Public Health Agency of Canada | Agence de la santé publique du Canada

The National Inquiry into Missing and Murdered Indigenous Women and Girls
Overview of the Public Health Agency of Canada's Context and Select Key Activities Related to Indigenous Health

1.0 INTRODUCTION

The Public Health Agency of Canada (PHAC) helps to protect and improve the health and safety of all Canadians, strengthen public health capacity, reduce health status inequalities and assist at-risk vulnerable populations, including Indigenous Peoples. Its activities include promoting health, preventing chronic diseases and the spread of infectious diseases, preventing injuries and responding to public health emergencies. PHAC does not generally deliver services directly to Canadians.

The Public Health Agency of Canada Act[1] establishes the Agency for the purpose of assisting the Minister of Health in exercising his/her powers, duties and functions in relation to public health as outlined in the *Department of Health Act*[2] including: the protection of the people of Canada against risks to health and the spreading of diseases; the investigation and research into public health, including the monitoring of diseases; the collection, analysis, interpretation, publication and distribution of information relating to public health; and the cooperation with provincial authorities to coordinate efforts for preserving and improving public health as public health is an area of shared jurisdiction.

PHAC communicates and coordinates with all levels of government, other countries, the public, public health authorities and organizations, the private sector, and volunteer/non-profit/community-based organizations in the public health field with respect to public health issues and initiatives of national interest. Specifically, PHAC supports a number of areas where the evidence shows there are large health disparities experienced by Indigenous Peoples. These include early childhood development, family violence, mental wellness, and healthy living. PHAC also engages in work on surveillance, knowledge mobilization, and capacity building. PHAC programs are available to the Canadian population, with a focus on vulnerable populations, and are accessible to Indigenous Peoples. Some programming is aimed specifically at supporting Indigenous Peoples living off-reserve.

2.0 KEY PHAC ACTIVITIES RELATED TO INDIGENOUS HEALTH

[1] Public Health Agency of Canada Act, http://lois-laws.justice.gc.ca/eng/acts/P-29.5/page-1.html
[2] Department of Health Act, http://laws-lois.justice.gc.ca/eng/acts/H-3.2/index.html

2.1 Early Childhood Development

The Government of Canada, through PHAC, invests in three national programs aimed at promoting the health of Canada's most vulnerable children, prenatal women and their families to address risk factors of poor health and provide tangible, front-line support across Canada. These programs include Aboriginal Head Start in Urban and Northern Communities (AHSUNC), Community Action Program for Children (CAPC), and Canada Prenatal Nutrition Program (CPNP).

All three programs place emphasis on the inclusion of Indigenous participants and on providing culturally appropriate programming which contributes positively to health and wellness both in childhood and later in life. 97% of AHSUNC, 33% of CPNP and 23% of CAPC program respondents self-identify as Indigenous.

2.1.1 Aboriginal Head Start in Urban and Northern Communities[3]

Aboriginal Head Start in Urban and Northern Communities (AHSUNC) provides $29.1M in annual funding to community-based organizations to deliver comprehensive early childhood development programming to over 4,600 First Nations living off-reserve, Métis and Inuit children and their families annually at 134 sites across Canada. The AHSUNC Strategic Fund of $3M in annual funding supports time-limited, strategic initiatives that benefit the program. The AHSUNC program also works to reintroduce culture and language[4], instill pride and self-esteem among children; and build community capacity through health promotion activities for children, training for parents, sharing best practices and resources, and knowledge development[5]. The recent evaluation dated March 2017 indicated that the "AHSUNC program is needed for four key reasons, namely, the changing demographics of Indigenous people in Canada towards increasingly living off-reserve, as protection against socioeconomic effects, the importance of early childhood development on future education success, and the need for culturally appropriate and holistic programming that better meets the specific needs of Indigenous

[3] https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/programs-initiatives/aboriginal-head-start-urban-northern-communities-ahsunc.html

[4] Ball, J., & Moselle, K. (2013). *Contributions of Culture and Language in Aboriginal Head Start in Urban and Northern Communities to Children's Health Outcomes: A Review of Theory and Research.* Public Health Agency of Canada. Findlay, L. C., & Kohen, D. (2016). *Early childhood education programs and associations with Aboriginal children's outcomes in Canada: Closing the gap?* Unpublished report. Statistics Canada.

