

wide, regional or national. The activities in this program announcement are intended to improve existing surveillance and monitoring systems by enhancing epidemiologic, analytic and technological capacity at the local, state, and regional level. Methods, tools, and best practices developed through this program will be used in advancing the development of a standards-based, coordinated, and integrated environmental public health tracking (surveillance) network at the state, regional, and national level. See Appendix I for background information about environmental public health tracking (surveillance). Appendix II contains definitions of the terminology used in this program announcement to ensure applicants fully understand the purpose and intent of this announcement. All appendices referenced in this announcement are posted with the announcement on the CDC Web site, Internet address: <http://www.cdc.gov>. Click on "Funding," then "Grants and Cooperative Agreements."

Environmental Public Health Tracking deals specifically with chronic diseases, birth defects, developmental disabilities, and other non-infectious health effects that may be related to exposure to chemicals, physical agents, biomechanical stressors, or biologic toxins in the environment. Appendix I further describes the health effects and environmental factors eligible for inclusion in the overall tracking program. This program announcement focuses on specific health effects which include birth defects, developmental disabilities, cancer, asthma and other respiratory disease, autoimmune diseases, neurological/immunologic diseases, heavy metal poisoning, and pesticide poisoning. The need for an environmental public health tracking (surveillance) network in which health effect, exposure, and hazard data can be linked on an ongoing basis was well documented by the Pew Environmental Health Commission in its report "America's Environmental Health Gap: Why the Country Needs a Nationwide Health Tracking Network." The Internet address of this report is available in Appendix III.

Both the CDC and the Environmental Protection Agency (EPA) have large ongoing efforts to develop, standardize, and promote electronic reporting of data and to improve collaboration across categorical programs. Work being done to create the Environmental Public Health Tracking Network falls under a larger effort at CDC and ATSDR to integrate data that is referred to as the Public Health Information Network (PHIN). PHIN covers all ongoing CDC

and ATSDR surveillance activities including the National Electronic Disease Surveillance System (NEDSS) and bioterrorism surveillance and provides architectural and technical standards and specifications as a starting point for all system design activities. For reference, Appendix III contains the Internet addresses for NEDSS and PHIN, which include information about the Public Health Information Technology Functions and Specifications. The EPA's National Environmental Information Exchange Network is also contained in this appendix.

This program announcement focuses on the use and enhancement (for example, by adding geo-coded data items) of existing surveillance/monitoring systems at the local, state or regional level rather than development of new systems. Existing Birth Defects surveillance systems should include at least 35,000 live births per year. Cancer registry surveillance systems should be limited to those registries that have obtained certification from the North American Association of Central Cancer Registries (NAACCR). Additionally, these existing systems should contain data of sufficient completeness, timeliness, and quality to allow reporting of valid estimates of health effect prevalence, incidence, or mortality for a population; and they should be readily available to health department staff for analysis and dissemination of information to guide public health action.

Measurable outcomes of the program will be in alignment with the following performance goals: National Center for Environmental Health (NCEH)—Increase the capacity of state and local health departments to deliver environmental health services in their communities; National Center for Chronic Disease Promotion and Health Promotion (NCCDPHP)—Improve the quality of state-based cancer registries; National Center for Birth Defects and Developmental Disability (NCBDDD)—Prevent birth defects and developmental disabilities; National Center for Health Statistics (NCHS)—Monitor trends in the nation's health through high-quality data systems addressing issues relevant to decision makers.

Agency for Toxic Substances and Disease Registry (ATSDR)—Ascertain the relationship between exposure to toxic substances and disease.

Linkage projects initiated under this program announcement should support ongoing, integrated and systematic surveillance/monitoring efforts. Projects should focus on existing surveillance/monitoring systems that are either

statewide or regional and should develop sustainable models for linking environmental exposure and/or hazard data with one or more of the following health effects:

- (1) Major structural birth defects
- (2) Developmental disabilities such as Autism, mental retardation, and other developmental disabilities.
- (3) Cancers, especially those for which there are shorter latency periods, such as hematopoietic, central nervous system and childhood cancers
- (4) Asthma and other chronic obstructive respiratory diseases
- (5) Neurological diseases, including Alzheimer's disease, amyotrophic lateral sclerosis (ALS), multiple sclerosis (MS), and Parkinson's
- (6) Autoimmune diseases such as Hashimoto's thyroiditis, rheumatoid arthritis, scleroderma, and systemic lupus erythematosus
- (7) Pesticide Poisoning
- (8) Heavy Metal Poisoning (e.g. lead, mercury)

C. Eligible Applicants

Applications may be submitted by:

- State health departments or their bona fide agents (this includes the District of Columbia, Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, the Republic of Palau)
- The local health departments of Chicago IL, Philadelphia PA, Los Angeles County, Houston TX, and New York City NY (in consultation with states).

Due to limited resources, competition is limited to only the listed applicants. This accommodates legislative appropriations language which began the Tracking initiative in FY 2002 and which specified capacity development of environmental health at state and local health departments. The cities listed are the five largest incorporated metropolitan areas in the United States.

An important component of this announcement is to build partnerships between and within environmental and health agencies/departments/staff; therefore, applicants must demonstrate that their program will be a collaborative effort by including the following with their application:

1. A letter of collaboration signed by both the state (or local) Secretary/Director of Health or equivalent and the state (or local) Secretary/Director of Environmental Quality/Protection/Natural Resources or the equivalent agency/department confirming that partnerships exist or will be developed:
 - a. Across Health and Environmental Agencies/Departments. (Evidence of a