



BC SUPPORT Unit

Indigenous knowledges for decolonized research and evaluation practices

**Environmental scan of Indigenous engagement
guidelines for health research and program evaluation**

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Land acknowledgment

The work of the BC SUPPORT Unit, part of Michael Smith Health Research BC (Health Research BC), extends across many Indigenous lands and territories throughout British Columbia (BC).

With respect and humility, we acknowledge that the BC SUPPORT Unit's Vancouver offices are located on the traditional and unceded territories of the x^wməθk^wəy^əm (Musqueam), Skwxwú7mesh (Squamish) and sə'lilwətaʔł (Tsleil-Waututh) Nations.



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Executive summary

Guided by the Indigenous philosophical foundation of the Four R's: Respect, Reciprocity, Relevance and Responsibility, this environmental scan for the BC SUPPORT Unit provides an overview of Indigenous engagement guidelines for health research and program evaluation in Canada.^{1, 2}

By identifying and synthesizing existing distinctions-based guidelines that promote meaningful, ethical and culturally safe engagement with Indigenous peoples and communities at national, provincial, territorial and British Columbia-based Indigenous community levels, this scan highlights principles, processes and best practices for Indigenous health research and evaluation frameworks. Finally, potential gaps and limitations within current guidelines are considered. This information is an invaluable resource for health researchers, professionals and policymakers seeking to respectfully strengthen and decolonize Indigenous engagement in health research and program evaluation in British Columbia and beyond. ▼



1. Kirkness, V. J., & Barnhardt, R. (1991). First Nations and higher education: The Four R's – Respect, Relevance, Reciprocity, Responsibility. *Journal of American Indian Education*, 30(3), 1-15.

2. Terminology used for Indigenous peoples in Canada has changed over time. "Indigenous" is the common term utilized in academic, legal and political contexts. However, "Aboriginal," "First Nations" and/or "Indian" may also be used; when doing so, the terminology is referring to Indigenous peoples. In addition, rightful Nation-affiliated names (e.g., the Nisga'a Nation or Tl'azt'en Nation) are included, as appropriate.

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Background

Inextricably associated with imperialism and colonialism, research with Indigenous peoples is encased in a history where Indigenous rights, laws, protocols, culture and traditions have been devalued and ignored (Smith, 2005). As part of being accountable for research-related experiences of mistrust and apprehension, Indigenous-informed research methods offer “an intention that halts further exploitation, addresses the damage that has been hurled upon generations of our communities, and respects Indigenous sovereignty and restores Indigenous principles of well-being” (Smith, 2018, p. 34). Given that the recognition of Indigenous rights is acknowledged within Canadian and provincial legislation by way of the *United Nations Declaration on the Rights of Indigenous Peoples Act* (UNDRIP) (2021) and British Columbia’s *Declaration on the Rights of Indigenous Peoples Act* (2019), the urgency for meaningful, ethical, and culturally safe and humble Indigenous health research and program evaluation is amplified.

As Martin (2012) explains, “the importance of alternative ways of knowing, such as those by Indigenous perspectives, are often absent from research generally (Smith, 1999) and *health research specifically*” (p. 21-22,



emphasis added). As notable Indigenous-led and Indigenous-informed health research and program evaluation practices are mobilized to complement models of health transformation where “the Government of Canada is supporting First Nations-led institutions and organizations to increase their control over the design and delivery of First Nations health services and to advance Indigenous cultural safety and self-determination in health care,” reconciliation-related and decolonizing research and program evaluation practices are being realized (<https://www.sac-isc.gc.ca/eng/1626810177053/1626810219482>). Indeed, within the *Calls to Action* (CTA) offered by the Truth and Reconciliation Commission (TRC) of Canada, health is outlined as a specific and integral priority.

With this, health research and program evaluations that optimize Indigenous engagement are necessary. This environmental scan presents a dynamic and diverse representation of Indigenous health research guidelines and program evaluation practices available from across the country that reflect respectful, culturally safe and ethical Indigenous knowledge-informed systems that support the unique circumstances and health priorities of Indigenous peoples and communities. Indigenous peoples continue to inform self-determined research and evaluation practices that contribute to decolonization, reconciliation and recognition of Indigenous rights.

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Method

Led by an Indigenous research team, the environmental scan represents a comprehensive review of Indigenous engagement guidelines for health research and program evaluation. Utilizing a secondary source “desk research” method, intensive academic library and web-based searches resulted in being able to review academic literature, community reports, government reports and organizational websites that represented Indigenous and non-Indigenous health-related associations at national, provincial and territorial levels. Furthermore, using publicly available information and the provincial government website to identify Indigenous groups in British Columbia, a close examination of research priorities, ethics and protocols available amongst BC First Nations, First Nations Tribal Councils and Métis Nation BC are incorporated as part of the analysis. Key search terms included variations of: “Indigenous engagement,” “Indigenous health,” “health research,” “program evaluation,” “cultural safety,” “Indigenous research ethics” and “guidelines.” These terms were sometimes accompanied by more specific province, territory or Nation-affiliated names.

The number of publications and studies utilizing *Indigenous research methods* are too numerous

to include here; therefore, this scan prioritized sources representing *Indigenous engagement guidelines for health research and program evaluation*. Some publications that may not directly offer distinct “guidelines” but are exceptional examples of Indigenous engagement considerations are included as exemplars of how Indigenous knowledges, cultures, systems and traditions can inform health-based research and evaluation methods. All information was reviewed, synthesized and categorically organized. [Appendix I](#), [Appendix II](#) and [Appendix III](#) represent important tables that include hyperlinks to identify Indigenous engagement guidelines for health research and program evaluation at national, provincial and BC-based First Nations and Tribal Council levels.³

Once a draft environmental scan was complete, and as part of Indigenous collaboration and relationship, five Indigenous researchers with expertise in health research from throughout BC reviewed the preliminary report in the event any important resources were overlooked. Throughout the document, hyperlinks are included in-text and a more fulsome bibliography representing the sources integral to this review is available at the end of the environmental scan.

Format

This environmental scan represents four categorizations that situate Indigenous engagement guidelines for health research and program evaluation in Canada:

1. National guidelines for Indigenous research, evaluation and relevant initiatives/publications
2. Provincial and territorial organizations and guidelines for Indigenous research evaluation and relevant initiatives/publications
3. British Columbia-based Indigenous community-driven research frameworks, ethics and policies/protocols
4. Scholarly literature representing meaningful, ethical and Indigenous-informed health research methods

Several exemplars for further consideration are indicated within the scan as potential sources deserving further consideration. Finally, the environmental scan concludes with acknowledging limitations within the framework before concluding with converging themes, principles and processes woven throughout this rich representation of resources. ▼

3. Although hyperlinks are included throughout the tables and within this document, it is important to acknowledge that the status of the associated URLs may change or become defunct over time.

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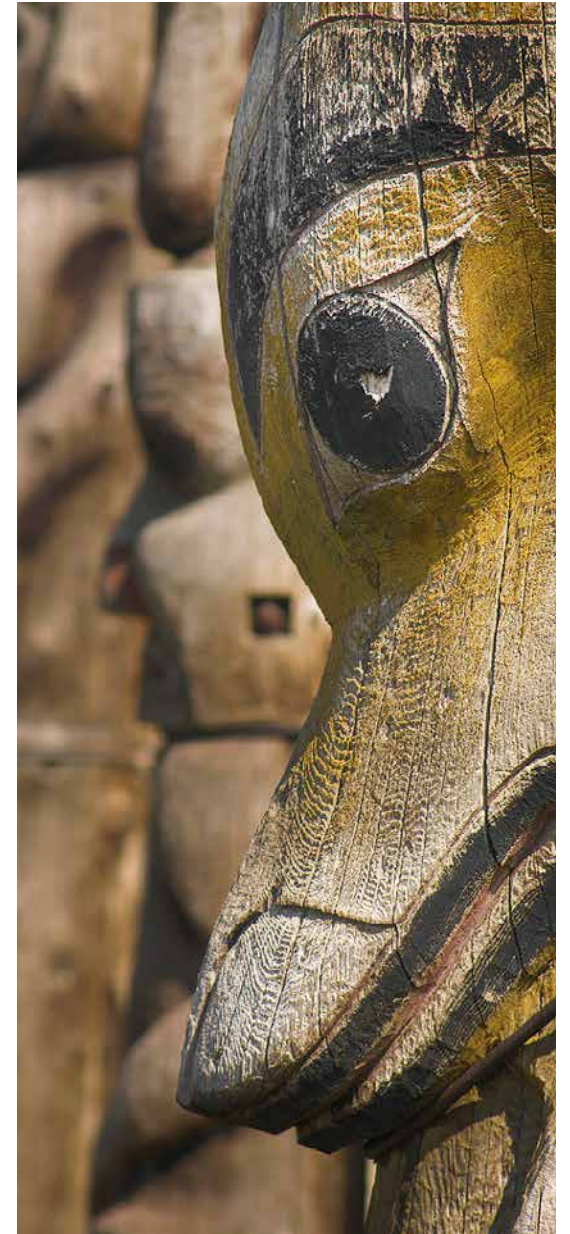
National guidelines for Indigenous research and relevant publications

Canada is one of several countries worldwide that has developed national guidelines for Indigenous engagement in health research and program evaluation. As described by Lin, et al (2020): “Negative examples of research being conducted in Indigenous communities overshadow positive ones and have prompted the establishment of guidelines for Indigenous health research by the tri-council research bodies in Canada [and] enactment of the Ownership, Control, Access and Possession principles for research involving First Nations People of Canada” (p.1). Moreover, the Assembly of First Nations (n.d.) has made a *First Nations Ethics Guide on Research* available as “[g]overnment, academia and First Nations have been struggling to reformulate research methods to accommodate aboriginal cultural values” (p. 3). These guidelines, as well as important examples of national Indigenous information governance and health-research methods and program evaluation syntheses, are provided below.

Tri-Council and Tri-Council Policy Statement 2 (2022) – Chapter 9: Research involving the First Nations, Inuit, and Métis peoples of Canada

For academic researchers within publicly funded post-secondary institutions, the Tri-Council Policy Statement 2 (TCPS2) is a fundamental consideration for research and evaluation with Indigenous peoples. As described by the Government of Canada's Panel on Research Ethics (2022):

As a condition of funding, the Agencies require that researchers and their institutions apply the ethical principles and the articles of this Policy and be guided by the Application sections of the articles. Institutions must therefore ensure that research conducted under their auspices complies with this Policy. Researchers are expected, as a condition of funding, to adhere to the TCPS. Institutions should support their efforts to do so. Failure to fulfill the requirements of the TCPS, by the researcher or the institution, may result in recourse by the Agencies, as set out in the *Tri-Agency Framework: Responsible Conduct of Research*. (https://ethics.gc.ca/eng/tcps2-eptc2_2022_introduction.html)



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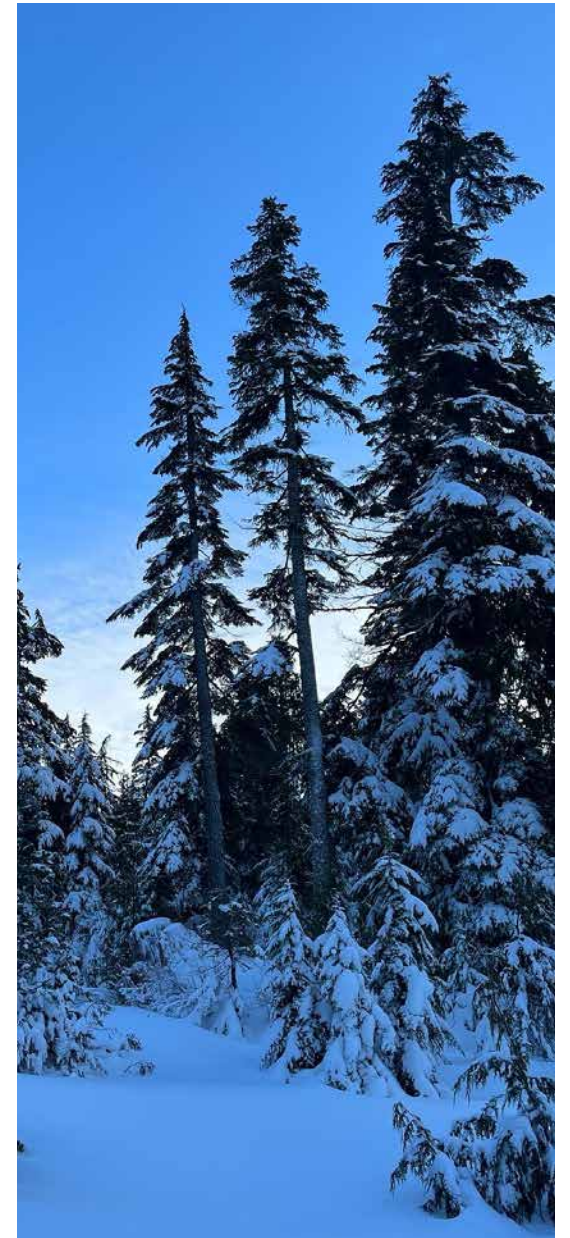
In 2010, the Canadian Institutes of Health Research (CIHR), together with the other two Canadian federal research agencies (i.e. the Natural Sciences and Engineering Research Council of Canada [NSERC], and the Social Sciences and Humanities Research Council of Canada [SSHRC]) revised the policy which currently includes: *TCPS 2 (2022) – Chapter 9: Research Involving the First Nations, Inuit, and Métis Peoples of Canada* (https://ethics.gc.ca/eng/tcps2-eptc2_2022_chapter9-chapitre9.html). The Government of Canada Panel on Research Ethics (2022) explains:

Research involving Indigenous peoples in Canada has been defined and carried out primarily by non-Indigenous researchers. The approaches used have not generally reflected Indigenous world views, and the research has not necessarily benefited Indigenous peoples or communities. As a result, Indigenous peoples continue to regard research, particularly research originating outside their communities, with a certain apprehension or mistrust.

