Application for Massachusetts All-Payer Claims Data (Non-Government) [Exhibit A – Data Application]

I. INSTRUCTIONS

This form is required for all Applicants, Agencies, or Organizations, hereinafter referred to as "Organization", except Government Agencies as defined in 957 CMR 5.02, requesting protected health information. All Organizations must also complete the Data Management Plan, and attach it to this Application. The Application and the Data Management Plan must be signed by an authorized signatory. This Application and the Data Management Plan will be used by CHIA to determine whether the request meets the criteria for data release, pursuant to 957 CMR 5.00. Please complete the Application documents fully and accurately. Prior to receiving CHIA Data, the Organization must execute CHIA's Data Use Agreement. Organiations may wish to review that document prior to submitting this Application.

Before completing this Application, please review the data request information on CHIA's website:
- Data Availability
- Fee Schedule
- Data Request Process

After reviewing the information on the website and this Application, please contact CHIA at apcd.data@state.ma.us if you have additional questions about how to complete this form.

The Appliciaton and all attachments must be uploaded to IRBNet. All Application documents can be found on the CHIA website.

Information submitted as part of the Application may be subject to verification during the review process or during any audit review conducted at CHIA's discretion.

Applications will not be reviewed until the Application and all supporting documents are complete and the required application fee is received.

A Fee Remittance Form with instructions for submitting the application fee is available on the CHIA website. If you are requesting a fee waiver, a copy of the Fee Remittance Form and any supporting documentation must be uploaded to IRBNet. Please be aware that if your research is funded and under that funding you are required to release raw data to the funding source, you may not receive CHIA Data.

II. FEE INFORMATION

1. Consult the most current Fee Schedule for All-Payer Claims Database data.

2. After reviewing the Fee Schedule, if you have any questions about the application or data fees, contact apcd.data@state.ma.us.

3. If you believe that you qualify for a fee waiver, complete and submit the Fee Remittance Form and attach it and all required supporting documentation with your application. Refer to the Fee Schedule (effective Feb 1, 2017) for fee waiver criteria.

4. Applications will not be reviewed until the application fee is received.

5. Data for approved Applications will not be released until the payment for the Data is received.

III.   ORGANIZATION & INVESTIGATOR INFORMATION

Project Title:	Effect of Adult English Language Training on Health and Health Care Utilization
IRBNet Number:	2090201-1
Organization Requesting Data (Recipient):	University of Houston
Organization Website:	https://uh.edu/hobby/
Authorized Signatory for Organization:	David Schultz
Title:	Assistant Vice President for Sponsored Research Administration
E-Mail Address:	dschultz@central.uh.edu
Telephone Number:	713-743-8383
Address, City/Town, State, Zip Code:	4302 University Drive Houston, TX 77204-2015
Data Custodian: **(individual responsible for organizing, storing, and archiving Data)**	Blake Heller, PhD
Title:	Assistant Professor
E-Mail Address:	bhheller@central.uh.edu
Telephone Number:	818-458-3096
Address, City/Town, State, Zip Code:	4104 Martin Luther King Blvd. Bates Building Suite 104 Houston, TX 77004-5021
Primary Investigator (Applicant): **(individual responsible for the research team using the Data)**	Blake Heller, PhD
Title:	Assistant Professor
E-Mail Address:	bhheller@central.uh.edu
Telephone Number:	818-458-3096
Address, City/Town, State, Zip Code:	4104 Martin Luther King Blvd. Bates Building Suite 104 Houston, TX 77004-5021
Names of Co-Investigators:	Sumit Agarwal, MD, MPH Kevin O'Connor, PhD Kirsten Slungaard Mumma, PhD
E-Mail Addresses of Co-Investigators:	sagarwal14@bwh.harvard.edu (Sumit Agarwal) koconnor@framingham.k12.ma.us (Kevin O'Connor) kes2190@tc.columbia.edu (Kirsten Slungaard Mumma)

IV.   PROJECT INFORMATION

IMPORTANT NOTE: Organization represents that the statements made below as well as in any study or research protocol or project plan, or other documents submitted to CHIA in support of the Data Application are complete and accurate and represent the total use of the CHIA Data requested. Any and all CHIA Data released to the Organization under an approved application may ONLY be used for the express purposes identified in this section by the Organization, and for no other purposes. Use of CHIA Data for other purposes requires a separate Data Application to CHIA **or** written request to CHIA, with approval being subject to CHIA's regulatory restrictions and approval process. Unauthorized use is a material violation of your Organizations's Data Use Agreement with CHIA.

