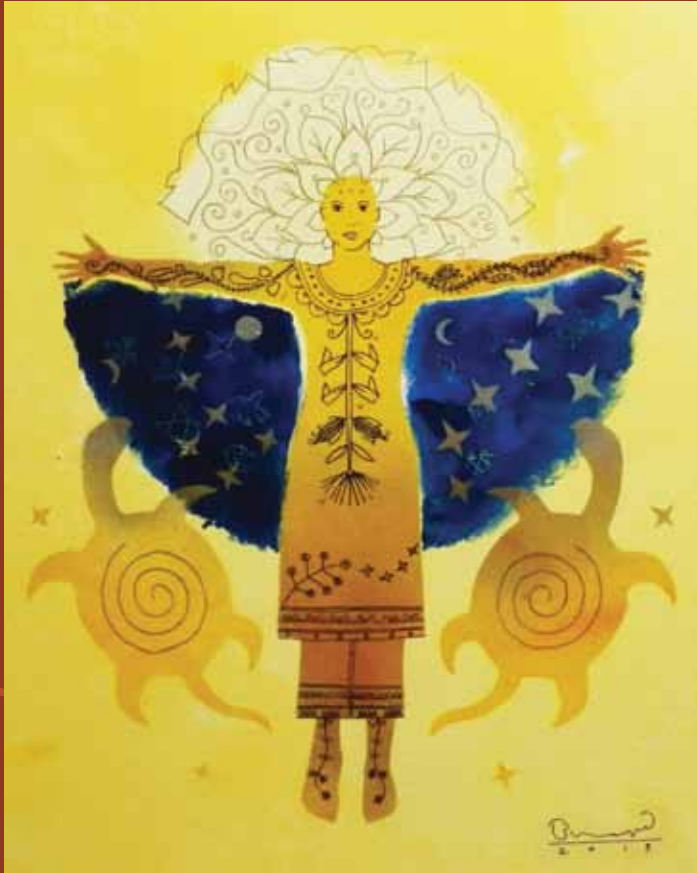


HEALTH PROFESSIONALS WORKING WITH FIRST NATIONS, INUIT AND MÉTIS: A COMPANION PIECE



Skywoman. 2013. Simon Brascoupé, Haudenosaunee/Anishinabeg

Youthful. Increasingly urbanized. Rapidly growing. First Nations, Inuit and Métis are diverse population groups comprising nearly 4% of the nation's population. Whether working in urban, rural or remote areas, most clinicians will encounter First Nations, Inuit and Métis in their practices. This requires health professionals to develop awareness, sensitivity and skills to deliver culturally-safe, relevant and effective care. This companion piece accompanies the new *Health professionals*

working with First Nations, Inuit and Métis consensus guideline published in *Journal of Obstetrics and Gynaecology*

Canada (Volume 35, number 6), summarizing key facts, clinical tips and recommendations from the guideline.



FROM AWARENESS TO ADVOCACY: ACTIONS YOU CAN DO TO SUPPORT CULTURALLY-SAFE CARE

As a health care professional you can act as an advocate for First Nations, Inuit and Métis women and families at many levels. The best way to start is in your own practice.

- ▶ Be alert to practices and speech patterns in the workplace that promote stereotypes and seek to correct them.
- ▶ Identify your own assumptions and biases.
- ▶ Recognize that your own beliefs and values are culturally-based.

It is important to recognize that while there are some common principles, First Nations, Inuit and Métis will have different perspectives of what culturally-safe care is and safe practices will vary from one community and individual to the next.

Almost all organizations and initiatives working towards culturally-safer care for First Nations, Inuit and Métis have websites with resources and/or contact information

Seek to identify barriers to culturally-safe care that are uniquely experienced by each community, participating in advocacy efforts that occur alongside and are complimentary to initiatives being made by Aboriginal organizations, leaders and communities.