[5] Publications – Aboriginal health, https://www.canada.ca/en/services/health/publications/aboriginal-health.html

children[6]." Building capacity in Indigenous early childhood development enhances employment opportunities for women, reduces poverty and improves health.

2.1.2 Community Action Program for Children[7] and Canada Prenatal Nutrition Program[8]

The Community Action Program for Children (CAPC)[9] and Canada Prenatal Nutrition Program (CPNP)[10] annually provide $54.3M and $27.2M respectively to improve the health of mothers, young children (0-6 years) and their families facing conditions of risk, which may include situations of violence and neglect. The programs enable communities to develop a continuum of supports, including counselling and referral to intervention services for women living in situations of abuse. Several projects (29 CPNP and 46 CAPC) provide services within a shelter (e.g. women's, children or family shelter). The programs give special emphasis to the inclusion of Indigenous pregnant women, children and families, including by offering culturally-appropriate programming[11]. Some regions designate a percentage of funding to support projects for Indigenous participants[12]. Of the 275,000 children, parents and pregnant women who participate each year, 23% from CAPC and 33% from CPNP self-identify as Indigenous.

2.2 Fetal Alcohol Spectrum Disorder

2.2.1 Fetal Alcohol Spectrum Disorder Initiative[13]

PHAC's Fetal Alcohol Spectrum Disorder (FASD) Initiative provides national leadership and coordination in terms of public and professional awareness, prevention and capacity building to address Fetal Alcohol Spectrum Disorder (FASD). FASD is recognized as a serious public health issue and is the leading known cause of preventable developmental disability in Canada. A prevalence study undertaken among elementary school students (7 – 9 years of age) in the Greater Toronto Area estimated a prevalence of 2% to 3%. It is unknown, at this time, if this

---

[6] https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/evaluation/2011-2012-2015-2016-aboriginal-head-start-urban-and-northern-communities-program.html
[7] https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/programs-initiatives/community-action-program-children-capc.html
[8] https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/programs-initiatives/canada-prenatal-nutrition-program-cpnp.html
[9] https://www.canada.ca/en/public-health/corporate/mandate/about-agency/office-evaluation/evaluation-reports/summative-evaluation-community-action-program-children-2004-2009.html
[10] https://www.canada.ca/en/public-health/corporate/mandate/about-agency/office-evaluation/evaluation-reports/summative-evaluation-canada-prenatal-nutrition-program-2004-2009.html
[11] Community Action Program for Children Guide to Applicants (2001) and Canada Prenatal Nutrition Program Guide to Applicants (2000). Public Health Agency of Canada.
[12] FPT Protocol Agreements for CAPC and CPNP programs (circa 1992; updated 1994). Regions include Ontario (30% of funding), Saskatchewan (65%) and British Columbia (25%).
[13] https://www.canada.ca/en/public-health/services/diseases/fetal-alcohol-spectrum-disorder.html

estimate reflects the overall prevalence of FASD in Canada[14]. Adverse effects from FASD include lifelong physical, mental health, behavioural and cognitive effects, ranging from mild to severe. In the absence of diagnosis and appropriate treatment and support, individuals have an increased likelihood of developing secondary disabilities, including incomplete education, homelessness, substance abuse, mental health issues, and conflict with the law[15]. Along with the significant health concerns, the issue is therefore relevant to other Government of Canada priorities, such as mental health, violence, and crime prevention.