1. What will be the use of the CHIA Data requested? [Check all that apply]

☐ Epidemiological   ☐ Health planning/resource allocation   ☐Cost trends
☒ Longitudinal Research   ☐ Quality of care assessment   ☐ Rate setting
☐ Reference tool   ☒ Research studies   ☐ Severity index tool (or other derived input)
☐ Surveillance   ☐ Student research   ☐ Utilization review of resources
☐ Inclusion in a product   ☐ Other (describe in box below)

Click here to enter text.

2. Provide an abstract or brief summary of the specific purpose and objectives of your Project. This description should include the research questions and/or hypotheses the project will attempt to address, or describe the intended product or report that will be derived from the requested data and how this product will be used. Include a brief summary of the pertinent literature with citations, if applicable.

Project Summary
For this project, we propose to study the effect of attending the Framingham Adult English as a Second Language (ESL) program on participant health outcomes and health care utilization. In line with prior work demonstrating positive findings from the program in terms of labor market outcomes and civic participation, we hypothesize that participating in English language training will improve immigrants' access to health care, such as use of preventive care and prescription drugs for chronic conditions like diabetes or hypertension. In conducting this research, we hope to provide more complete evidence on the private and social benefits of providing ESOL services.

Prior Literature
A growing body of evidence demonstrates that language training interventions increase earnings and employment outcomes for adult immigrants (Sarvimäki & Hämäläinen, 2016; Lochmann, Rapoport & Speciale, 2019; Heller & Slungaard Mumma, 2020; Roder & Elliot, 2020; Arendt et al., 2020). Research on other important life outcomes is more limited, but emerging evidence suggests language training positively impacts immigrant outcomes beyond the labor market: expanding civic participation (Heller & Slungaard Mumma, 2020); increasing educational attainment (Arendt et al., 2020); decreasing reliance on public assistance (Sarvimäki & Hämäläinen, 2016); and indirectly improving children's outcomes (Arendt et al., 2020). However, the impact of language training on health outcomes is unknown. While we observe cross-sectional differences in healthcare utilization and measures of health between English proficient and limited English proficient populations in the United States (Flores, 2006; Flores, 2005; Ponce, Hays, & Cunninham, 2009), it is empirically difficult to determine how much of is directly attributable to differences in language skills versus other factors that differ in addition to average levels of host country language proficiency. Our analytical approach using data from a randomized enrollment lottery will allow us to overcome issues of confounding and self-selection.

Works Cited
Arendt, J. N., Bolvig, I., Foged, M., Hasager, L., & Peri, G. (2020). Language Training and Refugees' Integration (No. w26834). National Bureau of Economic Research.
Flores, G. (2006). Language barriers to health care in the United States. N Engl J Med, 355(3), 229-231.
Heller, B. & Slungaard Mumma, K. (2020). Immigrant Integration in the United States: The Role of Adult English Language Training. (EdWorkingPaper: 20-288).
Flores, G. (2005). Medical Care Research and Review. Medical Care Research and Review The Impact of Medical Interpreter Services on the Quality of Medical Health Care: A Systematic Review.
Lochmann, A., Rapoport, H., & Speciale, B. (2019). The effect of language training on immigrants' economic integration: Empirical evidence from France. European Economic Review, 113, 265-296.
Ponce, N. A., Hays, R. D., & Cunningham, W. E. (2006). Linguistic disparities in health care access and health status among older adults. Journal of general internal medicine, 21(7), 786-791.
Roder, A. & Elliott, M. (2020). Stepping Up: Interim Findings on JVS Boston's English for Advancement Show Large Earnings Gains. Economic Mobility Corportation.
Sarvimäki, M., & Hämäläinen, K. (2016). Integrating immigrants: The impact of restructuring active labor market programs. Journal of Labor Economics, 34(2), 479-508.

3. Has an Institutional Review Board (IRB) reviewed your Project?

☒ Yes [*If yes, a copy of the approval letter and protocol <u>must</u> be included with the Application package on IRBNet.*]
☐ No, this Project is not human subject research and does not require IRB review.

