

# Research Impact of Industrial Development in Alberta on the Health of Aboriginal Peoples

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Saskatoon, Sask.

# NRBS Logic Model of Science Components

## Our Knowledge of the Mother

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### Pictograph Symbolology: A Glimpse of the Greater Vision

The circle is the symbol of the cycle of many things including the universe, which has many cycles. This pictograph attempts to depict the components of the Northern River Basins Study, in particular the interrelationship of each component with one another and to the Mother of All Creation.



The pictograph attempts to emphasize the significance of the traditional knowledge component to each of the other scientific components. Each component is a circle within itself but has a connection to the other components and also to the larger picture of the universe.

The components have been symbolized by the natural elements because of the influence of the industrial age upon these elements of the universe. The understanding of these natural elements has been limited by the limited vision of man, and to increase the awareness of

this vast untapped knowledge the artist has attempted to portray this with the many images of the natural elements.

## Component Images

### TRADITIONAL KNOWLEDGE

This component is in the centre of the pictograph, and is depicted by the image of the beaver, the wolf, the otter, the little ones and the seasons.

### CONTAMINANTS

This component is depicted by the centipedes as contaminants come in many shapes and sizes.

### NUTRIENTS

This component is depicted by the aquatic plant life and the food chain reaching into the water where the fish and other insects reside.

### SYNTHESIS AND MODELLING

This component is depicted by a scale with the land mass in one plate and the delicate rose in the other plate.

### HYDROLOGY

This component is depicted by the many rivers of water but also by the wave of water flowing against gravity.

### OTHER USES

This component is depicted by the dog team and the canoeist.

### DRINKING WATER

This component is depicted by the evergreens extending their roots down into the earth to drink the water.

### FOOD CHAIN

This component is depicted by the link chains around the many aspects of the ecosystem, water, plants, insects, marine life and water dependent muskrat.

## The Images

### INSECTS

The weavers of the pathways of interconnectedness within the Mother of All Creation.

### ATMOSPHERE

The outer universe is shown to demonstrate the vastness of this knowledge and the impact of all that is of the Mother of All Creation. The air, the moon and all that is of this element are the synthesizers of that which is of life giving upon the Mother of All Creation.

### WATER

The water is used to show the interconnectedness of all life forms and its increasingly depleting health as illustrated in the charging patterns and colours. The water is the Mother's cleanser and harmonizer of her being. This pictograph is not only an education tool but it is also a healing tool, as it is blessed by the Traditional Knowledge Component, that it will bring healing to the Mother of All Creation and all who experience it.

### SACRED TEACHING OF THE GRANDFATHERS AND GRANDMOTHERS

"All that is created in the universe is of great significance and all that is created from the spirit has great healing ability and will bring increased harmony and balance into our universe."

## The Pictograph

This pictograph was designed with the help of the grandfathers and the grandmothers of the past and the artist Larry Mercredi was only one instrument of this beautiful and profound creation.  
Lea Bill, Project Manager, Traditional Knowledge Component, Northern River Basins Study, January 23, 1994

# Objectives

- Provide a historical context to industrial impacts to Aboriginal Health in Alberta (1996-2017)
- Provide an awareness of the current health trends within Alberta
- Create an awareness of the link between land & the health of First Nations people of Alberta

# Context: Historical & Baseline Research (NRBS)

- Community based research involving 10 communities in northern Alberta & Northwest Territories
- Guided by elders & experienced traditional knowledge holders of the land and ceremony
- Ethical process of applied guiding principles

# Project objectives

- Related to specific documentation of:
  - Traditional ecological knowledge from traditional land users
  - Historical knowledge of the land prior to industry
  - Demonstrate value of traditional ecological knowledge for research, predictions of industrial environmental changes and impacts
  - To achieve recognition of the value of traditional knowledge research process

# Subjective deliverables of the project

- Document existing historical beliefs of FN & their concept of “value of the Land”
- Document FN perceived value of the land & resources
- Document cultural approach to land management (traditional land management practices) Document beliefs of the peoples state of well being in relation to the land, mentally, emotionally, physically, and spiritually
- **Document the perception of health , illness and what they thought was prevailing at the time**
- **Document the peoples view of industrial development & it's impact on the land their lives and future generations**



# Data collected & analysed

- A review of existing archival data was gathered from records housed at the provincial archives, National archives of Canada and the Hudson Bay archives collection in the provincial archives of Manitoba.
- Personal interviews & focus group sessions of knowledge holders, and traditional land users, community members guided by a structured questionnaire
- N=221 northern residents responded

# Findings related to health & perceptions

- Historical diseases documented in the archives were
  - Consumption, dysentery, scrofula, influenza, and measles, whooping cough, tuberculosis, venereal diseases.
  - Lack of proper nourishment, (starvation)
  - Unsanitary conditions
  - Inadequate living quarters
  - Hardships



# Health concerns identified during the study

- 33% indicated that they hadn't noticed increases or decreases in diseases
- Elders noticed more heart attacks and cancers (47%)
- Alcohol and drug abuse and communicable diseases
- Diet and lack of physical activity on the land
- Concerns about youth and constructive use of time

# The family

- People living the traditional lifestyle of pre-European contact reflected strong bonds of respect between people, the land and its resources.
- Hunting and sharing activities was a regular feature of daily life
- Land formed a part of the identity and culture
- Land was the source of life and was linked to the water

