

TOWARDS CULTURAL SAFETY FOR MÉTIS: AN INTRODUCTION FOR HEALTH CARE PROVIDERS



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BACKGROUND

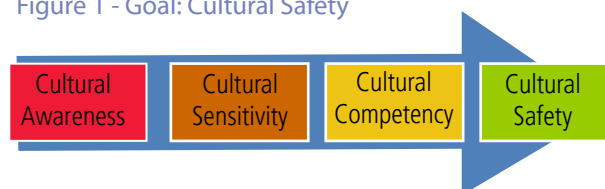
The concept of cultural safety was first introduced in New Zealand in response to ongoing concern over the effects of colonialism and the perpetuation of inequities from neo-colonial processes that “disregarded” the beliefs of the Maori and “instead privileged those of the dominant ‘Euro-white’ culture” (University of Victoria, n.d. – a). As a result, New Zealand implemented changes to health care practices that included cultural safety training in nursing programs and in health care settings. Similarly, in Canada the health care system is based on mainstream Euro-Canadian culture that may not meet the specific needs of Métis patients and

health care workers. Cultural safety is an on-going and evolving process that will require health care providers to revisit and adjust modes of services in order to meet the needs of Métis. Culturally safe health care systems and environments are established by a continuum of building blocks – cultural awareness, cultural sensitivity, and cultural competency – as outlined in Figure 1 below.

This fact sheet aims to demonstrate how health care providers can provide a culturally safe health care environment

when caring for Métis patients. To do this, each of these building blocks – cultural awareness, sensitivity, competency, and safety – will first be defined. This will be followed by the presentation of various health care scenarios that highlight differences in the provision of health care services to Métis patients when that building block is lacking and when it is being actively practiced. At the end of each scenario are tips on how to be culturally aware, culturally sensitive, culturally competent, and culturally safe.

Figure 1 - Goal: Cultural Safety



¹ 'Aboriginal' throughout this fact sheet refers collectively to the Indigenous inhabitants of Canada, including First Nations, Inuit and Métis peoples (as stated in Section 35(2) of the *Constitution Act*, 1982).



Who Are the Métis?

Métis are one of the three constitutionally recognized Aboriginal¹ groups in Canada. In French, the word “Métis” translates as “mixed,” yet the Métis people do not simply have a “mix” of European and First Nations heritages; they have distinct languages, cultures, values, and beliefs that vary between communities and geographic regions all across Canada. For membership purposes, the Métis National Council defines Métis as individuals who self-identify as Métis, are of historic Métis Nation ancestry, are distinct from other Aboriginal peoples, and are accepted by the Métis Nation. It is important to keep in mind that all self-identified Métis deserve to be treated with respect and dignity regardless of their citizenship status.

Fast fact about Métis:
Métis are recognized in the Constitution of Canada as possessing Aboriginal rights. With the exception of some rights related to harvesting, other rights, such as the right to health, have not been as clearly defined or even fully discussed. As a result, unlike other constitutionally recognized Aboriginal peoples in Canada, Métis do not have access to federally funded non-insured health benefits (Statistics Canada, 2008).

The role of culture in the provision of health care services

As previously mentioned, Canada’s health care system is based on Euro-Canadian standards of care, yet Canada is often referred to as a multicultural country. There are significant cultural and physical distinctions between groups and individuals within any given population, and the same is true for Métis. Expecting everyone to conform to colonially-based health care systems may be unfair to those not accustomed to the cultural biases on which these modes of health care delivery depend.

The term “culture” refers to “shared beliefs, values, customs, behaviours and artifacts that the members of society use to cope with their world and with one another” (Bates & Plog, 1976, p. 6). Culture adapts to changing environments and can be defined as generation-to-generation transmission of knowledge and ways of being as a result of peoples’ collective and personal histories and experiences (Hart-Wasekeesikaw, 2009). The Aboriginal Nurses Association of Canada defines culture as:

...a process through which ordinary activities and conditions take on an emotional tone and a moral meaning for participants. These processes [include] the embodiment of meaning in psychological and social interactions; the development of interpersonal attachments; the performance of religious practices; common sense interpretations; and the cultivation of collective and individual identities. Frequently, cultural characteristics differ within the same ethnic or social group because of differences in age, gender, sexuality, life history, political association, class, religion, ethnicity, and even personality. (Ibid., p. 20)

Like other groups of Aboriginal peoples, Métis need to feel safe from discrimination based on cultural affiliation or background. However, in striving to create a more culturally safe health care environment for Métis patients, health care professionals will need to consider that Métis culture is not static or unchanging and will need to evolve their knowledge accordingly.