4. **Research Methodology**: Applicantions must include either the IRB protocol or a written description of the Project methodology (typically 1-2 pages), which should state the Project objectives and/or identify relevant research questions. This document must be included with the Application package on IRBNet and must provide sufficient detail to allow CHIA to understand how the Data will be used to meet objectives or address research questions.

V.   PUBLIC INTEREST

1. Briefly explain why completing this Project is in the public interest. Use quantitative indicators of public health importance where possible, for example, numbers of deaths or incident cases; age-adjusted, age-specific, or crude rates; or years of potential life lost. *Uses that serve the public interest under CHIA regulations include, but are not limited to: health cost and utilization analysis to formulate public policy; studies that promote improvement in population health, health care quality or access; and health planning tied to evaluation or improvement of Massachusetts state government initiatives.*

There are twenty-five million people (or 8% of the U.S. population) who have limited English proficiency. Despite mandates around the use of professional interpreters, people with limited English proficiency experience difficulty accessing health care services. People with limited English proficiency are less likely to have a usual source of medical care, less likely to receive preventive services, more likely to forego needed care, and more likely to receive worse quality care when they do receive care. In this context, our study will investigate the importance of public education programs providing low-cost or no-cost English language instruction to adult learners on access to health care.

VI.   DATASETS REQUESTED

The Massachusetts All-Payer Claims Database is comprised of medical, pharmacy, and dental claims and information from the member eligibility, provider, and product files that are collected from health insurance payers licensed to operate in the Commonwealth of Massachusetts. This information encompasses public and private payers as well as data from fully-insured and self-insured plans. APCD data are refreshed and updated annually and made available to approved data users in Release Versions that contain five calendar years of data and three months of run-out. For more information about APCD Release Versions, including available years of data and a full list of elements in the release please refer to release layouts, data dictionaries and similar documentation included on CHIA's website.

Data requests are typically fulfilled on a one time basis, however; certain Projects may require future years of data that will become available in a subsequent release. Projects that anticipate a need for future years of data may request to be considered for a subscription. Approved subscriptions will receive, upon request, the <u>same data files and data elements</u> included in the initial Release annually or as available. Please note that approved subscription requests are subject to the Data Use Agreement, will require payment of fees for additional Data for Non-Government Entities, and subject to the limitation that the Data can be used only in support of the approved Project.

1. Please indicate below whether this is a one-time request, or if the described Project will require a subscription.
    ☒ One-Time Request   **OR**   ☐ Subscription

2. Select Release Version and years of data requested (Release Versions and years not listed may not be available).

   Because the enrollment lottery occured from fall 2008 through spring 2016, earlier release versions and years in addition to those listed here would be very helpful.

   ANNUAL RELEASE 2020   **ANNUAL RELEASE 2021**
   ☒ 2016   ☒ 2017
   ☐ 2017   ☒ 2018
   ☐ 2018   ☒ 2019
   ☐ 2019   ☒ 2020
   ☐ 2020   ☒ 2021

3. Specify below the data files requested for this Project, and provide your justification for requesting *each* file.

☒ **Medical Claims**
Describe how your research objectives require Medical Claims data:
One of our hypotheses is that the ESL program will improve access to care, such as use of preventive care. To estimate these changes, we require Medical Claims data.

☒ **Pharmacy Claims**
Describe how your research objectives require Pharmacy Claims data:
One of our hypotheses is that the ESL program will improve access to care, such as fills of presscriptions for chronic medical conditions. To estimate these changes, we require Pharmacy Claims data.

☒ **Dental Claims**
Describe how your research objectives require Dental Claims data:
One of our hypotheses is that the ESL program will improve access to care, such as use of dental care. To estimate these changes, we require Dental Claims data.

☒ **Member Eligibility**
Describe how your research objectives require Member Eligibility data:
One of our hypotheses is that the ESL program will improve access to care, for which health insurance coverage is often a prerequisite. We require data from the Member Eligibility file to investiage how insurance coverage (e.g., duration and type) changes over the study period.

☐ **Provider**
Describe how your research objectives require Provider data:
Click here to enter text.

☒ **Product**
Describe how your research objectives require Product data:
One of our hypotheses is that the ESL program will improve access to care, and this can be dependent on what's type of coverage, for example HMO versus PPO. To estimate these kinds of changes, we require data from the Product file.