Recognize that NIHB may not cover best practice services and therapeutics. Advocate for NIHB coverage where appropriate.

Are you affiliated with a university or medical student training program? Do you participate in Aboriginal health research?

Advocate for the integration of First Nations, Inuit and Métis content into the curriculum: http://ipac-amic.org/wp-content/uploads/2011/10/21118_RCPSC_CoreCurriculum_Binder.pdf

Advocate for the recognition and adoption of Indigenous research ethics in the studies you conduct, participate in or learn from.

- ✔ Familiarize yourself with and use recognized ethical frameworks which include the OCAP² principles, the Tri-Council Policy Statement³ and community specific guidelines. (Rec#4)

2 OCAP™ - First Nations Principles of OCAP™ (ownership, control, access, and possession) is a trade-mark of the First Nations Information Governance Centre, used with permission. For more information please visit the First Nations Information Governance Centre at www.rhs-ers.ca/node/2

3 The Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans was developed by the Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council and Social Sciences Research Council. The 2nd edition is available at: <http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/Default/>

Are you a member of a professional society?

- ▶ Encourage your society to incorporate accredited sessions on colonialization, the residential schools and ongoing socio-political experiences of First Nations, Inuit and Métis in Canada into its continuous professional learning program.

Do you spend a lot of time on your institutions' maternity ward?

- ▶ Advocate for the inclusion of families and culturally-specific practices in birthing units. For many First Nations, Inuit and Métis, as in many other cultures, welcoming a new baby is a community event with specific cultural practices. Identify unnecessary regulations that restrict women and their families from experiencing a culturally-safe birth.

- ✔ Ask about, respect and advocate for institutional protocols and policies supporting the wishes of individuals and families regarding disposal or preservation of tissues involved in conception, pregnancy, miscarriages, terminations, hysterectomy, and other procedures. (Rec#18)

- ✔ First Nations, Inuit and Métis should receive care in their own language, where possible. Health care programs and institutions providing service to significant numbers of First Nations, Inuit and Métis should have interpreters and First Nations, Inuit and Métis health advocates on staff. (Rec#24)

- ✎ The presence of family members when seeing a health professional is important to many First Nations, Inuit and Métis women. For example, the presence of family members at a birth is an important way many First Nations, Inuit and Métis communities are "reclaiming birth" for their healing. Ensure that there is enough space and chairs so that everyone can be seated at an equal level, including the health professional. (CT#11)

- ✎ For many First Nations communities, tobacco has a sacred role in healing and ceremonies. Being culturally safe includes respecting this sacred role and clearly distinguishing between smoking and ceremonial tobacco use. (CT#15)

Every time you identify a potentially culturally unsafe policy, practice, attitude or perception held by yourself, your colleagues, by the institution you work in, or the health system at large, and seek to correct it, you are serving as an advocate.

Are you part of a community-of-practice? Does your institution receive women from remote communities for birth or other sexual and reproductive health care services?

- ▶ Assist in the development and implementation of policies, training programs and practices that support low-risk women to choose to deliver close to home.

- ▶ Many patients travel a great distance for medical care alone because financing is not available for a companion. Advocate for changes to NIHB policies so that women no longer have to birth alone.

- ▶ Where transport to an urban center is necessary, consult local health service personnel to access health records. Ensure translators are available where needed. Inquire about any traditions or ceremonies a woman and her family would like to practice.

- ▶ Traditional midwives play an important role for women and their families. Regulations, medical and legal barriers frequently prevent Traditional midwives from assisting in the birth process. In addition, they are often treated with disrespect by hospital staff. Support continuity of culturally-safe care and advocate for the role and value of Traditional midwives.

