

APPLICATION FOR CALIFORNIA'S LIMITED DEATH DATA FILES

Application Checklist

Application filled out **completely**

Committee for the Protection of Human Subjects' (CPHS) xForm

Submit CPHS approval letter when obtained. The CPHS approval letter must be received prior to data release

Signed "Data Use Agreement"

Notarized "Certificate of Acknowledgment"

Signed "Statement of Intended Use" on organization letterhead

Signed "[Information Privacy and Security Requirements](#)" (IPSR) signed for principal investigator (PI), Co-PI, and contractors (*if not at the same address as the PI or Co-PI*)

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Application Instructions

California makes available a "Limited Death File" (LDF) for 2014, 2015, 2016, 2017, 2018 and annually thereafter, as data becomes available. The LDF contains a very limited number of data variables, as shown in Attachment 1. The entire LDF is burned onto a CD-ROM and is available to requestors at no charge. Obtaining the data file requires an application and approval from the Committee for Protection of Human Subjects (CPHS).

Information about CPHS and their approval process is available on the CPHS website: <http://www.oshpd.ca.gov/Boards/CPHS/researchers.html>. Questions can be sent via email to: cphs-mail@oshpd.ca.gov or call (916) 326-6660.

Notarized proof of identity is required to obtain the data files.

Data files are provided in the format created. If additional variables are requested, a full research application will be required.

Email or mail the completed and signed application to:

California Department of Public Health
Health Information and Research Section
Attn: Data Request Desk, MS 5102
P.O. Box 997410
Sacramento, CA 95899-7410
Phone: (916) 552-8095
E-Mail: HIRS@cdph.ca.gov

Private courier deliveries are not accepted using the P.O. Box above. If you would like to mail the completed application via overnight mail, please call or email at the information above for the physical location.

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Name/Principal Investigator (PI): _____

Title: _____

Street Address: _____

State: _____

Phone: _____

Email: _____

Name/Co-PI (if applicable): _____

Is Co-PI at different address?

Yes No If yes, please provide address: _____

Title of Project (as listed on CPHS Protocol/xForm): _____

Statement of Intended Use:

Attach a signed statement of intended use on your organization's letterhead* describing how you propose to use the requested data, including the years and data type.

* Organization's Letterhead is required if applicant is requesting data on their behalf.

Indicate Year(s) Requested:

Limited Death Data File (2014-2018) From ____ to ____ Annual Only

Disclaimer:

Limited death data, prepared pursuant to Health and Safety Code Section (HSC) 102230, may not be accurate or complete due to a variety of circumstances, including amendments to the legal records that may have been filed after the production of the data files. Data files are not legal records and should not be used as substitutes for the legal records from which they were derived.

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Data Use Agreement

I, the undersigned, on behalf of the organization/agency represented in this application and under penalty of perjury under the laws of the State of California, agree to the following:

1. I agree that any publication based on these data will include a disclaimer that credits any analyses, interpretations, or conclusions reached to the author and not to the California Department of Public Health (CDPH).
2. If I publish technical descriptions of the data, they will be consistent with those provided by CDPH.
3. I will not sell, assign, release, otherwise transfer, or allow public access to the limited death file(s) or any portion thereof.
4. I will not use these limited death data file(s), or any portion thereof, for fraudulent purposes.
5. I agree to use of limited death data file(s) only for the purposes specified in this application.
6. The data files released pursuant to this application may not be used for fraudulent purposes and may only be used under the terms and conditions specified in HSC Section 102230.
7. All CDPH vital records data received will be destroyed or returned upon completion of the project.

Applicant Signature: _____

Date: _____

Printed Name: _____

Title: _____

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Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

CERTIFICATE OF ACKNOWLEDGMENT – Notary Signature

State of _____

County of _____

On _____, before me, _____

personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(s), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.
(NOTARY SEAL)

NOTARY SIGNATURE

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Attachment 1

DC FIELD/ data file in which field appears	Sequence	Description	Data type and values	Notes - Any field with a number in the DC/ FIELD column (1) is taken directly from the death certificate and may contain non-conforming data. For example, putting a letter in a date field.	Differences from previous DSMF
	17	AGE TYPE	N	<p>Decedent's Age Type & Age Unit are based on calculated age (calculated age = DOD-DOB) when DOB information is present and DOD is based on actual date of death and not based on date decedent was found.</p> <p>If DOD is based on date decedent was found, or DOB does not have sufficient information or is unknown, Age Type & Age Unit are based on the age value in years, months, days, hours, or minutes as entered on the certificate.</p> <p>1 = Years 2 = Months 4 = Days 5 = Hours 6 = Minutes 9 = Unknown (not classifiable)</p>	<p>Previous DSMF used a slightly different coding scheme for age type.</p> <p>Now using NCHS coding standards</p>

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	18	AGE UNIT	NNN	<p>Valid codes:</p> <p>If AGETYPE = 1 then 001-150, 999=unknown</p> <p style="padding-left: 40px;">2 then 001-011, 999=unknown</p> <p style="padding-left: 40px;">4 then 001-027, 999=unknown</p> <p style="padding-left: 40px;">5 then 001-023, 999=unknown</p> <p style="padding-left: 40px;">6 then 001-059, 999=unknown</p> <p style="padding-left: 40px;">9 then 999</p>	<p>Previous DSMF used a slightly different coding scheme for age type and age unit. Now using NCHS coding standards</p>
6 DSMF NCHS	19	SEX	ALPHA	<p>Sex of decedent</p> <p>M = Male</p> <p>F = Female</p> <p>U = Unknown</p> <p>X=Nonbinary</p>	<p>Now using NCHS coding standards</p>