VII.   DATA ENHANCEMENTS REQUESTED

State and federal privacy laws limit the release and use of CHIA Data to the minimum amount of data needed to accomplish a specific Project objective.

All-Payer Claims Database data is released in Limited Data Sets (LDS). All Organizations receive the "Core" LDS, but may also request the data enhancements listed below for inclusion in their analyses. Requests for enhancements will be reviewed by CHIA to determine whether each represents the minimum data necessary to complete the specific Project objective.

For a full list of elements in the release (i.e., the core elements and additional elements), please refer to release layouts, data dictionaries and similar documentation included on CHIA's website.

1. Specify below which enhancements you are requesting in addition to the "Core" LDS, provide your justification for requesting each enhancement.

a. Geographic Subdivisions

ZIP code and state geographic subdivisions are available for Massachusetts residents and providers only. Small population ZIP codes are combined with larger population ZIP codes. One ZIP Code per person (MEID) per year has been assigned based on the ZIP code/state reported in the member eligibility record's earliest submission year month. If the record does not have an MEID, assignment is based on distinct OrgID/Carrier Specific Unique Member ID.

Non-Massachusetts ZIP codes and sate codes except for CT, MA, ME, NH, NY, RI, and VT are suppressed.

Select *one* of the following options.

☒ 3-Digit Zip Codes (standard)	☐ 5-Digit Zip Codes***
***If requested, provide justification for requesting 5-Digit Zip Code. Refer to specifics in your methodology:	
Click here to enter text.	

b. Date Resolution

Select *one* option from the following options.

☐ Year (YYYY) (Standard)	☒ Month (YYYYMM) ***	☐ Day (YYYYMMDD) *** [for selected data elements only]
*** If requested, provide justification for requesting Month or Day. Refer to specifics in your methodology:		
We require month in order to distingiush the pre-period and post-period for each enrollment lottery applicant. For example, if an applicant was randomized in April of 2016, we require month in the claims data to ensure we count any claims in January-March of 2016 as the pre-randomization period and any claims in May-December of 2016 as the post-randomization period.		

c. National Provider Identifier (NPI)

Select *one* of the following options.

☒ Encrypted National Provider Identifiers (standard)	☐ Decrypted National Provider Identifiers***

> ***** If requested, provide justification for requesting decrypted National Provider Identifier(s). Refer to specifics in your methodology:**
> Click here to enter text.

VIII. MEDICAID (MASSHEALTH) DATA

1. Please indicate whether you are seeking Medicaid Data:

☒ Yes
☐ No

2. Federal law (42 USC 1396a(a)7) restricts the use of individually identifiable data of Medicaid recipients to uses that are ***directly connected to the administration of the Medicaid program***. If you are requesting MassHealth Data, please describe, in the space below, why your use of the Data meets this requirement. *Your description should focus on how the results of your project could be used by the Executive Office of Health and Human Services in connection with the administering the MassHealth program*. Requests for identifiable MassHealth Data will be forwarded to MassHealth for a determination as to whether the proposed use of the Data is directly connected to the administration of the MassHealth program. CHIA cannot release MassHealth Data without approval from MassHealth. This may introduce significant delays in the receipt of MassHealth Data.

This research will directly support the administration and goals of the Medicaid program to improve health care outcomes. We hypothesize that the English as a Second Language (ESL) program may lead to positive downstream effects on health care use for the ESL students and their children. To the extent that the program improves language skills and the ability to navigate a complex health care system, we might see improvements in the use of preventive care (such as cancer screenings) and in the use of prescription drugs (for example, to treat chronic conditions like diabetes or hypertension). It could also result in less use of the emergency department and substitution to outpatient care. Therefore, the results of this research have the potential to describe reduced costs of the Medicaid program as well as improved access and quality of care for Medicaid recipients.

3. Organizations approved to receive Medicaid Data will be required to execute a Medicaid Aknowlegment of Conditions MassHealth may impose additional requirements on applicants for Medicaid Data as necessary to ensure compliance with federal laws and regulations regarding Medicaid.

IX.   DATA LINKAGE

Data linkage involves combining CHIA Data with other data to create a more extensive database for analysis. Data linkage is typically used to link multiple events or characteristics within one database that refer to a single person within CHIA Data.

