

Baltimore City Health Department

Data Request

Complete this form to request data that are readily available or can be prepared with minimal Baltimore City Health Department (BCHD) staff time. If this is a legislative or media request, contact the BCHD Public Information Officer at 443-984-2623 and do not complete this form. Requests for access to individual-level information or the collection or utilization of data for purposes of research generally are submitted and approved through BCHD’s Public Health Review process (<http://health.baltimorecity.gov/files/bchd-public-health-review-applicationdoc>).

Data are provided at the discretion of BCHD, contingent on the availability of time and resources. Not all requests can be met. Requests necessitating more than two hours of BCHD staff time may require compensation.See next page for further details on the data request process.

**Protection of patient confidentiality is BCHD’s highest priority in data requests.** To protect confidentiality, data may be suppressed or aggregated according to public health data standards. Similarly, data may also be suppressed to prevent release of statistically unstable estimates.

Before submitting your data request, verify that the desired information is not available in reports and publications provided at BCHD’s website or the website of the Maryland Department of Health and Mental Hygiene.

Submit this completed form via email attachment to Paul.Overly@baltimorecity.gov. Questions regarding the form may be directed to 410-396-9946. Incomplete forms will not be considered. Requests are reviewed and, if applicable, completed in the order they are received. Once approved, allow at least two weeks for fulfillment of the data request.

By submitting this data request, I agree to all of the following:

1. BCHD reserves the right to suppress or aggregate data according to public health data standards.
2. I will use technical descriptions of the data consistent with those BCHD provides me.
3. In all resulting materials (e.g., publications, presentations, etc.), I will acknowledge the Baltimore City Health Department. Suggested citation: Baltimore City Health Department, Data Request, [Date fulfilled].
4. In all resulting materials, I will include a disclaimer that my use of the data does not convey support or endorsement by the Baltimore City Health Department.
5. I will provide BCHD with a copy of publication(s), report(s), etc. resulting from use of the data in a timely manner (e.g., within one month of dissemination).

**Types of Data Available**

* Births - Such as maternal age, race/ethnicity, smoking status, education level, birth weight, length of gestation
* Deaths - Such as cause of death, age, sex, race/ethnicity
* Hospitalizations - Such as diagnosis, sex, age, race/ethnicity, insurance type
* Emergency department visits – Such as diagnosis, sex, age, race/ethnicity, insurance type
* Sexually transmitted infections (STIs) - Such as type of STI, age, sex, race/ethnicity
* HIV/AIDS - Such as mode of transmission, sex, age, race/ethnicity
* Selected other reportable diseases and health department services – Such as type, age, sex.
* Regarding location-related data requests, please note that data are available down to the geographic level of Community Statistical Area (CSA), with the exception of hospitalizations and emergency department visits, which are available down to the level of ZIP code. To protect confidentiality, data are not available at the level of census tract, census block group, or census block. For more information about CSAs and how they relate to neighborhood and census boundaries, please see BCHD’s webpage on “Stats and Data” and <http://bniajfi.org/faqs/>.
* To protect confidentiality, data may be suppressed or aggregated according to public health data standards. Similarly, data may also be suppressed to prevent release of statistically unstable estimates.

**Types of Calculations Available**

* Counts (e.g., 15 cases)
* Rates (e.g., 15 cases per 100,000 people)
* Percentages (e.g., 15%)

**Data Request Process**

Data requests will be reviewed for completeness and the involvement of human subjects research. If human subjects research is involved, then the requestor must also be approved through the Public Health Review process. The Chief Epidemiologist will estimate the time required to fulfill the data request and evaluate the request for approval or disapproval (regarding risks to BCHD (e.g., loss of confidentiality, release of statistically unstable estimates, etc.), quality of the data BCHD can provide, amount of required time - even if compensated, etc.). If approved, the request will be fulfilled. Requests necessitating more than two hours of BCHD staff time may require compensation. If disapproved, the Chief Epidemiologist will accordingly notify the requestor.

**Data Request Form**

1. Requestor contact information. *Please complete all fields.*

Date Click here to enter a date.

Name Click here to enter text.

Affiliation Click here to enter text.

Address Click here to enter text.

Email Click here to enter text.

Phone Click here to enter text.

2. Specific description of requested data. *Be sure to include type of data, variables, population of interest, time period, geographic level (e.g., citywide, by ZIP code, by Community Statistical Area (CSA), etc.), and format in which you would like to receive the data. See prior page for brief descriptions of types of data and calculations available.*

Click here to enter text.

3. For data requests involving specific health conditions and/or diagnoses, list the ICD-9-CM or ICD-10 codes you wish to be used to fulfill the request. <http://www.cdc.gov/nchs/icd.htm>

Click here to enter text.

4. Does this data request involve human subjects research? See decision charts at this website: <http://www.hhs.gov/ohrp/policy/checklists/decisioncharts.html>. *Please select one box.*

Yes  No  Don’t know

5. Intended use of data. *Please select one or more boxes.*

Education/presentation  Report/journal article/letter

Grant application  Newspaper / news story/newsletter

Program planning / evaluation  Research

Other (specify) Click here to enter text.

6. Brief description of the topic (e.g., question you’re seeking to answer) and goal for your use of the data. *Write two to three sentences.*

Click here to enter text.

7. Describe the benefits to Baltimore City residents that will accrue through your use of the data. *Write two to three sentences.*

Click here to enter text.

8. Date by which you would like to receive data. Click here to enter a date.

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**BCHD Use Only**

Data Request Number (5 digits) Click here to enter text.

Date Request Received Click here to enter a date.

If approved, requested data would primarily come from [insert name of BCHD division/office] Click here to enter text.

Additional Notes / Questions / Follow-up Click here to enter text.

Approved by [insert name] Click here to enter text.

Disapproved by [insert name] Click here to enter text.