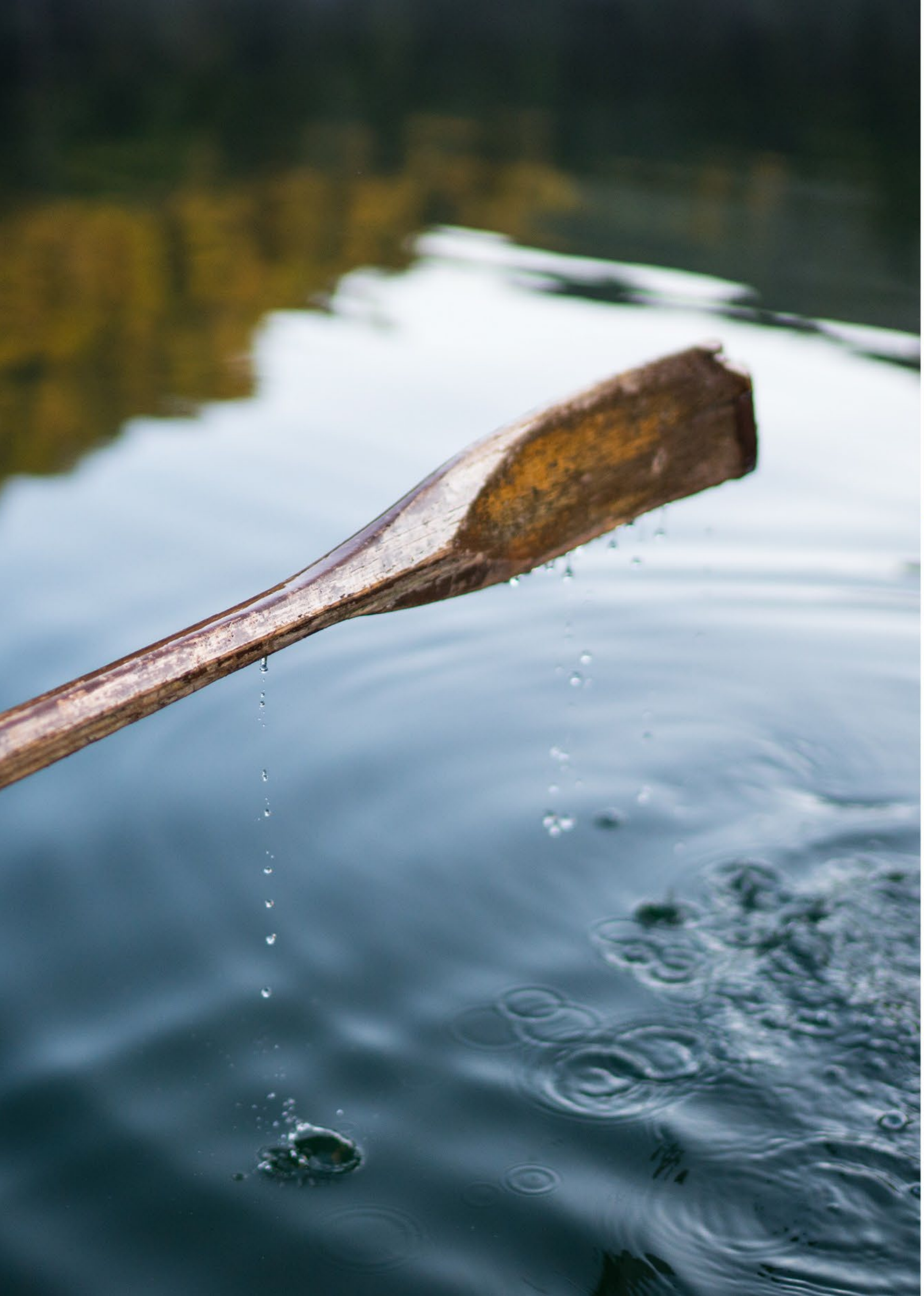

Tripartite Data Quality and Sharing Agreement

ANNUAL REPORT ON PROGRESS 2021

Tripartite First Nations Health Plan

For more information, please visit: First Nations Health Authority | www.fnha.ca
Province of British Columbia | www.gov.bc.ca/hls
Government of Canada | https://www.canada.ca/en/indigenous-services-canada.html

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1. Glossary

Capitalized terms used in this report have the following meanings:

- **Annex:** A document that sets out initiatives or other programs or activities that the partners have agreed to approve or undertake in connection with the Tripartite Data Quality and Sharing Agreement (TDQSA) and includes annexes developed in respect of the priority areas of interest listed in Annex 1 of the TDQSA, as well as any further annexes developed and approved by the partners in accordance with Schedule A of the TDQSA (referred to as data access requests).

- **Data Access Request (DAR):** A data access request for the First Nations Client File (FNCF) or linkage of other data sets to the FNCF. A data requestor/applicant submits a DAR form providing information regarding the applicant, project overview, data access and project methodology, data security, data analysis, dissemination plan, and anticipated project risks.

- **Data and Information Planning Committee (DIPC):** Originally referred to as the Data Quality and Sharing Committee in the TDQSA, this committee's name changed to the Tripartite Data and Information Planning Committee in April 2011. After October 1, 2013, when the First Nations Health Authority (FNHA) assumed the programs, services, and responsibilities formerly handled by Health Canada's First Nations Inuit Health Branch – Pacific Region, the committee's name changed to the Data and Information Planning Committee (DIPC). The DIPC is a Tripartite working group (representatives from the FNHA, British Columbia (BC) Ministry of Health (MOH), and Health Canada) and responsible for providing overall policy direction under the TDQSA and for the decisions made pursuant to it. To this end, the DIPC has developed standards, policies, and procedures required for the overall administration and coordination of the TDQSA and its annexes. The DIPC also makes recommendations to the FNCF Data Steward on research activities and access to data. Data access requests for the FNCF are approved by mutual agreement of the partner voting members of the DIPC (Schedule B, Section 1.2.b (iii) and Schedule B, Section 1.3.b of the TDQSA) and ultimately signed off by the FNCF Data Steward for the purposes of compliance with privacy legislation (Section 6.4 of the TDQSA). The DIPC reviews the content of the DARs, as well as all publications or reports that use the FNCF, the FNCF Client Roster, or FNCF population counts before dissemination. This includes but is not limited to peer-reviewed publications, internal and external reports, abstracts, oral presentations, posters, and media releases from any of the involved project parties.

The respectful and inclusive interpretation and use of data is paramount to First Nations Health Information Governance.

- **Data Management Working Group (DMWG):** A working group, consisting of representatives from each of the partner organizations, with the responsibility of supporting the work of the DIPC.

- **DIPC Secretariat:** To develop the necessary training and knowledge exchange between BC MOH and the FNHA, the DIPC Secretariat, a secondment position, was created in 2014 for an FNHA employee within the BC MOH. This role was created to coordinate the FNCF and oversee FNCF data linkages, provide secretariat functions to the DIPC, and provide input into Ministry and FNHA First Nations data governance issues. The position, which was originally housed within the Office of Indigenous Health was transferred to Ministry's Health Sector Information, Analysis and Reporting (HSIAR) Division in 2016. The position also provides status reports to the BC MOH-FNHA Joint Project Board.

- **First Nations Client File (FNCF):** The FNCF is a cohort of BC resident First Nations people registered under the *Indian Act* and their unregistered descendants born after 1986 for whom entitlement to register can be determined and is linkable to their BC MOH Personal Health Number. The FNCF is the product of a record linkage between an extract of Indigenous Services Canada's (ISC) Indian Register and the BC MOH Client Registry.

