

The Impact of Privacy on Public Health Practice Public Health Professional Questionnaire CANADA

ESTIMATED TIME TO COMPLETE THIS QUESTIONNAIRE IS 20 TO 30 MINUTES

Thank you for taking the time to complete this questionnaire – your contribution is highly valued and critical to the research.

This questionnaire is divided into eight short sections to better categorize and organize the type of information being captured. You may skip any question(s) you would rather not answer, however please keep in mind that this compromises the quality of the research. Please also note that, unless you choose to complete section VIII of the questionnaire, your responses will remain anonymous and cannot be linked back to you. Therefore, please ensure that all responses are clearly marked.

Please note that your responses will vest in, and remain the property of Her Majesty the Queen in Right of Canada, and as such, may also be made available to and used by the Public Health Agency of Canada to improve their operations and service provision to the public health community. As an Office of Public Health Practice, Public Health Agency of Canada survey, all data collected, including your personal information, will be protected according to the Access to Information Act and the Privacy Act in Canada.



SECTION I – A little about you...

(~ 5 minutes)

I-1 What would you say is the scope of the **bulk** of your involvement in public health?
(If more than one, please select only your **main** involvement)

- International N. American National Provincial/
Territorial Regional/
Local

I-2 With which public health organization are you currently employed / affiliated?
(If more than one, please select only your **main** organization)

- Public Health Agency of Canada
 Health Canada
 Other Federal Government Agency
 Provincial Government (e.g. Ministry of Health)
 Regional / Local Health Authority or Unit
 Canadian Public Health Association
 Other Non-Government Association (e.g. provincial epidemiological, diabetes, cancer,
etc)
 University / Academia
 Other

Please specify: _____

I-3. Please indicate your current specific area(s) of expertise: (Check as many as apply)

- | | |
|---|---|
| <input type="checkbox"/> Aboriginal Health | <input type="checkbox"/> Food & Nutrition |
| <input type="checkbox"/> Chronic Diseases (cancer, diabetes, etc) | <input type="checkbox"/> Genetics |
| <input type="checkbox"/> Child / Paediatric Public Health | <input type="checkbox"/> Health Services (needs, delivery, etc) |
| <input type="checkbox"/> Communicable / Infectious Diseases | <input type="checkbox"/> Injuries / Disability |
| <input type="checkbox"/> Dental Public Health | <input type="checkbox"/> Mental Health & Substance Misuse |
| <input type="checkbox"/> Emergency Preparedness & Response | <input type="checkbox"/> Occupational Health |
| <input type="checkbox"/> Environment (pollution, climate, water & food safety, etc) | <input type="checkbox"/> Social Determinants of Health (e.g. poverty, education, social exclusion, etc) |
| <input type="checkbox"/> Ethics, Public Health Law, Privacy, etc | <input type="checkbox"/> Surveillance |
| <input type="checkbox"/> Other | |

Please specify: _____

I-4. Which of the following **best** describe your roles or functions as a public health professional? (If more than one, please select only your **main** roles)

- | | |
|--|---|
| <input type="checkbox"/> Strategic decision / policy maker | <input type="checkbox"/> Research and Analysis |
| <input type="checkbox"/> Manager or Coordinator | <input type="checkbox"/> Front-line responder / patient care / clinical |
| <input type="checkbox"/> Consultant | |
| <input type="checkbox"/> Other | |

Please specify: _____



I-5. Thinking of your regular activities, how much of your time (roughly, as a percentage) would you typically spend doing each of the following?

- Strategic decision / policy making _____%
- Management / Coordination _____%
- Consultation _____%
- Research / Analysis _____%
- Front-line response / patient care / clinical _____%
- Other (as specified in I-4) _____%

I-6. In which of the roles you identified above are you **most likely** to use or require the use of personally identifiable data?

- Strategic decision / policy maker
- Manager or Coordinator
- Consultant
- Other
- Research and Analysis
- Front-line responder / patient care / clinical

Please specify: _____

I-7. Do you have or foresee a need for including geographic location of health data in your roles or organization?

- YES
- NO

I-8. Geographic Information Systems (GIS) are tools that allow you to visualise and analyse your data spatially – that is, using their geographical location on earth. In which of the roles you identified above would GIS be useful?

