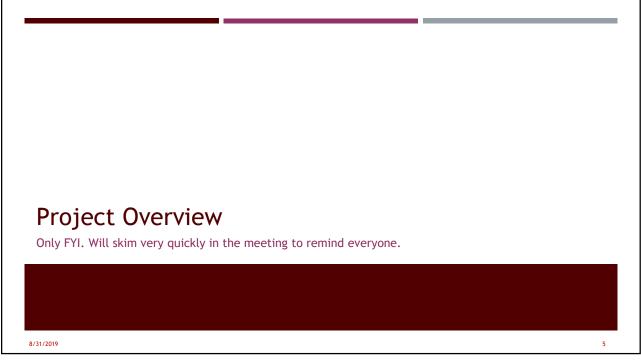
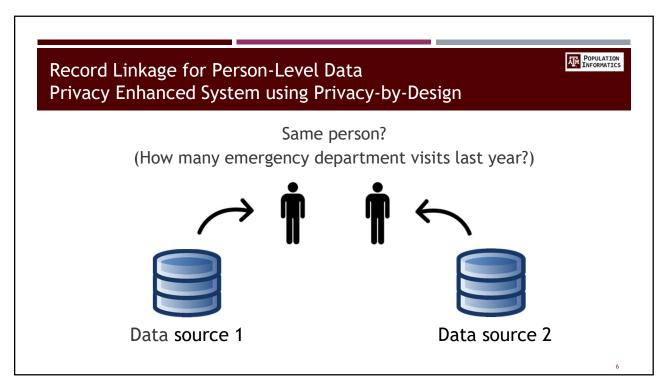
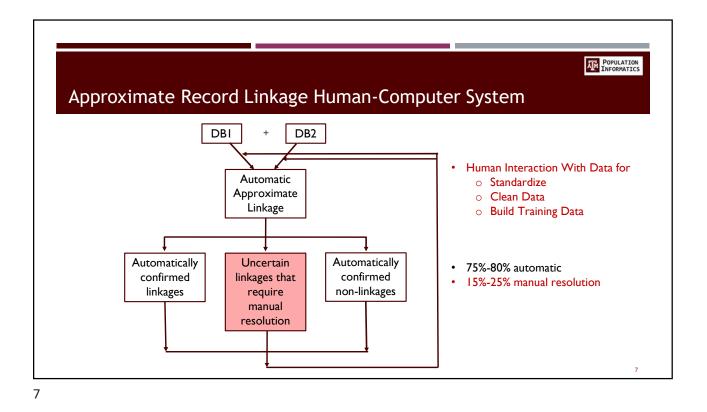
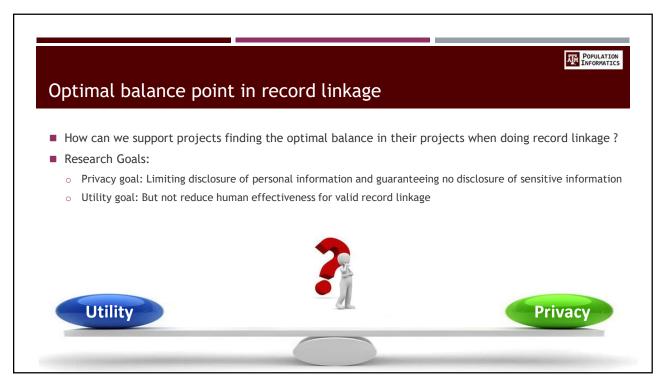


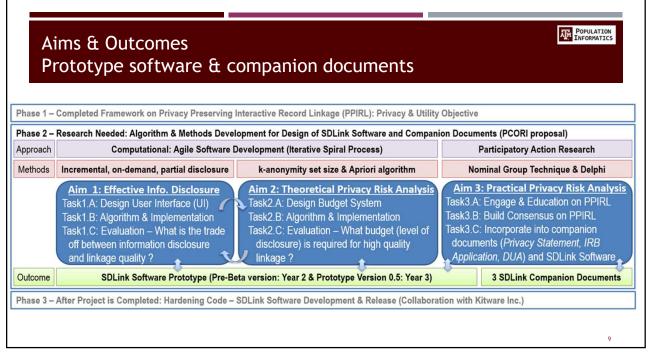
Our team			
 Hye-Chung Kum secondary data 		s A&M Univ., Computer Science	(information privacy),
Eric Ragan, Aim	1 lead, Univ. of Florida, CHI	(computer human interaction)	
Alva Ferdinand,	Aim 3 lead, Texas A&M Univ	., Public Health and Law, secon	dary data analysis (user)
Cason Schmit, A	im 3 co-lead, Texas A&M Uni	v., Public Health and Law, Info	rmation Privacy, IRB, DUA
GARs:			
 Theo & Kobi (p) 	public health)		
o Mahin, Qinbo	t Guru (computer science)		

