

## **Louisiana Healthy Homes & Childhood Lead Poisoning Prevention Program (LAHHCLPPP)**

### **Genetic Diseases Program Office of Public Health Department of Health and Hospitals**

#### **Data Request Application**

The Louisiana Healthy Homes & Childhood Lead Poisoning Prevention Program (LAHHCLPPP) Review Panel is charged with reviewing applications for use of LACLPPP data. Applications will be reviewed to ensure that the proposals are of scientific merit and that the applicant and proposed users will maintain the confidentiality of the data and the subjects. Where health research is involved, the Panel is charged with assuring that the study design selects subjects on a scientific basis and that the investigators or researchers are deemed qualified based on past research, employment, and education. In addition, the Panel assures that where appropriate, the approval of an institutional review board has been obtained and that the informed consent process and forms follow the guidelines outlined in the Louisiana Administrative Code (LAC) 48:V.11709 and Louisiana Statute (LSA-RS) 40.3.1.

#### **Louisiana Healthy Homes & Childhood Lead Poisoning Prevention Program (LAHHCLPPP) Data Request Application Procedure:**

1. The applicant must complete and submit a LAHHCLPPP Data Request Application along with supporting documents and a Confidentiality Statement to the LACLPPP Program Coordinator.
2. The Program Coordinator will review the application for completeness and forward it to members of LAHHCLPPP Program Staff for review.
3. The Panel will review the application and recommend approval.
4. After the Panel reaches a decision, the application will be returned to the Program Coordinator, who will notify the applicant of approval or disapproval.
5. If the application is disapproved, the Panel will provide the applicant with an explanation and notify the applicant of their right to revise and resubmit the application or request a hearing before the Panel.
6. Records of Panel actions relative to the LAHHCLPPP Data Request Application will be maintained as stated in the Confidentiality Statement.
7. All applicants must allow at least 2 weeks for a written response to their application.

**LAHHCLPPP Data Request Applications are required of all interested parties.**

**Louisiana Healthy Homes & Childhood Lead Poisoning Prevention Program (LACLPPP)  
Data Request Application**

Please complete and submit to the LAHHCLPPP Program Coordinator at 1450 Poydras Street – Suite 2046, New Orleans, LA 70112 or via fax at (504) 568-8253.

**I. Applicant Information**

**Date:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**II. Statement of Purpose**

a) For **aggregate data requests** please describe how the data will be used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) For **research, submissions of journal articles for publication, or for abstracts and presentations** attach study protocol, curriculum vitae of researchers, institutional review board approval, informed consent process and forms and refer to Attachment 1.

**III. Definition of Records Requested**

**Year(s):** \_\_\_\_\_

**Format Required:**    Hard Copy    Electronic  
If electronic, please provide a layout labeled Layout 1.

For **record level data** without identifiers please provide variables: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For **aggregate data** please supply descriptions of the tables to be produced: \_\_\_\_\_

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**Additional Comments:** \_\_\_\_\_

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**IV. Means of Protecting Confidential Records**

**Locked cabinet:** \_\_\_\_\_ **Password:** \_\_\_\_\_ **Other** (please specify): \_\_\_\_\_

**Method of record destruction upon study/administrative use completion:** \_\_\_\_\_

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**V. Access to Confidential Records**

Name(s) and classification(s) of person(s) to be authorized access to LACLPPP data.  
Confidentiality statements signed by each person who will have access to electronic and/or hard copy records should be attached.

**Name**

**Classification/Title**

**Telephone**

**VI. Statement of Research Assurances**

The applicant states that data obtained from LAHHCLPPP under this agreement will only be published in the aggregate and that no individual participants will be identified. The strictest procedures will be followed to protect the data from unwarranted disclosure and to protect the privacy of study subjects and their families. The applicant understands that hard copy records are not to be duplicated without prior approval and that electronic records containing identifiers are to be stored on one secure computer. A backup disk or data tape may be maintained in locked storage. The applicant further agrees that records will be used only for the stated purpose and that no identifying information will be released to other OPH programs, employees or non-OPH persons without the specific prior approval of the LAHHCLPPP Review Panel.

**VII. LACLPPP Review Panel Action**

Please circle Approve or Disapprove

Signature: \_\_\_\_\_ Approve/Disapprove Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Approve/Disapprove Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Approve/Disapprove Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Approve/Disapprove Date: \_\_\_\_\_

**VIII. Reviewer Comments**

## **Agreement for Accessing LAHCLPPP Data**

All LAHCLPPP records are considered confidential in accordance with Louisiana Legislative Statutes (LSA-R.S.40.3.1). Confidential records shall be used only for statistical, scientific, and medical research purposes relating to the cause of condition of health. LAHCLPPP will release confidential information from these records for research or administrative purposes providing the following conditions are met.

