

**Application Requirements Overview***Please submit your complete application to [MOHAnalytics@gov.bc.ca](mailto:MOHAnalytics@gov.bc.ca)***1. Completion of Organizational Privacy Training**

Evidence of privacy training completion and its expiry date is required for all project team members accessing the HDP-TAE.

- Accepted privacy training modules include health authority information privacy training, BC Ministry information management training, PopData BC privacy training, or the [HDPBC Privacy Training](#).
- You may submit your Data Access Request without evidence of privacy training attached, but HDPBC Trusted Analysis Environment (TAE-BC) access will not be granted until after they are received.

**2. Project Overview (Part B.2)**

Please attach your formal project proposal for the project related to this HDPBC Organizational Data Access Request. (.docx, .pdf formats preferred) Your overview should be no more than 2 pages.

- HDPBC does not judge the intended methodology, but an understanding of the applicant's intent facilitates the review process.
- The project overview must include the following four headings:
  - Objective(s),
  - Intended cohort,
  - Basic methodology, and
  - Outputs - Explanation of how the analysis will be eventually presented, communicated, and utilized.
- All information provided must be consistent with any information supplied in DAR: Part A.
- Please ensure your overview uses the data set names listed in Table C to refer to the data you intend to request access to in the platform.**
- If during the project the direction of the research changes or if another research design is identified, you must submit a new approved project request or approved project amendment request. You may find more information about HDPBC amendments here: [HDPBC Amendment Form](#). Organizational project amendments require approval from the HDPBC Organizational Designate.

**3. Acknowledgments and Approvals (Part D)**

Acknowledgment of Principal Applicant obligations is included in Part D, as well as approval from the [HDPBC Organizational Designate](#) confirming the project is organizationally approved.

- BC Ministry of Health sponsored project applications should be submitted to [MOHAnalytics@gov.bc.ca](mailto:MOHAnalytics@gov.bc.ca) to coordinate the organizational review and organizational designate signature.
  - If electronic signature is not possible for the applicant's OD, their approval should explicitly state their attestation to the three bullets in section D. 1.
- Health Authority sponsored project applicants should reach out to their [Organizational Point of Contact](#) to obtain review and approval from your OD.

**4. Attestation and description of service provider status with the sponsoring organization (Part A.2), if applicable.****5. Funding Documentation (Part B.3), if applicable.**

If this project is supported by third-party funding please indicate the organization and the role they play with respect to the project by attaching a copy of the project's formal funding letter.

**Part A: People****A. 1. Principal Applicant Information****Please Note**

- All organizational project team members, including the principal applicant must meet the definition of an MOH or HA employee.
- The definition of a Principal Applicant (PA) is an individual who will:
  - be responsible for the direction of the proposed activities, and
  - assume the administrative and financial responsibility for the proposed activities;
  - be responsible for the project's ethical conduct and compliance with HDPBC policy and applicable legislation, and
  - must be a regular employee of the sponsoring Health Data Council member body. A contracted services provider leading the organizationally sponsored project should be listed as the project lead contact, rather than the PA.

People Category	Definition
HA or MoH Employees (Employee)	Person as per the FOIPPA definition of employee which includes – contracted service provider, medical practitioners, students, and volunteers.

<b>A. 1. Principal Applicant Information <i>continued</i></b>		
Principal Applicant Name (PA) <sup>1</sup>	Applicant Phone	Applicant Primary Email
Applicant Address		
Title of Project / Program		
Project Lead Name (if different than Principal Applicant)	Phone	Email
Organization		
<b>A. 2. Organizational Information (Project Sponsor)</b>		
Sponsoring Organization Name		
<p>Is the project's sponsoring organization the same organization with whom the applicant has a formal organizational affiliation with, as per the terms in A.1?</p> <p><input type="radio"/> Yes    <input type="radio"/> No</p> <p>If no, please indicate why the project is being sponsored by a different organization than that which is described in A.1:</p>		

### A. 3. The Project Team

- Please Note**
- Identify all members of the project team in Table A below.
  - Project Team members who will have access to data must have a formal organizational affiliation with a health authority or the BC Ministry of Health as per the definition of HA or MOH Employees as described in Section A.1.
  - If you intend to import external data to the TAE-BC, you must list your technical contact who can complete the Secure File Transfer Protocol setup and execute the data transfer. Please list their project key role as “Technical Contact”.**
  - Any changes to the project team submitted on this application requires the submission of an Amendment to this request within 5 days.

