

Summary of Recommendations for Improving the Aboriginal Patient Experience



March 2013

A Summary Report Prepared for the Hamilton Niagara
Haldimand Brant LHIN

Prepared by: Amber Skye, MPH

Summary of Recommendations for the Aboriginal Patient Experience for the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN)

LHIN Vision:

A health care system that helps keep people healthy, gets them good care when they are sick and will be there for our children and our grandchildren.

Strategic Aim:

Dramatically improving the patient experience through quality, integration and value.

ACTION: A Call To IntegratiOn Now:

The HNHB LHIN is pursuing an integrated health system that supports a person-centred care delivery model aligned with the Triple Aim Framework:

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care.

ACTION: A Call To IntegratiOn Now, is a five-year strategic health system plan. ACTION will include:

- identification of integration opportunities
- implementation plan
- community engagement strategy
- evaluation framework
- identification of risks and mitigation strategies

The plan informs the LHIN's third Integrated Health Service Plan (IHSP). The goal in the development of the Strategic Health System Plan (SHSP) is to achieve a local health system where individuals will experience care that is of the highest quality, cost-effective and results in better outcomes for the population.

The Aboriginal Patient Experience:

Over three per cent of Canada's population is Aboriginal, and Ontario is home to the largest proportion of people with Aboriginal ancestry in Canada. The Aboriginal population is a diverse group that is too often lumped together into an array of culturally insensitive stereotypes.

Métis, Inuit and multiple First Nations cultures each have their own distinctive histories, challenges, needs and belief systems. Understanding that Aboriginal people have unique

and diverse histories is an important first step to providing a quality health care system that addresses the needs of Aboriginal patients.

The HNHB LHIN recognizes that:

- There are distinct Aboriginal cultures and traditions
- There is unique Aboriginal history, cultural practices and protocols
- Aboriginal people experience lower quality of life than non-Aboriginal people
- We need to dramatically improve the Aboriginal patient experience

HNHB LHIN Aboriginal Health Network (AHN):

The AHN provides Aboriginal health and social service providers and the LHIN the opportunity to work in collaboration to address the health needs and issues of the Aboriginal communities. The AHN has been instrumental in assisting the HNHB LHIN in shaping strategic initiatives to improving the Aboriginal patient experience.

Transforming the Health Care System Together:

The HNHB LHIN wishes to work together with the broader Aboriginal community across the HNHB LHIN area to devise strategies to dramatically improve the Aboriginal Patient health care experience and outcomes in cross-cultural health care settings and create culturally safe environments.

In March 2013, the HNHB LHIN undertook extensive consultations with the broader Aboriginal community in the form of personal interviews and an Aboriginal Health Workshop on March 19, 2013 that included 90 participants. The workshop included Aboriginal Elders, Aboriginal leaders, health care providers, social service providers and community members.

The goal of the Aboriginal Health Workshop was to gather information from the broader Aboriginal community that would assist the HNHB LHIN area to devise strategies to dramatically improve the Aboriginal Patient health care experience and outcomes. The focus of these consultations focused on diseases/illnesses that were identified as health priorities throughout the literature and by the AHN. These included: Diabetes, Heart and Stroke, Mental Health, Addictions, Cancer, Arthritis, Asthma and COPD, and Youth Suicide. Specifically, the workshop sought information to help the HNHB LHIN to:

- Incorporate culturally appropriate Aboriginal health service planning throughout the implementation of the HNHB LHIN Strategic Health System Plan and Health Links to improve Aboriginal population health throughout the HNHB LHIN area
- And, build upon the health services and programs already being led by Aboriginal health care and mainstream providers that aim to improve every person's health journey.

Methods:

The workshop was organized to illicit Aboriginal patient experiences from the participants. Workshop participants were provided opportunities and activities to reflect on their experiences with the health care system. Individual time was provided to participants to reflect and write their health care experiences on a template. Participants were encouraged to complete as many templates as they wanted. The individual reflections were then brought to the small group that was most fitting with their stories. Small group work focused on diseases and illnesses identified by the AHN and workshop participants as important health conditions among the Aboriginal population. These diseases/illnesses included: Diabetes, Heart and Stroke, Mental Health, Addictions, Cancer, Arthritis, Asthma and COPD, and Youth Suicide. Stories and experiences were shared in the small groups facilitated by AHN members. The stories and experiences were shared on a health care journey template that included the headings: before disease, health care experience, end of life and recovery. The collective experiences shared produced group storyboards that detailed the current experiences and challenges of Aboriginal patients with the health care system for each disease/illness.

