



Oregon Environmental Public Health Tracking

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Oregon Technical Advisory Group (OTAG)

Monday, November 17, 2008 1:00 pm – 4:00 pm

Portland State Office Building, Conference Room 1E-70

Staff:

Gail R. Shibley	OEPH Administrator
Jae Douglas	TATS Section Manager, EPHT Principal Investigator
Jean Richardson	IT Project Manager
Curtis Cude	EPHT Program Manager
Jenny Staab	EPHT Research Analyst
Marina Counter	EPHT Research Analyst
Mandy Green,	EPHT Epidemiologist
Nancy Goff,	EPHT Outreach and Education
Karen Worden,	EPHT Administrative Coordinator
John Dougherty	EPHT Program Evaluation
Won Kim	DEQ Data Exchange Specialist

Meeting Attendees	
Dennis Ades	DEQ
Jean Anderson	DHS
Anthony Barber	EPA
Kathryn Broderick	DHS
Stephanie Farquhar	PSU
Rodney Garland	DHS
Renee Hackenmiller-Paradis	OEC
Rus Hargrave	DHS
Katrina Hedberg	DHS
Gregg Lande	DEQ
Dave Leland	DHS
Richard Leman	DHS
Pete Mallord	DHS OIS
Kerri Nelson	DEQ
Catherine Riddell	DHS
Ken Rosenberg	DHS
Vivek Shandas	PSU
Nancy Stevens	Kaiser Permanente NW Region
Joanie Stevens-Schwenger	DEQ
Dave Stone	OSU
Susan Strohm	DHS OIS
Becca Thompson	OHSU
Lila Wickham	Multnomah County

Welcome and Introduction - 1:15 pm

Gail R. Shibley, Chair – DHS Office of Environmental Public Health Administrator

Kerri Nelson, Co-Chair - DEQ Management Services Division Administrator

The meeting was opened with a welcome and remarks from Gail Shibley and introductory comments from Kerri Nelson. A roundtable self-introduction of all attendees followed.

Background of EPHT - 1:25 pm

Jae Douglas, DHS Toxicology, Assessment, & Tracking Services Section Manager & EPHT Principal Investigator

Jae introduced the EPHT staff members and made comments on the changes that have occurred in the last year within the Office of Environmental Public Health (OEPH), and the Environmental Public Health Tracking program (EPHT). Oregon's EPHT program is currently funded by the Centers for Disease Control and Prevention (CDC) on a federal grant which extends from 2006 to 2011. The first deadline for providing Nationally Consistent Data and Measures (NCDM) under this grant was May of 2008. Oregon is the only funded state to have met this deadline. EPHT's work is to collect, analyze and interpret data on environmental hazards, exposure and health effects. The data comes from partners whose function is to assure that EPHT is managing the data appropriately and interpreting it correctly. The major portion of the work up to now has been focused on building the system. Prior to moving into the implementation phase, EPHT considered carefully the data sources and partners. EPHT is now moving quickly into interpretation and dissemination of the data. Jae presented a PowerPoint on EPHT history and NCDM developed by content and workgroup teams. In the current year, the focus is to build a web portal. The system goes by the acronym of GEORGE, Geospatial Environmental Results Generating Engine. This is a web-based query application with the current NCDM being Air Quality, Drinking Water Quality, Asthma Hospitalizations, Heart Attack Hospitalizations, and Childhood Blood Lead Testing. Future plans include NCDM for Pesticide, Cancer, Built Environment and Climate Change.

EPHT Web Query Tool Demo - 1:35 pm

Curtis Cude, Environmental Public Health Tracking, Program Manager

Curtis introduced the live demonstration of GEORGE, stating that the purpose of GEORGE is to access web query applications, which will allow viewing tables, graphs, and charts. He demonstrated how to navigate the pages in GEORGE that are currently available. He also showed the QA environment which will be available in the public domain the 1st week of December 2008, and stated that OTAG members will be notified of its' availability. Currently available are Air Quality, Public Drinking Water, Childhood Blood Lead, Asthma Hospitalizations and Heart Attack Hospitalizations. Information can be downloaded into a comma-delimited table, so that users can do their own analysis and refine queries.

