

GUIDE TO IMPORTING DATA INTO THE NATIONAL CHRONIC DISEASE SELF-MANAGEMENT EDUCATION (CDSME) DATABASE

The National CDSME Database is housed at and managed by the National Council on Aging’s Center for Healthy Aging. The database can receive data from active Administration for Community Living (ACL) Prevention and Public Health Fund (PPHF) CDSME grantees, former grantees, or any other organization that wants to track data for their evidence-based health promotion programs. The database presently tracks data on the CDSME, and self-management support programs listed below. If you would like to track data for an additional program, please contact Tia Crayton at tia.crayton@ncoa.org to discuss the options. We welcome the growth of the database!

Table 1. Program Types and Corresponding Field Forms in Database

CDSME – (The Self-Management Resource Center’s Suite of Programs) Database Form Type: Standard	Self-Management Support Programs Database Form Type: Alternative Programs
<ul style="list-style-type: none"> • Arthritis Self-Management Program (ASMP) • Better Choices, Better Health • Building Better Caregivers • Cancer: Thriving and Surviving • Chronic Disease Self-Management Program (CDSMP) • Chronic Pain Self-Management Program (CPSMP) • Diabetes Self-Management Program (DSMP) • Positive Self-Management Program • Powerful Tools for Caregivers • Programa de Manejo Personal de la Artritis (Spanish ASMP) • Programa de Manejo Personal de la Diabetes • Tomando Control de su Salud (Spanish CDSMP) 	<ul style="list-style-type: none"> • HomeMeds • PEARLS • EnhanceWellness • Wellness Recovery Action Plan (WRAP) • EnhanceFitness • Active Living Every Day • Workplace Chronic Disease Self-Management (wCDSMP) • Fit and Strong! • Health Coaches for Hypertension Control • Screening, Brief Intervention, and Referral to Treatment (SBIRT) • Living Well in the Community • Tool kit for Active living with Chronic Conditions • Arthritis Foundation Aquatic Program (AFAP) • Healthy IDEAS • Arthritis Foundation Exercise Program • Mind Over Matter • Tool Kit for Active Living with Chronic Pain • Tool Kit for Active Living with Diabetes • Walk With Ease (in-person) • Walk With Ease (self-directed) • Camine Con Gusto (self-directed)



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There are two ways to enter your data into the National CDSME Database:

- 1) Someone on your staff can manually enter the data directly into the database **OR**
- 2) You can enter it into a third-party vendor's database, who will then send us the data in a formatted template.

This document provides an overview on the second option, including the requirements and considerations for working with vendors and migrating data to the National CDSME Database. For guidance on how to manually enter the data, please review the most recent data webinar on the [Data Entry Collection, and Management](#) webpage. The grant lead or data manager should contact tia.crayton@ncoa.org to coordinate the data migration from the third-party database to the National CDSME Database.

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I. What Vendors can I work with?

An external database vendor may be:

- an internal statewide or organization-wide system to track participant data
- a database designed exclusively for certain evidence-based programs (e.g., Enhance Wellness)
- a private, for-profit, or non-profit agency focused on data management

You can work with any vendor, as long as they are committed to preparing the data according to the specified requirements and sending the data to NCOA securely. For ACL grantees, it is their responsibility to confirm that the vendor is willing to generate the formatted data for uploading.

NCOA has experience working with the vendors listed below. This list is not all-inclusive and NCOA cannot endorse any particular vendor. However, we can provide contact information for other grantees that have worked with specific vendors so that you may inquire about their personal experience with the services. If there are others that should be added to this list, please let us know.

System / Software	Vendor	Contact	Email
Workshop Wizard	Consortium for Older AdultWellness	Lynnzy McIntosh	Lynnzy@coaw.org
EnhanceFitness ODES; WellWare for EnhanceWellness and Pearls	Sound Generations	Meghan Thompson	Meghant@soundgenetrations.org
SSPS/IBM	Public Health Management Corporation	Jordan Wilson	jowilson@phmc.org
PeerPlace	PeerPlace	Not Specified	Info@peerplace.com
Compass	Quality and Technical Assistance Center of New York (QTAC-NY)	Phil McCallion	philip.mccallion@temple.edu

II. When does it make sense to use a third-party vendor to meet your data management needs?

There are several considerations when determining if it makes sense to contract with a vendor. Your agency should first conduct an organizational assessment to determine your capacity and data management needs.