The information gathered in the small group work was then brought back to the larger group to develop a generic storyboard based on the collective current Aboriginal patient experiences and challenges (see Figure 1). This process of gathering information was repeated to collect information on future Aboriginal patient experiences that focused on identifying the needs and solutions to the current Aboriginal patient experiences and challenges (see Figure 2).

Follow-up interviews were also conducted with five community stakeholders and Aboriginal patients with significant experience with the health care system. These interviews collected in-depth and insightful information about the Aboriginal patient experience and needs.

Figure 1. Our Current Journey – The Aboriginal Patient Experience

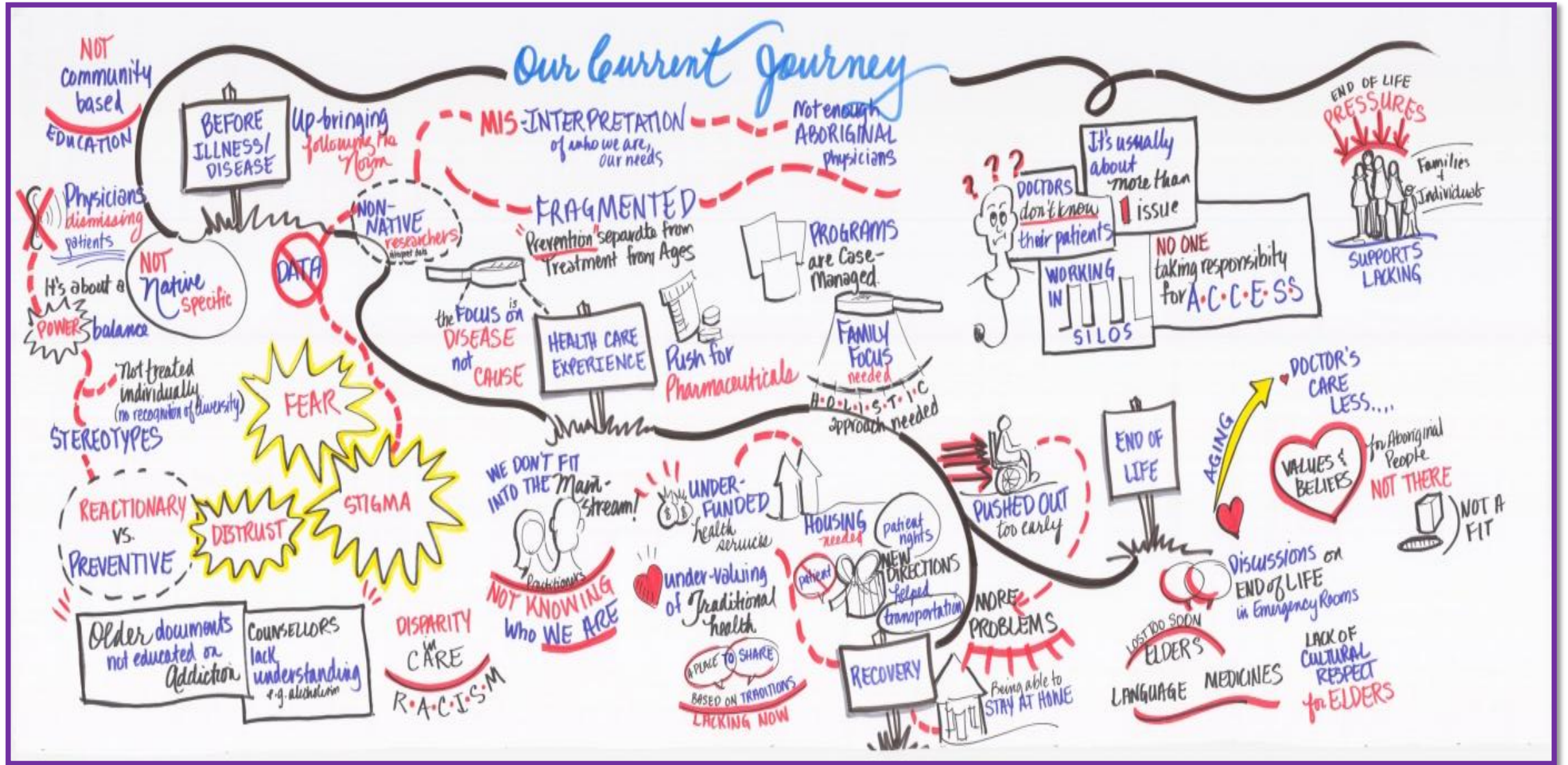
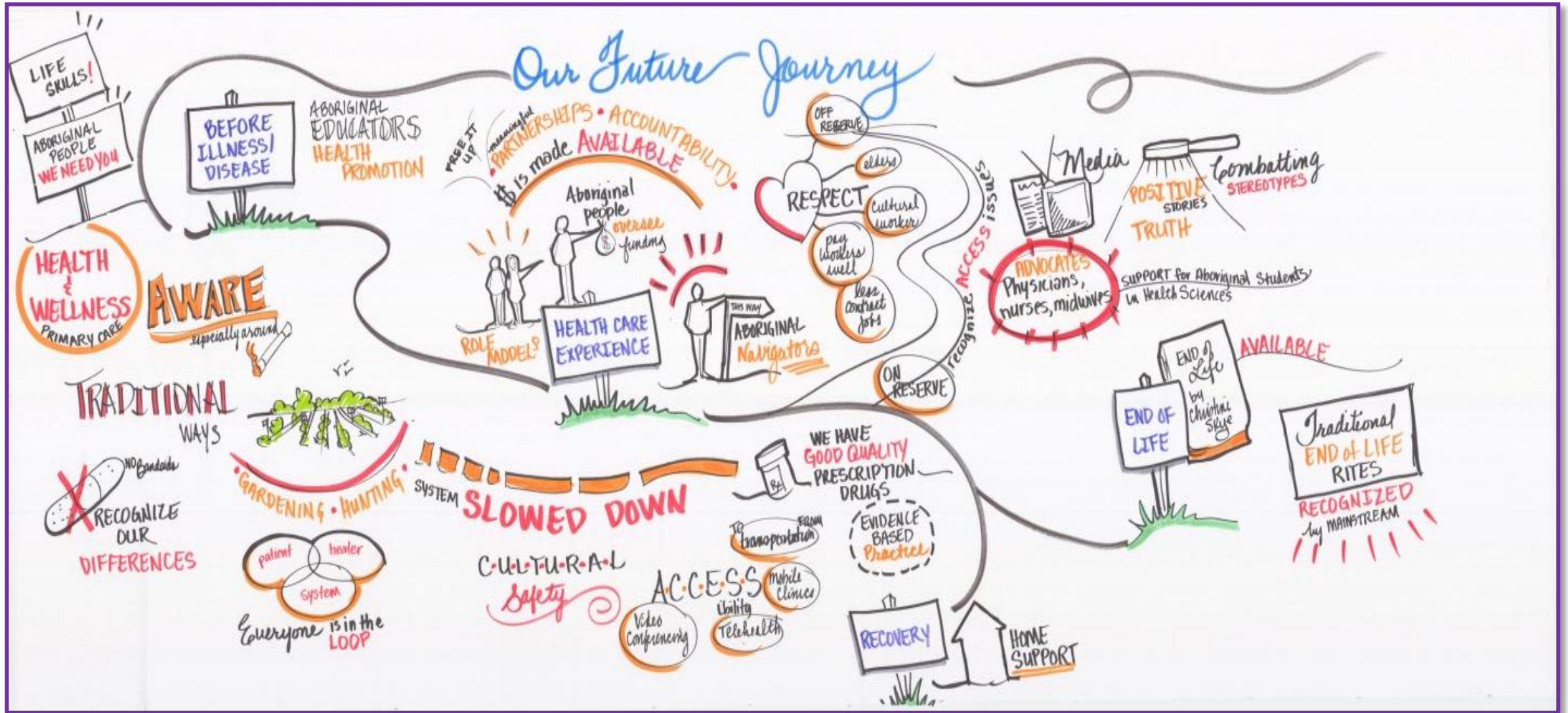


Figure 2. Our Future Journey – The Aboriginal Patient Experience



Recommendations

Based on the information collected in the Aboriginal Health Workshop and the follow-up interviews with Aboriginal community stakeholders and patients, a number of recommendations were highlighted for the HNHB LIHN consideration.

These recommendations describe the potential pathways for creating a quality of care system that better addresses the needs of Aboriginal patient populations in the Hamilton Niagara Haldimand Brant LHIN. These recommendations are not intended to be exhaustive but address the concern, challenges and patient needs that were shared at the Aboriginal Health Workshop and through follow-up interviews.

Recommendation 1: Grow and Develop Aboriginal Health Care Services

The need for Aboriginal specific programming and services was emphasized throughout the workshop and interview conversations. Aboriginal specific services address many of the health care challenges of Aboriginal patients that were shared throughout the discussions. Aboriginal patients feel free of stereotyping, prejudice and racism that are considered systemic in the mainstream health care system. Aboriginal specific health care services provide culturally competent and safe health care that utilizes Aboriginal cultural knowledge and approaches to providing care and promoting health. Some examples of successful Aboriginal health care programs and services include:

- De dwa da dehs nye>s Hamilton/Brantford Aboriginal Health Centre
- Aboriginal Health Advocacy Programs
- Aboriginal Navigator Programs
- Aboriginal Mental Health Programs
- Aboriginal Health and Wellness Programs
- Traditional Health and Wellness Programs
 - Traditional Aboriginal Counsellors
 - Traditional Aboriginal Healers
 - Traditional Aboriginal Stories
- Aboriginal Healthy Living Programs
- Aboriginal Life-Long Care
- Aboriginal Diabetes Initiatives (SOADI)
- Aboriginal Drug and Alcohol Programs
- Aboriginal Head Start
- Aboriginal Healthy Babies Programs
- Aboriginal Family Support Programs
- Aboriginal Addictions Treatment Centre (Native Horizons).

Many of these programs are currently operating at capacity and are unable to meet the growing health care demands of the Aboriginal population. These programs should

continue to grow and be supported by the HNHB LIHN while avenues to develop further Aboriginal specific programs and services within the HNHB LIHN should be promoted. This requires adjusting existing programs to respond more effectively to needs and supporting the provisions of resources or the reallocations of resources to Aboriginal initiatives. Aboriginal organizations are leaders should also be afforded the control of resources for Aboriginal health programs and services based on community needs. Clinically established outcome measures or efficacy research are likely inappropriate measures for Aboriginal communities. To foster self-determination in health care, funding policy and outcome measures of these programs should be developed and evaluated from the community's perspective. This may include tangible and intangible benefits, including those arising from altruism.

Recommendation 2: Increase the Number of Aboriginal Health Care Providers

The need and desire for Aboriginal health care providers was overwhelmingly expressed by participants. Aboriginal health care providers can promote cultural competency and safety. Many workshop participants felt having an Aboriginal health care provider increases the quality of care by facilitating a level of comfort, trust and understanding, improving communication and compliance with care, and decreasing experiences of stereotyping, prejudice and racism. Aboriginal patients feel safe and understood when receiving care from Aboriginal health care providers. Further, the presence of Aboriginal health care professionals would serve to more effectively bridge both perceived and real gaps between the Western medical model and Aboriginal traditional healing methods.ⁱ Efforts to increase Aboriginal representation within the HNHB LIHN health care system should be initiated and health care organizations should be held accountable to for equal employment opportunity standards by having an adequate representation of Aboriginal health care providers among their staff.