There are certain sub-populations who are determined to have a higher rate of FASD, namely, children in care and incarcerated individuals. It is widely perceived that Indigenous Peoples have a higher prevalence rate of FASD; however, the few Canadian studies in this population are dated and have methodological issues[16][17]. At the same time, there is evidence that people living with poor social determinants of health are at greater risk of having FASD or giving birth to a child with FASD than the general population[18].

PHAC works with key stakeholders, including national FASD organizations, health organizations, Indigenous organizations[19], provincial and territorial governments, and others to develop nationally applicable tools, resources and knowledge in order to raise awareness amongst Canadians and to build prevention and intervention capacity amongst health and allied professionals. PHAC also leads an interdepartmental working group on FASD and regularly confers with representatives from Health Canada, Indigenous Services Canada, Department of Justice, Public Safety and others.

---

[14] Centre for Addiction and Mental Health. 2018. World Health Organization International Study on the Prevalence of Fetal Alcohol Spectrum Disorder (FASD): Canadian Component. Popova, S., Lange, S., Chudley, A., Reynolds, J., Rehm, J.

[15] Streissguth, A. P., Barr, H. M., Kogan, J., & Bookstein, F. L. (1996). Understanding the occurrence of secondary disabilities in clients with Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE): Final report to the Centers for Disease Control and Prevention. Seattle, WA: University of Washington, Fetal Alcohol and Drug Unit.

[16] Ospina, M, & Dennett, L. (2013). Systematic review on the prevalence of Fetal Alcohol Spectrum Disorders. Edmonton, AB: Institute of Health Economics.

[17] Popova, S., Lange, S., Probst, C., Parunashvili, N., & Rehm, J. (2017). Prevalence of alcohol consumption during pregnancy and Fetal Alcohol Spectrum Disorders among the general and Aboriginal populations in Canada and the United States. European Journal of Medical Genetics, special issue on updates in "Teratology and The Fetal Alcohol Spectrum Disorders", 60(1), 32-48. doi: 10.1016/j.ejmg.2016.09.010)

[18] Canada FASD Research Network. 2018. FASD Prevalence in Special Populations. Flannigan, K., Unsworth, K., Harding, K.

[19] Multiple Indigenous programs through the Saskatchewan Prevention Institute and the PHAC program, Aboriginal Head Start in Urban and Northern Communities.

The National Strategic Projects Fund has been in place since 1999 and provides $1.5M annually for time-limited projects that are national in scope and aim to build capacity and support knowledge development and exchange. The *FASD National Strategic Projects Fund Placemat* document elaborates on the six national FASD projects that receive funding from the National Strategic Projects Fund to support the development of tools, knowledge and resources to build awareness, and increase prevention and intervention capacity for FASD. These six national FASD projects include:

1. Canada FASD Research Network (CanFASD): Using Diagnosis and Data to Improve Outcomes in FASD
2. British Columbia Centre of Excellence for Women's Health: Dialogue to Action on Discussing Alcohol with Women
3. Society of Obstetricians and Gynaecologists of Canada: Using Screening, Training and Data to Address Women's Alcohol Use During Pregnancy
4. Nota Bene Consulting Group: Multi-Site Evaluation on FASD Prevention with Holistic Programs Reaching Pregnant Women at Risk
5. Saskatchewan Prevention Institute Inc.: National FASD Mentoring Project
6. Centre for Addiction and Mental Health: World Health Organization International Study of the Prevalence of Fetal Alcohol Spectrum Disorder (FASD): Canadian Component

PHAC's Enhanced Surveillance for Chronic Disease Program is also funding a project over three years (2017-2020) to develop a multi-source surveillance system for FASD and prenatal alcohol exposure (PAE) in Canada. The Centre for Addiction and Mental Health is consolidating all existing FASD and PAE data into a centralized and coordinated database to develop a multi-source surveillance across three provinces (Alberta, Manitoba, and Ontario) and two territories (the Northwest Territories and Yukon). The proposed project will be a fundamental tool, which over the long term, is expected to help identify areas most in need of support to improve outcomes for prevention, diagnosis and care for those already living with FASD. The Centre for Addiction and Mental Health will develop knowledge products, including summary reports, fact sheets, and interactive maps, related to incidence and prevalence, morbidity and mortality, quality-of-life indicators, and service utilization that are tailored to various target populations. Specific knowledge products will be developed in 2019/20. The project, including performance measurement and evaluation activities, will be completed in August 2020.