Data can be shared in both directions. We can provide full data exports on portions or all of your data to a third-party vendor, upon request. Some grantees/networks have worked with vendors to manage data for only parts of their region, while also allowing partners to enter data directly into the National CDSME Database in other areas.

An individual package of services must be arranged directly with the vendor, and your grant/network lead must contact NCOA to notify them of the arrangement via email before data sharing can begin.

- **A vendor may be able to offer assistance with data entry.** Check with the vendor about this arrangement. In many cases, the task of entering data is still incumbent upon the grantee staff.
- **The vendor may be able to customize fields but check with us first.** Vendors may have ready-made systems, data user interfaces specific to individual programs, or develop an interface specific to your agency’s needs. Please see Appendix A to review the fields currently collected in the National CDSME Database to determine whether our database has the fields you need. We do have some flexibility to add new forms and fields that can be customized to your needs. This was not always the case. When adding new fields, we first consider whether they can be beneficial to all other

data users. If so, we can set these as 'optional' items, visible to all users. If there are extensive fields needed, it may require more customization, time, and resources. There are no added fees for customization at this time, but the NCOA's Center for Healthy Aging may be exploring this route down the road. Our first priority is to allow active PPHF grantees to enter required data without having form entry fields become confusing.

- **The vendor may be able to offer a larger number of user accounts.** The National CDSME Database and the Administration for Community Living encourage grantees and networks to streamline and centralize their data entry and management processes. This results in higher quality control and fewer data entry errors. Therefore, we urge grantee/networks to select no more than 3- 5 user accounts. We allow some flexibility depending on circumstances and the size of the grant/state or scope of proposed grantee work. User accounts should NOT be shared. If you require widespread access with 15+ accounts, a vendor may be an option. Currently, the National CDSME Database does not charge for additional user accounts. This is subject to change.
- **The vendor may be able to provide linkage between the National CDSME Database and the National Falls Prevention Database, as well as other databases.** If a vendor assigns identical ID #'s to host organizations and implementation sites delivering either CDSME or falls prevention programs, it may be possible to create an integrated database for grantees/networks. NCOA does not provide a direct link to the National Falls Prevention Database, which is operated and funded by NCOA, but housed and managed by Sound Generations. When host and implementation sites are entered into each respective database, they are assigned a system generated ID, and the format of these IDs is not consistent between the databases. For NCOA to create a link, participants would have to be matched by name, city, and other fields. Creating a link between the two databases is not a directive in the immediate future. However, vendors can link more than just these two databases. They can provide a single interface (tracking the same leaders, organizations, sites, etc.) for multiple databases. The most notable another database is the CDC.
- **The vendor may be able to provide timelier, customized reports.** The National CDSME Database recently completed a soft launch of Domo, the software and program that will now be used to pull reports and view data. A single user per grantee/network is currently permitted. Users can pull reports on participant demographics and workshop data at any time in Domo. In the interim, grantee/network staff can contact the NCOA data management team to request customized reports and full data exports. A vendor may be able to provide this service as well.
- **Referral and Certificate Tracking.** Current, the National CDSME Database does not track referrals to evidence-based programs or monitor program leader certificates. If this is a desired function, please check with the vendor about these arrangements.

III. What should I ask before securing a contract with a third-party vendor?

After reviewing your organization's data management needs and seeking testimonials from other users, you may want to touch on specific points with vendors:

1. Ask for packages and clarify range of vendor services.
2. Clarify vendor role in data cleaning, preparation, and data entry.
3. Identify the vendor's ability to customize additional fields and allow for users to easily pull or receive reports.
4. Ensure that software has appropriate protections and security practices; and
5. Certify that the vendor agrees to exchange data with NCOA in a secure format and to follow the requirements set forth in this document.

IV. How long does it take to migrate data into the National CDSME Database?

NCOA used to accept data for importing on a quarterly basis. However, this is not necessary. You can send data for import on a rolling basis, at least on a quarterly basis. For instance, you may prefer to send data once you have sufficient data to upload or to meet other reporting deadlines. Whatever the arrangement is, communicate plans clearly with NCOA's data management team. We do encourage you to make sure that data is uploaded prior to your semi-annual reporting deadlines. The semi-annual report schedules can be found [here](#).

