# **I. General Information**

Please complete the information and associated sections as indicated below. Submit the complete form using Cherwell using the category “Web Services”.

## Service Desk Ticket Number

492869

## Program Information

Requestor’s Name **Jason Vargo** Request Date **April 13, 2018**

Requestor’s Phone **510-620-5932** Requestor’s Email **jason.vargo@cdph.ca.gov**

Requestor Supervisor’s Name **Solange Gould** Requestor Supervisor’s Phone **510-620-6245**

Workgroup (if applicable) **Office of Health Equity**

## Billing Information

ITSD’s Bundled Service billing codes will be used for processing your request and creating the sites with appropriate security groups and permission applied.

## Site Purpose

Describe the business purpose of this request below: **RShiny**

SharePoint Site  Secure File Transfer – Section B  Tableau Site – Section C

This site is a dashboard of sorts for the Office of Health Equity’s Climate Change and Health Vulnerability Indicators. The data used for the, app and more, are available on our website, along with narratives behind indicator selection, data sources, and definitions. <https://www.cdph.ca.gov/Programs/OHE/Pages/CC-Health-Vulnerability-Indicators.aspx> The Project produced climate change and health vulnerability indicators for download using the link above. Follow link for the full list of indicators. Each indicator includes the data in an Excel file as well as a narrative in PDF format. Each narrative describes the indicator’s significance to climate change and health, the evidence that links the indicator to health outcomes, data sources, bibliographic references, methodology, and limitations that impact the interpretation of the indicator. Examples of maps, charts, and tables are also included. We invite you to download the data and narrative files and use them to create maps, charts, and tables of your own counties and communities. The team also produced a county-specific report for each county in the state and the app links users to these as well. <https://www.cdph.ca.gov/Programs/OHE/Pages/ClimateHealthProfileReports.aspx>

The app has tabs to allow interested parties (other state agencies, locl health departments, etc) to look at all of the indicators for their county, all counties for a particular indicator, two indicators together, or to query and download the data.

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## Associated Mandates

1. Is this function required by mandate? [Y/N] **N**
2. If yes, please list the associated Statutory Code/Regulation(s): [free text]

## Approximate length of time (in months) function is needed:

One-time use for specific project; if checked enter approximate site life term: [free text]

Long-term use

## Fiscal Impact

1. Is there a potential fiscal impact if this site is not available? [Y/N] **N**
2. If Yes, please describe: [free text]
   1. If Yes, estimated dollar value and how it is derived (fines, fee collection, etc.):

## Capacity

For maintenance purposes baseline templates are applied to all customers and you may request changes after the site is created and as your business needs change by submitting are service desk request at any time and we will respond as promptly as possible to accommodate your change in needs.

1. Total Estimated # of users:

<100  >100 and <1000  <1000 and >5000  >5000 and <10000  >10000, Please Specify:

1. Total Estimated maximum # of users expected to use the system at any given time:

<100  >100 and <1000  <1000 and >5000  >5000 and <10000  >10000, Please Specify:

Estimated # of Site Objects (files, documents, images, etc.):

<100  >100 and <1000  <1000 and >5000  >5000 and <10000  >10000, Please Specify:

## availability

The following questions will alert us to special considerations necessary for us to ensure your site availability is sufficient for your program needs. If there is any concern we will contact you to discuss.

1. Identify any backup requirements, if known:
2. Identify any recovery requirements, if known:
3. Identify any content retention requirements, if known:

## Type of Information Sharing:

Information sharing with external stakeholders but not the general public (i.e., county offices, other government, medical entities, education, research). **(Extranet-Complete Section A) This option is not available for Tableau.**

Non-secure information sharing with the general public (open to anyone). **(Internet -Complete Section A)**

Collecting information interactively from the general public (for example: autoforms, SMTP (email), custom application or forms, etc. **(Internet-Complete Section A) This option is not available for Tableau.**

Information sharing for all CDPH employees (i.e., CDPH policy, forms, all staff memos, news, wellness, etc.) **(Intranet Complete Section A)**

Information collaboration between CDPH employee groups (access is limited to specified members; i.e., sections, programs, projects, workgroups, etc.) **(Intranet Collaboration – Complete Section A)**

Data file exchanges (SFTP; secure file transfer; excluding database and web service data exchanges) (i.e. large data file extracts being exchanged between systems in an automated and scheduled manner or ad-hoc). **(File Transfer Complete Section B)**

