



# Knowledge Exchange:

**First Nations in British Columbia**

Health Research, Ethics,  
& Data Access Framework



First Nations Health Authority  
Health through wellness

# Acknowledgements

We raise our hands with the highest respect of the First Nations peoples of British Columbia (BC), acknowledging this work was conducted on their traditional and unceded territories. This resource is intended to evolve over the years as we make best efforts to support First Nations determination in research, health surveillance, and Knowledge Exchange (KE).

It is important to recognize the work of those supporting the Research and Knowledge Exchange (RKE) team in the past and presently who have offered feedback to compile this resource in alignment with foundational and operational documents at First Nations Health Authority (FNHA). Moreover, we would like to express our gratitude for leaders and champions in communities who continue to educate us in how to transform the health system in British Columbia (BC).

# Contents

Knowledge, Exchange and Values	4	Goals	12
Two-Eyed seeing	6	Indicators	13
Approach	7	Dissemination and knowledge exchange	15
7 Directives	8	Competencies	16
Guideposts	11	Toolkit	22



# Knowledge

Traditionally, knowledge is not something that is possessed; it is a form of reciprocity including all aspects of our being. Knowledge is a unique reflection of one's experiences. In addition to personal experiences, sources of knowing include the wisdom passed through the land, the elements, food, and the 7 generations that have come before<sup>1</sup>. Knowledge is contextual; therefore, using an appreciative stance one can build on others' perspectives as a catalyst for transformation. Knowledge is more than an object or finding that is achieved, it is applied throughout a lifetime: When we change, our application can change too<sup>2</sup>.

To ensure applied, actionable, and accountable inquiries, knowledge exchange (KE) must be integrated from the outset. This is understood in First Nations knowledge systems, where knowledge production and action are inextricably linked through relationality. Although First Nations communities are highly diverse, KE upholds the values of participation, action, and longevity within communities and families.

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1 Absolon, K.E. (2011). Kaandossiwin: How we come to know. Fernwood Publishing.

2 Wilson, S. (2008). Research is ceremony: Indigenous research methods. Nova Scotia: Fernwood Publishing.

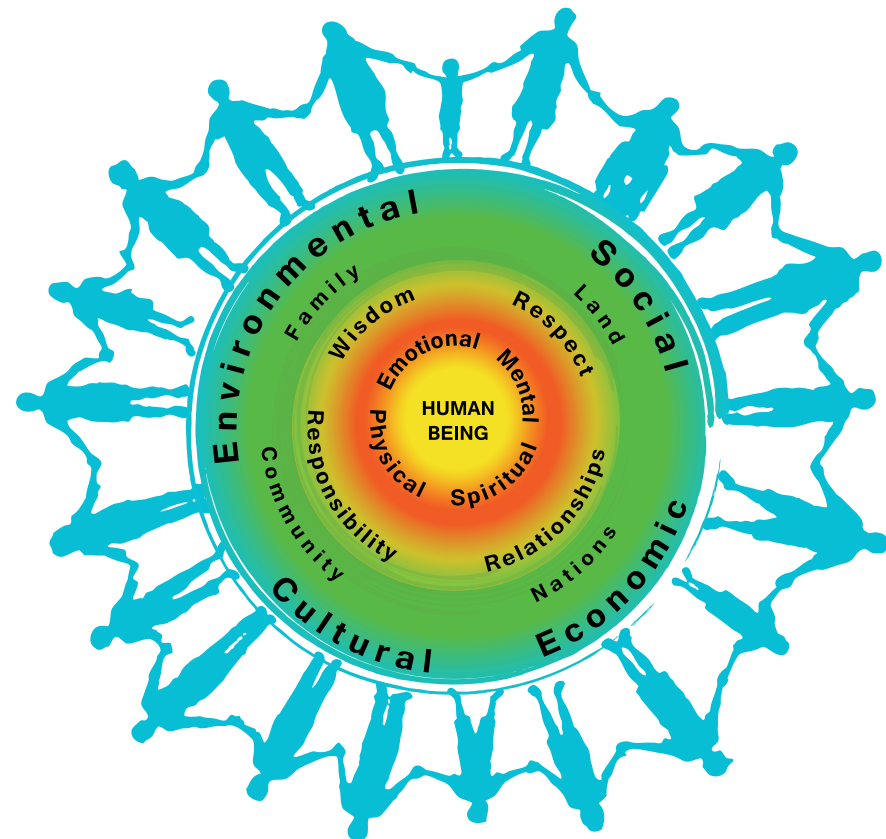


# Exchange

We cannot grasp concepts all at once. Wisdom is shared when one demonstrates readiness to receive teachings. This means that concepts develop throughout a lifetime. The subject of KE is highly personal, relational, and accountable. Those that participate in KE are naturally tasked to apply new learnings to every aspect of who they are. Knowledge is not used as a tool in our work, rather, it shapes who we are in the world<sup>3</sup>.

# Values

The First Nations Health Authority (FNHA) was developed through sharing of wisdom from First Nations leadership in British Columbia (BC) as it relates to health and wellness. [The First Nations Perspective on Health and Wellness](#) (FNPOHW) provides a scope to all aspects of FNHA's work. The concept of knowledge is mirrored in this perspective: encompasses the interconnected components of how we know, understand, and share.



