

Health Data Program BC Guidance – Reporting by Facility or Sub-Health Service Delivery Area (HSDA) Geography

Note: This guidance will be published on the public HDPBC website.

The standard reporting level for HDPBC projects is [Health Service Delivery Area \(HSDA\)](#) or higher.

When reporting at any level, project teams must mitigate the risk of individual re-identification. This includes applying appropriate techniques such as suppression or masking of small cell sizes.

Additional caution is required when reporting at finer geographic levels, such as [Local Health Areas \(LHAs\)](#) (or lower) or individual facilities. Stronger justification and/or more robust risk mitigation measures are expected for more detailed reporting.

Data Access Request Considerations:

When preparing a data access request, project teams should:

- Clearly specify the intended outputs. For health organization–sponsored projects, indicate whether granular geographic or site-specific findings will be used for public reporting or limited to internal use.
- Consider whether project objectives can be achieved using less granular geographic units or through categorization, such as urban and rural groupings, particularly for publicly released materials or publications.
- Where finer geographic reporting is necessary, assess whether de-identifying specific sites or geographic areas in outputs is appropriate, for example using labels such as “Facility A” rather than naming a specific hospital.
- If reporting on specific facilities is required, describe the approximate size of the cohorts and/or the catchment areas associated with those facilities.

Additional Considerations:

Indigenous Data:

BC First Nations rights and title holders assert sovereign rights to their data and have the right to inform the use of their data.

The Province of British Columbia has committed to implementing the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) through the Declaration on the Rights of Indigenous Peoples Act (DRIPA).

UNDRIP affirms that Indigenous people, in exercising their right to self-determination, have the right to autonomy or self-government in matters relating to their internal and local affairs (Article 4). Indigenous data sovereignty, that is the ability of an Indigenous government to access, collect, control, and utilize data about its members and territories is directly tied to these rights.

Where the proportion of the population that is First Nations, Métis, or Inuit is sufficiently high, the data may be considered identifiable as First Nations, Métis, or Inuit data and should be treated accordingly.

In such cases, appropriate and meaningful engagement, aligned with the preferences and expectations of the identified communities, is required. Engagement may be expected across all stages of the project, including:

- Project development and execution
- Data analysis and interpretation
- Preparation and dissemination of outputs and publications.

For guidance on appropriate engagement approaches, project leads should consult with their Institutional leads in Indigenous Research and/or Health.

Other Equity Deserving Groups:

While commitments to reconciliation demand specific attention to Indigenous data governance, there are situations in which similar considerations (as above) should be applied when reporting on other racialized and/or marginalized communities.

Helpful resources include the [Guidelines to BC's Indigenous Identity and Racial Identity Data Standards](#) and accompanying [best practices for working with Indigenous and racial identity data](#) .

Facility-Level Reporting for Academic Research Projects:

For academic research projects involving facility-level reporting, researchers are encouraged to present results in a way that emphasizes context rather than performance ranking.

Specifically:

- Focus on describing facility or regional characteristics, as well as relevant contextual factors, to support accurate interpretation
- If considering reporting in a “scorecard-style” format that could be interpreted as grading or ranking facilities:
 - Assess whether alternative formats could achieve your project’s objectives as scorecard formats may introduce risks such as reputational harm or impacts on patients’ willingness to seek care.
 - Consider engaging with facilities or health organizations that have outlier results. They may provide important context for interpretation and may also identify opportunities for improvement or highlight areas of success. Providing a two-week window for response is considered appropriate.

These practices help reduce the risk of stigmatizing specific facilities or communities while supporting responsible and constructive use of health data.