  The tripartite partners agree that the FNCF is the best available method to access accurate health information about the identifiable majority of status and eligible-for-status First Nations clients residing in BC. The FNCF is linked to other data sets to produce FNCF data as authorized by the DIPC and the FNCF Data Steward.

  The development of the FNCF is made possible through a memorandum of understanding (MOU) between the BC MOH and ISC authorizing the annual disclosure of information contained in the Indian Register to the BC MOH. The FNCF was initially created in 2011, and is updated incrementally using a fresh extract from the BC Client Registry and ISC's Indian Register. As of July 2020, the most updated population cohort is the 2018 FNCF.

- **FNCF Data:** Data generated in response to approved requests by the FNCF Data Steward, through use of the FNCF to perform linkages to BC provincial databases; may contain personal information.

- **FNCF Data Steward:** The agency appointed by the tripartite partners to have custody of the FNCF Data Steward are responsible for creating the FNCF, as authorized in the MOU. The FNCF Data Steward also performs necessary linkages with the FNCF to create FNCF data (Section 6.1.a of the TDQSA). At the time of this publication, the FNCF is under the stewardship of the BC MOH, Chief Data Steward (Section 6.3 of the TDQSA). There are mechanisms for the partners to recommend a different Data Steward for the FNCF (Schedule B, Section 1.2.c of the TDQSA).

- **First Nations Data:** Data regarding the health and demographic characteristics of the First Nations population in the province of BC, including the socioeconomic determinants of health. This data may contain personal information.

- **First Nations Health Information Governance:** A structure, process, and protocol by which First Nations in BC have access to First Nations data and are influentially involved in decision-making regarding the culturally appropriate and respectful collection, use, disclosure, and stewardship of that information in recognition of the principle that such information is integral to First Nations policy, funding, and health outcomes.

- **Information Sharing Agreement (ISA)**: An agreement between a public body and one or more of the following: (a) another public body; (b) a government institution subject to the *Privacy Act* (Canada); (c) an organization subject to the *Personal Information Protection Act* (BC) or the *Personal Information Protection and Electronics Documents Act* (Canada); (d) a public body, government institution as defined in applicable provincial legislation having the same effect as the *Freedom of Information and Protection of Privacy Act* (FOIPPA); (e) a person or group of persons; or (f) an entity prescribed in the FOIPPA Regulation. The ISA sets conditions on the collection, use, or disclosure of personal information by the parties to the agreement.

- **Joint Project Board:** Established in 2012, the Joint Project Board is a senior bilateral forum between the BC MOH and the FNHA. The Joint Project Board priorities are guided by the joint Letter of Mutual Accountability between the partners. The Joint Project Board continues to operate as a key mechanism to enhance partnerships and co-ordination between the FNHA, the BC MOH, regional health authorities (RHAs), and partner organizations to ensure that the needs of First Nations people are integrated across the provincial health system. Each year, the partners complete an annual report to monitor progress and evaluate outcomes on shared priorities outlined in the Letter of Mutual Accountability.

- **Partners:** The FNHA and the Province of BC. Although it is not a formal signatory to any FNCF DARs after October 1, 2013, the Government of Canada (ISC, First Nations and Inuit Health Branch) continues to participate on the DIPC as an observer.

- **Partner Voting Members:** There are two voting members of the DIPC, one appointed by each partner, to make decisions related to the approval of FNCF DARs. Decisions require the approval of both partner voting members (Schedule B, Section 1.3.b).

- **Personal Information**: Personal information as defined in the *Freedom of Information and Protection of Privacy Act* [RSBC 1996], c.165, and all amendments thereto. In this definition, personal information means recorded information about an identifiable individual, other than contact or work product information. The definition of personal information may vary according to different legislation used in a specific DAR project; for example, the *Pharmaceutical Services Act* has a different definition of personal information.

2. Context for the Report

This Annual Report on Progress provides a summary of progress made by the tripartite partners — the FNHA, the Government of Canada (ISC), and the Government of BC — in building an equitable and culturally safe relationship around data sharing and data stewardship. These terms are described in the TDQSA, which was signed in 2010. The TDQSA fulfils action number 28 of the 2006 *Transformative Change Accord: First Nations Health Plan* to "renew the Tripartite agreement between the Province, Health Canada's First Nations and Inuit Health Branch,[1] and First Nations to ensure federally and provincially held information on First Nations is shared."

Schedule B of the TDQSA states that "an annual report on the activities carried out under this Agreement will be developed by the Data Committee, for approval by the Parties, and published within six (6) months of Fiscal Year end" (Schedule B, section 1.8). Section 5.1 (f) of the TDQSA also states that the data committee (now known as the DIPC) will "Make an annual report to the Parties on progress toward implementing First Nations health information governance capacity within First Nations in accordance with section 5.1(f) of the Agreement" (Schedule B, Section 1.2[d]).

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[1] In August 2017, Indigenous and Northern Affairs Canada was re-focused into two new federal departments: (1) Crown-Indigenous Relations and Northern Affairs Canada, and (2) Indigenous Services Canada (ISC). In December 2017, the First Nations and Inuit Health Branch (FNIHB) was formally transferred from Health Canada to ISC. All FNIHB funding and contractual arrangements were transferred to ISC at that time.

3. Context of Our Work

The BC First Nations were impacted by the ongoing COVID-19 pandemic, the toxic drug public health emergency, systematic racism, heat, wildfire, and flooding due to heavy rain in 2021. The discovery of unmarked graves of First Nations children in residential schools across Canada was devastating for BC First Nations and First Nations across Canada. The tripartite partners continue to work to address the needs of First Nations with respect to their health and wellness. DIPC is contributing to supporting BC First Nations by providing health-related data to address health and wellness needs. Note that while not all the following events involved DIPC, they are relevant to its First Nations health data and information mandate.

- The TDQSA, which was scheduled to expire in April 2020, was then extended to April of 2021. The TDQSA was subsequently extended for an additional three years, expiring in April 2024.
- In response to the COVID-19 pandemic and to inform BC First Nations communities, COVID-19 data for First Nations in BC were made available to the FNHA in 2020. The FNCF has continued to be used to identify First Nations in BC who were diagnosed with COVID-19 and to inform the First Nations community leadership in BC in terms of the number of cases, clusters, and outbreaks, as well as vaccination distribution planning. The toxic drug overdose crisis continued into 2021. According to the BC's Chief Corner, the first six months of 2021 were the worst on record for deaths due to a toxic drug poisoning since the declaration of the toxic drug overdose crisis in BC.
- The Federal government of Canada passed legislation to make September 30th a federal statutory holiday entitled National Day for Truth and Reconciliation to provide an opportunity to commemorate the legacy of residential schools.
- The BC Government consulted with the public on how to collect data that reflects the needs and experiences of Indigenous, Black, and People of Colour (IBPOC) communities to inform the development of the BC anti-racism data legislation in the fall of 2021. Through anti-racism data legislation, the impact of systemic racism and discrimination could be identified and lead to addressing racial inequity across the province of BC.
- The Urban and Away-From-Home Survey was launched in March 2021 to understand how First Nations people living in urban areas and away from home access health and wellness information. The survey results report (The Urban and Away-From-Home Survey Result Report)[2] was released in November 2021. The report was developed based on an estimated 700 participants. It helped to inform "the development of communications and engagement pathways with the urban and

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[2] https://www.fnha.ca/Documents/FNHA-urban-and-away-from-home-survey-2021-results-report-summary.pdf

away-from-home population, setting the foundations for the FNHA to be a health and wellness partner to all First Nations people in BC, regardless of where they live or access their health services."

