Oregon Environmental
Public Health Tracking

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Oregon Health Authority (OHA)
Oregon Technical Advisory Group (OTAG)
Meeting Minutes
Tuesday, March 1st, 201 2-4 p.m.
Portland State Office Building, Conference Room 1D

EPHT Mgmt &Staff in Attendance:

Curtis Cude	Program Manager/Principal Investigator
Kelly Cogswell	Epidemiologist
Mary Dinsdale	Lead Research Analyst
Nadege Dubuisson	Public Health Educator
Eric Main	Research Analyst/GIS Specialist

OTAG Members Attendees:

Dan Cain	OHA Occupational Health
Matt Davis	Washington County Health Department
Jae Douglas	Multnomah County Health Department
Rodney Garland	OHA Health Promotion and Chronic Disease Prevention
Bruce Gutelius	OHA Science Officer
Brendon Haggerty	Multnomah County Health Department
Michael Heumann	Heumann Health Consulting
Meredith Jagger	OHA Preparedness Surveillance and Epidemiology
Richard Leman	OHA Acute and Communicable Disease
Krista Markwardt	OHA Vital Statistics
Ken Rosenburg	
Vivian Siu	OHA Maternal and Child Health
Carole Yann	OHA Oregon Medical Marijuana Program
Emily York	OHA Climate and Health Program Coordinator
Suzanne Zane	OHA Birth Anomalies Registry

Remote Attendees:

Ellen Larsen	Hood River County Health Department Director
Brian Kennedy	CDC Project Officer
Won Kim	DEQ
Lydia Emer	DEQ

Guests/Speakers:

Monica Herrera	OHA Business Engagement Services/OIS
Andrew Rieder	OHA Business Engagement Services/OIS

PROGRAM UPDATES (Curtis Cude)

1. A few new strategies for OTAG meetings are being implemented based on feedback from evaluations: new time, smaller room, and more discussion time. Oregon Tracking recruitment efforts for OTAG evident in today's attendance. A big thank you to both dedicated and new members.

2. OTAG October 2015 Action items:
   a. As a result of CCO boundary discussions, OTAG members suggested a stronger relationship with tribal populations across the state. Oregon Tracking reached out and met with the NW area Indian health board in February 2015, forging good connections and helping to connect other programs to that group.
   b. Oregon Tracking has hit the pause button on including CCO geographies. Portal re-design is a priority (3rd overhaul).
   c. National Tracking continues to investigate Climate Change indicators with Oregon Tracking leading the Wildfire group. More discussion on these in work plan discussion.

3. CDC held a summit on environmental hazards and health effects. Tracking was an invited program with the goal of learning more about the connections between programs to move forward for CDC's center and Tracking grantees. For example, national tracking has goal of all states participating in Tracking within 10-15 yrs. Other items covered related to Tracking included the shared experience of many grantees feeling "growing pains" as a teenage program. Nationally well-developed portals and information are there, but grantees are experiencing difficulty with momentum when it comes to IT. Work has become very resource and time intensive. However, there is a growing trend that grantees are starting to take control. Tricky balance.

4. Oregon Birth Anomalies Registry has received a well-deserved funding award. Tracking and MCH have partnered over the last few years to develop and submit BA data to network and tracking network. BAR has officially received $220,000/yr for four years. Permission to spend, can contract out for medical records but no additional staff will be hired.

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PORTAL REDESIGN PROJECT
CURRENT PORTAL EVALUATION FINDINGS (Mary Dinsdale)
Presentation- slides available on request

First step to evaluate where we are now. Will we abandon our current portal, what do we like, where can we improve? Looked at four factors based on the updated guidelines for evaluating public health surveillance systems.