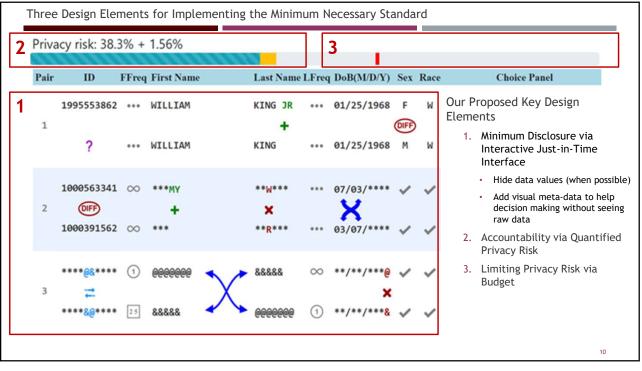


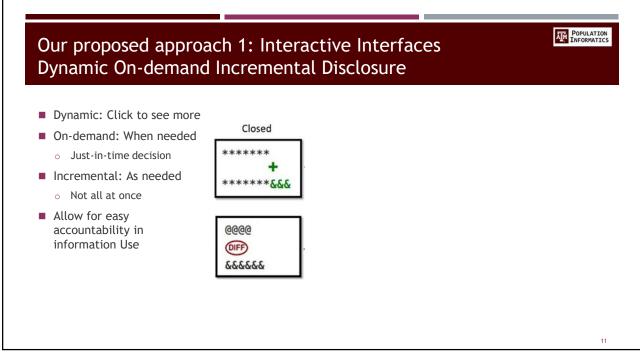


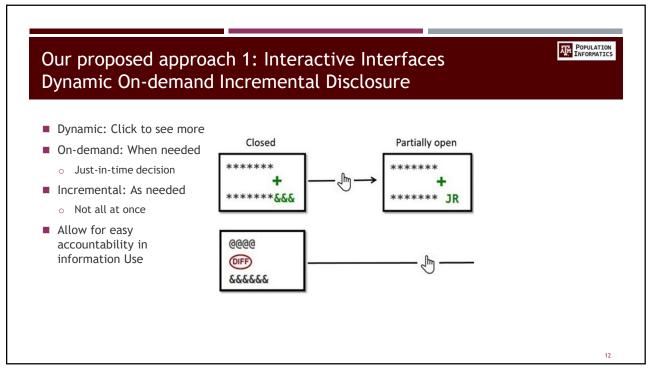


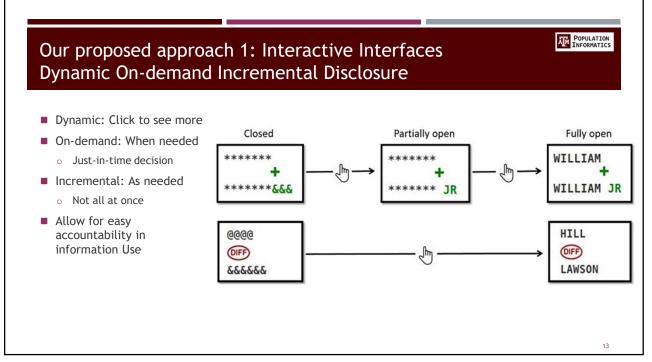


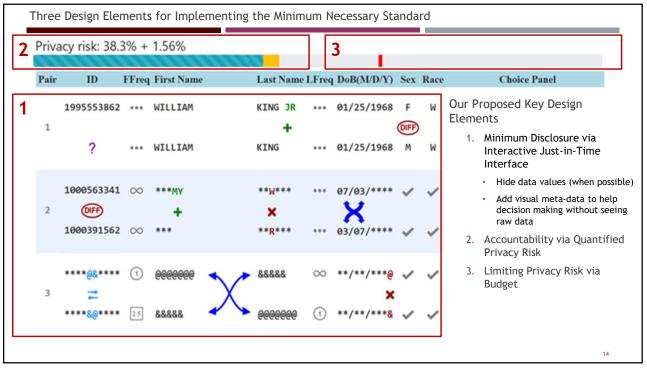


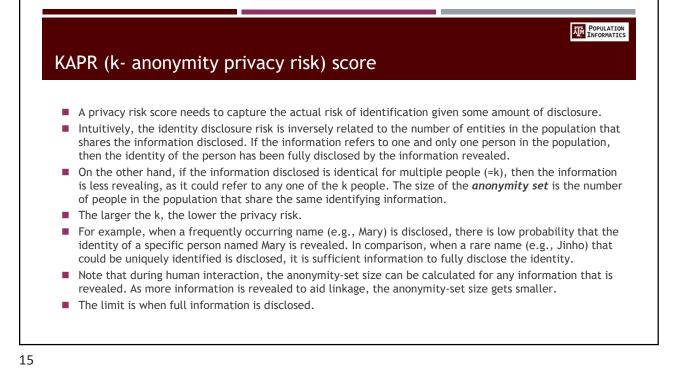


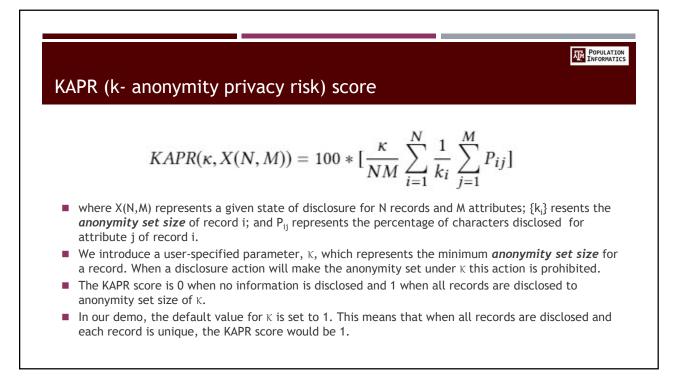


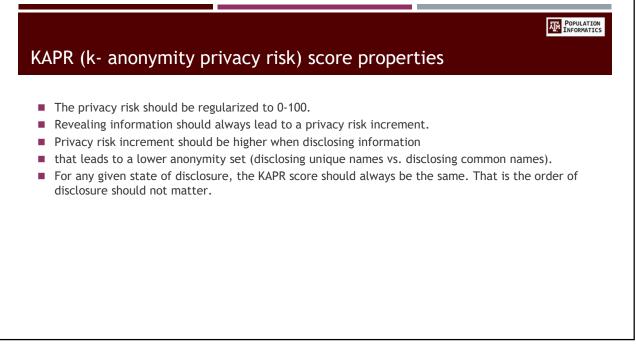




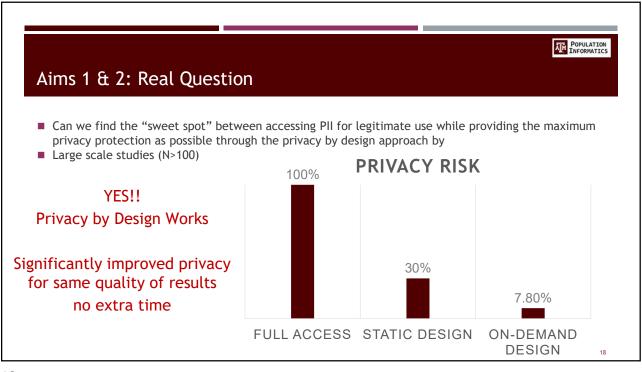


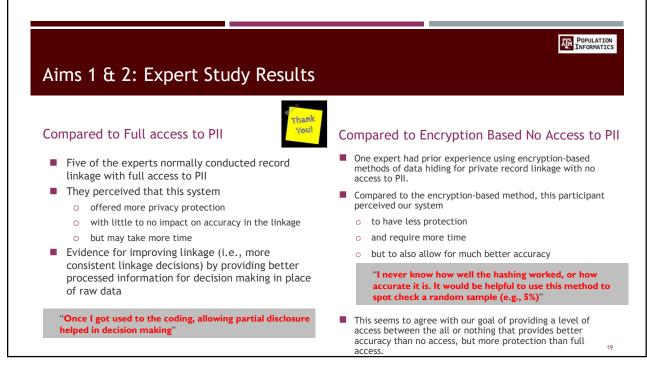


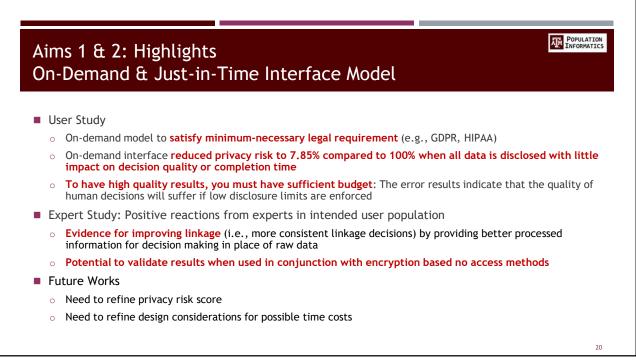


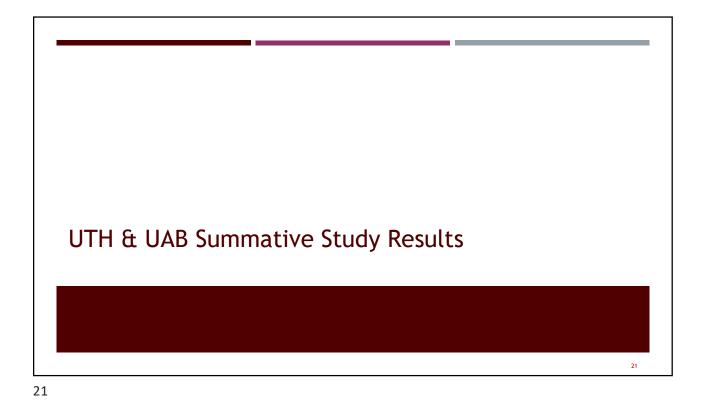


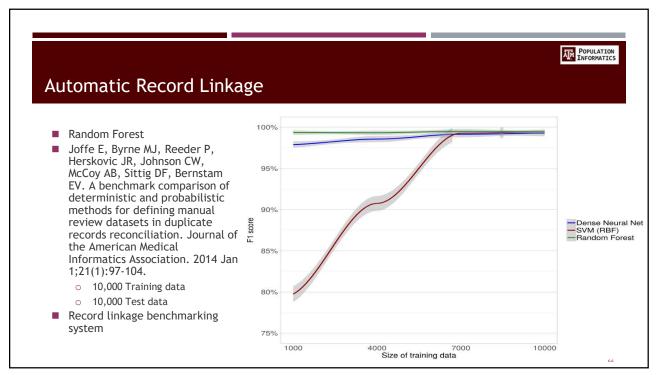


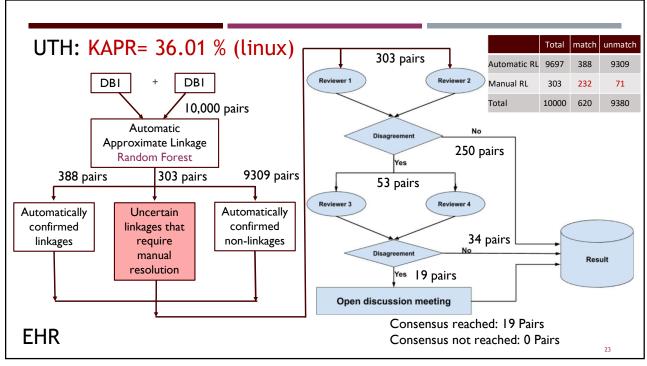


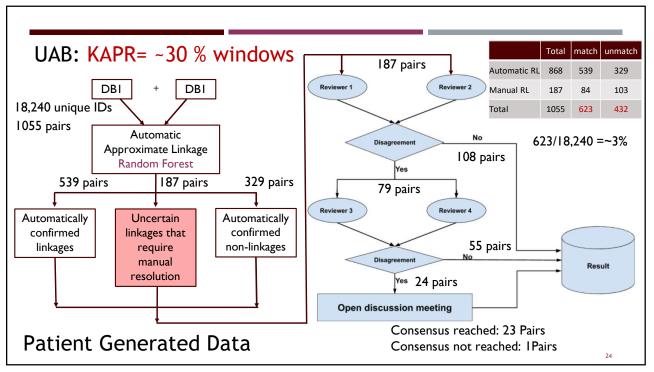


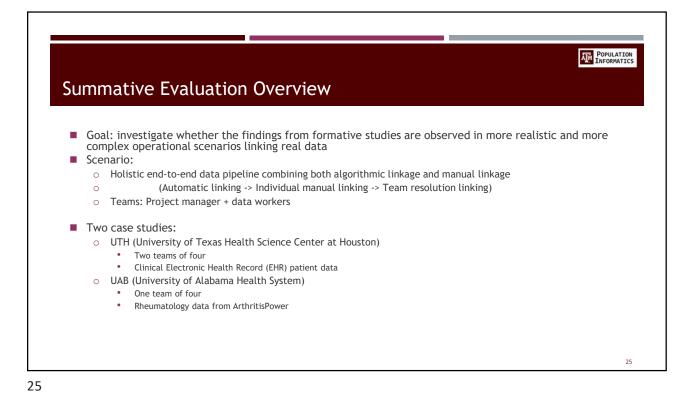


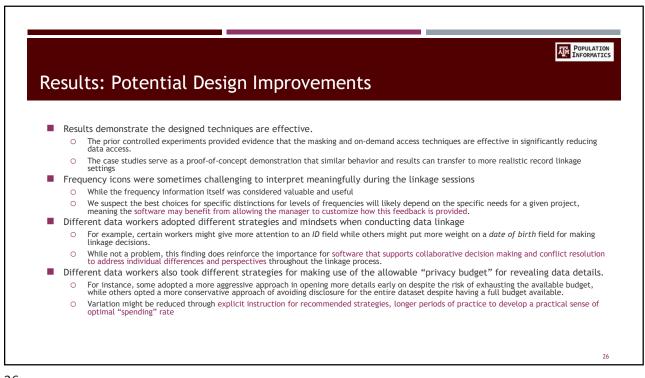


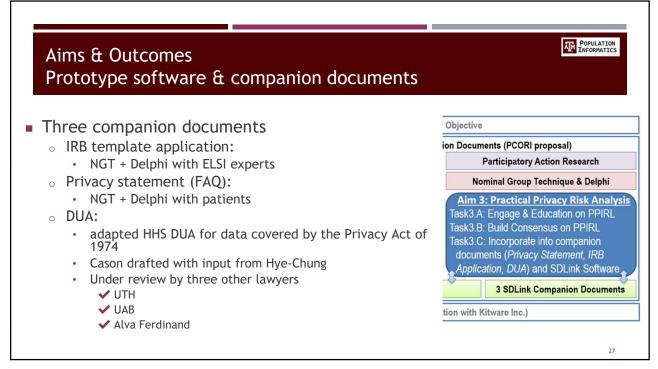




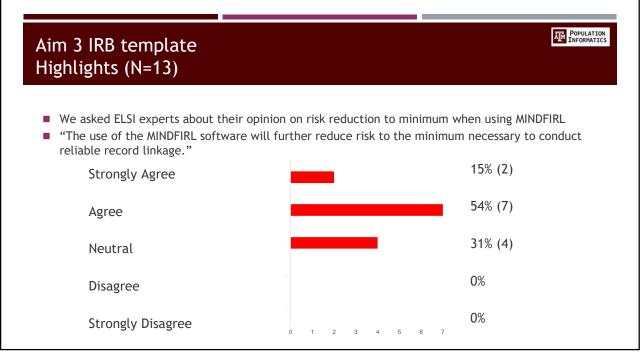




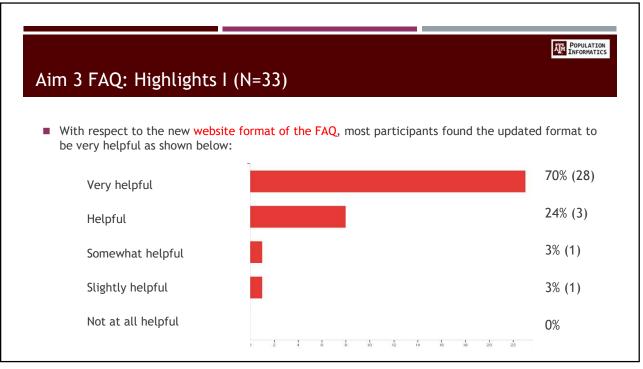