# Water

- Was not a concern pre-contact
- 65% of the respondents still used surface water from flowing streams and rivers
- Snow and ice was used in the winter
- Beginning changes noted by the traditional users was increased algae growth, lower levels of water, and noted water was dirtier.
- Ice changes

# Present Health Trends

## Top reasons for ED Visits

1. Injury & poisoning
2. Respiratory system
3. Digestive system
4. Mental & behavioral
5. Muscular skeletal



## First Nations—Health Trends Alberta

July 26, 2016

### Top reasons for Emergency Department visits for First Nations in Alberta

#### Age-standardized emergency department visit rates by First Nations status and reason for visit, 2010-2014

Emergency department (ED) visits are an important indicator of health status and healthcare utilization.<sup>1</sup> In this edition of *First Nations—Health Trends Alberta*,<sup>2</sup> we report the age-rural standardized ED visit rates and the most common reasons for ED visits among First Nations (FN) and non-FNs in Alberta for the five-year period from 2010 to 2014.

All reported rates are adjusted for age and rurality. Adjustments are made for reality of residence (i.e. urban vs. rural) because residents living in rural areas typically utilize EDs differently than those living in urban settings, and since the proportion of First Nations living in rural areas is significantly higher than non-First Nations Albertans (in 2015, 51 per cent of First Nations Albertans resided in rural areas, compared to 20 per cent of non-First Nations Albertans).

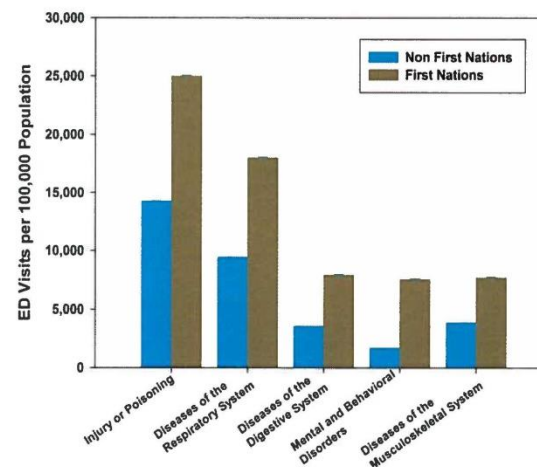
#### ED visit rates among First Nations are nearly double those seen in non-First Nations

Overall, ED visit rates for First Nations were almost double those seen among non-First Nations; 137,852 and 70,702 per 100,000 population, respectively.

The most common reasons for ED visits in both FNs and non-FNs in Alberta were those categorized as 'injury or poisoning', followed by 'diseases of the respiratory system'. For FNs, the most commonly reported reason for visits within each of these categories were open wound of the head and acute upper respiratory infections, respectively.

The remaining top reasons for visits to the ED by FNs included those categorized as diseases of the digestive system, mental and behavioral disorders, and disease of the musculoskeletal system.

In all categories, rates were higher for FNs compared to their non-FNs counterparts: rates in all categories were close to two times higher in FNs compared to non-FNs, with the exception of mental or behavioural disorders, where rates were 4.5 times higher for FNs.



<sup>1</sup> CIHI(2016), Emergency Department Visits in 2014-2015

<sup>2</sup> This is the 7<sup>th</sup> in a series of First Nations-specific Health Trends compiled in collaboration by Alberta Health and the Alberta First Nations Information Governance Centre (AFNIGC). To suggest future topics, please contact the AFNIGC ([communications@afnigc.ca](mailto:communications@afnigc.ca); 403-579-5775).

# Present Health Trends

## Unintentional Injury

2.5 times higher in FN compared to non-first nations

50% of total deaths transport related to collisions/crashes

Other deaths were related to slipping, tripping, stumbling & falls



## First Nations – Health Trends Alberta

October 25, 2016

### Deaths due to unintentional injury in First Nations people in Alberta

#### Age-standardized rates of death due to unintentional injury by sex and First Nations status, Alberta, 2014

In this edition of *First Nations – Health Trends Alberta*<sup>1</sup> age-standardized mortality rates (ASMRs) for death due to unintentional injury are presented by sex for non-First Nations and First Nations people in Alberta separately.

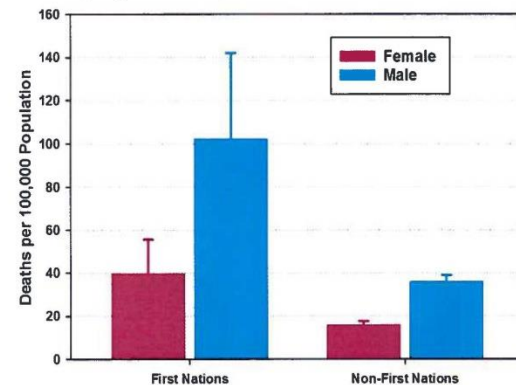
In 2014, there were 973 deaths due to unintentional injury in Alberta (92 in First Nations). The majority of these deaths occurred in males: 63 deaths in male First Nations (68.5 percent of total in male FNs) and 581 deaths in male non-First Nations (66.4 percent of total in male non-FNs).

