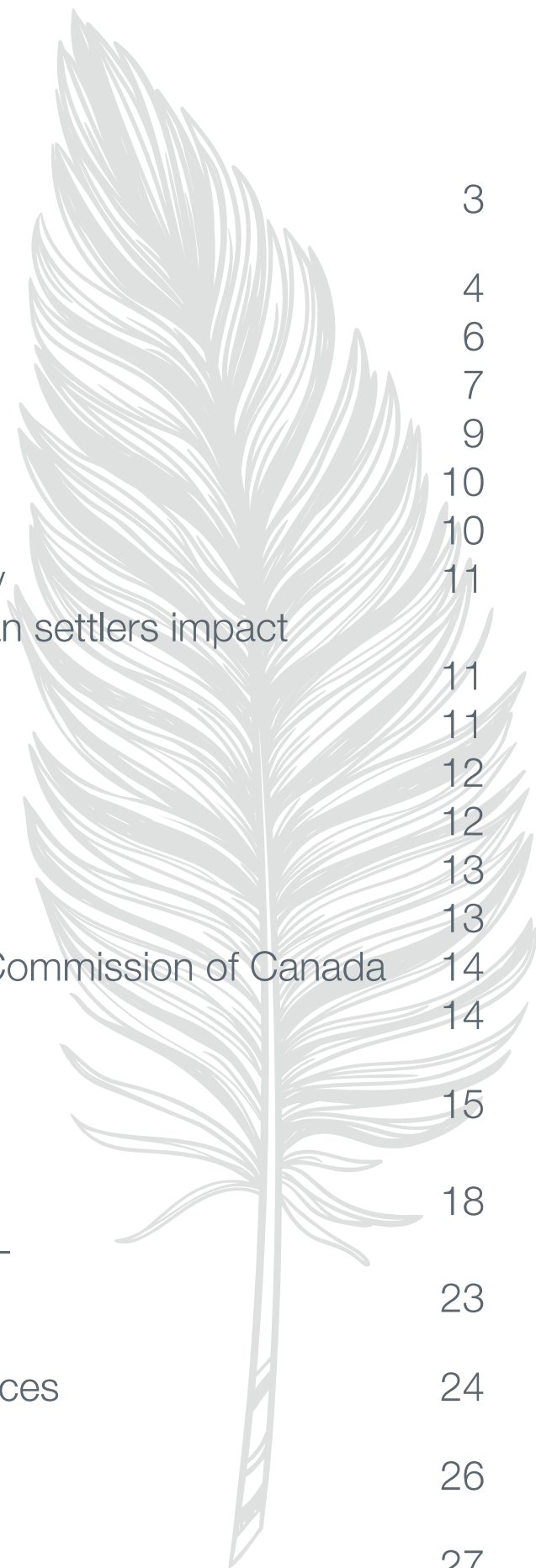


Indigenous Peoples and Communities in Alberta



Table of Contents

Introduction	3
Our People	4
First Nations of Alberta	6
Métis People	7
Inuit People	9
Indigenous Diversity	10
Urban Indigenous Populations	10
Indigenous People and History	11
How did contact with European settlers impact Indigenous peoples?	11
The Indian Act	11
The Indian Treaties	12
Tribal Councils	12
Residential Schools	13
The 60s Scoop	13
The Truth and Reconciliation Commission of Canada	14
UNDRIP	14
Our Culture	15
Our Wellness	18
Caring for Indigenous People – 10 Tips to Keep in Mind	23
Indigenous Health Program services	24
Online Resources	26
References	27



Introduction

Purpose

The purpose of this booklet is to provide information about Alberta’s Indigenous peoples including demographic details, Indigenous identities, cultural practices, historical events, wellness approaches and social determinants of health.

The goals:

- *Improve cultural competency for AHS staff, contractors and volunteers.*
- *Provide culturally appropriate service delivery for Indigenous patients, clients and families.*
- *Positively affect interactions with Indigenous patients and clients.*
- *Contribute to improved health outcomes for Indigenous Albertans.*

Information Sources and Selection:

The sources of information used for this report include Statistics Canada, Indigenous and Northern Affairs Canada,* First Nations Inuit Health Branch,* First Nations Profile, Alberta Health and Wellness and other sources noted in the references section. This report is a compilation of existing information from government and community sources; no new research was undertaken for this document.

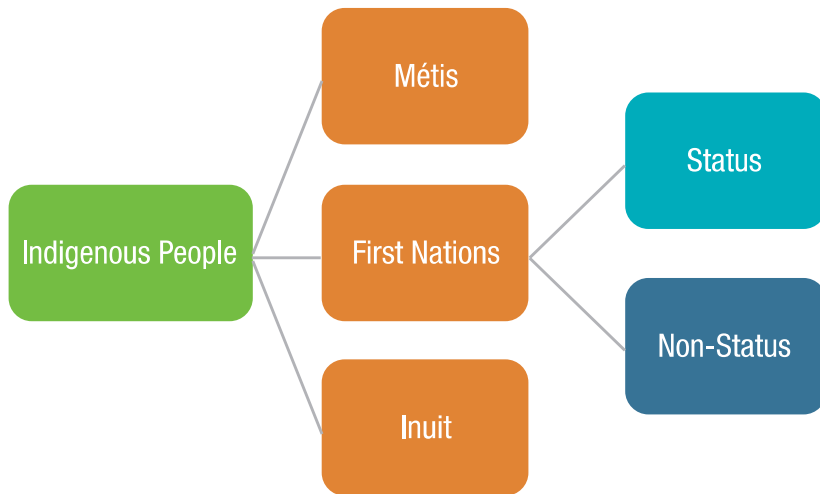
*First Nations Inuit Health Branch and Indigenous and Northern Affairs have recently been incorporated formally within one body and are now known as Indigenous Services Canada.

This resource is divided into three main sections:

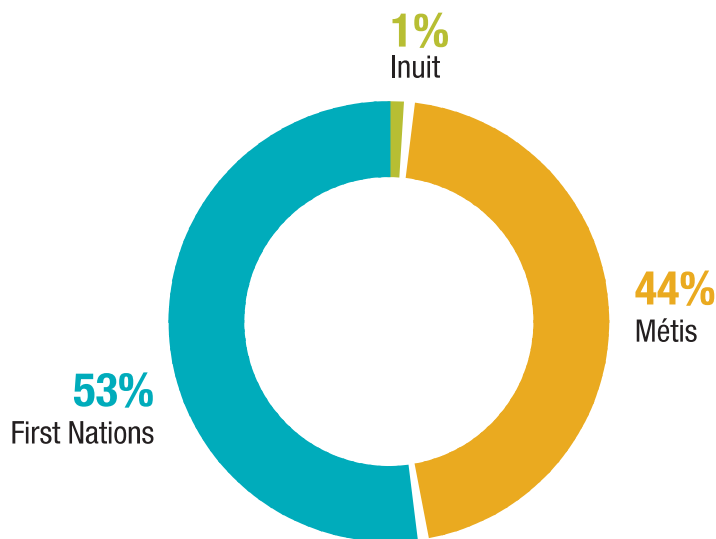


Our People

There are three groups who are classified as Indigenous (Aboriginal*) people under the Canadian Constitution:



There are about 260,000 Indigenous peoples living in Alberta, comprising 6.5% of the provincial population.



*The Government of Alberta, Government of Canada and Alberta Health Services have adopted the term Indigenous in reference to Canada’s original inhabitants, replacing the name Aboriginal. Some older resources or documents referenced in this resource may still use the term Aboriginal, however it should be noted that both terms refer to the same group of people. Indigenous is now widely accepted as the preferred term, as it is considered to be more inclusive.

Indigenous Peoples: The descendants of the original inhabitants of North America. The Canadian Constitution recognizes three groups of Indigenous peoples — Indians, Métis and Inuit.

First Nation: A term to replace the word “Indian,” which some people find offensive. Although the term First Nation is widely used, no legal definition of it exists. Among its uses, the term “First Nations peoples” refers to the Indian people in Canada, both Status and non-Status. Some Indian people have also adopted the term “First Nation” or “tribe” to replace the word “band” in the name of their community.

Indian: Indian people are one of three cultural groups, along with Inuit and Métis, recognized as Indigenous people under section 35 of the Constitution Act. Such terminology is recognized in the Indian Act and is used by the Government of Canada when making reference to this particular group of Indigenous people.

Status Indian: A person who is registered as an Indian under the Indian Act. The Act sets out the requirements for determining who is an Indian for the purposes of the Indian Act.

Non-Status Indian: An Indian person who identifies as an “Indian”/First Nations individual, but who is not registered as an Indian under the Indian Act.

Treaty Indian: A Status Indian who is registered to a First Nation that signed a treaty with the Crown.

Indian. The term used in the *Indian Act*, the legal term used by the Government of Canada

Status Indian. A person who is registered as an Indian under the *Indian Act*.

Non-Status Indian. An Indian person who is not registered under the *Indian Act*.

Treaty Indian. A Status Indian, part of a nation that signed a treaty with the government.

First Nations

- A term replacing the word ‘Indian,’ which some people find offensive
- Not a legal definition, but refers to both Status and Non-Status Indians
- Some nations use this term to replace the word ‘band’ in the name of their community.

First Nations of Alberta

Who are First Nations People in Alberta?

North

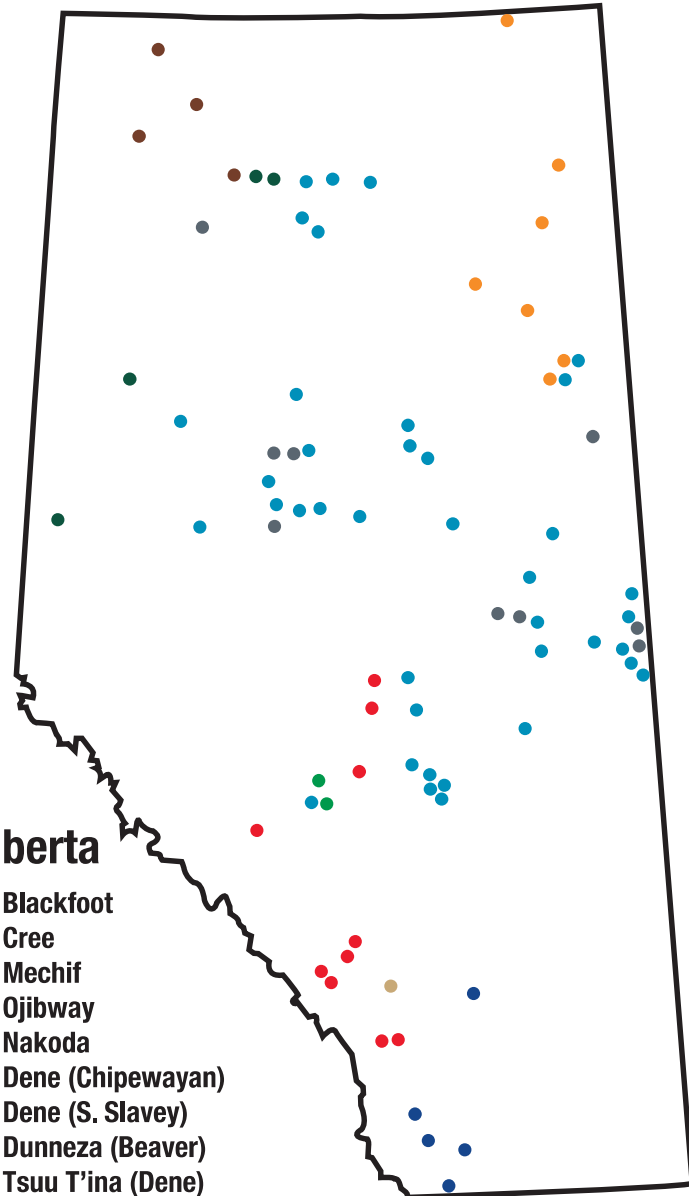
- Dene (Chipewyan)
- Dunne-za (Beaver)
- Dene Tha (Slavey)

Central

- Plains and Woodland Cree
- Nakoda (Stoney)

South

- Blackfoot Confederacy
 - Siksika (Blackfoot)
 - Piikani (Peigan)
 - Kainai (Blood)
- Tsuut'ina (Dene)
- Nakoda (Stoney)



The 48 First Nations communities of Alberta are diverse in size, culture, and character. There are eight main First Nations cultural/language groups in Alberta today. The contemporary names of the cultural/language groups are included here, as well as former or alternative names in brackets. Cree is the language of 32 of the 48 First Nations communities, mostly those in central and northern Alberta. In northern Alberta, there are a number of communities that speak Dunne-za (Beaver), Dene Suliné (Chipewyan), and Dené Tha (Slavey). West of Edmonton and Calgary are several Nakoda (Assiniboine/Stoney) communities. The O'Chiese First Nation near Rocky Mountain House is Anishnabé (Saulteaux, Western Ojibway). In southern Alberta, there are three Blackfoot communities (Kainai, Piikani, and Siksika). The First Nation located adjacent to the City of Calgary is Tsuu T'ina (Dene).

Métis People

The Métis are one of the three distinct Indigenous people of Canada recognized in the Constitution. According to the Métis Nation of Alberta, “Métis means a person who self-identifies as a Métis, is distinct from other Indigenous people, is of historic Métis Nation ancestry, and is accepted by the Métis Nation.” The Métis Homeland encompasses parts of present-day Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, and the Northwest Territories. Individual provinces may use different criteria to establish Métis ancestry.

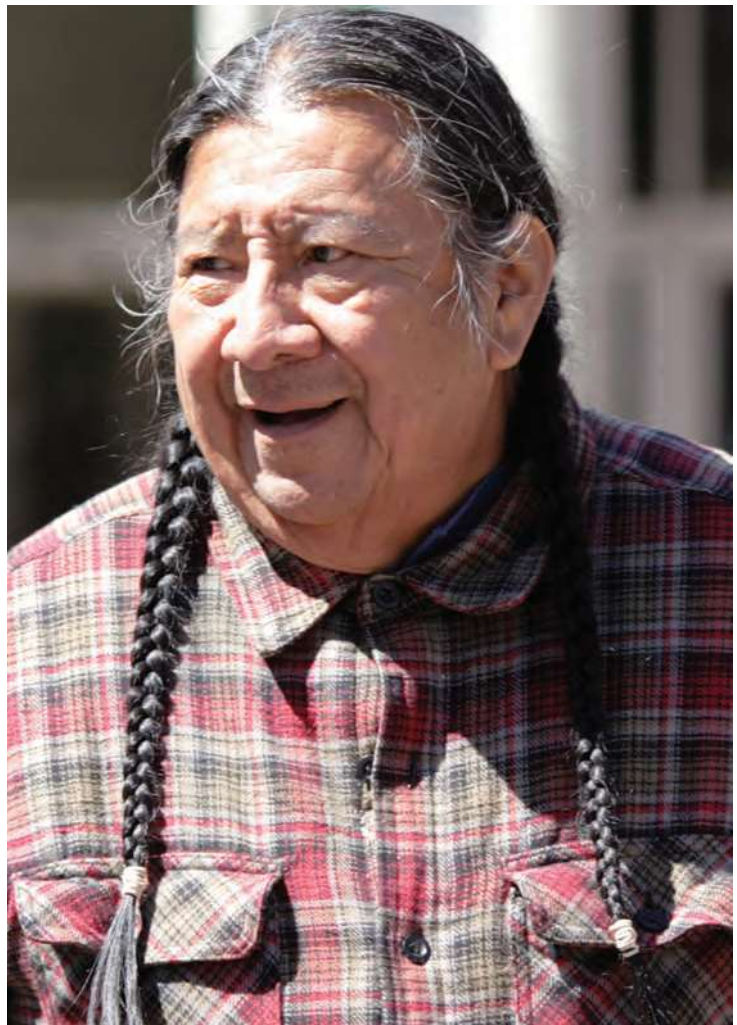
The word Métis comes from the Latin “miscere” to mix, and was used originally to describe the children of Indigenous women and European settlers. Other terms for these children were Country-born, Black Scots, and “half-breeds.”