Sharing of NCDM Reports & other projects in progress - 1:55 pm

Mandy Green, Environmental Public Health Tracking, Epidemiologist

Mandy discussed the development process for NCDMs. She demonstrated some of the data that are currently available in NCDM reports and FAQ documents on the web site. She showed how to access the reports and how to make the information available for a wide variety of uses. She demonstrated a variety of charts and graphs: for Air Quality and annual mean PM2.5 concentration by state and counties, Asthma Hospitalization rates 2000-2006 in Oregon counties, age-adjusted Heart Attack Hospitalization rates, Childhood Blood Lead Testing by zip-code, Drinking Water nitrate concentrations for community water systems, and Drinking Water HAA5 concentration which is a summary measure of disinfection by-products. Copies of the air quality and hospitalization reports

were included in the handouts to participants.

Group Feedback – 2:15 pm

Jae Douglas

Question/Answer and Discussion format

Lila Wickham asked about the availability of different age ranges on the George query page. The current set of range ranges does not coincide with clinically important ranges. Also she would like to see some overlay of maps and linking of environmental and health information. In response, the opportunity to do collaborative analyses was mentioned. EPHT is working on 10 to 12 project areas of priority right now. These will be subjects for future OTAG meetings and subgroups.

Gail Shibley asked about what we will do with small numbers. The response was that interpretation and combining years was done in a lot of cases because the numbers of data may be small.

There was a question about data analysis. Is there going to be some clear analysis as to what we are looking at so that people don't draw the incorrect conclusions? Curtis responded that we are trying to navigate this challenge between national efforts and local sensitivity of the data, and opportunities in the refinement and studies of the data and create information.

Kerri Nelson said that the apparent declines in total coliform bacteria counts would have to be interpreted in the light of the number of coliform tests done per year and suggested that the number of test results be included on the graph. She believes testing information would help people accurately interpret potentially misleading information.

Ken Rosenberg asked if the graphs could be labeled more clearly and asked about the plan for review data and reports by content experts. In reply, it was said that the information on the site was reviewed with the data stewards, and that there are user acceptance tests prior to launch with data stewards. The purpose of the User Acceptance Testing (UAT) was to get the opportunity to provide comments about labeling on charts and other issues. There will be a soft launch after Thanksgiving 2008 and a hard launch in February 2009. There will be a lot of press release around the hard launch. The opportunity for comments will be coming after the soft launch. Ken also asked about user acceptance testing and wanted to explore the website. In response, it was said that after the soft launch, the website would be available for user testing, and would actually be available to all (just not advertised). Jae stated that we have to make it publicly available in order for OTAG members to be able to access the information so that the data test can be accomplished. Jae stated that we wanted to make sure first that we could get out of the driveway, then address the problems and fix them, and that we will check again with OTAG for recommendations later on. We may or may not be drivable. This will allow us the 8 weeks of feedback before the hard launch.

Stephanie Farquhar asked if there were fact sheets or training materials for community groups on how best to use the information available on George. It was also asked who will be the users of this and will there be workshops to guide the use of the system to do queries and use fact sheets available, and where to go for more information? In response it was said that Nancy was available for meetings with communities, etc., and that there is a help and FAQ features on the website, and there are comparisons to data reports that aid in interpretation.

Katrina Hedberg asked about the interpretations of correlations between health and environmental variables (does not indicate causation), and since EPHT presents only data on toxins and health, and

omitting non-environmental causes or positive aspects of the environment, it may mislead visitors about the [multiple] causes and remedies for [chronic] health problems, the availability of good food and walkable neighborhoods, for example. Also may be important to have city-level data, or finer, not just county level data because both Florence and Eugene are in Lane County and they are very different environments and the exposures differ greatly in those two towns. Therefore the county level data may not be specific enough to be useful. The availability of this information creates pressure back on the public health system and gives us the need to frame data and reports as carefully as possible.