Once the data is received from the vendor, the process may take anywhere from 1 to 4 weeks to import. NCOA's Center for Healthy Aging is working to further streamline this process this Fall and introducing a system that would allow vendors to directly access the database and validate host organizations and implementation sites. This would then allow workshop and participant data to be appropriately directed. We expect to pilot test this procedure in the coming months, which would shorten the turnaround time substantially.

For active grantees, please be aware that because of the delay, your workshop and participant data reported to ACL will always be out-of-date. ACL is aware of this, and monthly reports shared by NCOA to ACL are annotated accordingly.

V. How should the data be formatted by the vendor?

The data files must be compatible and formatted following NCOA's guidelines to minimize errors when uploading the data. Additional guidance is provided below regarding the data formatting and requirements.

Use this Excel [TEMPLATE](#) to export the data from the third-party database. The spreadsheet is regularly updated as changes to form fields or requirements change. Always pull the spreadsheet from this site to ensure it is up-to-date.

When providing data to NCOA, the data must meet the following standards:

1. Follow instructions and examples noted on the template. Column headers/fields and their definitions are listed outlined in the template for your reference.
2. Save your data in .xml. Do not use .csv.
3. Definitions of key column headers and linkage keys are noted just below the column header.
4. A drop-down menu is provided listing all possible values, or else examples of answer options are provided.
5. Optional items are shown in red in the column headers.
6. Each file must be appropriately labeled with the State, name of the grantee/network, and the date the data will be sent to NCOA. Use this format: `statename.agencyname.year.month.day.xlsx`. For example, "IL.AgeOptions.2017.09.19.xlsx".
7. Do not combine grantee data. Send separate spreadsheets for each grantee.
8. Do not change or modify the headers used in the spreadsheet. Use only the labels presented in the spreadsheet template.
9. Do not omit any columns, even if there is missing data from the grantee. As grantees are still transitioning from the previously required forms to those introduced in 2016, we are receiving batches of data with a combination of both forms.
10. The data should appear in the same order as presented in the spreadsheet template.
11. All four tabs (host, implementation site, workshop, and participant) should be available in the same document.
12. Ensure that there is a vendor-generated linkage ID between the host, implementation site, workshop, and participant.
13. Select the appropriate tab for program type: Standard, Alternate 1, or Alternate 2. See Table 1 (Page 1 of this document) to identify what forms you'd use for each program. Walk With Ease (Alternate 2) tabs will be updated and added to the template in Nov 2017.

VI. How does is the database and data exchange secured?

The National CDSME Database operates on the Salesforce platform, which is HIPAA compliant. To learn more about Salesforce security features, visit trust.salesforce.com. The database does contain historical data with sensitive Personal Health Information (PHI) and Personally Identifiable Information (PII).

- Personal Health Information (PHI) – physical/mental health condition
- Personally, Identifiable Information (PII) – name, zip code

Let your IT department guide your security protocols related to the transfer of any data to NCOA. Make sure that all staff is trained handling forms and electronic data.

All staff should be trained on Privacy and Security Basics. A slide deck is available for your training needs on our resource page: <https://www.ncoa.org/article/privacy-and-data-security-practices-ncoa-cdsme-and-falls-prevention-ebp-database>

Anyone on your staff handling participant forms or electronic data must sign a Non-Disclosure Agreement, available at [Authorization to Share and/or Exchange Data With the National Council on Aging](#). This includes vendors your work with.

NCOA's data management team will work with you to meet the demands of your IT department requirements. At a minimum, we suggest adding a password to the document and/or using an encrypted email to send a data file. Once NCOA moves toward using the new system for data uploads, vendors will be able to upload the data directly into the National CDSME Database Salesforce platform, and password and encryption will no longer be needed.

VII. What are grantees' obligations regarding the relationship between the vendor and NCOA's Center for Healthy Aging?

The NCOA data management team is in direct contact with the vendor on a regular basis and can assist with resolving concerns regarding discrepancies in the database. Ultimately, it is the responsibility of the grantee or network to ensure that the vendor they select follows requirements and any expectations set forth in their contract. ACL grantees are responsible for timely and accurate data uploads on behalf of their vendor.