1. Do you intend to link or merge CHIA Data to other data?

☒ Yes

☐ No linkage or merger with any other data will occur

2. If yes, please indicate below the types of data to which CHIA Data will be linked. [Check all that apply]

☒ Individual Patient Level Data (e.g. disease registries, death data)

☐ Individual Provider Level Data (e.g., American Medical Association Physician Masterfile)

☐ Individual Facility Level Data (e.g., American Hospital Association data)

☐ Aggregate Data (e.g., Census data)

☐ Other (please describe):

3. If yes, describe the dataset(s) to which the CHIA Data will be linked, indicate which CHIA Data elements will be linked and the purpose for each linkage.

The sample for the analysis is all applicants to FAESL+ between August 2008 and February 2016 who had non-missing name and date of birth data. Among these applicants, 1,248 were offered a chance to enroll, while 3,513 were not.

CHIA Data will be linked, based on name and date of birth, to a list of participants who participated in the ESL lottery. This linkage will be important for the study design of this project, in which the outcomes of those who were offered a spot in the ESL program are compared to those who were not able to be offered a spot. This match will occur internally at CHIA with these identifiers subsequently removed from the analytic file.

CHIA Data will also be linked to demographic data for the matched participants to assess balance between the treatment and control groups, including lottery month and year, lottery win status, ESL participantion and enrollment status, entry level and initial English proficiency, time of class, age at lottery, sex, and race.

4. If yes, for each proposed linkage above, please describe your method or selected algorithm (e.g., deterministic or probabilistic) for linking each dataset. If you intend to develop a unique algorithm, please describe how it will link each dataset.

Matching will be done using a probabilistic algorithm based on name and date of birth.

5. If yes, attach or provide below a complete listing of the variables from <u>all sources</u> to be included in the final linked analytic file.

> In addition the the APCD variables, the final linked analytic file will include the following variables: applicant ID, match score, lottery month and year, lottery win status, ESL participantion and enrollment status, entry level and initial English proficiency, time of class, age at lottery, sex, and race.

6. If yes, please identify the specific steps you will take to prevent the identification of individual patients in the linked dataset.

> We will provide CHIA with a list of participants (name and date of birth). This match will occur internally at CHIA with these identifiers subsequently removed from the analytic file. Nonetheless, we are extremely sensitive to the fact that the APCD data used for the analysis may contain potentially identifiable information based on dates or other characteristics of the study participants. The data will thus be maintained such that the integrity of the data and confidentiality of the participants are strictly protected. Our research and information technology teams have substantial experience managing sensitive data. All analyses will be presented in a manner such that the specifics of individual participants cannot be deduced. Only highly aggregate results will be presented in any presentations or publications. Multiple safeguards are built into our planned analyses such that neither individual patients nor sub-groups of patients can be identified. Data on individual patients will never be presented.

X.   PUBLICATION / DISSEMINATION / RE-RELEASE

1. Do you anticipate that the results of your analysis will be published or made publically available? If so, how do you intend to disseminate the results of the study (e.g.; publication in professional journal, poster presentation, newsletter, web page, seminar, conference, statistical tabulation)? Any and all publication of CHIA Data must comply with CHIA's cell size suppression policy, as set forth in the Data Use Agreement. Please explain how you will ensure that any publications *will not disclose a cell less than 11*, and percentages or other mathematical formulas that result in the display of a cell less than 11.

> Yes, we anticipate the results of our anlaysis will be published in a professional journal and presented at professional conferences. Presentations and submissions to journals will never disclose any individual level data and will always comply with CHIA's cell size suppression policies.

2. Describe your plans to use or otherwise disclose CHIA Data, or any Data derived or extracted from such Data, in any paper, report, website, statistical tabulation, seminar, or other setting that is not disseminated to the public.

> CHIA data itself will never be shared or disclosed. Only the output of analyses will be published or presented, and as described above, presentations and submissions to journals will never disclose any individual level data and will always comply with CHIA's cell size suppression policies.

3. What will be the lowest geographical level of analysis of data you expect to present for publication or presentation (e.g., state level, city/town level, zip code level, etc.)? Will maps be presented? If so, what methods will be used to ensure that individuals cannot be identified?

> Maps will not be presented. The lowest geographical level of analysis is the state. Of note, most participants are from the Framingham and greater Framingham area; other than specifying that the FPL classes were organized by the Framingham Public School System, there will be no geographic identifiers for individual patients.