- ✔ Acknowledge and respect the role that Aboriginal and Traditional midwives have in promoting the sexual and reproductive health of women and be aware that this role is not limited to pregnancy and delivery and often extends beyond the birth year. (Rec: #9)

- ✎ Instruct staff to inquire about best appointment times rather than assigning one. Be aware of a patient's travel context in terms of distance, financial constraints, child care challenges, etc. Be aware of flight schedules and travel time and schedule your appointments accordingly. (CT#12)

- ✎ Engage with others in your community of practice to ensure continuity of culturally-safe care, including within intervention chains, should they be needed. (CT#16)

Advocacy can effect major changes in the way women are treated in pregnancy and delivery and have improved outcomes.

YOUR PATIENT AS AN INDIVIDUAL

- ✓ Develop an understanding of the terms by which First Nations, Inuit and Métis identify themselves. (Rec#1)
- ✓ Be aware of the limitations of statistics collected with respect to First Nations, Inuit and Métis. Avoid making generalizations about mortality and morbidity risks. (Rec#3)
- ✓ Each First Nations, Inuit and Métis community has its own traditions, values and communication practices; engage with the community in order to become familiar with these. (Rec#11)
- ✎ There can be large cultural variations between patients. Get to know your First Nations, Inuit and Métis patients individually and do not make assumptions. (CT#19)

50% of First Nations live in urban areas, as do 22% of Inuit and 70% of Métis.

NAVIGATING THE HEALTH SYSTEM WITH FIRST NATIONS, INUIT AND MÉTIS PATIENTS

The Federal government is responsible for medical services provided to “Status” First Nations and “enrolled” Inuit. Generally, the delivery of care is administered by the provinces and territories through hospitals, clinics, laboratories and health personnel operated by the provinces and territories. Health services provided on reserves are funded by the Federal government and tend

to be run by band councils. Although Métis are one of the founding peoples of Canada, and continue as a group to experience significant health and social disparities, they are not considered to be under federal jurisdiction.

In practice, the design, delivery and implementation of services for First Nations, Inuit and Métis is highly fragmented with significant jurisdictional ambiguity and for many access to quality, timely and culturally-safe care is continuously and systemically compromised. Below are some of the ways access to care is limited:

- ▶ limited access to health professionals, including Aboriginal health professionals and culturally-safe non-Aboriginal health care providers
- ▶ alienating, discriminatory and culturally-unsafe health-care services
- ▶ absence of health facilities in rural/remote areas

“Many Aboriginal peoples 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”

Ref: Empathy, dignity, and respect. Creating cultural safety for Aboriginal people in urban health care. (December 2012). Health Council of Canada, 1. http://healthcouncilcanada.ca/rpt_det.php?id=437 (side panel)

HISTORICAL, CULTURAL AND PRACTICAL REALITIES: CHALLENGES, OPPORTUNITIES

Like most women, First Nations, Inuit and Métis strive for sexual and reproductive health; however the Aboriginal population bears a disproportionate burden of sexual and reproductive concerns largely as a result of poor access to culturally-safe care, information, services, devices and therapeutics. Other significant barriers include geography, historical trauma, cultural and linguistic differences, socio-economic status and environmental degradation. Frontline clinicians supporting sexual and reproductive wellness should be confident in their abilities to be a positive and beneficial resource. Care provided with thoughtfulness and compassion goes a long way in overcoming concerns which may arise from cultural differences.

- ✓ Support and promote the return of birth to rural and remote communities for women at low risk of complications. The necessary involvement of community in decision-making around the distribution and allocation of resources for maternity care should be acknowledged and facilitated. (Rec#20)
- ✓ There is very little First Nations, Inuit and Métis specific research, resources and programming on mature women’s health issues, including menopause. Advocate for further research in this area. (Rec#21)
- ✓ Be aware of the increased prevalence of HIV/AIDS among First Nations, Inuit and Métis and offer HIV counseling and screening to women of child-bearing age or who are pregnant. Culturally-safe approaches to HIV and other hematogenously-transferred disease counseling, testing, diagnosis and treatment should be supported and adopted (III-A). (Rec#14)
- ✓ Recognize that mental illnesses such as mood disorders, anxiety and addictions are a major public health issue for many First Nations, Inuit and Métis. Addiction to mood altering substances is often a coping mechanism for the pain of their intergenerational trauma. Familiarize yourself with culturally-safe harm reduction strategies that can be used to support First Nations, Inuit and Métis women and their families struggling with substance dependence. (Rec#19)

