

PROVINCE	DIABETES SURVEILLANCE PROJECT	SURVEILLANCE PROJECT DESCRIPTION	HEALTH INFORMATION SYSTEM	DATA COLLECTED	DATA ANALYZED	DATA REPORTED	STRENGTHS/WEAKNESSES
BRITISH COLUMBIA	British Columbia First Nations Diabetes Surveillance Project	Tripartite agreement with British Columbia Ministry of Health Services, First Nations Chiefs Health Committee, First Nations and Inuit Health Branch of British Columbia. Created for purpose of gaining better understanding of impact of chronic diseases within First Nations of British Columbia	British Columbia Ministry of Health Services, First Nations and Inuit Health Branch of British Columbia (FNIHB)	Data collected by all tripartite agreement partners	Data analyzed by all tripartite agreement partners	Data reported to all tripartite agreement partners	Ability to successfully track BC First Nation clients living with diabetes
ALBERTA	Métis Nation of Alberta (MNA) Public Health Surveillance Project	Partnership with Public Health Agency of Canada, Alberta Health and Wellness, MNA. Project will match data from personal health numbers and MNA membership registry. Once all privacy protocols have been established and implemented, a data match will occur resulting in data that provides the 'first ever' Metis-specific health data. A report will be produced on Health Conditions of Metis with community engagement and ownership. Content of report will reflect the communities view on health conditions	Alberta Health and Wellness	Data matched using MNA registry and personal health numbers	Data analyzed in partnership with Alberta Health and Wellness	Data owned and reported by MNA	Privacy Concerns
SASKATCHEWAN	File Hills Qu'Appelle Tribal Council Electronic Access Database	Partnership with Health Quality Council (HQC) of SK, Saskatchewan Health, File Hills Qu'Appelle Tribal Council. Development of Electronic Database to track all on-reserve clients with diabetes within 11 First Nation communities. Access database contains clients' demographics, brief medical history, lab and anthropometric data, medications and complications of diabetes. Useful in tracking client progress both individually and as groups	Chronic Disease Management Collaborative (CDMC) Toolkit	Data collected by health staff - nurses, dieticians. Baseline data collected from charts	Data analyzed by utilizing variety of reports created by Access database and CDMC Toolkit	Data reported to communities monthly and to funding agencies	Access database used as teaching tool, able to chart clients' stats on laptop for ease of transportation. CDMC toolkit is web-based, maintained by HQC, info sharing with other providers /Access not web-based, difficult to fix glitches. CDMC toolkit-accessability issues
MANITOBA	Assembly of Manitoba Chiefs (AMC) Manitoba First Nations Patient Wait Time Guarantee Pilot Project	Partnership with Saint Elizabeth Health Care, ON, First Nations and Inuit Health Branch of Manitoba, Health Canada, Manitoba Health, AMC. 18 month pilot project developed to establish wait time guarantee and model for prevention, treatment and care of foot ulcers among people living with diabetes in Manitoba First Nations	Musti'muhw Model. Developed by Cowichan Tribe in British Columbia. Record tracks health history of patients while supporting community care. Also incorporates community-specific's traditional values and culture into development of its electronic health record	Data collected by community health care members and entered into Musti'muhw Model	Data analyzed by community health members	Data reported to community members and to funding agencies	Musti'muhw Model is OCAP compliant. Final Report avail May 2009/

**SK - File Hills Qu'Appelle Tribal Council 11 First Nations include: Carry The Kettle, Little Black Bear's Band, Muskowpetung, Nekaneet, Okanese, Pasqua, Peepeekisis, Piapot, Standing Buffalo, Star Blanket and Wood Mountain

**MB - Manitoba First Nations Patient Wait Time Guarantee 8 First Nations include: Brokenhead, Wasagamack, Sandy Bay, Peguis, Opaskwayak, Canupawakpa, Ebb & Flow and Manto Sipi

PROVINCE/ TERRITORY	DIABETES SURVEILLANCE PROJECT	SURVEILLANCE PROJECT DESCRIPTION	HEALTH INFORMATION SYSTEM	DATA COLLECTED	DATA ANALYZED	DATA REPORTED	STRENGTHS/ WEAKNESSES
ONTARIO	Métis Nation of Ontario (MNO) Chronic Disease Surveillance	Partnership with Ministry of Health Long Term Care and in agreement with Institute for Clinical Evaluative Sciences, MNO. MNO utilizes its citizenship listing and its provincial healthcare administrative data to develop population-based data on diabetes among the Metis population of Ontario	Ministry of Health Long Term Care	Data collected by MNO Membership Registry	Data analyzed by Institute for Clinical Evaluative Sciences	Data is reported by MNO using 'knowledge translation'	/Inability to report trends over time in disease prevalence and complications-only measured diagnosed diabetes
QUEBEC	Project of Diabetes Surveillance among the Cree of Eeyou Istchee. Cree Diabetes Information System (CDIS)	Partnership with Institut national de sante publique (INSPQ), Cree Board of Health and Social Services of James Bay. Agreement was reached to a one-time (2003) merge of CDIS database with Quebec Diabetes Surveillance System (QDSS) database. Providing the QDSS with enhanced data on hospitalizations and medical service use by Cree of Eeyou Istchee	CDIS created in 1996 as tool to provide data for ongoing diabetes surveillance, increased awareness and improvement of diabetes management at local level. Basic demographics of new cases or pre-diabetes is sent to central data entry site via confidential fax number. This data provides annual updates to local Chiefs, Band Councils and clinics in Eeyou Istchee.	Demographic data collected as patients diagnosed with diabetes (medicare number, diabetes type, diagnosis date, community, chart number and Band number). Data from flowsheets updated and entered into central database every 2 years	Data analyzed by epidemiologists	Data reported through annual updates to 9 First Nation communities	Ongoing surveillance/ CDIS is complicated, labour intensive and difficult to maintain
NOVA SCOTIA	Eskasoni Health Centre	Partnership with Dalhousie University. Development of First Nation client registry of community members which allows community to extract data from provincial data sources	Practimax - electronic patient record model	Data collected by provincial health care system, Dalhousie University, Practimax at community level	Data analyzed by Dalhousie University		/Need for more capacity at community level

**QC - Cree of Eeyou Istchee 9 First Nations include: Wagwanipi, Mistissini, Ouje-bougoumou, Eastmain, Waskaganish, Nemaska, Wemindji, Chissasibi and Whapmagoostni