Dave Stone asked why we selected the county level of presentation and also would a researcher have access to finer grained data? In response it was said that it depends upon what level of the data is available to us, and one could negotiate with data owners regarding the availability of more detailed data. We are displaying some levels at this point because of data use agreements. We will be looking at future refinements with a public portal for everyone and a secure portal where users will be able to refine data. It also was pointed out that there is information on data owners and metadata on the website.

Ken Rosenberg suggested that we add more categories to the web page queries and provide a means by which persons could contact EPHT staff for different age date ranges for example.

Katrina asked about the purpose of the NCDMs and about the relationship between EPHT data and the NCDMs and published health program information. She pointed out that there is a relationship between air pollution and heart attacks, but that tobacco and diet were stronger causative factors. Also, how is this getting linked to the environmental factor and the chronic disease program and other initiatives that have been worked on by other programs within the state? The CDC requirement for the NCDMs was pointed out. It was pointed out by EPHT staff that the addition of another user level will be coming soon, which will include maps, tables, graphs and will pull out data from some of the reports. We do work with other state programs and state asthma partners. Nationally, we have participation from the CDC and other national agencies.

Several mentioned the phrase “ecological fallacy” and one person said that people will tend to do bad things with good data.

Lila asked about other kinds of data such as data on housing and ER visits (rather than hospitalizations) which would be more useful for tracking asthma. In response and was said that different kinds of data it might be added later and that partnerships for specifying the kinds of data needed by Oregon customers would be helpful. The system is currently not able to incorporate these other kinds of data, but that might be a possibility at a later time.

Won Kim talked about empowering the public by providing data. In response Jae said that making their data available to the public is a new role for data owners and environmental health. Jae stated that this is a huge paradigm shift in making the data available to the public and to allow the public access where they can analyze the data themselves.

Mandy Green stated that this overflows into environmental justice by giving availability to the public which holds relevant knowledge and different interpretations, and allows them much more participation. Mandy said that environmental justice was an important issue, and that public health professionals don't have a corner on all of the interpretations of the data and that the public may make

valuable contributions.

Gail Shibley said that if EPHT was to connect environmental and health effects how will we deal with health effects where the environment plays only a small part? Katrina joined this discussion and said that environmental toxins could be only one small cause of an illness and that the focus on toxins in the context of the website narrows the discussion by limiting the slice of data presented [limited frame of reference], and implies that the [causative] relationship between toxins and health was larger than warranted. Biological plausibility is also important. Social equity issues are also important as are economics and obesity, and we should not forget what environmental factors contribute to a healthy community - what does that look like?

Another person said that the proximity of food stores to a residence was important and where could one find that information on the web site?

Nancy Stevens asked, when we use the words “environmental effect of toxin”, what specifically are we talking about? The public may think that we are implying that certain environmental and health outcomes are related. Do we need more data where the public can create hypotheses, but make it more difficult for them to draw a conclusion? We should provide more data about a number of factors, rather than outcomes. By framing it around the environmental contaminants, we are limiting our frame of reference when we know that it is a much bigger universe out there when we are discussing diseases. We don’t have to manage the whole data set, but we do create the links and make suggestions of other resources to consider environmental factors. You can overlay the economics of the area over the health outcomes. EPHT staff responded that the CDC designates what EPHT is. We have to have birth, cancer and other specific data according to the CDC. We can also include other data, but the CDC designates what we must have.

There was a comment about how, as a consumer, the individual would like to find all of the relevant environmental factors by proximity. Curtis responded that our business plan has been separated into two areas in regard to the system and in advancing in capabilities. The first is providing good data, but not necessarily providing interpretation. The second is interpretations should be totally segregated. Perhaps in order for us to move forward, we need to do this, with so much data being available.

There was a question about whether we have data from the census. This year we are doing what has been done nationally, but in the future, we want easier access to demographic data sets.

It doesn’t have to be perfect - we need to do what we can do now, but bring integration into modeling - hospital data and severity of heart attacks, for example. But we would also perhaps want to see data on - of those with existing heart disease how many have been hospitalized.