- Strategic decision / policy maker
- Manager or Coordinator
- Consultant
- Other
- Research and Analysis
- Front-line responder / patient care / clinical

Please specify: _____

I-9. What GIS application(s) do you currently use, or have you used in the past?

- Public Health Map Generator (PHMG)
- Other web-based: specify _____

Desktop GIS products:

- ESRI ArcGIS products
- MapInfo
- AutoDesk products
- PCI Geomatics products
- Intergraph products
- Other

Please specify: _____

- I have never used any GIS applications, and have no use for them
- I have never used any GIS applications, but am interested in learning more



I-10 At what level(s) of geography do you visualise your data and/or conduct spatial analyses for each product you use?

	PHMG	Other Web-Based	Desktop GIS
Latitude and Longitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dissemination area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postal Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Census Subdivision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Census Division	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forward Sortation Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urban – Rural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provincial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify: _____

I-11 Are you or have you been restricted in your use of GIS for any public health activity because of privacy concerns (i.e. map or data might identify an individual or community)?

YES → Please explain

No → Please explain

I-12 Setting privacy issues aside and in light of your response to the previous question, at what level(s) of geography would you *ideally* like to visualise your data and/or conduct spatial analyses for each product you use?

	PHMG	Other Web-Based	Desktop GIS
Latitude and Longitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dissemination area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postal Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urban – Rural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify: _____



SECTION II – Current access to data

(~ 4 minutes)

The questions in this section all pertain to the role you identified in question I-6 in Section I. If you do **not** have access to any of the *Personally Identifiable Data (PID)* listed in question II-1, please mark the last option in question II-1 and skip to Section III – No current access to data. Otherwise, please complete this section, and then skip to Section IV – Privacy Issues.

NOTE: The term “access” as used in this survey implies the ability to actually *acquire* individual level data so you can work with it directly.

II-1. What PID do you currently have access to? (Check as many as apply)

- | | |
|--|---|
| <input type="checkbox"/> First Name | <input type="checkbox"/> Street Address |
| <input type="checkbox"/> Last Name | <input type="checkbox"/> Postal Code |
| <input type="checkbox"/> Initials | <input type="checkbox"/> Community Name |
| <input type="checkbox"/> Sex | <input type="checkbox"/> City / Town / Village |
| <input type="checkbox"/> Date of Birth / Age | <input type="checkbox"/> Region / Geographic Area |
| <input type="checkbox"/> Date of Death | <input type="checkbox"/> Latitude & Longitude |
| <input type="checkbox"/> Provincial Health Insurance Plan Number | |
| <input type="checkbox"/> Hospital ID | |
| <input type="checkbox"/> Registered GP / Family Physician | |

Other
Please specify: _____

I do NOT currently have access to any of the above (please skip to Section III)

The following questions all pertain to the *PID* you have access to, as identified in the previous question. For all scales, circle ‘0’ if you “Don’t know”

II-2 From a privacy and organisational bureaucracy perspective, how easy would you say it is for you to access this *PID* when you need it?

Please circle the appropriate number, 1 being “Extremely difficult”, and 10 being “Very easy”

		Extremely Difficult → Very easy									
	Don't Know	1	2	3	4	5	6	7	8	9	10
First Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Last Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Date of Birth / Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Date of death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provincial Health Insurance Plan Number	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital ID	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Registered GP / Family Physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Street Address	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Postal Code	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
City / Town / Village	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Region / Geographic Area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Latitude / Longitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



II-3. On average, how often do you access the *PID* you identified above?

Rarely → All the time

	Not Applicable	1	2	3	4	5	6	7	8	9	10
First Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Last Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Date of Birth / Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Date of death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provincial Health Insurance Plan Number	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital ID	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Registered GP / Family Physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Street Address	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Postal Code	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
City / Town / Village	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Region / Geographic Area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Latitude / Longitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

II-4. How useful / important is this *PID* to you and your roles and responsibilities?

Please circle the appropriate number, with 1 being “Not at all useful”, and 10 being “Critical to my roles and responsibilities”

Not at all Useful → Critical

	Don't Know	1	2	3	4	5	6	7	8	9	10
First Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Last Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Date of Birth / Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Date of death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provincial Health Insurance Plan Number	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital ID	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Registered GP / Family Physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Street Address	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Postal Code	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
City / Town / Village	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Region / Geographic Area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Latitude / Longitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



II-5. What impact would removal of your access to this *PID* have on the quality of your work and resulting public health decisions?

