TITLE: << ENTER NAME OF PROJECT HERE >>

APPENDIX B: Evaluation and Research Algorithm (ERA)

If you think you want to publish the results/findings or the process of your project, it is your responsibility to determine if the journal/publisher requires a certificate from a Research Ethics Board (REB). If a partnering organization (e.g., institution, school board) or journal/publisher requires an REB certificate, or you are self-identifying your project as research, skip the Evaluation Research Algorithm (ERA) and submit your project to a Tri-Council Policy Statement (TCPS 2) compliant REB.

If you are directed to a specified 'Risk Level', there is no need to complete the remainder of the algorithm. Go to the corresponding 'Risk Level Form' for further instructions. You are required to keep a copy of the completed algorithm with your answers that have led you to a specific outcome. Although terminology may differ between the ERA and terms used by departments/staff, if the concept appears to be similar, then you are required to default to the terms used within the ERA. If you still have questions about the remainder of the document, please contact a member of the Evaluation and Research Committee.

- Begin at the first question.
- Based on your answer, follow the prompt from the applicable bullet point.
- If the question is not applicable then go to the next question.
- Answer 'yes' if a question **may apply for some** of the participants or for some occurrences of the immediate project/program.

1.) Is there a risk that participating in the evaluation/research will marginalize or increase the participant's vulnerability, or result in alienation, stigmatization, discrimination, psychological distress, or economic loss, beyond what the participants may face in everyday life?

❍ If yes, go to **Risk Level 3**.

❍ Otherwise, go to the next question.

2.) Are HKPRDHU employees the main participants of the immediate evaluation/research?

❍ If yes, go to **Risk Level 3.**

❍ Otherwise, go to the next question.

3.) Is there the potential for coercion (perceived or real) or is the Health Unit in a position of authority over any of the participants?

❍ If yes, go to **Risk Level 3**.

❍ Otherwise, go to the next question.

TITLE: << ENTER NAME OF PROJECT HERE >>

4.) Does the evaluation/research collect personal information[1] (e.g., name, date of birth, address/postal code) or personal health information[2] (e.g., health status, disease, condition, behaviour) that:

a. Directly identifies the individual?

❍ If yes, go to **Risk Level 2**.

❍ Otherwise, go to b.

b. Could reasonably be used to identify the individual?

❍ If yes, go to **Risk Level 1**.

❍ Otherwise, go to the next question.

5.) Does the immediate evaluation/research **only** collect data related to the participant's impressions of the service (e.g. quality of instructor, course speed, course duration, etc.) and/or Health Unit amenities (e.g., physical appearance of the room, time of classes, etc.)?

❍ If yes, go to **No/Minimal Risk.**

❍ Otherwise, go to the next question.

6.) Will the data collected (measurements, values, opinions, perceptions, behaviours, etc.) be collected by means **other than** anonymous self-report, such as through in-person interviews or focus groups?

❍ If yes to either, go to **Risk Level 2**.

❍ Otherwise, go to the next question.

7.) Will the data collected (measurements, values, opinions, perceptions, behaviours, etc.) be collected anonymously (e.g., without use of name, observers, recordings, etc.)?

❍ If yes, go to **Risk Level 1**.

❍ Otherwise, go to the next question.

8.) Does the immediate evaluation/research collect data on opinions/perceptions, or measure/monitor the effectiveness/success (or similar) of a Health Unit program.

❍ If yes, go to **Risk Level 1**.

❍ Otherwise, go to the next question.

[1-2] The collection, use, and disclosure of these data are subject to HPPA, MFIPPA, and PHIPA legislation, which supersede HKPRDHU Policies and Procedure.

9.) If you have reached this step, and have not answered "yes" to any of the above questions, please submit Appendices A, B, and C to the Office of the MOH. The Evaluation & Research Committee will review your submission and provide you with direction.

No/Minimal Risk Form (Director Approved)

- Do not collect *personal information* or *personal health information*. Refer to the following Health Unit policies:
  - Personal and Personal Health Information 3.10.10
  - Collection of Personal and Personal Health Information 3.10.10P1
- All collection tools used with No/Minimal Risk activities must contain the following statement:

  "Personal and Personal Health Information is collected and documented under the authority of the Health Protection and Promotion Act, the Municipal Freedom of Information and Protection of Privacy Act, the Personal Health Information Protection Act (as amended), and the Regulated Health Professionals Act. Your information may be shared within the Health Unit and as required by legislation, as well as used for assessment, management, treatment and reporting purposes. For information about the collection, use and disclosure of your information, please refer to the Health Unit website at www.hkpr.on.ca"
- If partnering with a formal agency (e.g., hospital, school board), the external agency's consent form or a joint consent form may be appropriate, rather than the No/Minimal Risk Form. Any consent form used is to be submitted to the ERC along with all other documentation.
- Paste your feedback questions on a copy of the template, underneath the feedback form statement, OR include the disclaimer/legislative authority above and the text from the No/Minimal Risk Form in the data collection tool, OR read to the participant(s) if necessary.
- Where necessary, the No/Minimal Risk Form may be modified to accurately reflect the nature of specific evaluation or research activities.
- Data collected must be stored in accordance with Health Unit policies, when applicable. Refer to the following internal policies for more information:
  - Records Management 3.20.10
  - Storage and Security of Records 3.20.10P1
  - Records Retention 3.20.10P2