The landscape of research involving Indigenous peoples is rapidly changing. Growing numbers of First Nations, Inuit, and Métis scholars are contributing to research as academics and community researchers. Communities are becoming better informed about the risks and benefits of research. Technological developments allowing rapid distribution of information are presenting both opportunities and challenges regarding the governance of information.

[Chapter 9] is designed to serve as a framework for the ethical conduct of research involving Indigenous peoples. It is offered in a spirit of respect. It is not intended to override or replace ethical guidance offered by Indigenous peoples themselves. Its purpose is to ensure, to the extent possible, that research involving Indigenous peoples is premised on respectful relationships. It also encourages collaboration and engagement between researchers and participants... (https://ethics.gc.ca/eng/tcps2-eptc2_2022_chapter9-chapitre9.html)

TCPS2 Chapter 9 recognizes the unique historical and cultural contexts of Indigenous communities and emphasizes the importance of engaging in research that respects Indigenous rights, values and knowledge systems. In addition, cultural safety and a recognition of power imbalances between researchers and Indigenous communities should inform a decolonized research process. From the initial planning stages to the dissemination of results, meaningful collaboration and partnership with Indigenous communities throughout the research is imperative to ensure Indigenous self-determining priorities are being met. University and college Research Ethics Boards must consider the parameters stipulated within Chapter 9.



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Jull et al, (2022) explain “policies... have undermined opportunities to address community-level health needs... [and] CIHR Guidelines hold ongoing potential to guide health research with Indigenous people in ways that promote equitable research partnerships” (p. 1). TCPS2 Chapter 9 provides important guidance and principles for Indigenous engagement in health research and evaluation. It promotes ethical and culturally safe practices that respect the rights, values and self-determination of Indigenous communities while ultimately contributing to more meaningful research

outcomes. The SSHRC [Indigenous Advisory Circle](#) is a useful resource in this regard and in partnership with British Columbia Network Environment for Indigenous Health Research (BC NEIHR), Michael Smith Health Research BC, First Nations Health Authority (FNHA) and the University of British Columbia, Erb & Littlechild (2022) published [Internal Summary Report: BC Research Ethics Board Environmental Scan & Ethics Sharing Circles](#) to share “a number of initiatives, strategic plans, and organizational priorities from across different institutions and networks working in the realm of Indigenous

research ethics” (p. 1). A more thorough analysis of how the Canadian public post-secondary sector is reorienting their ethics practices to include community would be beneficial.



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Ownership Control Access and Possession (OCAP)

Ownership Control Access and Possession, more commonly known as OCAP®, was introduced in 2002 by the National Aboriginal Health Organization “to reduce historical trauma to individuals, families, and communities from research and reporting of findings” (Mashford-Pringle & Pavagadhi, 2020).⁴ Guided by the OCAP principles, these guidelines respect the inherent rights of Indigenous peoples to govern and protect their own data and knowledge while acknowledging that Indigenous communities have the right to determine how their data and knowledge are collected, used and shared (Mashford-Pringle & Pavagadhi, 2020). This empowers Indigenous communities to make informed decisions about research, policy development and resource management that directly affect their wellbeing, efforts of self-determination and rights as Indigenous peoples.

“... Indigenous communities have the right to determine how their data and knowledge are collected, used and shared.”

For example, as described by Mashford-Pringle & Pavagadhi (2020), “a further step [to OCAP] in promoting culturally safe and responsible research with Indigenous peoples is to incorporate the Inuit Qaujimagatuqangit [IQ], traditional laws and principles that guide a way of life and of knowing” (p.868). Having both guides situated to influence each other “incorporate[s] Indigenous voices into knowledge acquisition, translation, and dissemination... [and] also promote strengths-based research, which follows many Indigenous teachings and empowers the community...” (Mashford-Pringle & Pavagadhi, 2020, p. 870).

⁴ OCAP is often written OCAP® to acknowledge that it is a registered trademark of the First Nations Information Governance Centre (FNIGC). Unless being directly quoted without, OCAP® will appear throughout this report.

| Core value | Translation |
|------------------------------|--|
| Inuuqatigiitsiarniq | Respect for other people |
| Tunnganarniq | Openness |
| Pijitsirniq | Acts of service |
| Aajiiqatigiinni | Decision-making through discussion and consensus |
| Pilimmaksarniq | Development of skills |
| Ikajuqtigiinni | Working together for a common goal |
| Qanuqtuurniq | Being innovative and resourceful |
| Avatittinnik Kamatsiarniq | Respect for the land |

Eight core values of Inuit Qaujimagatuqangit. Adapted from Mashford-Pringle & Pavagadhi (2020).

Mashford-Pringle & Pavagadhi (2020) acknowledge that:

OCAP and IQ are salient to Indigenous health research because they put guiding principles of Indigenous ethics into practice; however, they are not prescriptive. Creators of both OCAP and IQ rightfully acknowledge their respective frameworks are not all-encompassing and that their application might differ among nations. However, the utility of both frameworks is their ability to guide research in an ethical and safe way. (p. 871)

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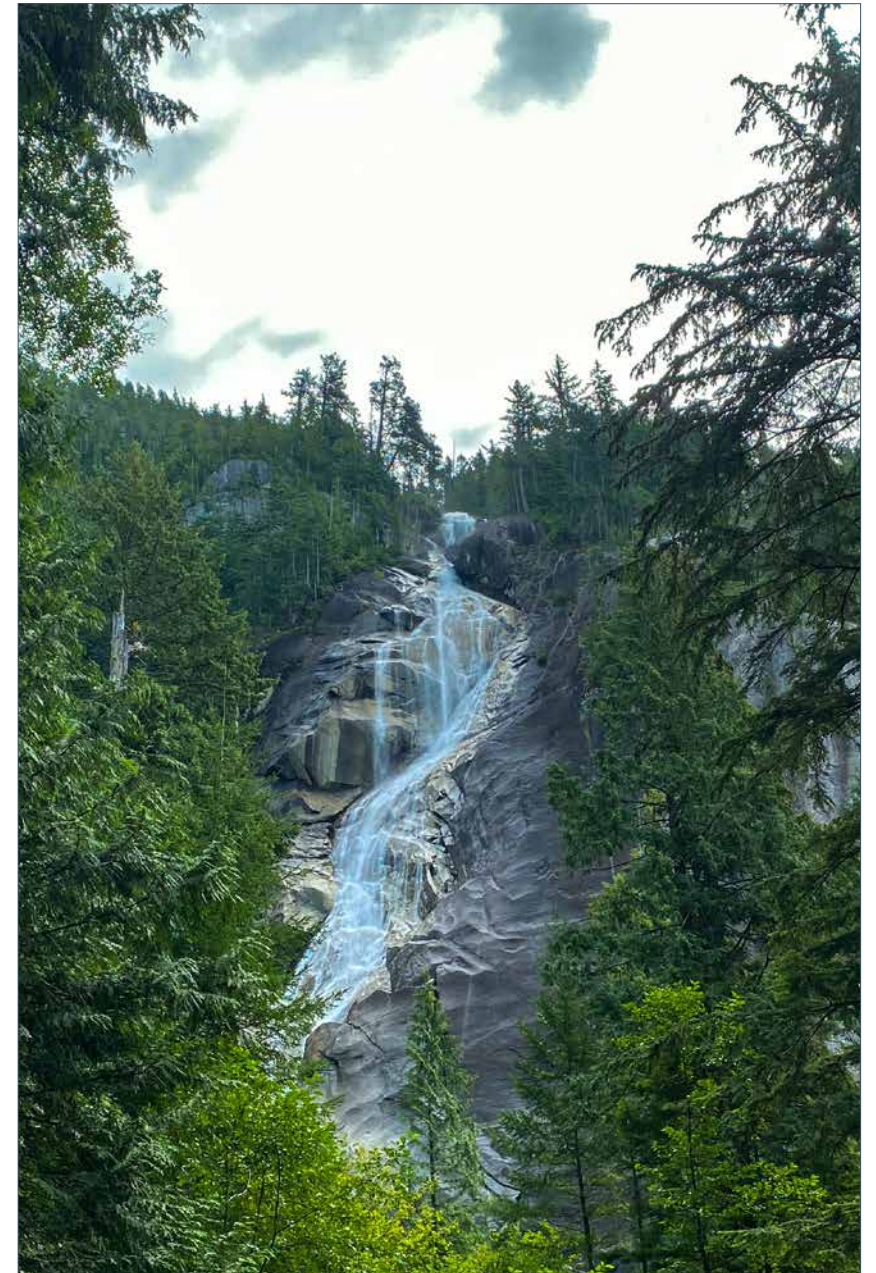
Image sources

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Boffa, et al (2011), prominently integrated principles of CIHR Aboriginal health research guidelines and OCAP® in their study to examine the determinants of tuberculosis (TB) transmission for Indigenous and non-Indigenous Canadians and acknowledge:

Strengths of this methodology included Aboriginal organizational and community support with a high rate of participation; [Provincial Network Committees (PNC)] leadership, which brought together Aboriginal stakeholders with provincial and federal TB program planners; and the exploration of both on and off-reserve transmission factors. Challenges of the methodology included meeting funding agency timelines and expectations given the gradual process of trust development and PNC-reviewed publication; respecting both community and individual participants' autonomy regarding study participation; and political discomfort with strong Aboriginal involvement. While the methodology required a dedicated investment from researchers and funding agencies alike, the process was worthwhile and achieved a high degree of support from its major collaborators: the Aboriginal peoples. (p. 734)

By being involved in research where Indigenous peoples can assert ownership, control, access and possession over data and knowledge, Indigenous communities can protect their cultural heritage, maintain their sovereignty, and ensure that research and policies align with their values, needs, aspirations and objectives like what is represented in documents such as BC's Office of the Human Rights Commissioner's report, *Disaggregated demographic data collection in British Columbia: The grandmother perspective (2020)*. Additionally, this can include digitizing Indigenous knowledge, traditions and philosophies as part of anti-colonial strategies as part of the "recovery of Indigenous self-determination" (Simpson, 2004, p. 375). In doing so, OCAP® promotes the preservation of Indigenous languages, traditions and practices, while situating an effective decolonizing research practice within health and other Indigenous research and program evaluations.



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Assembly of First Nations and other national governance, research and evaluation reflections

As a national advocacy organization that represents the interests of First Nations peoples in Canada, the Assembly of First Nation (AFN) seeks to advance the rights, wellbeing and self-determination of First Nations throughout Canada by taking direction and fulfilling mandates through resolutions (<https://afn.ca/about-us/>). Through active Indigenous engagement and collaboration, the AFN amplifies important policies and practices that have a direct impact on Indigenous people including engagement with health research guidelines and program evaluation.