- November 30, 2021 marked the one-year anniversary of the release of *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care (IPS)*.[3] The Addressing Racism Review team released a statement[4] highlighting some areas of progress made to date.
- The In Plain Sight Task Team (IPS recommendation #24) was established to drive the implementation of all report recommendations. The group consists of First Nations and Métis health representatives and systems leadership. Working groups have been formed with a focus on legislation, complaints, point of care, cultural safety and humility, communications, and engagement.
- The BC government introduced two bills that further uphold Indigenous human rights and advance reconciliation with Indigenous Peoples: Bill 18, which adds Indigenous identity as a protected ground against discrimination in the BC Human Rights Code (IPS recommendation #2), and Bill 29, which amends the Interpretation Act to make it clear that all provincial laws uphold, and do not diminish, the rights of Indigenous Peoples protected under section 35 of the Canadian Constitution.
- The FNHA, the First Nations Health Council (FNHC), and the First Nations Health Directors Association (FNHDA) developed an anti-Indigenous racism, Cultural Safety and Humility (CSH) framework and action plan[5] and released it in April 2021. The focus of the CSH framework was First Nations-led responses, regionally driven innovation, and continuous improvement.
- The FNHA and the Health Standards Organization are collaboratively developing a new BC CSH standard.[6] Public consultation on the new BC CSH standard was conducted between June and September 2021, and the committee received over 1,100 comments. The committee will finalize and implement the CSH standard in 2022.

The Truth and Reconciliation Commission of Canada defines reconciliation as "an ongoing process of establishing and maintaining respectful relationships." Article 31 of the United Nations Declaration on the Rights of Indigenous Peoples

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[3] In-Plain-Sight-Full-Report-2020.pdf (gov.bc.ca)
[4] https://www2.gov.bc.ca/assets/gov/health/conducting-health-research/ips-statement.pdf
[5] https://www.fnha.ca/Documents/FNHA-FNHC-FNHDA-Anti-Racism-Cultural-Safety-and-Humility-Action-Plan.pdf
[6] https://healthstandards.org/public-reviews/cultural-safety-humility-bc/

(UNDRIP) confirms that "Indigenous peoples have the right to maintain, control, protect and develop their cultural heritage, traditional knowledge, and traditional cultural expressions, as well as the manifestations of their sciences, technologies and cultures." These principles are well embodied through the First Nations Health Information Governance structure advanced by the tripartite partners.

The tripartite partners are guided by the Seven Directives,[7] which are the fundamental standards that have been developed by First Nations in over 120 regional and sub-regional meetings and thus represent broad guiding principles that can guide other tripartite work, including FNCF data access. The principles of OCAP®[8] are respected by the tripartite partners through their work with the FNCF.

4. Progress to Date on Fulfilling the Purposes of the Tripartite Data Quality and Sharing Agreement

Article 3.1.a

Establish a framework for the Parties to:

- **Continually improve the quality and availability of First Nations data;**
- **Facilitate the sharing of FNCF data in response to research questions approved in accordance with the Agreement; and**
- **Ensure that FNCF data is appropriately compiled, used, and shared by the Parties in accordance with the principles set out in this Agreement and applicable legislation.**

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[7] https://www.fnha.ca/about/fnha-overview/directives

[8] https://fnigc.ca/ocap

To support the implementation of the TDQSA, the partners created a framework with three key structures, as well as foundational documents that guide the work of these structures.

The DIPC formally reports to the FNHA-BC MOH Joint Project Board. Progress updates are a standing agenda item at these Joint Project Board meetings, allowing the senior executives and program area leads from both organizations to understand the technical aspects of data and information processes.

Progress in 2021

Despite the competing priorities due to the COVID-19 pandemic, the DIPC met five times in 2021. DIPC saw an increasing trend in First Nations health service planning-related data requests from FNHA and First Nations communities in BC. There continues to be significant learning through the DAR development and review processes. Each DAR presents a unique context and novel idea, thus leading to new questions and implications about the data and its use.

A copy of the FNCF was transferred to the British Columbia Center for Disease Control (BCCDC) in 2021 and continues to be hosted by the BCCDC to respond to the COVID-19 pandemic. BCCDC provides a daily update of COVID-19 cases in First Nations individuals in BC to FNHA and First Nations community leadership in BC. Also, the data was used to develop vaccination plans for First Nations communities in BC.

The development of the 2020 FNCF, which was started in the spring of 2020, was completed in the fall of 2021.

The DMWG supports the ongoing activities of the DIPC. The DMWG met biweekly in 2021, chaired by the DIPC Secretariat. The DMWG is made up of representatives from the FNHA and the BC MOH. Its purpose and responsibilities are to:

- Provide technical and detailed support and project management relating to proposed and/or approved DARs. Each DAR is managed by an assigned project lead or project director (if a project lead is not available) that provides overall leadership to the project, including leading and/or assigning work.
- Conduct technical reviews of DARs and provide feedback and advice for the data requesters to ensure fulsome DARs are completed. The feedback/advice includes but is not limited to data governance, research, and First Nations

perspectives. The DMWG ensures that all information required in a DAR is complete and all supporting documents are available for DIPC review.

- Develop processes, forms, and tools to facilitate the work of the DIPC, as well as the appropriate management and use of FNCF data.
- Document all DIPC and DMWG activities.
- Provide a forum for discussion of data issues, projects, and supports.
- Make sure that all dissemination of results developed using FNCF Data, FNCF Client Roster, or FNCF Population denominator are available for DIPC to review. This includes but is not limited to peer-reviewed publications, internal and external reports, abstracts, oral presentations, posters, and media releases by any of the involved project parties.
- Make sure that the FNCF-linked data is destroyed when a project has been completed, and that a project is closed properly.

Article 3.1.b

Create a process for the Parties to develop, promote, and act upon initiatives, and to facilitate and control access to FNCF data for the purpose of such initiatives or other programs or activities.

First Nations Health Information Governance[9] is grounded in foundational documents such as *the 2011 Consensus Paper: British Columbia First Nations Perspectives on a New Health Governance Arrangement*.[10]

The Consensus Paper was the result of more than 120 regional and sub-regional caucus meetings with First Nations Chiefs, leaders, and senior health professionals informing discussions and negotiations of a new governance arrangement for health programs and services used by First Nations in BC. The Consensus Paper outlines Seven Directives that describe the fundamental standards and instructions for the new health governance relationship. DIPC uses the Seven Directives to guide

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[9] https://www.fnha.ca/what-we-do/research-knowledge-exchange-and-evaluation/health-information-governance

[10] https://www.fnha.ca/Documents/FNHC_Consensus_Paper.pdf

its work and decision-making. Directive Two provides for increased First Nations decision-making and control, and within this to implement OCAP® in data and reporting.

Progress in 2021

- The DMWG has been reviewing and updating the existing DIPC policies since 2020.
- External research requests without FNHA partners have not been accepted since 2012 due to the limited resources available for linkage to the FNCF.

Article 3.1.c/Article 3.1.f

Article 3.1.c

Commit the Parties to work cooperatively toward the development of systems and protocols empowering First Nations to assume stewardship over the use of First Nations Data and promote the accessibility of First Nations Data and Research.

Article 3.1.f

Commit the Parties to work together to develop the capacity of First Nations in BC to assume eventual custody, control, and management of First Nations Data.