Lila Wickham said it would be helpful to have online venues where people can see things in their environment - food stores and affordable renting housing areas - where prospective renters can look to see what the current situation is in various neighborhoods and give them information about health related environmental features so they can decide better where to live. In response, it was stated that what has been presented today is where we are today, given the limitation of available data and staff. A lot of enhancements and changes to the website are coming in the future, and we will continue to keep the conversation open in regard to your concerns.

Comments and discussion items from other parts of the meeting:

- Rus asked what the next planned improvements to the web site, and also about GIS capabilities - it was said that it would be nice if we can have GIS capabilities in the future.
- Someone asked if they could influence how new measures and data sets were brought into the website?
- Curtis said that we don't want leave out the needs of Oregonians by focusing only on CDC requirements.
- The question is how to collaborate or collect information on priorities for new data and features of the website that are important Oregon users.
- Someone suggested that we think separately about George and the public and data availability.
- It was said that it was not necessary to be OTAG member to be on a sub group, such as the outreach committee.
- Katrina felt that it would be important for the OTAG to meet three to four times per year, and Won Kim agreed.
- Ken Rosenberg suggested that the next meeting occurred between the soft and hard launch.
- Gail asked that people consider being on a workgroup.

Short Term Plans for EPHT – 3:30

Technical development – Curtis Cude

EPHT will be focused first on completing the initial technical development project. This work needs to be completed prior to the 3rd week in February, 2009, and available on the internet. This is also the time frame for the TRACKS Conference at which a national press conference will be held.

Included in the initial soft launch will be Private Well Drinking Water, Asthma and Heart Attack Hospitalization, Death, and Child Blood Lead. Birth, Infant Mortality, Air Quality, and Public Drinking Water will be added in by December 2008, and at the very latest, will be available for the hard launch in February, 2009. Our work right now is to continue with the base level of information and to update the data. We are receiving fresh data from our stewards and will be making use of it. We are continuing to send information to the CDC when needed and continue to generate information products. In regard to information services, we are beefing up the private well data. We would like to bring in DEQ public well data. EPHT, DEQ Lab and the Environmental Health Assessment Program (EHAP) made a trip to Sutherlin, OR to follow up on arsenic in private wells. The use of the data collected will be added into our system for the website. We are currently required by the CDC to provide data for Hospitalization for carbon monoxide, birth defects and Cancer data by 2010. We will work with our partners to make this a reality. Carbon monoxide is a new measure, and the tracking program will continue to develop new indicators. You will hear more about this over the next year. The Data Use and Network Content workgroup (DUNC) will be getting engaged in this as well. We also plan to use GIS for delivering data to the OTAG group and the public. We are working right now on delivering static maps on our website. Work with our partners to develop a pilot project in GIS continues. ARC GIS help the public to use indicators to develop their own map products. We will begin work on this phase in the winter of 2008, and spring and summer of 2009.

Epidemiology Plan – Mandy Green

Q: Who keeps the data on radon levels?

A: OEPH does. We have done some collaborative mapping work on this recently.

Q: Do you consider our next release to be GIS, or will there be a release prior to this that will include more sources?

A: There are 2 separate products. We anticipate more data coming in to GEORGE. Our focus and promise to deliver to the CDC by the deadline is driving the functionality.

Q: How much chance to drive what's being done is there vs. responding to it?

A: We have a chance to develop these indicators and what are brought forward for the national program. Our current grant extends to 2011.

Q: Will OTAG be a part of figuring out what the priorities are for the duration of this grant?

A: Gail Shibley stated that we have to do what the CDC requires according to the grant. What are the other data sources that we think should be a part of Oregon's, do we identify as being the top priority for us. How many can we do? Who owns the data? I think this exactly what OTAG will be valuable for.