Fast fact about Métis:
In the 2006 Census, approximately one-third of the Aboriginal population in Canada, almost 400,000 people, identified as Métis. Close to 44 percent of the total Métis population is under the age of 25 (Statistics Canada, 2011).

CULTURAL AWARENESS

What is it?

Cultural awareness is the first step towards achieving cultural safety. It can be built by observing activities and how people participate in them, and involves being able and willing to recognize or acknowledge and accept difference within a population (University of Victoria, n.d. – b). Cultural awareness is limited in that it does not consistently encourage staff or educators to change their practices, ask about their patient’s activities, or adjust organizational activities in order for Métis patients to be fully supported during their care.

Why is it important to Métis?

It is important to be culturally aware of Métis so that they do not feel the need to rationalize or explain their identity when expressing specific needs to health care providers. When professionals within the health care system are culturally aware, Métis patients may feel more at ease and more open to receiving medical attention because they will not feel the need to change the manner in which they participate in their daily lives. Métis patients will be more receptive to health care workers who are culturally aware of diversity and differences.

The following scenarios showcase one situation where there is a lack of cultural awareness and another where cultural awareness is part of the exchange between patient and health care worker, followed by some tips on how to be culturally aware of Métis.

Scenario 1

Sam and Joanna are nurses at an urban walk-in clinic and were asked to host a one-day immunization clinic for people at a Métis local office. Upon arriving, Sam and Joanna are shown where to set up their

station. For Sam and Joanna, they see no need to change how they perform their procedures and though some people are sensitive to the sight of needles, they are confident that their training is enough to help participants feel comfortable.

Lack of cultural awareness

Once the clinic is set up and participants start arriving, Sam and Joanna notice the cultural diversity of people and quickly explain that the clinic is strictly for Métis. Sam invites those who are not Métis to visit the walk-in clinic for their immunizations. One participant admits to feeling insulted and explains that they are all from the Métis community. Though Sam and Joanna quickly apologize for their error, several participants feel excluded, so decide not to get their immunizations.

Cultural awareness

As soon as Sam and Joanna learn that they will be hosting an immunization clinic at a Métis local office, they decide to learn what they can about Métis from the Internet. Sam and Joanna learn how diverse Métis are and so on the day of the immunization clinic they are not surprised by the diversity in appearance of participants. As a result, the Métis participants have a positive experience. People are welcomed to enter as they like rather than being told to stand in waiting lines, and seeing many of their community members in one place helps the elderly and children feel more relaxed and at ease. As a result of these small but significant changes, many people express how much they appreciate the convenience of having a clinic come to them.

Tips to be culturally aware of Métis:

- Be aware that Métis are a distinct Aboriginal group.
- Remember that the values, beliefs, and connections to spirituality among Métis can vary across space and time.

- Métis vary in their appearance; while some may “look” Aboriginal and have dark features, others may have blond hair, blue eyes etc.
- Métis are distinct so it is important not to apply or adopt pan-Aboriginal approaches when caring for Métis patients.
- While many believe that Métis only live in the prairies, the truth is that today Métis live in every province across Canada and all areas have their own traditions, values and cultural practices.
- Michif is the historical language of Métis and the three primary forms are commonly referred to as Michif-Cree, Michif-French, and Ile-à-la-Crosse (Métis Nation of Ontario, n.d.).
- In 2006, Statistics Canada reported that the majority of Métis now speak English followed by French, with the lowest percentage speaking an Aboriginal language. Among Métis who speak an Aboriginal language, the most common is Cree (64%), followed by Ojibway (10%), and Michif (7%) (Kumar & Janz, 2010).

What does Pan-Aboriginal mean?