Progress in 2021

- The FNHA has been building partnerships with ancillary service providers in BC around data access and stewardship that will also enable linkages to the FNCF. Examples include the provincial Perinatal Mortality and Morbidity Review Committee (perinatal, neonatal, and maternal mortality/morbidity data); BCCDC and BC Corners Service for the toxic drug crisis response; and Trauma Services BC for Injury-related research.
- As of 2021, the BC MOH is the current Data Steward of the FNCF, as per Article 6.3 of the TDQSA. Through the TDQSA, the partners are committed to assisting First Nations in developing the capacity to assume eventual custody, control, and management of First Nations data (Article 3.1.f of the agreement). The TDQSA recognizes that when a First Nations

Data Steward is established to take on the role, the tripartite partners can recommend a change in the FNCF Data Steward (Schedule B, Section 1.2.c of the agreement).

- The DIPC Secretariat continues to develop capacities of FNCF knowledge, including development, quality assurance, and linkage to other data sets that are stewarded by the BC MOH. By working and collaborating with key ministry data staff, the DIPC Secretariat has gained knowledge and additional skills for analyzing administrative health databases.

All parties strive for continuous learning and improvements in policies, safeguards, and standards regarding the FNCF.

Article 3.1.d

Create new data sets to enable First Nations in BC to monitor the health of First Nations and the success of programs and services provided in First Nations communities.

Progress in 2021

Since the creation of the FNCF in November 2011, 65 FNCF DARs have been reviewed by DIPC. Each of the approved FNCF DARs generates its own data set. These data sets are not available for any other purpose other than what is described in the original application. However, the DIPC has established a policy on secondary data use to capitalize on previous work and avoid duplication of effort while respecting all legislative requirements. At the end of December 2021, there were 15 active projects utilizing the FNCF. In 2021, there were more requests from the BC First Nations communities to access FNCF data for their service planning compared to 2020.

Please see Appendix 1 for a list of projects in progress for the 2021 calendar year.

- *The Sacred and Strong: Upholding our Matriarchal Roles — The Health and Wellness of BC First Nations Women and Girls* report was released to the public[11] in 2021. The report was developed by FNHA with the support of the Office of the Provincial Health Officer to provide insight into the health and wellness of First Nations women and girls living in BC. The report reflects First Nations perspectives of wellness and contains data as well as stories and teachings about the different facets of the health and well-being of First Nations women at every stage of their life. A Technical Supplement is under development to accompany this report.

Article 3.1.e

Recognize First Nations Health Information Governance and ensure that its principles are respected in all circumstances related to the use, collection, and dissemination of First Nations Data and use of the FNCF.

The principle of First Nations Health Information Governance is a central tenet of the DIPC and one that the committee strives to operationalize as it pertains to accountability, privacy, and confidentiality, as well as how it relates to the realities of working with administrative health data.

The partners act on their commitment to First Nations in BC for the culturally safe, appropriate, and responsible use of the FNCF, and they have developed clear pathways and mechanisms for FNCF data access and decision-making for First Nations.

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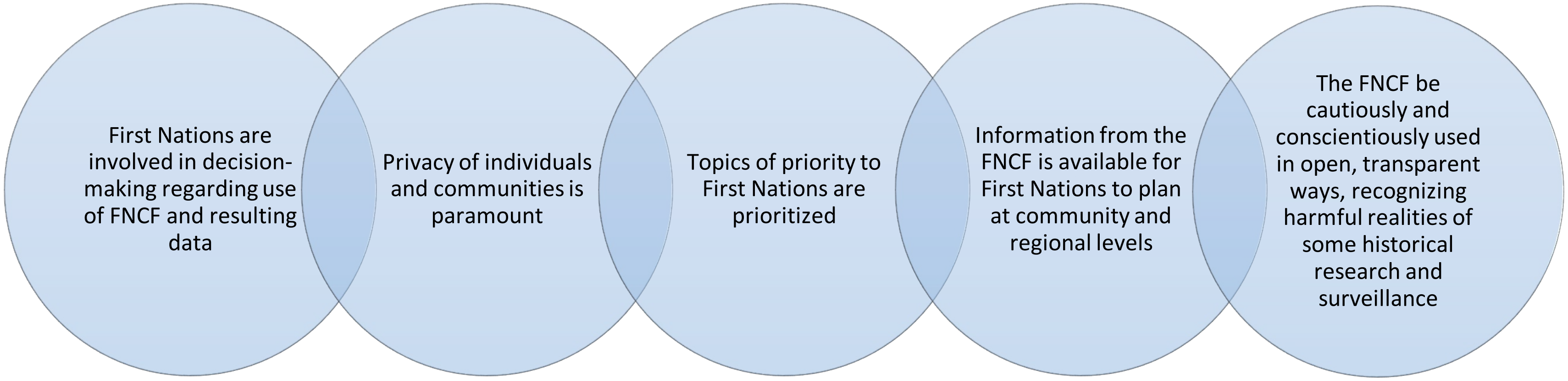
[11] Report available at: https://www.fnha.ca/what-we-do/chief-medical-office/sacred-and-strong

The partners will continue to work toward the following vision:



First Nations are involved in decision-making regarding use of FNCF and resulting data

Privacy of individuals and communities is paramount

Topics of priority to First Nations are prioritized

Information from the FNCF is available for First Nations to plan at community and regional levels

The FNCF be cautiously and conscientiously used in open, transparent ways, recognizing harmful realities of some historical research and surveillance

The DIPC recognizes that the mechanisms for First Nations inclusion into FNCF decision-making should and will be developed over time. Mechanisms that have been established to address the principles of First Nations Health Information Governance include:

- The DIPC is co-chaired by the FNHA and the BC MOH, with each party having one equal vote.
- The FNHA has representatives on both the DIPC and DMWG.
- FNCF DAR decisions are made in agreement between the two co-chairs (to date, there has not been a time when an agreement could not be reached). The co-chairs are supported by committee members who select the co-chair from each respective organization.
- DIPC members compare each DAR against a set of conditions (see Appendix 2) that have been developed using the feedback and insight of community members from key FNHA documents, including the 2011 Consensus Paper. The conditions of use specify that FNCF DARs should be driven by First Nations priorities, involve relevant First Nations partners throughout the project, stimulate action that leads to better services for First Nations, and include First Nations voices during the interpretation and dissemination of results. By ensuring that DARs meet these conditions, the DIPC is advancing the ultimate goal of helping improve the health and wellness outcomes of First Nations.

- Respecting the sovereignty that First Nations communities have over their data, along with privacy issues arising from small cell size, the DIPC has not authorized the release of any community-level First Nations data to date. The DIPC will develop these capacities through collaboration with communities over time.
- An important part of First Nations Health Information Governance is the respectful and inclusive interpretation and use of data. For that reason, DIPC requests that all publications or reports utilizing the FNCF, the FNCF Client Roster, or FNCF Population Count be provided to DIPC for review prior to dissemination. This includes but would not be limited to peer-reviewed publications, internal and external reports, abstracts, oral presentations, posters, and media releases by any of the involved project parties.
- Emerging publications and results are to be made accessible to First Nations through public dissemination in a format and method that is both accessible and meaningful to First Nations.
- The FNHA and the BC MOH collaboratively developed a process for sign-off on the development methodology, as well as a process of quality assurance for the FNCF.