2.3 Family Violence Prevention/Gender-Based Violence Prevention

2.3.1 Family Violence Initiative[20]

PHAC is a member of the Family Violence Initiative (FVI), which is the federal mechanism for collaboration related to family violence that brings together 15 federal departments to share new research and evaluation findings, advise on program design and project ideas, contribute to policy initiatives, connect stakeholder networks, and ensure that new knowledge is applied across sectors. Working together in this way helps improve the relevance and impact of our collective federal work. The *Evaluation of the Horizontal Coordination Function of the Family Violence Initiative 2011-2012 to 2016-2017*[21] explains each federal department's various FVI activities.

As an example, PHAC hosts the Stop Family Violence web pages, which serve as a one-stop source of information for professionals and the public on behalf of all the FVI partners. These pages provide information for the public and professionals working with a variety of populations. Information relevant for Indigenous families may be found throughout the site. The following pages provide resources specific to Indigenous populations: Tools, guidance, and promising practices to help you prevent and respond to family violence[22], Learn more about family violence, including rates, impacts and risks[23], and Education and awareness materials for clients and others who are dealing with family violence[24].

2.3.2 Family Violence Prevention Investment

The Government of Canada has a number of federal funding opportunities related to family violence prevention and response, some of which are specifically aimed as assisting First Nations communities[25]. In addition to activities led by other departments, PHAC is investing over $6M per year through the Family Violence Prevention Investment to improve the public health response to family violence through guidance and training for professionals, and to

[20] https://www.canada.ca/en/public-health/services/health-promotion/stop-family-violence/initiative.html
[21] https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/evaluation/2011-2012-2016-2017-the-horizontal-coordination-function-of-the-family-violence-initiative.html
[22] https://www.canada.ca/en/public-health/services/health-promotion/stop-family-violence/tools-guidance-promising-practices-help-you-prevent-respond-family-violence.html
[23] https://www.canada.ca/en/public-health/services/health-promotion/stop-family-violence/learn-about-family-violence-including-rates-impacts-risks.html
[24] https://www.canada.ca/en/public-health/services/health-promotion/stop-family-violence/education-awareness-materials-clients-family-violence.html
[25] https://www.canada.ca/en/public-health/services/health-promotion/stop-family-violence/funding-opportunities-stop-family-violence.html

deliver and measure the impact of community-based initiatives that support the health of survivors. Projects funded through the Family Violence Prevention investment[26] that are designed specifically to reach Indigenous populations include: a school-based intervention project aimed at strengthening the health of northern and Indigenous youth experiencing teen dating violence in the Northwest Territories, led by Fostering Open eXpression among Youth (FOXY); the Inunnguiniq Parenting Program for high-risk parents and caregivers in Nunavut that is based on reviving Inuit pathways to wellness and societal values around family connection; and Nato-we ho win (the art of self-healing), an Indigenous arts and culture program offered through women's shelters in Saskatchewan. *The Supporting the Health of Survivors of Family Violence: Grant and Contribution Funding Program Overview* document further elaborates on the aforementioned community-based projects that are specifically aimed at Indigenous participants.

This investment is administered through grants and contribution programs. Projects are led by external funding recipients; generally involving a partnership between a community-based organization or service provider and an academic or research partner. These are multi-year projects that began in 2016 or later and evaluation results are therefore not yet available. As the intervention research is carried out and findings emerge, this information will be shared through a variety of mechanisms, including the Family Violence Knowledge Hub[27], which is funded by PHAC to connect and support the intervention research projects.