The Ontario Federation of Indian Friendship Centres defines “pan-Aboriginal” as the amalgamation of “all Aboriginal cultures into a single melting pot” – it is a process that erases “crucial aspects of identity specific to different Aboriginal peoples” (Ontario Federation of Indian Friendship Centres, n.d.).

CULTURAL SENSITIVITY

What is it?

Cultural sensitivity is the second step on the continuum towards achieving cultural safety. Cultural sensitivity is recognizing and being sensitive to the different ways people do things; it means taking the cultural background and experiences of Métis into consideration while reflecting on the ways in which we view the world. To be culturally sensitive means not only acknowledging the importance

of difference among patients, it means respecting these differences and knowing that no two people (even from the same cultural group) experience the world in exactly the same way. Cultural sensitivity also includes understanding that people may share similar experiences, but their reactions or responses may be very different. Understanding and respecting Métis culture means being sensitive to the fact that customs can also be uniquely individual (University of Victoria, n.d. – c).

Assumption:

Métis culture and traditions are based on those of their European ancestors.

Reality check:

Métis “adapted European technology to the wilderness, through innovations such as the Red River Cart and York Boat, making it possible to transport large volumes of goods and supplies to and from the far flung outposts of the fur trade. As people of mixed ancestry increased in number and married amongst themselves, they developed a new culture, neither European nor Indian, but a fusion of the two and a new identity as Métis” (Turtle Island Productions, 1995: para. 4).

Why is it important to Métis?

Cultural sensitivity is important because it means Métis will feel less alienated by the health care they receive. Métis patients receiving care from culturally sensitive health care workers may be more inclined to share details about their health care preferences. For example, patients with a culturally sensitive doctor or nurse may feel more confident and comfortable expressing their need to have family members present during certain examinations or for specific ceremonies marking various life stages, or they may be more inclined to request dietary considerations that are not part of a mainstream Euro-Canadian diet.

The following scenarios involve a couple



who are about to become first time parents. The first reflects a lack of cultural sensitivity and the second showcases cultural sensitivity as part of the exchange between the patient and health care worker.

Scenario 2

Abby and Mark are expecting their first child and have scheduled a tour of the hospital's birthing centre. The hospital they plan to give birth at is the only one in their area. Abby and Mark are hoping that both their mothers will attend the birth of their first grandchild, as they want to have a Welcoming Ceremony following the baby's birth. This is a traditional practice in both their families and is a tradition Abby and Mark want to continue.

Lack of cultural sensitivity

Abby and Mark are struck by the clinical atmosphere of the birthing centre and express concerns about the limited amount of space in the birthing room. Abby asks the nurse if there is a different room where they can host a Métis Welcoming Ceremony following the birth of their baby that would allow for smudging. The

nurse informs the couple that smudging has never been allowed at the hospital. As this is the only hospital in their area, Abby and Mark are saddened that their baby will not receive a traditional welcoming and are considering a home birth despite their remote location. As an alternative to a home birth (which could be dangerous if anything goes wrong) the couple is also considering giving birth at a hospital that is more sensitive to their needs but is at a greater distance from home. Giving birth in a hospital further away would mean that not all of their family would be able to visit the baby on her first day in the world. These difficult decisions have turned a joyous time into one of emotional turmoil.

Cultural sensitivity

While Abby and Mark receive a tour of the birthing centre, they are happy to learn that the staff have had some cultural training and will be as culturally sensitive as possible in supporting Métis customs and traditions. The nurse asks them to submit a birth plan and explains that while they cannot change the birthing room, the family will have access to the multi-faith room where they can gather with family and friends. The birth of Abby and

Mark's baby will be a joyous occasion and will include their loved ones at the baby's Welcoming Ceremony.

Tips to being culturally sensitive towards Métis:

- It is important for health care providers to listen to Métis patients with respect and remain non-judgmental of held values and spiritual beliefs.
- Before asking for certain information, take the time to explain why it is important.
- Remember that historical Métis culture, spiritual, or traditional practices are not primitive, nor are they worse or better than your own – they are simply different.
- Remember that not all Métis choose to take part in traditional activities and practices, and instead prefer more contemporary approaches. Some may also follow religious practices that are not grounded in traditional or historical Métis beliefs. This does not mean that they are less Métis or that they are in less need of culturally sensitive care.
- Remember Métis family units go beyond

that of the immediate family. Extended families consisting of aunts, uncles, grandparents, and close community relations often play an equal and vital role in the lives of Métis. It is important that these individuals be included in the continuum of care for Métis as they may want to be at their loved ones' sides during care as well as in celebration of births and in mourning. It is important to be sensitive to these needs when trying to limit access to patients by visitors.

