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.**
Data Sharing UH3

- 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.