The *First Nations Ethics Guide on Research* (AFN, n.d.) demonstrates one example where Indigenous knowledge is acknowledged as crucial for policy development related to Indigenous research. Further to this, building on a 1996 “National Steering Committee [established] to design a new national First Nations health survey in response to a decision from the Federal Government to exclude First Nations people living on reserve from three major population surveys,” the AFN created the First Nations Information Governance Centre (FNIGC) in 2010 that is “responsible for a wide range of work, from research and planning to

surveys, capacity development, education, and training” that fulfills the principles of OCAP® (<https://fnigc.ca/about-fnigc/our-history/>). The FNIGC explains that OCAP® principles “have not only been foundational for pursuing the rightful ownership, control, access, and possession of First Nations’ data by First Nations, but have also forged the path toward the realization of First Nations data sovereignty” (<https://fnigc.ca/what-we-do/ocap-and-information-governance/>). Indeed, the culmination of these national efforts directly influences other important Indigenous health-related guidelines and program evaluation resources.

Indeed, the culmination of these national efforts directly influences other important Indigenous health-related guidelines and program evaluation resources.

Canadian Partnerships Against Cancer and the National Collaborating Centre for Indigenous Health

Two important national sources that model respectful and relevant acknowledgement of Indigenous guidelines are the [Canadian Partnerships Against Cancer](#) (CPAC) and the [National Collaborating Centre for Indigenous Health](#) (NCCIH). In response to the TRC’s Health-related Calls to Action numbers 19, 22, 23 and 24, CPAC established “measurable goals to identify and close the gaps in health outcomes between Indigenous and non-Indigenous communities” (www.partnershipagainstcancer.ca/about-us/who-we-are/first-nations-inuit-metis/). As part of Partnership-funded initiatives to support action on Peoples-specific, self-determined priorities, CPAC worked with First Nations, Métis, and Inuit representatives from across Canada to create the resource *Developing the Peoples specific, self-determined priorities and indicators: If it doesn’t get measured, it doesn’t get done*. This document outlines three distinct priority areas to mobilize: 1. Culturally appropriate care closer to home; 2. [Ensure] Peoples-specific, self-determined care; and 3. [How to honour] First Nations-, Inuit- and Métis-governed research and data systems. As an example of offering distinct Indigenous health research guidelines, CPAC’s document models respectful principles of Indigenous engagement.

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Further to this, the NCCIH offers an exceptional Indigenous engagement program evaluation summary within the publication *Indigenous approaches to program evaluation* (NCCIH, 2013) and describes:

Evaluations with aboriginal peoples or programs must be culturally sensitive and include contextual factors. Many aboriginal and non-aboriginal scholars have articulated important concerns and identified methodologies to ensure that program evaluations and research are conducted respectfully. Future work and program evaluations and indigenous methodologies should be focused on ensuring that it is the norm to consider guidelines such as those articulated by the CIHR and integrating frameworks like the “4 R’s” [Respect, Responsibility, Relationship and Reciprocity] with existing evaluation standards articulated by the Canadian Evaluation Society (2008). Engaging and useful, respectful program evaluations ultimately works towards improving programs to effectively meet the needs of participants and provides exciting opportunities to learn about programs and their successes. (p. 7)

Additionally, as an expert in the evaluation field, Andrea Johnston (n.d.) with [Johnston Research Inc.](#) shares invaluable Indigenous evaluation resources for consideration. And Building Research Relationships with Indigenous Communities (BRRIC) with the First Nations University of Canada (n.d.) seeks to “disseminate knowledge among academic stakeholders for engaging in transformative Indigenous research utilizing best practices and methods for producing results and findings.” Although the information may not be reflecting a contemporary representation of health program considerations, the First Nations Inuit Health Branch (n.d.) shares an [evaluation guide](#) and Future Cities Canada offers an [evaluation tool](#) that are worthwhile to consider.

Finally, although broader in scope, academic research texts from scholars like Brown & Strega (2015), Denzin, et al (2008), Kovach (2021), McGregor, et al (2018), and Macklin, et al (2021), to name a few, profile scholarly-informed research to offer distinct Indigenous research methodologies that can support the respectful development of Indigenous engagement in health research and program evaluation. Here, self-determined decolonized research theories and methods drive resistance related and anti-oppressive forms of scholarship. Varying methods grounded in (and reflective of) Indigenous principles of the Four R’s are evident within the work (Kirkness & Barnhardt 1991). As part of national Indigenous research leadership, these texts supplement other national guidelines for Indigenous research and the development of new health research or evaluation frameworks.



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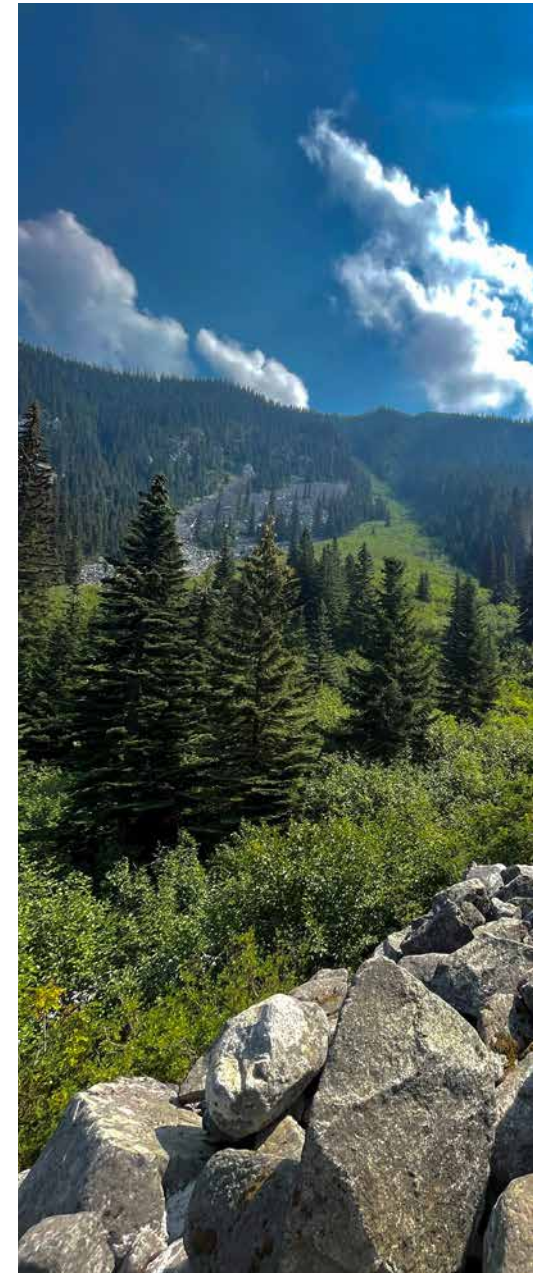
Provincial, territorial and Indigenous organizations to take into consideration

In addition to national guidelines, provincial, territorial and Indigenous organizations have developed their own resources and contacts available for Indigenous engagement ([Appendix I](#)) and reflect the unique cultural, social and political contexts of provinces or territories. It is important to note that provincial/territorial/Indigenous health authorities across Canada vary in terms of services provided, especially for Indigenous peoples. The landscape of health care is different amongst locations and an environmental scan and search across Canada highlights some of these differences.

In terms of health authority representation, it is apparent that many are government-led and although some acknowledge having partnership with Indigenous peoples or Nations, the inclusion of consultation with Indigenous communities and/or peoples in the development of research and program evaluation guidelines was not always evident. In addition, finding “research-related” health guidelines within the provincial/territorial search was more challenging. And although many provinces and territories offer invaluable Indigenous health resource *guides*, there is a noticeable omission of Indigenous-led health-related community resources that did not easily come through on the search (e.g. how [Carrier Sekani Family Services](#) provides health-care services in northern BC). Conducting a Canadian community-to-community Indigenous organization environmental scan of health-related resources and services would be valuable.

However, there are a few notable organizations that have far-reaching impacts for Indigenous peoples in Canada that should be mentioned here. This section of the scan will focus on five health authorities that provided substantive information, were easy to access and extremely user-friendly. The health-related resources provided here are beneficial to Indigenous health research and program evaluation:

1. [First Nations Health Authority in BC](#) provides compelling research-related [resources](#) to “help community researchers with conventional research practices and empower them to lead research projects in their own communities” while simultaneously supporting an awareness of Indigenous research ethics considerations (including data ownership).
2. [Northern Health Indigenous Health \(NHIH\)](#) in BC offers [local cultural resources](#) that were created in collaboration with community and designed specifically according to the vision of communities.



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WHAT THE RESEARCH TELLS US: PROVINCIAL, TERRITORIAL AND INDIGENOUS ORGANIZATIONS TO TAKE INTO CONSIDERATION

3. Northern Inter-Tribal Health Authority (NITHA) in the province of Saskatchewan is:

the only First Nations Organization of its kind in the country. NITHA is comprised of the Prince Albert Grand Council, Meadow Lake Tribal Council, Peter Ballantyne Cree Nation, and Lac La Ronge Indian Band and each has extensive experience in health service delivery. The Partners formally joined together in 1998 to create NITHA to deliver a service known as “Third Level.” (<https://www.nitha.com/our-history/>)

NITHA offers health services and resources at all levels of health care for Indigenous peoples.

4. Sioux Lookout Meno Ya Win Health Centre in Sioux Lookout, Ontario, explains that:

MenoYaWin, in the Anishinaabe language means health, wellness, well-being. It refers to holistic healing and wellness, the whole self being in a state of complete wellness. Our care recognizes the relationship of the physical, emotional, mental and spiritual aspects of the person. We embrace a holistic approach to healthcare. Patients and families have the option of integrating traditional and modern medicines and practices. We recognize and respect the cultural and linguistic significance of the people whose health care is entrusted to us.

The centre offers key research-related resources and other important information about their dynamic programs (e.g., the Anishinaabe Bimaadiziwin Research Program and research ethics).

5. Southwest Ontario Aboriginal Health Access Centre provides “innovative, Indigenous-informed health care to First Nations, Métis and Inuit communities in southwestern Ontario from Windsor to Waterloo Wellington and north to Owen Sound” (<https://www.soahac.on.ca/about-soahac/about-soahac>).

Finally, in Ontario, the Ontario Population and Public Health Division, Ministry of Health and Long-Term Care (2018) has designed a Relationship with Indigenous Communities Guideline. This guide helps fulfill health equity standards for boards of health and may be a useful tool for other jurisdictions preparing health research guideline and evaluation processes.



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WHAT THE RESEARCH TELLS US: BRITISH COLUMBIA-BASED INDIGENOUS HEALTH-RELATED RESOURCES

British Columbia-based Indigenous health-related resources

BC Indigenous representation including First Nations, Tribal Councils and Métis governance have identified health, research and relevant protocols for their Nations. With more than 200 distinct First Nations (British Columbia, n.d.), 22 Tribal Councils (Government of Canada, n.d.) and the Métis Nation British Columbia, including Chartered Métis Communities (Métis Nation British Columbia, n.d.), BC's diverse representation of distinct cultural priorities deserves recognition. As of January 2024, there are 17 Indigenous communities, collectives and organizations (ICCOs) with their own place-based Ethical and Research Frameworks in BC, as identified by the British Columbia Network Environment for Indigenous Health Research (BC NEIHR) [through their interactive map](#). Further examples of BC-based Indigenous research resources are offered below.

First Nations community/Nation research policy/protocol

With this, [Appendix II](#) shows each First Nation (hyperlinked to home web page) with any available research-related materials or contacts and health authorities identified. In addition, all health departments and/or contacts have been linked to see Nation-specific contact more easily. Of the over 200 First Nations, more than 40 communities/Nations have an associated research contact, application form, ethics agreement and/or protocol to be considered for those wanting to conduct research with the Nation(s).