Table A: Project Teams Members

Name	Position	Emails (list the organizationally affiliated email address)	Organizational Affiliations (list the sponsoring organization first, then other organizational affiliations in parentheses)	Key Project Roles	Access to HDP Desktop Y/N

☐ Additional list of team members attached. If you have more team members than this form allows for, please attach a separate PDF file with the information listed above for all additional members.

## Part B: Project

### B. 1. Organizational Project

#### Purpose and Alignment with Organizational Mandate:

Please describe the underlying, holistic purpose of this request, **including how this project contributes to fulfilling the organization's mandated work**. Objectives described in B.2 and any potential future amendments must align with, and contribute to, achieving this purpose.

Does your project aim to address Indigenous (First Nations, Métis, Urban Indigenous, and/or Inuit) organizations or peoples specifically? (Please note that no indigenous identifiers are available for use in analysis within the data in the HDPBC.)

- ☐ No If you select no, you agree to:
- exclude the use of any other field as an intended proxy for Indigeneity, and,
  - exclude from public dissemination results which could indirectly be used to make related inferences to indigeneity (e.g., granular geography).

☐ Yes

If Yes, include how your project is partnering and collaborating with First Nations, Metis Urban Indigenous and Inuit organizations or peoples and include supplemental documentation such as a letter of support, if available.

Please note: If the project focus changes in the future to address Indigenous organizations or peoples specifically, please submit an amendment request.

Does this project have Research Ethics Board approval?

- ☐ Yes ☐ No If Yes, please include your REB application and certificate of approval with your Data Access Request.

**B. 2. Project Overview**

**Please Note**

- The project overview provides the context for your data request.
- **Please submit this section as an attachment in a separate document (not exceeding two pages).**
- The more clear and complete the information provided in the project overview, the more likely it is your application can be accepted. Your clarity and consistency in your application assists data stewards to review and adjudicate your request with minimal questions for clarification.

See Application Overview for more info on the project overview including required headings.

**B. 3. Funding**

**Please Note**

- This section refers to any funding the project may receive.
- Any contribution from a for-profit organization, including funding or in-kind contributions, provided either directly, indirectly, or through a third party such as an industry funded patient group, is considered as a funding contribution, and a copy of the funding notification letter should be included with your application. Please list this in the table below, and include a copy of the funding notification letter with your application. If your projected is funded “In-Kind” or with salary funding, please list this in the list of funders.
- In the case where a public donor wishes to remain anonymous, enter “anonymous public donor” in the Name column of Table B.
- If your projected is funded “In-Kind” or with salary funding, please list this in the list of funders.

Is this project 100% publicly funded with no external funding?

☐ Yes    ☐ No    If Yes, move to Part C. If No, complete the table below.

Table B: List of All Funders		
Name	Type of Contribution / Funding	Amount

**Part C: Data, Settings, Output**

**C. 1. Data Sets – Data Requests**

**Please Note**

- All eligible project team members outlined in Table A (see Part A) can access HDPBC Data Sets for an approved project.
- Team members can view all accessible data in the approved data set to create their own study population/cohort and select their variables of interest.
- Seeing all available data will assist applicants to make informed decisions as to which data best suits their analytics needs, as well as decreasing the possibility of omission of required variables when requesting data.
- Refer to - <https://healthdatapatformbc.ca/hdpbc-data> to review which fields and years in each data holding are available as pre-approved, and which will require special request in the tables provided below.
- Additional data sets can be requested to be added to your project in the future via submission of an amendment request.