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11 DSMF	32	EVER IN US ARMED FORCES?	ALPHA	Y = Yes N = No U = Unknown	Previously the DSMF used numeric codes. Now using NCHS coding standards.
DSMFNC HS	35	EDUCATIO N - HIGHEST LEVEL/DEG REE (NCHS CODE)	N	Decedent's highest level of education or degree, coded to national NCHS standards 1 = 8th grade or less 2 = 9th through 12th grade; no diploma 3 = High School Graduate or GED Completed 4 = Some college credit, but no degree 5 = Associate Degree 6 = Bachelor's Degree 7 = Master's Degree 8 = Doctorate Degree or Professional Degree 9 = Unknown	N/A

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14	36	HISPANIC	ALPHA; blank	Decedent was of Hispanic/Latino/Spanish origin Y = Yes N = No Blank	New to CCDF
DSMF	45	RACE #1 CODE (FINAL)	NN	This field contains the code for the decedent's race, adjusted for any errors in category selection, and including full detail on Asian, Pacific Islander, and "Other" races where available. See APPENDIX D for a listing of all race codes. This field cannot be blank; unknown is a valid entry. See APPENDIX E for a technical discussion of recoding and adjustment for selection errors for this field.	Previous DSMF mapped to a different coding scheme for race categories. See APPENDIX D for the list of current race categories.

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DSMF	46	RACE #2 CODE (FINAL)	NN	<p>This field contains the code for the decedent's race, adjusted for any errors in category selection, and including full detail on Asian, Pacific Islander, and "Other" races where available. See APPENDIX D for a listing of all race codes. See APPENDIX E for a technical discussion of recoding and adjustment for selection errors for this field.</p>	<p>Previous DSMF mapped to a different coding scheme for race categories. See APPENDIX D for the list of current race categories.</p>
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DSMF	47	RACE #3 CODE FINAL)	NN	<p>This field contains the code for the decedent's race, adjusted for any errors in category selection, and including full detail on Asian, Pacific Islander, and "Other" races where available. See APPENDIX D for a listing of all race codes. See APPENDIX E for a technical discussion of recoding and adjustment for selection errors for this field.</p>	<p>Previous DSMF mapped to a different coding scheme for race categories. See APPENDIX D for the list of current race categories.</p>
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DSMF	51	MULTI-RACE STATUS	N	<p>Multi-race status is calculated based on information from Field 14 (Hispanic origin) and Fields 16A-C (race). This field provides a single race value for all individuals, including those who reported more than one race. See the discussion in APPENDIX E for the coding algorithm used to determine the values for this field.</p> <p>1 = NON-HISPANIC WHITE 2 = NON-HISPANIC BLACK 3 = NON-HISPANIC AMERICAN INDIAN/ALASKAN NATIVE 4 = NON-HISPANIC ASIAN 5 = NON-HISPANIC HAWAIIAN/PACIFIC ISLANDER 6 = NON-HISPANIC OTHER 7 = 2 OR MORE RACES (MULTI-RACE), ANY HISPANIC STATUS 8 = HISPANIC-SINGLE RACE (INCLUDES INDIVIDUALS REPORTING HISPANIC ORIGIN AND SINGLE RACE STATUS IN ANY CATEGORY (WHITE, BLACK, AMERICAN INDIAN/ALASKA NATIVE, ASIAN, HAWAIIAN/PACIFIC ISLANDER, OR OTHER) 9 = NOT STATED OR UNKNOWN</p>	<p>Previous DSMF used a different coding scheme for assigning individuals to race groups. Coding for this field was changed to follow changes to the race data collection procedures implemented in EDRS in 2010. See APPENDIX E for a discussion of these changes.</p>
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	62	FINAL DECEDENT'S COUNTY OF RESIDENCE BASED ON GEOCODE (NCHS CODE)	NNN	<p>Decedent's county of residence. The decedent's county of residence value is derived from geocoding the residence address. If the residence address was not geocoded, the code will be derived from the county as entered on the certificate.</p> <p>county of residence is in a US state - report 3 char code from the FIPS table at ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Manuals/Mortality/COUNTY_CODES.txt</p> <p>decedent's residence is in other country - report as '000'</p> <p>unknown - report as '999'</p> <p>OTE: County codes are not exclusive to CA and should be used in conjunction with state codes.</p>	New to CCDF
	71	RESIDENCE STATE/PRO VINCE	ALPHA	<p>Based on the text entered in Field 25, decedent's state or province of residence (use if decedent resided in a US state, US territory, or Canadian province). Use the 2 character code from the FIPS state/province table in APPENDIX C.</p> <p>UNK or UNKNOWN - report as 'ZZ'</p> <p>Report all countries other than US and Canada as 'XX'</p>	Not included in DSMF

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23	66	DECEDENT'S ZIP CODE OF RESIDENCE	ALPHANUMERIC	NNNNN UNK = Unknown dash (-) = No information available	
DSMF	144	FINAL CAUSE OF DEATH (ICD10 CODE)	ALPHANUMERIC	This field contains the underlying cause of death ICD-10 code received from NCHS	
119 NCHS DSMF	168	MANNER OF DEATH	ALPHA; blank	BLANK = NOT SPECIFIED A = ACCIDENT S = SUICIDE = HOMICIDE = PENDING INVESTIGATION = COULD NOT BE DETERMINED = NATURAL	DSMF used numeric coding. Now using NCHS coding standard.