The research directives that communities and Nations provide are invaluable. Not only does this convey the research-based expectations emerging from the diverse Nations in BC, but the resources describe self-determined expectations

and community-grounded guidelines for research (including health research). For instance, the [Research Permit Application](#) with the Council of the Haida Nation (CHN) stipulates that: "All research activity proposed to take place in Haida territories, including the surrounding sea, or involving Haida citizens including

The research directives that communities and Nations provide are invaluable.

conducting interviews, requires approval from the Council of the Haida Nation prior to starting work" (CHN, n.d., p. 1).

Likewise, Esk'etemc (part of the Secwépemc Nation) has an approved research policy for researchers to follow when conducting studies with the community and community members that can be obtained by contacting Esk'etemc. The time, effort, energy and critical knowledge representation included in community/Nation-based documents is important and the critical guidelines they offer researchers are integral to respectful and ethical research engagement and outcomes.

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Tribal Council, Métis Nation and other First Nations governance guidelines

Similarly, Tribal Councils, the Métis Nation of British Columbia (MNBC) and other First Nations governing bodies have sometimes developed ethics guidelines and/or health-based administrative authorities that should always be consulted. [Appendix III](#) highlights information available to support the development of research and evaluation guidelines. It is important to note that researchers should *always* inquire if communities have existing policies and guidelines that should be considered (e.g., Esk'etemc research policy) in addition to what is presented by a Tribal Council or other association. Appendix III represents where Tribal Councils, the Métis Nation of British Columbia (MNBC) including a link to MNBC's [Chartered Métis Communities](#), and other First Nations governing bodies offers a list where these groups have associated ethics and/or health departments for reference.

Notably within this compilation are the guidelines from the Secwépemc Nation as well as the Treaty 8 Tribal Association (T8TA). In the Gottfriedson, et al. (n.d.), [Secwépemc Nation research ethics guidelines](#) (SNREG) Gottfriedson explains:

S-tcúcmestem is when we look inside of ourselves, to search for meaning. This is how we understand research. To be a researcher is to seek truth. That truth must benefit someone else, so it must be accurate, honest, and come from a good place of values and practices. We learn through research. (p. 1)

Here, each principle and practice for research with the Secwépemc Nation is clearly articulated and an example template for research approval by Secwépemc scholars, Elders and Knowledge Keepers for research within Secwepemcúlecw is available. To assist in identifying which communities are within Secwépemc territory, a map for researchers to consult is available (p. 47).

Prepared for the Northern Health Authority by the Tse'K'wa Heritage Society (2015), the [Treaty 8 First Nations: Protocols for Health Research Report](#) provides an excellent guiding document for health researchers to review prior to working with Treaty 8 communities. As described by the Tse'K'wa Heritage Society (2015):

Cultural Safety in Health and Wellness is a “Cross-cultural approach that merges Western clinical practices with Aboriginal cultural dimensions as an appropriate strategy to further the healing journey of Aboriginal people” (Brascoupé, 2009: 5). It is less about benefits and more about the risks associated with the absence of culturally safe practices. Four principles of Cultural Safety in Health and Wellness are:

- Protocols – respect for cultural forms of engagement;
- Personal Knowledge – understanding cultural identity and sharing information to create a sense of equity and trust;
- Process – mutual learning and check up to ensure cultural safety is present; and
- Partnerships – recipients become powerful players in relationship. (p. 5)

The knowledge and teachings being shared amongst research ethics and guidelines within the province of BC is important. The deep and expansive representation of community values, ethics and principles have extraordinary importance for all Indigenous research, including health research and program evaluation.

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WHAT THE RESEARCH TELLS US: SCHOLARLY AND/OR OTHER LITERATURE

Scholarly and/or other literature representing meaningful, ethical and Indigenous-informed health research methods

An important extension to the resources for national, provincial/territorial and community/Nation/Tribal Council-based guidelines and evaluation materials is derived from what is being published within peer-reviewed scholarly literature. A significant part of this environmental scan included an examination of what published literature is available through academic libraries and what the literature offers for consideration within Indigenous health research and evaluation. Some resources included here, like Abonyi & Jeffrey (2006) offer a “health tool kit” for Indigenous health-related knowledge translation activities, but most resources focus on Indigenous research methods and exemplars of guidelines for Indigenous health and evaluation research.

“... guidelines are essential to ensure that research undertaken in Indigenous communities is relevant and beneficial to those communities, is conducted respectfully, and that results are appropriately contextualized and accurate.”

For example, in an examination of Indigenous health research engagement for circumpolar countries (including Canada), Lavoie, et al (2022) explain that “guidelines are essential to ensure that research undertaken in Indigenous communities is relevant and beneficial to those communities, is conducted respectfully, and that results are appropriately contextualized and accurate” (p. 1). Reflecting on a framework adapted from Weijer, et al (1999), who explain:

As a matter of democratic legitimacy, guidelines written to govern research involving a particular community should include community members in the guideline-writing committee. Community representation adds legitimacy to the final product because it provides an



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opportunity for a community to help formulate and thereby consent to the ethical ground rules under which research involving the community may proceed. Furthermore, involving community representatives helps to ensure that guidelines are comprehensive and cover all the concerns that arise from the traditions and values unique to and constitutive of the community. Indeed, failing to document community representation may diminish the validity of a set of guidelines. (https://www.nature.com/articles/ng1199_275)

In addition, Maddox, et al (2021) derive eight Indigenous engagement principles for evaluations including:

1. Adopting Indigenous led or co-led approaches is vital to balance power relationships by prioritizing self-determination
2. Evaluation team should include local Indigenous community members
3. Indigenous community knowledge and practice should be foundational
4. Evaluations must be responsive and flexible to meet the needs of the local community
5. Evaluations should respect and adhere to local Indigenous protocols, culture, wisdom, and language
6. Evaluations should emphasize reciprocity, shared learnings, and capacity building
7. It is important to build strong relationships and trust between and within researcher teams, evaluators, and communities, and
8. The evaluation team must acknowledge community capacity and resources by investing in time and relationships. (p. 332)

In their article that reflects on practices of community-based health research, Anderson & Cidro (2019) acknowledge that “[there is a] proliferation of work on Indigenous research ethics [and that] this dialogue emerged because of egregious health research practices in Indigenous communities” (p. 222). The messaging of meaningful, respectful and ethical community engagement is figured prominently throughout the publications included in this scan.



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Scholars reflect on ethics in Indigenous health research

Ethical considerations for Indigenous health research are offered by scholars like: Cole, et al (2013) who outline how to model hospital-based ethics in Nunavut; De Crespigny, et al (2004) who describe the importance of partnerships; Ermine (2007) who offers exceptional Indigenous-grounded ethical representations; and Fitzpatrick, et al (2016) who recognize that it is imperative it is the community that should direct researchers as to how obtain consent. Castellano (2004) affirms that “Aboriginal Peoples have a right to participate as principals or partners in research that generates knowledge affecting their culture, identity and well-being” (p. 98). In *Kwayask itôtamowin: Indigenous Research Ethics*, a report prepared by Ermine, et al (2005), it is explained:

Bringing together perspectives that are clearly illustrative of divergent worldviews; namely, Indigenous dialogues of the Elders and legal discussions pertaining to research, in one report initially seemed awkward. However, we found that, ironically, there is a comfortable fit between the assertions of the Elders and the protections and cautions that might be afforded in law with respect to research practices based upon Indigenous frameworks...

this report [contributes] to the burgeoning Indigenous research discourse that encompasses Indigenous epistemology as the theoretical foundation, Indigenous protocols and practices as methodologies, and the right of Indigenous communities to develop their own knowledge centers. The Elders remind us of the Indigenous community and the living and sacred knowledge that passionately orients the people as the future is negotiated. This knowledge is a sacred trust given in perpetuity to the people that embrace it and as a trust, must not be compromised. The Elders remind us of the standard of ethics and honor that are inherent in the Indigenous value system that should now inform the unfolding new age of respectful cross-cultural interaction. History shows that the various structures of knowledge production and the rules of practice in dominant knowledge institutions are not adequate to be given the responsibility for the continuity of Indigenous knowledge. Governments and research institutions and their representatives now have a duty to consult with Indigenous Peoples and must always bring honor to the crown. (p. 53)



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WHAT THE RESEARCH TELLS US: SCHOLARLY AND/OR OTHER LITERATURE

Community-based and participatory action research and why partnerships matter

Community-based participatory research (CBPR) is a widely utilized for Indigenous research engagement. CBPR involves continued collaboration between researchers and community members throughout the research process and research questions, methods and outcomes are driven by community needs and priorities. Many researchers are acknowledging the role communities want to have in the research process. For example, Kwiatkowski, et al (2009) describe how in environmental impact research, “[Indigenous] communities want to be involved in the development, implementation, and interpretation of the impact assessment report to assure themselves of the environmental, social, spiritual and health impacts associated with the exploitation of the local natural resources” (p. 57). There is invaluable literature available within the [scholarly texts identified in this scan](#) that complement the consideration of this method.

Using participatory action research, Smylie, et al (2009) applied an Indigenous participatory action research approach with an urban Inuit, an urban Métis and a semi-rural First Nations community where focus groups, key informant interviews and document inquiry were used to generate results that:

were corroborated by the communities [and] community consultations generated distinct and striking data about health information sources and dissemination strategies; decision-making processes; locally relevant concepts of health, local health services, and programs; community structures; and mechanisms of interface with non-community systems. (p. 436)

Smylie, et al (2009) noted that “the participatory research approach successfully engaged community partners... These findings support the hypothesis that understanding local Indigenous processes of knowledge creation, dissemination, and utilization is a necessary prerequisite to effective knowledge translation in Indigenous contexts” (p. 436).

Adding to this, Hyett, et al (2018) note how Indigenous inclusion and representation should be based on partnership approaches and contextualized in a way that honours the unique knowledge and insights being shared by knowledge holders. Fulsome and useful tables considered by Hyett, et al (2018) with key Indigenous methodological strategies and thoughts for researchers to consider such as “the petal flower,” “nayri kati (good numbers),” and “symbol-based reflection,” to name a few, [can be found here](#).



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The Can-SOLVE CKD Network utilizes the [Wabishki Bizhiko Skaanj Learning Pathway](#) to model Indigenous partnership and relationship-building. And Settee & Turner (2022) provide an important presentation about [Co-building cultural competency and Indigenous engagement in the Can-Solve CKD Network](#) where the 6 R's of Indigenous Community Engagement (including: Respect, Relevance, Reciprocity, Relationships, Reflection, ReconciliACTION) drive this important health research initiative. Allen, et al (2020) acknowledge how "Indigenous-led health care partnerships provide innovative models of interprofessional collaboration, be it in community-based healing lodges, remote clinics or urban hospitals" (E208).

Ferrazzi, et al (2019, p. 1) describe how Aajiiqatigiingniq, a principle of cultural knowledge and a consensus decision-making among Inuit in

the Canadian Arctic, became a research tool for "health research that seeks to establish levels of agreement about disputed or conceptually unclear subjects" that was systematic, informal, and sustained individual and community wellbeing. These extraordinary examples of Indigenous community-based research should be celebrated.

Two-Eyed Seeing as guiding principle

A more familiar approach represented within Indigenous health research is that of Two-Eyed Seeing. Developed by Mi'kmaq Elders Albert and Mudena Marshall, Two-Eyed Seeing can weave Indigenous and Western knowledge systems together to address health research and program evaluation ([listen to Elder Marshall](#) speak about the importance of this research

method). This approach recognizes the value of both knowledge systems and promotes their integration in a respectful and meaningful way (Barlett, et al 2012; Martin 2012; Sylliboy & Harvey, 2020; Wright, et al 2019). Wright, et al (2019) applied both Two-Eyed Seeing and the Four R's (as suggested by Kirkness and Barnhardt) to a community-engaged study aimed at understanding how Indigenous mothers experience using health care to meet the health needs of their infants in Hamilton, Ontario in Canada. Using both Indigenously grounded research pathways made for an effective and important study.

