

Data Specifications for Health Promotion / Disease Prevention
Updated: January 2016

Field / Column Header	Data Type, Codes and Max. Length	Description / Example
Client ID	text – 15 characters	Unique identification number assigned by agency.
Last Name	text - 20 characters	Smith
First Name	text - 15 characters	Jonathan
Middle Name	text - 15 characters	William
Street Address	text - 255 characters	511 15th Avenue S
City	text - 35 characters	Federal Way
Zip Code	text - 9 characters	98104 OR 981043232
Date of birth	Date – mm/dd/yyyy	Example: 1/30/1938
Race	Integer	What is the client's race?
	0	Unknown
	1	American Indian or Alaska Native
	2	Asian, Asian American
	3	Black, African, African-American
	4	Hawaiian Native or Pacific Islander
	6	White
	7	Other
	8	Multi-Racial
Ethnicity	Text	What is the client's ethnicity?
	u	Unknown
	y	Hispanic or Latino
	n	Not Hispanic or Latino
Income	Integer	Refer to Income Guidelines for \$ amounts for the categories listed below.
	0	Unknown
	1	Very Low (< 30% Median)
	2	Low (< 50% Median)
	3	Moderate (< 80% Median)
	4	Above Moderate (> 80% Median)
Live Alone	Text	Does the client live alone?
	u	Unknown
	y	Yes
	n	No
Gender	Text	What is the client's gender?
	u	Unknown
	f	Female
	m	Male
	o	Other (e.g. transgender)
Limited English	Text	Does the client have limited proficiency in English?
	u	Unknown
	y	Yes
	n	No
Household with Children	Text	Does the client live in a household with children under age 18?
	u	Unknown
	y	Yes
	n	No
Disability Status	Text	Does the client have a disability?
	u	Unknown
	y	Yes
	n	No
Refugee Status	Text	Is the client an immigrant or refugee?
	u	Unknown
	y	Yes
	n	No
Homeless	Text	Is the client homeless or living in temporary shelter?
	u	Unknown
	y	Yes
	n	No

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Veteran	Text	Is the client a veteran?
	u	Unknown
	y	Yes
	n	No
Sexual Orientation	Integer	What is the sexual orientation of the client?
	0	Unknown
	1	Bisexual
	2	Gay
	3	Heterosexual
	4	Lesbian
	5	Questioning
	6	Other
Service Month	Date - mm/dd/yyyy	Example: 1/1/2016
Service Type	Text	Health Promotion Activity
	h1	Fitness
	h2	Chronic Disease Self-Management
	h3	Fall Prevention
Units Provided	Integer	Number of sessions client attended during the monthly reporting period.

Data File Guidelines

- Each client should have a unique identifier or Client ID. This ID # should be used consistently for the same client. ID #'s should not be reused. If a change to your data system causes ID #'s to change (e.g., you purchased a new software system) please let ADS staff know in advance of the change.
- Field names must be at the top of each column and must exactly match those in the data specifications.
- Fields may be in any order, with the exception of Client ID, which must be the first column in your data file.
- If you do not have information for a particular field, please leave the field blank or use the appropriate code for Unknown. There must be a first and last name for every client.
- Include only clients who had services during the reporting period. If a client did not have services in the reporting month, they should not appear on the report.

Submitting Data Files

- Submit data files to your contract specialist via secure email or the City's Secure FTP site. Contact your contract specialist for more information.
- Data files may be submitted in either spreadsheet (Excel) or delimited (e.g., csv) format.
- Use a unique name for each file that clearly identifies both the provider and the service month. For example: CISC_Health_Jan2016.xls.
- Data files with errors will be sent back for corrections.
- Data files are due by the 10th working day of the month. Payment of invoices is contingent upon receipt of all required reports, including monthly data files.

Changes in 2016:

- Race and ethnicity are two separate fields.
- Single parent and unincorporated are no longer required.
- Sexual orientation is a new field.