- ✓ Consider verbalizing to your patients your wish to establish a respectful rapport through listening, acknowledging differences and encouraging feedback. (Rec#23)
- ✎ Intergenerational survivors of residential schools may struggle with poorer self-esteem. A low sense of self-worth may make a patient feel unworthy of the attention of her health professional. (CT#1)
- ✎ Arctic char and caribou carry low levels of contaminants, and pregnant and lactating women can be actively encouraged to consume these foods. (CT#3)
- ✎ Understanding the personal context of your First Nations, Inuit or Métis patients and acquiring their trust takes time; however it will allow you to provide them with optimal HPV and cervical cancer preventive care that is responsive to their specific needs. (CT#8)
- ✎ If a woman is using metformin to regulate her blood sugar, make sure she is aware that ovulation may occur and she could become pregnant. A method of birth control suitable for the individual taking into consideration her health issues would need to be selected. (CT#9)

- ✓ Pregnancy is a unique opportunity to acknowledge and affirm the sexual and reproductive health rights, values and beliefs of First Nations, Inuit and Métis women. (Rec#17)
- ✓ Recognize the intergenerational impact of residential schools as one of the root causes of health and social inequities among First Nations, Inuit and Métis, with important implications for experiences and practices surrounding pregnancy and parenting. (Rec#5)
- ✓ Inquire about the use of traditional medicines and practices by patients as part of routine health practices, including prenatal care. (Rec#10)

- ▶ limited availability of screening, diagnostic or therapeutic services in rural and remote communities, including maternity care facilities
 - ▶ limited transportation outside of the community and high travel costs
 - ▶ long waiting lists
 - ▶ language barriers
- ✓ Be aware that the discourse on health-care policy and land claim negotiations often perpetuates negative stereotypes and often occurs without accurate reference to colonization. (Rec#6)
- ✓ Be aware of Jordan's Principle¹ and ongoing debates regarding jurisdictional responsibilities which impede access to quality, timely and culturally-safe health care for First Nations and Inuit. (Rec#7)

It is important to recognize the relationship between health and social services and programs

- ✚ Recognize that many First Nations, Inuit and Métis women, families and communities have had negative experiences with child protection and social services personnel and that it can have a profound effect on their interaction with the health-care system. (CT#2)
- ✚ Be aware and educate staff about patterns of automatic referral and understand that flags are flexible. When appropriate, work collaboratively with medical and social services to implement preventative care and support your patient and her family in improving outcomes. (CT#18)
- ✚ Recognize that some women choose termination largely out of fear that her child will be taken into care. With the intention of supporting a culturally-safe experience that respects a woman's self-determination, health professionals should inquire about the context surrounding the choice to terminate as well as the desire to observe a specific ceremony or protocol upon termination. For women who would choose to terminate out of fear that their child will be taken away, health professionals should work with social services and advocate for access to resources that support the woman's choice. (CT#10)

¹ Jordan's Principle is a child first principle and calls on the government agency of first contact to pay for services for the child and then seek reimbursement later so the child does not get tragically caught in the middle of government red tape. Jordan's Principle applies to all government services and must be adopted, and fully implemented by the Government of Canada and all provinces and territories.