While a large proportion of deaths due to unintentional injury in non-First Nations occurred in people 70 years of age or older (42.2 percent), this was not the case in First Nations: only 2.2 percent of total deaths occurred in First Nations past the age of 70. For First Nations, the largest burden of deaths occurred between the ages of 20 and 49 (59.8 percent of total).

#### Rates of death due to unintentional injury are over 2.5 times higher in First Nations compared to non-First Nations

The ASMR for death due to unintentional injury for non-First Nations in 2014 was 25.2 per 100,000 (15.6 per 100,000 females and 35.8 per 100,000 males). For First Nations in the province, however, the ASMR was more than 2.5 times that of non-First Nations (68.8 per 100,000 population). This was true for both females and males with ASMRs of 39.6 and 102.1 per 100,000, respectively.

The majority of deaths in First Nations people due to unintentional injury in 2014 were caused by transport related collisions/crashes (50 percent of total deaths in FNs: 29 deaths in males; 17 deaths in females). Other causes of death due to unintentional injuries this year included “slipping, tripping, stumbling, & falls” (9 deaths in total) and “unintentional non-transport drowning and submersion” (11 deaths in total). Comparisons across populations for specific causes of death due to unintentional injury will be explored further in a future FN-HTA.



<sup>1</sup> This is the 11<sup>th</sup> in a series of First Nations specific Health Trends compiled in collaboration by Alberta Health and the Alberta First Nations Information Governance Centre (AFNIGC). To suggest future topics, please contact the AFNIGC ([communications@afnigc.ca](mailto:communications@afnigc.ca), 403-539-3773).



# Present trends

Life expectancy  
For non first nations life  
expectancy rose  
1999-2015 from 79.6 to 82.3  
yrs. (males & females)

First Nations it has remained  
the same averaging 69.5 and  
73.7 (males & females)

Overall the life expectancy  
between the 2 populations has  
widened from 7.3 years in 1999  
to 11.9 years in 2015



## First Nations—Health Trends Alberta

May 31, 2016

### Trends in life expectancy over time for First Nations in Alberta

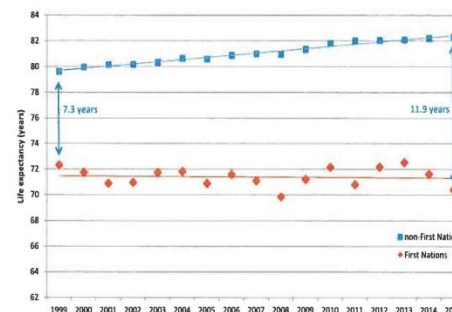
*Life expectancy at birth by First Nations status and year, Alberta, 1999-2015*

Life expectancy at birth is the average number of years a newborn baby is expected to live if current death trends apply. It is determined by a number of factors that include genetic, social, and environmental conditions. In a previous edition of *First Nations—Health Trends Alberta*, life expectancy at birth was presented by country and by First Nations status in Alberta. Here, we present life expectancy between 1999 and 2015 for non-First Nations and First Nations in the province separately.<sup>1</sup>

For non-First Nations, life expectancy at birth rose between 1999 and 2015 from 79.6 to 82.3 years. This increase was observed in both men (77.1 to 80.0 years) and women (82.1 to 84.6 years). For First Nations in the province, however, life expectancy remained around the same over this time period: an average of 71.4 years. This was true for both males and females with life expectancies averaging 69.5 and 73.6 years, respectively. Because life expectancy rose over time for non-First Nations but remained similar in First Nations, the gap in life expectancy between these populations widened from 7.3 years in 1999 to 11.9 years in 2015.

### The gap in life expectancy between First Nations and non-First Nations in Alberta is widening

An average life expectancy of 71.4 in First Nations in Alberta between 1999 and 2015 is comparable to life expectancy at birth for the general population of Canada in the early 1960s.<sup>2</sup> This disparity between First Nations and non-First Nations in Alberta is similar to inequities reported between indigenous people and their non-indigenous counterparts in other developed countries. In Australia, for example, the gap in life expectancy between Aboriginal and Torres Strait Islander Australians and their non-indigenous counterparts in 2010-2012 was estimated to be 10.6 and 9.5 years for males and females, respectively.<sup>3</sup> Unlike in Alberta, however, this gap has narrowed in Australia since 2005-2007, decreasing by 0.8 and 0.1 years in males and females, respectively.



<sup>1</sup> This is the 5<sup>th</sup> in a series of First Nations-specific Health Trends compiled in collaboration by Alberta Health and the Alberta First Nations Information Governance Centre (AFNIGC). To suggest future topics, please contact the AFNIGC ([communications@afnigc.ca](mailto:communications@afnigc.ca); 403-539-5773).

<sup>2</sup> <http://www.statcan.gc.ca/tables-tableaux/sum-som/01/cst01/health26-eng.htm> (Accessed online March 3, 2016).

<sup>3</sup> <http://www.aihw.gov.au/deaths/life-expectancy/> (Accessed online March 3, 2016).

# Present Trends

## Diabetes Prevalence 2000-2015

Diabetes rose in all populations during this time however;

- Double among First Nations compared to Non First Nation
- First nations 14.4 %
- Non First Nations 7.3 %
- Consistently higher in females 2015 (13.9% vs 11.9%)
- Over time there has been a decrease in the gap between FN males & females over 16 yrs.