- Remember that historical traumas may still affect Métis so being sensitive to history and the impacts of Euro-Canadian modes of care are important to ensuring patient comfort and trust.
- You can learn about Métis through literature, community involvement, and interaction (if you do not know something or are unsure of protocol, ask).
- Remember to consider the spiritual, emotional, and mental needs of Métis rather than simply focusing on the physical aspects of well-being.

Assumption:
Ensuring the physical health of Métis is the health care provider's only responsibility and it is up to the patient or family members to define and request what is needed.

Reality check:
For many Métis, health is not simply about physical well being; it can often mean being emotionally, spiritually, and mentally balanced. These areas of wellness include individual, family, and even community involvement. Métis may be hesitant to make reasonable requests or may delay seeking treatment until later stages of an illness (i.e. diabetes) if they feel they will not be treated in a culturally sensitive way.

CULTURAL COMPETENCY

What is it?

Cultural competency refers to the knowledge, skills, and attitudes of

practitioners which revolve around empowering clients (University of Victoria, n.d. – d). In other words, cultural competency is about action and refers to the delivery of health care both safely and satisfactorily to Métis patients (Hart-Wasekeesikaw, 2009). Cultural competency means being able to meet the social, cultural, and sometimes even the linguistic needs of Métis patients by adapting the delivery of health care services.

Why is it important to Métis?

Cultural competency is important because it means Métis patients may feel more in control of the health care they receive, and will perhaps be more receptive to accessing health care. Métis patients receiving culturally competent care may be more inclined to return and may be more open to accepting and following treatment plans recommended by health care professionals. Outlined below are scenarios involving a Métis Residential School survivor and his doctor – the first reflects culturally incompetent care and the second scenario depicts culturally competent care. Tips on ways to be culturally competent follow the scenarios.

Scenario 3

Jerry is a 60 year old Métis survivor of Residential School where he was physically and verbally abused for not understanding the lessons. When he returned to his community, Jerry immersed himself back into his culture but carried the scars of humiliation and distrust of authority. Recently Jerry was diagnosed with cardiovascular disease and was hospitalized as a result of the condition. The news of this diagnosis worries Jerry especially because his Métis local just named him Captain of the Hunt - an honoured role that he is sure the doctor will tell him he will have to relinquish.

Lack of cultural competency

On the morning of his release, Jerry's doctor arrives wearing a serious expression and states, "Well, according to the tests, you have cardiovascular disease." Jerry is overcome by anxiety when the doctor says "You will have to make considerable changes in your lifestyle." Jerry feels ashamed that his body is not as strong anymore and his mind races as he wonders how he might continue to be involved with the community. How will these changes affect the hunt and what will the other men think of him? Does this mean he will have to stop eating traditional food? Before the doctor leaves the room, he hands Jerry a package of literature which includes the *Canada Food Guide* and a list of exercises that Jerry has never heard of. As he glances through the literature, Jerry notices that the food guide does not include traditional foods, making this whole situation seem hopeless.

Culturally competency

While waiting to be released from the hospital, Jerry is anxious to hear his test results. Upon his arrival, the doctor greets Jerry warmly and informs him that the tests indicate cardiovascular disease. This means Jerry will have to make some significant lifestyle changes. Noticing his patient growing anxious, the doctor asks

Assumption:
Métis children did not attend Indian Residential Schools

Reality check:
Though the exact number remains unknown, Métis children did attend residential schools and continue to feel the effects of historical trauma resulting from the residential school legacy. Clément Chartier, President of the Métis National Council, states "I must remind Canadians that there are thousands of Métis Nation citizens that attended Métis residential schools, who experienced the same policies that Canada apologized for, that have been excluded from the Settlement Agreement and mandate of the Truth and Reconciliation Commission" (Métis Nation Council, 2011).

Jerry if he has any questions. Jerry relaxes and talks about being named Captain of the Hunt for his Métis local and asks if he will have to give up that honoured role including eating traditional foods. The doctor listens to Jerry's concerns and then presents some options that include a traditional diet and exercise, such as taking daily walks in the bush. The doctor encourages Jerry to continue being involved with his community as a way to sustain emotional, mental, spiritual, and physical balance and well-being. While listening to the doctor, Jerry feels more at ease and readily agrees to bi-weekly checkups over the next few months to develop a health care plan that includes community activities. Jerry is surprised by how good he feels despite his diagnosis and is looking forward to his role as Captain of the Hunt. Jerry is also provided with a copy of the *Aboriginal Food Guide* which includes nutritional information on traditional foods.

Tips to becoming culturally competent with Métis:

- Hiring Métis health care workers who are familiar with the culture may help patients feel more comfortable.
- Staff should be people-oriented and perform their duties with attitudes free of discrimination, with the goal for Métis patients to feel respected at all times.
- Provide information and training about health care that offers a Métis-specific perspective.

CULTURAL SAFETY

What is it?

The concept of cultural safety moves beyond cultural awareness, cultural sensitivity, and cultural competency by challenging “power imbalances, institutional discrimination, colonization and colonial relationships as they apply to health care” (National Aboriginal Health

Organization [NAHO], 2008, p. 3). In other words, cultural safety requires a systemic approach that encompasses an understanding of the power differentials that are inherent in health service delivery. It requires practitioners to be aware of their own cultural values, beliefs, attitudes, and outlooks that consciously or unconsciously affect their behaviours. Certain behaviours can intentionally or unintentionally cause clients to feel accepted and safe, or rejected and unsafe. Additionally, cultural safety is a systemic outcome that requires organizations to review and reflect on their own policies, procedures, and practices in order to remove barriers to appropriate care.

Why is it important for Métis?

Cultural safety is important for Métis patients because it requires health care providers to “be respectful of nationality, culture, age, sex, political and religious beliefs, and sexual orientation,” while also recognizing that health care providers bring their own “culture and attitude



into the relationship” (NAHO, 2008, p. 4). Culturally safe health services means Métis patients are involved as partners in the process of health care. Métis who receive culturally safe care are recognized and encouraged to state their needs and how they can best be met by their health care provider. Cultural safety includes empowering Métis patients to openly discuss or request that their health care practitioner be able and willing to deliver culturally safe services. A culturally safe environment is also supportive of Métis staff and students working in that environment, as racism and discrimination are not acceptable in either behaviours or policies. Below are two scenarios depicting a culturally unsafe environment and a culturally safe environment followed by some tips on how to provide culturally safe healthcare.

Scenario 4

Mike is a 19 year old Métis who recently moved to Ottawa from his small community in northern Manitoba, and who is still adjusting to the urban environment. He has not been feeling well and has decided to go to a walk-in clinic.

Lack of cultural safety

As Mike walks to the building, he overhears two staff members outside making jokes and comments about “those Indians” and all the hassle of documenting their health claims. Upon entering the clinic, Mike immediately feels invisible and out of place as all the images on the posters and magazines are of non-Aboriginal people. Furthermore, the workers and other clients in the clinic are non-Aboriginal. This really makes Mike miss his family and his community. As a result, Mike feels alienated and does not disclose all of his symptoms to the doctor which leads to other complications that impact his overall health and mental well-being.

Cultural safety

When Mike enters the walk-in clinic, he immediately notices the posters with people from different cultural backgrounds, including faces he recognizes as Métis. Though the workers appear to be non-Aboriginal, they all smile and make him feel welcome. Mike takes comfort from the cultural diversity of patients and notices an Aboriginal family who appear relaxed and familiar with the facility. Though this is nothing at all like the health centre in his home community, Mike feels at ease while waiting to see the doctor. While looking around the room, Mike notices a framed policy on the wall indicating that the office wants to serve all their clients in a culturally safe environment, encouraging patients to discuss traditional medicines or spiritual beliefs with their health care team. Mike is amazed to read this statement and relaxes a bit more, especially after meeting the doctor who listens to him as he describes his symptoms. Mike opens up when the doctor asks if he has any other needs or concerns. After getting his prescription filled, Mike has a smile on his face as he decides to go to a Métis event at the local community centre that the doctor suggests he might want to check out for support and friendship.