ESTABLISHING A CULTURALLY-SAFE ENVIRONMENT

Cultural safety moves beyond the concept of cultural sensitivity to analyzing power imbalances, institutional discrimination, colonialization and colonial relationships and self-awareness of one's own culture as they apply to health care. Cultural safety implies that the health-care practitioner has knowledge of the cultural practices of his/her patient, has made sure that both the physical space and personal behaviours are welcoming and treats the patient as an equal in the health partnership. **Ultimately, it is only the patient who can decide if the care was safe.**

and safe. Educate frontline staff, including front-desk staff, on key principles of cultural-safety. Greet all patients in a respectful, warm manner even if they are late and train staff to do the same: doing so will help ensure that the first interaction with a patient is a safe one. Be aware of policies or common practices that may be discriminatory, for example policies or routine practices of automatic drug screening upon presentation for labour and delivery. (CT#24)

Extra effort is required on the part of health professionals to establish an environment of trust and cultural safety in their workplaces, particularly given the often brief opportunity to provide quality care.

For many women making decisions about contraception, having a Pap test, giving birth or experiencing menopause are important - even transformational - life events. Policies, practices, attitudes and perceptions that discredit or overlook the cultural teachings that guide and support women and their families through these events do not form part of a culturally-safe health-care environment. Culturally-safe health professionals choose to walk alongside First Nations, Inuit and Métis women in their encounters with the health-care system, advocating and supporting adaptations that enable safer experiences and healthier outcomes.

should be aware that the health narrative begins with the context and ends with the individual. This is rooted in language as well as the value of humility and requires professionals to be skilled in active listening. Appreciate that adapting practices will actually save time in the long run and that giving the patient more time is an investment in the care. Recognize that when patients are not listened to it is a continuation of the oppression. (CT#20)

- ✓ Develop an understanding of the terms *cultural awareness*, *cultural competence*, *cultural safety* and *cultural humility*. Recognize that First Nations, Inuit and Métis may have different perspectives on what culturally-safe care is and seek guidance on community-specific values. (Rec#2)
- ✓ Seek guidance about culturally-specific communication practices and tailor communications to the specific situations and histories of patients. (Rec#22)
- ✚ Providing culturally-safe care is a learning process. It takes time to build and refine effective relationships with First Nations, Inuit and Métis. Patience, compassion, curiosity and genuine interest are needed. (CT#25)
- ✚ For many First Nations, Inuit and Métis having a positive experience from the time of first entering the clinic or hospital is critical to feeling welcome

- ✚ Rather than viewing the individual and his/her culture as barriers to the delivery of care, it is better to consider how our beliefs and values as health-care providers, and the system in which we practice, has created challenges for First Nations, Inuit and Métis health and wellbeing. (CT#23)
- ✚ Ask your patient about her support networks and if there are other agencies involved in her care, such as mental health or social services. (CT#14)
- ✚ Verify your patients' understanding of your recommendations: do not assume that they understand what you are asking them to do or how to do it. For example, a patient may not know where to go to get a blood sample. (CT#22)

"Cultural safety occurs when First Nations, Inuit and Métis feel they can trust their health care providers as a result of these culturally competent efforts"

Empathy, Dignity and Respect. Creating cultural safety for Aboriginal people in urban health care. (December 2012) Health Council of Canada, 5.

DID YOU KNOW?

Where is her chart?

First Nations and Inuit living in remote, fly-in communities are largely serviced by a nursing station staffed with a nurse or community health representative. Physicians and other specialists fly in periodically. Individuals requiring access to advanced care must be transferred to southern Canadian cities.

Nearly all pregnant First Nations and Inuit women are flown to southern cities several weeks before giving birth.

It is common for women who are flown out of their communities to fly without their charts. If her chart is not faxed to the receiving hospital, she is automatically labeled "high risk". For women who leave their communities, ensure their charts are faxed to the receiving hospital.

Non-Insured Health Benefit Program (NIHB)

What: NIHB is Health Canada's national, medically-necessary health benefit program that provides coverage for a specified range of drugs, dental care, vision care, medical supplies and equipment, short-term crisis intervention mental health counseling and medical transportation when patients are not insured elsewhere. For example, NIHB covers maternal health needs such as prenatal vitamins and folic acid.

