APPLICATION FOR CALIFORNIA'S
BIRTH AND DEATH DATA FILES
FOR CDPH PROGRAMS – SURVEILLANCE USE ONLY

Application Checklist

☐ "Application for California's Birth and Death Data Files **FOR CDPH PROGRAMS**" filled out **completely**

☐ **Signed** "Data Use Agreement"

☐ **Notarized** "Certificate of Acknowledgment"

☐ **Signed** "Statement of Intended Use" on organization letterhead

☐ Appropriate Data dictionary(s) attached and all desired variables justified for each year requested (MCOD requests do not require a data dictionary).

☐ **Signed** "Information Privacy and Security Requirements" (only needed for any outside contractors being used)

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Application Instructions

The CDPH Programs may apply to receive custom data files for Birth, Death, Fetal Death, and/or Birth Cohort. Data files are available on CD-ROM and are provided in either comma-delimited or Excel formats. If CPHS determines your use of the data files is for research, your application will also require VSAC review. A complete application package must be received before HIRS review process begins. Applications will be reviewed in the order in which completed application are received.

If requesting a frequency other than "annual," a MOU is required and is subject to cost recovery. The CHSI contracts unit will contact you to discuss procedures.

Mail, fax, or email 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
Fax: (916) 650-6889
E-Mail: HIRS@cdph.ca.gov

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

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Name:	Date:
Title:	Branch:
Street Address:	City:
State:	Zip Code:
Phone:	Fax:
Email:	
Title of Project:	

Statement of Intended Use

Attach a signed statement of intended use on CDPH letterhead describing how you propose to use the requested data, including the years and data type. If the data are to be linked, please clearly explain the purpose of the data linkage, who will be conducting the data linkage and what datasets the vital records data will be linked to.

Data Delivery

Custom data files will be created based on the data fields selected in the appropriate data dictionary(s). Indicate which fields to include on the custom data file by placing a "yes" in the appropriate column and providing a reason for including this field in the data file.

Data files are available as annual files, or can be provided quarterly, monthly, or weekly, by request. Data files are subject to cost recovery pursuant to Health and Safety Code Section 102230. Programs requesting regular delivery of weekly, monthly or quarterly data files must enter into a Memorandum of Understanding with CHSI. Please indicate below how frequently the data will be delivered, and you will be contacted by CHSI staff to discuss procedures.

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Data File(s)	Please Indicate the Year(s) Requested	Frequency W = Weekly M = Monthly Q = Quarterly A = Annual
Birth Data for CDPH programs is available in the 635 byte and 1300 byte files. The 635-byte file has 99 data variables for 2012 – 2016. The 1300-byte file has 141 data variables for 2007 – 2016. For additional information on years not listed, please contact HIRS@cdph.ca.gov.		

☐ BIRTH DATA
(1978-2016 available)
    ☐ 635-byte
    ☐ 1300-byte
	Year(s) Requested:
	_____ to _____
		☐ W ☐ M ☐ Q ☐ A

☐ BIRTH COHORT (1980-2015 available) 1998 data is not available.This file includes all live births and the infants who died in the first year of life (linked to the birth)	Year(s) Requested: _____ to _____	Annual Only

Death Data is available in various formats. See DEATH COMPARISON CHART for California Death Data sources available to be requested and utilized. Effective 2016, the Multiple Causes of Death (MCOD) variables are available in the California Comprehensive Death File (CCDF) and the California Comprehensive Master Death File (CCMDF): sequence numbers 201-240.

Indicate the source and the year(s) requested below.

Data File(s)	Please Indicate the Year(s) Requested	Frequency W = Weekly M = Monthly Q = Quarterly A = Annual
☐ DSMF (1970-2013 available)	Year(s) Requested: _____ to _____	Annual Only
☐ CCDF Dynamic (2005-2017 available)	Year(s) Requested: _____ to _____	☐ W ☐ M ☐ Q ☐ A

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Data File(s)	Please Indicate the Year(s) Requested	Frequency W = Weekly M = Monthly Q = Quarterly A = Annual
☐ CCDF Static (2005-2016 available)	Year(s) Requested: _____ to _____	Annual Only
☐ CCMDF (2014-2016 available)	Year(s) Requested: _____ to _____	Annual Only
☐ MULTIPLE CAUSE OF DEATH (1970-2016 available)	Year(s) Requested: _____ to _____	Annual Only
☐ FETAL DEATH (1978-2016 available)	Year(s) Requested: _____ to _____	Annual Only
If CPHS Determines the project is research - **Program Must Submit Research Use Application**		

CPHS Project Exemption
The Committee for the Protection of Human Subjects (CPHS) Determination of Not Research or Exempt Research Letter is required of all non-research projects. Please submit a request for determination to CPHS.

Data Access
List the names of <u>all</u> persons who will have access to the requested data files and explain their affiliation to the branch (requester, contractor). Please include a separate attachment if additional space is needed.

Name	Affiliation	Address (if different than the program requestor's)

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Contracting Use Only - Information Privacy and Security Requirements

Will an outside contractor(s) be used? ☐ YES ☐ NO

Does the contractor work in a CDPH office? ☐ YES ☐ NO

Is the contractor an Embedded Contractor*? ☐ YES ☐ NO

If yes, complete the statement below:

_____ (Enter Name Here) is a _____ (Title) located at the California Department of Public Health at _____ (Program) at _____ (Program Location) supervised by _____ (Name of Supervisor), _____ (Title). All CDPH employees are required to complete annual data privacy and security training, and are required to abide by all the rules and regulations in place for State staff. All data is protected by the CDPH firewall, is accessed only on CDPH computers, and is accessed on site only.

If the contractor is not in a CDPH office, an Information Privacy and Security Requirements form must be signed and returned by the contractor(s) prior to data release.

* An Embedded Contractor is a non-CDPH employee contracted to perform a specific function/project within a specified period of time while working within the CDPH infrastructure.

Contractor Contact Information # 1	
Name:	Telephone:
Organization:	FAX:
Address:	Email:
Purpose/Duties:	

Contractor Contact Information # 2	
Name:	Telephone:
Organization:	FAX:
Address:	Email:
Purpose/Duties:	

Disclaimer
Data files 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 program represented in this application and under penalty of perjury under the laws of the State of California, agree to the following:

1. I agree not to release or allow public access to the birth, death or fetal death data, and I agree not to post the data on the Internet, except as permitted by HSC Section 102230(c)(8)(B)
2. (i through v).
3. I agree to use the birth, death and fetal death data files only for the purposes specified in this application.
4. I have provided the names of all persons who will have access to the birth, death and fetal death data files. In the event of changes to this list, I will provide CDPH with a new list of names.
5. In any publications based on these data, I will include a disclaimer crediting analyses, interpretations, or conclusions reached regarding the birth, death or fetal death data to the author.
6. In any publications based on these data, I will ensure that technical descriptions of the birth, death or fetal death data are consistent with those provided by the CHSI.
7. I will not sell, assign, or otherwise transfer the birth, death, or fetal death data files, except as permitted by HSC Section 102230(c)(8)(B)(i through v).
8. I will not use the birth, death or fetal death data files for fraudulent purposes.
9. 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