## First Nations – Health Trends Alberta

February 7, 2017

### Diabetes Prevalence among First Nations in Alberta

#### Age-standardized Diabetes Prevalence by First Nations Status, 2000-2015

Diabetes mellitus, commonly referred to as diabetes, is a group of metabolic diseases that can lead to high blood sugar levels. It can occur if the body cannot produce insulin, a hormone that helps to regulate blood sugar (type 1 diabetes). It can also occur if the body cannot effectively use the insulin it produces (type 2 diabetes), or during pregnancy if there is too much blood sugar (gestational). If left untreated, serious long term complications from diabetes can include foot ulcers, vision loss, kidney disease, and cardiovascular disease.<sup>1</sup>

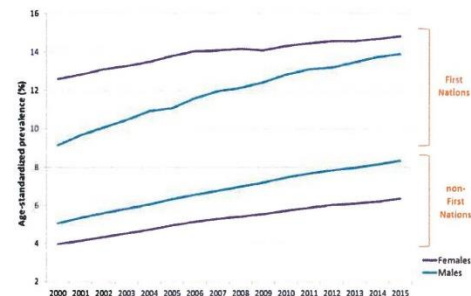
Given a strong interest in diabetes information among First Nations communities in Alberta, this is the first in a series of *First Nations – Health Trends Alberta*<sup>2</sup> dedicated to diabetes-related topics. Here, the age-standardized prevalence of diabetes between 2000 and 2015 is presented by sex and year for First Nations and non-First Nations in Alberta separately. Prevalence measures the percentage of a population living with a condition at a given point in time.

#### Diabetes prevalence among First Nations is double that among non-First Nations

In Alberta in 2015, there were approximately 268,590 people living with diabetes (12,310 First Nations and 256,280 non-First Nations). The age-standardized diabetes prevalence among First Nations (14.4 per cent) was double that among non-First Nations (7.3 per cent).

Disparities between diabetes prevalence among First Nations and non-First Nations were most pronounced for females: in Alberta in 2015, the age-standardized prevalence of diabetes among First Nations females was 14.8 percent (approximately 6,610 women) compared to 6.4 per cent among non-First Nations females (approximately 113,990 women).

Between 2000 and 2015, the prevalence of diabetes rose in Alberta for all populations. Among First Nations, females had a consistently higher prevalence of diabetes than males (annual average of 13.9 vs. 11.9 per cent); however, there was an apparent decrease in the gap in prevalence between males and females over time. The opposite was true among non-First Nations: males had a higher prevalence than females over the 16 year period (annual average of 6.8 vs. 5.3 per cent), with differences in prevalence increasing slightly over time.



<sup>1</sup> <http://www.alberta.ca/publications/diabetes-alberta-first-nations-facts-cliffnotes-2011/index-eng.php>

<sup>2</sup> This is the 13<sup>th</sup> in a series of First Nations-specific Health Trends compiled in collaboration by Alberta Health and the Alberta First Nations Information Governance Centre (AFNIGC). To suggest future topics, please contact the AFNIGC ([communications@afnigc.ca](mailto:communications@afnigc.ca) or 403-539-5775).



# Present Trends

## Water borne gastrointestinal disease (2000-2015)

- For FN's living in rural health zones the rate of disease is around double the rate in non FN's
- Thought to be linked to drinking water



## First Nations – Health Trends Alberta

March 22, 2016

### Waterborne Disease Rates in Rural Alberta, including First Nations

#### *Infectious gastrointestinal disease rates due to drinking water by residence and First Nations status, Alberta, 2000-2015*

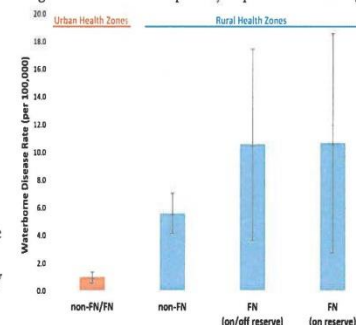
Infectious gastrointestinal diseases can cause nausea, vomiting, or diarrhea. These diseases can be contracted by humans through contact with animals, through person to person transmission, or through contaminated food. They may also be transmitted through the ingestion of untreated or inadequately treated water. The largest outbreak of waterborne disease in Canada occurred due to inadequately treated water contaminated with *E. coli* in Walkerton, Ontario in 2000.<sup>1</sup>

This edition of First Nations – Health Trends Alberta<sup>2</sup> describes the rate of infectious gastrointestinal disease possibly acquired from drinking water in First Nations (FN) and non-First Nations (non-FN) people living in urban or rural health zones in Alberta.<sup>3,4</sup> Disease due to *Campylobacter*, *Giardia*, verotoxigenic *E. coli*, *Salmonella*, *Shigella*, *Cryptosporidium* and other infectious gastrointestinal diseases were included in the analysis.

#### **For FNs living in rural health zones, the rate of disease is around double the rate in non-FNs**

Between 2000 and 2015, there were 869 cases of infectious gastrointestinal diseases acquired in First Nations in Alberta: 11 of these cases may be due to drinking water (1.3% of total); 7 of these were observed in individuals who were living on reserve. In non-First Nations over the same time period, there were 32,343 cases of infectious gastrointestinal diseases: 81 of these cases may be due to drinking water (0.3% of total). Cases of infectious gastrointestinal diseases that may be related to drinking water are rare in Alberta.