4. Will you be using CHIA Data for consulting purposes?
- ☐ Yes
- ☒ No

5. Will you be selling standard report products using CHIA Data?
- ☐ Yes
- ☒ No

6. Will you be selling a software product using CHIA Data?
- ☐ Yes
- ☒ No

7. Will you be using CHIA Data as in input to develop a product (i.e., severity index took, risk adjustment tool, reference tool, etc.)
- ☐ Yes
- ☒ No

8. Will you be reselling CHIA Data in any format not noted above?
- ☐ Yes
- ☒ No

If yes, in what format will you be reselling CHIA Data?

> Click here to enter text.

9. If you have answered "yes" to questions 5, 6, 7 or 8, please provide the name and a description of the products, software, services, or tools.

> Click here to enter text.

10. If you have answered "yes" to questions 5, 6, 7 or 8, what is the fee you will charge for such products, software, services or tools?

> Click here to enter text.

XI.   APPLICANT QUALIFICATIONS

1. Describe your previous experience using claims data. This question should be answered by the primary investigator and any co-investigators who will be using the Data.

> The co-investigator, Sumit Agarwal, has extensive experience using claims data. He has several projects and published manuscripts that have utilized commercial claims data or Medicare claims data.

2. **Resumes/CVs**: When submitting your Application package on IRBNet, include résumés or curricula vitae of the principal investigator and co-investigators. (These attachments will not be posted on the internet.)

XII.   USE OF AGENTS AND/OR CONTRACTORS

By signing this Application, the Organization assumes all responsibility for the use, security and maintenance of the CHIA Data by its agents, including but not limited to contractors. The Organization must have a written agreement with the agent of contractor limiting the use of CHIA Data to the use approved under this Application as well as the privacy and security standards set forth in the Data Use Agreement. CHIA Data may not be shared with any third party without prior written consent from CHIA, or an amendment to this Application. CHIA may audit any entity with access to CHIA Data.

Provide the following information for **all** agents and contractors who will have access to the CHIA Data. [*Add agents or contractors as needed.]*

AGENT/CONTRACTOR #1 INFORMATION	
Company Name:	Brigham and Women's Hospital
Company Website	https://www.brighamandwomens.org/
Contact Person:	**Sumit Agarwal, MD, MPH**
Title:	Primary Care Physician and Health Policy Researcher
E-mail Address:	sagarwal14@bwh.harvard.edu
Address, City/Town, State, Zip Code:	75 Francis Street Boston, MA 02143
Telephone Number:	240-447-0524
Term of Contract:	9/1/2023 through 8/31/2026

1. Describe the tasks and products assigned to the agent or contractor for this Project and their qualifications for completing the tasks.

Dr. Agarwal will work closely with Dr. Heller to complete the analyses put forth in this application. He has extensive experience working with large datasets, including claims data. He is also a primary care doctor and brings first-hand knowledge about the delivery of health care.

2. Describe the Organization's oversight and monitoring of the activities and actions of the agent or contractor for this Project, including how the Organization will ensure the security of the CHIA Data to which the agent or contractor has access.

Dr. Agarwal will only have access to the data via University of Houston. Dr. Heller will regularly meet with all agents/contractors and monitor the progress of the project, including ensuring the security of data has been maintained.

3. Will the agent or contractor have access to or store the CHIA Data at a location other than the Organization's location, off-site server and/or database?

☐ Yes
☒ No

4. If yes, a separate Data Management Plan **must** be completed by the agent or contractor.

AGENT/CONTRACTOR #2 INFORMATION	
Company Name:	Framingham Public Schools
Company Website	https://www.framingham.k12.ma.us/domain/76
Contact Person:	**Kevin O'Connor, PhD**
Title:	Director of Adult Education
E-mail Address:	koconnor@framingham.k12.ma.us
Address, City/Town, State, Zip Code:	19 Flagg Drive Framingham MA 01702
Telephone Number:	508-740-9494 (m); 508-626-4282 (o)
Term of Contract:	9/1/2023 through 8/31/2026

1. Describe the tasks and products assigned to the agent or contractor for this Project and their qualifications for completing the tasks.