The applicant agrees to the following conditions for accessing confidential LAHCLPPP information:

- Data will be used only as proposed. User will not make any copies of the data, and will not release, share or further distribute any data containing complete or partial individual records to anyone who has not co-signed the LAHCLPPP Confidentiality Statement. Data includes all indices and ratios derived from the data.
- User will not divulge the identity of any individual or entities distinguished by the data. User will not contact any individuals or entities identified by the data. All follow-up studies involving contact with individuals are prohibited.
- User must acknowledge the data source in all published and unpublished written works and presentations resulting from the data. Citation should state “This publication was supported by Cooperative Agreement number RFA-EH17-1701PPHF17 from the Centers for Disease Control and Prevention (CDC) to Louisiana Healthy Homes & Childhood Lead Poisoning Prevention Program and the Louisiana Office of Public Health.”
- A copy of the final results and any written work must be provided to LAHCLPPP before publication.
- After work with the data is completed, all copies of the data will be returned to LAHCLPPP or destroyed.
- The user agrees to indemnify, defend, and hold harmless The Office of Public Health (from damages, litigation, liability, and any expenses including legal fees) in the event of claims or losses.
- After one year, user forfeits claim to data and analyses if they have not produced and submitted a manuscript for publication.
- In the case where analyses result in cell sizes of less than five in either numerator or denominator, all numbers and rates will be replaced with a symbol (i.e., \*\*\*) in publications. Identifiable characteristics of individuals that result from analyses will not be used in any publications.
- Any release of the data derived from LAHCLPPP is to contain the following statement: “This data was supplied in part by the Louisiana healthy Homes & Childhood Lead Poisoning Prevention Program of the Louisiana Department of Health and Hospitals, Office of Public Health, which disclaims responsibility for any analyses, interpretations, or conclusions.”
- One LAHCLPPP team member must be included as an author on any journal publication using data from LAHCLPPP.
- Violation of these conditions will automatically result in the voiding of this agreement and may result in the refusal of future research requests.

- All data must be stored in a secure location; and means of protecting confidential records must be provided.

**Confidentiality Statement**  
**LAHHCLPPP Data Request Application**

I, \_\_\_\_\_, certify that I have read the Louisiana Childhood Lead Poisoning Prevention Program (LAHHCLPPP) agreement and confidentiality statement and state that identifying information obtained from LAHHCLPPP under this assurance of confidentiality will be held in strictest confidence and will be protected against unwarranted disclosure. No data will be published or disclosed from which an individual participant can be identified except upon written authorization of the LACLPPP Review Panel. I understand that unauthorized disclosure may result in disciplinary action in accordance with departmental policies, Louisiana Statute (LAS-RS) 40:3:1 and Louisiana Administrative Code (LAC) 48:V.11709 as applicable.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name(please print): \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

## **Attachment 1 – Statement of Purpose**

### **I. Requests for Aggregate Data**

All requests for aggregate data or use of aggregate data for reports, newsletters, fact sheets must be accompanied by the Louisiana Childhood Lead Poisoning Prevention Program (LACLPPP) Data Request Application.

### **II. Research and Administrative Use, Submission of Journal Articles for Publication, or Abstracts and Presentations**

Authorship includes all written, authored publications (journal articles, manuscripts, abstracts, presentations, reports, newsletters, fact sheets, etc.).

The user/investigator must provide proper credentials to use the data based on past research, employment, and education.

A. For all internal and external Office of Public Health applicants\*:

All applicants must sign a Confidentiality Statement prior to publication. All manuscripts must be reviewed by LACLPPP prior to publication. This applies to all requests for record level data.

B. For all CDC LACLPPP Requesters, other CLPPP states, and external researchers endorsed by the CDC:

Louisiana has agreed to give approval to all CDC CLPPP requests for use of the data on a case-by -case basis. Any member of the CDC CLPPP team must submit a mini-proposal prior to publication. All CDC-authored manuscripts will not be submitted for publication or to a conference until LACLPPP has had an opportunity (at least two weeks) to review and provide comments. LACLPPP must provide approval prior to publication.

### **III. Review of Abstracts for Presentations**

For all submissions for abstracts for presentations, all internal and external OPH applicants\* must fill out a Louisiana Childhood Lead Poisoning Prevention Program (LACLPPP) Data Request Application. All applicants must sign a Confidentiality Statement prior to use of LACLPPP data. One week needs to be provided for review of the abstract or presentation by the LACLPPP.