## Background

Under Texas Government Code Section 552.115, birth records are confidential and not public before the 75th anniversary of the date of birth and death records are confidential and not public before the 25th anniversary of the date of death.

Per 25 Texas Administrative Code Section 181.1(21), release of these data can only be made to qualified applicants. If your program does not already have specific statutory authority to receive these data, you might instead quality per 25 Texas Administrative Code Section 181.11 if the request is approved by the Committee on Requests for Personal Data. This committee is being served by our DSHS Institutional Review Board (IRB) #1.

The DSHS Center for Health Statistics (CHS) serves as a program reviewer and provider for vital events data requests. This program form is for use in combination with the IRB application when requesting electronic vital events (birth, death, fetal death) data files and/or linkages to electronic vital events data. CHS will review this program form. If approved, the IRB application will have this as an attachment and should include the procedures corresponding with this approved form.

## Section 1: Administrative Overview Information

1. Agency, institution, or firm conducting the study: Name and address.

Purdue University, Daniels School of Business, 403 Mitch Daniels Blvd., West Lafayette, IN 47907

1. Principal Investigator: Name, degree(s), title, address, phone number and e-mail address.

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1. Investigators: Name, degree(s), institution, and brief role description of all personnel who will have access to the unsuppressed study data including record level and/or aggregated, unsuppressed data.

(Attach Human Subject Protection Training Certificates for all listed)

Somdeepa Das – Phd Student at Purdue University

Tong Li – Phd Student at Purdue University

## Section 2: Purpose and Authority

1. Intended uses of these data (examples: case finding, demographic data, annual report, cluster investigations). Be descriptive and inclusive.

We intend to perform an academic study focusing on the public health impacts of local policy. Our objective is publication in an academic journal. Interim deliverables will include presentations, both internal and external to Purdue in order to receive feedback on the research.

We will be leveraging the variation in alcohol sale regulations throughout Texas jurisdictions to analyze the impact of alcohol availability on public health outcomes. Specifically, our study will compare health outcomes in regions that are dry (no alcohol sales allowed) to regions that are partially or fully wet (some/all alcohol sales allowed). The geographic and temporal variation in alcohol policy within Texas allows examination of the impact of alcohol availability on a broader population over an extended period.

In Texas, cities or counties can decide to allow or ban alcohol sales through public referendums known as local option elections. We have access to the records from these elections since 1939. Each successful policy change liberalizes alcohol regulations in the respective jurisdiction, allowing us to study the subsequent health impacts. The birth and death records will serve as primary outcome variables, providing concrete measures of the health impacts associated with varying levels of alcohol availability. The location and timing of birth and death events in these records are crucial to our study, as alcohol sale regulations in Texas vary by city or county and change over time.

Previous research on these issues have often focused on policies like minimum legal drinking age laws or blue laws (Sunday sale bans), which create only limited variation in alcohol availability and are constrained by their focus on certain age groups or specific times of the year. Our study will offer a comprehensive analysis, by focusing on a policy change that potentially affects the entire population of a jurisdiction over a longer time frame. Additionally, we will also explore the impact of in utero alcohol exposure on infant health outcomes and perinatal mortality, areas that have been relatively underexplored in existing literature.

1. Authority of requesting these data (examples: state or federal statute). Cite the specific authority and describe how these data are necessary to implement a statutory provision or to protect a personal legal property right

Not applicable

## Section 3: Requested Data

1. Vital Event(s) Requested: Check all that apply

Birth Death Fetal Death Linked Birth-Infant Death

X X X X

1. Send this form in with completed data item checklists including justifications for the requested data items. These checklists are at <http://www.dshs.texas.gov/chs/vstat/corpdoverview.shtm>

*Access to these confidential data should be limited to only those variables necessary for programmatic purposes. For each vital event, complete and attach appropriate data item checklist. In the “Justification” column, provide brief justification for all checked items.*

The IRB typically reviews from the perspective of *minimum release of data necessary* to accomplish study aims.

1. Selection criteria:
   1. Time Period (e.g. all birth from calendar year 2005, as of February 28, 2012, etc.)

All births from calendar year 1970, as of December 31, 2019

All deaths from calendar year 1970, as of December 31, 2019

* 1. Frequency of data (e.g. one-time, annually, quarterly, monthly)

One-time

* 1. Check one:

Finalized Data[[1]](#footnote-1) Provisional Data[[2]](#footnote-2)

X

* 1. Geographic Areas (e.g. Texas, Harris County, etc.)

Texas

* 1. Check one:

Residence Data[[3]](#footnote-3) Occurrence Data[[4]](#footnote-4) All records  
  X

* 1. Preferred format of data files(s) (Check One):

SAS SPSS CSV Other (Describe):

X  Enter text.

* 1. Specify any other selection criteria needed for data request (for example, deaths with specific ICD-10 Codes, births in a specific birthweight range, plurality, race/ethnicity, etc.)
     1. Be specific and relate to specific variables on the data item checklist. If approved, CHS will need to follow these selection criteria **as a protocol** to determine which records to release.

