



DMI Workgroup Virtual Meeting

Date/Time: January 15, 2026, 2:00–3:00 PM

Workgroup Chairs: Dr. Eve Walter (Ulster County), Dr. Daniel Kuhles (Saratoga County)

3 NYSACHO Attendees: Robert Viets, Sarah Ravenhall, Molly Fleming

17 LHD Attendees: Eve Walter - Ulster County (Co-Chair), Daniel Kuhles - Saratoga County (Co-Chair), Ada Huang – Westchester County, Aisha Abdul Wahab - Albany County, Alison Kaufman - Putnam County, Amber Levinon-Seligson - NYC DOHMH, Andrew Evans - Dutchess County, Brittany Welch - Onondaga County, Colleen Jason - Saratoga County, Jackie Lawler - Orange County, Jana Thibodeau - Tompkins County, Janetta Aruck - Ontario County, Jennifer Zagami - Westchester County, Katie Mungari - Oneida County, Matthew Hanggi - Ontario County, Dr. Nicole Blanchard - Schoharie County, Tracy Fricano Chalmers - Niagara County (on behalf of Jennifer Rowan)

4 NYSDOH Attendees: Alok Patra, Meredith Patterson, Eli Rosenberg, Linh Le

Meeting Objectives

- Officially restart the NYS DMI Workgroup
- Introduce members and leadership
- Provide a shared understanding of CDC Data Modernization Initiative (DMI) maturity levels
- Begin discussion on workgroup goals, priorities, and next steps

Agenda Item	Discussion
Welcome and Introductions	NYSACHO staff welcomed participants and noted the importance of reestablishing the DMI Workgroup as a collaborative forum between NYSDOH and local health departments. Attendees introduced themselves, representing a broad mix of epidemiology, planning, informatics, preparedness, and leadership roles across the state.



<p>Welcome from NYSDOH Office of Science – Eli Rosenberg</p>	<p>NYSDOH emphasized that the DMI Workgroup represents a continuation and reboot of earlier efforts, now supported by the CDC’s Public Health Infrastructure Grant (PHIG). Key points included:</p> <ul style="list-style-type: none">• NYSDOH operates many data systems, often siloed and developed over time.• Local health departments are essential partners and primary users of these systems.• The Office of Science is actively working to modernize tools, dashboards, mapping applications, and vaccine record systems.• The goal of the workgroup is to establish an ongoing, structured feedback loop so modernization efforts are responsive to local needs.• Appreciation was expressed to NYSACHO and the local co-chairs for convening the group.
<p>Overview of the Data Modernization Initiative (DMI) – Alok Patra</p>	<p>NYSDOH provided an overview of the Data Modernization Initiative (DMI) and the context for restarting the DMI Workgroup in January 2026. This effort builds on earlier work and is now being reestablished with support from the CDC’s Public Health Infrastructure Grant (PHIG). Planning for the restart included development of a draft charter, outreach to local health departments, and coordination with NYSACHO and the local co-chairs.</p> <p>NYSDOH emphasized that the purpose of the workgroup is to advance practical, actionable data modernization efforts that benefit both the state and local health departments. The update focused on establishing a shared understanding of data modernization concepts, including the CDC’s DMI maturity framework (see PowerPoint presentation for additional detail).</p> <p>The CDC’s DMI framework describes a progression from manual, fragmented data processes to integrated, interoperable systems that support timely, actionable, and ultimately predictive public health decision-making. NYSDOH clarified that health departments are not formally classified into maturity “levels,” and that departments may operate at different levels across programs. The framework is intended as a common language to support planning,</p>



	<p>prioritization, and alignment across local, state, and federal partners—not as a performance measure.</p> <p>Data modernization extends beyond system upgrades alone. Effective modernization requires attention to data governance, policies, workflows, and data quality to ensure information is usable and actionable. LHDs were encouraged to identify a priority area, establish a baseline, and pursue achievable improvements, recognizing that incremental progress represents meaningful advancement.</p> <p>NYSDOH concluded by emphasizing the importance of ongoing collaboration with LHDs and NYSACHO as the DMI Workgroup moves forward, and encouraged continued engagement to ensure modernization efforts are responsive to local needs.</p>
Workgroup Focus and Direction Eve Walter & Dan Kuhles	<p>Workgroup leadership highlighted several overarching themes emerging from early discussions and survey results. Data Modernization Initiative (DMI) maturity levels were noted to vary widely both within individual health departments and across program areas. In particular, the transition from higher levels of maturity, especially from Level 4 to Level 5, was described as especially challenging and resource-intensive for local health departments.</p> <p>Survey results were described as providing an important initial snapshot of priorities, while recognizing that these priorities will continue to evolve as the workgroup progresses. Moving forward, the workgroup will focus on establishing realistic timelines, prioritizing topics most relevant to local health departments, and maintaining flexibility to adapt to changing needs and emerging issues.</p> <p>Workgroup leadership emphasized that the group is intended to be practical, collaborative, and firmly grounded in real-world local health department experience.</p>
MentiMeter Results	Urgency Ranking <ol style="list-style-type: none">1. Developing process to link internal and external data sources



2. Identifying and procuring of external data sources
3. Staff training & capacity for analytics and/or data visualization
4. Develop a governance framework
5. Enhancing data security measures Including Linkage Protocols and Data Warehousing

What goals would you like this workgroup to achieve during the next 12 months (2026)?

- Setting guidelines and identify sources
- Identify all available data sources and improve access to these
- I am excited about this opportunity to talk with DMI staff in local jurisdictions outside of my own. I am able to interact with NYS DOH regularly, but not to talk w/localities. Learn from localities!
- Data equity capacity across small and large LHDs
- 1. Cataloguing all the data sources 2. Easier access
- Create a process for LHDs to access hospitalization or vital stats data without having to go through a contract process
- Identifying sources and use guidelines
- Identify measures to decrease LHD workload
- Collecting data that is effective and actionable
- facilitate skip logic based inputs for CDESS like RedCap Integration of NYSIIS and CDESS to avoid redundant inputs GIS integration
- Improve timely access to up-to-date data
- Easier interface between DOH and public
- Standardizing when to suppress primary data
- Improve and automate disease reporting for providers through EMRs
- More data literate workforce
- automated reporting from EMRs to not burden providers
- automated reporting from providers EMRs
- Assess what communicable disease surveillance programs other states utilize as CDESS is a dinosaur
- GIS integration into disease surveillance



**NEW YORK STATE ASSOCIATION
OF COUNTY HEALTH OFFICIALS**

Leading the Way to Healthier Communities

	<p>What goals would you like this workgroup to achieve during the next 3-5 years?</p> <ul style="list-style-type: none">• Become fully data modernized - Level 5!• Implementation of a state of the art disease surveillance system• Be able to connect one locality's data with another so that we can tackle public health challenges together• Increased data literacy in workforce• Full access to county data - LHDs become owners of their data• Create procedures/templates for LHDs to publish data in a consistent and standardized way• Integrate data literacy in communications• Yes to full access to local data!!
<p>Next Steps</p>	<ul style="list-style-type: none">• NYSDOH will consider future communications and webinars focused on syndromic surveillance and the use of actionable data.• Workgroup leadership will propose timelines and priority topics for upcoming meetings.• Workgroup members are encouraged to reflect on potential priority areas within their own departments to inform future discussions.
<p>Next Meeting</p>	<p>February 19th from 2-3</p>