- *Simplicity-*ease of operation and structure of system. Currently the platform is not built simply. Developers control every pixel of portal, developer learning curve. Going forward, portal to use technology out of the box that does not require manual coding.
- *Timeliness-* On top of regular operations and maintenance, a new indicator requires 100+ hours of developer time. Loss of OIS resources has affected development. Server migration created additional delays. Last indicator was submitted in March 2015, and it is still not up on the portal. Going forward portal needs to have limited manual coding time. Tracking staff should have abilities to update.
- *Flexibility-* Current system can't keep up with new technologies. Lost funding a couple years ago and had to abandon interactive map. New features get affected because too expensive to get portal to catch up to new technology. We are stuck in

the past. Going forward, portal should easily absorb new features and be simple enough that Tracking staff can manage the system.
- *Stability*- OIS has described the current system as unstable. One break and fix can create other breaks. It costs several $1000 to address bug fixes. Portal is prone to random bugs resulting in error pages. In October 2015, portal was completely down (404 error) for over one month. It is back up and running but with some limitations due to complimentary suppression. Too high risk. Going forward, portal needs to be stable with out-of-the-box technologies that can adapt to changes without breaking.

TRACKING PORTAL REPLACEMENT PROJECT (Monica Herrera)
Presentation- slides available on request

Business Engagement Services is working with technical teams and developers to look at options:
- *Re-use*- at least $56,000 and six months. OIS adapts another solution to meet business needs (ie: CO, WA portals). Risks: secondary suppression, many hours dedicated to setup, cost estimate does not include Google contracts and infrastructure. Benefits: more self-service, quicker solution than custom build.
- *Build*- at least $116,000 and one year. OIS builds the solution from the ground up. More expensive but potentially more self service capabilities.
- *Buy*- cost and time undetermined. More expensive but more self-service. Not enough in-depth research on buy because other options are likely to be a better fit. National program bought a business intelligence platform and it was a disaster. Iowa is off of sharepoint and Microsoft Office but that is not where we want to go.

Currently, OIS is requesting Information Services Management Committee to prioritize project. Answer will be received in mid-March. In the meantime, OIS is researching re-use option. A state transfer of CO or WA are front runners. First step is to have Q&A with both states. CO already done, WA to be scheduled. Once go ahead from ISMC, next step will be to perform code evaluation by June 2016.

Colorado Portal demo: http://www.coepht.dphe.state.co.us/
Washington Portal demo: https://fortress.wa.gov/doh/wtn/WTNPortal/

Portal Re-Development Discussion:
1. As Portal users, what are your expectations?
   a. *Layering indicators should be basic.*
   b. *Export options and formats. Tabular should be a priority.*
   c. *ZOOM capabilities, especially for block group level data.*
   d. *API: make data available in format that allows other developers to take our data and re-publish in novel ways.*
   e. *Usable graphics that you can pull out and share with others at reasonable resolution.*
   f. *Accurate dependable suppression.*
   g. *Data submission. Any thinking about other programs that would be able to contribute to the portal- more data and utility? Impetus to develop strong portal platform. Ideally other programs could contribute to function, more representative for whole organization and depth and robustness to function better. This would mean functions need to be easy for many to have hands in it. Careful- Cover Oregon…make sure to go through governance body, don't hire oracle. Revisit list of programs that might be interested in using portal.*

h. DEQ: legacy systems organization, 1st is to maintain and sustain data through exchange network, 2nd governing, 3rd publishing.
i. Recognize limited capacity and technical expertise of some counties. Public health modernization could change this but, many health departments currently have limited capacity. Portal needs to be something quick and easy, user friendly.
j. Bring in own shape file as an advanced feature. There are opportunities.
k. Consider legacy data to incorporate into portal design.
l. User experience, put data that are fresh and relevant. Call a focus group to identify.

2. **What do you anticipate to be risks and benefits of proposals/shifting responsibilities?**
Freeing up dollars, need more technical skills in program, or share capabilities with other programs and shared expense. More sustainable solution seems to implement simpler solution (attrition, %of time, tech skills, user manuals). Risk with choosing any new platform is the pace of change..ie ArcGis in a day. Check into expectations in how it might change and adapt through the times. A lot of utility, need buy in.