<sup>3</sup> Wilson, S. & Hughes, M. (2019). Why research is reconciliation. In S. Wilson, A.V. Breen & L. Dupre (Eds.), *Research and reconciliation: unsettling ways of knowing through indigenous relationships* (pp. 5-19). Canadian Scholars: Toronto.

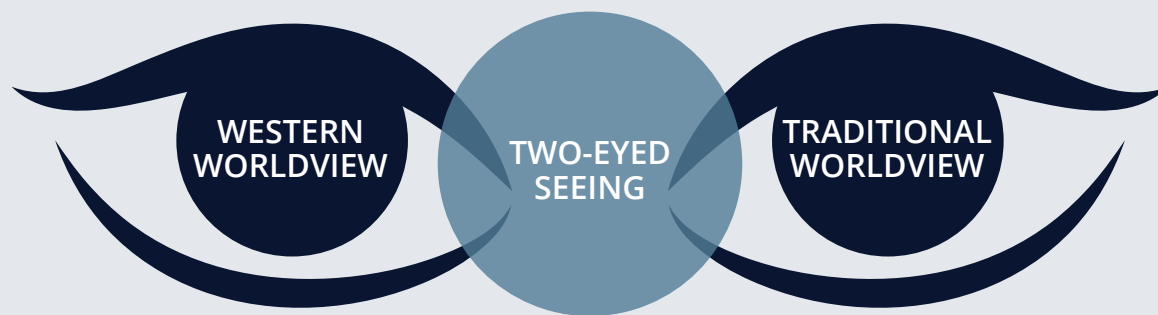
# Two-Eyed seeing

Two-Eyed Seeing refers to two primary worldviews utilized within the FNHA: The FNPOHW and the Western perspectives that have settled on local First Nations' territories. The perspective upholds the concept of the connection and relationship between all things. Reciprocity and generosity are the foundation to innovation. The exchange of teachings and medicines is a demonstration of family and community wealth<sup>4</sup>.

The overarching goal of Two-Eyed Seeing is that each person involved conducts themselves with the humility to understand that there are other perspectives that might enhance the work in transforming First Nations peoples' health in BC.

**One's perspective includes all aspects of who they are in relation to their work in health transformation for today as well as the next 7 generations<sup>5</sup>. If we use our perspectives in silos, we risk loss of important synergies that can promote change.**

Two-Eyed Seeing does not imply a compromise from either perspective, rather, the partnership of worldviews to create opportunities that might not have been considered in the past.



<sup>4</sup> Johnsen, D. B. (2016). The Potlatch as Fractional Reserve Banking. *Unlocking the Wealth of Indian Nations*, 61.

<sup>5</sup> Marshall, M., Marshall, A., & Bartlett, C. (2018). Two-eyed seeing in medicine. In Greenwood, M., de Leeuw, S., & Lindsay, N. M. (Eds.) *Determinants of Indigenous peoples' health* (pp. 44-51). Canadian Scholars: Toronto.

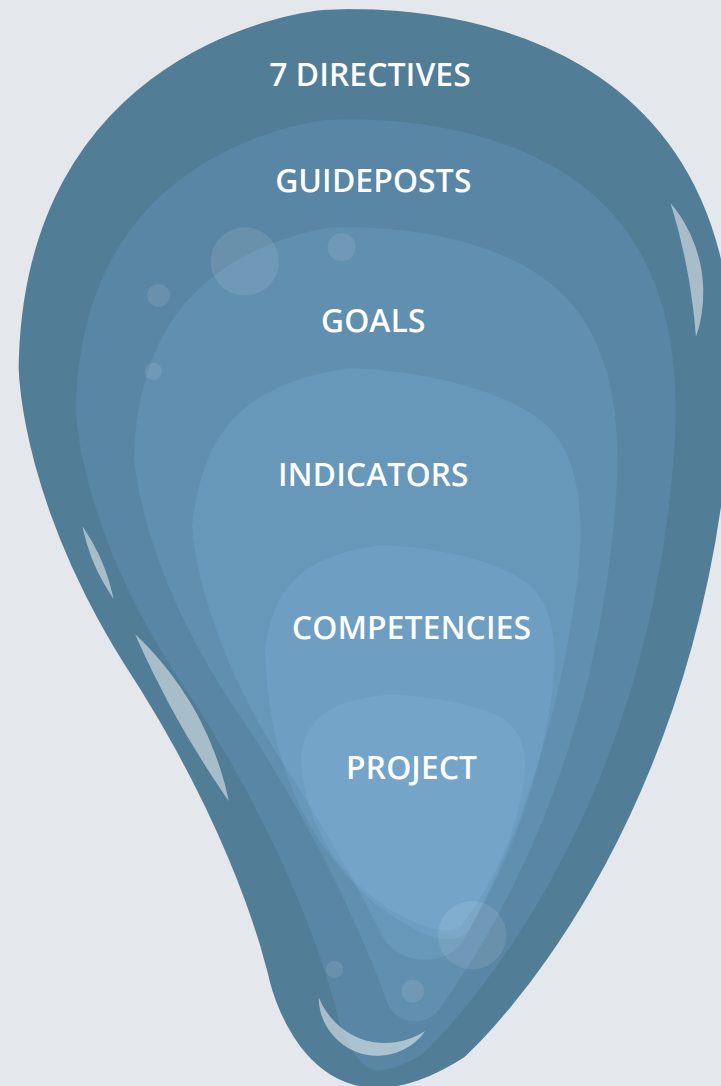
# Approach

The approach to research, ethics, data access, and KE within the FNHA encompasses many principles to respect the sacred aspects of First Nations health systems.