Recommendation 3: “Know Our History” Provide Education and Awareness about Aboriginal People

Knowing your patient was discussed as vitally important to the health care experience and quality of care. Too often Aboriginal patients felt that their health care provider was unfamiliar with their medical history and even more unfamiliar with the social, political and cultural history that has shaped their lives. There was a general lack of knowledge within non-Aboriginal society of the history of Aboriginal peoples and the intergenerational impact of trauma from colonization and oppression. It is widely accepted that Canada's history of colonization and assimilation practices toward Aboriginal People has negatively impacted their ability to maintain traditional ways of life.ⁱⁱ Political, social, cultural lifeways were disrupted and often resulted in social disorganization that has contributed to the social conditions that impact adversely upon health status. Social conditions including: poverty, inadequate housing, unsanitary water supply and waste disposal, low educational achievement, unemployment, family violence, alcohol and substance abuse, dependence on social assistance, discrimination within the justice system, and

environmental exposures contribute to the health of Aboriginal peoples. In addition, the current health care system for Aboriginal people has roots in the colonial system.ⁱⁱⁱ Understanding the history and how it relates to the current state of Aboriginal health is vitally important to being able to provide effective, competent and safe health care to the Aboriginal population.

Becoming as informed as possible about those whom we serve and the conditions that influence their lives will ultimately improve the Aboriginal patient experience. Developing cultural competence, involves developing a level of awareness of attitudes, values, and biases (affective domain), of knowledge (cognitive domain) and the skills required to be effective in cross-cultural encounters (behavioural domain). Providing education and awareness and improving cultural competence of health care providers will serve to combat negative stereotypes about Aboriginal people and the systemic racism commonly experienced by Aboriginal patients. Providing positive examples and Aboriginal role models to contest negative media images and portrayals is seen as important to offering an alternative to the negative media images that abound. Health care professionals need to develop cultural competencies in order to be able to provide effective and quality care that addresses the unique challenges and needs of Aboriginal people.

Taking cultural competency step further, health care providers should also provide culturally safe health care which involves analyzing power imbalances in society, colonization and relationships with colonizers, as well as political ideals of self-determination and de-colonization as they apply to health care. Cultural safety is important to ensuring that health professionals practise care in a way that those who receive it do not feel rejected and unsafe in terms of who they are, that their values, goals, language, identity & ways of life are not denigrated or threatened in an encounter.^{iv} This requires health care providers to self-reflect and understand that cultural values and norms of the client are different due to unique socio-political histories.^v This self-reflection supports the development of empathy which in turn improves the therapeutic encounter with clients and their communities, ultimately leading to better health outcomes for the Aboriginal patient.^{vi} Aboriginal health care providers working in the HNHB LHIN should be required to take Aboriginal cultural competency and safety training and Aboriginal awareness and education should be on-going within the health care system. For example, hospitals and clinics should offer teach-ins to bring in Aboriginal Elders, researchers, Aboriginal program and service providers etc.

Recommendation 4: Create a Culture of Respect in the Health Care System

Many participants expressed the need to embed a culture of respect in the health care system. Respect is a core value of many Aboriginal cultures and teachings.^{vii} Respect is one of the foundational Haudenosaunee teachings of *Kahriwiiio* 'good mind'. Respect for oneself and the natural world, which includes other people, is a fundamental behaviour that exemplifies the teachings of the 'good mind'.^{viii} Failure to use a 'good mind' causes injury to others whether they are humans, earth, animals, plants, birds, or even the Creator.^{ix}

Mutual respect is key to the health care encounter.^x Embedding a culture of respect would serve foster healthy relationships and as a result, facilitate open communication and promote trust between Aboriginal patients and their health care providers. By demonstrating respect, empathy, caring, understanding of sensitive intercultural issues from the start, health care providers will establish rapport.^{xi} Building good rapport is seen as the single most important factor in developing a successful doctor-patient relationship.

In addition to respect for patients, participants also felt that respect needed to be fostered for Aboriginal way of knowing and doing. Specifically, participants felt that respect needed to be promoted for:

- Aboriginal cultures
- Elders
- Aboriginal knowledge and ways of knowing
- Aboriginal health and healing approaches
- Aboriginal medicines
- Aboriginal health care providers
- Aboriginal programs and services

Having respect for the patient was also seen as important to addressing the power imbalances of the doctor-patient relationship. Respect should be role modelled by leaders within the health care system and system policy should be reflective of this aim with accountability measures in place. Cultural competency and safety training should be mandatory for health care providers working in the HNHB LHIN and include education and awareness of the above areas.