The Métis were intermediaries between European and Indigenous cultures, working as guides, interpreters, and workers at the forts and trading companies.

Métis culture is a blend of French, English, and Indigenous influences. The Métis developed a unique language called Michif, that combines Cree and French words. Their fiddlers combined jigs and reels into their music. Métis attire included woven sashes, embroidered gun sheaths, deer hide caps, and quilled and beaded pipe bags. The Métis developed technologies such as the Red River Cart.

The Métis are primarily located on the Prairies but also live in other provinces and territories across the country. In 2011, just over 450,000 people identified as Métis. They represented 32% of the total Indigenous population in Canada and 1.4% of the total Canadian population.

~*Statistics Canada, 2011.*



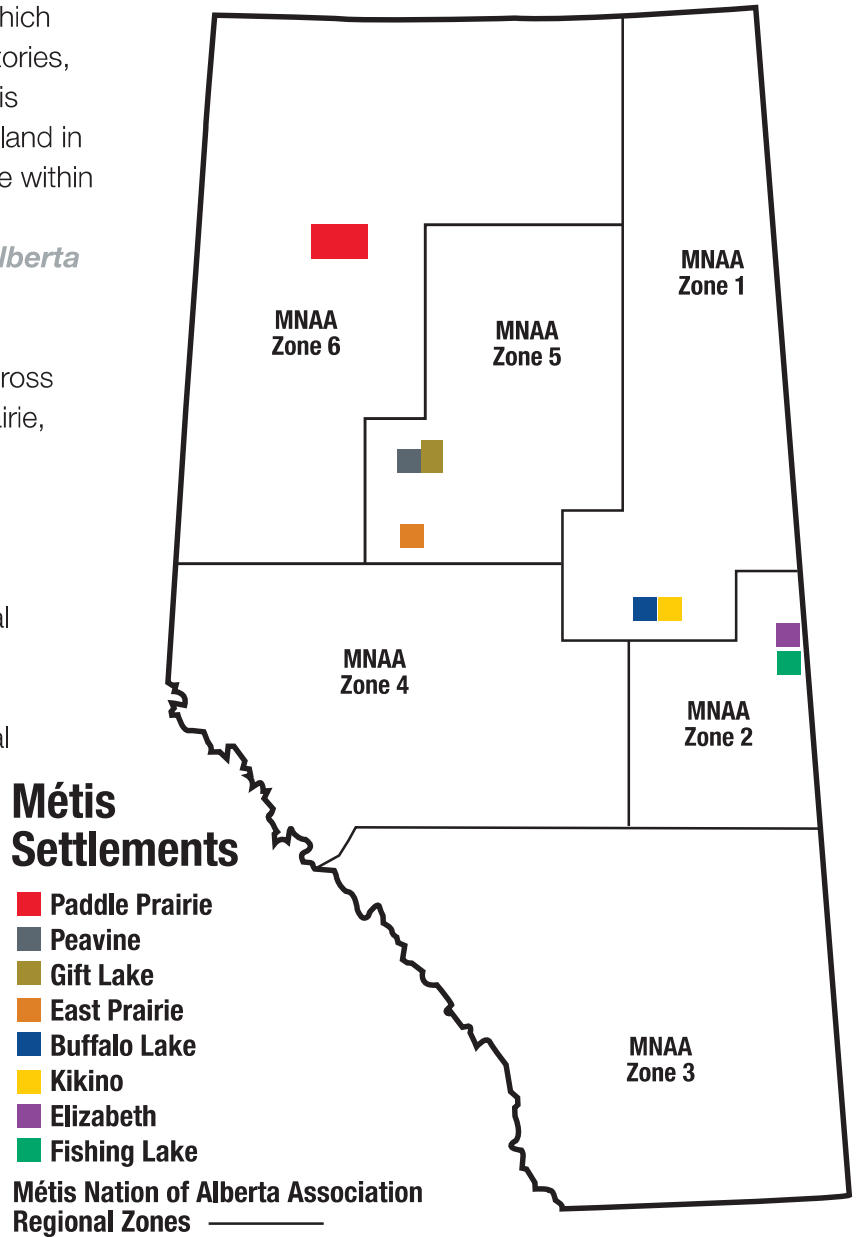
In 2016, over 80% of Canada's Métis population lived in Ontario, making it the province with the highest proportion of Métis residents. Alberta had the largest Métis population in the western provinces, accounting for 19.5% of the total Métis population.

Alberta is the only province in Canada in which Métis people have rights over specific territories, the Métis Settlements. There are eight Métis Settlements covering 512,121 hectares of land in northern Alberta. Close to 5,000 people live within the eight Métis Settlements.

~2012 Métis Settlements Census via Alberta Indigenous Relations.

The eight Métis Settlements recognized across northern Alberta are Buffalo Lake, East Prairie, Elizabeth, Fishing Lake, Gift Lake, Kikino, Paddle Prairie and Peavine.

Please note: The 8 Métis Settlements are governed by the Métis Settlements General Council (MSGC) and the 6 Métis Regional Zones are under governance of the Métis Nation of Alberta (MNA). They are individual entities. For simplicity, this map shows both.



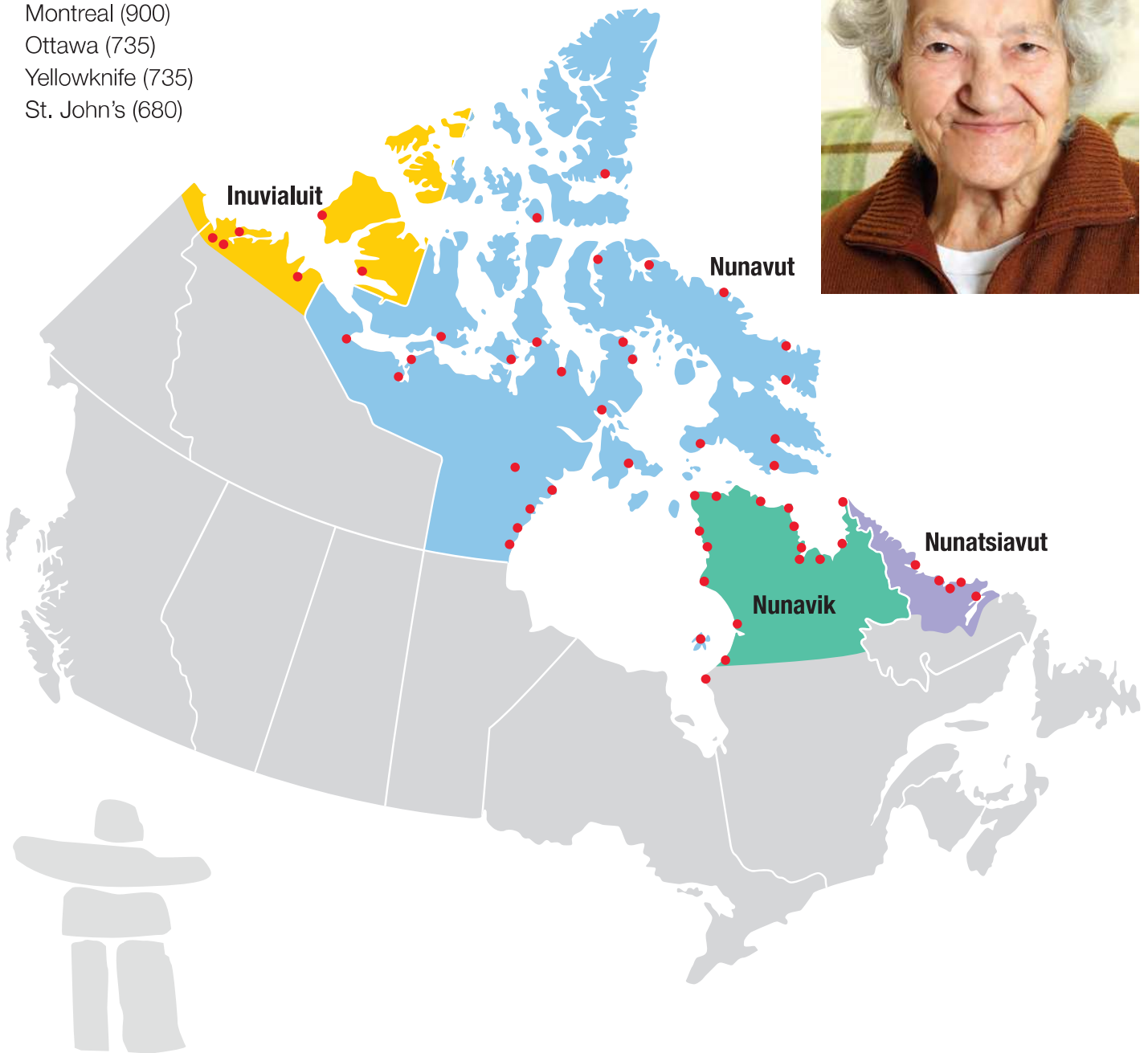
Inuit People

Inuit people are Indigenous people who reside mostly in the Northwest Territories, Nunavut, Northern Quebec and Northern Newfoundland/Labrador. There are approximately 2,500 Inuit people living in Alberta, mainly in urban centres in the northern part of the province.

The word Inuit means 'people' in the Inuit language (Inuktitut). This Indigenous language has been one of the most widely retained in Canada and about 60% of Inuit people can conduct a conversation in Inuktitut.

Inuit Population by Large Urban Centres:

- Edmonton (1,115)
- Montreal (900)
- Ottawa (735)
- Yellowknife (735)
- St. John's (680)



Indigenous Diversity

It is important to note that not all Indigenous people are the same. There is much diversity between Indigenous groups in terms of the way people identify (Status, Non-Status, First Nations, Métis, Inuit), with regard to language and history and the individual treaty rights that were negotiated with the government.

Within Indigenous groups there are differences in language, access to resources, socio-economic status, access to services and other social factors. Indigenous communities can also be very diverse, with some people practicing Christian religions and others following traditional belief systems. There are generational differences as well.

Urban Indigenous Populations

While much of the information in this resource pertains to supports and structures existing within First Nation communities on-Reserve, the distinction between Alberta's urban and rural Indigenous populations is an important one. Urban indigenous people are those who have migrated to the cities from rural First Nations, Métis, and Inuit communities. In 2016, over half (51.8%) of the Indigenous population in Canada lived in a metropolitan area of at least 30,000 people. From 2006 to 2016, the number of Indigenous people living in a metropolitan area of this size increased by 59.7%. First Nations people account for 50 percent of the urban population and Metis people comprise 43 percent. Five percent of the population of Edmonton and three percent of Calgary's population are Indigenous people.

~Aboriginal Peoples in Canada: key results from the 2016 Census, Statistics Canada.

The residential patterns of Indigenous people living in urban centres is affected by environmental, cultural and social factors. These factors include the availability and location of community resources, schools, subsidized day cares, affordable housing, public transportation, family closeness, job opportunities and First Nations or Métis ownership of apartments or townhouse complexes.

The Indigenous population in Edmonton is distributed mainly in central, north, and northeast areas of the city, as well as in pockets in west and southeast Edmonton. The neighborhoods with the highest proportion of Indigenous people are Queen Mary Park, Eastwood, Rundle Park, Albert Venue, Inglewood, and McCauley.

~City of Edmonton, Aboriginal Relations office (2009). Urban Aboriginal Population: A statistical profile of Aboriginal people in the City of Edmonton.

The Indigenous population of Calgary is widely distributed throughout the city and contributes to the city's growing ethnic and cultural diversity. There are no neighbourhoods in Calgary in which the Indigenous population exceeds 12 per cent.

~The City of Calgary Population Profiles, Aboriginal Identity, 2011.

Indigenous People and History

How did contact with European settlers impact Indigenous peoples?

European contact changed the course of history for Indigenous populations forever. Canada's Indigenous peoples were exposed to new infectious diseases to which they had no immunity. Outbreaks were numerous and were exacerbated by social, political and economic disruptions such as being forced to live together in large groups. Indigenous populations drastically declined. Indigenous people lost their traditional sources of food and livelihood as a result of European contact and starvation was commonplace when the buffalo numbers declined and the fur trade made traditional hunting and trapping more difficult.



The Indian Act

For over 300 years, First Nations peoples and Europeans regarded one another as distinct nations. They traded and formed alliances in war. Things changed in 1876 when the Indian Act was signed.

The Indian Act was a wide-ranging piece of legislation covering governance, land use, health care, education and other areas of life for Indigenous people. It was devised by the Government of Canada in an effort to “get rid of the Indian problem” and allow the government to gain access to land and resources. The plan focused on assimilation for all Indigenous peoples.

As a result of the Indian Act, First Nations people were forbidden from speaking their native languages and/or practicing sacred ceremonies in their communities. They were forced onto reserves, assigned European names, had western forms of government imposed upon them and were not permitted to form their own political organizations. First Nations people could not vote, they could not leave their reserves without a permit or “pass” from an Indian Agent and their children were sent away to residential schools.

Many people also lost their Indian status because they joined the clergy or military or chose to pursue a university education. Indigenous women lost their status if they married a non-Indigenous man and female Elders were removed from all positions of leadership.

The Indian Treaties

Historically, Indian treaties in Canada were constitutionally recognized agreements between the Crown and original Indigenous people. The First Nations people were allocated land reserves and the right to schooling, agricultural equipment, training, gifts and annuities.

Between 1871 and 1921, the Canadian government signed 11 numbered treaties with Indigenous people. In the province of Alberta there are 48 First Nations that are situated in three treaty areas: Treaties 6, 7 and 8. The three treaties include 134 reserves (separate parcels of land) with a total of approximately 700,537 hectares of land.

~*Treaties with Indigenous Peoples in Canada (2017), The Canadian Encyclopedia.*

Treaty 6

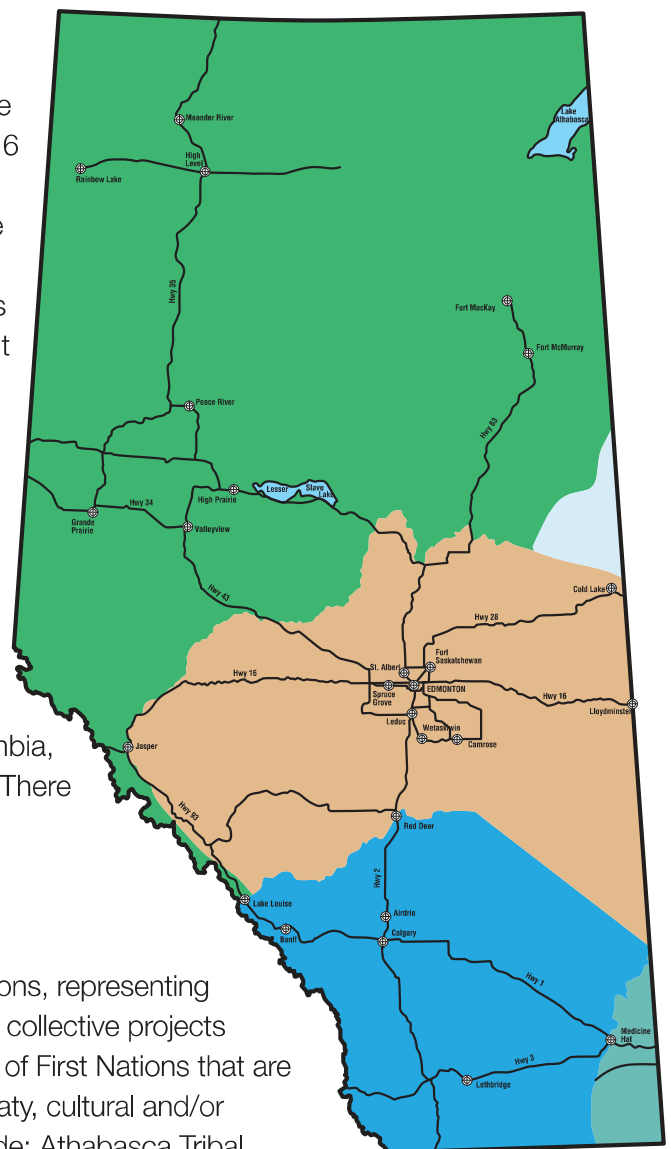
- was signed at Fort Carlton and Fort Pitt in 1876. This treaty covers central Alberta and Saskatchewan. There are 17 Alberta First Nations located in Treaty 6. Treaty 6 is the only treaty to include a specific “medicine chest clause,” which was negotiated by First Nations people to ensure that the government had a role in providing health care for its people. This has been interpreted as an ongoing responsibility for the Canadian government to provide health care to First Nations people.

Treaty 7

- was signed at Blackfoot Crossing, about 100 kilometres east of Calgary, in 1877. This treaty covers southern Alberta and includes seven First Nations.

Treaty 8

- was signed at Lesser Slave Lake in 1899. This treaty area covers portions of northern Alberta, British Columbia, Saskatchewan and parts of the Northwest Territories. There are 24 First Nations in Treaty 8.



Tribal Councils

Tribal Councils are formal organizations of several First Nations, representing the joint interests of member communities and undertaking collective projects and services. Tribal Councils are usually formed by a group of First Nations that are located close to each other and have common political, treaty, cultural and/or linguistic links. Tribal Councils in Treaty 6 and Treaty 8 include: Athabasca Tribal

Council, North Peace Tribal Council, Lesser Slave Lake Indian Regional Council, Confederacy of Treaty 6, Kee Tas Kee Now Tribal Council, Western Cree Tribal Council, Tribal Chiefs Ventures Inc, Yellowhead Tribal Development, Treaty 8 First Nations of Alberta and Maskwacis (Four Nations Administration).

Residential Schools

Indigenous children were taken from their communities at very young ages and sent to church-operated boarding schools. The Government of Canada made attendance at Indian Residential Schools compulsory for every First Nations child as of 1894 and there were 150 of them across the country. At the height of operations, Alberta had 25 residential schools, the most of any province or territory in Canada. These schools were used as a tool of assimilation by the Canadian Government and churches and they were often overcrowded and underfunded.



Residential schools officially operated in Canada between 1831 (Mohawk Indian Residential School, Brantford, Ontario) and the late 1990s. The last federally administered residential school closed in 1996 (Gordon's Indian Residential School, Punnichy, Saskatchewan). Over 150,000 children attended these schools. Many never returned. Thousands of students suffered physical and sexual abuse. All suffered from loneliness and a longing to be home with their families. The damages inflicted by these schools continue to this day. It is now well recognized that the residential school system resulted in severe and negative intergenerational impacts on many Indigenous children, families and communities.

*~Legacy of Hope Foundation and Aboriginal Healing Foundation –
The Legacy of Residential Schools (2010).*

~National Centre for Truth and Reconciliation – The University of Manitoba.

The 60s Scoop

The term 60s Scoop refers to the practice of Indigenous children being apprehended by child welfare workers between the mid-1960s and 1980s, often without the knowledge or consent of their families or bands. During this time, it is estimated that over 20,000 children were taken from their homes, “scooped” from parental care and moved into foster placements and adoptive homes. Approximately 70% of 60s Scoop kids were adopted into non-Indigenous homes in Canada, the United States and Europe. Neglect was the most commonly cited reason for the government’s decision to remove these children. Contributing to perceptions of child neglect, however, was the fact that many residential school survivors returned home and became parents without ever being given the opportunity to connect with their own caregivers, parents and communities. Transfer of traditional knowledge about childbirth and child-rearing was also impacted by the residential school system, as was information about ways to give and receive affection and create a nurturing family environment.

Sadly, Indigenous children are still overrepresented in government care. Today, there are 3 times more Indigenous children in the child welfare system than there were at the height of the residential school era or during the 60s Scoop.

~Blackstock, 2003

The Truth and Reconciliation Commission of Canada

In 2009, the Truth and Reconciliation Commission of Canada (TRC) began a multi-year process to listen to Survivors, communities and others affected by the residential school system. As a result of this endeavour, the commission issued a document identifying 94 “Calls to Action” to “redress the legacy of the residential schools and advance the process of Canadian reconciliation.”

~Truth and Reconciliation Commission of Canada: Calls to Action.

7 of the TRC’s Calls to Action pertain specifically to health:

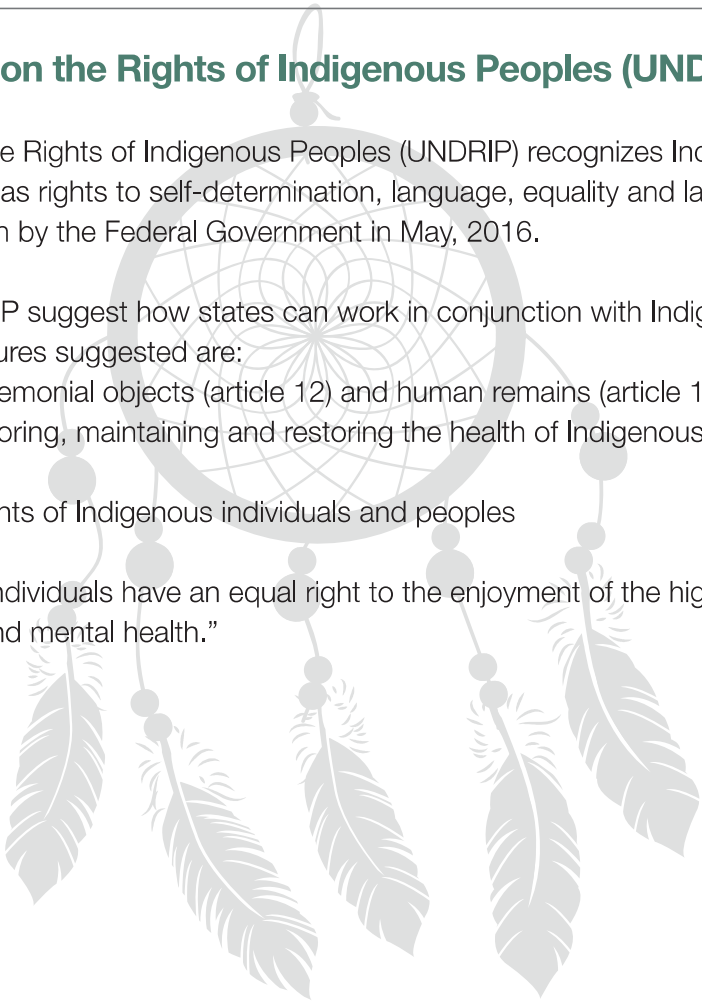
TRC Call to Action
#18: Acknowledgment; recognize and implement health care rights
#19: Establish measurable goals and surveillance of health indicators; close gaps in health outcomes
#20: Address distinct health needs of Métis, Inuit and off-reserve First Nations
#21: Provide sustainable funding for existing and new healing centres
#22: Incorporate traditional healing practices with Indigenous healers and Elders
#23: Increase Indigenous representation in the health care field; ensure retention; provide cultural competency training
#24: Medical and nursing schools in Canada to offer mandatory course dealing with Indigenous health issues.

United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)

The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) recognizes Indigenous peoples’ basic human rights, as well as rights to self-determination, language, equality and land, among others. Unqualified support was given by the Federal Government in May, 2016.

- Many of the articles in the UNDRIP suggest how states can work in conjunction with Indigenous peoples. The main types of measures suggested are:
 - To return land (article 26), ceremonial objects (article 12) and human remains (article 12)
 - To place “programs for monitoring, maintaining and restoring the health of Indigenous peoples” (article 29)
 - To protect and uphold the rights of Indigenous individuals and peoples
- Article 24.2 states, “Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health.”

~The United Nations, 2008.



Our Culture

Indigenous people are very diverse in terms of cultures, beliefs, languages, spiritual practices and traditions. These variations are the result of the geographic differences between communities and the ways in which landscape and access to resources influence the day to day lives of different groups of people. There are also different approaches to culture as it relates to belief systems. Many Indigenous people believe in a Creator. Some Indigenous people follow Christian religions, some practice traditional Indigenous belief systems and others have adopted a blend of Christian and traditional ways of being.

