

HARRIS COUNTY PUBLIC HEALTH (HCPH)
Epidemiology Data Request

HCPH's Epidemiology Program provides data request services to other HCPH divisions and offices, outside agencies, universities, and community members. Anyone wishing to request data may do so by completing this form and submitting it electronically. You will receive confirmation when your request is received. Your data report will be sent to you via email.

Please read this form and the accompanying instructions thoroughly prior to submission. Fill in all fields as completely and accurately as possible, as this will allow us to fulfill your request more efficiently. If you have questions about this process, need help completing this form, or wish to set up a phone consultation about your request, please contact the HCPH representative listed below.

Chronic disease and environmental epidemiology data requests: Dr. Deborah Bujnowski
(deborah.bujnowski@phs.hctx.net)

Emerging/infectious disease data requests: Kasimu Muhetaer (kasimu.muhtaer@phs.hctx.net)

Please note:

1. This form is not intended for use by the media; media representatives should contact HCPHES' main number (713-439-6000) for more information.
2. We cannot fulfill requests that extend beyond available resources or compromise confidentiality.
3. Because our resources are limited, please contact the appropriate HCPHES representative (listed above) if your needs change and your data are no longer needed.
4. Some public health and population data are available online. Please refer to 'Instructions for your HCPHES Epidemiology Data Request' for more information.

TIME FRAME

Date of Request _____ Desired Completion Date* _____

*Allow at least 14 working days for your request to be completed. Actual fulfillment time will vary based on available resources and the complexity of your request.

TYPE OF REQUEST

- Chronic disease epidemiology
- Environmental epidemiology
- Emerging/infectious disease epidemiology

CONTACT INFORMATION

Name	_____	Street Address 1	_____
Title	_____	Street Address 2	_____
Organization	_____	City, State, Zip	_____
Email	_____	Phone	_____

ORGANIZATION TYPE/AFFILIATION

HARRIS COUNTY (specify agency/division/office): _____

NON-HARRIS COUNTY

- | | |
|------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Academic Institution (faculty or staff) | <input type="checkbox"/> Student |
| <input type="checkbox"/> Public Health Agency (non-HCPHES) | <input type="checkbox"/> Private Citizen, Non-Harris County Resident |
| <input type="checkbox"/> Federal or State Agency | <input type="checkbox"/> Private Citizen, Harris County Resident |
| <input type="checkbox"/> Hospital/Health Center | <input type="checkbox"/> Foundation/Non Profit/Community or National |

Other (specify): _____

Organization

DATA PUBLISHING OR REPRODUCTION

Do you plan to publish, present, or reproduce the data?

Yes No (If YES, you must acknowledge your data source. We will provide citations with your data report.)

If YES, in what format?

- Internal Publication or Report
 - Academic Research Paper
 - Commercial Publication
 - Formal internal presentation (to coworkers)
 - External presentation (conference, seminar, or symposium)
 - Other format (please describe): _____
- Public Access Website
 - Restricted Access Website (please describe): _____

PROPOSED USE OF DATA

- Research Project
- Grant Proposal
- Program Planning
- Needs Assessment
- Resource Development
- Community Education
- Policy Decision Making
- Other (specify): _____

Please explain how you intend to use the data and what you wish to communicate. If you are looking for data from a specific source, tell us which one.

REQUESTED DATA

Describe the data you would like us to provide. Please be specific in order to avoid delays.

What year(s) are you requesting? Do you want data for individual years, or grouped together for a range of years?

Do you want data for specific age groups (adults only, children only, a range of ages, etc.)?

Select the subgroup(s) you are requesting (if none selected, data will be analyzed in aggregate form).

Race

- Black/African American
- American Indian/
Alaska Native
- Asian
- Asian/Pacific Islander
- Multiple Race
- Native Hawaiian/other Pacific Islander
- White

Ethnicity

- Hispanic/Latino
- Non-Hispanic/Latino

Sex

- Male
- Female

Select the geographic area(s) you are requesting.

- County
- Zip Code
- City

- Census Tract
- Census Block Group
- Other: specify if other geographic units are required, and/ or which areas are of interest (zip code list, census tract list, etc.)

Please provide any other relevant information that may help us with your request:
