

COLORADO HEALTH ACCESS SURVEY



Research File Application



COLORADO **HEALTH** INSTITUTE

NOVEMBER 2025

Review Process

Colorado Health Access Survey (CHAS) data are available for odd-numbered years from 2009 to 2025. Prospective researchers may request data for some or all years by applying to the Colorado Health Institute (CHI). Applications will be reviewed by the CHAS Research Review Committee. This committee is made up of CHI staff who are familiar with CHAS data and may also include ad hoc participation by staff with subject matter expertise relevant to the proposed research project. The committee will review projects based on the feasibility, scope, expertise, risk of disclosure of confidential information, and consistency with the purpose of the CHAS. Researchers are encouraged to develop their proposal in consultation with CHI staff.

The review committee will assume that each application for CHAS data is for one specifically defined research project. If a researcher is interested in conducting several ongoing analyses using CHAS data, the application must specify the researcher's intent to maintain the data file for long-term use, include the anticipated time period in which the data will be used, and include a description of all projects that will be conducted using CHAS data. Otherwise, the researcher must submit a separate application for each project that uses CHAS data.

Upon receipt of an application, CHI will send the applicant an acknowledgement of receipt. The CHAS Research Review Committee will review the application and either approve or reject it or request additional information. The CHAS Review Committee will typically approve, reject, or request more information within 30 days of receipt of the completed application.

Data are available with different types of geographic identifiers, such as Health Statistics Region (HSR), county, and ZIP code. If the researcher is requesting county or ZIP code identifiers, they must also submit a copy of their application for review or exemption of the research project by a federally approved Institutional Review Board (IRB), as well as the letter of approval or exemption of the research project from the IRB. The approval letter may be submitted at the time of application or at any time prior to obtaining access to the data.

Students are also required to provide evidence of faculty sponsorship. Submission of a brief letter from a faculty member stating that they are acting as the faculty sponsor/adviser for the project and that they have reviewed and approved the research proposal submitted will meet this requirement.

Review Criteria

The review committee will use the following criteria to evaluate projects:

- **Feasibility of the project.** Can the research question(s) be answered with the available information?
- **Scope of the project.** Does the research design, including the statistical analysis plan, sufficiently address the research question(s)?
- **Expertise.** Is there sufficient evidence that the researcher has the proper resources available to correctly analyze complex survey data?
- **Risk of disclosure of confidential information.** Can the analysis be conducted without compromising the confidentiality promised to survey respondents?

Data File

CHI staff will create custom data files for research projects based on the variables and specifications submitted in the application for data access. Data files will be supplied to researchers via a secure email attachment. Upon completion of the research project, all CHAS-related data files must be permanently deleted from the researcher's computer system(s), including all portable storage devices, as indicated in the Colorado Health Institute Nondisclosure Affidavit included with this application form. Should the project risk exceeding its anticipated end date, researchers must apply for an extension of their project 14 working days before the expiration of the approved use (project end date indicated in the application form). This application should include a summary of the project progress and a new end date. If the extension application is not approved, the applicant will be obligated to reapply for use of the CHAS data, or, according to the Colorado Health Institute Nondisclosure Affidavit, destroy all copies of the CHAS data file on their computer system(s).

Confidentiality Assurances

Researchers whose proposals to use CHAS data have been approved by the CHAS Research Review Committee will be asked to sign a Colorado Health Institute Nondisclosure Affidavit prior to receiving access to the data.

Contact Information

Colorado Health Institute
1999 Broadway, Suite 600
Denver, CO 80202
www.coloradohealthinstitute.org

Contact: Lindsey Whittington
Phone: 720.975.9251
Email: chas@coloradohealthinstitute.org

Colorado Health Access Survey Research File Application Form

Data Files Needed for Analysis (Required)

- | | |
|---|---|
| <input type="checkbox"/> 2025 Colorado Health Access Survey | <input type="checkbox"/> 2015 Colorado Health Access Survey |
| <input type="checkbox"/> 2023 Colorado Health Access Survey | <input type="checkbox"/> 2013 Colorado Health Access Survey |
| <input type="checkbox"/> 2021 Colorado Health Access Survey | <input type="checkbox"/> 2011 Colorado Health Access Survey |
| <input type="checkbox"/> 2019 Colorado Health Access Survey | <input type="checkbox"/> 2009 Colorado Health Access Survey |
| <input type="checkbox"/> 2017 Colorado Health Access Survey | <input type="checkbox"/> All Survey Years |

Geographic Level Needed for Analysis (Required)

- ☐ Health Statistics Region and Urban/Rural
- ☐ County and ZIP Code (requires an IRB approval to be submitted)

Personal and Organizational Information			
Project Title:			
Principal Investigator (PI) or Research/Project Lead:		Email:	
Co-investigator or additional data user:		Email:	
Co-investigator or additional data user:		Email:	
Organization:		Email:	
Address:		Phone:	
City, State, ZIP:			
Project Timeline:	Start: Month_____ Day_____ Year_____ End: Month_____ Day_____ Year_____		

Prospective users must submit applications (excluding the Nondisclosure Affidavit, which will be signed following approval of your research project) to the Colorado Health Institute at chas@coloradohealthinstitute.org.