Tobacco

Commonly used as an offering (protocol) to an Elder in exchange for prayers, advice or ceremonial services. The offering and acceptance of tobacco is considered by some to be a binding contract.

Protocol

The act of offering an Elder tobacco when requesting her/his services communicates respect to the Elder and places value upon their time and knowledge. The formal Protocol may change depending on the Elder who is performing the service and the type of work that is being requested from her/him. If you are unsure, it is best to ask the Elder what his/her protocol expectations are in advance.



Smudge

Smudging involves the burning of traditional herbs for spiritual practice. During a smudge, the smoke from the smouldering plants is cupped in one's hands, drawn over the body and may be brought to the head, eyes, mouth, ears, down the arms, down the front of the body, to the heart and down to the feet. The act of smudging is used for prayer and helps to cleanse. Smudge is also used to purify houses or spaces, bless objects and is utilized in ceremony. People will often smudge to begin or end the day, to begin a ceremony or open a meeting.

Many Alberta Health Services hospitals across the province host regular Smudge ceremonies. If you are interested in learning more about the Smudge schedule, please consult your hospital's Spiritual Services department or ask an Indigenous Hospital Liaison.

Sweat Lodge

Sweat lodges have been a tradition for First Nations since time immemorial and they still serve many functions for Indigenous people today. The sweat lodge ceremony cleans and heals the body. Although usually associated with healing, each sweat lodge has a different purpose and each Elder or spiritual leader leads their ceremony differently. Sweat lodges are dome-like structures made of branches and a variety of rugs, furs and blankets are used to completely enclose the lodge.

~The Sweat Lodge – An Aboriginal Healing Experience (Indigenous Tourism, BC).

~Sweat Lodge Function, Owlcation Social Sciences.

Sweats are available at the Alberta Hospital in Edmonton and may be available to patients in other areas. Please consult the Indigenous Health Program office in your zone for information.



Alberta Health Services tipi and sweat lodge, Alberta Hospital, Edmonton.

Pow Wows

Pow Wows are First Nations peoples' way of meeting together to join in dancing, singing, drumming, visiting, renewing old friendships and making new ones. This is a time to renew culture and preserve the rich heritage of First Nations people. Most Pow Wows are open to the public.

~Pow Wows.com

Harvesting

Something most Indigenous people share is the importance of harvesting of raw materials from nature. Harvesting may include hunting, gathering, trapping, fishing, gardening and farming, as well as drying and processing hides and animals and obtaining natural resources for various uses. Sometimes harvests are accompanied by ceremonies and feasts.





Storytelling and Creation Stories

Storytelling is a central element of most Indigenous cultures. Oral tradition and wisdom is passed on by Elders to younger generations as a way to connect to morality, explain natural phenomena and help with problem solving. Some stories are for entertainment, some are humorous and some teach lessons. Indigenous patients may use storytelling as a way to explain their illnesses or ailments to a health care provider. Many Indigenous cultures also have their own creation stories. Some are based around characters or cultural heroes. Creation stories provide a narrative about how things in the natural world came to be.

Métis Culture

Métis people participate in a wide range of First Nations cultural and ceremonial practices, including those listed above. They may be Christian, Traditional or a blend of both. Métis culture is commonly characterized by fiddle music and a traditional dance known as the Red River Jig or “Jigging.” It is a very structured competition dance between two partners. The dance involves hardly any movement of the body above the knees, and all the work is done with the feet. Furniture used to be moved aside and cleared out in order to make room for jigging contests at gatherings.

~Métis Nation of Alberta, 2018

Inuit Culture

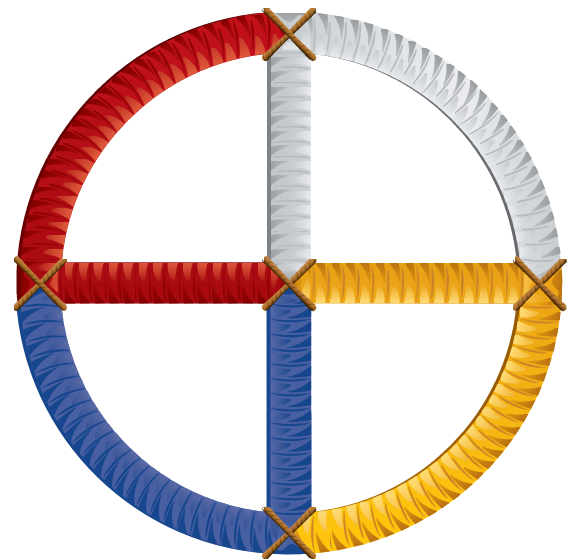
Inuit people practice many of their own cultural traditions and ceremonies. Much of the Inuit way of life is focused around survival in extreme weather conditions, as the population resides solely in the north where access to resources is scarce. Hunting, trapping and fishing are extremely important parts of Inuit life. Throat singing is a form of traditional music that is unique to the Inuit, using breath control and no instruments.

The Medicine Wheel

Many traditional Indigenous people use a circle (known as a Medicine Wheel) to conceptualize health and illness. The roundness of the circle represents the sacred cycle of life. The circle represents the four aspects of human nature: physical, mental, emotional, and spiritual. Often, specific colours, animals or natural elements are associated with each of the four quadrants.

Each aspect must be in balance with the others in order for an individual to be healthy. In contrast to Western bio-medicine, traditional Indigenous health perspectives stress the close relationship between the spiritual and physical worlds.

While not all Indigenous people use a medicine wheel to understand health, many health care providers, community leaders and traditional Elders are now using these concepts to help their communities understand and address Indigenous health issues. It is important to note that there are many different medicine wheels; the quadrants may vary, the colours may change and the meanings may differ depending on the geographical area, the Indigenous group and the teachings that have been shared by Elders and traditional knowledge holders. The diagram provides an example of a medicine wheel.



Our Wellness

Indigenous concepts of health focus on a holistic approach. The Circle of Life is a philosophy of wellness that reminds us of the continuum of life through which people travel from childhood to youth, adulthood and, in some cases, Elder status. Within the circle it is recognized that, like the components of health, people themselves cannot be separated or considered in isolation of their age or their connection to others, the land and their ancestors. The Circle of Life is forever changing and different for each individual. It cannot be written in stone – the ideal “model” exists within each of us. The Circle of Life is a guide for us to be centred in our own lives.

The Circle of Life is one of the foundations of the Indigenous Health Program. The Circle represents the holistic components of health and well-being – physical, mental, emotional and spiritual – that exists within each individual, family, community and nation.



Wayne Burnstick, 1956-2018

Indigenous concepts of health vary depending on the patient, family and community of origin. Many Indigenous people believe strongly in the power of their traditional medicines. Traditional concepts of wellness differ in many ways from the Western medical model of health that is practiced by physicians.

Traditional Medicines

Traditional medicines have been used for centuries by Indigenous people throughout the world. These medicines are derived from natural sources and have been adapted for a number of medicinal and therapeutic uses. Common traditional medicines include tobacco, sage, sweetgrass, willow bark fungus, rat root/bitter root and cedar, however this is not an exhaustive list. These medicines vary by region and are utilized in a number of oral and topical applications. Administration of traditional medicines is dependent upon the Healer or Knowledge Holder who is advising on their use and there may be ceremonial considerations as well.

Population Health Data

There are some definite disparities between Indigenous people and their non-Indigenous counterparts in terms of health status. Life expectancy and infant mortality rates for First Nations Canadians have improved significantly in the last few decades, but they are still trailing those of the non-First Nations population. While the majority of Canadians who die in any given year are 65 and over, that age group is underrepresented in the deaths among First Nations people; injury is the leading cause of death for First Nations individuals between the ages of 0 and 44.



The prevalence of major chronic diseases including diabetes, heart disease, cancer, hypertension, arthritis/rheumatism and tuberculosis is significantly higher in the First Nations population. For example, First Nations people are 3-5 times more likely to be diabetic and 5-10 times more likely to contract tuberculosis than non-First Nations people, or other Canadians.

