CALIFORNIA TOBACCO CONTROL PROGRAM DATA REQUEST  
Rev. 4/25/2019

Before placing your request, please check the California Department of Public Health, California Tobacco Control Program’s (CDPH/CTCP) website (https://cdph.ca.gov/tobacco), the Healthy Stores for a Healthy Community website (https://healthystoreshealthycommunity.com/), and the California Health & Human Services Agency’s Open Data Portal (https://data.chhs.ca.gov/) for available data. Please allow a minimum of ten working days for completion of data request.

I. Requestor Information

Full Name (Last, First):

Title:

Affiliation (Organization, Department):

Address:

City: State: Zip:

Email:

Phone #:

II. Requested Data

Indicate the dataset(s) and year(s) of data you are requesting? *If “Other”, please specify:

☐ Behavioral Risk Factor Surveillance System (BRFSS)  Years

*Please Note: Requestors should contact the Public Health Survey Research Program (PHSRP) at the California State University, Sacramento (phsrp@csus.edu) to gain access to the California BRFSS. CDPH/CTCP will only provide California BRFSS data that falls within the one-year of proprietary access.

☐ California Student Tobacco Survey (CSTS)  Years

*Please Note: Requestors should contact Shu-Hong Zhu, PhD (szhu@ucsd.edu) with the University of California, San Diego to gain access to CSTS 2015-16 onwards. CDPH/CTCP will only provide data from survey years from CSTS 2011-12 or earlier.

☐ Healthy Stores for a Healthy Community (HSHC)  Years

*Please Note: CDPH/CTCP will only provide state-level data. For county-specific HSHC data, CDPH/CTCP will forward the request to the appropriate local lead agency. Requestor shall adhere to the “Guidelines for HSHC Data Analysis” documentation provided alongside the dataset.

☐ Online California Adult Tobacco Survey (Online CATS)  Years

☐ Young Adult Tobacco Purchase Survey (YATPS)  Years

☐ Synar Tobacco Purchase Survey (STPS) or Youth Tobacco Purchase Survey (YTPS)  Years

☐ Other, specify other data source(s):  Years
III. Project Description

Clearly state the general purpose of your project. Include a brief summary explaining questions to be answered, similar to a research abstract. Limit this to 250 to 350 words. Limit to one additional page if needed.

Provide a broad overview of how the data you are requesting will be used to achieve the purpose of this project. Please include a description of both the study population and any control groups that are utilized, similar to the brief description of methods in a research abstract. Limit to one additional page if needed.

Will work on this project involve outside contractor(s)? If “Yes”, please specify.
☐ Yes, specify contractor(s):
☐ No

What is the funding source for this project?

What products will be developed from this project? For example, reports or articles.
By submitting this data request, I agree to the following provisions:

1. Any published material derived from our data should acknowledge the California Department of Public Health as the source of the data.

2. The dissemination of any interpretations or findings based upon the data provided must be accompanied by a disclaimer that credits the author (recipient of the data) with any analyses, interpretations, and conclusions, and advises that the California Department of Public Health is only the initial data source.

3. Requesters who wish to publish a technical description of the data should make a reasonable effort to ensure that the description is consistent with that published by the California Department of Public Health and that all data reported exceeds the data suppression threshold.

4. The data provided will be used only for the purposes stated in the data request form.

5. Data should not be released to a third party who is not listed on the request form. All third party request should be referred directly to the California Department of Public Health, California Tobacco Control Program, Evaluation and Surveillance Section at CTCPEvaluation@cdph.ca.gov.

6. Requesters agree not use de-identified data to determine the identity of individual persons or retailers. Persons or retailers discovered inadvertently is a breach of confidentiality and should be reported to the California Department of Public Health, California Tobacco Control Program, Evaluation and Surveillance Section at CTCPEvaluation@cdph.ca.gov immediately.

7. Requestors shall only report results in the aggregate and shall follow data suppression guidelines set for each data source. Please note that data suppression guidelines vary by data source.

8. Requesters needing access to restricted datasets, including direct identifiers, indirect identifiers, and information sensitive in nature, must consult with their local IRB to determine the appropriate review of their propose research. Requesters must submit a confidential data security plan and enter into a data use agreement. A confidential data security plan must cover: prevention of unauthorized use, loss or theft protection, disclosure review, adherence to security protocol, excluding restricted files from backups, and end of project plan.

By signing this form, I agree to be held fully responsible for any breaches of agreements pertaining to the release of the CDPH-owned dataset for this project, including breaches by other users to whom I provide access to the CDPH-owned record-level dataset released to me for the above project.

Requestor’s Signature: ___________________________ Date:

For Student Requestors Only:

Faculty Advisor’s Name:

Faculty Advisor’s Signature: ___________________________ Date: