Oregon Environmental Public Health Tracking

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Oregon Technical Advisory Group (OTAG)

Tuesday, August 18, 2009 2:00 pm – 4:00 pm
Portland State Office Building, Conference Room 1A-80

Staff:

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

Meeting Attendees	
Michael Donchi	OIS OEPH CAM
Stephanie Farquhar	PSU Com Hlth
Renee Hackenmiller-Paradis	OEC
Anna Harding	OSU Pub Hlth
Toby Harris	CLHO
Rosa Klein	Mult. Co. Env Hlth
Jeff Lang	Lane Co. Env Hlth
Gregg Lande	DEQ
Greg Pettit	DEQ
Catherine Riddell	DHS OsCaR
Ken Rosenberg	DHS OFH
Donald Shipley	DHS OsCaR
Jennifer Woodward	DHS CHS
Rick Leiker	DHS Lead
Dave Leland	DHS Drinking Water
Joyce Grant-Worley	DHS CHS

Welcome and Introduction - 2:15 pm

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

Gail stated that congress allotted additional money to grow the EPHT system nationally and it is becoming more visible within different agencies across the USA, and is getting broader, deepening and becoming more ingrained in awareness and utility. EPHT is broadening as well in relation to areas of focus.

EPHT Program Updates - 2:25 pm

- **August 2009 EPHT Workshop Update** - Jae Douglas
- **National EPHT Portal Demonstration** – Curtis Cude

When creating a query on the National EPHT Portal, take a moment to read all of the query notes which contain helpful tips as well as numerous disclaimers. CDC suppresses data when the numerator is less than 6. The State of Oregon uses the 10/50 rule. There are different rules for different states, and there is variance in the rules.

Technical Updates - Courtney Sullivan 2:55 pm
The goal of EPHT is to complete IRMA by Sept. of 2010 and have access to the indicators to fulfill our obligation to the National Network. This is first time we are standing up a GIS environment in DHS. We are the pilot for web mapping within DHS.

Communicating Our Data to Stakeholders - Jae Douglas 3:25 pm
Meeting Wrap-up & Adjourn - Gail Shibley 3:45 pm

Q&A on the National EPHT Portal demonstration
Q. Why are the term birth defects vs. birth anomalies used?
A. The terms have the same meaning. EPHT's preference is defects and in most cases CDC uses defects. The Oregon legislature used the term "anomalies" for the recent bill to establish a registry.

Q. Are we now empowered to give asthma data that was not previously available for access?
A. Yes. It can be pulled down at a finer grain than was previously available.
In regard to the level of data available, this is a public accessible site, so we display our data according to what we can show. The exact location of the data point will never be used. The data is displayed at state level, metropolitan statistical area (for air quality), and at the county level. Only child blood lead data goes down to zip code. Most data we report on now goes down to the county level and at this point there is no plan to go lower than the county level. It is stored at the level that we receive it from the data stewards

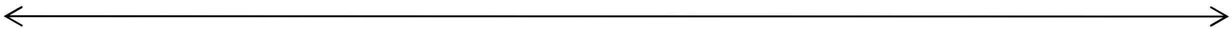
Q. Do we have any info on who the users are?
A. We do not have much detailed info on who is coming to the web site. There is no geographic information, but we are able to see the number and IP addresses.

Q. Everything is in the green for the roll out but in terms of NCDM, where are we in terms of delivering this to the feds?
A. Right on target. We still need to publish the Cancer data and Birth Defects data, and we do not currently have a Birth Defects Registry. We are required to give this to the CDC so we are working on how to address this issue. July 2010 is the deadline for completion.

Q. What would it take to also include other geographic based data that the state already collects, (i.e. TRI data. or DOGAMI mine sites), or community right to know data from the fire marshal, or water data from DEQ? These data sets are already there and available to the public.
A. The first priority is NCDM data. To bring unique data into EPHT, somebody needs to nominate a data set. The next step is to work with the data steward to get the data, and then massage the data and determine how to make it available. As of now, there are no technical limitations on the amount of data we can house. There are resource limitations. We have a tentative list of data sets that we can

use. It is simply a matter of time to get this done.

Q. What is the process for nominating data sets?
A. We don't have one. We do need to develop a systemic approach to address this. DUNC will be one our major sources for developing this system.



Discussion on the article printed in the Oregonian
Gail and Jae passed around the article printed on August 5 on the front page of Living section of the Oregonian, entitled "A map to better health/Linking environment and health". Jae posed the question, "How do we talk about all these data that we are generating?" The story published used data generated out of CDC, not DHS, and interviewed DHS staff (Curtis Cude and Rodney Garland, Asthma program epidemiologist). It contained good maps and great information. There was discussion within DHS on the issues that came up surrounding it, due to the fact that some errors were made by the reporter in regard to reporting the data. You cannot calculate averages of averages. Need to work with the reporters on basic statistics so they are able to report the information correctly. A suggestion was made that we could point to the program/s where there are resources within the Public Health Division to get information and to link with the programs that have expertise within the subject area (that was done in this case). What is the best strategy when this happens in order to make the correction and fix it when it's hot?

- We have to be able to answer questions when issues with data come up, and this is a challenge for a web-based system.
- We need to assess how much information is too much, or not enough.
- We need to make sure that we have the QA internally, so data does not get sent out that should not be.

Jae stated that there is a fundamental paradigm shift for DHS putting out data, and then we have to compete with the noise of the information. To this point in time, the fall out has only been internal. This type of situation surfaces when data is made public. A comment was made that there is a danger in waiting until you think you have all the answers before you release the data. It is better to have misinterpretations than to withhold the data. Jae commented that there is a value in having the info out into the public sector and that this is pushing the Public Health Division to the point of figuring out "What are we really ready for, and how do we relax into it? When you are caught in the rapids, you point your feet downstream in order to not be caught by the rocks. We need to have our heads up and see what's coming". The data in the article was good data and we don't know how it might be interpreted. We need to look at the sources of problems and the impact as much as possible before the release of data; but also know that issues will present. The issues are not about releasing data, but rather about what it is that we are releasing. When red flags are there, we need to be aware of what those are, so leadership is focusing attention on the issues. Our push is to get the data to the policy makers. You can frame the message that you want to prioritize, but you will never have control over the data once it is out into the public. You can only give effective messaging on what you want to stand out. It was asked if there was an educational module in effect that can be implemented to inform reporters of numbers that are too small to be reliable. The question was asked if the data on the national portal is the same as the data at the state level. Jae responded that the only data that we send up to the national level is hospitalization and safe drinking water. All the other data is generated at the national level at this point in time. At this point, Jae stated that this conversation will be revisited as we transition from technical issues into the data, and asked that meeting participants please keep this in mind and to let the EPHT team know when going out into the national data, if they encounter issues in interpreting the data.