For First Nations peoples in BC, connection to both fresh and salt water is vital for life. Similarly, mussels are inhabitants of both fresh and salt water. Shelled mussels act as a filter in our ecosystem, using their shells to protect the vitality within.

As such, the FNHA's approach to research and data holds this purpose: to filter and protect the sacred wisdom embedded within First Nations' health systems.

**The analogy of the shelled mussel is applied to the approach and selection of projects conducted, supported, and partnered on within the FNHA.**



# 7 Directives

Knowledge is not limited to understanding, it includes the way in which it is applied to day-to-day situations. As a measurement of accountability to the knowledge that is shared with the FNHA, **7 directives** were created. These directives ensure the response to immediate health demands of First Nations peoples in BC.

Like a tree, we use the directives as roots that grounds FNHA's work. Without solid purpose, the climate of the larger health system can pull us in directions that risk the loss of sight into who we are.

Directive #1: Community-driven, Nation-based

Directive #2: Increase First Nations decision-making and control

Directive #3: Improve services

Directive #4: Foster meaningful collaboration and partnership

Directive #5: Develop human and economic capacity

Directive #6: Be without prejudice to First Nations interests

Directive #7: Function at a high operational standard





## Directive #1: Community-driven, Nation-based

Project activities must be driven by communities and Nations' priorities and perspectives, while acknowledging the diversity of culture, language, and knowledge systems among them. Communities and Nations should have the opportunity to be equal partners in projects with involvement at every stage of the process.

## Directive #2: Increase First Nations decision-making and control

Projects must integrate the principles of Ownership, Control, Access, and Possession ([OCAP®](#)) as well as the [6 Shared Values](#) (Respect, Discipline, Relationships, Culture, Excellence, Fairness).

## Directive #3: Improve services

Projects should not only generate knowledge of scholarly value but also generate, share, and preserve knowledge that is meaningful and beneficial to communities and directly contributes to First Nations' community health services.

## Directive #4: Foster meaningful collaboration and partnership

Partnerships, collaborations and engagements must align with health priorities and be based on reciprocal accountability. Additionally, Respect, Relevance, Reciprocity, and Responsibility (4 R's) ensure benefits are directed to First Nations in BC <sup>6</sup>.

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<sup>6</sup> Kirkness, V. J. & Barnhardt, R. (2001). First nations and higher education: The four r's - respect, relevance, reciprocity, responsibility. Knowledge across cultures: A contribution to dialogue among civilizations. R. Hayoe and J. Pan. Hong Kong, Comparative Education Research Centre, The University of Hong Kong.

## Directive #5: Develop human and economic capacity

The work is framed within a wholistic wellness and strengths-based perspective. Projects proposed to the FNHA should seek to create community development opportunities by utilizing community strengths, sharing funding and compensation, and exchanging skills between requesters and communities.

## Directive #6: Be without prejudice to First Nations interests

Honouring each Nation's traditional territory and do not infringe on Aboriginal Rights and Title or any existing funding or self-government agreements, all relevant community research protocols, ethical standards, data governance, collaboration or sharing agreements, cultural practices, and intellectual property rights are held with highest regard.