Rates of infectious gastrointestinal diseases in 2000-2015 that may be due to drinking water were higher for anyone living in rural health zones compared to urban health zone dwellers. Amongst those living in rural health zones, rates differed between First Nations and non-First Nations. For First Nations living in rural health zones, either on or off reserve, the rate of waterborne disease likely due to drinking water was 10.6 per 100,000 population (95% confidence interval (CI): 3.7, 17.5). This was similar for First Nations living on reserve: 10.7 per 100,000 (95% CI: 2.8, 18.6). The rates of infectious gastrointestinal disease likely due to drinking water in First Nations were almost two times the rate observed in non-First Nations living in rural health zones over the same time period: 5.6 per 100,000 (95% CI: 4.2, 7.1).



<sup>1</sup> Waterborne outbreak of gastroenteritis associated with a contaminated municipal water supply, Walkerton, Ontario, May-June 2000. *Can Commun Dis Rep*. 2000 Oct 15;26(20):170-3.

<sup>2</sup> This is the third in a series of First Nations-specific Health Trends compiled in collaboration by Alberta Health and the Alberta First Nations Information Governance Centre (AFNIGIC). To suggest future topics, please contact the AFNIGIC ([communications@afnigic.ca](mailto:communications@afnigic.ca); 403-579-5775).

<sup>3</sup> Urban health zones defined here as Edmonton and Calgary. Rural health zones defined here as Southern, Central, and Northern. See [http://www.albertahealthservices.ca/dhs-nmap/dhs\\_zones.pdf](http://www.albertahealthservices.ca/dhs-nmap/dhs_zones.pdf).

<sup>4</sup> Drinking water was considered a possible source if it was checked off in the notifiable disease report and indicates that it could have been a source of the disease, but not necessarily confirmed. See <http://www.health.alberta.ca/documents/NID-Report-Manual.pdf>.

# Trends

- Higher rates of dispensations to FN people in Alberta
- Dispensation rates of Oxycodone, morphine and fentanyl in the south zone



## First Nations—Health Trends Alberta

November 29, 2016

### Pharmacy dispensations of opioids to First Nations people in Alberta

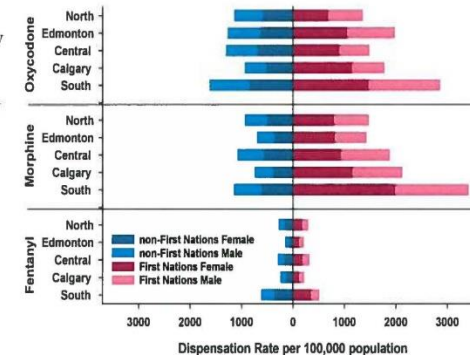
#### Age-standardized dispensation rates by opioid type, healthcare zone, sex, and First Nations status, 2011-2015

Oxycodone, morphine, and fentanyl are opioid drugs used to decrease pain. Long-term use can potentially lead to tolerance where an increased dose is required to achieve the same level of pain relief. An overdose of opioids can be fatal: the recent increase in these deaths in Alberta appears to be mostly due to illicitly sourced fentanyl (that is, non-prescribed).

In a previous edition of *First Nations—Health Trends Alberta*, age-specific opioid drug dispensation rates were presented by sex and First Nations status. Here we provide age-standardized rates for a first dispensation of oxycodone (excluding combinations), morphine, or fentanyl stratified by healthcare zone, sex, and First Nations status. Age standardized rates are averaged over 5 years (2011 to 2015). Oxycodone exclusions include combinations with acetylsalicylic acid, acetaminophen, and naloxone. The Pharmaceutical Information Network (PIN) was used to obtain information on opioid drugs dispensed from community pharmacies in Alberta.

#### Dispensation rates of oxycodone, morphine, and fentanyl highest in the South Zone

Overall, there was an annual average of 1,700 First Nations (1,788 per 100,000 population) and 35,000 non-First Nations (1,020 per 100,000 population) people who had at least one dispensation of oxycodone, morphine, or fentanyl. For each opioid drug, dispensation rates were highest in the South Zone among both First Nations and non-First Nations peoples. Dispensation of morphine in males and females was approximately three times higher among First Nations than non-First Nations peoples in both Calgary and South Zones. The dispensation rate of oxycodone in females was 2.2 times higher among First Nations than non-First Nations people in Calgary Zone (1.6 times higher in males). Fentanyl dispensations are comparable between First Nations and non-First Nations people except in the South Zone where non-First Nations males (241 per 100,000 population) had rates 1.7 times higher than First Nations males (145 per 100,000 population). Note that these results do not include non-prescribed drugs and cannot be generalized to a specific First Nation community.



<sup>1</sup> This is the 12<sup>th</sup> in a series of First Nations-specific Health Trends compiled in collaboration by Alberta Health and the Alberta First Nations Information Governance Centre (AFNIGC). To suggest future topics, please contact the AFNIGC ([communications@afnigc.ca](mailto:communications@afnigc.ca); 403-539-5775).