Progress in 2021

The FNHA joined Research Ethics BC in the spring of 2019 and began participating in ethics reviews for projects the FNHA is leading or participating in. All Regional Health Authorities (RHAs) and major research universities are partners in Research Ethics BC, which supports a province-wide, harmonized system for research ethics reviews of studies conducted in multiple geographic areas involving the resources, people, patients, or data from more than one BC research institution. In 2021, FNHA continued to provide research ethics reviews as a member of Research Ethics BC for projects that FNHA is leading or participating in. Although the FNHA does not yet have a research ethics board, the FNHA Research Executive Committee provides an interim ethics review process. As a member of Research Ethics BC, the FNHA has a decision-making role in ethics, ensuring Indigenous self-determination in the research process for studies the organization is leading or partnered on.

5. Progress to Date on the Major Deliverables of the Tripartite Data Quality and Sharing Agreement

Article 5.1.a

Support or directly undertake initiatives that will improve the quality and/or interpretation and use of First Nations Data, including in respect of the Priority Areas of Interests.

The following priority areas of interest, as identified in the TDQSA (see Appendix 2 for a complete list), are areas where significant work occurred in 2021.

- Examining the Societal Consequences of the COVID-19 Pandemic: This project began in April 2020 to identify, monitor, and report on the impact of COVID-19 pandemic-related public health measures on British Columbians. The working group was formed at the request of BC Public Health leadership and includes public health physician leads from the five RHAs in BC, FNHA, BCCDC, and the Office of Provincial Health Officer (OPHO). The monitored items include consequences on mental/ physical health, as well as social, economic, and environmental impacts. Each of the monitored impacts is to be released as a separate issue report. FNHA has developed a statement on the Societal Consequences of BC's COVID-19 Response.[12] A summary of the FNHA's statement will be included in each issue report, with a link to the full statement. Dr. Danièle Behn-Smith also released a statement on this project and Indigenous health.[13]
- Since the declaration of a public health emergency due to an unprecedented increase in drug toxicity-related deaths in BC in April 2016,[14] the IPC has been an essential partner in better sharing data and analytics. Currently, four FNCF toxic drug crisis-related projects are in progress (please see Appendix 1 for details). In July 2020, the FNHA, the OPHO, the BC

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[12] https://www.fnha.ca/Documents/FNHA-COVID-19-Statement.pdf

[13] http://www.bccdc.ca/health-professionals/data-reports/societal-consequences-covid-19/indigenous-health-and-wellness

[14] https://www2.gov.bc.ca/gov/content/overdose/how-the-province-is-responding

Coroners Service (BCCS), and the FNHC jointly released an infographic illustrating the impact of the toxic drug crisis[15] since the COVID-19 pandemic on First Nations in BC (based on data from Jan–May 2020[16]). The data revealed that the toxic drug crisis continued to be a severe and persistent threat to First Nations in BC, which had gotten worse due to COVID-19, and highlighted the increasing gap in adverse outcomes between First Nations people and other BC residents. The infographic was updated the following year to include 2021 (Jan–Dec) data. Currently, the infographic is being updated to include the first half of 2022 (Jan–June) for a mid-year data release. Data was also shared at Caucus 2020 and 2021 and will be shared at Caucus 2022. The FNHA developed a Framework for Action: Responding to the Overdose/Opioid Public Health Emergency for First Nations based on four pillars:[17]

1) Prevent people who overdose from dying;
2) Keep people safer when using;
3) Create an accessible range of treatment options; and
4) Support people on their healing journey.

Each pillar has one or more action plans to tackle the overdose crisis among First Nations people in BC.

- BCCS and the FNHA have an existing DAR seeking information on First Nations youth and young adults who have died from injury-related causes. In June of 2018, the BC Coroners Service completed a new analysis of their data using the FNCF to check how accurately BCCS data identified First Nations decedents. Compared to the BCCS method of identifying First Nations ancestry, the BC Coroners Service discovered that the FNCF was able to detect 60 per cent more First Nations-identified individuals among the deceased, with better accuracy. However, while the BCCS data set did not include all First Nations people, BCCS found that the findings and recommendations in the report the *2017 BC Coroners Service and First Nations Health Authority Death Review Panel: A Review of First Nation Youth and Young Adult Injury Deaths: 2010-2015*[18] remained the same. In the future, the BCCS plans to factor FNCF data access approvals into their

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[15] https://www.fnha.ca/about/news-and-events/news/first-nations-toxic-drug-deaths-doubled-during-the-pandemic-in-2020

[16] https://www.fnha.ca/Documents/FNHA-First-Nations-in-BC-and-the-Overdose-Crisis-Infographic.pdf

[17] https://www.fnha.ca/Documents/FNHA-Overdose-Action-Plan-Framework.pdf

[18] https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/death-review-panel/fnha_bccs_death_review_panel_-_a_review_of_first_nations_youth_and_young_adults_injury_deaths_2010-2015.pdf

reporting timelines. It is hoped that the implementation of the Aboriginal Administrative Data Standard will also improve the identification of Indigenous identity. The partners are working on a project with Trauma Services BC and the BC Injury Research and Prevention Unit, which focuses on injury surveillance among BC First Nations people. DIPC approved the DAR for this project in 2020. However, due to the COVID-19 pandemic, the project was on hold in 2021.

- The Health System Matrix (HSM) is a data set that includes information on hospital services, physician services, other services, and chronic conditions. HSM is used to analyze health service utilization and expenditures for First Nations and non-First Nations residents in BC's RHAs. Potential gaps in First Nations' access to programs/services will be examined, and opportunities for investment or service integration will be identified. In 2020, the new linkage included updates to the HSM and Discharge Abstract Database (DAD) data sets, as well as the addition of the Pop Grouper (PG) data set. The DAD data linkage includes conditions of interest not in the HSM. These include ambulatory care sensitive conditions by individual conditions, dental, HIV/AIDS, hospital admissions and readmissions, mental health and self-harm, suicidal ideation, and tuberculosis. This data provide insight into those conditions that are not being treated appropriately in primary care and require hospitalization. The PG data linkage provides new insights into the HSM data. It applies a Canadian Institute of Health Information (CIHI) population grouper methodology, which builds clinical profiles that help to better understand dominant health conditions. PG data looks at multi-morbidities and variations in healthcare resources (not yet received by FNHA) and describes overall population health. Both DAD and PG complement the HSM.
    - In 2021, the HSM was used to support the COVID-19 pandemic planning and support, particularly for the prioritization of vaccines for First Nations people in BC. For example, population data from HSM and Census 2016 was used to identify the ages and geographies of populations at risk and the proximity of communities to healthcare facilities. Data on COVID-19 risk factors, such as multi-morbidity and complex conditions, were taken from HSM and PG.

Article 5.1.b

Archive the goals, objectives, or activities identified and agreed to by the Parties and set out in the Annex to the TDQSA, as amended, supplemented, or replaced from time to time.

The TDQSA states that the partners are able to develop and collaborate on projects or initiatives. See Appendix 1 for more information.