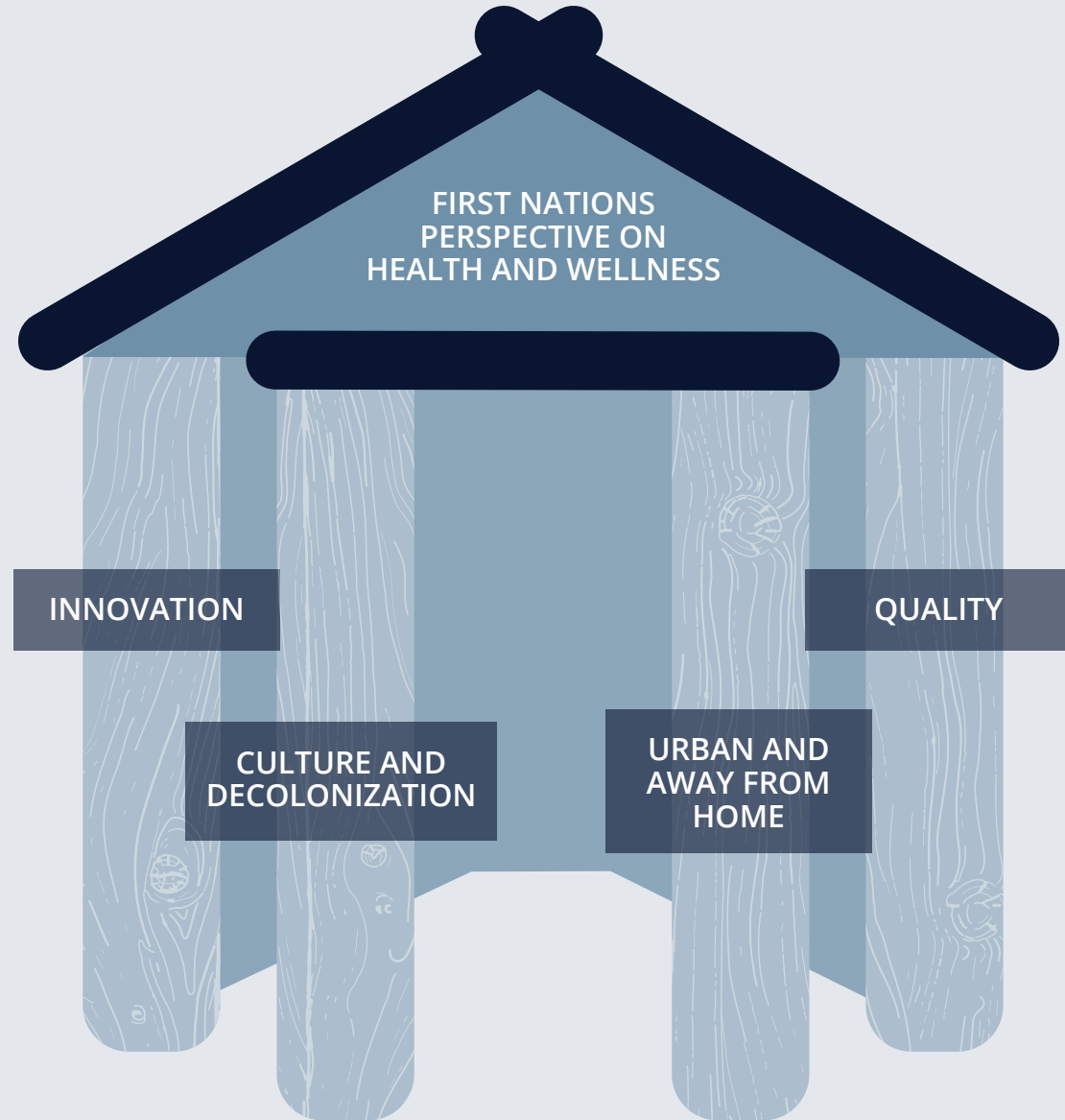
## Directive #7: Function at a high operational standard

Project leads adhere to the highest standards of transparency, ethics, data security, and cultural safety, including receptivity to each community's unique culture to ensure that all projects are culturally relevant.



# Guideposts

Per the direction of First Nations in BC, the guideposts in [FNHA's Summary Service Plan](#) informs contextual aspects of their work.



# Goals

The research, ethics, data access, KE goals, and priorities are grounded in the summary service plan.

As an organization that was developed by First Nations in BC, the FNHA accesses data in order to inform the decision making and planning for high quality health programs and services in BC.

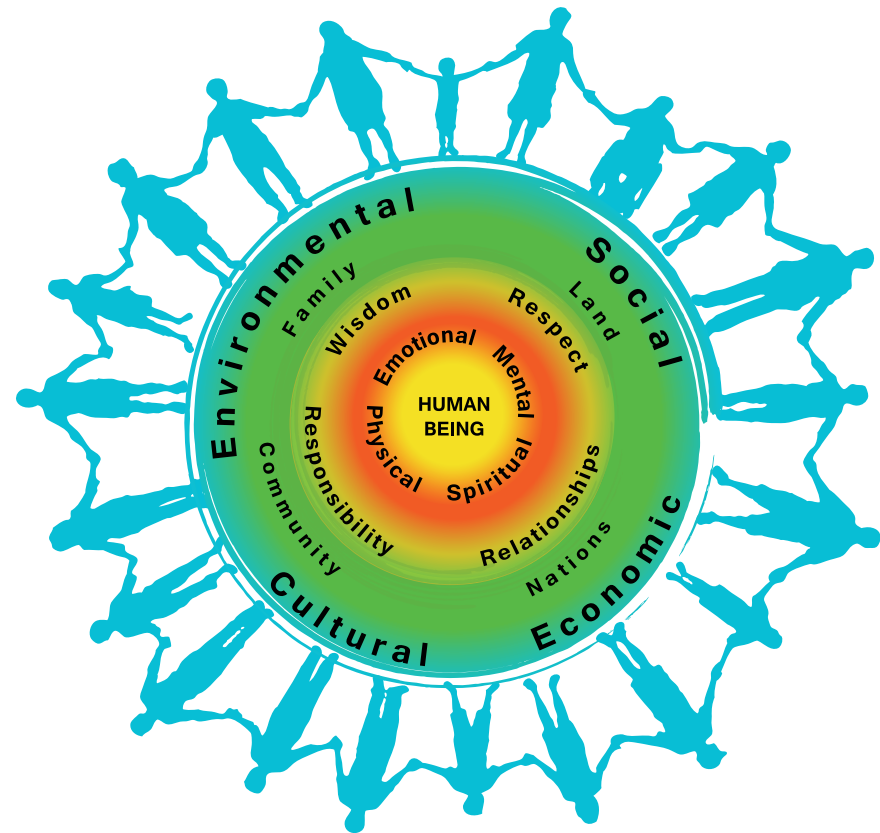
Conducting research or accessing data with FNHA requires **accountably to the priorities and goals that are founded on the direction of First Nations community leadership** in order to conduct meaningful work.

