

FIRST NATIONS HEALTH COUNCIL

Implementing the First Nations Health Plan on behalf of BC First Nations



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West Vancouver, BC, V7T 1A2
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Table 1

First Nations Regional Longitudinal Health Survey Community Participation Form

The First Nations Regional Longitudinal Health Survey (RHS) is a general health survey of First Nations adults, children and youth living in communities throughout Canada. This survey is unique because it is strictly owned and controlled by First Nations in the region that the survey is managed. In this region, the survey is managed by the First Nations Health Council (FNHC). Information from this study will benefit First Nations through the development of programs and policies that are consistent with First Nation culture.

Your community was selected for participation. The involvement of your community in this research project is entirely voluntary, and there are no known or anticipated risks to participation in this study.

If your community agrees to participate, the survey should not take more than about ½ hour to one hour. One or more interviewers (Data Collectors/warriors) will be hired from your community (covered by FNHC), and the tasks they will perform for this survey are as follows:

- Work closely with your membership clerk (or other delegated person) to identify potential survey respondents using the local band list and other locally validated sources of information (e.g. birth and death records and local knowledge). The interviewers will randomly select all adults, youth, and children eligible to participate in the survey.
- Community interviewers will contact the adults and legal guardians of the youth and children to obtain their consent to participate, they will participate in the survey that has general health questions and they have the right to decline answering questions that they feel they do not wish to answer. All information they provide will be considered confidential. Further, the names of the community members will not be identified by name in any report or publication resulting from this study and the data collected through this study will be kept in a secure location. Results for this study will be group individual responses together and report data at the community, regional or national level.

If after receiving this letter, you have any questions about this study, or would like additional information to assist you in reaching a decision about participation, please feel free to contact the Regional RHS Coordinator David S Clellamin at 1 866 913 0033, (604) 913-2080 or via email at dclellamin@fnhc.ca

Should you have questions about your participation in this study, you can contact the National RHS office at 1 866 869 6789 (request direct connection to RHS Office Administration)

If your First Nations community agrees to participation, please forward a signed copy to the Membership Clerk so that the Interviewer (Data Collector/Warrior) can have access and obtain membership information for the purpose of conducting the Regional Health Survey. The membership list is required for the data collector.

Table 2**Statement of Participation**

As a member of _____ Chief and Council, I have read this consent form and I freely agree that _____ can participate in this study.

We have had the opportunity to discuss this research study with the Regional Coordinator. We have had our answers by the Regional Coordinator in a language that we understand. The risk and benefits of the study have been explained to us. We understand that the participation of

_____ in this study is strictly voluntary and that we may choose to withdraw at any time.

We understand that information regarding the personal identity of community members will be kept confidential. Despite efforts to keep personal information confidential, absolute confidentiality cannot be guaranteed. Personal information may be disclosed if required by law. Organizations, such as the First Nation's Health Council, may also inspect and or/copy research records for quality assurance. By signing this form, we have agreed to participate in the First Nations Regional Longitudinal Health Survey.

Chief or Council Member:

Printed

Signature

Date: _____

Please answer the following as it applies to your community

Participation in this survey is acknowledged by way of Band Council Resolution ___ Yes ___ No

Submit signed copy of the form to:

David S Clellamin, BSW
Regional Health Survey Coordinator
Suite 1205 – 100 Park Royal South
West Vancouver, BC V7T 1A2

Tel: (604) 913-2080 Fax: 604 913 2081

Email: dclellamin@fnchc.ca

Table 3

Addendum to the Spring 2008 RHS community participation agreement For participating communities in BC

In connection with the 2007-2008 First Nations Regional Longitudinal Health Survey (the "RHS") being conducted by the First Nations Summit Society operating through its First Nations Health Council as represented by the BC Regional Health Survey Steering Committee:

1. We give the Society permission to combine our community's data as collected in the course of the RHS with data from other communities for these purposes:
 - a. Data analysis at the regional (BC) level,
 - b. To make comparisons between groups of communities,
 - c. To provide First Nations health organizations, provincial Health Authorities and the First Nations and Inuit Health Program (Health Canada) with health indicator information about the First Nations populations within the geographic areas to which they provide health services.

2. We understand that the Society will not distribute outside of our community any data tabulation or analysis in which information about our community is identifiable unless our community's band council or executives give their prior written permission.

3. We understand and agree that our community may request the data of individual members of our community who participated in the RHS, for study and analysis by our own community. However, we understand that any such data provided to us will be edited or grouped to prevent individual persons from being identified.

4. For comparison to our own community members, we understand and agree that our community may also request the data of individual members of *other* communities who participated in the RHS. However, we understand that any such data provided to us will be edited or grouped to prevent individual persons from being identified, and to prevent the other communities from being identified.

5. We give the Society permission to provide other communities with the data of individual members of our own community who participated in the RHS, for comparison to their community members. We understand that any such data provided to other communities will be edited or grouped to prevent individual persons from being identified, and to prevent our community from being identified.

6. If our community participated in the previous (2002-2003) First Nations and Regional Longitudinal Health Survey, then we agree that provisions 1 to 5 (above) also apply to the data collected in that previous survey.

Do you agree to the above: Yes _____ No _____

Printed

Signature

Date:

Name of First Nations Band

2008 RHS CHECKLIST

- _____ Thoroughly read **Table 1**
- _____ Signed the Statement of Participation in **Table 2**
- _____ Submitted **signed copy** of Statement of Participation Table 2 to the RHS Coordinator
- _____ Submitted **signed copy** of Table 2 to First Nations Membership Clerk
- _____ Reviewed **Table 3** with rendered decision as applicable
- _____ Submitted copy of Band Council Resolution (BCR) to RHS Coordinator [if applicable]
- _____ Informed Health Centre Director/CHR
[Administration of RHS is conducted with the support of Health Centers at the community level]