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The vision for a National PHIN is based on Open Source Software, Service Oriented Architectures, Federated Systems, and Grid Computing (Lenert, 2007). Grid computing includes grassroots bottom-up approaches and leveraging local computing assets (Hall, 2007). The PHIN is also conceptualized as being integrated with a national health CARE information network. Although Grids depicting a vision for a national PHIN grid show involvement of local health departments (LHDs), there is little evidence of LHDs having substantial roles in the development of ehi networks, with some notable exceptions. There are compelling reasons for LHD involvement including: Public health's mission to protect the public's health; Need for public sector involvement in ehi networks; Emerging concept of multi-agency public health system with LHDs as the lead agency; Refinement of Essential Public Health Services to include evaluation of health care services; Increasing recognition of health care errors as a major public health problem. With the relative lack of involvement of LHDs in ehi, the emphasis on local emergence in a national PHIN presents challenges including: Health care systems primarily evolve at local level; Health care systems evolve as private sector initiatives; Local public health has been decreasing its role in providing health care; LHDs are relatively uninvolved in EHI networks. Challenges to developing ehi networks for either health care or public health are increasingly recognized as social and political, rather than technological. For example, the CDC has adopted a "Community of Practice" approach to overcome the INTRA agency tendency to work in siloed structures. An extensive body of work emanating from the social and behavioral science can also be applied to overcome INTER organizational challenges. Applications of social capital, community engagement, and consortium evaluation provide important insights for expanding the roles of LHDs in ehi network development, illustrated with the Duval County Health Department.