Table C: HDPBC Data Set You Wish to Access

Core Data	Additional Rows or Columns Required	Additional Years Required	
			Client Roster Snapshot (CR) (This data set is included by default)
			Healthideas Common and Reference Dimensions (This data set is included by default)
			Population Extrapolation for Organizational Planning with Less Error (PEOPLE) (This data set is included by default)
<input type="checkbox"/>	<input type="checkbox"/>		BC Cancer Registry (BCCR)
<input type="checkbox"/>	<input type="checkbox"/>		BC Cardiac Services Registry (BCCSR)
<input type="checkbox"/>	<input type="checkbox"/>		BC Employment and Assistance (BCEA)
<input type="checkbox"/>	<input type="checkbox"/>		BC Perinatal Data Registry (BCPDR)
<input type="checkbox"/>	<input type="checkbox"/>		BC Renal (BC Renal)
<input type="checkbox"/>	<input type="checkbox"/>		BC Stroke Registry (BCSR)
<input type="checkbox"/>	<input type="checkbox"/>		Canadian Index of Multiple Deprivation (CIMD)
<input type="checkbox"/>	<input type="checkbox"/>		Chronic Disease Registry (CDR)
<input type="checkbox"/>	<input type="checkbox"/>		CIHI Population Grouping Methodology and CPOP Diagnosis Codes (CPOP)
	<input type="checkbox"/>		COVID-19 Hospitalizations and Critical Care Reports (COVID_HOSP_CCR) (This data set does not have core variables available for request)
<input type="checkbox"/>	<input type="checkbox"/>		COVID-19 Lab Test Data (COVID_LABS)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discharge Abstract Database (DAD)
<input type="checkbox"/>	<input type="checkbox"/>		HealthLink 811 - COVID
<input type="checkbox"/>	<input type="checkbox"/>		Health System Matrix (HSM)
<input type="checkbox"/>	<input type="checkbox"/>		Home and Community Care Minimum Reporting Requirements (HCCMRR)
<input type="checkbox"/>	<input type="checkbox"/>		Medical Imaging Wait Times (MIWT)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical Services Plan (MSP)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	National Ambulatory Care Reporting System (NACRS)
<input type="checkbox"/>	<input type="checkbox"/>		Patient-Centered Measurement (PCM)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PharmaNet (PNET)
<input type="checkbox"/>	<input type="checkbox"/>		Post COVID Recovery Clinics (PCRC)
<input type="checkbox"/>	<input type="checkbox"/>		Provincial Immunization Registry (PIR)
<input type="checkbox"/>	<input type="checkbox"/>		Resident Assessment Instrument Home Care Reporting and Continuing Care Reporting Systems (RAI)
<input type="checkbox"/>	<input type="checkbox"/>		Surgical Wait Times (SWT)
<input type="checkbox"/>	<input type="checkbox"/>		Vital Events - Birth (VEB)
<input type="checkbox"/>	<input type="checkbox"/>		Vital Events - Death (VED)
<input type="checkbox"/>	<input type="checkbox"/>		Vital Events - Stillbirth (VES)
<input type="checkbox"/>	<input type="checkbox"/>		VCH/PHC/PHSA Clinical OMOP Data (VPP-COD)

### Special Data Sets Requests – Columns and Rows

Are there any columns or rows that require additional approval within the selected data holdings above for which you are requesting “special” access? If yes, please list the fields along with justification for why you require access below:

Data Holding Name	Column or Row	Justification

### Special Data Sets Requests – Additional Years

Are there additional historical years required from a particular data set? If yes, please list the years and justification for why you require access in the table below:

Data Holding Name	Years	Justification
<input type="checkbox"/> PNET	1991-01-01 - 2015-12-31	
<input type="checkbox"/> MSP	1991-01-01 - 2008-12-31	
<input type="checkbox"/> DAD	1991-04-01 - 2011-03-31	
<input type="checkbox"/> NACRS	2011-04-01 - 2014-03-31	

### C. 2. Project Data Sets (Bring Your Own Data)

#### Please Note

- You may only use data for which you have been granted access and given permission to use for the purpose of this project.
- You may not link the data for which you have been granted access to any other data or information without obtaining permission first, both from HDPBC and the organization contributing the external data.

Do you intend to use this data in conjunction with any other data set that is not listed above or included as part of this HDPBC Data Access Request?

☐ Yes    ☐ No

If you answered yes above, please list the data sets you intend to use:

Please describe whether the non-HDPBC data described above will be used for cohort definition, and/or for data fields. Please provide a list of the external data fields to be imported, or provide context for the absence of a list.

### C. 3. Settings – Does the Access Environment have Appropriate Safeguards?

#### Please Note

- The Applicant is required to access the project data (as described in Part B) and perform their analysis using the TAE-BC secure environment, or alternative deemed acceptable by the Health Data Council, such as the PopData BC secure research environment (SRE).
- Use of any alternative environment must be approved by the Health Data Council.
- The Applicant must comply with any requirements associated with the use of the designated environment and with any requirements that the HDPBC Data Council may direct.

Will data be handled within TAE-BC?

