Baltimore City Health Department Data Requests

Introduction

Complete the data request form starting on page 3 to request data that are readily available or can be prepared with staff time at the Baltimore City Health Department (BCHD). 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 at BCHD or the collection or utilization of data for purposes of research generally may need to be submitted and approved through BCHD’s Public Health Review process. Call 410-396-9946 for details.

Data in the custody of BCHD will be provided in accordance with applicable laws. Requests necessitating more than two hours of BCHD staff time may require compensation. You will be notified in advance if costs are required and you must pay for the time to compile and review the requested records prior to BCHD fulfilling your request. If you want to have the costs waived, state why you believe that waiver of the costs would be in the interest of the general public.

Maryland law prohibits the public sharing of information that could identify a person with reasonable certainty. Thus, to protect confidentiality, data may be suppressed or aggregated according to public health data standards in order to comply with the law. If you are seeking record-level data for which BCHD is not the custodian, please directly contact the relevant data custodian listed on page 2.

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. This will save you time and may reduce your cost.

Submit this completed form via email attachment (PDF or Word document) to health\_research@baltimorecity.gov. You may also mail the completed form to Baltimore City Health Department, Attention: Epidemiology Data Request, 1001 E. Fayette St., Baltimore, MD 21202. Questions regarding the form may be directed to 410-361-9580.

Document version 7*; October 2, 2018*

Data Request Process

Upon receipt of any request, BCHD will determine if it is the custodian of the data sought. BCHD will also determine if it can legally release any or all of the records, with or without redaction. If BCHD can release any or all of the records, then BCHD will determine if the request needs to go through the BCHD Public Health Review process. BCHD will also estimate the time required to fulfill the request. Within 10 business days of receipt, BCHD will provide acknowledgement of receipt of the request in writing (email when possible) with an estimate of the fees to be charged. BCHD will also notify the requestor if the Public Health Review process is required.

Types of Data That May be Available

Births - Such as maternal age, race/ethnicity, smoking status, education level, birth weight, length of gestation (only in the aggregate so as to not identify individuals; data custodian is the Maryland Department of Health Vital Statistics Administration)

Deaths - Such as cause of death, age, sex, race/ethnicity (only in the aggregate so as to not identify individuals; data custodian is the Maryland Department of Health Vital Statistics Administration)

Hospitalizations - Such as diagnosis, sex, age, insurance type (only in the aggregate so as to not identify individuals; data custodian is the Maryland Health Services Cost Review Commission)

Emergency department visits – Such as diagnosis, sex, age, insurance type (only in the aggregate so as to not identify individuals; data custodian is the Maryland Health Services Cost Review Commission)

Sexually transmitted infections (STIs) - Such as type of STI, age, sex, race/ethnicity (only in the aggregate so as to not identify individuals; data custodians vary)

Data generated by BCHD services (e.g., electronic medical record, needle exchange program) – Such as diagnosis, age, sex (BCHD data custodians vary)

Regarding location-related data requests, please note that data are generally available down to the geographic level of Community Statistical Area (CSA). To prevent the identification of an individual with reasonable certainty, data are not available by individual year 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/>.

Baltimore City Health Department Data Request Form

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

Date Click here to enter a date.

Name Click here to enter text.

Title Click here to enter text.

Organization 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. *Please complete all fields.*

Type of data and calculations (see prior pages for brief descriptions of types of data) Click here to enter text.

Variables Click here to enter text.

Population of interest (e.g., sex, age, etc.) Click here to enter text.

Time period Click here to enter a date. to Click here to enter a date.

Geographic level (e.g., citywide, by ZIP code, by Community Statistical Area (CSA)) Click here to enter text.

Format in which you wish to receive the data (e.g., Excel file) Click here to enter text.

3. For data requests involving specific health conditions and/or diagnoses, list the ICD-9-CM and ICD-10-CM 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 any protected health information (PHI)? See list of 18 PHI elements at this website: <https://privacyruleandresearch.nih.gov/pr_08.asp> This question helps BCHD to determine whether or not a data use agreement may be necessary. *Please select one box.*

Yes  No  Don’t know

4a. If yes, provide a list of the requested protected health information Click here to enter text.

5. 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

5a. If yes, have you already submitted for BCHD’s Public Health Review process? *Please select one box.*

Yes  No  Don’t know  N/A

5b. If yes, have you already obtained Institutional Review Board (IRB) approval from your organization? *Please select one box.*

Yes  No  Don’t know  N/A

6. Does this data request involve population sizes less than 20,000 individuals? Please consider your response in the context of the geographic unit of interest (e.g., ZIP code) as well as any demographic categories of interest (e.g., age, sex, race, etc.). This question helps BCHD to determine whether or not a data use agreement may be necessary. *Please select one box.*

Yes  No  Don’t know

7. Optional\* - 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.

8. Optional\* - 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.

9. Optional\* - 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.

10. Optional\* - Date by which you would like to receive data. Click here to enter a date.

11. Optional\* - Name(s) of your BCHD collaborator(s) who has/have already agreed to partner with you throughout this project.

Click here to enter text.

12. Optional\* – Additional comments.

Click here to enter text.

*\*Please note that responses to optional questions will not affect decisions related to release of the data. These questions help BCHD to better understand how data are being used. Your responses are completely optional.*

Though you are not required by law to do so, BCHD requests that you please:

1. Use technical descriptions of the data consistent with those BCHD provides.
2. Acknowledge BCHD’s provision of the data in all resulting materials (e.g. publications, presentations). Suggested citation: Baltimore City Health Department, Data Request, [Date fulfilled].
3. Include a disclaimer in all resulting materials that your use of the data does not convey support or endorsement by the Baltimore City Health Department.
4. 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).

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Signature of data requestor 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/database] Click here to enter text.

Time estimate to complete data request Click here to enter text.

Additional notes/questions/follow-up Click here to enter text.

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

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

Reason(s) Click here to enter text.