

**Division of HIV and STD Programs – Program Evaluation & Data Management  
Data Request Form**



**Overview**

The Division of HIV and STD Programs (DHSP) provides a continuum of HIV services monitored through three primary data sources: HIV Testing Services (HTS), HIV Care and Treatment, and Health Education/Risk Reduction (HE/RR). Data may already be captured in past presentations, publications, reports, fact sheets and other resources through our Resource Library. Please visit our website first at [www.publichealth.lacounty.gov/dhsp](http://www.publichealth.lacounty.gov/dhsp). If you are unable to find the data you need, please complete the request form on the next page.

**Description of Data Sources:**

**1. HIV Testing Services (HTS)**

HIV is one of several diseases mandated by State laws and regulations to be reported by health care providers and clinical laboratories to the local health officer. County or jurisdiction-specific HIV Statistics are available through DHSP, via a [separate form](#). The HTS database captures data related to HIV tests and results for clinics, community-based organizations (CBOs) and other partners funded or contracted with DHSP. These include:

- 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. HIV Care and Treatment**

To maximize access to quality services for people living with HIV/AIDS (PLWHAs), DHSP utilizes fiscal resources to manage over 200 contracts with various clinics, community-based organizations (CBOs) and other partners. Aggregated service utilization information is available for agencies receiving DHSP-funded HIV care and treatment services, such as:

- Client service delivery
- Client intake
- Client referrals
- Client linkage-to-care

**3. Health Education/Risk Reduction (HE/RR)**

DHSP provides health education/risk reduction contracts to CBOs to enhance HIV prevention services in L.A. County. Data available are designed to track the progress or success of program interventions.

Type of data that can be obtained from HE/RR:

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



**Data Request Process**

1. Please complete all fields in Sections 1 and 2 below, and submit to Program Evaluation and Data Management via email: [PedM@ph.lacounty.gov](mailto:PedM@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 Program Evaluation and Data Management via email at [PedM@ph.lacounty.gov](mailto:PedM@ph.lacounty.gov).

**SECTION I: CONTACT INFORMATION**

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

**SECTION II: DATA REQUEST**

Desired Completion Date (MM/DD/YY): \_\_\_\_\_

Data Visualization Format (e.g., table, figure, map, narrative): \_\_\_\_\_

<b>Purpose:</b> <i>Why do you need data?</i>	<b>Check all that apply:</b> <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: _____
<b>What is/are your project/research question(s)?</b>	<i>e.g., What percent of men in SPA 4 are HIV positive and inconsistently use condoms?</i>
<b>Specific data source:</b> <i>What type of service data are you looking for?</i>	<b>Select one:</b> <input type="checkbox"/> HIV Testing Services (HTS) <input type="checkbox"/> HIV Care and Treatment <input type="checkbox"/> Health Education/Risk Reduction (HE/RR) <input type="checkbox"/> Other, specify: _____
<b>Time period of interest:</b> <i>For what month/year(s) are you requesting data?</i>	<i>e.g., January 1, 2007 – December 31, 2007</i>
<b>Geographic area(s):</b>	<i>e.g., Los Angeles County, SPA 4</i>
<b>Population(s) of interest:</b>	<b>Check all that apply:</b> <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"/> Injection Drug Users <input type="checkbox"/> Other, specify: _____
<b>Variable(s) of interest:</b>	<i>e.g., HIV risks, substance use</i>

<b>Program Evaluation &amp; Data Management Use Only:</b>		
<input type="checkbox"/> Approved, Assigned to: _____	Date: _____	Data Request #: _____
<input type="checkbox"/> Not Approved, specify: _____		