# Baseline Report for FN & Cancer

- Baseline assessment reported the top four cancers for both FN & non first nations of Alberta were:
  - From 1997-2010 prostate & breast cancer were the most common diagnosis.
  - Newly diagnosed cancers were; Breast, lung, colorectal and prostate
  - Breast Cancer was the most common diagnosis ranking 2<sup>nd</sup> for First Nations women.
  - Lung cancer was the leading cause of reported cancer deaths


# Baseline report

- While the incidence of lung cancer did not differ much FN patients were more likely to experienced a delay in diagnosis.
- Breast Cancer- First Nations women were more frequently diagnosed at stage III & IV vs non first Nations that were diagnosed at stage I & II
- Incidence of colorectal cancer between FN & non First Nations was not different however there was significant difference in the number of deaths related to colorectal cancer again related to late diagnosis

# CPAC Cancer Pathways Project

- Aimed to discover what the gaps, challenges and barriers were through the cancer pathway.
- With the goal to improve the cancer pathway for First Nations in rural & remote communities
- 2.5 year project completed March of 2017
- Focused in three communities 1 from each treaty region (6,7,8)
- Interviews with cancer survivors, families and focus group sessions with health care providers & knowledge holders.

# Data collected



Community	<ul style="list-style-type: none"> <li>• Cancer Survivors N=28</li> <li>• Community Members N=18</li> <li>• Community Health Care Providers (CHR's, Nurses, Doctors, Mangers) N=22</li> </ul>
Nurses	<ul style="list-style-type: none"> <li>• CINA National Organization N=11</li> <li>• FNIHB Home Care Nurse (N=35)</li> </ul>
Community Health Represenatives	<ul style="list-style-type: none"> <li>• Treaty 6,7,8 N=41</li> </ul>
Health Care Providers	<ul style="list-style-type: none"> <li>• Cross Cancer Institute and Tom Baker Centre N=13</li> <li>• Online Fluid survey N=110</li> </ul>
Knowledge Holders	<ul style="list-style-type: none"> <li>• Treaty 6,7,8 N=41</li> </ul>
Knowledge Transfer Exchange Surveys	<ul style="list-style-type: none"> <li>• KTE surveys N=113</li> </ul>

