



**Division of HIV and STD Programs – Research and Evaluation Division
Data Request Form**



Overview

The Division of HIV and STD Programs (DHSP) has 3 data services available: HIV & Testing, HERR, and HIV Care and Treatment (please see description below). For all data requests, please visit our website first at www.publichealth.lacounty.gov/dhsp where you will find information under the Resource Library link on HIV/AIDS data, presentations, map references, and other resources. If you are unable to find the data you are looking for there, please complete the data request form on the next page.

Description of Data Sources:

1. HIV and Testing

A summary of HIV tests performed in L.A. County and the type of counseling provided. Type of data that can be obtained from HCT:

- Number of HIV tests
- Type of HIV tests performed (e.g. rapid, standard)
- Number of new positives with positivity rates
- Demographic information
- Risk Factors

2. Health Education/Risk Reduction (HERR)

A summary of HERR prevention services provided in L.A. County that is designed to track the progress or success of the intervention.

Type of data that can be obtained from HERR:

- Number of outreach encounters
- Number of clients enrolled in the intervention
- Number of HIV tests
- Demographic information
- Aggregate intervention completion status

3. HIV Care and Treatment

A system that allows an organization to track and manage patients with HIV and AIDS.

Type of data that can be obtained:

- Client service delivery
- Client intake
- Client referrals



Division of HIV and STD Programs
 Research and Evaluation Division
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 Phone: (213) 351-8000

Data Request Process

1. Please complete all fields in Sections 1 and 2 below, and submit to Felicia Lacy via email: flacy@ph.lacounty.gov.
2. If approved, your request will be assigned to a research team member who will contact you for more details as needed.
3. Requests will generally be completed in two weeks. However, your request may take longer due to complexity, staff availability and/or competing priorities.
4. For assistance with completing this form or if you have questions about the status of a submitted request, please contact Felicia Lacy at (213) 351-1181 or via email at flacy@ph.lacounty.gov.

SECTION I: CONTACT INFORMATION

Name	Date Requested	Phone Number	Ext.
Agency Name or DHSP Division/Unit		Email	

SECTION II: DATA REQUEST

Request needed by: _____

Purpose: <i>Why do you need data?</i>	Check all that apply: <input type="checkbox"/> Grant/proposal <input type="checkbox"/> Community Planning <input type="checkbox"/> Program Evaluation <input type="checkbox"/> Needs Assessment <input type="checkbox"/> Other, specify: _____
What research question(s) do you want answered?	<i>e.g. What percent of men in SPA 4 are HIV positive and inconsistently use condoms?</i>
Specific data source: <i>What type of service data are you looking for?</i>	Select one: <input type="checkbox"/> HIV/Testing <input type="checkbox"/> HERR <input type="checkbox"/> HIV Care and Treatment <input type="checkbox"/> Other, specify: _____
Time period of interest: <i>For what month/year(s) are you requesting data?</i>	<i>e.g. January 1, 2007 – December 31, 2007</i>
Population(s) of interest:	Check all that apply: <input type="checkbox"/> HIV Positive Individuals <input type="checkbox"/> Women <input type="checkbox"/> Men <input type="checkbox"/> Transgender <input type="checkbox"/> Youth <input type="checkbox"/> People who Share Needles/Works <input type="checkbox"/> Other, specify: _____
Variable(s) of interest:	<i>e.g. HIV risks, substance use</i>

Research and Evaluation Division Use Only:		
<input type="checkbox"/> Approved, Assigned to: _____	Date: _____	Data Request #: _____
<input type="checkbox"/> Not Approved, specify: _____		