

## Request for Data from National Profile of Local Health Departments and Forces of Change Studies

Thank you for your support of NACCHO's National Profile of Local Health Departments and Forces of Change studies.

Please complete, sign and submit the following form by mail to ProfileTeam, NACCHO; 1201 Eye St. NW, Fourth Floor; Washington, DC 20005 or by e-mail to [ProfileTeam@naccho.org](mailto:ProfileTeam@naccho.org).

By acquiring and use the dataset(s), you agree to [NACCHO's Data Use Policy](#).

### Section 1: Contact Information

<b>Name of Researcher(s)</b>	
<b>Organization</b>	
<b>Organization Address</b>	
<b>Researcher(s) E-mail address(es)</b>	
<b>Primary Telephone Number</b>	

## Section 2: Data Requested

<b>National Profile of Local Health Departments (Profile) Study</b>		
<b>Data requested</b>	<b>Fee</b>	<b>Place check to request data</b>
2016 Profile Study	\$200	
2013 Profile Study	\$200	
2010 Profile Study	\$200	
2008 Profile Study	\$200	
2005 Profile Study	\$200	
1996-97 Profile Study	\$200	
1992-93 Profile Study	\$200	
1989 Profile Study	\$200	
<b>Forces of Change Study</b>		
<b>Data requested</b>	<b>Fee</b>	<b>Place check to request data</b>
2018 Forces of Change Study	\$100	
2017 Forces of Change Study	\$100	
2015 Forces of Change Study	\$100	
2014 Forces of Change Study	\$100	
<b>FIPS Codes Files for LHDs in Profile Study (Excel 2013 only)</b>		
<b>Data requested</b>	<b>Fee</b>	<b>Place check to request data</b>
2016 Profile Study FIPS Codes file	Free	
2013 Profile Study FIPS Codes file	Free	
2010 Profile Study FIPS Codes file	Free	
2008 Profile Study FIPS Codes file	Free	

Please indicate your preference for data formatting:

**SPSS**
 **SAS**
 **Stata**
 **Excel (2013)**

Does your research require data that identifies the local health departments?

**Yes\***
 **No**

\*If yes, please explain why you need identified data and list other data sources that you will be linking with NACCHO's data.

### Section 3: Fee Reduction or Waiver

**1. Do you request a fee reduction or fee waiver?**

- I do not request a fee reduction or waiver.
- I request a fee waiver.
- I request a fee reduction. *if selected, skip questions 2--6*

*If requesting a fee waiver, please answer questions 2 through 6 and proceed to question 8:*

**2. Do you currently have financial support for the proposed research?**

- Yes
- No → *if selected, skip questions 3--4*

**3. What is the name of the funding organization(s) supporting the proposed research?**

\_\_\_\_\_

**4. What is the amount of support provided? \$ \_\_\_\_\_**

**5. Are you in the process of applying for (additional) financial support?**

- Yes
- No

**6. Do you intend to do so in the future?**

- Yes
- No

*If requesting a fee reduction, please answer questions 7 and 8*

**7. List the amount that you are able to pay: \$ \_\_\_\_\_**

**8. Provide any other information that will assist NACCHO in evaluating your request for fee waiver or reduction.**

**Section 4: Description of Planned Research**

Purpose of Study:

Hypotheses and/or Research Questions:

Benefits to local public health practice:

## **Section 5: Plans for Disseminating Results**

Describe briefly your plans for disseminating results, including the venue for dissemination (e.g., peer-reviewed publication(s), conference presentations, thesis, other publications) and the expected time frame.

## Section 6: Provisions for Using NACCHO's Data

- (1) **Researcher understands that these data are self-reported by local health departments.** While NACCHO has examined these data and removed data that were clearly erroneous, the data provided by the local health departments were not independently verified.
- (2) One of the following citation should be used in all publications using these data. For Profile datasets, insert appropriate year for each data set used and specify whether data from core, modules, or both were used.

Profile:

National Association of County and City Health Officials – NACCHO (Year). *National Profile of Local Health Departments Survey, (Year): Core and Modules* [Data file]. Obtained (Date) from NACCHO.

Forces of Change:

National Association of County and City Health Officials – NACCHO (Year). *Forces of Change Survey, (Year)*. Obtained (Date) from NACCHO.

- (3) Any publication using these data will acknowledge NACCHO and the funders of the studies. The Centers for Disease Control and Prevention provided funding for all studies; the Robert Wood Johnson Foundation provided funding for the 2008, 2010, 2013 and 2016 Profile studies and the 2014 and 2015 Forces of Change surveys.
- (4) All researchers are encouraged not to disclose the identification of individual local health department in publications, reports, etc. ***If data on individual health departments are disclosed, the individual health departments must authorize disclosure of the information.***
- (5) Researcher will use the data only for the requested use. If researcher wishes to examine unrelated hypotheses using the data already obtained, another data use request must be submitted to NACCHO.
- (6) Researcher will NOT release any portion of the data to another party.

***Requestor has reviewed the data use provisions and agrees to observe them.***

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Signature

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Date

**Submit completed form to:** ProfileTeam, NACCHO; 1201 Eye St. NW, Fourth Floor; Washington, DC 20005 or via e-mail to [ProfileTeam@naccho.org](mailto:ProfileTeam@naccho.org).