

ASTHO Environmental Public Health Tracking
Peer-to-Peer Fellowship Program
North Carolina Division of Public Health
Phase I Final Report

Project Contacts and Collaborations

- Project Coordinators
 - Nirmalla Barros, Occupational and Environmental Epidemiology Branch (Epidemiology Section) (nirmalla.barros@dhhs.nc.gov)
 - Annie Hirsch, Occupational and Environmental Epidemiology Branch (Epidemiology Section) (annie.hirsch@dhhs.nc.gov)
- Inpatient Hospitalization Data Steward
 - Kathleen Jones-Vessey, State Center for Health Statistics (kathleen.jones-vessey@dhhs.nc.gov)
- Emergency Department (ED) Visit Data Stewards
 - Jenna Waggoner, Communicable Disease Branch (Epidemiology Section) (jenna.waggoner@dhhs.nc.gov)
 - Lana Deyenka, Communicable Disease Branch (Epidemiology Section) (lana.deyenka@dhhs.nc.gov)
 - Amy Ising, Carolina Center for Health Informatics in Department of Emergency Medicine, University of North Carolina at Chapel Hill (ising@ad.unc.edu)

Summary of Steps

- Reviewed conference call notes, Data Submission Webinar presentations slides, metadata videos for guidance on preparing metadata submission
- Submitted data-use agreement (DUA) for ED visit data to CDC on March 31, 2014
- Modified active records in Manage Contacts in Metadata Creation Tool to reflect NC Environmental Public Health Tracking Program rather than project lead's and data stewards' names and personal email addresses
- Submitted Phase I invoice to ASTHO on June 27, 2014
- Completed ED visit and inpatient hospitalization metadata submission to CDC on June 30, 2014
- Amended data-use agreement (DUA) for ED visit data for additional variables from ED visit data dictionary (IncidentCountFire, IncidentCountNonFire, IncidentCountUnknown) and submitted to CDC for signatures on July 2, 2014

Lessons Learned

- Project lead (NB) had difficulty logging into SAMS due to a server error
 - Contacted Technical Services and tried re-typing web address for SAMS instead of relying on bookmark address and then able to log in successfully

Server Error in '/v2' Application.

Runtime Error

Description: An application error occurred on the server. The current custom error settings for this application prevent the details of the application error from being viewed remotely (for security reasons). It could, however, be viewed by browsers running on the local server machine.

Details: To enable the details of this specific error message to be viewable on remote machines, please create a <customErrors> tag within a "web.config" configuration file located in the root directory of the current web application. This <customErrors> tag should then have its "mode" attribute set to "Off".

```
<!-- Web.Config Configuration File -->
<configuration>
  <system.web>
    <customErrors mode="Off" />
  </system.web>
</configuration>
```

Notes: The current error page you are seeing can be replaced by a custom error page by modifying the "defaultRedirect" attribute of the application's <customErrors> configuration tag to point to a custom error page URL.

```
<!-- Web.Config Configuration File -->
<configuration>
  <system.web>
    <customErrors mode="RemoteOnly" defaultRedirect="mycustompage.htm" />
  </system.web>
</configuration>
```

- Metadata video part I was not too helpful for populating metadata fields in Metadata Creation Tool, instead, referred to Metadata_MCTContent_Simple_FieldGuide document for additional guidance and was more helpful
- Prepare ED visit DUA exactly how ED visit dataset needs to be created.
 - In other words, use data dictionaries provided by CDC and list each variable in data dictionaries to instruct data steward
- Project lead (NB) was under impression needed final ED visit dataset to prepare metadata submission
 - Submitted metadata records for ED visits to CDC without having a final dataset available
- EPHT SharePoint site was a good idea. However, it was not very well organized and it contained a variety of information without a clear vision; with some of the information being out-of-date.
 - The inpatient hospitalization data steward falsely used antiquated metadata instructions because they based it on a metadata template on the EPHT SharePoint site that was out-of-date. This issue was eventually resolved by using the Metadata Creation Tool, however, it was frustrating and it needlessly delayed our metadata submission.
- The structure of the file and formats required for successful import into the NCDM tools were not made clear in any of the EPHT documentation.
 - The inpatient hospitalization data steward had to manually review the contents of the sample data file included in the NCDM tool in order to generate a file that could be properly imported into the NCDM tool. This sort of basic file information should have been provided in the instructions in order to facilitate data extraction.

Recommendations for Improvement

- Not informed we needed a program (i.e., non-personal) contact and email address to submit as part of our metadata submission when we first started the tracking fellowship. Luckily, we were able to set up a NC Environmental Public Health Tracking Program email address (epht@dhhs.nc.gov) within a couple of days of submitting the metadata records
- Recommendation:

- Inform tracking fellows during initial conference calls and data submission webinars of need to begin discussion with their information technology staff to establish a program contact and email address
- The “How To Cookbooks” did not provide clear instructions on how to actually gather the data and included information for both those using the NCDM tool and those who were not, with the information intermingled.
- Recommendations:
 - The cookbooks did not lay out precisely what fields needed to be included in the output files in order to prepare the variables for successful import into the NCDM. The cookbook should be short, clear, and concise. It should contain only the information needed for data retrieval and exporting and should include the variables needed, how to name the variables, and how to format them for import into the NCDM tool.
 - A separate cookbook should be created for those that are not planning to use the NCDM tool so that this information does not needlessly clutter the data specifications.
- The Metadata portion of this project was excessively complex. Efforts should be made to make this process less laborious for the data stewards and the state EPHT coordinators. Recommendations:
 - In order to streamline processing, CDC should devise plans for auto-populating metadata information at the federal level, rather than require every state to tackle this individually.
- The data files being submitted to EPHT were neither large nor complex – only requiring a few key variables that would take data stewards a very limited time to gather. However, the documentation and tools required to submit the data were both large and complex. Recommendations:
 - Efforts should be made to simplify the data submission process. As a state data steward who has submitted hundreds of data feeds to a variety of federal, state, and local agencies, I have never experienced such a complex data submission process for such a small quantity of data.
- The EPHT SharePoint site was not well organized and contained out-of-date instructional information.
- Recommendations:
 - Efforts should be made to remove out-of-date material from the EPHT SharePoint site. Additionally, perhaps the site could be improved by having a section for new EPHT fellows/states that explains the data submission process more clearly without any extraneous information included.