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Culturally safe and relevant research

Literature shows that culturally safe research practices involve respectful spaces that value Indigenous culture, traditions and ways of knowing. Research methods must be free from discrimination, power imbalances and cultural appropriation. Prepared by the Cultural Safety Attribute Working Group, the First Nations Health Authority (2019) published an *Indigenous Engagement and Cultural Safety Guidebook: A Resource for Primary Care Networks* that represents how cultural safety can be understood from a province-wide perspective. The guidebook explains:

Meaningful and ongoing relationships and partnerships will increase the likelihood that cultural safety and cultural humility are hardwired within PCNs. Working in partnership with Indigenous communities and organizations makes space for direct involvement in decision-making with respect to the systems of care that serve them. Culturally safe engagement and partnerships with Indigenous communities and health service organizations are integral to designing PCNs that embody the commitments to cultural safety and cultural humility. (p. 8)

For example, Tonkin, et al (2018), describe how a research project with Nak'azdli Elders co-created with the Nak'azdli Health Centre, was designed to understand the barriers of research participation. The study concluded that Elders:

were interested in wisdom sharing, social programs, and health-related activities. Elders wanted to be actively engaged in programs/activity selection, helping organize programs, knowledge sharing, skills, and stories. Barriers to participation included lack of transportation, personal health concerns, scheduling conflicts, and lack of knowledge about programs/activities. Nak'azdli Elders were interested in culturally relevant programs involving sharing cultural knowledge, teachings, and/or language with younger generations. Elders wanted to be engaged in all stages of activities, including planning, participation, and evaluation. Future programs should prioritize community collaboration and co-creation with Elders. (p. 717)

These published papers demonstrate the critical need for cultural safety and relevancy in all research and program evaluation work.



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Storytelling and conversation as research method

Honouring oral traditions and storytelling as sources of knowledge for research and evaluation processes is important for addressing the unique health needs and perspectives of Indigenous communities. Supporting the importance of storytelling in Indigenous research as offered by Archibald (2008), both Crawford (2018) and Rieger, et al (2021) utilize storytelling as part of their research methods. Rieger, et al (2021) employs digital storytelling workshops as a decolonized approach within qualitative health research “to collaboratively identify intersecting reasons behind troubling health inequities and to integrate indigenous knowledge into current healthcare services” (p. 2163). The Medicine

Wheel framework facilitated a Debwewin journey and Reiger, et al (2012) cite Gehl (2012) to describe how “one ‘s head and heart knowledge connect to find truth” (<https://journals.sagepub.com/doi/epub/10.1177/10497323211027529>).

Related to the paradigm of storytelling, Kovach (2010), explains why conversation is an important part of a research method and says:

The conversational method is a means of gathering knowledge found within Indigenous research. The conversational method is of significance to Indigenous methodologies because it is a method of gathering knowledge based on oral

story telling tradition congruent with an Indigenous paradigm. It involves a dialogic participation that holds a deep purpose of sharing story as a means to assist others. It is relational at its core. (p. 40)

Reflecting a similar method and approach, Landrie (2010) used “conversational analysis” to obtain the data results in a diabetes study related to diabetes care in Aboriginal communities. Like Kovach, Landrie used a conversational relationship as foundational to respectful and relevant research process.



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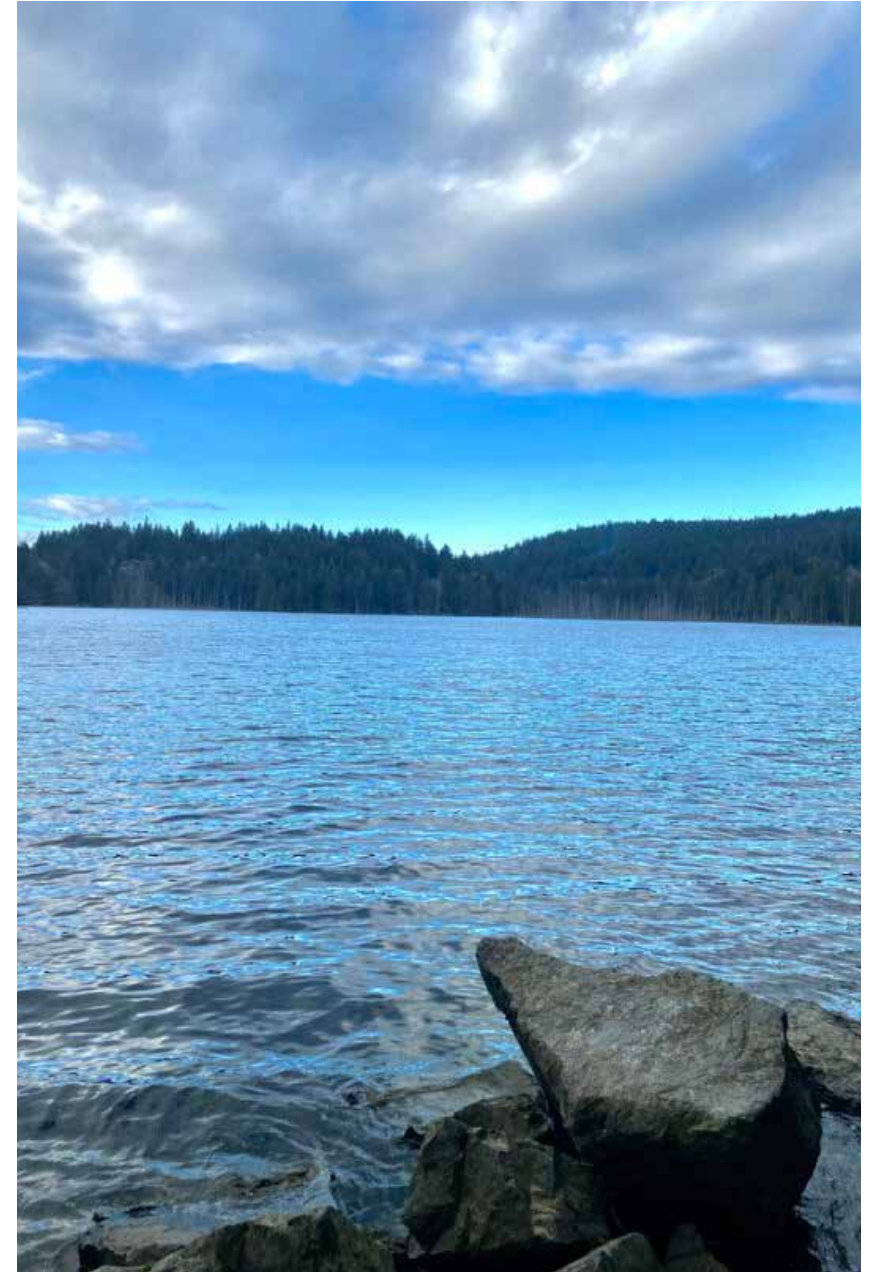
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Knowledge translation as Indigenous tradition

Smylie, et al (2014) acknowledge how although recognized as a core priority in Canadian health research, policy and practice for the past decade, knowledge translation (KT) has a long and rich tradition within Indigenous communities. Smylie, et al (2014) explains:

In Indigenous knowledge systems the processes of “knowing” and “doing” are often intertwined and indistinguishable. However, dominant KT models in health science do not typically recognize Indigenous knowledge conceptualizations, sharing systems, or protocols and will likely fall short in Indigenous contexts. There is a need to move towards KT theory and practice that embraces diverse understandings of knowledge and that recognizes, respects, and builds on pre-existing knowledge systems. This will not only result in better processes and outcomes for Indigenous communities, it will also provide rich learning for mainstream KT scholarship and practice. ([Sharing What We Know about Living a Good Life: Indigenous Approaches to Knowledge Translation – PMC \(nih.gov\)](#))

Again, a genuine and respectful inclusion of Indigenous worldviews and existing knowledge systems must be intrinsic and embedded within the research engagement and evaluation process. ▼



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Limitations of Indigenous engagement guidelines

Although there is a depth of research guidelines and evaluation processes, Ninomiya, et al (2017) explain that while mainstream institutions have developed new ethical principles for research involving Indigenous people, and that these transformations are important, the Indigenous health research frameworks provide “limited guidance or were unclear about how to balance community priorities with Indigenous research principles” (p. 28). Following research completed in collaboration with Sheshatshiu Innu First Nation, the authors “argue that knowing the key guiding principles in Indigenous health research is not always enough, and that the ‘real-world’ context of practices and relationships can lead to conflicts that are not easily resolved with adherence to these principles” (p. 29).

Therefore, community must always be positioned prominently and with research-related authority for study methods and outcomes. Similarly, Smylie & Anderson (2006) acknowledge some key challenges including “data coverage and quality; data jurisdiction and utility; data governance and relevance; and infrastructure and human resource capacity” (p. 602). While efforts continue to resolve associated limitations, it is important to acknowledge potential concerns related to research and evaluation guidelines.

With this, research-related colonial legacies continue to impact Indigenous engagement in research and evaluation. It is imperative that research and program evaluation guidelines address power imbalances, mobilize decolonization and ensure Indigenous

communities have control over their data. In the spirit of reconciliation, self-determined Indigenous voices must be respectfully included for effective and meaningful research outcomes. Embracing the principles of the Four R's is a key and impactful first step in moving dynamic and Indigenous-led research paradigms forward. ▼



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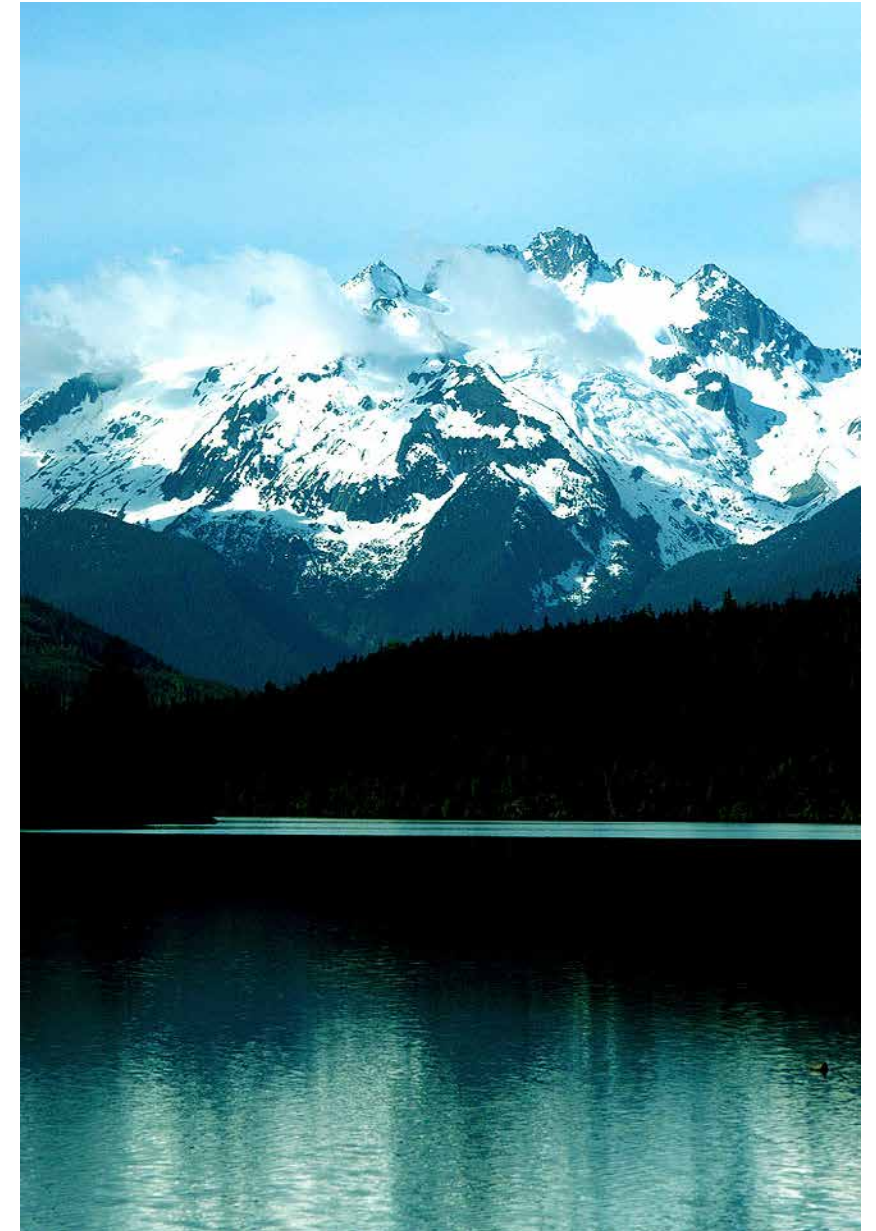
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This environmental scan offers a comprehensive review of national, provincial, territorial and British Columbia-based Indigenous community-level guidelines for health research and program evaluation.