Please circle the appropriate number, with 1 being “No impact – quality would not suffer”, and 10 being “Severe Impact - results and decisions would be severely compromised”

	No Impact → Severe Impact										
	Don't Know	1	2	3	4	5	6	7	8	9	10
First Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Last Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Date of Birth / Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Date of death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provincial Health Insurance Plan Number	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital ID	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Registered GP / Family Physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Street Address	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Postal Code	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
City / Town / Village	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Region / Geographic Area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Latitude / Longitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

II-6. What *PID* do you currently **NOT** have access to, but believe would be beneficial to you to further enhance your work and resulting public health decisions? (Check as many as apply)

- | | |
|--|---|
| <input type="checkbox"/> First Name | <input type="checkbox"/> Street Address |
| <input type="checkbox"/> Last Name | <input type="checkbox"/> Postal Code |
| <input type="checkbox"/> Initials | <input type="checkbox"/> Community Name |
| <input type="checkbox"/> Sex | <input type="checkbox"/> City / Town / Village |
| <input type="checkbox"/> Date of Birth / Age | <input type="checkbox"/> Region / Geographic Area |
| <input type="checkbox"/> Date of Death | <input type="checkbox"/> Latitude & Longitude |
| <input type="checkbox"/> Provincial Health Insurance Plan Number | |
| <input type="checkbox"/> Hospital ID | |
| <input type="checkbox"/> Registered GP / Family Physician | |
| <input type="checkbox"/> Other | |
| Please specify: _____ | |
| <input type="checkbox"/> None | |

Please skip to Section IV – Privacy Issues



SECTION III – No current access to data

(~ 2 minutes)

If you have access to *Personally Identifiable Data (PID)* and completed Section II above, then please skip to Section IV – Privacy Issues.

For all scales, circle ‘0’ if you “Don’t know”

NOTE: The term “access” as used in this survey implies the ability to actually *acquire* individual level data so you can work with it directly.

III-1. Having access to which of the following *PID* would facilitate your roles and responsibilities, or enhance your work and improve resulting public health decisions? (Check as many as apply)

- | | |
|--|---|
| <input type="checkbox"/> First Name | <input type="checkbox"/> Street Address |
| <input type="checkbox"/> Last Name | <input type="checkbox"/> Postal Code |
| <input type="checkbox"/> Initials | <input type="checkbox"/> Community Name |
| <input type="checkbox"/> Sex | <input type="checkbox"/> City / Town / Village |
| <input type="checkbox"/> Date of Birth / Age | <input type="checkbox"/> Region / Geographic Area |
| <input type="checkbox"/> Date of Death | <input type="checkbox"/> Latitude & Longitude |
| <input type="checkbox"/> Provincial Health Insurance Plan Number | |
| <input type="checkbox"/> Hospital ID | |
| <input type="checkbox"/> Registered GP / Family Physician | |

Other
Please specify: _____

None

III-2. How useful to you and your roles and responsibilities (as identified in Section I) would access to the *PID* you identified above be?

Please circle the appropriate number, with 1 being “Not at all useful”, and 10 being “Very useful – would greatly enhance by roles and responsibilities”

	Don't Know	1	2	3	4	5	6	7	8	9	10
First Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Last Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Date of Birth / Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Date of death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provincial Health Insurance Plan Number	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital ID	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Registered GP / Family Physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Street Address	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Postal Code	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
City / Town / Village	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Region / Geographic Area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Latitude / Longitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



III-3 How easy would it be for you to access the *PID* you identified above, if you were to need it?
Please circle the appropriate number, with 1 being “Impossible”, and 10 being “Very easy”

	Impossible										Very Easy
	Don't Know	1	2	3	4	5	6	7	8	9	10
First Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Last Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Date of Birth / Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Date of death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provincial Health Insurance Plan Number	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital ID	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Registered GP / Family Physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Street Address	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Postal Code	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
City / Town / Village	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Region / Geographic Area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Latitude / Longitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

III-4. What impact has your lack of access to this *PID* had on the quality of your work and resulting public health decisions?
Please circle the appropriate number, with 1 being “No impact – quality has not suffered”, and 10 being “Severe Impact - results and decisions have been severely compromised”

	No Impact										Severe Impact
	Don't Know	1	2	3	4	5	6	7	8	9	10
First Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Last Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Date of Birth / Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Date of death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provincial Health Insurance Plan Number	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital ID	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Registered GP / Family Physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Street Address	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Postal Code	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
City / Town / Village	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Region / Geographic Area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Latitude / Longitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



SECTION IV – Privacy Issues

(~ 3 minutes)

This section pertains to the field of public health in general, and uses the term “*public health practice*” to refer to its various activities, including research, surveillance, health service delivery, strategic policy and decision making, etc. The goal is to get your opinion, as a public health professional, on the overall impact of restricted access to *PID* on *public health practice* in Canada. These questions ask for your opinion; if you’re not sure how to answer a question in this section, please just hazard a guess!