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TITLE: << ENTER NAME OF PROJECT HERE >>

Risk Level 1: LOW-RISK (Delegated Review)

- Participants are to be informed about: the use of collected information, and under what authority the Health Unit is collecting the information and for what purposes it will be used.
- Provide all participants with the Consent Statement 1, OR read to the participant(s) if necessary.
- If partnering with a formal agency (e.g., hospital, school board), the external agency's consent form or a joint consent form may be appropriate, rather than Consent Form 1. Any consent form used is to be submitted to the ERC along with all other documentation.
- All data collection tools must begin with the following statement:

  "Personal and Personal Health Information is collected and documented under the authority of the Health Protection and Promotion Act, the Municipal Freedom of Information and Protection of Privacy Act, the Personal Health Information Protection Act (as amended), and the Regulated Health Professionals Act. Your information may be shared within the Health Unit and as required by legislation, as well as used for assessment, management, treatment and reporting purposes. For information about the collection, use and disclosure of your information, please refer to the Health Unit website at www.hkpr.on.ca."
- Additional legislative authority may exist for data collection, use, and/or disclosure. The above statement may be amended as required.
- Where necessary, the Consent Statement 1 Form may be modified to accurately reflect the nature of specific evaluation or research activities.
- Refer to the following Health Unit policies:
  - Privacy Impact Assessment 3.10.10.P9
  - Personal and Personal Health Information 3.10.10
  - Collection of Personal and Personal Health Information 3.10.10P1
- Data collected must be stored in accordance with Health Unit policies, when applicable. Refer to the following internal policies for more information:
  - Records Management 3.20.10
  - Storage and Security of Records 3.20.10P1
  - Records Retention 3.20.10P2

TITLE: << ENTER NAME OF PROJECT HERE >>

Risk Level 2: MODERATE-RISK (Committee Review)

- Participants are to be informed about: the use of collected information and under what authority the Health Unit is collecting the information.
- Provide all participants with Consent Statement 1, OR read to the participant(s) if necessary.
- If partnering with a formal agency (e.g., hospital, school board), the external agency's consent form or a joint consent form may be appropriate, rather than Consent Form 1. Any consent form used is to be submitted to the ERC along with all other documentation.
- All data collection tools must begin with the following statement:

  "Personal and Personal Health Information is collected and documented under the authority of the Health Protection and Promotion Act, the Municipal Freedom of Information and Protection of Privacy Act, the Personal Health Information Protection Act (as amended), and the Regulated Health Professionals Act. Your information may be shared within the Health Unit and as required by legislation, as well as used for assessment, management, treatment and reporting purposes. For information about the collection, use and disclosure of your information, please refer to the Health Unit website at www.hkpr.on.ca."

- Additional legislative authority may exist for data collection, use, and/or disclosure. The above statement may be amended as required.
- Where necessary, the Consent Statement 1 Form may be modified to accurately reflect the nature of specific evaluation or research activities.
- Refer to the following Health Unit policies:
  - Privacy Impact Assessment 3.10.10.P9
  - Personal and Personal Health Information 3.10.10
  - Collection of Personal and Personal Health Information 3.10.10P1
- Data collected must be stored in accordance with Health Unit policies, when applicable. Refer to the following internal policies for more information:
  - Records Management 3.20.10
  - Storage and Security of Records 3.20.10P1
  - Records Retention 3.20.10P2

TITLE: << ENTER NAME OF PROJECT HERE >>

Risk Level 3: HIGHER-RISK

- Participants are to be informed about: the use of collected information and under what authority the Health Unit is collecting the information.
- Provide all participants with Consent Statement 1, OR read to the participant(s) if necessary.
- If partnering with a formal agency (e.g., hospital, school board), the external agency's consent form or a joint consent form may be appropriate, rather than Consent Form 1. Any consent form used is to be submitted to the ERC along with all other documentation.
- All data collection tools must contain the following statement:

  "Personal and Personal Health Information is collected and documented under the authority of the Health Protection and Promotion Act, the Municipal Freedom of Information and Protection of Privacy Act, the Personal Health Information Protection Act (as amended), and the Regulated Health Professionals Act. Your information may be shared within the Health Unit and as required by legislation, as well as used for assessment, management, treatment and reporting purposes. For information about the collection, use and disclosure of your information, please refer to the Health Unit website at www.hkpr.on.ca."
- Additional legislative authority may exist for data collection, use, and/or disclosure. The above statement may be amended as required.
- Where necessary, the Consent Statement 1 Form may be modified to accurately reflect the nature of specific evaluation or research activities.
- Refer to the following Health Unit policies:
  - Privacy Impact Assessment 3.10.10.P9
  - Personal and Personal Health Information 3.10.10
  - Collection of Personal and Personal Health Information 3.10.10P1
- Data collected must be stored in accordance with Health Unit policies, when applicable. Refer to the following internal policies for more information:
  - Records Management 3.20.10
  - Storage and Security of Records 3.20.10P1
  - Records Retention 3.20.10P2