Guided by the Indigenous philosophical foundation of the Four R's: Respect, Reciprocity, Relevance and Responsibility (Kirkness & Barnhardt, 1991), some of the converging themes, principles and processes that emerge from reviewing existing guidelines, frameworks and research methods include: the necessity to uphold Indigenous rights, self-determination and data ownership, the importance of relationship building and genuine community partnerships, and the value of Indigenous knowledges and cultural traditions. Mindful of the resources presented here, researchers, evaluators and policymakers can mobilize culturally appropriate and effective research engagements that address the unique health needs and priorities of Indigenous populations and uphold responsibilities to meet the Calls to Action put forward by the TRC and the foundational principles of UNDRIP. ▼



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Although hyperlinks are included throughout the tables and within this document, it is important to acknowledge that the status of the associated URLs may change or become defunct over time.

| | Type | Name | Indigenous-led? | Resources |
|----------------------------------|--------------------------------|--|-----------------|---|
| Newfoundland and Labrador | Public health authority/agency | Government of Newfoundland and Labrador | N | Health and community service for the public. Pages disabled |
| | Public health authority/agency | Memorial University Newfoundland and Labrador Center for Applied Health Research | N | Research exchange group on Indigenous Health " An Indigenous Health Compendium " |
| | Indigenous health agency | Wabanaki Public Health & Wellness | Y | Mi'kmaw Ethics Watch |
| | Public health authority/agency | Eastern Health | N | Indigenous health section . Resources include "Indigenous Research at Memorial" and patient navigator |
| | Public health authority/agency | Central Health (NL Health Services) | N | Provincial Health Authority transitioning from five former organizations, helpful resources. |
| Prince Edward Island | Public health authority/agency | Health Prince Edward Island | N | Responsible for delivery of public funded health services, Mi'kmaq territory |
| | Indigenous health agency | Mi'kmaq Confederacy of PEI | Y | Manages extensive health programs for Mi'kmaq peoples |
| | Public health authority/agency | National Indigenous Diabetes Association | N | Page is user-friendly, lots of resources for diabetes health care |
| | Indigenous health agency | Native Council of Prince Edward Island | Y | Self-governing Indigenous body representing communities residing off-reserve |

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|----------------------|--------------------------------|---|--------------------|--|
| Nova Scotia | Indigenous health agency | Tajikeimik | Y | Mi'kmaw health and wellness |
| | Public health authority/agency | Nova Scotia Health Authority | N | Website led to Mental Health and Addictions Acadia community health centres, Indigenous-led resources and services |
| New Brunswick | Indigenous health agency | Horizon Health Network | Indigenous-engaged | Healthcare for people living in the Territory of Wabounaki. Includes cultural competency video |
| | Public health authority/agency | Government of New Brunswick | N | Regional health authorities . Two regional health authorities' delivery health services |
| | Indigenous health agency | Union of New Brunswick Indians | Y | First Nations Health Policy |
| Québec | Public health authority/agency | Institut national de santé publique du Québec | N | Indigenous Health Research Monitoring |
| | Public health authority/agency | Unité De Soutien SSA Quebec | N | Indigenous Health Research Program |
| | Indigenous health agency | Cree Board of Health and Social Services of James Bay | Y | Partnership with Government of Quebec provides health services to nine communities |
| | Public health authority/agency | National Collaborating Centre for Healthy Public Policy | N | Indigenous resources |

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|---------------------|--------------------------------|--|-----------------|--|
| Ontario | Indigenous health agency | Sioux Lookout First Nations Health Authority | Y | Serves 33 communities |
| | Indigenous health agency | Sioux Lookout Meno Ya Win Health Centre | Y | Research |
| | Public health authority/agency | Ontario Health | N | Indigenous services and resources |
| | Indigenous health agency | Southwest Ontario Aboriginal Health Access Centre | Y | Services |
| | Indigenous health agency | Chiefs of Ontario | Y | Regional and national health policy, health systems, and program development |
| Manitoba | Public health authority/agency | Shared Health Manitoba's Health Authority | N | Indigenous health |
| | Public health authority/agency | Winnipeg Regional Health Authority | N | Indigenous health |
| | Indigenous health agency | First Nations Health and Social Secretariat of Manitoba | Y | Planning and development of a unified health system for Indigenous peoples |
| | Public health authority/agency | Southern Health/Sante Sud | N | Indigenous resources health-care service in southern Manitoba |
| | Indigenous health agency | Manitoba KeewatinohkInniniw Minoayawin Inc. | Y | First Nations-led health entity supporting Indigenous peoples in northern Manitoba |
| Saskatchewan | Public health authority/agency | Saskatchewan Health Authority | N | Section that provides resources for First Nations and Métis health services for different regions such as Regina, Saskatoon, and other areas |
| | Public health authority/agency | Northern Inter-Tribal Health Authority (NITHA) | Y | Health services resources to Indigenous peoples at all levels of health care |
| | Public health authority/agency | Saskatchewan First Nations Health and Wellness resources | Y | Health and wellness resources |
| | Public health authority/agency | Northern Saskatchewan Health Services directory | N | Extensive directory |

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|--------------------------|---|--|---|---|
| Alberta | Public health authority/agency | Alberta Health Services | N | Indigenous wellness |
| | Indigenous health agency | First Nations Health Consortium | Y | Alberta-wide health organization for access to health services for Indigenous peoples of Alberta |
| | Public health authority/agency | Rural Health Professions Action Plan (RHPAP) | N | Indigenous health |
| British Columbia | Indigenous health agency | First Nations Health Authority | Y | Health and wellness partner to over 200 communities across BC. Plans, designs and manages First Nations health programs across BC |
| | Public health authority/agency | Government of BC Office of Indigenous Health | N | Works collaboratively with FNHA. Has resources and links to Fraser Health, Interior Health, Island Health, Northern Health and Vancouver Coastal Health |
| | Public health authority/agency | Northern Health | N | Indigenous health |
| | Public health authority/agency | Fraser Health | N | Primary care , Indigenous mental health and Kla-how-eya Indigenous Health and Wellness Clinic |
| | Public health authority/agency | Interior Health | N | Aboriginal partnerships |
| | Public health authority/agency | Vancouver Coastal Health | N | Indigenous health resources and Aboriginal cultural practices guide |
| | Public health authority/agency | Island Health | N | Indigenous health |
| | Indigenous health agency | First Nations Health Council | Y | Provincial-level political and advocacy organization. Health governance structure |
| Indigenous health agency | National Collaborating Centre for Indigenous Health | Y | Supports health renewal and health equity and health research. Used “Indigenous Health BC” as search term | |

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|------------------------------|--------------------------------|---|-----------------|---|
| Nunavut | Public health authority/agency | Arctic Institute - Center for Circumpolar Security Studies | N | Article related to the Arctic Institute addressing Nunavut health care perspectives |
| | Public health authority/agency | Department of Health Nunavut | N | Page disabled |
| Northwest Territories | Public health authority/agency | Government of Northwest Territories | N | Indigenous health and wellness Elder |
| | Indigenous health agency | Hotii Ts'eeda Northwest Territories SPOR SUPPORT Unit | Y | Health research SUPPORT Unit |
| Yukon | Indigenous health agency | Yukon Aboriginal Women's Council | Y | Services (includes expansive library of invaluable and accessible resources) |
| | Public health authority/agency | Whitehorse General Hospital | N | First Nations health programs |
| | Public health authority/agency | Yukon First Nations Chiefs committee on Health | Y | Scroll down to see about news release |
| | Indigenous health agency | Council of Yukon First Nations | Y | Health and social development |

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| First Nation | Research guidelines | Ethics or protocols | Health and wellness |
|---|--|---|---|
| <u>3 Nations Society</u> | Members: Kaska Nation, Tahltan Central Government, Taku River Tlingit First Nation | | |
| <u>Acho Dene Koe First Nation</u> | Member of Dehcho First Nations Tribal Council | | |
| <u>Adams Lake Indian Band</u> | Member of Secwepemc (Shuswap) Nation. | Secwépemc Nation Research Ethics Guidelines | <u>Sexqeltqin health and wellness</u> |
| <u>Ahousaht First Nation</u> | Member of the Nuu-chah-nulth Tribal Council | <u>Research contact</u> | <u>Health strategist</u> |
| <u>Aitchelitz Band</u> | Member of Stó:lo Nation & Sto:lo Xwexwilmexw Treaty Association | | |
| <u>?Akisq'nuk First Nation (Columbia Lake Indian Band)</u> | Part of the Ktunaxa Nation Council | | <u>Health and self-care</u> |
| <u>Alexandria Indian Band (?Esdilagh First Nation)</u> | Member of Tsilhqot'in National Government | | <u>Health</u> |
| <u>Alexis Creek (Tsi Del Del)</u> | Member of: Tsilhqot'in National Government | | |
| <u>Anaham Indian Band (Tl'etingox-t'in Government Office)</u> | Tsilhqot'in (The People of The River) community | | <u>Health services</u> |
| <u>?Aqam (St. Mary's Indian Band)</u> | Ktunaxa Nation | | <u>Health</u> |
| <u>Ashcroft Indian Band</u> | Member of Nlaka'pamux Nation Tribal Council | | <u>Health centre</u> |
| <u>Beecher Bay First Nation (Sc'ianew/Chenuh)</u> | Member of the Te'mexw Treaty Association | | <u>Health services</u> |
| <u>Bella Bella Indian Band (Heiltsuk Nation)</u> | Member of Independent & Coastal First Nations | | |

5. Please follow hyperlinks included within table columns for further information related to a particular Band, Nation and/or Council, Tribe, or Government listed here.

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| Bella Coola Band (Nuxalk Nation) | Wuikinuxv-Kitasoo-Nuxalk Tribal Council | Research protocol | Health |
| Binche Whut'en First Nation | Member of Dakehl peoples | | Health services |
| Blueberry River First Nations | Member of Treaty 8 | Treaty 8 First Nations: Protocols for Health Research Report | Health services |
| Bonaparte Indian Band | Member of Shuswap Nation Tribal Council | Secwépemc Nation Research Ethics Guidelines | Health |
| Boothroyd Indian Band | Member of Nlaka'pamux First Nations and Fraser Thompson Indian Services Society | | |
| Boston Bar First Nation | Member of Nlaka'pamux First Nations, Fraser Thompson Indian Services Society | | |
| Bridge River Indian Band (Xwisten) | Member of the Lillooet Tribal Council (also known as the St'at'imc Nation) | | Health |
| Burns Lake Indian Band (Ts'il Kaz Koh) | Member of the Carrier Sekani Tribal Council | | |
| Campbell River First Nation (We Wai Kum First Nation) | Component group of the Laich-kwil-tach or Southern Kwakiutl subgroup of the Kwakwaka'wakw | | Health |
| Canim Lake Band (Tsq'escen') | Secwepemc (Shuswap) Nation | Secwépemc Nation Research Ethics Guidelines | Health and wellness |
| Cape Mudge Band (We Wai Kai Nation) | | | |
| Carcross/Tagish First Nation | | | Health and wellness |
| Carrier Chilcotin Tribal Council | | | |
| Carrier Sekani Tribal Council | | Ethics Agreement | |
| Cayoose Creek Band (Sekw'el'was) | | | Health |
| Champagne and Aishihik First Nations | | | Health and wellbeing |

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|---|---|--|---|
| Chawathil Band (Hope) | | | |
| Cheam First Nation | | | Health |
| Stz'uminus First Nation (Chemainus) | | | Health links |
| Cheslatta Carrier Nation | | | |
| Clinton / Whispering Pines Indian Band | | Secwépemc Nation Research Ethics Guidelines | |
| Coastal First Nations | | | |
| Coldwater Indian Band | | | Health |
| Cook's Ferry Indian Band | | | |
| Cowichan Nation Alliance | Members: Cowichan Tribes, Halalt, Lyackson, Penelakut, Stz'uminus | | |
| Cowichan Tribes | | | Health |
| Da'naxda'xw/Awaetlala First Nation | | | Health |
| Daylu Dene Nation (Lower Post) | | | Health |
| Dease River Band Council | Member of Kaska Dena Council | | |
| Ditidaht First Nation | | | |
| Doig River First Nation | Member of Treaty 8 | Treaty 8 First Nations: Protocols for Health Research Report | Health and social development |
| Douglas First Nation (Xa'xtsa) | | | Health and wellness |
| Dzawada'enuxw First Nation | | | Health and social development |
| Ehattesaht First Nation | | | tiičmis – Health |
| ?Esdilagh First Nation (Alexandria Indian Band) | Member of Tsilhqot'in National Government | | Health |