**Other** (please describe below): [free text]

## Security, Privacy and Legal Risk Assessment Information

1. If required by mandate, all users of this site or service have been approved by an authorized party or agreement to access the contents of this site (e.g., Chief Information Security Officer (CISO), Privacy Officer, Business Associates Addendum (BAA) Agreement, etc.): [Y/N] **N**
2. Identify Contract Number or any other Reference Number for any associated Business Associate Agreement (BAA), or other privacy-related agreement along with the date of the agreement expiration, if applicable:
   1. [free text]
   2. [expiration date]

**NOTE: If any contract or agreement is amended, you will be responsible for notifying the Approving entities of a change. This approval is only authorized for the site and the scope you have identified. You will need to notify the Approving entities within 30 days of the change but as soon as planned wherever possible. You may reference this original request and note the amended changes.**

1. Identify External Stakeholders by Name: [free text]

Nature of data the site will contain is:

| *Included* | *Classification* | *Description* | *Reference* |
| --- | --- | --- | --- |
|  | Public Information | Information maintained by state agencies that is not exempt from disclosure under the provisions of the California Public Records Act | Government Code sections 6250-6265) or other applicable state or federal laws |
|  | Confidential Information | Information maintained by state agencies that is exempt from disclosure under the provisions of the California Public Records Act | Government Code sections 6250-6265) or other applicable state or federal laws. |
|  | Sensitive Information | Information maintained by state agencies that requires special precautions to protect from unauthorized use, access, disclosure, modification, loss, or deletion. Sensitive information may be either public or confidential. It is information that requires a higher than normal assurance of accuracy and completeness. Thus the key factor for sensitive information is that of integrity. Typically, sensitive information includes records of agency financial transactions and regulatory actions. |  |
|  | Personal Information | Information that identifies or describes an individual as defined in, but not limited by, the statutes listed below. |  |
|  | Notice-triggering personal information | Specific items or personal information (name plus Social Security Number, driver's license/California identification card number, or financial account number) that may trigger a requirement to notify individuals if it is acquired by an unauthorized person | Civil Code sections 1798.29 and 1798.3 |
|  | Protected Health Information | Individually identifiable information created, received, or maintained by such organizations as health care payers, health care providers, health plans, and contractors to these entities, in electronic or physical form. State laws require special precautions to protect from unauthorized use, access or disclosure. | Confidentiality of Medical Information Act, Civil Code section 56 et seq. and the Patients' Access to Health Records Act, Health and Safety Code sections 123100-123149.5 |
|  | Electronic Health Information | Individually identifiable health information transmitted by electronic media or maintained in electronic media. Federal regulations require state entities that are health plans, health care clearinghouses, or health care providers that conduct electronic transactions to ensure the privacy and security of electronic protected health information from unauthorized use, access, or disclosure. | Health Insurance Portability and Accountability Act, 45 C.F.R. parts 160 and 164. |
|  | Personal Information for Research Purposes | Personal information requested by researchers specifically for research purposes. Releases may only be made to the University of California or other non-profit educational institutions and in accordance with the provisions set forth in the law, including the prior review and approval by the Committee for the Protection of Human Subjects (CPHS) of the California Health and Human Services Agency before such information is released. | Civil Code section 1798.24(t) |
|  | Payment Card Information | Financial information as defined by the Payment Card Industry (PCI) Security Standards Council in their Data Security Standard (PCIDSS). The most common example of PCI data requiring protection is the Primary Account Number (PAN), but additional items that must also be protected if stored with the PAN include Cardholder Name, Service Code, and Expiration Date. Customer (internal and external) information technology (IT) systems and environments must be technically architected in a PCI compliant manner. | Payment Card Industry (PCI) Security Standards Council in their Data Security Standard (PCIDSS) |
|  | Federal Tax Information | Federal tax information that is received processed, stored and/or maintained. | Internal Revenue Service (IRS) Code, Section 6103 and is covered by the IRS Publication 1075, “Tax Information Security Guidelines for Federal, State and Local Agencies and Entities” |
|  |  |  |  |
|  | **Potential for Controversy** | Any site that my trigger public discussion, debate or controversy in regard to CDPH communications. | CDPH OPA, OLS, PO and ISO. |

**NOTE: If there is a change in data classifications, data transfer methods, or agreements with external partners you will need to notify the Approving entities within 30 days of the change but as soon as planned wherever possible. You may reference this original request and note the amended changes.**

## Site Administration

Electronic submission of this request via the IT Service Desk with confirmation of management approval secured through the process will constitute approval by program management in support of this request. In the process, you are assuming the following responsibilities on behalf of the CDPH.

**Program Approver:** The program approver is a manager or supervisor designated in the CDPH that is in a level II or above manager or supervisor classification.

**Site Owner**: Under the direction of the Program Approver, the Site Owner is responsible for management of site operation and security; oversight of content and process control; managing site access; and facilitating support for site customers. A Site Owner must be trained to be familiarized with product features. Site Owners can add or remove users from the site.