Recommendation 5: Bridge Western and Aboriginal approaches to Health, Healing and Wellness through Meaningful Relationships and Collaboration

The need to support Aboriginal approaches to health, healing and wellness was identified as an important method to improving the Aboriginal patient experience and addressing the health care disparities among the Aboriginal population. At present any participants felt that the current health care system at best tolerates the use of Aboriginal approaches to health, healing and wellness. Numerous participants explained how Aboriginal approaches to health, healing and wellness are beneficial to the health of Aboriginal patients but are not accepted or utilized when available by the mainstream health care system. There is a breadth of knowledge about health, medicine, healing and wellness in Aboriginal communities that is currently untapped by the mainstream health care system.

Workshop participants felt the need for the mainstream health care system to develop collaborations and relationships with Aboriginal communities, organizations, and services that are meaningful and respectful. Aboriginal communities, organizations and services act as gateways to Aboriginal healers, traditional knowledge holders and Elders. Knowledge

of these resources and the services of Aboriginal healers, knowledge holders and Elders is essential to making these services available treatment options for Aboriginal patients. This requires a level of understanding and acceptance of Aboriginal healing and medicine. Ontario's Aboriginal Health Policy affirms that "Traditional approaches to wellness, including the use of traditional resources, traditional healers, medicine people, midwives and elders, are recognized, respected and protected from government regulation. They enhance and complement healing, as well as programs and services throughout the health system."^{xii} Ongoing education for health care providers, as well as communities is needed to improve understandings and protocols of traditional health and healing approaches. Increasing opportunities for collaborations would provide health care providers with the knowledge to make referrals and recommendations to Aboriginal organizations and programs with access to Aboriginal healers and practitioners.

The development of meaningful and mutually respectful relationships would allow Western and Aboriginal approaches to health, healing and wellness to work in collaboration to provide wholistic and culturally competent health care for Aboriginal patients. The HNHB LHIN should develop and foster meaningful collaborative relationships between the current health care system and the community of Aboriginal communities, services and organizations and the traditional Aboriginal health and healing practitioners they work with. The HNHB LHIN should also make the necessary resources available to these organizations to make available Aboriginal health and healing practitioners for Aboriginal patients.

Some current best practice models in place that operate in collaboration with Aboriginal healers and medicine include, The Six Nations Family Health Team, De dwa da dehs nye's Aboriginal Health Centre, The Six Nations Birthing Centre, and Juddahs Place. Consultation with these health care practices should be initiated to grow and support such services, and to create a collaboration model with such practices in the HNHB LHIN health care system.

Recommendation 6: Treat the Person not the Disease

The need for patient centered care that focuses on the wholistic health care needs of Aboriginal patients was expressed throughout the stories and experiences shared. Many participants expressed that too often health care providers focus on the expression of the disease and fail to acknowledge or address co-morbidities and underlying causes. Failure to address the whole person, mind, body and spirit often results in recurrence of the disease or the development of additional health problems. Health care system policy and practice that inhibits wholistic health care approaches should be transformed to accommodate the needs of Aboriginal patients. Many participants shared that health care providers do not listen to their patients and therefore are not able to treat the disease/illness effectively. Many Aboriginal patients felt rushed and ignored in their interactions with the health care system. More time needs to be provided for Aboriginal patients to develop a level of comfort and trust with their health care provider that facilitates open communication. Health care providers need to be able to spend time with

their patients that allow them to develop a level of trust and health care providers need to listen to their patients to provide individualized care.

Recommendation 7: Promote Prevention - especially among children and youth

Many participants felt the need to promote healthy lifestyles and disease prevention efforts among the younger generation of Aboriginal patients. It was expressed that too often the health care system invests in intervention and ignores prevention. Indeed, many health care problems facing the Aboriginal population are preventable diseases and conditions. It was recommended that health providers focus more energy on helping patients become educated and aware of the potential health threats facing the Aboriginal population and to start education and awareness young. Focus on prevention is seen as a core philosophy of Aboriginal models of health and wellness and should be incorporated into health care for Aboriginal patients. Traditional Aboriginal medicines are largely preventative medicines and should be utilized to prevent disease and illnesses in the Aboriginal patient. Resources need to be allocated and/or reallocated to support prevention programs and services to decrease the burden of chronic diseases experienced by Aboriginal patients in the health care system. Aboriginal approaches to prevention and wellness should be supported and utilized within the HNHB LHIN health care system for Aboriginal patients.