We’d like all births and deaths, as the aggregate as well as certain types are of interest to us.

## Section 4: Data Linkage and Usage

1. Describe any linkage of requested data with any other data sources. Describe in the checklist(s) any variables which will be used for linkage, and attach a list of variables that these data will be linked to. Note: Due to federal statutes and contractual limitations, SSNs from vital events data are not releasable without specific statutory authority for the release. CHS may be able to make use of SSNs available within vital events data for linking purposes, but is not able to release SSNs.

We will first aggregate to the city or county (depending on the election in question) for each month. Then, we will link that geography to the election data and control variables from the American Communities Survey.

1. If the study linkage process involves coordination with other programs, also answer the following questions:
   1. Name of program(s) and main point of contact

not applicable

* 1. Will the final dataset released to requester be stripped of any identifying variables (such as SSN, names, etc)? Specify all variables that will be **removed** before release outside the agency.

We do not intend to release the data. If this agency were willing to allow us to release the aggregated data (suppressing any cells with 9 or less cases and statistics based on less than 20 cases) as part of the publication process, we would be grateful. This is not a necessary condition, though.

1. If any data will be incorporated into databases or other data sets, describe.

None.

1. Will there be any secondary release of data or statistics, such as to answer requesters? Specify here and if so, ensure that section 5 below addresses how you will maintain the confidentiality of these data or statistics.

We do not intend to release any data. The only statistics we plan to release would be those generated for the publication itself.

## Section 5: Data Management and Security

1. Describe where and how data will be securely stored. The Vital Statistics Section requires data to be stored with encryption, including encrypted methods of data transfer and encrypted storage on non-portable devices.

Our college IT department has established protocols for securing highly sensitive data that meets FERPA and HIPPA requirements. They will accept the data via secure FTP, load it into an encrypted network drive, then only grant access to the 3 researchers involved in this project. They will securely store the original data, and then they will then destroy the data and the drive at the end of the process.

We’d also like to note that we are intentionally minimizing the level or private information requested here in order to mitigate risk.

Data storage system includes:

* X Storage on an encrypted network drive
* Storage on a desktop computer with:
  + Encrypted files
  + Encrypted hard drives
* Storage is behind a locked office, cabinet, or otherwise restricted area
* X Data can only be accessed by program staff listed on this form (section 1, questions 2 and 3)
* Other security procedures (describe):

Click or tap here to enter text.

1. Describe how data will be accessed by the users listed in Section 1 of this form, and if access will be provided to other users.  
   Only the three researchers listed in Section 1 will have access to the data. We will access the encrypted network drive via university-issued computers.
2. Describe the plan for securely destroying these data when their programmatic use is completed.

At the end of the project, the Daniels IT department will destroy the data and secure drive we are using.

1. Will study data be shared with investigators at any location other than mentioned above?  Yes  X No

If data will be transferred, describe the method of secure data transfer

Data will not be transferred.

1. Provide a secure data destruction date. If secure data destruction data is after the project end date, please provide rational.

December 31, 2027

1. If any of these confidential data will be used off-site or remotely accessed, describe how and where such data will be used, why these data must be used off-site or accessed remotely, and measures that will be taken to ensure the confidentiality and security of these data.

We regularly work off-site, using remote access to our office desktops to do so. This is a secure process, again managed by the IT department at our college, but we would be willing to only access it on-site if necessary.

1. Data management and security includes protecting individuals from identification in presentations and publications. Please describe how you will avoid identifying an individual in presentations, for example suppression criteria and data aggregation methods.

We intend to aggregate to the city- or county-level before performing any analysis, as the policy change we are leveraging occurs at the city or county level. Our field follows norms established by the US Census Bureau to not report any “cells” containing 9 or less individuals. In this case, we would not report any statistics that have less than 20 underlying deaths or births.

# Texas Vital Events Data Guide

Users of vital statistics (rates and counts) and vital events data (individual records) obtained from the Texas Department of State Health Services (DSHS) should follow law regarding vital events data, DSHS rules and regulations, and standard practices to ensure data security, confidentiality, and accuracy of these data. The following guide outlines the procedures followed by the Center for Health Statistics (CHS) Data Management program when handling vital events data and statistics. Users of vital events data and statistics provided by CHS must adopt similar procedures with these to protect against disclosure of potentially identifiable data or potentially misleading statistics.