<b>GOAL 1</b>	TRANSFORMING HEALTH WITH FIRST NATIONS IN BC	Upholding the voice of First Nations in BC and their perspectives on health
<b>GOAL 2</b>	ENHANCE QUALITY OF HEALTH AND WELLNESS SERVICES	Creating thoughtful processes and structures to respond to first nations health
<b>GOAL 3</b>	CULTURALLY SAFE MENTAL HEALTH AND WELLNESS APPROACHES	Ensure the work aligns with the first nations perspective on health and wellness
<b>GOAL 4</b>	ANTI-RACISM AND CULTURAL SAFETY AND HUMILITY	Enhance the awareness of, and commitment to cultural safety
<b>GOAL 5</b>	TRANSFORMING HEALTH THROUGH RELATIONSHIPS	Maintaining partnerships that uphold trust, accountability, and relationality

# Indicators

The [First Nations Population Health and Wellness Agenda \(FNPHWA\)](#) is a partnership initiative between the offices of the Chief Medical Officer at the FNHA and the Provincial Health Officer at the Ministry of Health. Grounded in First Nations' teachings and guided by reconciliation and relationship building, the FNPHWA uses a strengths-based approach to focus on indicators for First Nations Peoples in BC's wellness. The overarching goal of this work is to support First Nations to achieve the vision of healthy, vibrant, self-determining children, families, and communities.<sup>7</sup>

The indicators noted in the FNPHWA are baseline measurements for First Nation's health transformation in BC. There are 22 indicators for health used as variables to measure the health of First Nations Peoples in BC. Additional variables defined by First Nations living in BC through the FNHA's [governance structure](#) may be defined based on the ever-changing health climate.



Considerate of the [FNPOHW](#), the indicators span across multiple determinants of health in a wholistic ecosystem.

<sup>7</sup> FNHA (2020). First Nations Population Health & Wellness Agenda. Retrieved from: <https://www.fnha.ca/Documents/FNHA-PHO-First-Nations-Population-Health-and-Wellness-Agenda-Summary-of-Findings.pdf>

WELLNESS SPHERE	MEASURE
Healthy and self-determining Nations and communities	Self-determination
	Connection to Land
	Cultural wellness
Supportive systems	Food security
	Acceptable housing (off-reserve): Status First Nations households; other Aboriginal households
	Education (8-year graduation rate)
	Avoidable hospitalizations (access to primary care)
	Cultural Safety and Humility in receiving health services: acute care; emergency departments
	First Nations health care providers
Healthy and vibrant children and families- physical, mental spiritual and emotional wellness	Healthy birth weights
	Thriving infants
	Children’s oral health
	Healthy childhood weights (moderate body mass index)
	Youth/young adult vitality
	Mental and emotional well-being
	Physical activity (meeting Canadian physical activity guidelines): adults, children and youth
	Combating diabetes
	Youth and adults who smoke commercial tobacco: adults, children and youth
	Safe environments
	Life expectancy (living long lives)
	Honouring the life-cycle (age-standardized mortality rate)
Purification from substances (alcohol-attributable deaths)	
Emerging areas identified by BC First Nations	Covid-19 among First Nations
	Opioid Overdose among First Nations

# Dissemination and Knowledge Exchange

The following points will assist in prioritizing research and data access requests that contribute to the interests and directions of First Nations in BC.

1	<b>Deepen our understanding of transformative First Nations health services</b>
	Support departments within the FNHA to collect information that will best support First Nations health services in BC
2	<b>Produce and share high quality data and reports for the benefit of BC First Nations communities</b>
	Develop community tools and resources that demonstrate the uniqueness of BC First Nations
3	<b>Uphold the voice and wisdom of BC First Nations by acting as a mechanism for KE</b>
	Assist in the development of independent, capable, and equipped communities to meaningfully participate in ideologies that align with BC First Nations worldviews
4	<b>Partnered approaches to concept development and knowledge sharing</b>
	Nurture partnerships and connections with health and education based partners that activates change in multi-sector health systems