Who: Eligible First Nations and Inuit.

Resources: Assembly of First Nations' NIHB client handbook.

SOGC's fact sheet on Non-Insured Health Benefits: www.aboriginalsexualhealth.ca/documents/11AHI_druglist_flyer_EN_FINAL.pdf

Note: Eligible First Nations and Inuit must have a prescription in order to access NIHB-covered services and therapeutics; always write a prescription even if what you are prescribing is available over the counter.

SUPPORT ACCESS TO HEALTH CARE! WHAT YOU CAN DO:

- ✓ Be aware of the Non-Insured Health Benefit (NIHB) program for Status First Nations and enrolled Inuit, eligibility, coverage and that there are exceptions and special permissions needed in some cases. You have a vital role in advocating for First Nations and Inuit patients and assisting with obtaining these benefits. Be aware that Métis do not have access to NIHB and may face unique challenges accessing health care. (Rec#8)
- ✓ Be aware of the high rates of cervical cancer and poorer outcomes once diagnosed for First Nations and Inuit patients. Strive to limit the disparity between Aboriginal and non-Aboriginal patients by promoting culturally-safe screening options. (IA). (Rec#15)
- ✓ Ensure that First Nations, Inuit and Métis women have access to services for all their reproductive health needs, including terminations, without prejudice. Ensure confidentiality, particularly in small and fly-in communities. (III-A). (Rec#16)
- ✓ Given the prevalence of sexual abuse and exploitation, address the possibility of sexual abuse and/or exploitation *once a trusting relationship has been established*. All gynaecologic and obstetric examinations must be approached sensitively, allowing the patient to determine when she feels comfortable to proceed. (Rec#13)
- ✓ Be aware of Canadian *Criminal Code* laws governing sexual activities in minors including those under age 12, between 12 and 16 years old, and as it speaks to the age difference between partners. (Rec#12)
- ✎ The checklist on your prenatal sheet can help you identify barriers and challenges to a healthy pregnancy and inquire about a patient's socio-economic situation in a sensitive manner. Go through the sheet one question at a time, sensitively ask follow-up questions, and allow time for your patient to respond. (CT#13)
- ✎ Women have the right to make informed decisions in all aspects of their sexual and reproductive health care, including the right to use traditional knowledge exclusively or in combination with western medicine. (CT#6)
- ✎ Know your local social service resources, personnel and contact information and establish a collaborative rapport with them: encourage your local social services to connect with you on an ongoing basis so that you can strengthen efforts made to achieve positive outcomes. (CT#17)
- ✎ Familiarize yourself with the NIHB program: www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/index-eng.php (CT#4)
- ✎ Familiarize yourself with the logistics of specialist care in your region/centre, including the surrounding Aboriginal communities serviced by your centre and what particular services are provided in each center. (CT#5)
- ✎ Communicate warmth, understanding and culturally-safe public health information in your clinic which is relevant to First Nations, Inuit and Métis. (CT#7)

In 2011, the SOGC published a joint policy statement on sexual and reproductive health, rights, and realities and access to service for First Nations, Inuit and Métis in Canada.

www.aboriginalsexualhealth.ca/documents/PolicyStatement-Aboriginal%20SexualHealthandRights-eng.pdf

Legend

✓ **Recommendation:** Corresponds to Recommendation taken from the complete guideline published in Volume 35, Issue 6 of the JOGC. In the JOGC, Recommendations are graded by quality of evidence and classification of Recommendation, based on The Evaluation of Evidence criteria described in The Canadian Task Force on Preventive Health Care.

✎ **Clinical tip:** Corresponds to Clinical Tip taken from the complete guideline published in Volume 35, Issue 6 of the JOGC. Clinical Tips are succinct, practical tips to be applied by health professionals in their daily practice.