First Nations adults are more than twice as likely to smoke cigarettes than other adults in Canada. First Nations people are also twice as likely to be overweight or obese. While alcohol addiction is problematic for many First Nations families and communities, First Nations people are more likely to abstain from alcohol use than non-First Nations Canadians.

For current statistical data, please visit the Statistics Canada website at www.statcan.gc.ca

Access to Health Services

First Nations communities with reasonable access to health services in nearby towns or urban centres have health centres. These centres operate similarly to other clinics off reserve, open weekdays during business hours and closed evenings, weekends and statutory holidays. More geographically isolated First Nations communities may have health centres which provide 24/7 service for emergency health care, however access to provincial /territorial health care and hospital services must be provided by air or ground ambulance. Remote and isolated communities commonly experience difficulties recruiting and retaining nurses and physicians and access to targeted health care can be complicated depending on location.



NIHB

Non-Insured Health Benefits (NIHB) is a health benefit program that provides financial support for health related supplies and services to eligible First Nations and Inuit people. Similar to other health insurance programs, NIHB covers the health supplies and services which are not covered through the provincial health care system or private health care plans. To be eligible, the person must be a registered/status First Nation or a registered Inuit residing in Canada and be registered with a provincial or territorial health care system. The benefits provided under this program include limited prescription drugs, medical supplies, medical equipment, dental care, vision care, medical transportation and crisis intervention counselling. In order to access these benefits a person must have a Treaty/Status number or NWT health care card.

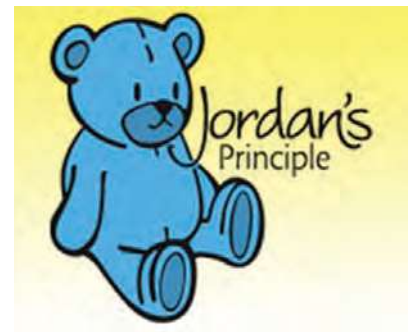
There are NIHB Navigators assigned by Treaty area who work to improve access to supports for clients and patients. These navigators work with community health workers, service providers and a network of regional policy analysts. Navigators are mandated by their regional health organization.

Métis Health Services

Métis health services are provided by Alberta Health Services. There are no unique health benefits or services for Métis people in Alberta like those available to First Nations and Inuit people. Métis people receive health care services like all other Albertans.

Jordan's Principle

Jordan's Principle is a child-first principle named in memory of Jordan River Anderson, a First Nations child from Norway House Cree Nation in Manitoba. Born with complex medical needs, Jordan spent more than two years unnecessarily in hospital while the Province of Manitoba and the Federal Government argued over who should pay for his at-home care. Jordan died in the hospital at the age of five years old, never having spent a day in his family home. Jordan's Principle aims to make sure First Nations children can access all public services in a way that is reflective of their distinct cultural needs, takes full account of the historical disadvantage linked to colonization, and without experiencing any service denials, delays or disruptions because they are First Nations.



Payment disputes within and between federal and provincial governments over services for First Nations children are not uncommon. First Nations children are frequently left waiting for services they desperately need, or are denied services that are available to other children. This includes services in education, health, childcare, recreation, and culture and language. Jordan's Principle calls on the government of first contact to pay for the services and seek reimbursement later so the child does not get tragically caught in the middle of government red tape. In a landmark ruling on January 26, 2016, the Canadian Human Rights Tribunal ordered the Federal Government to immediately stop applying a limited and discriminatory definition of Jordan's Principle, and to immediately take measures to implement the full meaning and scope of the principle.

How to access public services and support through Jordan's Principle (as of June, 2018):

- Call the Jordan's Principle call centre at 1-855-572-4453. (1-855-JPchild)
- You will be asked to provide basic information including the child's name and medical needs.
- If approved, Canada will arrange service provision and payment.
- If the request is denied, you will have one year to appeal the decision.

~First Nations Child & Family Caring Society of Canada.

Social Determinants of Health

The social determinants of health (SDOH) are the social and economic factors that influence peoples' health. These are apparent in the living and working conditions that people experience every day. Due to various SDOH and the ways in which they influence overall wellness, Indigenous people in Canada have generally lower health statuses than non-Indigenous Canadians.

The following is a list of 13 social determinants of health:

- Income and Income Distribution
- Education
- Unemployment and Job Security
- Employment and Working Conditions
- Early Childhood Development
- Food Insecurity
- Housing
- Social Exclusion
- Social Safety Networks
- Health Services
- Gender
- Race
- Disability



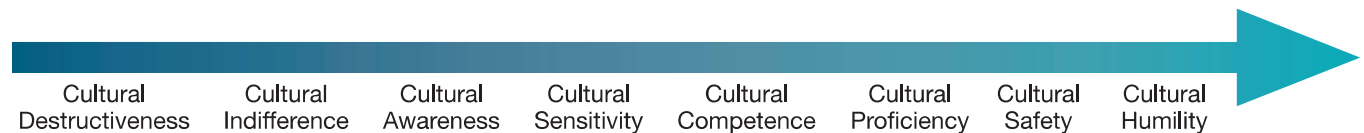
Indigenous People and the Health Care System

“It is well documented that many underlying factors negatively affect the health of Aboriginal people in Canada, including poverty and the intergenerational effects of colonization and residential schools. But one barrier to good health lies squarely in the lap of the health care system itself. Many Aboriginal people don’t trust—and therefore don’t use—mainstream health care services because they don’t feel safe from stereotyping and racism, and because the Western approach to health care can feel alienating and intimidating.”

-Health Council of Canada, 2012.

Cultural Competency

Cultural competency is a set of behaviours, attitudes, and policies that come together in a system, agency, or among professionals which enables that system, agency, or those professionals to work effectively in cross-cultural situations. Indigenous cultural competency within Alberta Health Services will contribute to Indigenous patients, clients and families feeling respected and being treated with sensitivity. When staff, volunteers and contractors work towards providing more culturally competent care, they will approach their interactions with Indigenous patients from a place that is mindful of cultural considerations and is informed by an understanding of factors such as intergenerational trauma, social determinants of health and historically negative interactions with the health system.



Cultural safety and cultural competency go hand in hand. Cultural safety is the recognition that each of us as humans and as professionals carry our own concepts of culture into any relationship. We need to be conscious of – and consistently challenge – the unequal power relations that exist between individuals, communities, and within society. Individuals and organizations each operate at various points on the continuum, between cultural destructiveness and cultural humility.

Cultural safety and cultural humility are not skills that can be taught. They are ongoing processes and require individuals and organizations to continuously strive to integrate culturally competent practices into their daily work. Most importantly, cultural safety can be defined only by the patient, client or individual who is receiving services.

Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another’s experience.

Why are Cultural Safety/Humility Important?

People who experience culturally safe care are more likely to access care earlier and more likely to feel at ease and empowered throughout the process of receiving care.

It is believed that culturally safe care will result in patients, clients and families who are:

- more inclined to share details about their illnesses, concerns and care preferences
- more willing to return and to follow treatment plans recommended by professionals
- more likely to see improved health outcomes

Caring for Indigenous People – 10 Tips to Keep in Mind

- 1. People first** – personal relationships are very important; your professional function comes second. It is helpful to establish rapport and trust as respectful human beings before entering into a professional relationship. Even a few friendly sentences before beginning the clinical interaction can help. Be genuine in your approach.
- 2. Greet and shake hands** – a personal greeting and handshake is highly appreciated by most Indigenous people as a sign of respect and acceptance. Shaking hands is also a way to say thank you. Many Indigenous people have a soft handshake so as not to appear confrontational.
- 3. Recognize the diversity of Indigenous people** – do not make assumptions. Not all Indigenous people have the same beliefs, customs or traditions. Ask individuals for their preferences; asking is always better than assuming.
- 4. Apologize if you are rushed** – hurrying is considered disrespectful; apologizing can help. Explaining that you are short for time, but will be able to spend more time later can help.
- 5. Be sensitive to eye contact** – direct eye contact may be viewed by some Indigenous people as disrespectful or insulting. Some Elders have also indicated that an aversion to eye contact is a direct result of attending residential schools, as children in these schools were afraid of making direct eye contact with school staff. Take your cue on this from the patient.
- 6. Listen carefully and non-judgmentally** – allow Indigenous people time to explain their situation and tell their story. Consider how past experiences of discrimination or abuse within institutions may affect the patient's current experience and behaviour.
- 7. Explain what you are doing and why** – assist the Indigenous person to understand what is happening rather than treating or providing care without any explanations.
- 8. Ask permission before touching** – this demonstrates respect for the individual and takes into consideration possible sensitivities or past negative experiences.
- 9. Appreciate the importance of extended families** – extended family and friends provide very important supports for an ill Indigenous person. If there are many visitors, try to accommodate them as you are able, or find a place for them. Ask the family to identify one person to be the spokesperson and contact for the family.
- 10. A holistic health approach** – traditional Indigenous health perspectives are often holistic: encompassing physical, mental, emotional and spiritual well-being. Facilitate requests for spiritual and cultural practices that promote health and healing when appropriate.