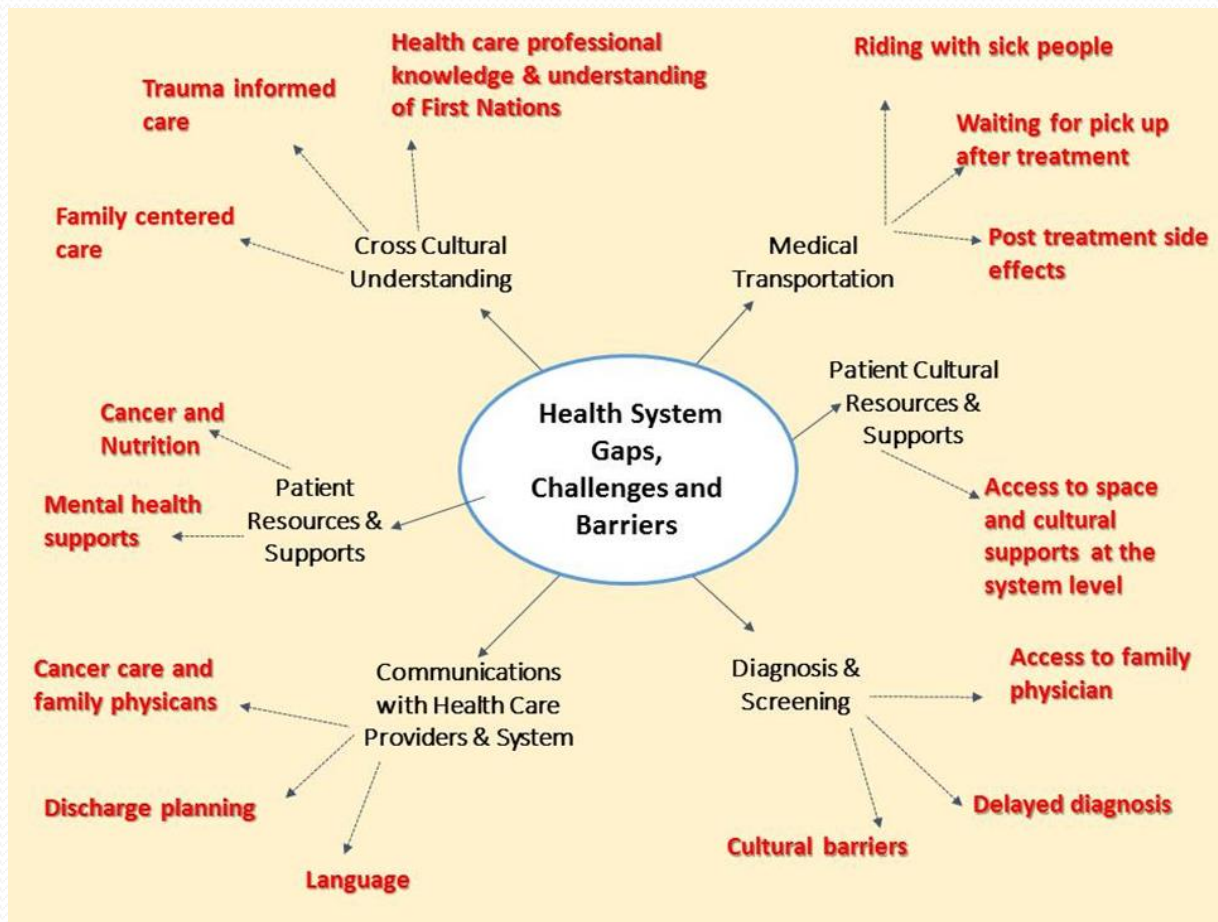


# Key findings

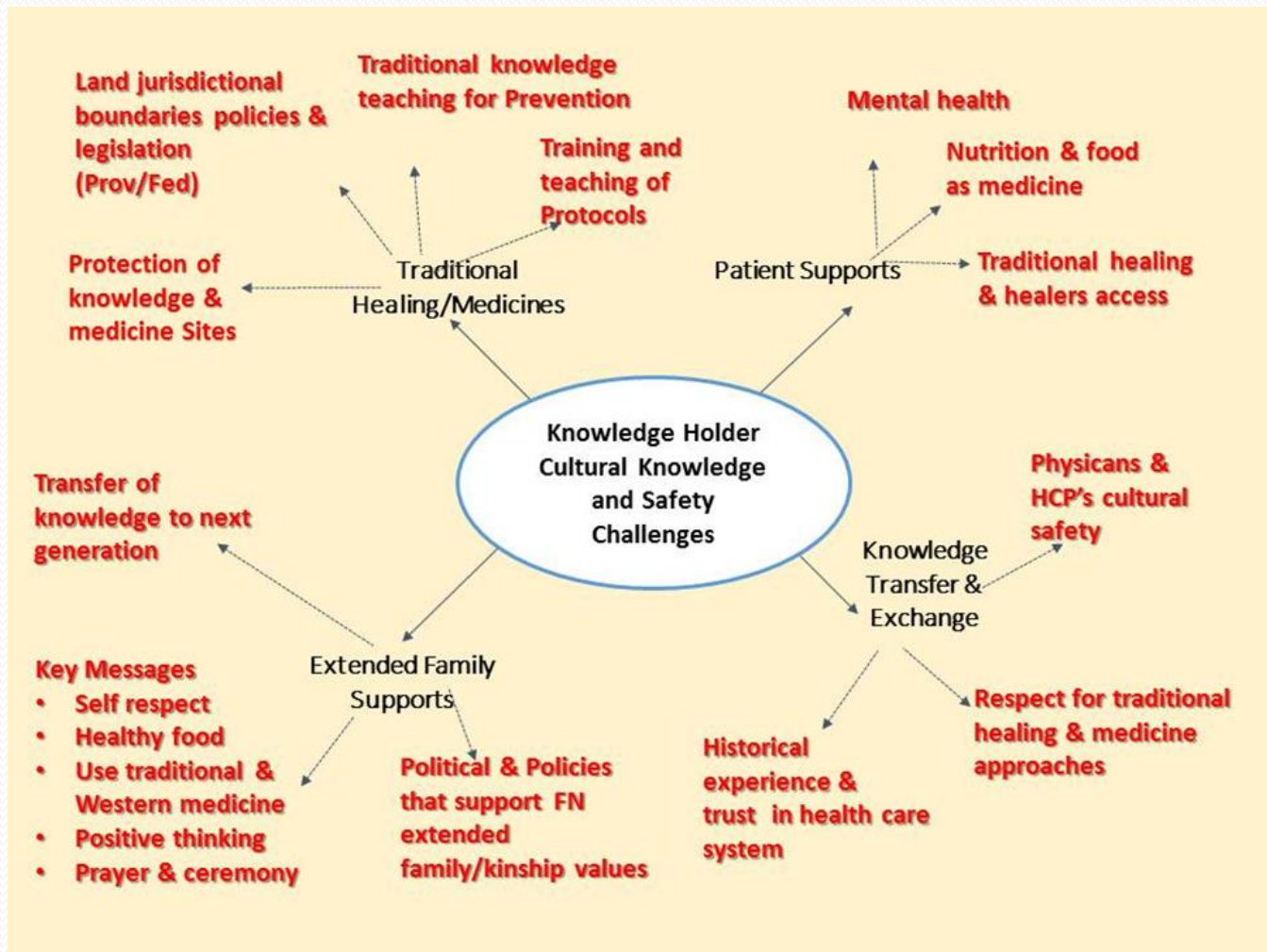




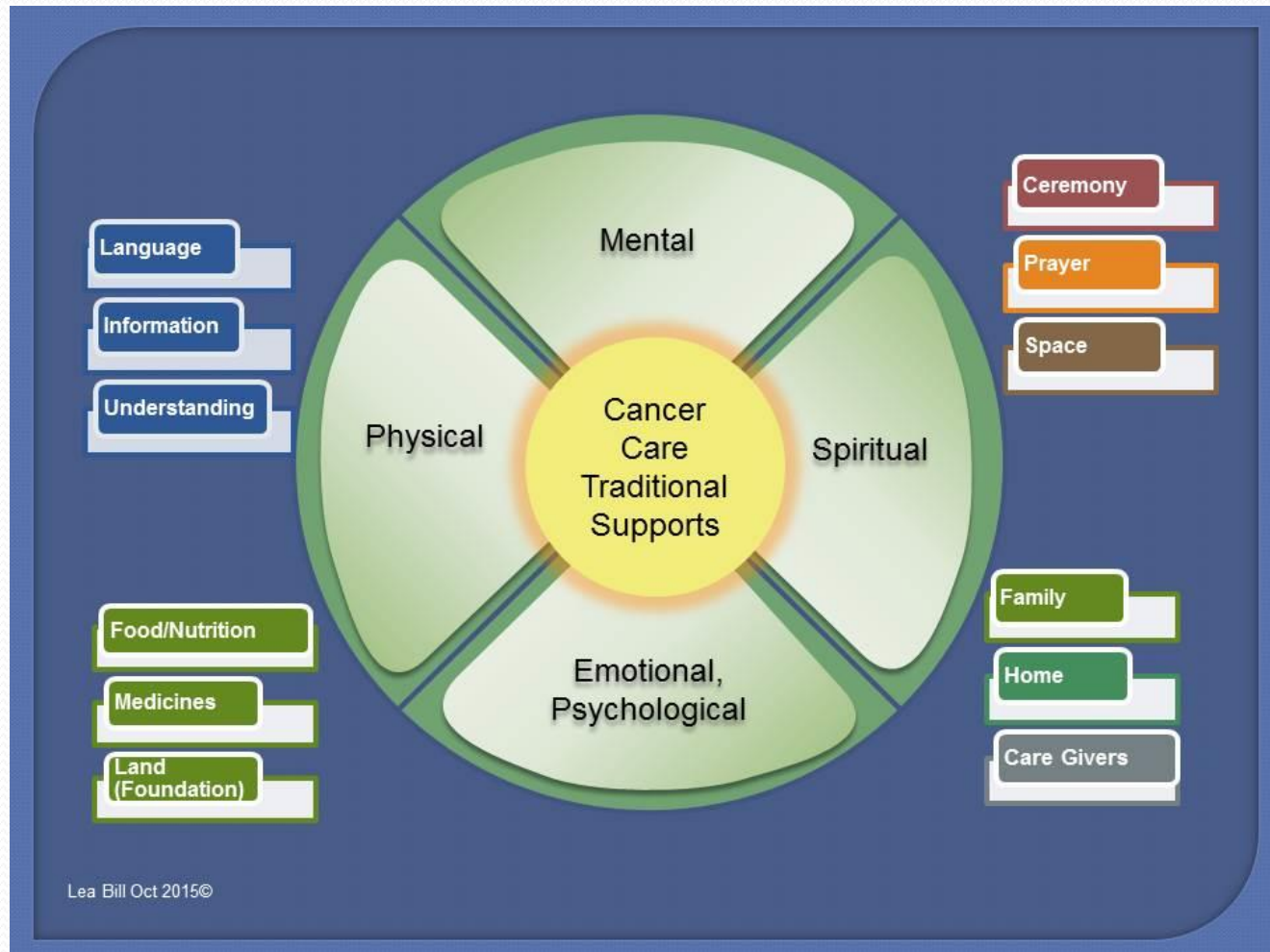
# Key findings



# Key findings



# Traditional Supports



# Traditional Supports



A word cloud of traditional supports. The words are arranged in a cluster, with some oriented vertically and others horizontally. The colors of the words include red, green, orange, purple, yellow, and dark green. The words are: Flexibility, Collaboration, Generosity, Vision, Knowledge, Respect, Willingness, Trust, Experience, Humility, Foresight, Connections, Communication, Courage, Commitment, Spirit, and Awareness.

Flexibility  
Collaboration  
Generosity  
Vision  
Knowledge  
Respect  
Willingness  
Trust  
Experience  
Humility  
Foresight  
Connections  
Communication  
Courage  
Commitment  
Spirit  
Awareness

# Other key outcomes

- Capacity building with First Nation communities on the use of data, including the self-governance piece re: nation-to-nation rebuilding.
- Alberta Health facilitated a beginning dialogue with Vital Stats and INAC to improve IRS data.
