees Update

### Program Marketing and Outreach (PMO) Workgroup

The mission of the National Environmental Public Health Tracking (EPHT) PMO Workgroup is to assist the Centers for Disease Control and Prevention (CDC) and its grantees to develop and implement a program outreach and marketing plan. The PMO Workgroup is developing appropriate education and outreach materials that emphasize and support the goals, objectives, and timely promotion of the national EPHT effort. These efforts compliment those of the Standards and Network Development (SND) Workgroup and the overall design of the National EPHT Network and Program. Finally, the PMO Workgroup will provide input on data and other information that will be made available to the public and others to ensure that their needs are met and that information is provided in a clear and useful way. The workgroup includes representatives of all interested grantees and funded partners. The PMO has formed subgroups to better develop appropriate outreach materials for various audiences.

### Standards and Network Development (SND) Workgroup

The SND Workgroup consists of three subgroups: Network Architecture, Metadata and Data Quality, and Geography/Location Referencing. These subgroups are working collaboratively to identify existing standards and recommend new standards for the EPHT Network. To this end, the workgroup is developing a list of technical terms with definitions that are relevant to the EPHT Network and will help ensure consistency in communicating technical aspects of the network.

The Geography and Locational Referencing Subgroup has developed a document that addresses the concepts

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## Our National Partners *continued from page 5*

geographical information systems and their uses for the future EPHT Network. The Metadata and Data Quality Subgroup has drafted template for metadata and has documented requirements needed to develop a robust metadata creation tool. The Network Architecture Subgroup drafted a network diagram and is refining it to provide more details as the required features of the network come into focus.

SND Workgroup members have also drafted a template for Trading Partner Agreements (TPA) that establishes and characterizes a data sharing relationship between two or more parties. TPAs are used by the Health Insurance Portability and Accountability Act (HIPAA) for Medicaid transactions. They also are used in the U.S. Environmental Protection Agency's (EPA) Environmental Information Exchange Network and by the Washington Department of Health. (The EPA Information Exchange Network electronically collects and stores information, integrates information from many sources, and provides timely, secure access to the information.) Small teams also have been formed to address issues related controlled vocabulary standards, data modeling, and network implementation guidelines.

### EPHT Training Committee

In March 2004, the National EPHT Program established the EPHT Training Committee. The goals of this committee are to

- coordinate the identification of the training needs of state and local EPHT partners,
- identify existing training resources,
- facilitate development of training opportunities, and
- coordinate delivery of training in an efficient manner.

The EPHT Training Committee includes representatives from grantees and funded partners. To date, the committee has reviewed training needs of state and local grantees identified at national EPHT meetings and through partner assessments conducted by the schools of public health. The committee is working with CDC to develop a modular course designed for online access covering basic principles of EPHT for new EPHT grantee staff and potentially other health and environmental partners, legislators, and community members. 🌐

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## Talk to Tracking

### New EPHT Listserv

EPHT now has its own listserv. The listserv was set up as a mechanism to encourage two-way communication between CDC and its EPHT partners. Through the listserv, CDC can distribute information to all of its partners and those partners can provide direct input to the National EPHT Program. To subscribe to the EPHT listserv, send an email to [listserv@listserv.cdc.gov](mailto:listserv@listserv.cdc.gov) with the command "subscribe EPHT firstname lastname" in the body of the email (without quotes). The subject line should be left blank. Join us!

### New EPHT Mailbox

Have questions or comments? Now you can contact the National EPHT Program by e-mail at [EPHT@cdc.gov](mailto:EPHT@cdc.gov). 🌐

## Upcoming Events

### 2005 EPHT Grantee October Workshop

*"Building Bridges"*

Who: EPHT Grantees and Funded Partners

What: The goal is to provide a "hands-on" atmosphere for learning, exchanging ideas, problem solving, and networking within the EPHT Program.

Where: Tampa, Florida, When: October 25–27, 2005

### 2005 APHA Conference

*"Evidence-Based Policy and Practice"*

Who: American Public Health Association

What: 133rd Annual Meeting and Exposition

Where: New Orleans, Louisiana, When: November 5–9, 2005

<http://www.apha.org/meetings/index.htm>

### 2005 CSG Annual Meeting

Who: Council of State Governments

What: Annual State Trends and Leadership Forum

Where: Wilmington, Delaware, When: December 1–4, 2005

<http://www.csg.org/CSG/Meetings/annual+meeting/default.htm>

### 2005 ECOS Conference

*"2005 ECOS Annual Meeting"*

Who: The Environmental Council of the States

What: Annual Membership Meeting

Where: Kennebunkport, Maine, When: September 7–9, 2005

<http://ecos.org/section/events/?id=1261>

### RECENT EVENTS

### 2005 NACCHO/ASTHO Conference

*"Reversing the Tide: Promoting Policies and Programs to Advance the Nation's Health"*

Who: National Association of County & City Health Officials/Association of State and Territorial Health Officials

What: Annual Meeting and Exposition

Where: Boston, Massachusetts, When: July 12–15, 2005

[http://www.naccho.org/conferences/annual\\_conference.cfm](http://www.naccho.org/conferences/annual_conference.cfm)

### Second Annual National EPHT Conference

*"Environmental Public Health Tracking: Vision to Reality"*

Who: Everyone interested in Tracking

What: The CDC joined our partners to present the second conference highlighting the National EPHT Program. During the 3-day conference in Atlanta, more than 330 people attended the sessions! The meeting was entitled "Vision to Reality" because the conference centered around the five goals of the EPHT Program, and sought to highlight the program's accomplishments and lessons learned.

Where: Atlanta, Georgia, When: April 20–22, 2005

The agenda, presentations, poster abstracts and more can be found at

<http://www.cdc.gov/NCEH/tracking/conf05/home.htm>

### 2005 APHL Conference

*"Compounding the Elements of Laboratory Preparedness"*

Who: Association of Public Health Laboratories

What: Annual Meeting and Exposition

Where: Salt Lake City, Utah, When: June 26–28, 2005

[http://www.aphl.org/conferences/2005\\_APHL\\_Annual\\_Meeting.cfm](http://www.aphl.org/conferences/2005_APHL_Annual_Meeting.cfm)

### 2005 NEHA Conference

*"Annual Educational Conference & Exhibition"*

Who: National Environmental Health Association

What: Annual Conference

Where: Providence, Rhode Island, When: June 26–29, 2005

<http://www.neha.org/AEC/2005/>

### 2005 CSTE Conference

*"Forging Collaborations and Partnerships to Support Public Health Practice"*

Who: Council of State and Territorial Epidemiologists

What: Annual Conference

Where: Albuquerque, New Mexico, When: June 5–9, 2005

<http://www.cste.org/annualconference/index.htm>

### 2005 PHIN Conference

*"3rd Annual Public Health Information Network Conference"*

Who: Public Health Information Network

What: 3rd Annual Conference

Where: Atlanta, Georgia, When: May 10–12, 2005

<http://www.cdc.gov/phinf/> 🌐