NOTE: The term “access” as used in this survey implies the ability to actually *acquire individual level data so you can work with it directly.*

IV-1. In your opinion, do current restrictions on access to *PID* pose an obstacle to any aspects of *public health practice* (e.g. research, surveillance, etc)?

Please circle the appropriate number, with 1 being “Not an obstacle at all”, and 10 being “Yes, they pose a serious threat to accurate public health practice”

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not an issue → Serious Threat

IV-2. How amenable would *you* be to other professionals in the public health field having access to *your PID* for public health research and analyses (e.g. *your* address, date of birth, etc) to improve public health delivery, service, etc?

Sure, go ahead No Way Not Sure → Please Explain

IV-3a. In your opinion, what proportion of the public is aware of the impact of restricted access to *PID* on public health practice? (Please just guess!)

Please circle the approximate proportion

10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
-----	-----	-----	-----	-----	-----	-----	-----	-----	------

No one → Everyone

IV-3b. How do you think we could increase this proportion?

IV-4a. In your opinion, what proportion of the public would allow the use of *PID* for public health practice if they were asked and educated on the usefulness of such data to public health practice? (Please just guess!) - Please circle the approximate proportion

10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
-----	-----	-----	-----	-----	-----	-----	-----	-----	------

No one → Everyone

IV-4b. How do you think we could increase this proportion?



SECTION V – Current data holdings and provision to others...

(~ 2 minutes)

This section gathers information on the sharing of PID within and between organizations.
For all scales, circle '0' if you "Don't know"

V-1. What would you say is the one **most** critical obstacle in the sharing or acquisition of PID linked to health data? (Please select only one; give your opinion!)

- National legislation Public disapproval Organizational bureaucracy
 Lack of knowledge Public Paranoia Practitioner Paranoia
 Other (please specify): _____

V-2. Do you or your organization currently collect individual-level health data for any purpose (e.g. research, surveillance, service delivery, etc), or act as the custodian of such data?

- YES → Continue NO → Go to Section VI

V-3. For what specific purpose(s) is this data collected? (check as many as apply)

- Research Surveillance Service Delivery
 Other
 Please specify: _____

V-4. What data is collected?

- | | |
|--|---|
| <input type="checkbox"/> First Name | <input type="checkbox"/> Street Address |
| <input type="checkbox"/> Last Name | <input type="checkbox"/> Postal Code |
| <input type="checkbox"/> Initials | <input type="checkbox"/> Community Name |
| <input type="checkbox"/> Sex | <input type="checkbox"/> City / Town / Village |
| <input type="checkbox"/> Date of Birth / Age | <input type="checkbox"/> Region / Geographic Area |
| <input type="checkbox"/> Date of Death | <input type="checkbox"/> Latitude & Longitude |
| <input type="checkbox"/> Provincial Health Insurance Plan Number | |
| <input type="checkbox"/> Hospital ID | |
| <input type="checkbox"/> Registered GP / Family Physician | |
| <input type="checkbox"/> Other | |
- Please specify: _____

V-5. How difficult is it for other public health professionals such as yourself to acquire access to your PID and linked health data holdings if they are outside your immediate working team, but within...

	D/K	Impossible _____> Very Easy										
		1	2	3	4	5	6	7	8	9	10	
Your organisation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Federal Government?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Provincial Government?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A Provincial Government other than your own?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A regional or public health authority?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A University or Research Facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Another national government (e.g. CDC in the US, NHS in the UK, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The World Health Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



SECTION VI – Solutions and Research

(~ 7 minutes)

The proposed research will seek to apply a method (called a *transformation*) to public health data such that important relationships within and between the data are preserved, but the actual identity of the individual is anonymized. So, for example, if you were looking at an infectious outbreak in children, you might be interested in where the infected children are relative to one another, as well as where the schools are, arenas, community centres, etc. You would then preserve the *relationship* between these points of interest, and change everything else, so that the original points can no longer be identified back to their original owners. In this way, you have *transformed* the data so that you’re still looking at individual-level data, but can’t determine who it belongs to (i.e., it has become anonymous). Assuming the data custodians allow the data derived from such a *transformation* to be made available to the public health professional community:

For all scales, circle ‘0’ if you “Don’t know”

VI-1. How useful would such a transformation be to you in your current role?

