The Center for Data Insights and Innovation received the following correspondence, transmitted via electronic mail.

Submitted by: Cameron Kaiser, Deputy Public Health Officer, County of San Diego Health and Human Services Agency

December 23, 2021

Good morning,

CCLHO is, as always, pleased to participate as a stakeholder in these discussions.

As indicated verbally on the call, opportunities 4a and 4b have the most relevance to local health jurisdictions, which (for all but the largest) have insufficient IT and analysis capability to facilitate meaningfully taking advantage of these possibilities. We support (4b) the obligation of vendors to share data with county HHS/public health departments. This process has been very difficult for small jurisdictions trying to work with large health systems such as correctional contractors. However, a statewide solution to data exchange (plus or minus any HIE involvement) cannot impose additional mandates or costs on jurisdictions without parallel ongoing increases in funding (realignment or otherwise), and particularly for small jurisdictions, should not mandate that a county or city LHJ become a centralized entry point to a statewide system, or become a local instance of such a system themselves, unless the LHJ is specifically interested and able to do so.

Additionally, modernization of county capabilities (4a) requires not just infrastructure, but also staffing, which means recurrent ongoing costs. CDC DMI is specifically mentioned as a model, and has commendable goals, but has not indicated long-term funding will be available – exactly the situation that should be avoided. Moreover, IT is not the only need to make this strategy meaningful – epidemiology resources are also needed to do data work, and they are in as short supply as they always have been.

I look forward to the next meeting and clarifying any comments. Thank you!

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