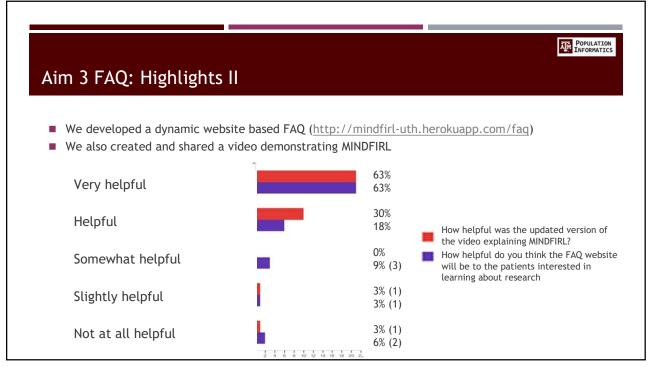


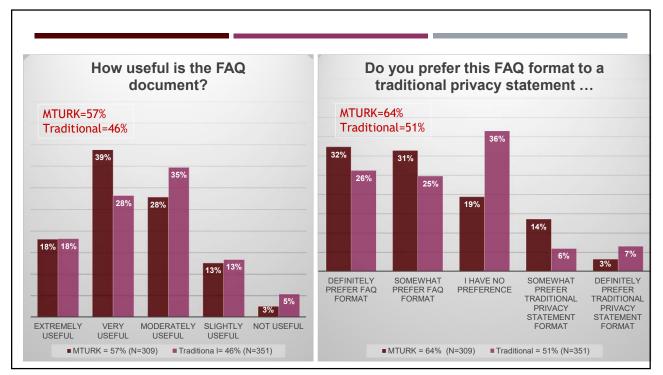
a. Describe the procedures for all aspects of your protocol. Tell us what you are doing.	Full IRB
Pl Response:	
"The data used for this study is subject to the following laws: [PI Instructions : list applicable state or federal laws]. Accordingly, this research will follow the following policies and procedures to ensure compliance with the law: [Pi instructions : list any organizational or study-specific policies and procedures]. [PI Instructions: if any research data is subject to a data use agreement or other contractual restrictions, mention those restrictions here and include the agreement as an attachment.]	application 10 pgs
PI Instructions: You should state the full protocol for your study here. The template language below only relates to conducting record linkage using MINDFIRL. You can incorporate this language in your description of the protocol as appropriate.]	
