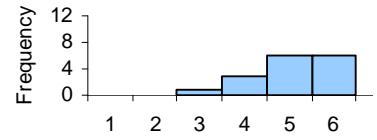


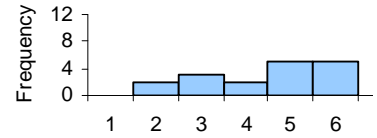
# EPHT OTAG Confidential Feedback

Scale: *Strongly Disagree* *Disagree* *Slightly Disagree* *Slightly Agree* *Agree* *Strongly Agree*  
 1 2 3 4 5 6

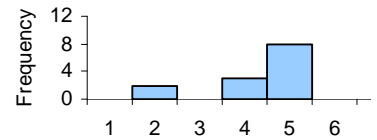
1. My participation on OTAG is beneficial to me and my organization.



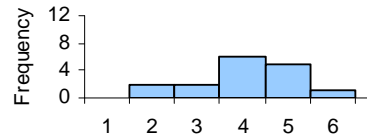
2. There are no significant disadvantages to participation in the OTAG.



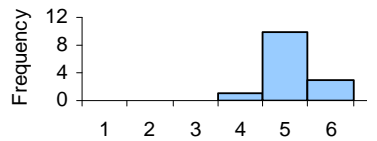
3. The OTAG is doing what I expected.



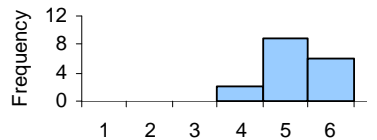
4. I feel I am contributing to OTAG.



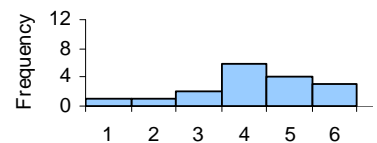
5. The OTAG is meeting the objectives that it established.



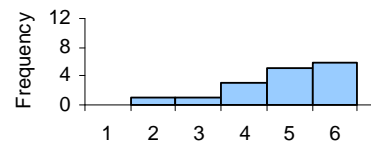
6. I am likely to attend another meeting of the OTAG.



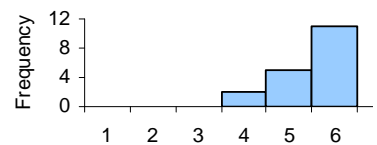
7. I feel that my knowledge and skills are being used in the OTAG process.



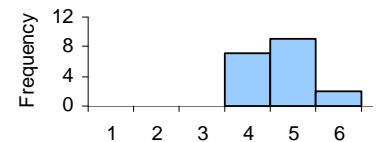
8. I have learned about the EPHT from my participation in the OTAG



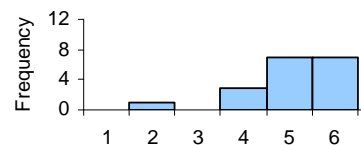
9. The goals of the EPHT program are important.



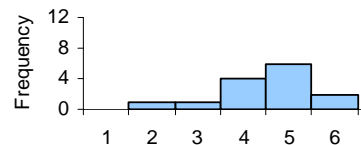
10. The goals of the EPHT program are feasible.



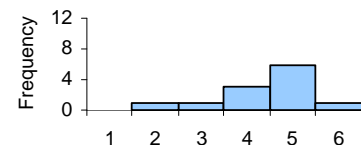
11. The EPHT program will benefit from contributions of OTAG members



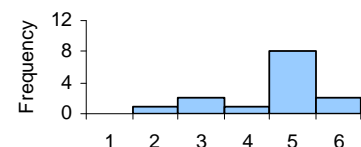
12. The OTAG has had the meeting time needed to discuss the issues.



13. The OTAG has had the meeting time needed to make good recommendations.



14. The EPHT program is responsive to OTAG recommendations.



	n	Mean	Std. deviation
Q1	16	5.0625	.92871
Q2	17	4.4706	1.41940
Q3	13	4.3077	1.10940
Q4	16	4.0625	1.12361
Q5	14	5.1429	.53452
Q6	17	5.2353	.66421
Q7	17	4.2059	1.35852
Q8	16	4.8750	1.20416
Q9	18	5.5000	.70711
Q10	18	4.7222	.66911
Q11	18	5.0556	1.05564
Q12	14	4.5000	1.09193
Q13	12	4.4167	1.08362
Q14	14	4.5714	1.15787

Discussion comments and themes (EPHT responses in red):

1) Comments about specific refinements to GEORGE

a. Suggestion for more flexibility in the age range category to match up with Medicare data

We will be looking into this possibility as an enhancement to GEORGE in the future.

b. Are there plans to review the information before it goes live on the web?

