



## First Nations Food, Nutrition and Environment Study (FNFNES)

### Protocol for external researchers requesting and using FNFNES data (for secondary data analyses)

#### Aggregated data

1. An email will be sent to Dr. Laurie Chan and the FNFNES Project Coordinator, Lynn Barwin ([lbarwin@uottawa.ca](mailto:lbarwin@uottawa.ca)) to request copies of FNFNES datafiles. The following appendices must be filled out and included with the email request:
  - a) **Appendix 1:** Request for FNFNES Datafiles
  - b) **Appendix 2:** Confidentiality Agreement
2. The data analyst will complete **Appendix 3: List of Data Files Shared with Researcher**, then share the requested data files (password protected) with the researcher via the University of Ottawa's secure Google Drive platform.
3. Upon completion of their work (final submission of report or articles for publications), the researcher must delete all copies of FNFNES data files from their computers, as per **Appendix 4: Certificate of Destruction of Personal or Confidential Information**. This appendix must also be signed by the main researcher of the external organization, with a copy to be sent to the FNFNES Project Coordinator.

#### Community-specific data

1. An email from the external organization will be sent to the First Nation(s) to formally request access to the FNFNES data. Possible persons to contact would be the Band Administrator or other council member, the Chief, or the Health Director.
2. Upon receipt of the letter/email of approval by a representative of the First Nation(s), a copy of this approval will be sent to Dr. Laurie Chan, the FNFNES Project Coordinator, Lynn Barwin ([lbarwin@uottawa.ca](mailto:lbarwin@uottawa.ca)), and to the Assembly of First Nations (Dr. Tonio Sadik, [TSadik@afn.ca](mailto:TSadik@afn.ca)) to request copies of FNFNES datafiles. The following appendix must be filled out and included with the email request: **Appendix 1:** Request for FNFNES Datafiles
3. The data analyst will complete **Appendix 3: List of Data Files Shared with Researcher**, then share the requested data files (password protected) with the researcher via the University of Ottawa's secure OneDrive platform.
4. Appendices 2 and 4 do not have to be signed as these are to be handled between the researcher and the individual First Nation.

## APPENDIX 1. REQUEST FOR FNFNES DATAFILES

A) Date of request:

B) Name of researcher and/or organization:

C) Name of First Nation(s) data requested for:

D) Detailed list of files and variables requested:

## APPENDIX 2. CONFIDENTIALITY AGREEMENT (aggregated data only)

### CONFIDENTIALITY AGREEMENT

***Applicable to all materials, information or documents to which the signatory has access in the performance of their duties as a researcher using data collected from the First Nations Food, Nutrition and Environment study (FNFNES).***

Whereas, as part of my duties I may have access to materials, information or documents unknown to the public in direct or indirect relation with the activities of FNFNES and its partners and collaborators, all such information being considered confidential.

I, the undersigned,

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First name and last name of the researcher

hereby declare that I am an employee/consultant

with \_\_\_\_\_,

Name of organization

Whose main office is located at

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address of organization

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Name of project/Analysis

I undertake to respect the confidentiality of the individual and Nation data information to which I will have access in the performance of my duties. In particular, I pledge:

1. to access only information necessary for the execution of my tasks;
2. to use this information only in the context of my duties;
3. to reveal no confidential information of which I become aware in the performance of my duties unless duly authorized;
4. to include this information only in the files provided for the fulfillment of the mandates entrusted to me;
5. to keep these records so that only authorized persons can access them;
6. to protect by a password, access to confidential information that I hold or to which I have access;
7. to dispose, if they contain personal information, of any waste paper by shredding;

8. to inform my supervisors without delay of any situation or irregularity that could compromise in any way the security, integrity or confidentiality of information held by my employer;
9. not to keep at the end of the employment or the contract, any confidential information transmitted or collected within the framework of my functions and to maintain my obligation of confidentiality with regard to them.
10. to never use any cloud-based server (i.e. Google Drive, Dropbox, OneDrive) to store the data files (i.e. audio files, transcripts, interviewer notes, and databases).
11. to never share the data files with any person other than my research director.
12. to return the data files, workbooks, and statistical programs to my research director/FNFNES PI upon completion of the project/analysis,
13. to delete these files from my computer(s) and to maintain my obligation of confidentiality with regard to them.

IN WITNESS WHEREOF, I HAVE SIGNED AT \_\_\_\_\_,  
Place of signature

ON \_\_\_\_\_.  
Date

\_\_\_\_\_

Signature of the researcher

\_\_\_\_\_

Signature of the research director

### APPENDIX 3. LIST OF DATAFILES SHARED WITH RESEARCHER

Date files sent by Amy Ing (data analyst):

Name of researcher and/or organization:

Detailed list of files shared with researcher:

<b>Variables</b>	<b>Data source/ Variable names/ Question</b>	<b>Name of SAS program file</b>	<b>Name of Excel file (worksheet)</b>
<b>Demographic variables</b>			
<b>Traditional Food Intake</b>			
<b>Nutrient Intake</b>			
<b>Food security</b>			

## APPENDIX 4. CERTIFICATE OF DESTRUCTION OF PERSONAL AND CONFIDENTIAL INFORMATION

### CERTIFICATE OF DESTRUCTION OF PERSONAL AND CONFIDENTIAL INFORMATION

I, the undersigned,

\_\_\_\_\_  
First name and last name of the researcher

performing my duties with

\_\_\_\_\_  
Name of organization

Whose main office is located at

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

solemnly declare that that the: *(Check the appropriate box or boxes)*

- ☐ Databases
- ☐ Codebooks
- ☐ Working data files

used as part of the project:

\_\_\_\_\_  
Name of project/analysis

have been entirely deleted from my computer(s) and/or other storage devices.

IN WITNESS WHEREOF, I HAVE SIGNED AT \_\_\_\_\_  
Place of signature

ON \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the researcher

\_\_\_\_\_  
Signature of the research director