Recommendation 8: Improve Access to effective interventions/programs/diagnostic capacity and treatment

Access and use of health care services continues to pose challenges for Aboriginal people. Several factors lessen Aboriginal patient access to, and use of health services even in publicly-funded healthcare systems. Particularly, the rural and remote locations of many indigenous communities were discussed as a major barrier for many Aboriginal patients. Many Aboriginal patients are forced to leave their communities for medical care as the result of geographic location and many services, including rehabilitation, physiotherapy, chiropractic, and mammography are not commonly available.^{xiii} Medical transportation is seen as an excellent way to improve access and should continue to be supported. Health care providers involved in the decision making regarding location of medical care for Aboriginal patients and community programs and services need to carefully balance the cultural and biomedical impact of location of service.^{xiv} However, additional barriers to accessing health care services included: fear, distrust, stigma, stereotypes and racism, communication, health literacy, a lack of cultural understanding. Home care services support access to care and Aboriginal nurses and homecare support improve cultural competency and safety, and should continue to be promoted for Aboriginal patients. Increased funding and support for home care programs should be provided to improve access and quality of care for Aboriginal patients. The use of advanced telecommunications equipment, including video linkages between patients and off-location health care specialists is being promoted for many rural and remote Aboriginal communities.^{xv} The development of such telehealth resources may assist in the promotion of better health care for Aboriginal peoples in rural and remote communities and should be

advanced in the HNHB LHIN system. Increasing the number of Aboriginal health care providers and providing culturally competency training for health care providers will also help improve access to care.

Recommendation 9: Improve Coordination of Care for Aboriginal Patients

Coordination of care is a key strategy to improving the quality of care for Aboriginal patients. Participants consistently shared experiences of lack of coordination of their health care which left them lost and without timely quality of care. Health care treatment plans should be developed with patients, allowing them to actively participate in the decision making about their health care and to improve their understanding of their health care. Follow-up, discharge plans, and referrals are important to the coordination of care: doctors, specialists, patients, families, pharmacists and anyone involved in the health care of the patient should be involved in the coordination of the patient care. Many participants expressed difficulty navigating the health care system and were unable to manage their health care alone. Aboriginal patients have particular difficulty with communicating with health care providers. Aboriginal Health Advocacy Workers, Navigators and Case Managers are key to improving the coordination of care however, all health care providers should ensure treatment and discharge plans are followed, follow-up is done and referrals are made for their patients. In partnership with the Aboriginal community, the HNHB LHIN should promote enhanced care coordination for Aboriginal patients to monitor care plans, and improve transitions of care between individual health care providers, organizations and sectors. Aboriginal Health Advocacy Workers, Navigators and Case Managers programs and services within the health care system should be supported and continue to grow to meet service demands.

Recommendation 10: Recognize and Respond to Aboriginal Health Risks

In addition to knowing the patient, health care providers also need to be familiar with the health risks of the Aboriginal population. Many participants felt that disease and illness is not diagnosed in Aboriginal patients because the health care provider is unaware of the health risks facing the population. Health care providers need to participate in continuing education programs that provided them with evidence based knowledge about the health risks as well as best practices in intervention and treatment for the Aboriginal population. Early intervention is critical to improving the Aboriginal patient experience and health care providers need to have the knowledge and skills to identify health risks in the Aboriginal population. Best practices in treatment and intervention also need to be used to improve health outcomes. Aboriginal patients spoke of not being able to access appropriate medications or tests because they are not covered by the First Nations and Inuit Health. Practice and policy that conflicts with the current best practices should be reviewed and updated. Continued education should be promoted and evaluated among health care professionals. Awareness and education should be provided about the health risks and best practices for intervention and treatment for Aboriginal peoples.

