

SFHPHP04

Analyse data and information about health and wellbeing and/or stressors to health and wellbeing



Overview

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

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 appraise the linked data and information and confirm that it is fit for purpose
 - P2 select an analytical method and related systems and software packages that are appropriate to
 - P2.1 the nature and form of the data
 - P2.2 the purpose for which the results are to be used
 - P3 structure and analyse the data and information
 - P3.1 using the selected methods, systems and software packages
 - P3.2 in a manner that is appropriate to the purpose and urgency of the analysis
 - P3.3 appropriate to the sensitivity of the data
 - P4 accept or reject data and information based on
 - P4.1 the work in hand
 - P4.2 the extent to which it is possible to improve the data and information available given the urgency in which any particular form of data and information is required
 - P5 contact data and information providers when there are issues with the quality or quantity of the data and information

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Knowledge and understanding

You need to know and understand:

- K1 the 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 the design of data analysis
- K4 the range of qualitative and quantitative data analysis methods available and the purpose of each
- K5 how to analyse quantitative and qualitative data validly and reliably including:
 - K5.1 the use of time trend and geographical bases
 - K5.2 combining small area measures with routine data
- K6 how the social construction of illness (and other related concepts) may affect the analysis and make cross-comparisons between different societies
- K7 the need for and how to undertake direct or indirect standardisation
- K8 the purpose of and need for comparability between data sets; receiving, managing and using various data sets; the management of large and small databases and the different formats for doing this (including spreadsheets, mapping, SPSS, data manipulation, internet, producing subsets of data and information)
- K9 other analytical and interpretation methods and techniques: rates, denominators, numerators, confidence intervals, parametric and non-parametric methods, certainty
- K10 how to frame research questions for the analysis of data and information about health and wellbeing and related needs
- K11 ethical issues and legislative requirements surrounding data and information (e.g. small numbers and confidentiality)
- K12 the profile of the local area with which the worker is concerned

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- K12.1 communities (neighbourhoods, communities of interest, communities of identity)
- K12.2 agencies and workers (across all sectors)
- K12.3 health and wellbeing: equalities and inequalities
- K12.4 illness: incidence, types, levels, problems and contributing factors, the likely extent of unreported illness and disability
- K12.5 structures and amenities
- K12.6 cultural diversity, community groups, formal and informal leaders, networks
- K13 methods and approaches of community involvement
- K14 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
- K15 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
- K16 the services, policies and priorities of the worker's agency and how it relates to other agencies in the sector
- K17 the data storage and retrieval systems used by agencies working in health improvement
- K18 codes of practice and protocols about confidentiality and information sharing between agencies working in partnership
- K19 own role and responsibilities and from whom assistance and advice should be sought if necessary
- K20 how to apply the principles of equality, diversity and anti-discriminatory practice to work
- K21 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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Developed by Skills for Health

Version number 1

Date approved June 2007

Indicative review date June 2009

Validity Current

Status Original

Originating organisation Skills for Health

Original URN PHP04

Relevant occupations Health and Social Care; Healthcare and Related Personal Services

Suite Public Health

Key words Analysis, data, information, stressors, determinants, software packages.