Tips to provide culturally safe care to Métis:

- Recognize the social, political, and historical contexts of health care and advocate for Métis patients and their cultural preferences to help establish trust.
- Challenge power relations by encouraging patients to discuss their health care needs.
- Discussions and explanations should be in plain language, recognizing that the language of care may not be the patient’s first language. Care providers must learn not to use jargon, technical, or academic

terms, and explain things simply and clearly. However, it is important that plain language should not be used in a way that makes the patient feel they are considered less intelligent (NAHO, 2008).

- Provide training to all staff in cultural safety and review all policies and procedures for unintended bias and/or administrative and other barriers to care.
- Understand that cultural safety involves deep systemic change and is much more than interior design. The inclusion of Métis art and symbols in health care facilities, however, is still a step towards establishing safe, Métis-friendly environments.

What can organizations and health care providers do to implement and maintain cultural safety within their environments?

- Ensure new and existing employees receive cultural safety training as part of the job requirements and performance reviews.
- Host on-going workshops to continue to develop knowledge and skills.
- Hire culturally competent health care providers to ensure Métis feel comfortable with staff and do not feel they have to explain or validate their Aboriginal identity.
- Create environments where all employees and patients feel safe and free from racism.
- Invite Métis community members to participate in the development of culturally safe health care environments.
- Conduct self-assessments regarding values and experiences, recognizing that cultural difference does in fact play a part in the values and lived experiences of others.
- Reflect on personal cultural values, beliefs, and ideologies and compare them to the values of people outside your own culture and the culture of

standard medical practices.

- Provide in-service education and discuss cultural safety in staff meetings, so health care providers have a safe environment to consciously release any preconceived stereotypes or assumptions about Métis peoples and move towards respecting differences and diversity.

A culturally safe environment involves the integration of cultural awareness, cultural competency, and cultural sensitivity. The scenario below showcases what a culturally safe environment might look like.

Scenario 5

When Abby and Mark's time for delivery came, they were happy to learn that the hospital had embarked on the journey to become a culturally safe facility. As a result, all staff and volunteers were receiving training and a policy review had indicated a number of areas that needed change, with a priority going to the renovation of the birthing centre. They had already refitted one larger birthing room that could hold larger gatherings of people in the room, if that was what the mother wanted, and the multi-faith room could also be used as a gathering place for relatives. A new fire safety protocol was put in place that allowed for smudging, if requested. Abby and Mark were excited and relieved that the hospital and staff could support Métis customs and traditions regarding child birth. As they had already submitted a detailed birth plan, the health team was able to ensure that their needs were met. The birth of Abby and Mark's baby was a joyous occasion that included family and friends who came out to greet the new baby at the Welcoming Ceremony. In turn, the family was thankful for the good care they received and invited the doctor and nurses to the Welcoming Ceremony, and those who could attend were delighted to witness this tradition.

CONCLUSION

The road to cultural safety is a continually evolving journey that supports all patients and staff. Providing a culturally safe health care environment is critical for improving patient outcomes. In this environment, patients are more likely to feel at ease discussing their symptoms with their health care providers and following health care advice because they will feel their wishes and needs are being respected. Remember that maintaining a culturally safe environment for both patients and health care providers requires ongoing systemic and individual efforts, and that each stage of the continuum must be regularly revisited and built upon.

REFERENCES

Bates, D.G., & Plog, F. (1976). *Cultural anthropology*, 3rd Ed. New York: McGraw-Hill.