Mandy stated that there is a need to move beyond single topic discussion, and we need to get OTAG feedback on the potential for linkage among the indicators that already exist. We think we can do other linkage work just with the data we have, where we do have correspondence, and linking with new data sets. Our work is in partnership with other folks, asthma and air pollution, and possibly looking at air data and predictive facts, and providing tools statewide. PSU is already doing some local area work around this. We might need to look at a smaller area community work and make this access statewide. Other tracking partners have the potential of coming up with indexes for measures that are easier to interpret. Maryland has done work in this area and we would like to develop this for Oregon. On data sets, we have to add Cancer by 2011. We want to work closely with the state cancer registry in partnership on data for this over the next year. We are doing Health Disparities work with the Drinking Water Program (DWP) with both private drinking water and public water systems. We want to hear from OTAG members about what you are working on and your interest. We ask that you please communicate this to EPHT. We are working in partnerships with other states, and collaborate with them on the things that may be pertinent for Oregon.

Q: Would GEORGE provide data linkage and program linking sets?

A: No. The analytic work will be done in house by EPHT staff.

Outreach Plan – Nancy Goff

We are currently in the dissemination stage of how we give out this information. In order to raise awareness about EPHT and other environmental health projects, we are collaborating with other environmental health staff, forming groups and attending local and national conferences, becoming involved in other workgroups and working with Portland State University students who are doing research projects. We are building our capacity to reach out to the entire state of Oregon and county health departments. Our model is very participatory, and we are excited to have feedback from OTAG members through the website, and future meetings.

OTAG Annual Plan – 3:35

Curtis Cude

Part of the project has been to convene this OTAG Advisory Group meeting. The Charter which was included in the handout packets you received at the beginning of today's meeting, describes what both tracking and OTAG is. We have two subgroups associated with OTAG. One group is the Data Use and Network Content (DUNC) which helps us to identify and classify data sets, respond to national workgroups, and create user acceptance testing of GEORGE. The second group is Statistics, Logistics, and Applications Maintenance (SLAM). We have great support from the Office of

Information Services (OIS). There are already a number of other power user groups at OPHD. Therefore we are recommending to sunset SLAM. These groups have helped to pave the way to develop a new subgroup for OTAG. The primary purpose of this new group will be outreach, with the effort to reach the right audiences and give information about EPHT. The proposal to start this new group of health educators, communications folks and others, who would be appropriate channels, is for the intended purpose of getting the word out to new and broader audiences and to encourage more participation from these audiences. Currently OTAG meets once or twice yearly. The subgroups meet more often and provide feedback to EPHT, to assure that they are on the right track.

Q: How large do you think the Outreach working group needs to be in critical mass and how large is reasonable and conducive to getting something done?

A: There have been 8 to 12 folks at any given meeting. The size of the group should be double this in order to reach our goals.

Jae stated that the Outreach working group members could participate in one or both groups (OTAG and workgroups) without attending all of the meetings. EPHT is not asking in particular that OTAG members be participants in these working groups, but they could make suggestions of others who have experience in the particular issues at hand, who may be willing to participate in the work groups. It was stated that the OTAG meeting should be held more than one time per year. Discussion followed on how often, including a suggestion that the OTAG meetings be quarterly with the workgroups being integrated at two of these meetings. All suggestions will be taken into consideration and the announcement of the next meeting will be sent out in the near future. Participation in the workgroups is by self-selection. Following today's meeting, an invitation will be sent out inviting participants to voluntarily join a workgroup/s if they wish.

Evaluation 3:45

Curtis Cude

Curtis asked participants to fill out and submit an evaluation form of today's OTAG meeting.

Wrap Up and Adjourn Meeting 3:55

Gail Shibley

This has been a whirlwind tour of the EPHT program. We covered a lot of issues and questions. This is really a key phase for EPHT. This is the metamorphosis when there has been a lot of discussion, and OIS working overtime, and it is about to be unveiled in a couple of phases. Your comments, your concerns and discussions have been exactly right on, and we are trying to engage and synthesize them to make sure they are all addressed. I encourage you or your organizations to determine what workgroups you want to be involved in, and it will only be better for your engagement. If there are others in your organization that are not part of this workgroup, please extend the invitation to them to participate. The meeting adjourned at 4:00 pm.