reviewed?) I'm happy to make any changes.

Thanks!
Jenny

From: Jenny LaChance
Sent: Friday, September 25, 2015 4:29 PM
To: Scott, Robert L. (DCH); Mona Hanna-Attisha
Subject: RE: State data - Dr. Mona Hanna-Attisha

Hi Bob,

Thank you! I am revising the original application and completing the HIPAA waiver form now. I will send to you soon.

Thanks again,
Jenny

From: Scott, Robert L. (DCH) [ScottR9@michigan.gov]
Sent: Friday, September 25, 2015 4:09 PM
To: Jenny LaChance; Mona Hanna-Attisha
Subject: RE: State data - Dr. Mona Hanna-Attisha

Jenny,

As long as this request is for "research," then I don't think it will be a problem to provide addresses. You're correct, it would then be considered "identifiable." One thing that might slow it down—I believe you'd have to go back to Hurley's IRB and get approval for the change.

Bob

From: Jenny LaChance [mailto:JLachan1@hurleymc.com]
Sent: Friday, September 25, 2015 4:05 PM
To: Scott, Robert L. (DCH) <ScottR9@michigan.gov>; Mona Hanna-Attisha <MHanna1@hurleymc.com>
Subject: State data - Dr. Mona Hanna-Attisha

Hi Bob,

My name is Jenny LaChance, and I have been working with Mona on the data. We are now doing in depth GIS analysis, which involves actual address (beyond zipcode). Would adding actual address slow down the request for the State data? I believe this would not longer be a limited data set. Any advice or guidance would be truly appreciated.

Thank you so much!
Jenny

DATA USE AND NON-DISCLOSURE AGREEMENT CONCERNING PROTECTED HEALTH INFORMATION OR OTHER CONFIDENTIAL INFORMATION

Michigan Department of Health and Human Services

Project Title:	Analysis of Pediatric Blood Lead Levels in Flint, MI
Data Recipient:	Mona Hanna-Attisha, MD MPH and co investigators Jenny LaChance MS and Richard Sadler PhD
Organization:	Hurley Medical Center
Address:	One Hurley Plaza
	Flint, MI 48503
Phone:	810-262-7257 **e-mail:** mhanna1@hurleymc.com

In accordance with this agreement, data are provided by the Michigan Department of Health and Human Services (MDHHS), **Family, Maternal and Child Health/Family and Community Health** on **September/October 2015** to the Data Recipient.

The parties agree to the provisions specified in this Agreement, the Health Insurance Portability and Accountability Act (HIPAA), and all other applicable public health, research, and confidentiality laws.

SECTION 1: DATA SOURCE, PURPOSE, USE, DESCRIPTION, APPROVAL (IF HUMAN SUBJECT RESEARCH)

What is the Source of the Requested Data? *(e.g., Vital Records, Health Statistics, Cancer Surveillance, Medicaid, etc.)*

MDHHS Childhood Lead Poisoning Prevention Program database

What is the Data Recipient's Purpose for, and Specific Use of, the Data?

1. Describe why these data are requested *(e.g., Research, Statistics, Public Health, Health Care Operations, Administration of the Medicaid Program)*.

   These data are being requested for two reasons: the primary purpose is related to public health. We are looking at the impact so that measures can be implemented to address any increase in children with elevated blood levels. The data is also being for research purposes so our findings can be shared with other communities.

2. Describe how the data will be used/disclosed, or incorporate by reference and attach a copy of the research protocol, work plan, or request letter that details the purpose and use of data, etc.

   Data for SPSS will be deidentified once 1) one value per person has been selected, 2) whether or not they live in the higher risk part of Flint for lead has been coded, and 3) the timing of when they had their lead level (pre/post) has been determined. GIS analysis will use address but will not include any other PHI identifiers.

   Data will saved only on encrypted zip drives or secure hospital computers located in personal office of one of the researchers. Only the 3 researchers directly involved with study will have any access to data. Encrypted zip drives will be kept secure with a researcher or in a locked office at all times. Once identifiable data is not needed, files with identifiable information will be destroyed.

3. Describe the data requested indicating amount, type, by what medium the data will be provided, and whether the data recipient is granted access to the data warehouse or state archives.

   Data Overview Description

   a. Specify the data elements *(e.g., age, gender, etc.)* and time periods *(e.g., January 2003 through January 2005)*.

      Time period: January 2013 through Sept 15,2015; Data Elements: Child ID number, date of birth, date of blood draw, address with zip code, blood lead level, and specimen type. Gender, race and insurnace type are also requested if available.

   b. Specify if the data requested is identifiable, de-identified, or a limited data set as defined by HIPAA.

      Identifiable since addresses are being requested for GIS analysis