# Competencies



## GOAL 1: TRANSFORMING HEALTH WITH BC FIRST NATIONS

### APPROACH: UPHOLDING THE VOICE OF BC FIRST NATIONS LEADERSHIP AND THEIR PERSPECTIVES ON HEALTH

SHARED OBJECTIVES	ROLE OF COMMUNITY	ROLE OF INVESTIGATOR	ROLE OF FNHA
1.1 Upholding First Nations' in BC Governance structures	<p>1.1.1 Identifying what areas of health require attention in order to support meaningful change</p> <p>1.1.2 Uphold those that are best equipped to tell stories and share knowledge</p>	<p>1.1.3 Ensuring OCAP® and data governance principles are overarching and upheld</p> <p>1.1.4 Ensure work is inclusive of, and accountable to BC First Nations' health priorities</p>	<p>1.1.5 Offering health data literacy tools, resources, and pathways for communities to confidently own their information</p> <p>1.1.6 Sharing information in accessible and meaningful formats</p>
1.2 Developing and implementing ethical approaches to KE as defined by First Nations in BC	<p>1.2.1 Advise on projects that suit local needs</p> <p>1.2.2 Uphold projects that align with cultural and traditional values</p>	<p>1.2.3 Applying health plans developed by First Nations living in BC to frame proposals and requests</p> <p>1.2.4 Ensure dissemination reaches First Nations communities and populations</p> <p>1.2.5 Offer findings to inform policies and procedures</p>	<p>1.2.6 Ensuring Ownership, Control, Access, and Possession (OCAP®) of data and information to First Nations communities and individuals that are free from potential harms</p> <p>1.2.7 Ensure requests are in alignment with First Nations in BC health related interests and governance structures</p>
1.3 Strengthen policies and procedures to uphold the First Nations Perspective on Health and Wellness	<p>1.3.1 Able to apply project to the community planning, storytelling, and proposals</p> <p>1.3.2 Supporting projects relating to the Social Determinants of Health</p>	<p>1.3.3 Showcase intersectional and concurrent health determinants such as socio-economic status, colonization, mental wellness, childhood adversities, public health, and accessibility into work</p>	<p>1.3.4 Support research, data access, ethics, and KE that is complementary to projects, plans, programs, and priorities identified by BC First Nations</p> <p>1.3.5 Assist with defining indicators that best align with direction from First Nations in BC</p>

## GOAL 2: ENHANCE QUALITY OF HEALTH AND WELLNESS SERVICES

### APPROACH: CREATING THOUGHTFUL PROCESSES AND STRUCTURES TO RESPOND TO FIRST NATIONS HEALTH

SCOPE	ROLE OF COMMUNITY	ROLE OF INVESTIGATOR	ROLE OF FNHA
2.1 Promote timely, safe, and culturally relevant practices in primary health care.	<p>2.1.1 Is offered a safe and relevant venue to provide perspectives on the unique aspects of health emergencies in First Nations contexts</p> <p>2.1.2 Identifies areas that note opportunity within effective responses to public health</p> <p>2.1.3 Defines the level of engagement and is included in knowledge transfer</p>	<p>2.1.4 Scopes the project to respond to community based engagements and requests</p> <p>2.1.5 Upholds relationality in their project through meaningful engagements</p> <p>2.1.6 Uses methodologies that best showcase health and wellness in First Nations communities</p> <p>2.1.7 Applies scope to overall public health strategies</p>	<p>2.1.8 Assist with alignment of projects to current initiatives and operations models within the First Nations led Health Emergency Management and Primary Care structure(s)</p> <p>2.1.9 Apply health emergency protocols within the FNHA to contextualizing future projects</p> <p>2.1.10 Ensure overall project operates at a high standard</p>
2.2 Strengthens the approach to public health crises as they relate to First Nations people.	<p>2.2.1 Is provided a trauma informed, culturally safe environment to transfer knowledge</p> <p>2.2.2 Provides cases and experiences that demonstrate First Nations experiences of public health crises</p> <p>2.2.3 Is heard through previous and upcoming dialogues wherein projects are built from existing engagements</p>	<p>2.2.4 Aligns projects with appreciative and innovative perspectives on First Nations health services</p> <p>2.2.5 Special focus on health emergencies, primary care systems, or those living off-reserve</p>	<p>2.3 Ensures content experts are included in review process</p> <p>2.4 Ensures work is culturally grounded and approached with two-eyed-seeing</p> <p>2.5 Assist in applying a values based lens to the process and planning of projects</p>

## GOAL 3: CULTURALLY SAFE MENTAL HEALTH AND WELLNESS APPROACHES

### APPROACH: ENSURE THE WORK ALIGNS WITH THE FIRST NATIONS PERSPECTIVE ON HEALTH AND WELLNESS

SHARED OBJECTIVES	ROLE OF COMMUNITY	ROLE OF INVESTIGATOR	ROLE OF FNHA
<p><b>3.1 Uphold trauma informed approaches for the health and wellness of First Nations living in BC</b></p>	<p>3.1.1 Is provided with safe and trauma-informed venues to conduct KE</p> <p>3.1.2 Upholds projects that validate experiences of intergenerational trauma and colonization</p>	<p>3.1.3 Positions findings with relevant, actionable, and applicable tools and resources</p> <p>3.1.4 Uses Two-Eyed-Seeing to validate and uphold the knowledge and experiences of First Nations people</p> <p>3.1.5 Explores the relationship between residential schools and colonization and the social determinants of health for First Nations living in BC</p>	<p>3.1.6 Equips intersectional projects with interdepartmental/ multi-stakeholder collaboration</p> <p>3.1.7 Assists in the promotion and knowledge transfer with partners, including First Nations peoples in BC</p>
<p><b>3.2 Enhances a culturally safe access to continuum of care</b></p>	<p>3.2.1 Articulates and verifies gaps, challenges, and opportunities in current wellness systems</p> <p>3.2.2 Protects and reinforces the cultural and traditional aspects of KE</p>	<p>3.2.3 Explores the opportunities within prevention, early intervention, and multi-sector partnerships</p> <p>3.2.4 Identifies useful practices of harm reduction to First Nations peoples in BC</p>	<p>3.2.5 Upholds culturally relevant approaches to unique demographics</p> <p>3.2.6 Provides communities with project results to contribute to their decision making</p>

