

Lori A. Shibinette Commissioner

Patricia M Tilley Director

Academic Institution:

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS

29 HAZEN DRIVE, CONCORD, NH 03301 603-271-4988 1-800-852-3345 Ext. 4988 Fax: 603-271-8705 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

Non-Confidential Data Request Form

Requester Information

by:

PLEASE NOTE:

Data requests may take 8 to 12 weeks for delivery, depending on the complexity of the request and to ensure the quality of the output. Non-confidential public health data is released in aggregated outputs to protect against constructive identification of individuals.

Confidential record-level data and analysis with personal identifiers (i.e. date of birth, street address, names, etc.), will be provided to qualified researchers demonstrating a direct and tangible non-commercial, health-related interest, as determined by the appropriate Health Data Review Committee. Guidance and links to confidential applications may be found at: https://www.dhhs.nh.gov/dphs/hsdm/index.htm.

Media or legislative-related data requests require review by the NH DHHS Public Information Office (PIO) PIO contact information: https://www.dhhs.nh.gov/ocom/pio/index.htm PIO@dhhs.nh.gov Phone: 603-271-9389.

You also may be able to quickly obtain the data you require at one of the following self-service portals:

New Hampshire Vital Records Information Network Web Query – NH Vital Records birth, death, marriage and divorce: https://nhvrinweb.sos.nh.gov/Default.aspx

Center for Disease Control and Prevention (CDC) Youth Risk Behavior Survey (YRBS): Data & Documentation: http://www.cdc.gov/healthyyouth/data/yrbs/data.htm

Return Completed and Signed Copy to:

Non-Confidential Data Request Bureau of Public Health Statistics and Informatics Division of Public Health Services Department of Health and Human Services 29 Hazen Drive Concord, NH 03301-6504

For questions, please e-mail to DHHS.HealthStatistic@dhhs.nh.gov

TYPE OF DATA NEEDED:

□ Birth Certificate Dat □ Death Certificate Dat □ HOSPITAL DISCHA	ata	OTHER HEALTH DATA: ☐ Cancer Registry Data ☐ Behavioral Risk Factor Surveillance System (BRFSS) ☐ Pregnancy Risk Assessment Monitoring System (PRAMS) ☐ Estimated Population	
(UHFDDS) Public Use D		□Other Data Set: (please sp	pecify)
		OUP BY: re available in these grouping:	5)
Year(s) Requested:	AGE GROUPS:	LOCATION (s):	
-	☐Standard Age Groups	□All of NH	□Counties:
Most Recent	□Specific Age Groups	□Public Health Region:	
# of Year(s)	Please specify below:		
□By Individual Year			□Others:
□Years Grouped Toge	ther		
□Both	GENDER:		
	☐Male Only		
	□Female Only		
	□Total		
	<u>DELIVE</u>	RABLE	
OUTPUT:	FORMAT:	PREFERRED DELIVERY METHOD:	
□Counts	☐MS Excel Spreadsheet (suggested)	□Email	
□Rates	☐MS Word Document	□Mail	
□Percents	☐MS Power Point	□DPHS Staff Present	ation at Event
	DETAILS OF	REQUEST	
Description of an	y other details needed for your request:	:	
Description of pro	oject and how this data will be used:		
For Hospital Data	a: ICD-9 / ICD-10 Codes or disease con	ditions of interest:	
For Death Data: 1	ICD-10 Codes or causes of death of inte	erest:	