The projects funded through this investment conduct intervention research to measure and assess changes in attitudes and behaviours, as well as the overall well-being of project participants. Changes in health outcomes such as anxiety, depression and post-traumatic stress disorder will be measured. This includes the three aforementioned projects that are specifically designed to reach and measure impacts on Indigenous participants, and other projects that may include Indigenous participants in their audiences.

Each project has its own research plan which determines the validated measures and tools that will used to measure outcomes. Research methodologies and research questions are specific to each project. PHAC provides funding to these projects to carry out each specific project research. PHAC requests that projects include a breakdown of participants based on age, sex, gender, newcomer status, First Nations, Métis, Inuit, and persons with disabilities in their

[26] https://www.canada.ca/en/public-health/services/health-promotion/stop-family-violence/investment-prevention-funded-projects.html
[27] http://www.vawlearningnetwork.ca/knowledge-hub/hub-resources

progress reports – when this data is available. It is not always appropriate or feasible to provide this breakdown. These projects also involve university or community-based researchers, and are subject to research ethics approval of their approach and methods.

2.3.3 Canada's Strategy to Prevent and Address Gender-Based Violence

Canada's Strategy to Prevent and Address Gender-Based Violence[28] is a multi-department initiative led by Status of Women Canada, and including PHAC, Public Safety, the Royal Canadian Mounted Police, Department of National Defence, and Immigration, Refugees and Citizenship Canada. Initial funding for the Strategy was announced in Budget 2017, with enhanced funding announced in Budget 2018. Budget 2018 announced additional funds to expand the Strategy and included new funding to equip health professionals to provide appropriate care to survivors. The Strategy is based on three pillars: prevention; support for survivors and their families; and promotion of responsive legal and justice systems. Status of Women Canada identified these pillars through consultations with stakeholders and experts across Canada in 2016. In July 2016, the Minister of Status of Women hosted a roundtable on Preventing Violence against Indigenous Women and Girls in Ottawa, Ontario. The purpose of this roundtable was to build on these efforts by focusing on specific actions the federal government could take now to address violence against Indigenous women and girls. It was attended by approximately 15 stakeholders, including representatives from national and regional Indigenous organizations (Inuit, Métis and First Nations), organizations focused on human rights and the wellbeing of Indigenous women, and Indigenous front-line and education workers[29]. The Strategy will fill gaps in support for diverse populations, which could include: women and girls, Indigenous Peoples, LGBTQ2 community members, gender non-binary individuals, those living in northern, rural, and remote communities, people with disabilities, newcomers, children and youth, and seniors.

As part of Canada's Strategy to Prevent and Address Gender-Based Violence, PHAC will invest $9.5M over five years to prevent gender-based violence. The objective of this funding is to support the implementation and testing of programs and initiatives to prevent dating violence among teens and youth, and to provide parents with the tools and skills for positive discipline and healthy parent-child relationships. This programming is PHAC's contribution to the Strategy, under the *Prevention* and *Support for Survivors and their Families* pillars. PHAC will administer grant and contribution funding for projects that will undertake intervention research to measure and assess changes in attitudes and behaviours, while building the evidence base of

[28] https://www.swc-cfc.gc.ca/violence/strategy-strategie/index-en.html
[29] https://www.swc-cfc.gc.ca/violence/strategy-strategie/0727-en.html

what works, for whom, and in which settings, so that effective programs can be identified and incorporated into ongoing practice. PHAC will also support projects that develop training, guidance or resources to help health and allied professionals recognize, prevent and respond to gender-based violence. PHAC's investment is not specific to Indigenous populations but anticipates supporting projects serving Indigenous populations in addition to projects serving other populations. As this programming is new, examples of successful programs will be shared in future years as projects roll out and findings emerge.

2.4 Mental Health

2.4.1 Innovation Strategy

The Innovation Strategy program supports projects that test and deliver evidence-based population health interventions[30]. The aim is to reduce systemic barriers to health for individuals, families and communities and achieve greater health equity for all Canadians. Knowledge gained from the evaluation of each intervention is then applied to public health policy and practice.