## GOAL 4: ANTI-RACISM AND CULTURAL SAFETY AND HUMILITY

### APPROACH: ENHANCE THE AWARENESS OF, AND COMMITMENT TO CULTURAL SAFETY

SCOPE	ROLE OF COMMUNITY	ROLE OF INVESTIGATOR	ROLE OF FNHA
4.1 Supports and upholds community based approaches to addressing opportunities to enhance cultural safety and humility and anti-racism	4.1.1 Provides feedback on the functions of health systems as they relate to cultural safety and humility	4.1.2 Uses methodologies that are safe, supportive, and accountable to systems change  4.1.3 Ensures approach is considerate of multiple partners and disciplines	4.1.4 Connects and frames projects to larger organizational and systems' strategies  4.1.5 Ensure completed projects are accessible by communities and relative to ongoing initiatives that concern First Nations living in BC
4.2 Showcases useful practices for respectful, empowering, relevant, and safe delivery of health services across the health system	4.2.1 Is invited to share stories that reflect systems inequities, racism, and opportunities for change  4.2.2 Validates recommendations that will contribute to transformative health services for First Nations peoples in BC	4.2.3 Applies an appreciative stance that draws out indicators and recommendations for change in systems functions  4.2.4 Draws on the experiences of First Nations living in BC to identify appropriate samples	4.2.5 Offer strategies that uphold local populations, issues, and stories  4.2.6 Align new projects to existing longitudinal reports and initiatives  4.2.7 Reinforce organizational and culturally relevant KE
4.3 Honour and uphold the uniqueness of BC First Nations stories and experiences	4.3.1 Uphold the cultural aspects of health care that should be considered	4.3.2 Assist in the development of cultural humility strategies that are free from "pan-Indigenous" conclusions	4.3.3 Assist in knowledge sharing that maintains cultural integrity  4.3.4 Align all work with the FNHA Governance Structure

## GOAL 5: TRANSFORMING HEALTH THROUGH RELATIONSHIPS

### APPROACH: MAINTAINING PARTNERSHIPS THAT UPHOLD TRUST, ACCOUNTABILITY, AND RELATIONALITY

SHARED OBJECTIVES	ROLE OF COMMUNITY	ROLE OF INVESTIGATOR	ROLE OF FNHA
5.1 Nurture a system that offers opportunities for growth, leadership, and capacity	5.1.1 Engage in projects and initiatives that support the betterment of First Nations people in a context that relates to the FNPHW	5.1.2 Consider opportunities for mentorship, action, and capacity within knowledge development and exchange	5.1.3 Drive innovative and partnered approaches to data literacy, access, and governance  5.1.4 Support the development of human capacity by promoting literacy, training, and partnership opportunities
5.2 Develop and advance partnerships that advance data governance principles, health research partnerships and evidence-based data	5.2.1 Preserve Indigeneity within systems, policies, and agreements between First Nations in BC and their partners in health  5.2.2 Advise on mechanisms that enable steps toward data governance and data access  5.2.3 Define and determine the terms of which First Nations' data is accessed, shared, and requested.	5.2.4 Approach work with transparency and reciprocity  5.2.5 Considers relational and ongoing accountability throughout the research process  5.2.6 Aligns with the principles of OCAP®  5.2.7 Respects DRIPA and UNDRIP  5.2.8 Respects Nation sovereignty and data governance in BC.	5.2.9 Engage in partnerships that will assist in the transformation of health systems  5.2.10 Foster culturally safe environments for KE  5.2.11 Operationalize data access systems that communities advise on  5.2.12 Support the process of disaggregation of data to inform localized planning, including but not limited to First Nations, Urban populations, and 2SLGBTQQA+ sub-populations



# Toolkit

# Research requests

As a first step, submit all research requests on the FNHA website: Research and Knowledge Exchange: [Data and Research Intake Form](#).

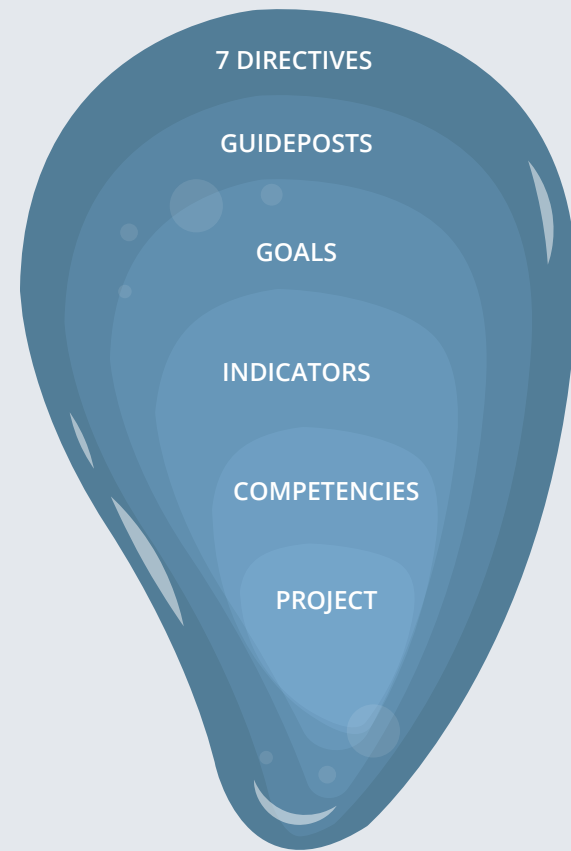
This pathway will allow the Research and Knowledge Exchange (RKE) department to review before sending to the Research Executive Committee (REC).