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| Esk'etemc First Nation | | Esk'etemc Traditional Knowledge & Research Ethics policy (online access forthcoming) AND Secwépemc Nation Research Ethics Guidelines | Health |
| Esquimalt Nation | | | Health |
| Fort Nelson First Nation | Member of Treaty 8 | Treaty 8 First Nations: Protocols for Health Research Report | Health and community services |
| Gingolx Village Government (Kincolith) | Member of Nisga'a Nation | | Health and wellness Nisga'a Valley Health Authority (NVHA) |
| Gitanmaax Band Council | | | Health and wellness |
| Gitanyow Hereditary Chiefs | | | |
| Gitga'at First Nation (Hartley Bay) | | | Health |
| Gitksan Local Government Services Society | | | |
| Gitlaxt'aamix Village Government (New Aiyansh) | Member of Nisga'a Nation | | Nisga'a Valley Health Authority (NVHA) |
| Gitsegukla Indian Band (Kitsegukla) | | | Health |
| Gitwangak Band Council (Kitwanga) | | | |
| Gitwinksihlkw Village Government | Member of Nisga'a Nation | | Nisga'a Valley Health Authority (NVHA) |
| Gitxaala Nation (Kitkatla) | | Project consultation process | Health |

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| Gitxsan | | | |
| Glen Vowell Indian Band (Sik-e-Dakh) | | | |
| Gwa'sala-'Nakwaxda'xw Nation | | | Health |
| Gwawaenuk Tribe | Member of Musgamagw Dzawada'enuxw Tribal Council | | |
| Hagwilget First Nation Government | | | Health |
| Council of the Haida Nation | | Research application AND Haida Gwaii Pledge Research and Film Applications | Health |
| Haisla Nation (Kitamaat Village Council) | | | Health |
| Halalt First Nation | | | |
| Halfway River First Nations | Member of Treaty 8 | Treaty 8 First Nations: Protocols for Health Research Report | Medical clinics |
| Hartley Bay Village Council (Gitga'at) | | | Health |
| Heiltsuk Nation (Bella Bella Indian Band) | Member of Independent & Coastal First Nations | | |
| Hesquiaht First Nation | | | |
| High Bar First Nation | | | Health information at bottom of page |
| Homalco First Nation | | | Health |
| Hul'qumi'num Treaty Group | Members: Cowichan Tribes, Halalt, Lake Cowichan, Lyackson, Penelakut | | |

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| Hupacasath First Nation | | | Health |
| Huu-ay-aht First Nation | | | Health and social services |
| Iskut First Nation | | | Health |
| Kamloops Indian Band (Tk'emlúps te Secwepemc) | | Secwépemc Nation Research Ethics Guidelines | Medical and dental services |
| Kanaka Bar Indian Band | | | Health |
| Kaska Dena Council | | | |
| Katzie First Nation | | Referrals request | Health |
| Ka:'yu:'k't'h'/Che:k:tles7et'h' First Nations (Kyuquot) | | | |
| Kispiox Band Council | | | |
| Kitamaat Village Council (Haisla) | | | Health |
| Kitasoo/Xai'xais Band Council (Klemtu) | | | |
| Kitkatla First Nation (Gitxaala) | | Project consultation process | Health |
| Kitselas First Nation | | | Health |
| Kitsumkalum First Nation | | | Health centre |
| Klahoose First Nation | | | Health department |
| Klemtu Band (Kitasoo/Xai'xais) | | | |
| K'ómoks (Comox) First Nation | | | |
| Kluskus Indian Band (Lhoosk'uz Dene Government Administration) | | | |

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|---|---------------------------------|--|---|
| Ktunaxa Nation | | Ktunaxa Nation's Code of Ethics for Research | |
| Kwadacha Nation | | | Health and wellness |
| Kwakiutl District Council | | | Kwakiutl Health |
| Kwakiutl First Nation | | | Kwakiutl Health Centre |
| Kwantlen First Nation | | | |
| Kwaw-kwaw-a-pilt First Nation | Member of Stó:lo Tribal Council | | |
| Kwiakah First Nations | | | |
| Kwikwasut'inuxw Haxwa'mis First Nation | | | |
| Kwikwetlem First Nation | | | Health and wellness updates |
| Kyuquot First Nation (Ka:'yu:k't'h'/Che:k'tles7et'h') | | | Department of Community Services Report |
| Lake Babine Nation | | | Health |
| Lake Cowichan First Nation (Ts'uubaa-asatx) | | | |
| Laxgalts'ap Village Government | Member of Nisga'a Nation | | Nisga'a Valley Health Authority (NVHA) |
| Laxkw'alaams Indian Band | | | Health |
| Leq'a:mel First Nation (Lakahahmen) | | | Health and wellness |
| Lheidli-T'enneh First Nation | | Research Ethics and Protocols | Health |
| Lhoosk'uz Dene' Government Administration (Kluskus) | | | Health services |
| Lhtako Dene Nation (Red Bluff) | | | |

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| Liard First Nation | | | Health services |
| Lillooet Indian Band (T'it'q'et Administration) | | | Health |
| Lillooet Tribal Council (St'át'imc Chiefs Council) | | | Health services |
| Lil'wat Nation (Mount Currie Indian Band) | | | Health and healing |
| Little Shuswap Lake Band | | Secwépemc Nation Research Ethics Guidelines | Health and wellness |
| Lower Kootenay Indian Band (Yaqaṇ nu?kiy) | | | Health (member-only access) |
| Lower Nicola Indian Band | | | Human services |
| Lower Similkameen Indian Band | | | Health/social |
| Lower Stl'atl'imx Tribal Council | | | |
| Lyackson First Nation | | | |
| Lytton First Nation | | | Health department |
| Maa-nulth First Nations | | | |
| Malahat Indian Band | Member of Te'mexw Treaty Association | | |
| Mamalilikulla First Nation | | | Health |
| Matsqui First Nation | | | |
| McLeod Lake Indian Band | Member of Treaty 8 | Treaty 8 First Nations: Protocols for Health Research Report | Social and health department |
| Metlakatla First Nation | | | Health |
| Mount Currie Indian Band (Lil'wat) | | | Health and healing |

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| Mowachaht/Muchalaht First Nation | | | |
| Musgamagw Dzawada'enuxw Tribal Council | | | |
| Musqueam Indian Band | | | Health |
| Nadleh Whut'en Band (Fraser Lake) | Member of the Carrier Sekani Tribal Council | | Health centre |
| Nak'azdli Band | | Research Coordinator: tkr2@nakazdliwhuten.ca | Health centre |
| 'Namgis First Nation | | | Health and wellness |
| Nanoose First Nation (Snaw-naw-as) | Member of Te'mexw Treaty Association | | Youth/Elder Services |
| Nanwakolas Council | | | |
| Naut'sa mawt Tribal Council (Alliance Tribal Council) | | | |
| Nazko First Nation | | | |
| Nee-Tahi-Buhn Band | | | |
| Nemaiah Band (Xeni Gwet'in) | | | Health services |
| Neskonlith Indian Band | | | Health and wellness |
| New Westminster Indian Band (Qayqayt) | | | |
| Nicomen Indian Band | | | Health |
| Nisga'a Nation | | Research ethics/protocol through Wilp Wilxo'oskwhl Nisga'a Institute (WWNI) | Nisga'a Valley Health Authority (NVHA) |
| Nlaka'pamux First Nations | | | |
| Nlaka'pamux Nation Tribal Council | | | |

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| Nooaitch Indian Band | | | Social development/service |
| North Thompson River Indian Band (Simpchw) | | Simpchw Archives Research application form AND Secwépemc Nation Research Ethics Guidelines | Health and wellness |
| Northern Regional Negotiations Table | Members: Carcross/Tagish, Champagne and Aishihik, Teslin Tlingit | | |
| Northern Shuswap Tribal Council (Northern Secwepemc te Qelmucw) | | Secwépemc Nation Research Ethics Guidelines | |
| N'Quatqua Band (Anderson Lake) | | | Community health |
| Nuchatlaht First Nation | | | |
| Nuu-chah-nulth Tribal Council | | | Health / Nursing services |
| Nuxalk Nation (Bella Coola Band) | | Research protocol | Health |
| Okanagan Indian Band | | Okanagan Indian Band Culture and Heritage Policy | Health and social development |
| Okanagan Nation Alliance | | | Health and wellness |
| Old Masset Village Council | | | Niislaa Naay Health |
| Oregon Jack Creek Band | Member of Nlaka'pamux First Nations, Fraser Thompson Indian Services Society | | |
| Osoyoos Indian Band | | | Health services and community programs |
| Oweekeno Nation (Wuikinuxv) | | | Health station |
| Pacheedaht First Nation | | | |

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| Pauquachin First Nation | | | Health / Public nurse |
| Penelakut Indian Band | | | Health |
| Penticton Indian Band | | | Health and wellness |
| Peters Band | | | |
| Popkum Indian Band | Member of Stó:lo Nation | Stó:lo Research Centre | Health |
| Prophet River Band (Denetsaa Tse K'Nai) | Member of Treaty 8 | Treaty 8 First Nations: Protocols for Health Research Report | Health |
| Qayqayt First Nation (New Westminster) | | | |
| Qualicum First Nation | | | |
| Quatsino First Nation | | | Health clinic |
| Red Bluff Indian Band (Lhtako Dene) | | | |
| Ross River Dene Council | | | |
| Saik'uz First Nation | Member of the Carrier Sekani Tribal Council | | Health |
| Samahquam First Nation | | | |
| Saulteau First Nations | Member of Treaty 8 | Treaty 8 First Nations: Protocols for Health Research Report | Health |
| Scw'exmx Tribal Council | | | |
| Scia'new First Nation (Beecher Bay) | | | Health services |
| Seabird Island Band | | | |
| Sechelt First Nation (shíshálh Nation) | | | Health department |

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| Sekw'el'was (Cayoose Creek Band) | | | Health |
| Semiahmoo First Nation | | | Emergency services |
| Seton Lake Band (Tsal'alh) | | | |
| Shackan First Nation | | | Community wellness |
| Shuswap Band | | | Health department |
| Shuswap Nation Tribal Council | | | |
| Shxw'ow'hamel First Nation | | | |
| Shxwhá:y Village (Skway) | | | |
| Simpcw First Nation (North Thompson River) | | Simpcw Archives Research application form | Health and wellness |
| Siska Indian Band | Member of Nicola Tribal Association | | |
| Skatin Samahquam Negotiations Inc. (formally In-SHUCK-ch Nation) | | | |
| Skatin Nations (Skookumchuck) | | | |
| Skawahlook / Sq'ewá:lxw First Nation | | | |
| Skeetchestn Indian Band (Deadman's Creek) | | | Health / Health clinic |
| Skidegate Band Council | | | |
| Skin Tyee Band | | | |
| Skowkale First Nation | | | |
| Skuppah Indian Band | | | |

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| Skwah First Nation | | | Health program |
| Sliammon First Nation (Tla'amin) | | | Health |
| Snaw-Naw-As First Nation (Nanoose) | | | Youth/Elder services |
| Snuneymuxw First Nation | | | Health centre / Traditional Medicines Clinic |
| Soda Creek Indian Band (Xat'sull) | | Secwépemc Nation Research Ethics Guidelines | Health |
| Songhees First Nation | Member of Te'mexw Treaty Association | | Health and social services |
| Sooke Band (T'Sou-ke Nation) | | | Health centre |
| Soowahlie Indian Band | | | |
| Southern Dakeh Nation Alliance | | | |
| Spallumcheen (Splatsin) Band | | | Health and wellness |
| Splatsin (Spallumcheen) Band | | | Health and wellness |
| Spuzzum (Spô'zêm) First Nation | | | Health |
| Squamish Nation | | | Health and wellness |
| Sq'éwlets (Scowlitz) First Nation | | | |
| Squiala First Nation | | | |
| St. Mary's Indian Band (?Aq'am) | | | Health and wellness |
| Stellat'en First Nation | Member of the Carrier Sekani Tribal Council | | Community health |
| Stó:lo Nation | | Stó:lo Research Centre | Health |
| Stó:lo Tribal Council | | Stó:lo Research Centre | Health |