Q: Do we know when CO & WA were developed, will we run into same issues in keeping up with technologies? WA launched .net system 2-3months ago CO last year.
Q: Will we host a secure or public portal? Primarily public- direction has shifted. Secure are underutilized.
Q: Did each do their own IT, can we look at others? Are there functions that national can take on that state don't have to? Each IT has own rules/architecture. No same architecture across grantees. However, we are starting to see some examples.
Q: When portal was down was there a message? 404 out for a couple weeks then a message to redirect to home page. Now partial functionality but still not all back. Testing now to restore from October 2015.
Q: Can you put new data sets on portal that are not required? Yes. NCDMS are minimal requirements. BMI is a good example of above and beyond. Marijuana indicators and measures would be another example in the future.

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Work Plan Year 3 (Kelly Cogswell)
Presentation- slides available on request

Oregon Tracking will submit reapplication in about one year for the following 5 years of work and funding. This portion of the meeting will help determine content.

On the work plan for this coming year:
• Birth anomalies & traffic injuries have not pushed to the portal yet because of IT-ongoing updates
• Food swamps- oversaturation of unhealthy options. Ie: fast food around anchor points like grocery store. Also look at income. Do we have anything on food deserts? The data is available through USDA but definitions are fuzzy. Oregon Tracking is still investigating.
• Domestic Wells- waiting to process
• Climate Change- national efforts for NCDMS (wildfire focus, injuries, lyme, extreme heat)
• COPD/Lead 5 to 9's- will likely become required, easy to add. Small discussion on adding all leads for full geographic look. Overlay with housing age, income.

Future indicators with member feedback:
- DEQ Hazardous waste sites
- Pesticide use and illness reports (ag data set)
- Source of sewage disposal, septic tank (known but resource intense)
- Retail licensing, tobacco
- OSHA data- CSTE work going on to look at sub-county level data sets
- Infectious disease? Salmonella as pilot for larger collaboration with infectious disease (possible reapplication material)
- Heat event- build off the work that was done a few years ago, not just CDC work. Heat event definition- different thresholds, gets problematic.
- Remove asthma mortality. Hospitalizations make sense. Mortality very rare.
- Life expectancy valuable for HIA.
- Drug labs. Point level is risky but still public record
- Water fluoridation
- Vector districts, mosquito
- In-migration
- Brownfields (perceived contamination makes definition difficult) carve out a chunk (ie: mill sites)
- OMMP, ED and poison control tracking, will be developing a lot of indicators but struggling right now because no data! Kids priority. ESSENCE data a possible venue based on billing zip code.
- Prioritize: Built environment, food accessibility, food swamps HPCDP this could be a valuable tool for evidence of input.

Work Plan Discussion:
Consider approaching CLHO HC and CLEHS for discussion on work plan, especially if considering adding any regulatory, traditional EH indicators. At the last OTAG meeting there was a question about whether we have identified any "adaptive capacity" measures. This concept of focusing on community assets has come up a lot in recent climate conversations. We already have a few, like "parks" and "commuting by active transportation". Some others to consider, although I am unaware of data sources and if feasible: (1) places of faith (2) community centers (3) food banks (4) shelters and emergency shelters (5) tree canopy cover (6) jurisdictions with current hazard mitigation plans (7) jurisdictions with up-to-date comp plans (8) voter turn-out rate (9) non-profit organization per capita and/or volunteerism rate. Multnomah County is about to launch a project to engage communities of color in advising their approach to data/indicator selection. They will be convening a series of meetings this spring with key leaders to discuss what is most useful/needed by community partners.

Q: Is there communication with GEO Enterprises? Some conversations, they were excited about hosting the portal but that is not feasible. Some consultation available. DAS is too widespread – all agencies, large workload. They are a resource with the Public Water Systems Mapping project.
Q: Any content areas that other programs/agencies might be able to loan staff? Depends on system that gets developed. If streamlined yes (ie: Lead and BAR). But, what about quality control? Would need strong testing before it went live.

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WRAP UP (Curtis Cude)

Smaller meetings may occur as portal develops (ie: food swamps, etc). Some additional OTAG support may be requested. Next OTAG in October, survey monkey to come in Summer 2016.