**Vital Events Data and Statistics Release is Controlled by Texas Law**

1. Under [Texas Government Code §552.115](http://www.statutes.legis.state.tx.us/Docs/GV/htm/GV.552.htm), birth records are public on and after the 75th anniversary of the date of birth and death records are public on and after the 25th anniversary of the date of death. Under [Texas Health and Safety Code §192.002(b)](http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.192.htm), portions of the birth certificate are confidential and cannot be released in a manner that can be used to identify a person, patient, or facility. Parts of the fetal death data are confidential and are not open records under the Medical Practice Act, and [Texas Government Code  §552.101](http://www.statutes.legis.state.tx.us/Docs/GV/htm/GV.552.htm) accordingly to the [Texas Attorney General ruling OR2008-12014](https://www.texasattorneygeneral.gov/opinions/openrecords/50abbott/orl/2008/htm/or200812014.htm).
2. Therefore, vital events birth, death, and fetal death data files can only be provided in limited circumstances. Only aggregated statistics with suppression that prevents the potential disclosure of an individual or facility are public.
   1. Note: Even when the requested data do not include direct identifiers such as name, they are potentially identifiable when presented such that the combination of values can pinpoint just one or a few cases (e.g. deaths within a small geographic region by age group, race/ethnicity, and gender). Such data are typically subject to suppression.

**Suppression Guidelines for Vital Statistics**

Requests for statistics that are not already available on our published reports and query systems online may be provided if the result could not be used to identify an individual or facility. Requests for rates and counts may be provided if the result meets certain criteria for statistical reliability. The CHS Data Management program uses the following suppression methods when producing vital statistics. Other users are required to adopt these or similar suppression practices when using these data:

1. **Counts and Totals:** To prevent the potential identification of individuals, counts of 1-9 should be suppressed in any cell of data tables. Totals which could be used to back-calculate suppressed counts should be suppressed as well.
2. **Rates and Statistics:** Due to the misleading nature of very small numbers, rates and ratios are suppressed when the statistic is based on 1-20 cases.

# Assurances

**Vital Events Data (i.e. electronic data files of individual records)**

You are identified as the Responsible Party for assuring security and confidentiality of the vital event data released to you by CHS. Please initial next to each item to indicate agreement with the terms.

**Data Release Assurances**

1. I have attached a data request form and an itemized list of the data elements requested with brief justification. I have included only elements which are required to satisfy our statutory requirements.
2. Access to these data will be limited to the minimum number of staff needed to accomplish the task. Each of these staff members have been or will be provided training on general standards of confidentiality including training on the protection of human subjects prior to receiving these data (online course available for free at <https://phrp.nihtraining.com/users/login.php?l=3>). A list of individuals who will have access to the data is included in this request.
3. The Responsible Party will not, and will not permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by this Agreement to any other person or entity without permission from DSHS.

**Data Security and Confidentiality**

1. Data will be stored within encrypted and password protected devices.
2. Hard copy output of individual records or data will be kept secure and will be shredded as soon as possible.
3. Efforts will not be undertaken to determine the identity of any person in these records, to use these records to determine the identity of any person, or to disclose identifiable information without permission from DSHS. Should such disclosure be discovered, the Health Information Resources Branch should be notified immediately.
4. The Responsible Party will make no attempt to link, or permit others to attempt to link, the records with personally identifiable information from any other source (such that the result would be identifiable) without permission from DSHS.

**Project Completion**

1. This project will be complete on or before \_\_\_\_\_\_\_\_\_\_(MM/DD/YYYY). The Responsible Party will notify CHS and the IRB upon project completion.
2. The data, as well as any additional potentially identifiable data files created, will be securely and permanently destroyed after completion of the project.
3. All reports and results released based on these data will be in aggregate form only in a manner that the result could not be used to identify an individual. Data suppression will be used to prevent the potential identification of individuals.
4. The responsible party agrees to be cognizant of the limitations of these data, and to accurately represent limitations when disseminating findings based on these data.
5. Publications using these data will appropriately cite the source and include at a minimum: Texas Department of State Health Services, Center for Health Statistics; Timeframe of Data Presented; Vital Event(s) Included. CHS will be informed of any publications arising from works using these data.
6. The Responsible Party will not, and will not permit others to make statements indicating or suggesting that interpretations drawn from these data are those of DSHS.

Signature below indicates the Responsible Party agrees to these terms:

Signature Date Agency or Institution

1. Finalized, or “Frozen” Statistical Data: Data are static and are statistically frozen at a date determined by VSU each registration year. Any records past this cut-off date are not included. Finalized vital event statistics are tabulated based on data that are edited at the record level, checked in aggregated counts and compared with previous years. Frozen statistical data are geocoded. These are the most accurate statistical data and suggested in the majority of circumstances, but are not available for the most recent year. [↑](#footnote-ref-1)
2. Provisional, or “Dynamic” Data: Vital Statistics Unit (VSU) registration data that are constantly changing: records can be changed by amendments, added as a delayed in registration or probated; new record versions can be created, etc. Not all records in dynamic data are edited for statistical purposes. By requesting dynamic data, you may also obtain more recent records, but these data are not generally valid for statistical purposes. Users must be cognizant of the limitations of dynamic data, especially recent dynamic data. [↑](#footnote-ref-2)
3. Residence data: Data compiled by the usual place of residence without regard to the geographic place where the event occurred. For births and fetal deaths, the mother's usual residence is used as the place of residence. [↑](#footnote-ref-3)
4. Occurrence data: Data compiled by the geographic place in which the event occurred without regard to the place of residence of the individual(s) involved in the event. [↑](#footnote-ref-4)