OSHPD

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Update Your Data Request Form

Make any necessary changes to your request form. Once complete, click *Save* at the bottom of this form, and you will automatically be brought back to your previous page.

Attachments 📎

DUA_ AB2876_Ansorg_CS0001046.doc (43.5 KB)

✏️ ✖️

15d ago

Variables

Organization Identification/Eligibility

Contact Information

* Health Officer: First Name

Henning

* Health Officer: Last Name

Ansorg

* Name of Project

Epidemiology

* Organization

ⓘ   Santa Barbara County

* Department

Public Health

* Address

345 Camino del Remedio

* City

Santa Barbara

* State

California

* ZIP Code

93110

* Health Officer Phone Number

805-681-5423

* Health Officer Email Address

Henning.Ansorg@sbcphd.org

Additional Information

Options

☑   Requestor of Data

Requestor of Data

* Contact: First Name

Joy

* Contact: Last Name

Kane

* Department

Public Health

* Address

345 Camino del Remedio #324

* City

Santa Barbara

* State

California

* ZIP Code

93110

* Phone number

805-681-5304

* Email Address

Joy.Kane@sbcphd.org

Purpose

* Please indicate the purpose for which the data are requested

∧ More information

Data used for research purposes will require a Research Supplement to be attached before the form is submitted.

◉   Public Health

○   Research

Please describe the specific limited purposes for which the data is requested

Surveillance of chronic and communicable disease, injury surveillance, maternal and child health, and oral health.

* Please explain how the data meets the stated purpose noted above

Analyze hospitalizations and ED visits associated with chronic and communicable disease, injury surveillance, maternal and child health, and oral health. Conduct trend analysis. Compare local rates to

Receipt and Use of Data

Data Users Within Organization

Add   Remove All

Actions	Business Unit Receiving and Using Data	Name of Individual Responsible for Data	Functional Title of Individual Responsible for Data
✏ ✖	Public Health Department	Joy Kane	Senior Epidemiologist
✏ ✖	Public Health Department	Michelle Wehmer	Epidemiologist

Will Outside Contractors be using this data?

> No

Requested Data and Data Products

Indicate the database(s) and/or product(s) and year(s) of data you are requesting

∧ More information

Please Note: *Non-patient level data products developed using Limited Data Set confidential data are also available. Although these products are not patient level data, they are not de-identified and the requester must agree to treat the information they contain as Protected Health Information (PHI).*

☑ Patient Discharge Data (PDD)

* Desired PDD Data Set

∧ More Information

A Data Justification Grid is required if you select a Custom Data Set. The Data Justification Grid can be found here.

◉ Model Data Set (MDS)

○ Custom Data Set

* PDD Years Desired

∧

Enter each year desired, separated by commas. No other format will be accepted.

> 2005,2006,2007,2008,2009,2010,2011,2012,2013,2014,2015,2016,2017,2018

☑ Emergency Department Data (EDD)

* Desired EDD Data Set

∧

A Data Justification Grid is required if you select a Custom Data Set. The Data Justification Grid can be found here.

◉　Model Data Set (MDS)

○　Custom Data Set

*EDD Years Desired

⌃

Enter each year desired, separated by commas. No other format will be accepted.

2005,2006,2007,2008,2009,2010,2011,2012,2013,2014,2015,2016,2017,2018

☑　Ambulatory Surgery Data (ASD)

*Desired ASD Data Set

⌃

A Data Justification Grid is required if you select a Custom Data Set. The Data Justification Grid can be found here.

◉　Model Data Set (MDS)

○　Custom Data Set

*ASD Years Desired

⌃

Enter each year desired, separated by commas. No other format will be accepted.

2005,2006,2007,2008,2009,2010,2011,2012,2013,2014,2015,2016,2017,2018

☐　Additional Products (PO/MS, AHRQ)

Statewide or Geographic Subset of Data Set(s) or Products

*Please select the subset of data you are requesting

◉　Statewide Data Sets

○　Geographic Subset Data Set or Product by county(-ies) or ZIP Code(s)

*Explain why the Statewide Data Set(s) are being requested

Compare local rates to statewide rates for chronic and communicable disease, injury surveillance, maternal and child health, and oral health. This will allow prioritization of local health needs.

Desired Data Set Format(s)

* Indicate the format you prefer for your Data Set

∧ More information

Asterisks (*) indicate data formats available for years 2009 or later.

- ⦿ SAS (PROC Format Code Included) *
- ◯ Comma Delimited with Labels *
- ◯ Comma Delimited

Final Products

Will the requested data be used in any of the following ways?

☑ Geographic Information System (GIS)

* Describe how this data will be used in relation to GIS

> Mapping tools maybe used to correlate with demographic trends by zip code or city. Suppression rules will apply so no identifiable data is released.

☑ Combination/merge/coordination with other data set(s) or databases

* Describe how, including a description of the data variables within other data sets or databases

> Data will be coordinated with census data to calculate rates. Socioeconomic indicators will also be analyzed in conjunction with OSHPD data.

☐ Linked patient-level information

* What final product(s) will be developed from this project?

∧ More information

Please Note: Patient-level data cannot be contained in any product that is distributed beyond the requestor.

> Reports will be made by the Epidemiology Unit. Suppression rules will apply such that no identifiable information is released.

* Describe how you will treat small cells to avoid identifying individuals

> Combine cells or suppress data if <15 per cell.

Data Security

Requesting Department

⋀ More information

See the Appendix Security Guidelines Recommended Practices for Safeguarding Access to Confidential Data. These guidelines are an example of the information needed in the security sections below. Please be very specific about the data security.

Describe the security measures under which you propose to use, maintain, and store the requested data. Address each of the main categories below.

* System on which the data will reside (Standalone computer, host-based, networked, etc.)

> Host Based – System. Data will reside on networked server and accessed from client software installed on networked computer.

* Hardware/Software (Antivirus, anti-spyware, firewall, etc.) on department systems

> McAfee Endpoint Protection, Carbon Black. Workstations are behind firewalls with additional firewalls between workstations and servers. Internal devices scanned for vulnerabilities. All devices are patched

* Access Controls (password requirements and safeguards, VPN use, WiFi use, file sharing, logs, etc.)

> All users and workstations are domain joined. Users are required to change passwords every 90 days. All users must have a unique login. Laptops are required to use VPN tunnels when on wifi connections.

* Physical Environment (monitor position, printer location, screen saver, etc.)

> Monitors are positioned privately in secured offices. Computers are locked when not in use. Printers are located near computers. Screen savers lock pc after 15 minutes of inactivity.

* Data Storage (e.g. removable media storage, hard drive encryption, backups of data, etc.)

> Data is stored on an encrypted SAN in the County Data Center with UPS, generator, and badge controlled access. All workstations are encrypted. Backups are both to disk and sent offsite.

* Encryption used on data storage drives

> AES-256 full disk encryption for SAN, AES-128 full disk for workstations.

* Explain the relationship of the above personnel to this department

> Personnel include Epidemiologist and Senior Epidemiologist. Senior Epidemiologist supervises Epidemiologist.

Additional Notes

Please provide any additional notes you may have

> e.g. "nobody will be in the office in October", "divide the data into 3 parts because our computers cannot handle large files", etc.

Save

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