After the soft launch and before the hard launch (before 3/1/08) users can contact EPHT staff about any recommendations for the web portal. We welcome your participation.

c. There are suggestions for the data labels

See previous response.

d. Can we include information about income?

We will be looking into this possibility as an enhancement to GEORGE in the future.

2) Comments about enhancing the functionality of GEORGE

a. Interested in the ability to overlay different types of data

EPHT is working on a plan for the best way to accomplish this. The first step is to add GIS capabilities to our site. We are exploring the potential for linking EPHT indicators from related topic

areas, as well as pursuing analytic projects where our staff carry out the linking and publish the results on our web site.

b. Want to query more than one topic at a time.

We agree, and are looking into this as an enhancement to GEORGE in the future.

c. County level data may not be good enough (not a high enough level of resolution)

We agree, and are working to obtain data at a finer geographic resolution. EPHT would like to make information available for sub-county geographies such as Census tracts whenever possible. Of course, we must take care with confidentiality and reliability issues when we do this.

d. Is data available at a smaller geographic scale?

At this point, finer resolution data must be obtained from the data stewards, for example, the Oregon Center for Health Statistics for birth or death records. EPHT is working on the possibility of adding secure role-based access to finer resolution data in the future, but even then the data would still be aggregated (possibly to the Census tract level).

### 3) Concerns about use of the data

a. There are confidentiality issues with the data

The EPHT team follows the suppression guidelines issued by the Oregon Public Health Division Center for Health Statistics, which are designed to protect confidentiality and to provide warnings about the reliability of data.

b. Want to ensure interpretation of the data so the conclusions are correct.

The EPHT web portal will offer several levels of access for users. This will include fact sheets, FAQs, graphs, maps, charts, information about other related programs and contact information. We welcome feedback about the web portal after the soft launch. We are very interested in making our website accessible and comprehensive.

c. Will people make connections with data that they shouldn't? Concern about differentiating between correlation and causation.

Information about how to interpret links between the environment and health will be available on the website in addition to the queryable data. We hope that OTAG and other partners will review the website when it becomes available and suggest the addition of sources that might be useful (i.e. links to other websites and tools)

### 4) Questions about the process of building and implementing the network

a. People wanted to know the difference between soft launch and hard launch and what is available to the public

Both the soft launch and the hard launch make our website publicly accessible. The difference is that we will not widely advertise the soft launch. It will provide an opportunity for our users to give us feedback on the website before it is more widely advertised.

### 5) Suggestions for the EPHT website and network

a. Wanted to know who the consumers are and if the website was targeted to them; example, is there technical assistance available; can people find the source of data; can we include suggestions about what people can do about environmental health issues identified?

The consumers of EPHT are people with an interest in environmental health. Our website will be broken down into different sections for different types of users. There is technical information in GEORGE about how to use the web-query application. Nancy Goff is available to give a web demonstration to groups.

b. Are sources of data available on website?

Yes, under the "Explore Metadata" link on the left hand side.

c. A comment was made that this is an educational opportunity to teach users about interpretation of the data.

Yes, and we welcome suggestions about how to make this possible!

d. NCDM reports are more detailed than the average user might want.

Yes, we agree, and are working on a plan to make the information more accessible.

e. We should link to other programs that cover the same topics.

We have links to similar programs and partner programs with the information about each topic.

f. This is a good way to empower people with data.

g. How do we deal with the environment playing a smaller role in health effects than other things?

Suggestion was to present data from environmental exposures/hazards along with other factors that play in.

The information on our website will contain explanations about the role of all potential risk factors, not just environmental factors in health. We welcome the addition of information about other programs, or suggestions about how to make this clearer. Please contact us if you have specific suggestions about the website.

h. Framing around the environment only is just as bad as framing around individual behavior only.

Both are too narrow in scope. Would it be possible to have information about all possible health risks, not just environmental?

See previous question.

i. We can segregate data and information

This idea is currently being developed and will be available with our soft launch.

j. Can we create concepts for what a healthy environment is? (interpreted like benchmarks) so people can make sense of the information that is given to them. Mentioned a checklist.

This is a great idea for how to make the data and information more meaningful to users. We will explore the possibility of including some checklists that exist.