We will use the MINDFIRL software to link data from different databases, namely [PI Instructions: list databases]. MINDFIRL will be used to facilitate data linkage of PII while controlling researcher access to PII and coded sensitive data to minimize dentity exposure and unnecessary privacy loss. See Section 17 below for specific steps to enhance privacy and confidentiality and Attachments A and B for details relating to MINDFIRL.	
PI Instructions: if this study will use the Privacy Loss Limit function of the MINDFIRL software to place an upper limit on discretionary PII unmasking (i.e., to further limit privacy risk), you should indicate it here and include the following language: "We will use tools within the MINDFIRL software to restrict disclosure of certain PII to researchers. For additional details regarding these protections see section <u>17 below</u> ."] The Privacy Loss Tracking Report indicates how specific researchers used the MINDFIRL software to access PII for record linkage. However, no PII is included in the summary report. This information will provide transparency in access to PII as well as quantify the actual privacy risk associated with the linkage process.	
PI Instructions: We recommend that a designated person on the project review the Privacy Loss Tracking Report at least annually. Please state here, who on the project team will have the responsibility of reviewing the Privacy Loss Tracking Report, and how often it will be reviewed.] If required by the IRB, the Privacy Loss Tracking Report can be provided to the IRB (e.g., continuation review)."] An example of a MINDFIRL Privacy Loss Tracking Report can be found in the last page of Attachment A	

