

# Bureau of Family Health

## Data Request Need-To-Knows



### **Please read before completing the Bureau of Family Health data request form.**

- The Bureau of Family Health is able to provide data on:
  - Birth defects
  - Breastfeeding
  - Fetal, Infant, and Child mortality
  - Genetics and lead
  - Home visiting
  - Injury (all causes, all ages, all genders)
  - Pregnancy Risk Assessment Monitoring System (PRAMS) *\*Qualitative data by topic available*
  - Maternal morbidity and mortality
  - Pregnancy and birth outcomes
  - Prenatal Care
  - Reproductive health
  - Speech/ vision/ hearing
  - Teen birth
- If we do not have the internal means to provide certain data, we will help you identify a source.
- We provide data based on final data sets. If years you are requesting are not yet available, we will provide you with the most current data. Preliminary data may be provided upon request and requires further approval, which may extend the length of the data fulfillment process. Please note, these numbers may be different than the final data set.
- At times, overall occurrence of events may be so low that reporting data could lead to issues of confidentiality, therefore, we do not report counts fewer than 5.
- If needed, it may be necessary to combine years to achieve a sufficient sample size to provide meaningful data.
- Rates based on counts less than 20 events are considered unstable and could vary widely between years. These should be interpreted with caution.
- Someone from our data staff will likely reach out to you to discuss your request in order to best meet your needs. Please provide reliable phone information and email address.
- If requesting qualitative PRAMS data available topics include but are not limited to: access to resources and services, breastfeeding, family planning, maternal health, preconception and postpartum health, prenatal care, stressors, tobacco, and alcohol use.

*\*Data will be provided in PDF format unless otherwise requested.*

***For assistance with completing the form, please call 504-568-3504 and ask to speak to someone on the Data team.***

## Bureau of Family Health Data Request Form

Date of Request:

Date Needed:

(2 weeks minimum)

Requestor's Name \_\_\_\_\_ Title \_\_\_\_\_

Organization/Affiliation \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**Reason for Request (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Capacity building/ planning | <input type="checkbox"/> Project implementation  |
| <input type="checkbox"/> Conference/ presentation    | <input type="checkbox"/> Resource development    |
| <input type="checkbox"/> Grant proposal/ reporting   | <input type="checkbox"/> University project      |
| <input type="checkbox"/> Media                       | <input type="checkbox"/> Policy/ decision making |
| <input type="checkbox"/> Problem/ needs assessment   | <input type="checkbox"/> Other                   |

Year(s) of data requested: \_\_\_\_\_

Single year  Aggregate  Other \_\_\_\_\_

**Please describe your project and its purpose. If you are a researcher, what are your specific research questions?**

**Which variables do you need? Do you have specific breakdowns/categories in which you are interested?**

- I understand that the data I receive can only be used for the purpose(s) indicated on the request form. Any other use should be approved by the Bureau of Family Health.
- I agree that the data I receive cannot be published without written approval from the Bureau of Family Health.

**Signature**

**Date**

Send request to: [mchdata@la.gov](mailto:mchdata@la.gov)

Bureau of Family Health, 1450 Poydras Street, Suite 2032, New Orleans, LA 70112

Phone: 504-568-3504 Fax: 504-568-3503