Background: Where we live, work, learn, and play has an enormous impact on our health, and yet we historically have lacked adequate data to both help understand these impacts and deploy scarce public health resources to address them. From air quality to radon to lead to harmful algal blooms to chemical exposures, environmental factors contribute to a range of serious health effects. CDC’s National Environmental Public Health Tracking Program works with a network of partners to collect, integrate and analyze disease and environmental data to help public health and other practitioners identify and target health risks.

Impact: Since 2002, the Tracking Program contains data points for environmental factors such as outdoor air quality, drinking water quality, and toxic substance releases and tracks related health effects such as cancer, reproductive health outcomes, birth defects, hospitalizations for asthma, cardiovascular disease, carbon monoxide poisoning, childhood lead poisoning, and
developmental disabilities. By connecting the dots between exposures and health effects, grantees can work to stop these exposures and protect the health of communities. To date, Tracking grantees have taken over 700 data-driven actions to improve health.

The tracking program’s data system is able to identify demographic factors, environmental burdens, socioeconomic conditions, and public health concerns related to environmental justice. Via the tracking program’s unique tools, data can be shared in meaningful ways that highlight the disproportionate burden that certain communities face.

In 2017, the program completed a new competitive process and announced awards to 25 states and one city for five-year expected funding. A Public Health Foundation study estimated that every dollar invested in tracking results in a $1.44 return in the form of health care savings.

**Recommendation:** As of 2021, CDC is still only able to fund half the states to participate in the Tracking Network. CDC has estimated that roughly $75 million will be needed to expand the program to all 50 states, D.C. and U.S. territories. As such, TFAH recommends that Congress provide $40 million in FY 2022 as an initial payment towards fully funding the Network within the next five years.

For an additional $6 million ($40 million total), the program could add at least three states to the existing network. Additional levels of funding could also allow the program to continue to expand the type of health data available to policymakers, public health professionals, and the public.