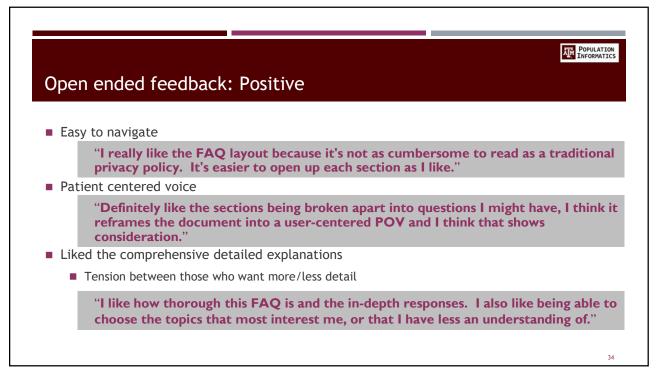


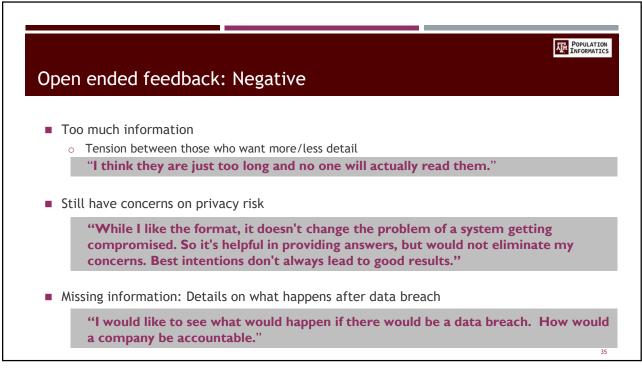
quently Asked Questions	□ Section 1: Data and identifying information	
Section 1: Data and identifying information - 1.1 Why do you need to know who I am? When an organization, such as a hospital, collects information about an ind record. If the organization collects information about someone else, that inf The collection of all these records is stored in a system of records called a d different databases. This means that, we need to know some limited inform your records with someone else's. We refer to this limited information as 'id	 Section 2: MINDFIRL and the patient matching process Section 3: Protection and storage of my matched data Section 4: Importance and impact of using my 4.1 Why is my data needed? 4.2 What difference is my data going to make? Section 5: Data handling after the completion of the study 	data
+ 1.2 What is identifying information? + 1.3 What is non-identifying information? + 1.4 What pieces of information about me will the researchers see? + 1.5 If a researcher sees my name in the data when matching, how much w	ill they know about me?	
Section 2: MINDFIRL and the patient matching process		
+ <u>2.1 What is patient-matching?</u> + <u>2.2 What is MINDFIRL?</u> + 2.3 What does MINDFIRL look like?	3	

