Our Vision to Become a Centre of Excellence

The Tui’kn Partnership (an initiative of Eskasoni, Membertou, Potlotek, Wagmatcook and Waycobah First Nations) has set the stage for an Atlantic Aboriginal Centre of Excellence for Health Information Management that will make us custodians of our own data. We envision a Centre of Excellence that will:

1. support health information analysis and application in community-level health planning and decision-making;
2. provide training and education initiatives designed to enhance First Nations capacity in health information management, community health planning and evaluation;
3. develop and deploy health-related applications including telemedicine, Panorama, and other health service applications; and,
4. enable more effective management information on finance and health outcome and accountability measures.

The Centre of Excellence would also feature a data repository that will integrate a broad range of health information collected by First Nation, provincial and federal governments. Interoperability with federal and provincial health information systems is fundamental. The Centre of Excellence would offer a Technical Support Service as a resource to local staff.

For more information:

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Tui’kn Partnership

About Our Logo:
The sunrise represents new beginnings and awakening. The five figures within it symbolize our communities standing together at the forefront of a new day. Mountains and water symbolize Unama’ki-ew-aq (The People of the Land of the Fog). The eagle is a symbol of strength and unity and provides us a clarity of vision not always achieved from the ground.

Our logo was developed by celebrated local artist, Arlene Christmas (Dozay) who we commissioned to capture the essence of our journey to health.

Aboriginal Health Information Management
Together, we’ve created an information system that enables First Nations to own, control and access data about our own health needs, services and outcomes.

Our Journey Toward a Centre of Excellence
**Building a First Nations Health Information Management System**

While we secure long term funding to unlock the full potential of our work, we have established proof of concept with our partners through a number of project-based innovations. All of this work represents the building blocks of a comprehensive and sustained model of First Nations health information management.

**Data Sharing Agreement**

A multi-lateral Data Sharing Agreement was signed by the five First Nations and the Nova Scotia Minister of Health.

The complexity of the relationships and inherent data hand-offs between jurisdictions required close attention to the legal and contractual obligations of the parties involved in the data sharing agreement.

**A “Privacy Sensitive” Culture**

We are fostering a “privacy sensitive” culture within our organizations through regular privacy reviews, privacy training and the development of a comprehensive privacy policy framework and procedures.

As part of our strategy, we have completed privacy impact assessments that identify potential privacy and data protection risks and mitigation strategies, and have created strong legal and service agreements that protect personal and community information.

**Chronic Disease Surveillance**

Our communities are working with the Population Health Research Unit at Dalhousie University to develop a surveillance monitoring system that encompasses all of the current chronic disease categories currently being evaluated by the Public Health Agency of Canada (Arthritis, Asthma and COPD, Diabetes, Cardiovascular disease, Cancer, and Mental Illness). This two-year project is funded by the Public Health Agency of Canada’s Enhanced Surveillance for Chronic Disease Program.

Given the significant impact of diabetes on the First Nations population, we are giving specific attention to this issue in its own project.

**Data Linkage Model**

Our data linkage model enables First Nations’ health information to be pulled from administrative data. This model involves:

- The five First Nations in Cape Breton;
- Medavie (Nova Scotia’s administrator of the Medical Services Insurance system);
- Nova Scotia Department of Health and three participating provincial programs:
  - Reproductive Care Program of Nova Scotia,
  - Cardiovascular Care Nova Scotia, and
  - Cancer Care Nova Scotia;
- Cape Breton District Health Authority
- Guysborough Antigonish Strait Health Authority
- The Population Health Research Unit at Dalhousie University
- Indian and Northern Affairs Canada
- Dymaxion (our software supplier)

**Epidemiological Training**

In order to be custodians of our own health information, it is necessary for local staff to be skilled in all aspects of data collection and interpretation. This capacity building is central to our comprehensive strategy to improve the quality of health planning, management and evaluation.

**Data Access Process and Protocols**

We have created a data access process and the Unama’ki Data Access Committee, which reviews all requests for access to the registry’s data holdings. This process is respectful of both OCAP principles surrounding First Nations data and the Department of Health’s legal and policy requirements surrounding the Nova Scotia Health Card Registry.

**A Web-based Reporting Tool**

The creation and implementation of a web-based reporting tool will provide trained Unama’ki health centre staff with real-time access to aggregate and de-identified Unama’ki health information for routine planning, reporting and evaluation purposes. It will also allow the health centres to respond in a timely way to requests for information at the local level and from partners at the District, Provincial and Federal levels.