Hart-Wasekeesikaw, F. (2009). *Cultural competence and cultural safety in First Nations, Inuit and Métis nursing education – An integrated review of the literature*. Ottawa, ON: Aboriginal Nurses Association. Retrieved November 4, 2012 from <http://www.anac.on.ca/Documents/Making%20It%20Happen%20Curriculum%20Project/FINALReviewofLiterature.pdf>

Kumar, M.B., & Janz, T. (2010). *An exploration of cultural activities of Métis in Canada*. Canada, 2006. Ottawa, ON: Statistics Canada, Catalogue #11-008-x/2010001. Retrieved March 19, 2012 from <http://www.statcan.gc.ca/pub/11-008-x/2010001/article/11142-eng.htm#a9>

Métis Nation Council (2011, October 28). *Métis Nation reminds Canadians that thousands of Métis residential school survivors remain unacknowledged*. Ottawa, ON: Métis Nation Gateway. Retrieved February 12, 2012 from http://metisportals.ca/metishealing/?page_id=3&sourcePage=55

Métis Nation of Ontario (n.d.). *Ispayin Métis Youth Express Yourself! Michif Language*. Retrieved November 12, 2012 from www.metisyouthexpressions.ca/michif-e.php

National Aboriginal Health Organization [NAHO]. (2008). *Cultural competency and safety: A guide for*

health care administrators, providers and educators. Ottawa, ON: NAHO. Retrieved February 12, 2012 from www.naho.ca/documents/naho/publications/culturalCompetency.pdf

Ontario Federation of Indian Friendship Centres (OFIFC) (n.d.). *OFIFC statement on the "Pan-Aboriginal" approach*. Toronto, ON: OFIFC. Retrieved February 13, 2012 from http://74.213.160.105/ofifc/home/page/Document/UP_FILE/20070424234846WIL.pdf

Statistics Canada (2008). *Aboriginal Identity. Five Facts about Métis*. Ottawa, ON: Métis Centre, National Aboriginal Health Organization.

Statistics Canada (2011). *Selected Language Characteristics (165), Aboriginal Identity (8), Age Groups (7) and Sex (3) for the Population of Canada, Provinces, Territories and Census Metropolitan Areas, 2006 Census - 20% Sample Data*. 2006 Census data products. Ottawa, ON: Statistics Canada. Retrieved November 4, 2012 from [http://www12.statcan.gc.ca/census-recensement/2006/dp-pd/tbt/Rp-eng.cfm?TABID=1&LANG=E&APATH=3&DETAIL=0&DIM=0&FL=A&FREE=0&GC=0&GK=0&GRP=1&PID=89150&PRID=0&PTYPE=88971,97154&S=0&SHOWALL=0&SUB=0&Temporal=2006&THEME=73&VID=0&VNAMEE=&VNAMEF="](http://www12.statcan.gc.ca/census-recensement/2006/dp-pd/tbt/Rp-eng.cfm?TABID=1&LANG=E&APATH=3&DETAIL=0&DIM=0&FL=A&FREE=0&GC=0&GK=0&GRP=1&PID=89150&PRID=0&PTYPE=88971,97154&S=0&SHOWALL=0&SUB=0&Temporal=2006&THEME=73&VID=0&VNAMEE=&VNAMEF=)

Turtle Island Productions (1995). *Métis history and culture*. As cited from Métis Nation Council (1989, October). *Canada and the Métis*. Retrieved November 2011 from <http://www.turtle-island.com/native/the-ojibway-story/metis.html>

University of Victoria. (n.d. - a). *Cultural safety. Cultural safety: Module 1 Peoples' experiences of colonization - Glossary*. Victoria, BC: The Author. Retrieved July 9, 2012 from <http://web2.uvcs.uvic.ca/courses/csafety/mod3/glossary.htm>

University of Victoria (n.d. - b). *Cultural awareness. Cultural safety: Module 1 Peoples' experiences of colonization - Glossary*. Victoria, BC: The Author. Retrieved November 12, 2011 from <http://web2.uvcs.uvic.ca/courses/csafety/mod1/glossary.htm#ca>

University of Victoria (n.d. - c). *Cultural sensitivity. Cultural safety: Module 1 – Peoples' experiences of colonization - Glossary*. Victoria, BC: The Author. Retrieved November 12, 2011 from <http://web2.uvcs.uvic.ca/courses/csafety/mod1/glossary.htm#ca>

University of Victoria (n.d. - d). *Cultural competence. Cultural safety: Module 1 – Peoples' experiences of colonization - Glossary*. Victoria, BC: The Author. Retrieved November 12, 2011 from <http://web2.uvcs.uvic.ca/courses/csafety/mod1/glossary.htm#ca>



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