



THE POWER OF DATA

OTTAWA, ONTARIO – When it comes to discussing the health and well-being of First Nations people and their communities, data is not the first thing that jumps to most people’s minds.

After all, data is dry, right?

Not when it comes to the **First Nations Regional Health Survey (FNRHS)**.

Ever since it was launched nearly 20 years ago, the First Nations-led survey has been quietly rewriting the play-book on how we understand data and the power it holds for the 634 First Nations reserve and Northern communities across Canada.

Established in 1997, The FNRHS (better known as the RHS) is the only First Nations-governed, national health survey in Canada. Overseen by the **First Nations Information Governance Centre (FNIGC)**, a First Nations run non-profit, the RHS collects valuable information in more than 250 First Nations communities using both Western and traditional understandings of health and well-being.

In the years since, the RHS has undergone three survey cycles, collected data from tens of thousands of First Nations people, and gained a reputation as a powerful tool in the mission to improve First Nations health and well being in Canada.

Sonia Isaac-Mann, Associate Director of Health at the Assembly of First Nations, says there are several reasons why the RHS has become a go-to for decision-makers.

“First of all, it’s by First Nations for First Nations. This is critical as it creates a level of buy-in and credibility with our own people” she explains. “First Nations people and communities have a very well-established relationship with the RHS; it’s like going back to visit your grandma.”

Isaac-Mann believes that the kind of reliable, ethical data produced by the RHS has had concrete, real-world impact over the years – like the \$700-million in upstream investments that went towards supporting First Nations early childhood development, youth resiliency initiatives, and the Aboriginal Diabetes Initiative.

Putting Data to Work

How quality information can (and is) changing First Nations communities



“[The RHS] has had a huge and obvious impact in terms of policies and programs.” Says Isaac-Mann. “Data from the RHS is evidence for us that allows us to show where gaps exist for First Nations: it helps us influence change and provides us a way into the conversation about how we want to effect that change.”

And the AFN is not alone in its use of RHS data.

Federal Departments such as Health Canada’s **First Nations Inuit and Health Branch**, **Aboriginal Affairs and Northern Development Canada**, **Canada Mortgage and Housing Corporation**, **Canadian Institutes of Health Research**, and **Public Safety Canada** are just a few who have come to depend on data from the RHS.

Dennis Batten, the Senior Program Performance and Research Advisor for the First Nations Policing Program (FNPP) at Public Safety Canada, first encountered the RHS four years ago following a search for on-reserve data relating to the effectiveness of the program.

“One of the big problems with measuring the performance of the FNPP in the past is that we had zero information that allowed comparisons between First Nations communities that have the FNPP with those that don’t.” Batten says. “RHS data is the only data in Canada that allows us to make these comparisons.”

With FNIGC survey data Public Safety was able to draw a positive association between the presence of a Community Policing Program in a community and the level of community involvement and engagement with respect to policing.

“The need for more substantive data in government has evolved over time” Batten explains “Anecdotal evidence is no longer enough to renew policies or programs: We need quantifiable, empirical data. Before we found the RHS there was a data gap. Finding it was huge.”

Rene Dion has been involved with the RHS for 13 years. As Manager of Health Information and Policy Coordination at FNIHB, he has played an integral role in its growth from a small pilot project.

“Like anything else, the first time out it was a bit bumpy but over the years it’s improved. Every wave gets better and better. The survey, the organization, the process, the thinking, the ability to grapple with hitches. It’s all such a huge undertaking. Over time it’s really matured.”

Currently in its third phase, RHS Phase 3 started rolling out in communities this spring and by the time it wraps up in 2016 will have gathered data from more than 250 First Nation communities, in 11 provinces and two territories. Once the data is gathered, analysed and released, the new crop of RHS data will be used by stakeholders for program planning, renewal and reporting purposes.

In practical terms, that means that FNIHB can analyze how effective the Aboriginal Diabetes Initiative is in communities or assess programs that impact senior’s health and well-being.

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“For us, without RHS data we’d be making it up” Dion says. “RHS is the primary vehicle for us to do that analysis.”

The data will also enable First Nations community leadership to target activities and programs, to gain better insight into what works and what doesn’t, and plan accordingly using evidence-based decision making.

“For example, if the national numbers say that walking clubs are popular, maybe communities that don’t have a walking club could try that out as a way to increase exercise and improve health” he explains. “It gives them some guidance.”

It’s all part of a complex, multi-year process that contributes to the uniqueness and effectiveness of the RHS; something that few

people think about as they’re filling out the survey in their communities in the weeks and months ahead.

“The survey process is fairly abstract” says Dion. “Like any survey you go out and you ask questions, and I think people wonder What happens with this? Where do my answers go?”

“I think it’s important to provide communities with the results in order to show them what happens to their answers; but more importantly to also provide concrete examples of how their answers can be used to improve health and quality of life.”

For more information about the RHS and FNIGC, please visit FNIGC.ca