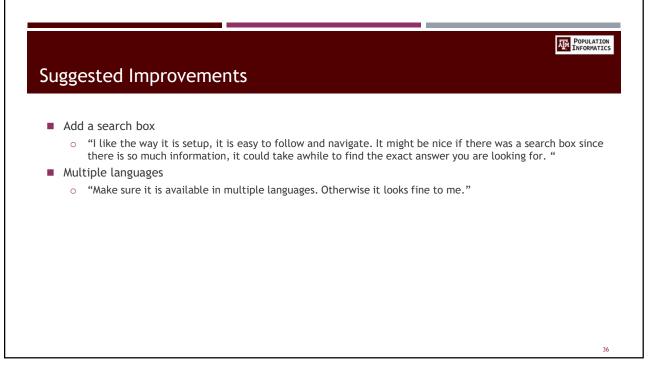


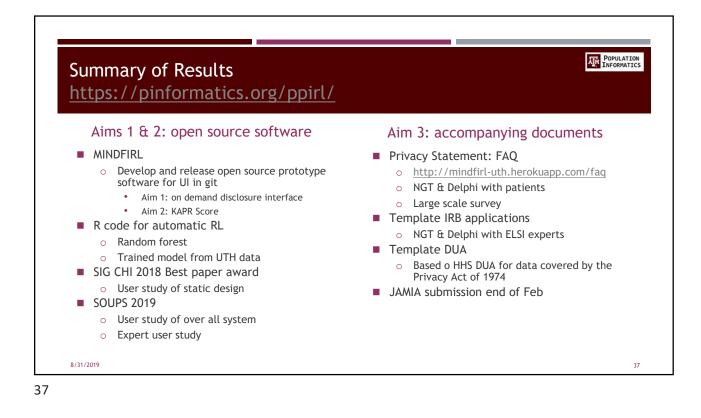


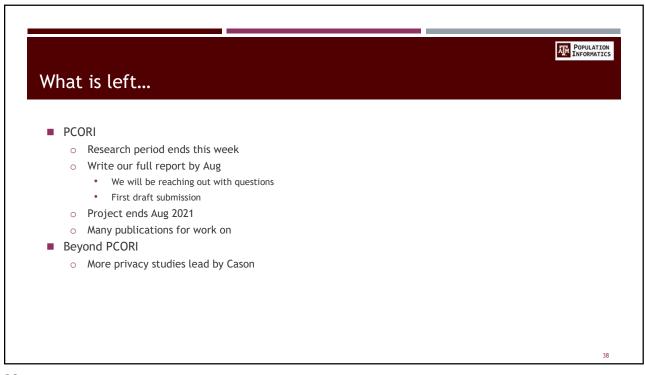






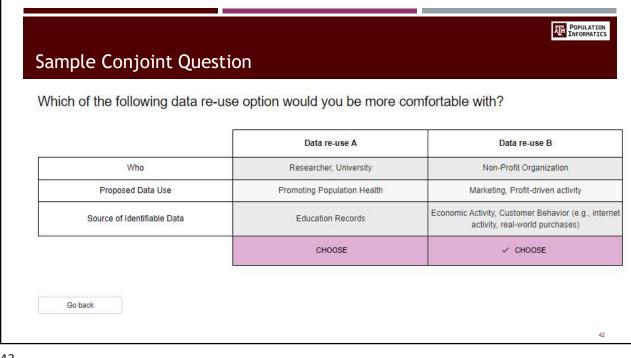


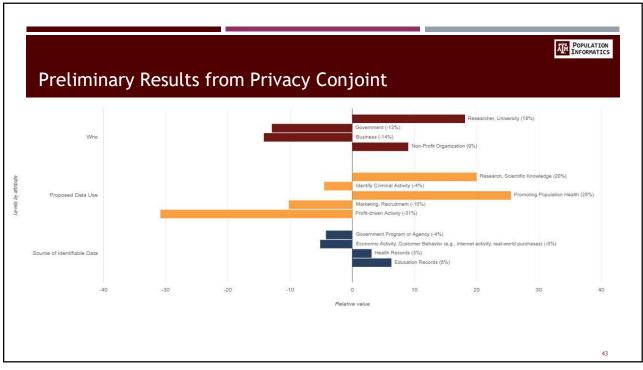






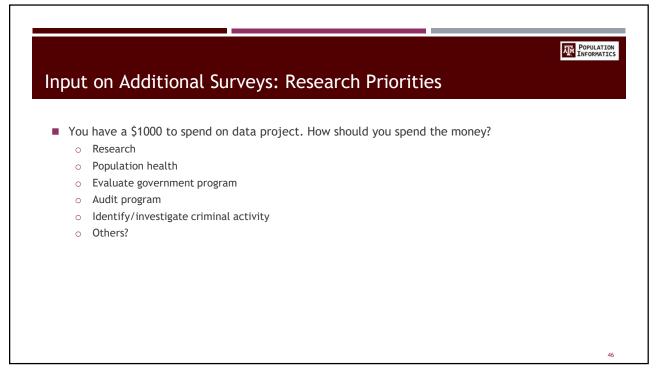
Privacy S	Survey				AM Por	PULATION
to privac We elect	cy and data use ted to focus on	e the FAQ Evaluation to preferences related to to measure preference	o data re-use	ut the public's	preferences relatin	g
Attribute	Level 1	Level 2	Level 3	Level 4	Level 5	
Who	Researcher, University	Government	Business	Non-Profit Organization		
Proposed Data Use	Research, Scientific Knowledge	Promoting Population Health	Identify Criminal Activity	Marketing, recruitment	Profit-driven activity	
Source of Identifiable Data	Government Program or Agency	Economic Activity, Customer Behavior (e.g., internet activity, real-world purchases)	Health Records	Education Records		