As Director of Adult Education at Framingham Public Schools, Dr. O'Connor will provide important contextual information about the ESL program and the lottery for conducting and interpreting the results of the analysis. He will also provide the list of participants from the ESL enrollment lottery to CHIA for the matching process. We have worked with Dr. O'Connor and Framingham Public Schools in the past on other ESL-related projects.

2. Describe the Organization's oversight and monitoring of the activities and actions of the agent or contractor for this Project, including how the Organization will ensure the security of the CHIA Data to which the agent or contractor has access.

There is a DUA between University of Houston and Fraimgham Public Schools for this research. Dr. O'Connor and Framingham Public Schools will not have direct access to the analytic dataset from CHIA. We will only discuss highly aggregated results with them.

3. Will the agent or contractor have access to and store the CHIA Data at a location other than the Organization's location, off-site server and/or database?

☐ Yes
☒ No

4. If yes, a separate Data Management Plan **must** be completed by the agent or contractor.

AGENT/CONTRACTOR #3 INFORMATION	
Company Name:	Teachers College, Columbia University
Company Website	https://www.tc.columbia.edu/
Contact Person:	**Kirsten Slungaard Mumma, PhD**
Title:	Assistant Professor
E-mail Address:	kes2190@tc.columbia.edu
Address, City/Town, State, Zip Code:	Teachers College, Columbia University 525 West 120th Street New York, NY 10027
Telephone Number:	651-331-1130
Term of Contract:	9/1/2023 through 8/31/2026

1. Describe the tasks and products assigned to the agent or contractor for this Project and their qualifications for completing the tasks.

Dr. Slungaard Mumma will work closely with Dr. Heller to complete the analyses put forth in this application. She has extensive experience working with large datasets and knowledge of the ESL program.

2. Describe the Organization's oversight and monitoring of the activities and actions of the agent or contractor for this Project, including how the Organization will ensure the security of the CHIA Data to which the agent or contractor has access.

Dr. Slungaard Mumma will only have access to the data via University of Houston. Dr. Heller will regularly meet with all agents/contractors and monitor the progress of the project, including ensuring the security of data has been maintained.

3. Will the agent or contractor have access to or store the CHIA Data at a location other than the Organization's location, off-site server and/or database?

☐ Yes
☒ No

4. If yes, a separate Data Management Plan **<u>must</u>** be completed by the agent or contractor.

[INSERT A NEW SECTION FOR ADDITIONAL AGENTS/CONTRACTORS AS NEEDED]

XIII. ATTESTATION

By submitting this Application, the Organization attests that it is aware of its data use, privacy and security obligations imposed by state and federal law *and* confirms that it is compliant with such use, privacy and security standards. The Organization further agrees and understands that it is solely responsible for any breaches or unauthorized access, disclosure or use of CHIA Data, including, but not limited to, any breach or unauthorized access, disclosure or use by any third party to which it grants access.

Organizations approved to receive CHIA Data will be provided with Data following the payment of applicable fees and upon the execution of a Data Use Agreement requiring the Organization to adhere to processes and procedures designed to prevent unauthorized access, disclosure or use of data.

By my signature below, I attest: (1) to the accuracy of the information provided herein; (2) this research is not funded by a source requiring the release of raw data to that source; (3) that the requested Data is the minimum necessary to accomplish the purposes described herein; (4) that the Organization will meet the data privacy and security requirements described in this Application and supporting documents, and will ensure that any third party with access to the Data meets the data use, privacy and security requirements; and (5) to my authority to bind the Organization.

Signature: (Authorized Signatory for Organization)	*David M. Schultz* Digitally signed by David M. Schultz Date: 2024.03.04 21:28:58 -06'00'
Printed Name:	David Schultz
Title:	Assistant Vice President for Sponsored Research Administration
Date:	3/4/2024

Attachments:
A completed Application must have the following documents attached to the Application or uploaded separately to IRBNet:
☒ 1. IRB approval letter and protocol (if applicable), or research methodology (if protocol is not attached)
☒ 2. Data Management Plan (including one for each agent or contractor that will have access to or store the CHIA Data at a location other than the Organization's location, off-site server and/or database);
☒ 3. CVs of Investigators (upload to IRBNet)

<mark>APPLICATIONS WILL NOT BE REVIEWED UNTIL THEY ARE COMPLETE, INCLUDING ALL ATTACHMENTS.</mark>