Obtain and link data and information about health and wellbeing and/or stressors to health and wellbeing



#### **Overview**

This standard covers obtaining and linking data and information about health and wellbeing and/or stressors to health and wellbeing. The data and information might have been collected and formed for: ongoing monitoring; a specific study (e.g. a lifestyle survey); enhanced surveillance; or health protection. The standard is most likely to be relevant to those who have a significant role in obtaining and linking such data and information.

Users of this standard will need to ensure that practice reflects up to date information and policies.

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# Performance criteria

You	must	be	able	to:

- P1 identify
  - P1.1 sources of data and information on health and wellbeing
  - P1.2 how to access these providers of data and information
  - P1.3 the nature, quality and quantity of the data and information that is needed for the work in hand
  - P1.4 any partnership work that might alter the exact focus of the work
- P2 liaise with data and information providers and determine
  - P2.1 the nature, quality and quantity of their data and information
  - P2.2 the best methods for obtaining this data and information
  - P2.3 consent, confidentiality and any other ethical issues relating to the use of the data and information
- P3 obtain only the data and information that is needed for the job to be done
  - P3.1 in a cost effective manner
  - P3.2 consistent with legislation on the protection, use and accessibility of data and information
- P4 check the data and information based on:
  - P4.1 its origin
  - P4.2 the methods and people involved in its collection
  - P4.3 its anticipated quality
- P5 contact data and information providers when there are issues with the quality or quantity of the data and information
- P6 evaluate the nature of the different data and information that is available
- P7 identify the data and information that can or cannot be appropriately linked and that
- P8 link the data and information
  - P8.1 using appropriate methods and systems
  - P8.2 consistently through using appropriate data management processes (e.g. through applying coding and classification, through using Geographical Information Systems GIS)
  - P8.3 in a cost effective manner
  - P8.4 appropriate to its intended use
  - P8.5 appropriate to the sensitivity of the data
- P9 make the linked data available at the time that it is needed
- P10 liaise with data and information providers when there are problems with linking different data sets
- P11 identify data and information that
  - P11.1 has a limited life span, archive it appropriately and dispose of it at the appropriate time
  - P11.2 has a longer life span and store it securely in an appropriate safe place

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P12 seek advice and support promptly when issues beyond own competence

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# Knowledge and understanding

You need to know and understand:

- K1 the different types of data and information:
  - K1.1 community and population views of health and wellbeing needs and outcomes
  - K1.2 routinely available data on reproduction, disability, illness, disease and death
  - K1.3 data on the use of services (such as health and social care services)
  - K1.4 data on measures to manage disability, illness and disease
  - K1.5 data on the relationship between the physical environment and health and wellbeing
  - K1.6 data on the relationship between the social environment and health and wellbeing
  - K1.7 census data key indicators and projections
- K2 qualitative and quantitative data, how to use the two together, and their respective limitations
- K3 the concepts of validity and reliability in relation to collation and analysis
- K4 the range of different methods that might be used to obtain data collected by others, the strengths and weaknesses of each and their use for different purposes and in different contexts
- K5 how to structure and link qualitative and quantitative data so that it is in a form for later analysis
- K6 the purpose of and need for comparability between data sets; receiving, managing and using various data sets; the management of large and small databases andt he different formats for doing this (including spreadsheets, mapping, SPSS, data manipulation, internet, producing subsets of data and information)
- K7 other analytical and interpretation methods and techniques: rates, denominators, numerators, confidence intervals, parametric and nonparametric methods, certainty
- K8 how to frame research questions for the collection and analysis of data and information about health and wellbeing and related needs
- K9 ethical issues and legislative requirements surrounding data and information (e.g. small numbers and confidentiality)
- K10 the profile of the local area with which the worker is concerned K10.1 communities (neighbourhoods, communities of interest, communities of identity)
  - K10.2 agencies and workers (across all sectors)
  - K10.3 health and wellbeing: equalities and inequalities
  - K10.4 illness: incidence, types, levels, problems and contributing factors, the likely extent of unreported illness and disability

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- K10.5 structures and amenities
- K10.6 cultural diversity, community groups, formal and informal leaders, networks
- K11 methods and approaches of community involvement
- K12 the ways in which communication can be altered for different needs and contexts and how to respond to differences in the way that people communicate
- K13 the specific legislation, guidelines of good practice, charters and service standards that relate to the work being undertaken and the impact of these on the work
- K14 the services, policies and priorities of the worker's agency and how it relates to other agencies in the sector
- K15 the data storage and retrieval systems used by agencies working in health improvement
- K16 codes of practice and protocols about confidentiality and information sharing between agencies working in partnership
- K17 own role and responsibilities and from whom assistance and advice should be sought if necessary
- K18 how to apply the principles of equality, diversity and anti-discriminatory practice to work
- K19 how to develop one's own competence and skills in line with changes in knowledge and practice; how the worker's area and scope of practice are changing, the evidence which is available on the work and the implications of this for their own skill and knowledge base

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### **Additional Information**

**External Links** 

This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: IK2 Information collection and analysis

Level: 3

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