Please circle the appropriate number, with 1 being “Not at all useful”, and 10 being “Very useful”

0	1	2	3	4	5	6	7	8	9	10	
Not useful		→									Very useful

VI-2. How useful do you think such a transformation would be to the field of public health in general?

Please circle the appropriate number, with 1 being “Not at all useful”, and 10 being “Very useful”

0	1	2	3	4	5	6	7	8	9	10	
Not useful		→									Very useful

VI-3. Imagine you are a data custodian, and that a method has been developed to take your individual level data and mask it or change it somehow, while still keeping it at an individual-by-individual level. Would you allow such a method to be conducted on your data so that it can be shared with other public health professionals for public health research and practice?

YES NO → Please explain why not MAYBE → Please explain

A specific disease or health condition will be used to test and evaluate the developed method(s). This condition must have a known aetiology, with well-known patterns and relationships, to serve as a starting point for the research. It must also be a disease of interest to the public health community.

VI-4. What diseases, health conditions, or databases most immediately come to mind as potential subjects for this research?



VI-5. Based on your knowledge of the condition you identified in the previous question, what relationships to the physical environment would a *transformation* as defined in the opening paragraph of this section have to retain in order for the data to be meaningful and useful to you (e.g. where patients or cases are relative to each other, to schools, to restaurants, etc; where schools are relative to a type of industry; etc...)?

Another proposed solution to the issue at hand is to build what are called automated *software agents*. You can think of these as applications that would go into a dataset wherever it is housed (i.e. at the custodian’s location), perform the analyses for you (on the *personally identifiable data*) and return only the aggregated, and therefore anonymised, results. In other words, you would never see the actual data, but would have this “agent” do the analyses for you, directly on the *PID*; you simply get the results of the analyses, as long as, of course, they don’t compromise privacy. As a simple analogy, it would be like you giving me an equation or function to perform on my data, and I giving you back the result of that function without you ever needing to see my actual data. Assuming the data custodians allow such a *software agent* to analyse their data and make the results available to the public health professional community:

VI-6. How useful do you think such a *software agent* would be to you in your current role?
 Please circle the appropriate number, with 1 being “Not at all useful”, and 10 being “Very useful”

0	1	2	3	4	5	6	7	8	9	10	
Not useful		→									Very useful

VI-7. How useful do you think such a *software agent* would be to the field of public health in general?
 Please circle the appropriate number, with 1 being “Not at all useful”, and 10 being “Very useful”

0	1	2	3	4	5	6	7	8	9	10	
Not useful		→									Very useful

VI-8. If you were (or are) a data custodian, would you allow such a *software agent* to access your data, conduct the analyses, and return the results to the public health professional community for research and analysis?

- YES
 NO → Please explain why not
 MAYBE → Please explain

VI-9. To summarise, if a solution is found such that privacy is no longer an issue, which of the following would you prefer? (Please select only one)

- I would prefer to be able to work directly with the raw data, so I can access information on a case-by-case basis.
- I have no need to see the raw data, and would prefer to access information and results on an aggregate basis.



SECTION VII – Qualitative Component

(~ 5 minutes)

VII-1. How knowledgeable do you consider yourself on privacy and confidentiality issues / legislation?
Please circle the appropriate number, 1 being “Not at all knowledgeable”, and 10 being “Expert”

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not knowledgeable Expert

VII-2. How do you feel about the impact of privacy and confidentiality legislation – in particular the restrictions on access to personally identifiable data (e.g. The Privacy Act, The Personal Information Protection and Electronic Documents Act, etc) – on public health?

VII-3. What do you think of the proposed research (development of a *transformation*)?

VII-4. What do you think of the “*software agent*” idea?

VII-5. Do you have any other thoughts or comments regarding this issue, the proposed research, or this questionnaire that you would like to share?