In the past year, the Innovation Strategy: Equipping Canadians – Mental Health Throughout Life[31] funded four projects including school-based interventions, parenting and family cohesion, and community capacity and cultural adaptation, three of which had a specific focus on improving mental health in Indigenous communities.

The Fourth R - Promoting Youth Wellbeing through Healthy Relationships[32] is a universal, culturally-based program designed for and with Indigenous youth. The Fourth R ('R' is for 'Relationships') is a school-based project targeting youth in grades 7-12, based on the belief that relationships skills and knowledge should be taught alongside reading, writing and arithmetic. This project works in 10 provinces, 1 territory, and in hundreds of communities and schools. Due to the size of the project, a list of schools in the most recent reporting year was not requested. However, in previous years, schools on reserve were identified, including Paul First Nation School in Duffield, Alberta and Echo Dene School in Fort Liard, Northwest

[30] *A population health intervention is defined as a policy or program designed to reduce health inequity in a population. It does this by addressing the social, economic and environmental factors that determine health. Examples of interventions that address such underlying factors might include:*

- *A program to help new mothers learn strategies to help them cope with post-partum depression.*
- *Policies to provide more nutritious food choices in convenience stores located in low-income neighbourhoods.*

[31] https://www.canada.ca/en/public-health/services/innovation-strategy/mental-health.html
[32] https://youthrelationships.org/

Territories. Students are engaged through active learning, peer mentoring and role modeling to address bullying and violence. It has led to several positive outcomes, including: increased academic success, improved relationships and sense of belonging, and gains in confidence and leadership skills.

Listening to One Another to Grow Strong: Culturally Based, Family-Centered Mental Health Promotion for Indigenous Youth[33] is a community and school-based project intended to promote mental health and contribute to the prevention of suicide-related behaviours among Indigenous youth. Local Indigenous communities implementing the project adapt the curriculum to their relevant context, history and language, as cultural re-appropriation is a key underlying project theme. The program reported positive outcomes for participants including: increased family bonding, communication skills, and interest in and enthusiasm for learning about their own cultures. These outcomes were reported by the project which measures mental health status from an Indigenous holistic perspective, including variables on self, family, community, land and culture. At the individual level, participants complete pre and post outcome measures related to content, skills, and attitudes delivered through to the intervention. In addition, the project collected information at the family level, including assessing the impact of the program on parents own well-being, parenting skills and perceptions of the intervention, as well as their perception of any spill-over effect to other family members. The project has an agreement in place to consult communities before disseminating results, which precludes presenting detailed results to the public.

Handle with Care: Promoting Mental Health of Young Children in Communities At-risk for Mental Health Problems[34] is a project designed to help parents and caregivers, including those who work in early childhood settings, to promote the mental health and well-being of young children from 0-6 years of age. The project targets vulnerable families, including Indigenous families and Indigenous-specific program resources have been developed.

2.4.2 Suicide Prevention[35]

In 2016, there were almost 4,000 suicide deaths in Canada. Suicide rates are higher than the national average in some Indigenous communities and among all Inuit regions in Canada. There is no single cause that explains or predicts suicide; a combination of factors are associated with

[33] https://www.mcgill.ca/mhp/
[34] http://handlewithcarecanada.org/Home.aspx
[35] https://www.canada.ca/en/public-health/services/publications/healthy-living/overview-federal-initiatives-suicide-prevention.html

suicide, such as mental illness, physical health, personal issues and loss, childhood abuse and neglect, and exposure to trauma.

PHAC's suicide prevention efforts are focused on three strategic objectives as outlined in the *Federal Framework for Suicide Prevention*[36]: reducing stigma and raising public awareness; connecting Canadians to information and resources; and accelerating the use of research and innovation. The Framework aligns with the *First Nations Mental Wellness Continuum Framework*[37] (the Continuum) which is designed to help partners work more effectively with federal, provincial and territorial programs within a comprehensive mental wellness system for First Nations.

