

## **Data Use and Network Content (DUNC) Meeting**

**March 28, 2007**

**Participants:** Nita Heimann, Rodney Garland, Marina Counter, Mandy Green (phone), Joyce Grant-Worley, Diane Stockton, Pat Westling, Richard Leman, Elizabeth Everman

### **DUNC Updates:**

Rodney introduced Marina Counter, EPHT's new RA3, and updated the group on the status of the other EPHT staff positions. We have finished interviewing for OIS IS7, and will be making an offer next week, we are currently interviewing for Epi2 (part-time with EPHT), and the Program Manager position is open for recruitment.

### **Draft Blood Lead Indicators:**

The draft provided was created by the Lead subgroup of the National Content Workgroup (CWG). Rick Leiker, of the Oregon Lead Poisoning Prevention Program participated in this effort. The group built upon work done by SEHIC. The DUNC group determined that the three indicators were different versions of the same indicator. Rodney will confirm this with Rick Leiker or the chair of the Lead Team.

### **Discussion points:**

DUNC discussed what data will be sent to the CDC - will it only be the percentages, or will it include the frequencies of children tested for blood lead levels and the number of children born in ZIP code areas. For frequencies, rules will need to be applied to small numbers. Joyce had concerns with using ZIP codes because of small numbers, especially if they group by different racial and/or ethnic groups. Either way, some data suppression will need to be in place.

DUNC then discussed ZIP vs. ZCTA vs. census tract. We discussed the fact that ZIP is not the same as ZCTA. Census tract would be better but would require address level data and geocoding of all data. Rodney thinks that the only data sent to CDC will be indicator data. EPHT staff will follow up at the Seattle meeting or with CWG to determine if this is true. Additionally, we will ask about suppression of data.

Nita was asked if there are suppression rules that are used in Vista PH. Yes, there are. Joyce mentioned there are two issues with suppression, one is for maintaining confidentiality, and the other is to publishing good/accurate data. There was a brief discussion on if there are any widely excepted rules on small numbers.

Health statistics uses the 10/50 rule. Rodney stated that it seems to depend on the organization and the type of health data.

Pat asked what will be done with information generated by this indicator if it is shown that an area of high risk is been inadequately tested. Will funding be provided to increase testing in these areas? What will be the overall process to make sure something is done? Rodney stated he did not know and would try to follow up on this.

Rodney asked for feedback on the document.

Question or comments provided by DUNC members included:

- Who wrote this document?
- Will our suggestions have an impact?
- What part of the plan does this lead to?
- Don't ask a question if you don't know what you'll do with the answer!
- By identifying the risks and not doing anything about it, the State could be legally liable.
- Why are they asking for the lead blood lead level if that data is not being used for this indicator?
- Are they going to address how children could have moved from birth address to address where blood lead test being taken?

Several points were made about the “readability” of the document. There is no single place that describes what the data and type of the data (numeric, text, decimal, or integer). The steps were often unclear on the How-To Guide. There are several areas where the language is “weak” such as in the *Use of the Measure* section with the use of the word “Allow for a better understanding...”

Rodney stated that the intention of EPHT is that the data collected will inform and guide public health programs. This measure was chosen because it was a “low-hanging fruit.” In other words, the data was readily available and there are agreed upon standards. Additional measures will be more specific, and if the national EPHT program does not address them, they could be done as part of the Oregon network.

In discussion of other measures for lead data, we discussed the use of potential source areas for lead contamination. Patricia mentioned fire marshal data that identifies locations that produce lead based products. This started a discussion on synergy between EPHT as having GIS expertise and other groups such as Emergency Preparedness, the Drinking Water Program, ect. This was mentioned as a great ongoing collaboration between EPHT and other parts of Public Health.

The GIS discussions led to additional discussions on how to provide and present GIS data to other organizations and the public. Rodney mentioned that we are planning to purchase the Map2PDF software that allows sharing of GIS data using

an interactive PDF format. We discussed how this could be used to go from a statewide view of data to a more detailed countywide view of data. Rodney stated he was unsure but would look into it. DUNC also discussed ArcReader and using the Publisher extension of ArcGIS to create files similar to PDFs. The PDF is much more secure and accessible to the general public. County maps would be difficult to map by ZIP because they overlap borders. Mandy discussed her uses of the Publisher extension.

The final point of discussion was on role-based security and access to EPHT data. Rodney stated that for more sensitive data there will be role-based security with login and passwords. These roles are being defined at the national level, and that Oregon EPHT is on the group that is defining these roles. When we get our OIS person, he/she will help to determine these roles and implement them in Oregon.

**Topics for next meeting:**

1. Provide update on the April 12-15 Seattle EPHT workshop.
2. Have an interactive (computer and Webex) look at the fire marshal data and homes near lead-based (from Pat) emitting facilities. Discuss this data as another indicator.

**Next Meeting:**

4/25/07, 3-4:00 pm, Room 827A