☐ Yes    ☐ No

If No, will data be handled within the PopData BC SRE?

☐ Yes    ☐ No

If No, and the environment you intend to use has not yet been approved by the Health Data Council, please identify the environment you intend to use below, and attach information such as the environment security assessment to support the HDPBC Data Council in reviewing the proposed alternative environment suitability.

Intended Environment (not yet approved)

### C. 4. Output – Does the Output Process Protect the Data?

#### Please Note

- Only Statistical Products and non-data (policies, methods, scripts, metadata etc.) are permitted as outputs from the TAE-BC analysis.
- Statistical products are, generally, information dissemination products that describe, estimate, forecast, or analyze the characteristics of groups, customarily without identifying the persons, organizations, or individual data observations that comprise such groups.
- All outputs will be reviewed.

Do you only intend to remove aggregate statistical products as outlined above from the TAE-BC?

☐ Yes    ☐ No

If yes, move on to next question.

If no, please explain the row level output below.



Do you intend to publish any output or findings from the project?

☐ Yes    ☐ No

If yes, use the space below to describe what the intended audience and format of the published output will be. Note that any publishing of output or findings requires review and approval. Before publishing any project outputs you must submit a request for pre-publication approval.

Will your project's outputs include any sub-analysis by geography (e.g., by Health Authority or rural-suburban-urban comparisons)?

☐ Yes    ☐ No

What is the most granular level of geography that public results would report (e.g. HSDA, LHA, Census Tract)?

## Part D: Acknowledgements and Approvals

### Please Note

To obtain organizational designate approval, you should reach out to the sponsoring organization's [HDPBC point of contact](#) to assist in obtaining this signature. Applicants for projects sponsored by the BC Ministry of Health should reach out to [MOHAnalytics@gov.bc.ca](mailto:MOHAnalytics@gov.bc.ca) for assistance in obtaining application approval and signature. The role of the [organizational designate](#) is to:

- Ensure that project team members have the appropriate affiliations and contractual relationships as described in the [HDPBC Data Access Framework](#).
- Ensure that the proposed project is aligned with the Organization's mandate, and that the Organization's procedure for determining whether a project is academic research or another type (e.g. evaluation, QI, surveillance, etc.) has been followed.

### D. 1. Principal Applicant Acknowledgement

- The Principal Applicant and sponsoring organization assume responsibility for the actions of all members of the Project Team.
- All members of the Project Team are Accountable to the HDPBC Terms of Use and all applicable policies and legislation.
- The Principal Applicant and all members of the Project Team with access to data are required to complete privacy training from either their sponsoring organization, the HDPBC privacy course, or Population Data BC.
- If the nature of the funding arrangement changes over the course of the project lifespan, it is the responsibility of the applicant to notify HDPBC and provide the recent funding documentation.

☐ As the primary applicant, by checking this box, I confirm this project contributes to fulfilling Health Authority and/or Ministry of Health-mandated work and is of priority interest to the organization.

*Note: if signing with Acrobat Reader, fill in ALL fields before signing as the form will lock after e-signing*

Signature of Principal Applicant	Printed Name	Date Signed
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### D. 2. Organizational Approval

- I attest that the project team members listed in this document as requiring access to data meet the definition of HA or MOH Employees under the *Freedom of Information and Protection of Privacy Act*.  
Employee definition under FOIPPA includes volunteers and service providers.  
Service provider definition under FOIPPA is a person retained under a contract to perform services for a public body.
- I attest that this project is approved and can confirm that this organization project meets the mandate of the sponsor organizations.
- I agree that the project team members listed in this document as part of this project will be made aware of their responsibility to adhere to the conditions laid out in the approved HDPBC Organizational Data Access Agreement and [HDPBC Terms of Use](#).
- I attest that should this project be granted access to CIHI Population Grouping Methodology (CPOP) or Health System Matrix (HSM) data will be made aware of their responsibility to adhere to our organizations licensing agreement with the Canadian Institute of Health Information, if applicable.
- I attest that any project specific cohorts and data that would be brought into the HDPBC environment for this project (see DAR Section C.2) are either publicly available, internally available, or have received all appropriate external approvals and agreements.
- I attest that our organization has considered whether Research Ethics Board approval is required for this request.

*Note: if signing with Acrobat Reader, fill in ALL fields before signing as the form will lock after e-signing*

Signature of Organizational Approval	Printed Name	Date Signed
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