Article 5.1.d

Oversee the development of First Nations Data in respect of the following seven performance indicators in the TFNHP:

- **Life expectancy at birth**
- **Mortality rates (due to all causes)**
- **Status Indian youth suicide rates**
- **Infant mortality rates**
- **Diabetes rates**
- **Childhood obesity (develop baseline and ongoing mechanism for collecting data)**
- **Practicing certified First Nations healthcare professionals (develop baseline and ongoing mechanism for collecting data)**
- **Establish other key indicators, including wellness indicators.**

The FNHA and the OPHO will continue to monitor the health and well-being of First Nations people in BC for the next 10 years through a new Population Health and Wellness Agenda. This new agenda marks a shift away from a biomedical, sickness-based model. The indicators, targets, and recommendations were presented at the Gathering Wisdom for a Shared Journey X in January 2020[19] for validation and feedback. The new agenda includes 22 indicators to monitor, takes a strengths-based approach to focus on wellness and resilience, and uses two-eyed seeing to bring together First Nations and Western ways of knowing. The Population Health and Wellness Agenda was developed by the Offices of the FNHA Chief Medical Officer and

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[19] http://gathering-wisdom.ca/

Provincial Health Officer through extensive engagement with BC First Nations. The analysis was completed, and the baseline report was released in June 2021. This baseline report will be followed by two interim reports and a final report over the next 10 years. Planning for the first interim report began in September 2021.

Article 5.1.e

Develop a plan to support and develop the capacity and self-determination of First Nations in BC to (i) manage the collection, use, and disclosure of First Nations Data, and (ii) enhance the ability of First Nations in BC to conduct health research.

During this reporting period, the DMWG has been working to establish a standardized DAR intake process. The FNHA Research and Knowledge Exchange team, the FNCF Data Secretariat, and the DMWG have been coordinating ethics reviews and the DAR process to streamline the processes for DARs that are submitted by partners for research purposes. Research studies must have an approved ethics application for a DAR to be considered and approved.

Article 5.1.f

Develop and implement a program(s) for the collection of information to assist in the development of First Nations health policy and program planning, as well as to monitor health outcomes in First Nations Communities.

Primary Care Network

- In 2018, DIPC approved the perinatal data request project, which requires FNCF linkage to the Perinatal Service BC (PSBC) data set. The objectives of the project are to establish a baseline and monitor the health of First Nations women and infants over time. The project also assists the FNHA and the regional and sub-regional health partners in supporting policy, program, and service planning for First Nations women and families in BC. Perinatal Services BC releases an annual PSBC's Perinatal Health Reports focusing on First Nations in BC. The report can be used for evidence-based decisions and reporting on perinatal outcomes, policy, and programming for First Nations women and infants. The report includes a standardized set of surveillance products at a provincial and regional level. In 2020, the following two First Nations communities requested and approved the use of the Perinatal Health Report for their prenatal service planning.

Fraser Salish Region (2021)

Fraser Salish Region requested HSM/DAD/PG, Perinatal Service Data, Toxic Drug Data, and COVID-19 Data for their Primary Care Service planning. Three main purposes for Fraser Salish for the data requests were: 1) evidence to inform the selection of a third primary health clinic site in the Fraser South subregion; 2) develop a five-year primary care service plan for the entire region; and 3) monitor two selected primary care initiative sites in Fraser West and Sts'ailes.

Interior Region (2021)

HSM/DAD data were provided to support service planning for the following four Primary Care Networks (PCNs) in the Interior region in 2021: Thompson Region PCN, Interior Rural PCN, Shuswap North Okanagan PCN, and Revelstoke PCN. PCNs are intended to provide integrated networks of team-based primary care services to a community population within a geographic region. Four Nations in the Interior Region participated in preliminary planning and determined their community's priority needs.

Vancouver North Island Region (2021)

HSM/DAS data was used to develop the Preliminary Analysis Report (PAR) for a proposed First Nations-led Primary Care Initiative (FNPCI) site. The PAR helps the FNHA and communities understand the current service delivery needs and health and wellness status. HSM data can demonstrate the need for improved access to primary care services. The FNPCI is a partnership between the BC MOH and the FNHA to support First Nations communities to develop and enhance innovative primary healthcare service and delivery models that consider the social determinants of health and enhanced access to culturally safe and trauma-informed care. Initiative service locations will be called "Initiative sites" and will employ wholistic team-based models to meet the pressing primary healthcare needs of First Nations living in both rural and urban settings.

Self-Governing Indigenous Governments (SGIG) (requested in 2020 and completed in 2021)

HSM/DAD data requested by BC SGIGs to develop capacity for evidence-based decision-making and feed into collaborative processes between the Government of Canada and SGIGs. The BC SGIGs includes the following: Nisga'a Lisims Government, Westbank First Nation, Tla'amin Nation, Shíshálh Nation, YuułuʔiłʔatḥGovernment, Ka:'yu:'k't'h'/Che:k:tles7et'h' First Nations, Huu-ay-aht First Nations, Uchucklesaht Tribe, Tsawwassen First Nation, and Toquaht Nation.

Article 5.1.g

Develop and assist other government agencies, government ministries, and government departments to develop comparable data sets for non-status First Nations in BC.

The FNCF allows for the identification of status First Nations individuals. Health information of non-status individuals cannot be produced using the FNCF.

6. Lesson Learned

The DIPC identified several lessons learned in 2021:

- Accommodating DARs during the COVID-19 pandemic was challenging as DIPC and DMWG members needed to work on other pandemic-related priority areas, and not everyone was available to work with DARs and other requests.
- Sharing health information is complex and based on a framework of legislation and regulations, judicial rulings, commissioner directives and orders, agreements, policy, best practices, ethics, professional codes/standards, and sound judgement. ISAs require a significant amount of time within each FNCF project work plan.
- The FNCF is a valuable resource to understand the health and wellness of First Nations in BC; however, given limited time and resources, the DIPC is unable to review or adjudicate external research DARs at this time.
- A robust policy and framework are required to make sure that community priorities and needs are reflected in data requests.
- DARs have differing levels of complexity that, in some cases, can require the creation of new methodologies or revisions to existing methodologies; new issues that arise may require discussion and collaborative development of additional policies.
- Developing and maintaining quality control of the FNCF require time and resources. Further involvement of the FNHA on the technical side of the FNCF development would support all activities involving the FNCF.
- Establishing standardized DAR intake and output/report reviewing processes are important initiatives for accommodating an increasing number of FNCF linkage requests and providing high-quality services to requestors despite limited resources.
- Supporting data requestors' understanding of OCAP® principles[20] is an important aspect of First Nations Health Information Governance and appropriate use of First Nations data.
- Needing to revisit existing DARs and ISAs to make sure that they are still compliant with the current processes.
- It was observed that the DIPC process (including filling out a DAR) was challenging for First Nations Communities and regions. They required a lot of support from the DMWG and the FNHA departments for them to submit a DAR.

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[20] https://fnigc.ca/ocap-training/

7. Looking Ahead

- The DMWG, DIPC, and TDQSA signatories will continue to support the development of a new agreement through extensive community engagement to replace the current extension of the TDQSA, which expires in April 2023.
- The DMWG and DIPC will continue to enhance the knowledge exchange between the BC MOH and the FNHA with respect to stewardship of the FNCF.
- The DMWG and DIPC will support regional activities and initiatives by analyzing data at regional levels.
- The DMWG and DIPC will review and update the DIPC policy to update the existing policies to enhance the process and work of the DIPC and DMWG to reflect Nation-based and community-identified needs.
    - The DMWG is expected to complete the development of a prioritization mechanism for FNCF-related DARs.
    - The DMWG is expected to establish a standardized intake and monitoring process of projects with the FNCF.
- The DMWG, DIPC, and FNHA will continue to work on developing a standardized DAR process.
- The DMWG, DIPC, and FNHA will develop supporting documents and methods to help First Nations communities and regions access the data sets they need quickly and easily.