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|---|---|---|--|
| Sto:lo Xwexwilmexw Treaty Association | | Stó:lo Research Centre | Health |
| Stone Indian Band (Yunesit'in) | | | |
| Sts'ailes Nation (Chehalis Indian Band) | | | Healing centre |
| Stswecem'c Xget'tem First Nation (formerly Canoe Creek Indian Band) | | Secwépemc Nation Research Ethics Guidelines | Health and wellbeing |
| Stz'uminus First Nation (Chemainus) | | | Health links |
| Sumas First Nation | | | Health and wellness |
| Tahltan Central Government | | | Health services and programs |
| Tahltan Band Council | | | Health services and programs |
| Takla Nation | Member of the Carrier Sekani Tribal Council | | Health and social |
| Taku River Tlingit First Nation (Atlin First Nation) | | | Health |
| Tanakteuk Indian Band (Da'naxda'xw/Awaetlala) | | | Health |
| Te'mexw Treaty Association | | | |
| Teslin Tlingit Council | | | |
| T'it'q'et (Lillooet Indian Band) | | | Health |
| Tk'emlúps te Secwepemc (Kamloops) | | | Medical and dental services |
| Tla'amin Nation (Sliammon) | | | Health |
| Tla-o-qui-aht First Nation (Clayoquot) | | | Health |

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| Tlatlasikwala First Nation | | | |
| Tl'azt'en Nation | | Research guidelines | Health |
| Tl'etingox Government Office (Anaham) | | | Health |
| Tlowitsis Nation | | | |
| Tobacco Plains Indian Band | | | Health and wellness |
| Toosey Indian Band (Tl'esqox) | Member of Carrier Chilcotin Tribal Council, Tsilhqot'in National Government | | |
| Toquaht First Nation | | | Health and family services |
| Treaty 8 First Nations | | Treaty 8 First Nations: Protocols for Health Research Report | |
| Tsartlip First Nation | | | Health department |
| Tsawataineuk Indian Band (Dzawada'enuxw) | | | Health and social development |
| Tsawout First Nation | | | Health |
| Tsawwassen First Nation | | | Health and social services |
| Tsay Keh Dene | | | Health and wellness |
| Ts'elxwéyegw Tribe Society (Chihl-kway-uhk First Nations) | | | |
| Tseshaht First Nation | | | Social development and health |
| Tsetsaut / Skii km Lax Ha Nation | | | |
| Tseycum First Nation | | | |
| Tsi Del Del (Alexis Creek First Nation) | | | |

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| Tsilhqot'in National Government | | | Health |
| Tsimshian First Nations Treaty Society | | | |
| Ts'kw'aylaxw First Nation | | | Health and wellness / Health director / Alcohol and drugs |
| Tsleil-Waututh First Nation (Burrard Band) | | | Health and wellness |
| T'Sou-ke Nation (Sooke) | Member of Te'mexw Treaty Association | | Health centre |
| Tzeachten First Nation | | | |
| Uchucklesaht Tribe | | | Health and community |
| Ucluelet First Nation (Yuuṭuṭiṭṭath) | | | Health |
| Ulkatcho First Nation | | | Health newsletters |
| Union Bar Indian Band | | | |
| Upper Nicola Band | | | Home and community care / Medical transportation |
| Upper Similkameen Indian Band | Member of Okanagan Nation Alliance | | Health department |
| West Moberly First Nations | Member of Treaty 8 | Treaty 8 First Nations: Protocols for Health Research Report | Health |
| Westbank First Nation | | | Health and wellness |
| Wet'suwet'en First Nation | Member of the Carrier Sekani Tribal Council | | Health and wellness |
| Office of the Wet'suwet'en Society | | | Human and social services |
| Wei Wai Kum Kwiakah Treaty Society (WKTS) | | | |

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| Wei Wai Kai Nation (Cape Mudge Indian Band) | | | |
| We Wai Kum First Nation (Campbell River Indian Band) | | | |
| Whispering Pines / Clinton Indian Band | | Secwépemc Nation Research Ethics Guidelines | |
| Williams Lake First Nation | | Secwépemc Nation Research Ethics Guidelines | Health station |
| Witset First Nation (Moricetown Band) | | | Health centre |
| Wuikinuxv First Nation (Oweekeno) | | | Health station |
| Wuikinuxv Kitasoo Nuxalk Tribal Council | | | |
| Xat'sull First Nation (Soda Creek) | | | Health |
| Xaxli'p First Nation (formerly Fountain Band) | | | Health |
| Xeni Gwet-in First Nations Government (Nemiah) | | | Health services |
| Xwisten (Bridge River Indian Band) | | | Health |
| Yakwekwioose First Nation | | Stó:lo Research Centre | Health |
| Yale First Nation | | | Health manager / Nurse |
| Yaqaṇ nuʔkiy (Lower Kootenay Indian Band) | | | Health (isn't available to public) |
| Yekooche First Nation | | | |
| Yunesit'in First Nation (Stone) | | | |

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| Tribal Council/Métis Nation/other | Location | Member nations | Research guidelines | Health department |
|--|---------------------------------|---|--|-------------------|
| Carrier-Chilcotin Tribal Council | Williams Lake | Lhoosk'uz Dene, Lhtako Dene, Toosey (Tl'esqox) and Ulkatcho (Ulkatchot'en) | | |
| Carrier Sekani Tribal Council | Prince George, British Columbia | Nadleh Whut'en, Saik'uz, Stelat'en, Takla, Tl'azt'en, Ts'il Kaz Koh (formerly known as Burns Lake Band) and Wet'suwet'en | Ethics Agreement | |
| Council of the Haida Nation | Masset, Haida Gwaii | Old Massett Village Council and Skidegate | Haida Gwaii Pledge , Research and Film Applications , and Research application | |
| Gitksan Local Services Society | Hazelton | Gitanmaax, Gitanyow, Glen Vowell and Kispiox | | |
| Ktunaxa Nation Council Society | Cranbrook | ?akisq̓nuk , ?aq̓am and Yaq̓it ?a-knuq̓i'it | | |
| Kwakiutl District Council | Campbell River | Campbell River, Cape Mudge, Da'naxda'xw, Kwakiutl, Kwiakah, Mamalilikulla and Tlatlasikwala | | |
| Lillooet Tribal Council (aka St'at'imc Nation) | Lillooet | Bridge River, Cayoose Creek, Ts'kw'aylaxw, Tsal'alh and Xaxli'p | | |
| Lower St'at'imx Tribal Council | Pemberton | Douglas, Lil'wat, N'Quatqua, Samahquam and Skatin | | |
| Métis Nation BC | Various | Métis Chartered Communities | Health | |
| Musgamagw Dzawada'enuxw Tribal Council | Campbell River | Dzawada'enuxw, Gwawaenuk Tribe and Kwikwasut'inuxw Haxwa'mis | | |
| Naut'sa mawt Tribal Council | Delta | Halalt, Homalco, K'ómoks, Klahoose, Malahat, Nanoose, Stz'uminus, T'Sou-ke, Tla'amin, Tsawwassen and Tsleil-Waututh | Elders Council | |
| Nlaka'pamux Nation Tribal Council | Lytton | Boothroyd, Boston Bar, Lytton, Oregon Jack Creek, Skuppah and Spuzzum | | |
| Northern Shuswap Tribal Council Society (aka Cariboo Tribal Council) | Williams Lake | Canim Lake, Soda Creek, Stswecem'c Xgat'tem and Williams Lake | | |

6. Note that more Nation-specific information not presented in this table may be found in Appendix II.

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| Tribal Council/Métis Nation/other | Location | Member nations | Research guidelines | Health department |
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| Nuu-chah-nulth Tribal Council | Port Alberni | Ahousaht, Ditidaht, Ehattesaht, Hesquiaht, Hupacasath, Huu-ay-aht, Kyuquot/Cheklesahht, Mowachaht/Muchalaht, Nuchatlaht, Tla-o-qui-aht, Toquaht, Tseshaht, Uchucklesaht and Ucluelet | Community-based research coordinator | |
| Office of the Hereditary Chiefs of the Gitxsan | | | | |
| Office of the Wet'suwet'en | Map | | | |
| Okanagan Nation Alliance | Westbank | Lower Similkameen, Osoyoos, Penticton and Westbank (also includes Colville Reservation in Washington) | Navigating healthcare | |
| Scw'exmx Tribal Council | Merritt | Coldwater, Nooaitch, Shackan and Upper Nicola | | |
| Shuswap Nation Tribal Council | Kamloops | Adams Lake, Bonaparte, Neskonlith, Shuswap, Simpcw, Skeetchestn, Splotsin, Tk'emlúps te Secwépemc and Whispering Pines/Clinton | Elders Council governance / research | |
| Sto:lo Nation | Chilliwack | Aitchelitz, Leq'á:mel, Matsqui, Shxwhá:y Village, Skawahlook, Skowkale, Squiala, Sumas, Tzeachten and Yakweakwioose | Stó:lō Research and Resource Management Centre | |
| Stó:lō Tribal Council | Agassiz | Chawathil , Cheam, Kwantlen, Kwaw-kwaw-Apilt, Seabird Island, Shxw'ow'hamel, Soowahlie and Sq'ewlets | | |
| Tahltan Nation, governed by Tahltan Central Council | Dease Lake, Iskut, Telegraph Creek | | | |
| Te'mexw Treaty Association | | | | |
| Treaty 8 Tribal Association | Fort St. John | Doig River, Fort Nelson, Halfway River, Prophet River, Saulteau First Nations and West Moberly | Treaty 8 First Nations: Protocols for Health Research Report | |
| Tsilhqot'in National Government (aka Tsilhqot'in Tribal Council) | Williams Lake | ?Esdilagh, Tl'etinqox Government, Tšideldel First Nation, Xenigwet'in and Yunesit'in Government | Agreements | Health |
| Wuikinuxv-Kitasoo-Nuxalk Tribal Council | Bella Coola | Kitasoo, Nuxalk and Wuikinuxv | | |

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Appendix II: First Nations research, ethics, or other contacts and protocols in British Columbia

Appendix III: BC Tribal Councils, Métis Nation British Columbia and others

■ Image sources

Image sources



Cover: *Reconciling Light* by Kwakwaka'wakw artist Simon Daniel James, who also goes by the name Winadzi. Artwork commissioned by the University of Northern British Columbia. Photograph by Health Research BC.



Page 2: Lynn Creek, BC. Photograph by Health Research BC.



Page 5: From Northern BC scenery image gallery. Photograph courtesy of the University of Northern British Columbia.



Page 6: Chilliwack Lake, BC. Photograph by Health Research BC.



Page 8: Totem from Northern BC scenery image gallery. Photograph courtesy of the University of Northern British Columbia.



Page 9: Cypress Mountain, BC. Photograph by Health Research BC.



Page 10: Maple Ridge, BC. Photograph by Health Research BC.



Page 12: Shannon Falls, BC. Photograph by Health Research BC.



Page 14: Fort St. James, Mount Pope, from Northern BC scenery image gallery. Photograph courtesy of the University of Northern British Columbia.



Page 15: Whistler, BC. Photograph by Health Research BC.



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Page 19: Tofino, BC. Photograph by Health Research BC.



Page 20: Brandywine Falls, BC. Photograph by Health Research BC.



Page 21: Vanier Park, BC. Photograph by Health Research BC.



Page 22: Sewells Marina, BC. Photograph by Health Research BC.



Page 23: MacKenzie Beach, Tofino, BC. Photograph by Health Research BC.



Page 24: Dewdney Grind Trail, Deep Cove, BC. Photograph by Health Research BC.



Page 25: Furry Creek, BC. Photograph by Health Research BC.



Page 26: Bowen Island, BC. Photograph by Health Research BC.



Page 27: Pine Pass from Northern BC scenery image gallery. Photograph courtesy of the University of Northern British Columbia.



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