Research requests require clear linkages to the direction of First Nations in BC, set out in this framework. While this acts as a guide for appropriate research requests, additional, community-driven requests will be reviewed and respected.

Once reviewed by the RKE team, departments and partners requests will be reviewed by the FNHA department lead for areas such as:

- > Team capacity;
- > Communications pathway;
- > Alignment with departmental strategy;
- > Engagement plan; and/or
- > Dissemination plan.

Once approved by the department lead, the REC will review and recommend whether the organization will support, partner, or advise on the project.



*\* Prioritizing community requests from First Nations in BC. Within the research request, it is important to note the researcher's position in community.*

*\* Dependent on the nature of the question, research reviews require at least 2-3 weeks to process.*

# Ethics reviews

- > Ethics reviews for research that the FNHA is leading or partnered-on are completed through the [Research Ethics BC](#) (REBC) harmonized system called [Provincial Research Ethics Platform](#) (PREP).
- > With no formal Research Ethics Board (REB), the FNHA relies upon partner REBs in REBC to provide ethics review in compliance with the Tri-Council Policy Statement (TCPS2) guidelines.
- > The FNHA's ethics reviews are based on adherence to the 7 Directives and the principles of OCAP®.
- > The REC is the de facto ethics committee for the FNHA, and issues approvals based on recommendations from the FNHA ethics staff.
- > If changes to the application are needed, a set of initial provisos is created, and ethics staff seek advice and/or additional review by the FNHA Indigenous ethics reviewers on questions of cultural safety, meaningful partnership, and OCAP®.
- > The collaborative review process includes meeting with the FNHA-based members of the research team to review feedback from the ethics review, and a final set of provisos is created and submitted to the REC for approval.
- > Once the FNHA approves recommendations and/or provisos, decisions and/or provisos are posted in PREP for the research team.

## Ethics reviews best practices:

- > The FNHA ethics staff prepare an initial review of each ethics application received through PREP to determine if the FNHA is meaningfully partnered on the study.
  - > Ethics staff contact any of the FNHA staff included on the study protocol and ensures approval from the FNHA program leads.
  - > If no partnership exists, research teams will be notified that they need to prepare and submit a research partnership request through [RKE@fnha.ca](mailto:RKE@fnha.ca) for approval by the REC.
- > Approval of FNHA ethics review is granted once all provisos have been satisfactorily answered.
- > Ethics reviews take place annually; all amendments go through the same process above.
- > Ethics review may be needed for sub-projects of the FNHA partnered projects, depending on the FNHA role.
- > Please email [ethics@fnha.ca](mailto:ethics@fnha.ca) with any questions about the FNHA ethics process.



# Data access

Once collected and recorded, there are different forms of storing the data.

## Line level data

Refers to data that can identify an individual or location through things like their status number, health number, or name.

*For example, a bear.*

## Aggregated data

When data have been processed into a large cluster of the line level data. By doing this, there is no way to identify a person within the aggregated data.

*For example, all bears, or bears in one region.*

Data are used in various ways. The data access pathway through FNHA supports health surveillance, health research, evaluation, and planning.



## Health Surveillance

Analyses, monitors, and measures public health. Such work can assist with identifying gaps to consider, questions to ask, or signals to be aware of.

## Health Research

Strives to create generalizable knowledge, such as patterns, and relationships, based on systematic collection of data in order to understand the health needs to improve the health and wellness of First Nations people.

## Evaluation

To test and inform the usefulness and validity of programs, initiatives and services and to determine the impacts made.

## Quality Improvement

Systematic and continuous effort to lead measurable improvement in the quality of the healthcare system and service delivery.

## Planning

Uses research and surveillance to inform wise approaches to programs and services.

Once research partnership and ethics approval are in place, research teams may liaise with the FNHA department responsible for data access. For data access requests, please contact

[Data.Secretariat@fnha.ca](mailto:Data.Secretariat@fnha.ca)

A research agreement is required in order for a research team to access the First Nations Client File (FNCF) and other datasets which are currently held by the BC Ministry of Health (MOH). The development of the research agreement for FNCF and MOH datasets follows the approval of the data access request by a committee called the Data and Information Planning Committee (DIPC).

Please contact [Data.Secretariat@fnha.ca](mailto:Data.Secretariat@fnha.ca) for further information regarding FNCF and other MOH related data access and/or a research agreement.

# Request pathway