PHAC has work underway under each of the three objectives listed above. For example, PHAC is providing close to $3 million to support Crisis Services Canada to deliver the Canada Suicide Prevention Service (CSPS)[38]. This service integrates existing regional distress and crisis line services across Canada and will provide Canadians in suicide crisis with access to toll-free support, 24/7, from trained responders. Crisis Services Canada launched the CSPS on November 28, 2017 with limited marketing and promotion, using a "managed roll-out approach" until fully operational. The CSPS is committed to working with others, including the First Nations and Inuit Hope for Wellness Help Line and Kids Help Phone, to advance research, knowledge sharing and advocacy. The CSPS meets several times a year with these national helplines in order to advance these areas of work and share information. PHAC also serves as a co-chair of the National Collaborative for Suicide Prevention, along with the Mental Health Commission of Canada and the Canadian Association for Suicide Prevention. The Assembly of First Nations, Inuit Tapiriit Kanatami and the First Peoples Wellness Circle are also member organizations of the Collaborative.

2.5 Surveillance and Research

2.5.1 Canadian Incidence Study of Reported Child Abuse and Neglect

To address the Truth and Reconciliation Commission of Canada Calls to Action, PHAC is working on both research and surveillance to provide the most complete data possible on reported child maltreatment, evidence that is essential for informed action and decision making. The Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) gathers information from

[36] https://www.canada.ca/en/public-health/services/publications/healthy-living/suicide-prevention-framework.html
[37] http://thunderbirdpf.org/first-nations-mental-wellness-continuum-framework/
[38] http://www.crisisservicescanada.ca

child welfare agencies about reported and substantiated child abuse and neglect, including the characteristics of the affected children and their families. The CIS is conducted on a 5-year cycle and national data was collected in 1998, 2003, and 2008[39].

In 2018, PHAC entered into a four-year contribution agreement with the Assembly of First Nations to conduct the CIS and the First Nation Incidence Study of Reported Child Abuse and Neglect (FNIS). The Assembly of First Nations will conduct a national research study examining the incidence of reported child abuse and neglect in Canada in tandem with the FNIS, focusing on First Nations' children. The *Canadian/First nations Incidence Study of Reported Child Abuse and Neglect* document elaborates on the contribution agreement with the Assembly of First Nations. This agreement will fulfil a research function on the context and circumstances of children involved in the child welfare system in Canada, within both First Nations and non-First Nations populations. The Assembly of First Nations will be the custodians of the data. The reports on the major findings of the CIS and FNIS will be available in 2021.

Through work with Statistics Canada, PHAC is also developing the Canadian Reported Child Maltreatment Surveillance System which will involve the ongoing collection of data on child maltreatment reported to provincial and territorial social services to monitor trends in children's health.

2.5.2 Pan-Northern Administrative Data Development Project

Through the Pan-Northern Administrative Data Development Project, PHAC is working with the Northwest Territories, Yukon, and Nunavut on the development of a pan-Northern Minimum Data Set, a shared approach to data collection on children involved with child welfare, to help inform territorial governments' service delivery, policy and programs, as well as support national child maltreatment surveillance in these jurisdictions. This will be complementary to the Canadian Incidence Study of Reported Child Abuse and Neglect, and the First Nation Incidence Study of Reported Child Abuse and Neglect research function.

2.5.3 Métis Health Data

Budget 2018[40] announced investments in "Indigenous Health: Keeping Families Healthy in Their Communities", including $6 million over five years through the Public Health Agency of Canada to support the Métis Nation in gathering health data and developing a health strategy.

---

[39] https://www.canada.ca/en/public-health/services/health-promotion/injury-child-maltreatment-section/child-maltreatment/canadian-incidence-study-reported-child-abuse-neglect-major-findings-2003/canadian-incidence-study-reported-child-abuse-neglect-2008.html

[40] https://www.budget.gc.ca/2018/docs/plan/budget-2018-en.pdf, p. 133-134