

# Data Sharing UH3

- *Have your research partners expressed concerns about how the data will be shared (enclave, repository, etc.)?*
- *Yes, health center leaders have expressed concerns about possible breeches of confidentiality for patients with substance abuse disorders, underage patients, and other 'sensitive' classifications.*
- *How will individual health systems be identified in shared data sets?*
- *We will de-identify health centers and clinics in shared data sets.*
- Are there **legal/regulatory obstacles** to **sharing** your **data** sets?
- *Vulnerable populations may be included in our datasets (e.g. prisoners, undocumented individuals); we will not share data that could identify a patient as a member of a known vulnerable group.*
- *Even with de-identification, health centers and clinics can often be identified, given their size and patient demographics.*

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- Are there **legal/regulatory obstacles** to **sharing** your **data** sets (cont.)?
- *Data use and business associates agreements needed (for IRB approved research). Current DUA lists NIH in “Permitted Disclosures” section, allowing us to share data with NIH.*
- *How/Where will you be sharing your results?*
- *We will share results in the scientific literature, conferences, local media, and with participating health center leadership.*
- *As much as possible, we incorporate health center review into our collaborative publication process.*
- *Can the analysis be replicated **using the shared data sets**?*
- *Yes, there will be sufficient data to replicate the findings for our main analysis. Sufficient data for all subgroup/sensitivity analysis will not be shared. Raw data from qualitative interviews will not be shared.*