



## COLLABORATIVE STUDIES USING SOUTH CAROLINA BRFSS DATA

The South Carolina Behavioral Risk Factor Surveillance System (BRFSS) Coordinator and the Division of Biostatistics, Office of Public Health Statistics and Information Services (PHSIS), Department of Health and Environmental Control (DHEC) will review proposals for collaborative studies of BRFSS data. Studies with interested individuals or organizations will be subject to the following guidelines:

1. A research proposal (as outlined in Appendix A) must be submitted and approved prior to the release of any data. Proposals should be submitted to:  
  
Chelsea Lynes  
BRFSS Project Coordinator  
Office of Public Health Statistics and Information Services (PHSIS)  
DHEC  
2600 Bull Street  
Columbia, South Carolina 29201  
(803) 898-1047  
[lynescl@dhec.sc.gov](mailto:lynescl@dhec.sc.gov)
2. Investigators must have appropriate research experience and/or skills.
3. If the impending analysis affects other DHEC programs, SC BRFSS staff will obtain their approval of the project before data are provided to the researcher. We reserve the right to approve proposals based on scientific and programmatic merit.
4. SC BRFSS will provide a copy of an appropriate BRFSS dataset for an individual PC. It should be noted that the appropriate software packages for BRFSS data analysis are SAS and SUDAAN, so it is recommended that the designated PC be equipped with these packages. The SC BRFSS dataset will be used only for the approved study. All future proposed studies will require additional approval. After the approved research project is completed, the SC BRFSS dataset will be deleted or returned with no copies made.
5. **Matching or merging the BRFSS dataset with other datasets is prohibited without prior approval of the SC BRFSS Coordinator.** In the event that SC BRFSS is required to provide analytical support for the proposed project a nominal fee may be required.
6. Although confidential identifiers will be stripped and/or data are aggregated, individuals or organizations receiving SC BRFSS data files must sign a

confidentiality pledge (see Appendix B) to assure protection of individual confidentiality and potentially sensitive data.

7. In accordance with the Terms and Conditions of the Cooperative Agreement, set forth by the Centers for Disease Control (CDC) and with expressed permission of SC DHEC, any material submitted for publication under a CDC grant support project must bear an acknowledgment and disclaimer stating both the funding and data source of the material. (i.e. SC BRFSS data in this publication was supported by Grant/Cooperative Agreement Number ##### from CDC, and provided by SC DHEC.)
8. The SC BRFSS Coordinator reserves the right to limit the number of concurrent research studies.
9. Before publication or other distribution, the investigator(s) must provide the SC BRFSS Coordinator with a copy of the final publication or report.
10. Any material prepared for publishing is subject to timely review and final approval.
11. The SC BRFSS project has the right to include the study and results as a possible topic for the SC BRFSS annual report.

**APPENDIX A**  
**FORMAT FOR PROPOSAL OUTLINING PLANNED RESEARCH**

- a. Title of proposed research project
- b. Primary investigator, affiliation, address, telephone number
- c. Co-investigators, affiliation, address, telephone number
- d. Brief literature review
- e. Rationale for undertaking this analysis, including the public health importance of the proposed research
- f. Hypotheses to be tested and variables to be used
- g. Type of statistical analysis/weighted survey analysis to be conducted (descriptive vs. analytic)
- h. Use of data: interpretation and dissemination of findings
- i. Projected time table for analysis and completion of report

Proposal should be no longer than three pages double-spaced. The confidentiality pledge must be signed by all investigators. The research proposal should be submitted to:

Chelsea Lynes, BRFSS Project Coordinator  
Office of PHSIS  
DHEC  
2600 Bull Street  
Columbia, South Carolina 29201  
(803) 898-1047  
[lynesc1@dhec.sc.gov](mailto:lynesc1@dhec.sc.gov)

**APPENDIX B  
CONFIDENTIALITY PLEDGE**

The undersigned gives the following assurances with respect to the South Carolina Behavioral Risk Factor Surveillance System (BRFSS) dataset:

I will not use nor permit others to use these data in any way except for statistical reporting and analysis;

I will not release nor permit others to release the dataset or any part of it to any person who is not a member of my organization;

I will not attempt to link nor permit others to attempt to link the dataset with individually identifiable records from any other dataset;

I will not attempt to use the dataset nor permit others to use it to learn the identity of any person or establishment;

I will not use the dataset to conduct analyses other than those described in the proposal accompanying this statement;

If I should inadvertently discover the identity of any person, agency, or institution, then (a) I will make no use of this knowledge, (b) I will advise the BRFSS Project Coordinator of the incident, (c) I will destroy the information that would identify an individual or establishment, and (d) I will inform no one else of the discovered identity.

In all oral or written presentations of the results of the analyses, I will acknowledge that the dataset was developed by the South Carolina Department of Health and Environmental Control and the Centers for Disease Control.

My signature indicates my agreement to comply with the above-stated requirements.

Name:

Title:

Organization:

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