Application #

Public Health Data Use Request Application

APPLICATION FORM INSTRUCTIONS

Use of the public health data is restricted to statistical purposes in medical and health research, public health, or health care operations. Consultation with Oklahoma State Department of Health (OSDH) staff to discuss uses and limitations of the data is strongly encouraged.

A separate application form must be submitted for each data-related project. Additionally, a new application is required if your analysis is taken in a new direction. The addition of a less identifying variable (for example, county if the data set already contains zip code) would be a modification.

A group of advisors reviews each new application and modification to an existing application. The approved application or approved modification serves as the documentation that supports the data use agreement(s) between the OSDH and data user's institution.

Complete all parts of the application, including signature and date.

Part I Organization and/or Individual Requesting Use of Data

☐ New application ☐ Modification

Principal Investigator Name

Position/Title

Organization (include Branch/Division, Department)

Mailing Address

City   State   Zip Code

Phone   Email Address   Fax

Type of Organization

- ☐ University/college teaching institution
- ☐ Government agency
- ☐ Managed care, insurer
- ☐ Healthcare provider
- ☐ Pharmaceutical, biotechnology, medical product firm
- ☐ Trade association, lobbying group, consortium
- ☐ Research organization, consultant
- ☐ Data submitting facility
- ☐ Other (describe_)

Check the *one* box that best characterizes the type of ownership of your organization

- ☐ Not-for-profit
- ☐ For-profit

Co-Investigator Name

Position/Title

Organization (include Branch/Division, Department)

Mailing Address

City	State	Zip Code

Phone	Email Address	Fax

Co-Investigator Name

Position/Title

Organization (include Branch/Division, Department)

Mailing Address

City	State	Zip Code

Phone	Email Address	Fax

Co-Investigator Name

Position/Title

Organization (include Branch/Division, Department)

Mailing Address

City   State   Zip Code

Phone   Email Address   Fax

Data Steward Name

Position/Title

Organization (include Branch/Division, Department)

Mailing Address

City   State   Zip Code

Phone   Email Address   Fax

Institutional Official Name

Position/Title

Organization (include Branch/Division, Department)

Mailing Address

City   State   Zip Code

Phone   Email Address   Fax

Contractor Name

Position/Title

Organization (include Branch/Division, Department)

Mailing Address

City   State   Zip Code

Phone   Email Address   Fax

Part II Intended Use of the Data and Project Activities

Project Description
Project Title

Describe the specific question or hypothesis the project is designed to answer.

List project aims.

Specify study duration.

Specify funding sources (e.g., internal and external) and type of support provided (grant, contract, cooperative agreement).

Describe intended use of the data (e.g., contact individuals, map cases, medical epidemiology, clinical research, health services research, analyses to address public policy issues, analyses to address private policy issues, creating products or tools such as quality measurements, severity adjustment software).

Describe the subject area(s) that you plan to investigate (e.g., health outcomes, quality, cost, utilization, access, markets, etc.)

In what form (e.g., aggregate, statistical, report) and to whom (e.g., peer reviewed scientific journals, monographs) will the results of your study or activities be released?

Describe the study design.

Specify the study population.

Data Description

Specify the OSDH database(s) that contain the requested data.

List and provide rationale for each data variable requested by data set **(<u>attach</u> table with column headings of variable name, analysis use, and justification).**

Do you plan to link OSDH data set with other data set(s)? If so, specify data set(s) and what information are contained within the other data set(s). Describe proposed methods of merging or linking the data sets.

Describe project methods for analyzing data.

Explain how study's use of the data meets the release requirements in state statute or federal regulations::

Part III Data Protection

List any potential adverse consequences anticipated (risk of breaching individual's privacy or confidentiality, negative impact on community, stigmatization of individuals or small groups, identification of American Indian tribes or service areas, etc.).

Describe the data format (e.g., Access, Excel, Other) that you would like to receive.

Describe how your organization will maintain the confidentiality of the identifying or potentially identifiable information (such as unique numbers, exact dates, addresses, system ID, etc.) obtained from the OSDH which by itself, or if linked with other records, would permit the identification of one or more individuals or establishments. Provide description for each site involved in project.

Identify how data integity/security will be maintain on mobile devices.

List physical controls–limiting access to the OSDH data such as building guards, identification badges, key cards, closed circuit TV, and locked offices.

List technical controls – such as user identification, passwords, firewalls, encryption, virtual private network, intrusion detection system, and stand-alone desktop use only.

List administrative controls – such as frequency and location of file backup, methods to ensure least privilege access and non-comingled OSDH identifying information and non-project records, how data use will be monitored to prevent use for other purposes, how personnel using the system will be made aware of their responsibilities for protecting the OSDH information, methods for keeping track of who has access to the data, and methods for ensuring return or destruction of data.

Describe how your organization will store and maintain the privacy of the data

Part IV Data Disposition

While the OSDH staff recognizes that some research studies can remain active for several years, each project is viewed to have a limited duration. **At the completion of the project (within time allotment) or in the event the annual renewal is not completed, ALL OSDH data, including analysis files must be destroyed.**

When do you plan to dispose of the data you obtained from the OSDH? (Give the proposed month and year of destruction – or state UNKNOWN if no specific disposition plan at this time.)

If the above date is UNKNOWN or if the date is more than 5 years, provide a strong justification of why.

It is to be understood that within 1 year of submitting your Application Form you are responsible for either (1) approved extension or (2) certifying the OSDH data have been returned or destroyed. The extension request or certification of data disposal must be submitted to OSDH staff within 1 year.

Signature

Principal Investigator   Date

Submit the completed application to

Program Contact Person

Oklahoma State Department of Health 123 Robert S. Kerr, Suite 1702, Oklahoma City, OK 73102

Disposition of Data Use Application	OSDH use only
Approved Data used for research requires application approval by the OSDH IRB	
Not Approved	
Pending	
Reason of finding	
Date	