- The TRC 'Call to Action' and #19 being implemented through this process.
- Health Trends by AFNIGC that are meant to create awareness on important health surveillance data.
- A First Nations health status report.
- A government partnership and Article twenty-one - Free prior informed consent that embraces OCAP and implements UNDRIP.
- Community profiles project and the use of these data from a community perspective. This reflects an interest in working with communities to put together the data from an Alberta Health, FNIHB, AHS perspective.
- Committed funding for a an 18 month cancer prevention and screening project.



Howa'a Welálin Mahsi' Cho Pinamaya Wneeweh  
Haida Mikmaq Gwich'in Nakota Mohawk

Sample - Please visit [spiritlinking.com](http://spiritlinking.com) to order

Nitsíniyi'taki  
Blackfoot

Guneshcheesh  
Tlingit

Hay ce:p qa  
Musqueam

Meegwetch  
Cree

Eeshneesh  
Stony

Musicho  
Déné

Hey chexw  
Squamish

Kukstemo  
Shuswap

Meegwetch  
Ojibway

Yontonwe  
Huron

Kwukstam'x kawx  
Lil'wat

T'ooyaksim nisim  
Nisga'a

Wliwni  
Abenaki

YokoKe  
Choctaw

Walus  
Bella Bella

Kwas' H'oy  
(Halq'emeysem)

Merci  
Métis

Lim Limit  
Okanagan

Thank  
You