The Indigenous Health Program

The Indigenous Health Program partners with Indigenous peoples, communities and key stakeholders to provide accessible, culturally appropriate health services for First Nations, Métis and Inuit peoples in Alberta.

Alberta Health Services is committed to improving health outcomes and the health care experiences for Indigenous peoples in Alberta through the appropriate allocation of resources and support, and a culturally competent, diverse and inclusive workforce.

As our vision states, we focus on achieving “Healthy Albertans. Healthy Communities. Together.” As an organization, we must focus on stripping away racism and dispelling biases against Indigenous peoples that stand in the way of caring for all Albertans. We must work together on a common agenda, across services and sectors, within the organization and beyond, to achieve a collective impact in improving physical, mental, emotional and spiritual well-being and social outcomes for Indigenous peoples in Alberta. Together, we will work to acknowledge the traumas of the past for Indigenous peoples in order to create a common space for reconciliation and healing.

Wisdom Council

Wisdom Council provides guidance and recommendations to ensure AHS develops and implements culturally appropriate and innovative health service delivery for Indigenous people. Council focuses on Indigenous health priorities, services, and resources, and is made up of public members from across treaty areas and Alberta’s health zones.

Traditional Wellness Services

The Indigenous Health Program offers traditional wellness services in each AHS zone. The goal is to provide an effective, patient-centred approach for improving care to First Nations, Métis and Inuit peoples and communities through provision of specific services. Traditional wellness aims to support clients at AHS facilities and connect clients to regional Indigenous organizations and resources. Examples of such services include support for accessing insured and non-insured health benefit coverage, assistance with basic needs, connections to community resources and other hospital-based services, help with discharge planning, case management, patient advocacy, health literacy support and, in some cases, patient/client language interpretation. Cultural supports such as smudge and sweat ceremonies, spiritual practices, Elder services and other ceremonies are also provided, as appropriate/able. Services may vary by location.

Indigenous Wellness Clinic

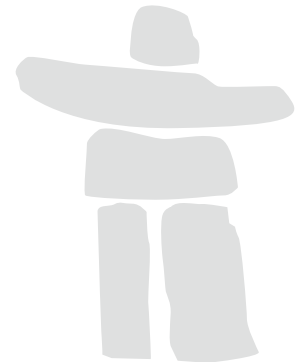
Located in Edmonton at Anderson Hall (across the street from the Royal Alex Hospital), this diabetes education program combines western medicine with Indigenous traditional teachings. The Indigenous Wellness Clinic provides diabetes education using a holistic and cultural approach for First Nations (Status and Non-status), Métis and Inuit patients and families. Within a chronic disease mandate, this clinic provides a four day, culturally-based, holistic diabetes education program (meals and accommodation included), as well as 1 day follow-up appointments with the wellness team. Patients of the program are encouraged to bring a support person. The Indigenous Wellness Clinic offers a full range of primary care services, including Indigenous physicians that specialize in palliative care, family medicine, women’s health and opioid dependency. Nurses, mental health practitioners, cultural helpers, health coordinators and physiotherapists are also available. All clinical services utilize a client centred approach to help work towards cultural safety.

Elbow River Healing Lodge

The Elbow River Healing Lodge is located in Calgary in the Sheldon M. Chumir Health Centre and offers a full range of primary care and visiting specialists to First Nations (Status and Non-Status), Métis, and Inuit peoples and their families. Services provided include traditional healing approaches, health promotion, disease prevention, curative care, rehabilitative care and social resource advocacy (supportive care). Primary care services include assessments and examinations, onsite Elders, traditional wellness and healing (spiritual, cultural, and ceremonial supports), family focused care, prenatal care, traditional midwifery, nutrition and traditional dietary services, immunizations, social resource referral and advocacy (Community Liaison), outreach (in community, acute sites and Calgary Zone) and foot clinics and foot health. The clinic also offers specialized services such as general internal medicine, nephrology, neurology, traditional midwifery, rheumatology, access to psychiatry, physical and rehabilitation medicine and obstetrics and gynecological care.

Honouring Life

This is an Indigenous youth suicide prevention program (formerly known as the Aboriginal Youth and Community Empowerment Strategy or AYCES) developed to support First Nation and Métis communities by building capacity in mental wellness, resiliency, and healthy lifestyle promotion. The vision for Honouring Life is that Alberta's Indigenous youth are balanced, healthy, and hopeful about their life journeys, proud of their cultural identities, and confident in pursuing success in their lives and communities.



To locate Indigenous Health Program services in your zone, please refer to the Alberta Health Services Indigenous Health page online at <https://www.albertahealthservices.ca/info/Page11949.aspx>

For further information:

General Inquiries:

Indigenous.Health@ahs.ca

Cultural Competency Education Inquiries:

Indigenous.Education@ahs.ca

Honouring Life Inquiries:

HonouringLife@ahs.ca

YouTube:

<https://www.youtube.com/user/AHSChannel> (go to the Indigenous Health Program playlist)

Online Resources:

Alberta First Nations Health Consortium

www.abfnhc.com

Alberta First Nations Information Governance Centre

www.afnig.ca

Alberta Health Services – Indigenous Health

www.albertahealthservices.ca/info/Page11949.aspx

Assembly of First Nations

www.afn.ca

City of Calgary – First Nations, Metis and Inuit Peoples

<http://www.calgary.ca/CSPS/CNS/Pages/First-Nations-Metis-and-Inuit-Peoples/First-Nations-Metis-Inuit-Peoples.aspx#>

City of Edmonton – Indigenous Relations

https://www.edmonton.ca/city_government/initiatives_innovation/indigenous-relations.aspx

First Nations Child and Family Caring Society

www.fncaresociety.com

Government of Alberta – Metis settlements and First Nations in Alberta: Community Profiles

Provides an overview of the eight Metis settlements and 48 First Nations in Alberta, including information on population, land base, location and community contacts, as well as quick facts on Metis Settlements and First Nations.

<https://open.alberta.ca/publications/1925-5209>

Indigenous Relations – Government of Alberta

www.indigenous.alberta.ca

Indigenous Services Canada: Government of Canada

<https://www.canada.ca/en/indigenous-services-canada.html>

Jordan's Principle

www.canada.ca/en/indigenous-services-canada/services/jordans-principle.html

Metis Nation of Alberta

www.metis.org

Metis Settlements General Council

www.msgc.ca

National Collaborating Centre for Aboriginal Health

www.nccah-ccnsa.ca

The Confederacy of Treaty Six First Nations

www.treatysix.org

Treaty Eight First Nations of Alberta

www.treaty8.ca

Truth and Reconciliation Commission of Canada

www.trc.ca

United Nations Declaration on the Rights of Indigenous People

www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html

Provincial Resources (External to Alberta)

All Nations' Healing Hospital (Fort Qu'Appelle, Saskatchewan)

<http://www.rqhealth.ca/facilities/all-nations-healing-hospital>

First Nations Health Authority

www.fnha.ca/

Thunderbird Partnership Foundation - Document Library (Bothwell, Ontario)

www.thunderbirdpf.org/nnapf-document-library/

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