BOSTON PUBLIC HEALTH COMMISSION, RESEARCH OFFICE
DATA REQUEST

Please complete this form for data not found in reports or presentations published by the Boston Public Health Commission Research and Evaluation Office and available online at www.bphc.org (or at the following link: http://www.bphc.org/healthdata/Pages/Health-Data.aspx).

The Research Office may charge a fee for requests that require ten (10) hours or more to analyze, calculate and interpret data. A fee estimate will be provided before a request is processed. The requestor acknowledges that the Research Office is providing a service to analyze, calculate and interpret requested data. Payment for large data requests constitutes acceptance of the terms contained herein.

This form may be completed on-line and submitted to the Research and Evaluation Office to research@bphc.org, or printed and sent by fax to 857-288-2129, or by post to: Research and Evaluation Office, Boston Public Health Commission, 1010 Massachusetts Ave., Boston, MA 02118. For inquiries, please call 617-534-4757.

Please note: Fulfillment of the request may take thirty (30) days or more from receipt. For details, contact the Analysis Unit of the Research Office at 617-534-4757.

Today's Date:	Date Request Needed By:
Name:	Title:
Organization:	Street Address:
Email:	City, State, Zip:
Phone:	Fax:

AFFILIATION

- ☐ Academic Institution – Faculty or Staff
- ☐ Boston Public Health Commission
- ☐ City of Boston Agency
- ☐ Community-Based Organization
- ☐ Community Health Center
- ☐ Consultant

- ☐ Federal Agency
- ☐ Foundation
- ☐ Hospital
- ☐ Media
- ☐ National Organization
- ☐ Private Citizen, Boston Resident

- ☐ Private Citizen, Non-Resident of Boston
- ☐ State Agency
- ☐ Student
- ☐ Other (specify)
_____

INTENDED USE

What is your intended use of the data?

- ☐ Community Education
- ☐ Community Health Needs Assessment

- ☐ Grant
- ☐ Program Planning

- ☐ Research
- ☐ Other (specify)
_____

Please provide a detailed explanation of how you plan to use the data.

PLEASE COMPLETE NEXT PAGE

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INFORMATION REQUESTED

What data are you requesting? Please be specific and continue on a second page if needed. (A brief description of available data and types of calculations are listed below.)

Types of Data Available

Deaths - Such as cause of death, age, sex, race/ethnicity

Births - Such as maternal age, smoking status, education level, birth weight, length of gestation, race/ethnicity

Hospitalizations - Such as diagnosis, sex, age, race/ethnicity, source of payer for hospitalization

Emergency Department Visits - diagnosis, sex, age, race/ethnicity

Sexually Transmitted Infections (STIs) - such as type of STI, age, sex, race/ethnicity

HIV/AIDS - Such as mode of transmission, sex, age, race/ethnicity

Behavioral Risk Factor Surveillance System (BRFSS) - Adult Survey data pertaining to cancer and other health screenings, risk behaviors, physical activity, fruit/vegetable consumption, health access, sexual health, chronic disease, and other topics; available by sex, age, race/ethnicity

Youth Risk Factor Surveillance Survey (YRBSS) - High School Students Survey data pertaining to risk behaviors, physical activity, fruit/vegetable consumption, sexual health, and other topics; available by sex, age, race/ethnicity.

All data, except that from the Youth Risk Factor Surveillance Survey, are available on a neighborhood basis with certain limitations.

Types of Calculations Available

Rates

Percentages

Counts

To be completed by Research Office Staff	
Date Received:	Date Completed:
Initials:	Initials of Other Staff as Needed:
Hours Used for Completion:	

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