8. Appendix 1: Active Projects in 2021

ID	Project Title	Description	Status Update	Sub-project (2021)
1	**Chronic Disease Registry**	To compare the descriptive epidemiology of various chronic diseases between status First Nations living in BC and other BC residents.	The original DAR was developed in 2014. In 2021, a new DAR was developed and submitted to DIPC. The new DAR updated the data linkage process and variables to reflect current needs. The DAR was approved in December 2021. An ISA was under development as of December 2021.	N/A
2	**Perinatal Data Linkage with First Nations Health Authority**	The FNHA requested routine linkage to the Perinatal Services BC's (PSBC) perinatal data for the surveillance and annual reporting on the health of First Nations mothers and infants in BC. Perinatal data provides a picture of the well-being of First Nations pregnant women and infants. Prenatal care is a major indicator of the health outcomes of	In 2020, the data linkage occurred, and data began to be analyzed by the FNHA secondee with assistance from PSBC. Provincial-level analysis of standard indicators was completed in November 2020. Further analyses were put on hold during the pandemic. A draft provincial-level deck was completed in 2021 along with an update of the project's analytical plan. Under the guidance of Dr.	Service Planning (FNHA internal and First Nations communities). • Cowichan Tribes Perinatal Surveillance Report (submitted in 2020 and analyses started in 2021) • SGIG surveillance and capacity development DAR (submitted in

ID	Project Title	Description	Status Update	Sub-project (2021)
		infants. The data will support the planning of culturally relevant perinatal care and will be used as a tool to measure access to perinatal care by First Nations women and infants.	Shannon McDonald and Dr. Unjali Malhotra from the FNHA, standard deliverables are anticipated for dissemination in 2022.	2020 and completed in 2021)
3	**Provincial Health Officer Indigenous Girls' and Women's Health Report**	To use a wellness, social determinants, and equity-based perspective to present and examine current data and information on the health and well-being of Indigenous girls and women in BC. This report discusses success stories and areas where there may be room for improvement and makes recommendations for the creation of specifically targeted programs to support better health.	The analysis was completed, and the First Nations Women and Girls' Health Report is in the final publishing phase. The magazine draft (summary of the report) was submitted to DIPC in April 2021, and DIPC approved the release of the report. *The Sacred and Strong: Upholding our Matriarchal Roles — The Health and Wellness of BC First Nations Women and Girls* report was released to the public in 2021.	
4	**Population Health and Wellness Agenda, FNHA Chief Medical Office, and**	This is a joint project between the Office of the Provincial Health Officer and the Office of the Chief Medical Officer at	The analysis was completed, and the baseline report was released in June 2021. This baseline report will be followed by two interim	

ID	Project Title	Description	Status Update	Sub-project (2021)
	Office of the Provincial Health Officer	the FNHA. The purpose of this project is to serve as the next phase of reporting for the indicators established in the *Transformative Change Accord: First Nations Health Plan* that was released in 2006. It includes the seven original health indicators as well as 15 additional indicators that reflect a strengths-based approach and incorporate dimensions of the FNHA perspective on wellness. Data is being resourced from multiple sources to support these 22 indicators, 10 of which are derived from FNCF linkages. The scope of this linkage is limited to the 10 that are FNCF-linked.	reports and a final report over the next 10 years. Planning for the first interim report began in September 2021.	
5	**Opioids Overdose Public Health Emergency Surveillance Project — BC Centre for Disease Control (Main**	To develop a linked public health surveillance database within the BCCDC to support planning, priority setting, and evaluation of the opioid	Data are currently being used for analyses; most have been internal thus far.	

ID	Project Title	Description	Status Update	Sub-project (2021)
	Component: Provincial Overdose Cohort)	overdose prevention emergency strategy in BC. The anonymized linked database will be used by analysts in the FNHA, BCCDC, RHAs, and the BC MOH to support decision-making.	Data linkage and build for the 2019 Provincial Overdose Cohort are complete and 2019 data is currently under analysis. The 2020 iteration of the Provincial Overdose Cohort is in the validation phase. There is no exact completion date for this phase, but validation is likely to be complete before the end of the calendar year.	
6	**Opioids Overdose Public Health Emergency Surveillance Project — Monthly BC Coroners Service Component**	To develop a linked public health surveillance database within the BCCDC to support planning, priority setting, and evaluation of the opioid overdose prevention emergency strategy in BC. The anonymized linked database will be used by analysts at the FNHA, BCCDC, RHAs, and the BC MOH to support decision-making.	BCCS surveillance data (ISA 17_125) started becoming available monthly to the FNHA in 2020. Monthly updates are provided to senior leadership as well as various overdose response teams. 2020 (Jan-Dec) and 2021 (Jan-May) data from this linkage was used to inform the public release of data via an infographic in 2021. This infographic was updated the following year to include 2021 (Jan-Dec) data. Currently, the infographic is being updated to	

ID	Project Title	Description	Status Update	Sub-project (2021)
			include the first half of 2022 (Jan-June) for a mid-year data release. Data was also shared at Caucus 2020 and 2021. The updated 2022 infographic will be released in time for Caucus 2022. Data from this linkage are also being used to create data presentations for sub-regional and regional Caucus 2022 meetings.	
7	**Opioids Overdose Public Health Emergency Surveillance Project — Emergency Health Services Component**	Timely access to BC Emergency Health Services – BC Ambulance Services data during the opioid crisis aligns with the vision as outlined in the Tripartite First Nations Health Plan (2007). The BC Provincial Overdose Cohort has provided the first statistics on how the overdose crisis is affecting First Nations populations; however, it is a large and complex linkage that requires several weeks to produce,	Began receiving Emergency Health Services data in 2020, but there were challenges with usability due to many missing Personal Health Numbers in the data (preventing the ability to identify First Nations individuals for 40–50% of records in more recent data). To resolve this, the BC MOH developed an additional matching algorithm on top of the Emergency Health Services data to recover more Personal Health Numbers.	

ID	Project Title	Description	Status Update	Sub-project (2021)
		and it is only refreshed annually. In the interests of pursuing timelier surveillance information for First Nations populations, a more "real-time" linkage of the BC Emergency Health Services data set to the FNCF will be conducted monthly.	2020 (Jan-Dec) and 2021 (Jan-May) data from this linkage was used to inform the public release of data via an infographic in 2021. This infographic was updated the following year to include 2021 (Jan-Dec) data. Currently, the infographic is being updated to include the first half of 2022 (Jan-June) for a mid-year data release. Data was also shared at Caucus 2020 and 2021 and will be shared at Caucus 2022.	
8	**Substance Use Cascade of Care for BC**	First Nations in BC are disproportionately affected by substance use disorders, and a disproportionate number of First Nations people have experienced a fatal or non-fatal overdose in BC since 2015. This project serves two purposes: 1) creating and monitoring an opioid use disorder cascade of care and 2) analyzing	The project team submitted a DAR Amendment due to their group moving from BCCfE to CHEOS. Data was moved from BCCfE to CHEOS. DAR Amendment was approved in May 2021. The draft of the ISA amendment to reflect the DAR Amendment in May 2021 is developed and waiting for signatures from all stakeholders as of Dec 2021.	

ID	Project Title	Description	Status Update	Sub-project (2021)
		outcomes for people living with HIV and substance use issues.		
9	**First Nations Cancer Research and Surveillance Project (Cancer 2)**	The Indigenous Cancer Strategy is a five-year strategic plan to improve First Nations cancer outcomes and experiences in the province, and its implementation is a key priority of both BC Cancer and the FNHA. As knowledge development is one of the Indigenous Cancer Strategy's seven strategic priorities, the FNHA and the University of British Columbia (UBC) have invested $3 million over the next 10 years to establish an FNHA Chair in Cancer and Wellness at UBC. The data developed as a result of this DAR will support the work of this Chair and allow the FNHA and BC Cancer to fulfil their Indigenous Cancer Strategy promise to communities to	Ethics were amended in Nov 2021. In the meantime, because of the contract with the data analyst at BC Cancer, the data was released to BC Cancer under special condition (Oct 2021). The analyses were in progress in 2021.	