Recommendation 11: Improve End of Life Care for Aboriginal Patients

End of life care is a culturally significant experience for many Aboriginal patients. Many participants expressed a lack of sensitivity and respect for traditional Aboriginal end of life practices. Cultural knowledge, practices, rites and beliefs need to be accepted by the health care system and policy should reflect acceptance and understanding. End of life protocol should be culturally sensitive and involve the family, utilize Elders and accommodate cultural practices within the current health care system. In many examples, Elders, speeches and ceremonies were required to take place at the end of life of a patient who is in the hospital, and health care policy should be designed to provide Aboriginal patients with the freedom to do so. Capacity and resources are also needed to support culturally sensitive end-of-life care within the health care system. The HNHB LHIN should draw on existing research/literature, community resources and teachings to facilitate cultural competency and safety, education, policy, programs and communication for end-of-life care for Aboriginal patients.

Recommendation 12: Aboriginal Health Research - Data collection/surveillance to identify problems and what is working.

Many participants expressed the need for data and surveillance to identify, track and evaluate the Aboriginal patients in the health care system. Currently, there are persistent and significant gaps in data pertaining to Aboriginal patients. Disaggregated data are essential to recognize unique differences among First Nations, Inuit and Métis and across regions of the province.^{xvi} Useful and reliable data would support research and evaluation, as well as program and policy development.^{xvii} Methods and infrastructure to track and identify Aboriginal patients (First Nations, Inuit and Métis) in the HNHB LHIN health care region should be developed and supported in partnership with Aboriginal communities and organizations. As full partners, Aboriginal communities and organizations could collect health information which meets the information needs of the community and reflects the unique realities of Aboriginal peoples while retaining ownership and control over data.^{xviii} Aboriginal researchers and clinicians should take lead in Aboriginal health research, data collection and surveillance.

ⁱ Timmins Aboriginal Services and Programs Gap Analysis: Final Report and Recommendations. Timmins Economic Development Corporation and The Timmins and District Aboriginal Partnership, 2011.

ⁱⁱ King, M., Smith, A., & Gracey, M. Indigenous Health Part 2: The Underlying Causes of the Health Gap. *Lancet* 2009; 374: 76–85.

ⁱⁱⁱ A Guide for Health Professionals Working with Aboriginal Peoples. Society of Obstetricians and Gynecologists Canada, Ottawa, Canada, 2000.

^{iv} Fact Sheet: Cultural Safety.. National Aboriginal Health Organization, Ottawa, Canada, 2006.

^v Ibid.

^{vi} Aboriginal Cultural Safety Initiative. Anishnabwe Health, Toronto, Canada, 2012.

^{vii} A Guide for Health Professionals Working with Aboriginal Peoples. Society of Obstetricians and Gynecologists Canada, Ottawa, Canada, 2001.

^{viii} LaFrance BE., & Costello JE. The Haudenosaunee environmental protection process (HEPP): Reinforcing the three principles of goodmindedness, peacefulness, and strength to protect the natural world. *Preserving Tradition and Understanding the Past: Papers from the Conference on Iroquois Research, 2001–2005.* The State Education Department, Albany, New York ; 2010.

^{ix} Ibid.

^x A Guide for Health Professionals Working with Aboriginal Peoples. Society of Obstetricians and Gynecologists Canada, Ottawa, Canada, 2001.

^{xi} Bakić-Mirić, M.N. & Bakić, N.M. Successful Doctor-Patient Communication and Rapport Building as the key skills of Medical Practice. *Medicine and Biology* 2008; 15, 2: 74 – 79.

^{xii} *New directions: Aboriginal health policy for Ontario, 1994 – Executive Summary.* Ontario Ministry of Health and Long-Term Care, 1994.

^{xiii} A Guide for Health Professionals Working with Aboriginal Peoples. Society of Obstetricians and Gynecologists Canada, Ottawa, Canada, 2000.

^{xiv} Ibid.

^{xv} Ibid.

^{xvi} Aboriginal Peoples' Wellness in Canada: Scaling Up the Knowledge Cultural Context and Community Aspirations. Institute of Health Economics, Alberta Canada, 2011.

^{xvii} Ibid.

^{xviii} The Health Status of Canada's First Nations, Inuit and Metis Peoples. Health Council of Canada, Toronto, Canada, 2005.