HEALTH PROFESSIONALS WORKING WITH FIRST NATIONS, INUIT AND MÉTIS:

CASE STUDY

Youth and Sexual Health

Nita is 21 years old and lives in Toronto where she attends university and works part-time as a waitress. Her studies keep her busy, and she is doing well. As often as possible she returns to see her family in her community north-east of Montreal. On a recent trip home, she makes an appointment to see a family doctor at the community health centre which she prefers compared to the University clinic. She sees the visiting family physician Dr. Pear at the clinic where she presents with vaginal discharge and itching, but is otherwise healthy and is physically active. She has no fever or urinary symptoms and has normal bowel movements. She lives with her boyfriend and is taking birth control pills as prescribed.

Scenario 1:

Dr. Pear prepares to examine her. It is a busy day in the clinic and he is running behind schedule. He asks if she is sexually active, but does not take a full history. He proceeds to examine her without much interaction and recommends doing a pap smear. He does not realize that she has regular exams, is in a stable relationship and is taking good care of herself. After finishing the exam, he says that the exam is inconclusive and he is not sure what is going on. He suggests that she might have an STI, does not give an explanation of other possibilities and says that the nurse will call her when the results are back. He arranges for the nurse to come in and talk to her about birth control.

Scenario 2:

Dr. Pear greets Nita and asks her a few questions about herself. She tells him about how she is doing in university, that she is in a happy and stable relationship and about her symptoms. Dr. Pear explains that he is going to do an exam to see what is going on. He leaves the room so that she can undress and asks her drape herself so that she will feel more comfortable. He returns and prepares to examine her, going slowly and gently, and explaining what he is doing as he goes along. After finishing the exam, including taking a sample and examining the slide, he tells her that it seems she has bacterial vaginosis. He explains what this is and that it can be easily treated. He gives her a prescription for antibiotics and reminds her that if she has a status card, she should show it to the pharmacist since her medication is covered.

Dr. Pear asks Nita if she has any questions. He also asks if she has regular health checks and if she has ever had a pap smear. Nita explains that she has regular exams and knows the importance of staying healthy, but that she doesn't really like going to the clinic on campus. Dr. Pear lets her know about the Anishnawbe Health in Toronto, an Aboriginal community health center.

Learning Points:

- ▶ Don't make assumptions about a young woman's sexual activity such as that she has multiple partners or dysfunctional relationships.
- ▶ Always explain what you are doing during procedures and why
- ▶ Ask about Status as it relates to medication coverage. Be familiar with the medications that are covered by the NIHB, or have a reference readily accessible.
- ▶ Ask open-ended questions since these often give patients the opportunity to disclose things they are uncomfortable with.
- ▶ Ask the patient if there is anything else you should know or anything else they would like to talk about



The development of this guide was undertaken in partnership with the National Aboriginal Health Organization (NAHO) and with an important mandate: To provide health professionals in Canada with the knowledge and tools to provide culturally safe care to First Nations, Inuit and Métis women and through them, to their families.

The Aboriginal Health Initiative Committee of the SOGC, along with select experts in First Nations, Inuit and Métis health, convened to develop this updated guide. A majority of those involved in its production are themselves First Nations, Inuit or Métis. In addition, the guide was endorsed by ten Aboriginal and six non-Aboriginal organizations, the names of which are listed within the full guide.

Recommendations were carefully written to encourage reflection and consideration of the important aspects of sexual and reproductive health care services provided to Aboriginal peoples.

Through this companion piece, we hope to support knowledge transfer by offering a take-away product with accessible language, case-study scenarios, clinical tips and informative graphics. We hope to distribute this document widely with the aim of further engaging health professionals across Canada, supporting advances in the delivery of culturally-safe care for First Nations, Inuit and Métis women. We also hope this resource will be a useful and empowering tool for First Nations, Inuit and Métis women, social service workers, health navigators, community health workers, cultural-liaison workers, health services researchers, policy analysts and other stakeholders, re-affirming the sexual and reproductive health rights of First Nations, Inuit and Métis women.



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