Preli	iminary Resu	lts (Cont.)			POPULATION INFORMATICS
E Ranked list of product con	cepts as preferred by customers			💩 Export data 🔯	
Show 5 v entries			Search:		
Who	Proposed Data Use	Source of Identifiable Data	Value to customers	+ Rank :	Illegal
Researcher, University	Promoting Population Health	Education Records	50		meyai
Researcher, University	Promoting Population Health	Health Records	47	2	
tesearcher, University	Research, Scientific Knowledge	Education Records	44	3	
lesearcher, University	Research, Scientific Knowledge	Health Records	41	4	
Ion-Profit Organization	Promoting Population Health	Education Records	41	5	
Ranked list of product conc	epts as preferred by customers		Previous 1 2 3 4	5 15 Next	
ow 5 v entries			Search:		
Vho	Froposed Data Use	Source of Identifiable Data	Value to customers	- Rank	
lusiness	Profit-driven Activity	Government Program or Agency	-49	71	Legal
Business	Profit-driven Activity	Economic Activity, Customer Behavior (e.g., internet activit	-50	(72)	Logui
Business	Profit-driven Activity	Economic Activity, Customer Behavior (e.g., internet activit	-50 Previous 1 11 12 13	\smile	

					POPULATION INFORMATICS
Input or	n Additional Sur	veys: Res	earch Values		
	Attribute	Level 1	Level 2	Level 3	
Given	Speed	Fast	Typical	Slow	
	Cost of Research	Expensive	Typical	Cheap	
Variable	Precision/ Quality	High	Medium	Low	_
	Data Protections (Privacy/ Security)	High	Medium	Low	
	Probability of Success (Probability of Waste)	High (Low)	Medium (medium)	Low (High)	
	Benefit (Utility)	High	Medium	Low	



Input on Additional Surveys: Research (Big Data) Ethics						
Size of activity	Small (data from 500 people)	Medium (data from 20,000 people)	Large (data from 1,000,000 people)			
Respect for persons	The project lead met with members of the public and relevant community groups to understand their perspectives. The project was designed with these perspectives in mind.	The project is not risky, and it will be very difficult to get informed consent from so the project lead is asking for your permission to skip the informed consent process				
Harms	#1a Equity+ (activity might reduce the burdens and risks that threaten health or opportunity of a group)	potential participants relating to anticipated risks and benefits)	#2aEquity - (There is some concern that the activity might increase the burdens and risks that threaten health or opportunity of a group)	#2bJustice - (There is some concern that the activity might expose participants to risks, and the participants (and others like them) are unlikely to benefit from the activity)		
Good governance	Takes steps for transparency, accountability, and data protection	Takes steps to protect data as required by law or the organization's policy .				
Common Good	The activity promotes population health or other common good	The activity mostly benefits the user or organization, but might have some anticipated societal benefits	The activity mostly benefits the user or organization			
Beneficence	Some risk of harm to participants	Minimal risk of harm to participants				

POPULATION Advisory group survey brainstorm In the survey, seems important to be sure to explain why some sensitive information would be used (e.g. to merge records across studies). Survey respondents may not understand what possible utility is obtained by knowing identifying information. Very specific scenarios may be most effective, to know exactly what information is made available to whom and what the benefit would be. I think it's useful to use (OR I feel ok about others using) my personal data (health information) to study a disease I have / disease I could have in the future / disease my family members have / disease my family members could have in the future / disease that affects others, but not me or my family / etc. -- ask this as a series of questions using Likert format for level of agreement (from Strongly Agree to Strongly Disagree) I think that it is very worthwhile to understand how the public views a privacy vs benefit tradeoff. Clearly this depends on the exact scenario - individual benefit to the patient, benefit to the general population of patients with a specific condition, public health benefit overall, public health crisis etc. I think we should describe the scenarios and then provide a privacy amount slider that allows the person to set the privacy amount that are willing to give up. Who do you perceive owns health information that is provided for research? Where would you draw the line between compensation for participation in a research study and compensation that might be perceived as you selling your data? Which groups or organizations do you feel ok having your full data shared with? - Hospitals - Your doctor -Your insurance company --Your pharmacist - Pharmaceutical company that makes the medications you take? Your family - Your neighbors -Social media (Facebook, Twitter, Instagram), etc. Your own health data can be useful in answering important questions about individual diseases and public health. To make your health data useful, it may have to shared with other researchers WITHOUT revealing your identity. How much are you willing to share portions of your health data under such situations? Is the right to forget important to you? (GDPR) What research usefulness/utility mean to you? Do you want variable level control of your data or would you prefer it to be grouped, because variable level is too cumbersome? What does privacy mean to you? Is your desire for privacy related to a chronic health condition meaningfully different than privacy related to sharing identifiers (i.e. personal identifying information)?