Complete applications should include*:

- ☐ Completed CHAS Research File Application Form
- ☐ A description of your research or data analysis project, including the project purpose, methodology, research questions or hypotheses, statistical analysis plans, and publication plans. If you have an existing research or grant proposal that outlines this information, you may submit this instead.
- ☐ To appropriately use CHAS data, the principal investigator or research lead should be comfortable using survey weights as part of their analysis plan and use statistical software that allows for complex sample designs (e.g. SAS, R, Stata, SPSS with Complex Samples package). Please provide a brief description of the principal investigator or research lead's qualifications to properly conduct the analysis(es) outlined in the statistical analysis plan.
- ☐ A complete list of the CHAS variables requested. (Please use the CHAS variable list in Table 2 of the Research File Data Dictionary.)
 - ☐ Check here if requesting all variables (no list necessary if checked).
- ☐ If applicable, a detailed description of any user-supplied data files to be merged with CHAS data, including documentation, file layout, number of records, and restrictions on the use of the data
- ☐ * Students are also required to provide evidence of faculty sponsorship. Submission of a brief letter from a faculty member stating that they are acting as the faculty sponsor/adviser for the project and that they have reviewed and approved the research proposal submitted will meet this requirement.

If you are requesting ZIP code and county information, the following should be included with your application:

- ☐ A copy of the application for review or exemption from a federally approved IRB. An IRB approval is only needed if you requested to receive county and ZIP code data above.
- ☐ Copy of approval or exemption from a federally approved IRB (this must be submitted prior to receiving access to the data but is not required at the time of application). An IRB approval is only needed if you requested to receive county and ZIP code data above.

Nondisclosure Affidavit for the Colorado Health Access Survey

PROJECT#:

The Colorado Health Institute is authorized to provide access to Colorado Health Access Survey (CHAS) data for legitimate research needs. It is also responsible for protecting the confidentiality of respondents. The success of the CHAS is due to the voluntary cooperation of individuals who provided information to the CHAS under the assurance that such information would be kept confidential and used only for research purposes.

The Colorado Health Institute requires that all researchers requesting access to CHAS data acknowledge that no information may be published or released in a form that identifies an individual or would lead to the disclosure of a respondent's identity. In addition, all researchers must agree not to share the CHAS data with any party not authorized under this application and to destroy all copies of the data on his/her computer system(s), including all portable storage devices, at the completion or expiration of the research project. By signing this affidavit, the researcher agrees to the terms and conditions of this agreement. Failure to adhere to this affidavit may lead to the prosecution of the researcher under full extent of Colorado law.

In consideration of my request to be granted access to the CHAS data file, I, (please print or type) _____, state that I am aware that the information contained in the data file has been provided to with the assurance that it will be used only for health statistical reporting and analysis and will not be published or released in identifiable form. I am also aware that I can be held legally liable for any harm incurred by individuals who have provided or are described in the information contained in the above data file to which I will have access. I also agree not to share copies of CHAS data with any party not authorized under this application and to destroy all copies of the data upon completion or expiration of this research project.

Having read and familiarized myself with the Colorado Health Institute Nondisclosure Affidavit, I agree to the terms listed (*please initial each line item*).

- _____ 1. To make no copies of the file or portion of file to which I am granted access.
- _____ 2. Not to use any technique or method to attempt to learn the identity of any person in the data file, including use of generative AI tools.
- _____ 3. To hold in strictest confidence the identity of any individual that may be inadvertently revealed in any documents, discussion, or analysis. If any such inadvertent revealing of identity occurs, I will immediately bring it to the attention of Lindsey Whittington at the Colorado Health Institute.
- _____ 4. To acknowledge the CHAS in a clear and appropriate manner in any publication or other public use of these data. (Acceptable publication notation: 20__ Colorado Health Access Survey, Colorado Health Institute, Denver, CO.)

_____ 5. To submit copies of any published articles, reports, or briefs based on CHAS data to the Colorado Health Institute.

_____ 6. To destroy all copies of CHAS data on any computer or portable storage device of which I am aware upon completion or expiration of the research project.

Your signature below indicates that you have carefully read and agree to be bound by the above statutory responsibilities. Note that the project's principal investigator is responsible for the conduct of all associated project staff, including additional guest researchers, programmers, and any co-investigators.

Principal Investigator or Research/Project Lead Signature Date

Additional Data User Signature Date

Additional Data User Signature Date