ID	Project Title	Description	Status Update	Sub-project (2021)
		better document and understand First Nations cancer journeys, and to respond to community cancer concerns with relevant data.		
10	**HPV**	HPV is the primary cause of the majority of cervical cancers. Findings will influence FNHA efforts to enhance awareness and influence the provincial HPV vaccination program to meet First Nations' needs. This DAR is required to support ongoing surveillance and research activities to influence and guide quality improvement initiatives planned as part of the Indigenous Cancer Strategy.	Privacy Impact Assessment (PIA) was completed in Jan 2021 and an ISA was developed and executed in April 2021. A DAR Amendment was developed to request additional variables and to update team members in 2021.	
11	**Provincial Health System Matrix Linkage (Round 2)**	This was a draft work item in the draft 2015/2016 Joint Project Board (JPB) work plan. The goal is to understand the First Nations population	Starting in the fall of 2021 and into 2022, FNHA Health Surveillance completed the creation of BC and regional slide decks with HSM v10 2017/18	Service Planning (FNHA internal and First Nations Communities).

ID	Project Title	Description	Status Update	Sub-project (2021)
		relative to key systems and/or Joint Project Board strategic directions (for example, the First Nations population within the health system's key target populations in the setting priorities document; establishing a baseline to measure the impact of Joint Project Board projects on primary healthcare for BC First Nations).	data. The decks were planned to be shared within FNHA via multiple online sessions and uploaded to the FNHA SharePoint site for specific staff access in 2022. The round 2 data refresh (HSM v13) was planned to be available to FNHA in early 2022.	• Fraser Salish DAR for primary care planning • Interior DAR for PCN planning • North Vancouver Island DAR for FNPCI site planning • SGIG surveillance and capacity development DAR (submitted in 2020 and completed in 2021)
12	**First Nations Injury Surveillance**	The burden of morbidity, mortality, and disability from injury in BC is significant. Like many other health issues, injury disproportionately affects the health and well-being of First Nations individuals, families, and communities. The surveillance products will compare the descriptive epidemiology (trends and patterns) of different types of injuries, health service	ISA and PIA were under development in 2021.	N/A

ID	Project Title	Description	Status Update	Sub-project (2021)
		utilization, and outcomes between First Nations people and other residents of BC.		
13	**Silent Genomes Activity 4.2**	Relative to other Canadians, Indigenous populations in Canada experience poorer access to genomic technologies and the research that drives them. Accurate genomics-informed diagnosis often rests on the presence of substantive background reference databases from which pathogenic variants can be identified or discovered, yet these genomic resources are increasingly silent with respect to Indigenous populations. Without addressing this divide, the ongoing movement within healthcare systems toward genomics-driven precision medicine threatens to	In 2020, DIPC approved the DAR. A research agreement was under development in December 2021.	N/A

ID	Project Title	Description	Status Update	Sub-project (2021)
		exacerbate current health disparities. The "diagnostic odyssey" (i.e., the time and resources collectively required to yield a diagnosis) experienced by Indigenous children with a suspected rare genetic condition is one possible manifestation of this disparity. In partnership with the FNHA, Silent Genomes Activity 4.2 aims to fill this gap. The goals of Activity 4.2 are to document the magnitude of the current genomic healthcare disparity, generate policy-informing economic evidence for its closing, and deliver this evidence to policymakers.		
14	**COVID-19 FNCF Transfer**	Due to the COVID-19 pandemic, the FNCF was	The COVID-19 data is provided by the BCCDC to the FNHA daily.	N/A

ID	Project Title	Description	Status Update	Sub-project (2021)
		transferred to the BCCDC. The BCCDC provides daily updates of First Nations COVID-19 cases, vaccination uptake, hospitalizations, and deaths. The FNHA Surveillance team has access to anonymized data and the FNHA Chief Medical Officer gets access to non-anonymized data. The exact variables and data sources have changed over the course of the pandemic.	FNHA produced daily reports for its executive and community partners until 2022. As the BCCDC shifted to a weekly reporting schedule, so did the FNHA.	
15	**Examining the Societal Consequences of the COVID-19 Pandemic**	This project began in April 2020 to identify, monitor, and report on the impact of COVID-19 pandemic-related public health measures on British Columbians. A working group was formed at the request of BC public health leadership; this working group includes public health physician leads from the five RHAs in BC, as	FNHA has developed a statement on the Societal Consequences of BC's COVID-19 Response, a summary of which will be included in each issue report, with a link to the full statement. A statement by Dr. Danièle Behn-Smith on this project and Indigenous health was published on the website: http://www.bccdc.ca/health-professionals/data-	N/A

ID	Project Title	Description	Status Update	Sub-project (2021)
		well as representatives from the FNHA, BCCDC, and the Office of Public Health Officer. The targeted items include mental/physical health consequences, as well as social, economic, and environmental impacts.	reports/societal-consequences-covid-19/indigenous-health-and-wellness.	

9. Appendix 2 – Priority Areas of Interest (as Specified in the Tripartite Data Quality and Sharing Agreement, Appendix 1)

Priority Areas of Interest

In addition to First Nations-driven research that looks at First Nations health from a wellness perspective, the tripartite partners have identified several additional common priority issues. The tripartite partners acknowledge the benefit of collaboration in addressing these issues. The partners will draw on existing and new data sets held or administered by BC or Canada to support:

1. Continuation of the annual vital statistics report on birth and mortality-related statistics for First Nations.

2. Identification of First Nations populations living on- and off-reserve/home and away from home, regardless of registration status, to better categorize health data as on- or off-reserve/home or away from home.

3. Assessment of the epidemiology of diabetes mellitus and other chronic diseases, including prevalence and complications in First Nations people in BC.

4. Assessment of the epidemiology in First Nations of communicable diseases that are reportable under the *Provincial Health Act* including, but not limited to, HIV, tuberculosis, and vaccine-preventable diseases.

5. Assessment of the epidemiology of cancers in First Nations in BC communities, including, but not limited to, lung, breast, cervix, colon, and prostate cancers.

6. Assessment of the epidemiology in First Nations of injury-related morbidity and mortality (including types of injury patterns by age group and region), including, but not limited to, motor vehicle accidents, accidental poisoning, falls, and suicide.

7. Establishment of baseline data with regard to First Nations health status so as to enable the measurement of progress by the parties in addressing First Nations health, reviewing the health indicators monitored by the Provincial Health Officer, and determining what additional indicators may be needed to assess the population health status of First Nations.

8. Assessment of healthcare service and program utilization patterns and trends for First Nations in all of Canada, including federal, provincial, and regional patterns and trends.

9. Establishment of baseline data and ongoing mechanisms for collecting relevant data with respect to new indicators including but not limited to childhood obesity and the number of practicing First Nations in BC certified healthcare professionals.

10. Collection of information about congenital anomalies and genetic conditions in First Nations.

11. Collection of information required for the First Nations in BC Regional Longitudinal Health Survey.

12. Collection of information required for First Nations in BC community health plans.

13. Other projects as identified and agreed upon by the parties.