

## Frequently Asked Questions

### 1. What are data standards?

Data Standards are agreements on a set of rules or specifications which, taken together, define the structure of a database. Data standards tell you how to store the data, what codes are valid, the length of the field, minimum requirements and other instructions regarding the data. With data standards all the data will be stored in the same way so they can be comparable and easily integrated.

### 2. Why do we need data standards?

Data Standards create a number of efficiencies in a system. Among others:

- Enable the development of integrated public health information and surveillance systems.
- Improve data quality and availability.
- Reduce training, programming, data entry and program support costs in integrated systems.
- Facilitate analysis across studies.

### 3. Who is recommending these standards?

The Data Standards Policy Advisory Committee was charged by the Director to facilitate the integration of Public Health information systems through the development, approval, and use of data standards. The committee objectives are to:

- Establish a methodology for the selection of external standards to be adopted by ODH.
- Evaluate standards for applicability to programs and compatibility with external requirements.
- Satisfy system privacy and confidentiality requirements.
- Create ODH-specific standards where no external standard exists and when deemed appropriate and necessary for ODH.

### 4. May I continue to collect data in a format different from the standard?

Yes. You may collect data in whatever forms you choose as long as the data are electronically recorded in accordance with the standards. If you decide to use a non-standard collection tool, you need to make sure it can be electronically stored in compliance with data standards.

### 5. When do I have to comply?

The implementation will be stepwise and should be completed, October 2004, three

years after approval of the standards in October 2001. Programs changing their systems after October 2001 need to comply with the standards. All new databases after this date need to comply. For all other databases, a priority system will be developed by each Division to determine which databases will be converted first.

**6. What happens if I don't comply?**

The Department is highly committed to the data standardization process. If you are developing a new database and your program decides not to comply with the standards and your Division Chief approves, your database will not be integrated with the rest of the Department. The program will not be able to take advantage of the efficiencies that standards bring and technical support to the database will be limited in the near term and likely non-existent in the long term.

**7. These standards would change how I do my work, can I suggest something different? Are these the final standards for these data fields?**

These standards are recommendations from the Data Standards Policy Advisory Committee. After all input is reviewed, the Committee will approve the final standards. Data Standards will change the way we do our business. Most programs will experience this change. The data standards recommended in this section have been selected based on standards from national organizations. Applicability to the majority of programs in the Department and flexibility have been major considerations as well. The Data Standards Policy Advisory Committee approves all data standards and has members from all Divisions and representatives from Local Health Departments to ensure that most concerns have been addressed before a recommendation is issued. However, this feedback period will help us to determine if a specific standard is impossible to be implemented by one or more programs and to consider alternatives based on the information provided. An approved recommendation will be revised only if a stakeholder presents a compelling case that deems the standard impossible to implement for a significant number of databases. After data standards are approved, a process will be in place to update or modify the standards as necessary.

**8. My grant/contract requires me to report data in a different way from the standards.**

We are aware that some programs may be constrained by software, database, or other parameters of data collection that will not allow them to comply with the standard. Nevertheless, please review your grant and compare your reporting responsibilities with the standards. In most cases, you will find that the standards will allow you to collapse/expand data fields to meet your needs. Even if you are restricted to a specific database, data standards will allow us to build a unique bridge to an integrated information system specific for your database.

**9. Some of the standards talk about minimum elements. That means that I have to start collecting data I did not collect before?**

If you were not collecting the data element before, you do not have to start collecting it now. For example, if you are not collecting marital status in your database, you do not have to collect it now to be compliant. However, if you do collect marital status, you need to include the minimum categories in order to be compliant with the standards. An exception will be for those variables that are

designated as essential for matching purposes. These variables have not been selected yet.

**10. Will the department of health provide software to comply with the standards?**

The implementation of data standards in the department will be gradual. As a program changes their databases to meet the standards, new data collection/reporting tools will be created. These tools will range from paper forms to software applications according with the needs of the program. If the program is not providing software today, data standards will not create the need for new software.

**11. Do local health departments have to comply with the standards?**

Local health departments are required to use the standards only on those programs that report data to ODH and that have converted to the standards. However, local health departments may find that adopting the standards for other databases will save them time on development and training and will facilitate integration and analysis with statewide databases. Remember that the conversion to the standards will be gradual and stepwise. The program will notify you of their plans for conversion to the standards.

**12. What is an external standard? What are X12N, HL7, CIPHER, etc.?**

External standards are developed by standard Development Organization (SDO) and, in the document, the term refers to the organization sponsoring the standard adopted. SDOs have created data standards for the industry. Some of them have as a sole purpose to create standards by consensus. For example, X12 creates data standards for several industries, the "N" refer to the subgroup that works on standards for insurance claims. Others have different functions but have created widely used standards such as the National Center for Vital Statistics (NCVS) or the Center for Disease Control and Prevention (CDC) which created the Common Information for Public Health Electronic Reporting System (CIPHER).