### Program Approver

I certify as Program Approver that I am responsible for content and process control for this site and may delegate site operations responsibility to the Site Owner(s). In the event that any contract, associated Business Associate Agreement, or any other agreement associated with this site, or change in data classification is changed, amended or canceled I will notify the ‘approving’ entities of this change within 30 days or as soon as planned and will seek a review and approval with the amended changes. I will review any impact for implications associated with the Public Records Act and notify the ‘approving’ entities of any change in status. I will ensure that the site is deleted when it is no longer necessary.

Name: **Solange Gould**

State Job Classification:

Working Title: **Unit Chief**

Organizational Unit: **Office of Health Equity**

Phone Number:

### Site Owner

I certify that as a the Site Owner, I am responsible for management of site operation and security; oversight of content and process control; managing site access; and facilitating support for site customers as directed by the Program Approver. I will also inform the Program Approver of any change in accordance with their identified responsibilities above if I become aware of such changes so that ‘approving’ entities can be informed and may act in accordance with any required changes.

Name: **Jason Vargo**

State Job Classification: **Research Scientist IV**

Working Title: **Lead Research Scientsit**

Organizational Unit: **Office of Health Equity**

Phone Number: **510-620-5932**

# **Section A: Internet, Extranet and Intranet Site Requests**

1. Requested Site Title: **Climate change and Health Vulnerability Indicators Vizualization (chviz)**
2. Associated existing site URL (<http://xxx.xxx.xxx>) if applicable: [**https://vargo.shinyapps.io/CHIViz/**](https://vargo.shinyapps.io/CHIViz/)
3. Primary Site Topic Area (i.e. emergency response; disease control, vital records): **climate change and health (RShiny site)**
4. Requested Site Naming Preference (i.e. /sites/animalhealthcontrol): **Programs/OHE/Pages/CCHEP/chviz**

# **Section B: Secure File Transfers**

The following information is necessary to evaluate your request. Once approved you will be contacted to obtain end user, system-to-system or other information necessary to complete the request. This option is not available for Tableau.

1. Nature of Request:

SFTP Client (i.e.: CuteFTP, WSFTP, etc.)  SFTP Server , if known, please provide the following:

Host Name: Host IP:

1. Communication Direction:

Push Files to Another Entity Receive Files from Another Entity  Bi-Directional Communication

1. Describe process upon transfer completion: [ Free Text]
2. If this file transfer process is replacing an existing process, please describe the processes being replaced (i.e. eliminate tape, CD or other media based delivery): [free text]
3. Frequency of Transfer:

Minutes  Hours  Daily  Weekly  Monthly  Quarterly  Semi-Annual

Annual  Other – Please describe: [free text]

1. Estimated Size of Data Files and Site Per File to be Transferred in MB (megabytes), GB (gigabytes, or TB (terabytes)
2. Retention Period of Files on File Transfer Server:

If the files must be retained for a period longer than that noted below, please explain in “Other” below as jobs are run to automatically clean up files older than the retention period specified for security and storage conservation purposes.

Minutes  Hours  Day  Week  Month  Other – Please describe: [free text]

# **SECTION C: TABLEAU REQUESTED SITE NAME**

## SITE DATASOURCE:

Please use this section to explain your data source for RShiny.

Flat File  MS Excel  MS SQL Server  Other

Type of data to be displayed?

**County-level climate information and socioeconomic data from the American Community Survey**

How frequently is the data source refreshed?

**Seldom (1 time/year)**

How frequently do you want updates to appear in RShiny?

When you determine you want to obtain a Tableau desktop license for more than evaluation purposes, you will need to provide your PCA and Index Codes along with the quantity of licenses that your program needs.

## SITE USERS AND USER ACCESS:

Please list the users that will require access to the Tableau site beneath the level of access that they will need. Please place an “X” in the box to the left of the access requested by clicking in the box :

Viewer

Interactor

Publisher

Site Administrator

# II. Administrative Approval Information

The following is for the reviewing offices to acknowledge their assessment and, where appropriate, they will contact the programs to work through concerns. Once approved by the following offices, the ITSD will process the request.

## Information Security OfficE Approval

Authorizing Information Security Officer:

Status:  Approved  Denied

Date:

## Privacy Office Approval

Authorizing Privacy Officer:

Status:  Approved  Denied

Date:

## Legal Office Approval

Authorizing Attorney for Requesting Program:

Status:  Approved  Denied

Date:

## Public Affairs Approval

Authorizing Public Affairs Officer:

Status:  Approved  Denied

Date: