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Canadian
Chiropractic
Association

CO-DEVELOPMENT OF DISTINCTIONS-BASED INDIGENOUS HEALTH LEGISLATION SUBMISSION

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Introduction

The Canadian Chiropractic Association (CCA) is a national professional association that advocates on behalf of Canada's more than 9,000 licensed chiropractors and the almost 5 million Canadians receiving chiropractic care every year. Chiropractors are one of Canada's largest primary contact healthcare professions and experts in the assessment, diagnosis, and treatment of spine, muscle, and nervous system conditions, as well as the management of pain caused by these musculoskeletal (MSK) conditions.

The CCA is pleased to engage in the co-development of distinctions-based Indigenous health legislation by providing this submission for the consideration of Indigenous Services Canada (ISC). We welcome the opportunity to continue engaging in this process and provide additional information about the role of chiropractic care in improving the health of Indigenous people. It is our belief that improving access to chiropractic care for Indigenous peoples can support the government's efforts to improve healthcare delivery for Indigenous people.

Impact of MSK Conditions in Canada

Each year, more than 11 million Canadians suffer from musculoskeletal conditions and over the next decade this number is projected to grow to an alarming 15 million.¹ Musculoskeletal conditions such as back pain, headaches, arm or neck strain and diseases of the muscle and joints are having a devastating impact on the health, quality of life, and workforce participation of Canadians, as well as on Canada's economy. According to Health Canada, the combined direct and indirect cost of chronic pain in Canada is over \$38 billion and is expected to reach \$55 billion by 2030.² The economic cost of musculoskeletal conditions specifically is an estimated \$22 billion annually.³

The burdens surrounding MSK conditions and disease are uniquely experienced and prevalent in Indigenous populations. According to the 2018 First Nations Regional Health Survey (RHS), chronic health conditions such as diabetes, arthritis, and chronic back pain remain the most commonly reported conditions among First Nations adults and remain some of the most prevalent chronic conditions overall.⁴ In fact, among First Nations adults

¹ Canadian Orthopaedic Care Strategy Group. (2010). Background Report: Building a Collective Policy, Agenda for Musculoskeletal Health and Mobility.

² Canadian Pain Task Force, An Action Plan for Pain in Canada, Health Canada. <https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/canadian-pain-task-force/report-2021.html>

³ Canadian Institute for Health Information. National Health Expenditure Trends, 1975 to 2013. 2013. Accessed August 7, 2014.

⁴ National Report of the First Nations Regional Health Survey, 2018: https://fnigc.ca/wp-content/uploads/2020/09/713c8fd606a8eeb021debc927332938d_FNIGC-RHS-Phase-III-Report1-FINAL-VERSION-Dec.2018.pdf

reporting a chronic health condition, arthritis (18.3 per cent), diabetes (15.9 per cent) and chronic back pain (12.4 per cent) were the most commonly reported conditions.⁵

MSK and Mental Health

MSK and mental health disorders are often intertwined. Functional limitations and chronic pain associated with MSK conditions predispose people to a variety of mental health problems. Conversely, mental health disorders can also have a damaging effect on MSK health. The 2021 Benefits Canada Healthcare Survey found that 61 per cent of people with mental health conditions also experience chronic pain.⁶ The economic impacts of this comorbidity are also substantial - mental health and MSK conditions represent the two leading causes for short- and long-term disability claims in Canada.⁷

MSK and mental health disorder comorbidities are also present in Indigenous populations. A cross-sectional study examining the connection between musculoskeletal pain and psychosocial factors in Arctic Indigenous and non-Indigenous adolescents found a strong association between MSK pain and psychosocial problems.⁸ According to the study, anxiety, depression, negative life events, and school-related stress were the most important factors associated with MSK pain. This is highly problematic given that First Nations experience mental health challenges such as depression and anxiety at a greater rate than the general Canadian population.⁹

Understanding Indigenous Priorities

The CCA recently undertook efforts to understand the national state of First Nations' access to chiropractic care and how that can be improved. Between May and November 2021, the CCA held interviews with Indigenous practitioners and members who have experience in providing care to Indigenous communities. We found that over the last 20 years national and provincial coverage for chiropractic care either declined or was completely removed. This has left Indigenous peoples across Canada with virtually no access to chiropractic care.

The lack of coverage for chiropractic services under the Non-Insured Health Benefits (NIHB) program represents the most significant barrier to care. All interviewed practitioners

⁵ National Report of the First Nations Regional Health Survey, 2018: https://fnigc.ca/wp-content/uploads/2020/09/713c8fd606a8eeb021debc927332938d_FNIGC-RHS-Phase-III-Report1-FINAL-VERSION-Dec.2018.pdf

⁶ Benefits Canada, 2021 Healthcare Survey: <https://www.benefitscanada.com/wp-content/uploads/sites/7/2021/10/BCHS-Report-2021-ENG-7-Final-WEB1.pdf>

⁷ Louise Chénier, Crystal Hoganson, and Karla Thorpe, "Making the Business Case for Investments in Workplace Health and Wellness," Conference Board of Canada, 2011.

⁸ Eckhoff, C., Kvernmo, S. Musculoskeletal pain in Arctic indigenous and non-indigenous adolescents, prevalence and associations with psychosocial factors: a population-based study. BMC Public Health 14, 617 (2014). <https://doi.org/10.1186/1471-2458-14-617>

⁹ Assembly of First Nations, The First Nations Health Transformation Agenda, February 2017. https://www.afn.ca/uploads/files/fnhta_final.pdf

indicated that the vast majority of Indigenous peoples who sought treatment used to rely on the program to access chiropractic care.

The Assembly of First Nations (AFN) has identified many challenges associated with accessing healthcare services under NIHB. According to the AFN, NIHB is one of the most frequently cited grievances related to Health Canada-First Nations and Inuit Health Branch programming due to inadequate coverage, lack of timely access, and burdensome administrative processes.¹⁰ AFN's 2017 Health Transformation Agenda document emphasized that improved services and access to NIHB is essential to addressing systemic inequities between First Nations and Canadians in health status and access to quality care.¹¹

The Impact of COVID-19

The COVID-19 pandemic has placed an unprecedented demand on Canada's healthcare resources, exacerbating the long-standing epidemic of musculoskeletal pain and disease in Canada. Emerging data is showing that health related challenges related to working from home are on the rise. According to an Institute for Employment Studies survey, more than half of the employees working remotely due to the pandemic reported a significant increase in musculoskeletal complaints, such as neck and back pain.¹² The 2021 Benefits Canada Healthcare Survey identified musculoskeletal issues due to poor ergonomics as one of the major anticipated health and wellness challenges resulting from the COVID-19 pandemic.¹³ This 'new normal' will likely increase the need and demand for musculoskeletal treatment services, particularly chiropractic care.

As a result of increased acute and chronic pain, there has been a worsening of Canada's opioid overdose crisis with many communities reporting record numbers of opioid-related deaths. First Nations communities have been hit particularly hard by the opioid crisis. Improving access to non-opioid pain management options, such as chiropractic care, can reduce the reliance on opioids in the treatment of pain and ensure that Indigenous peoples suffering from musculoskeletal conditions can receive the care that they need when the need it.

MSK Pain and the Opioid Crisis

Musculoskeletal pain is a key driver of the initial prescribing of opioids. Canadians suffering from musculoskeletal conditions, such as low back pain, are often prescribed opioids as the first line of treatment and this is one of the primary causes for over-use of prescribed

¹⁰ Assembly of First Nations, The First Nations Health Transformation Agenda, February 2017. https://www.afn.ca/uploads/files/fnhta_final.pdf

¹¹ Assembly of First Nations, The First Nations Health Transformation Agenda, February 2017. https://www.afn.ca/uploads/files/fnhta_final.pdf

¹² Bevan S, Mason B, Bajorek Z, IES Working at Home Wellbeing Survey, Institute for Employment Studies (IES): <https://www.employment-studies.co.uk/resource/ies-working-home-wellbeing-survey>

¹³ Benefits Canada, 2021 Healthcare Survey: <https://www.benefitscanada.com/wp-content/uploads/sites/7/2021/10/BCHS-Report-2021-ENG-7-Final-WEB1.pdf>

opioids.¹⁴ The Canadian Pain Task Force's (CPTF) final report, *An Action Plan for Pain in Canada*, found that the lack of access to non-opioid options to treat pain is one of the factors contributing to the opioid crisis.¹⁵ This is highly problematic given that some First Nations have reported rates of opioid addiction from 43 per cent to as high as 85 per cent in their communities' population.¹⁶ The fact that First Nations people are disproportionately affected by chronic conditions and overdose deaths highlights the urgent need to support Indigenous peoples in addressing chronic pain without opioids.

As a non-pharmacological approach to treating pain, chiropractic care is well aligned with Indigenous healing practices and health knowledge. While there is not a single definition of wellness within diverse Aboriginal cultures, First Nations worldviews share a common understanding of the interconnectedness between the physical, mental, emotional, and spiritual states. Achieving wellness also obliges attention to the determinants of health, recognizing and respecting traditional medicines as a key aspect of healing and wellness for First Nations people. Chiropractic aligns with the overall view of health held in many First Nations cultures, balancing evidence-based practices with the necessity for healthy lifestyle practices. Patients are active partners in restoring health.

Opportunities

The co-development of Indigenous health legislation offers an opportunity to address longstanding shortcomings associated with NIHB coverage which is a barrier to care. By reinstating and increasing coverage of non-pharmaceutical care options, like chiropractic, First Nation patients can have care options to treat and manage pain and musculoskeletal conditions. The re-inclusion of chiropractic care and increased coverage for non-pharmaceutical approaches may help decrease the reliance on opioids in the treatment of pain. This is important given that Canada's opioid overdose crisis worsened during the COVID-19 pandemic with some First Nations communities reporting record numbers of overdose-related deaths. A June 2021 report from the Government of Alberta, *Opioid Response Surveillance Report: First Nations People in Alberta*, found that rates of apparent accidental opioid drug poisoning deaths of First Nations people were seven times higher compared to Non-First Nations people during the first six months of 2020.¹⁷ This alarming trend is unfortunately observed across Canada.

¹⁴ Bhamb B, Brown D, Hariharan J, Anderson J, Balousek S, Fleming MF. Survey of select practice behaviors by primary care physicians on the use of opioids for chronic pain. *Current medical research and opinion*. 2006;22(9):1859-1865.

¹⁵ Canadian Pain Task Force, *An Action Plan for Pain in Canada*, Health Canada. <https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/canadian-pain-task-force/report-2021.html>.

¹⁶ Assembly of First Nations, *The First Nations Health Transformation Agenda*, February 2017. https://www.afn.ca/uploads/files/fnhta_final.pdf

¹⁷ Alberta Government, *Opioid Response Surveillance Report: First Nations People in Alberta*, June 2021. <https://open.alberta.ca/dataset/ef2d3579-499d-4fac-8cc5-94da088e3b73/resource/1d3c4477-7a5b-40a8-90f0-a802dbfd7748/download/health-alberta-opioid-response-surveillance-report-first-nations-people-2021-06.pdf>

This submission aims at informing the co-development of distinctions-based Indigenous health legislation and contributing to efforts dedicated to improving Indigenous peoples' access to high-quality, wholistic and culturally relevant health services, such as chiropractic care.

Responses to Engagement Questions

The CCA is pleased to respond to the proposed engagement questions listed below aimed at informing the co-development process of distinctions-based Indigenous health legislation:

What is the overall goal of distinctions-based Indigenous health legislation, from your perspective?

The CCA believes that the overall goal of distinctions-based Indigenous health legislation is to improve Indigenous peoples' access to high-quality, wholistic and culturally relevant health services by recognizing the diversity of priorities that exist among Indigenous communities in Canada and meaningfully engaging those communities in the development process. A key priority for this legislation should be to address the longstanding shortcomings associated with the Non-Insured Health Benefits (NIHB) program. The Assembly of First Nations' (AFN) 2017 Health Transformation Agenda called for the urgent need to improve the program.¹⁸ In particular, the AFN noted that improved services and access to NIHB is essential to addressing systemic inequities between First Nations and Canadians in health status and access to quality care, at individual, community, and national levels.¹⁹

The CCA supports AFN's call for improving First Nations' access to healthcare services through the NIHB program. Through recent CCA interviews with Indigenous practitioners and members who have experience in providing care to Indigenous peoples, we found that Indigenous peoples across Canada no longer have access to chiropractic care under NIHB. As a result, First Nations' patients encounter a barrier to non-pharmacological care to treat pain or musculoskeletal conditions. According to AFN's Health Transformation Agenda, First Nations people in British Columbia and Manitoba are disproportionately hospitalized for conditions that would be treatable in community-based primary healthcare services if such services were available, accessible and responsive.²⁰ Evidence shows that early treatment of acute MSK conditions has a higher efficacy rate and better outcomes for patients and helps to avoid the onset of debilitating chronic conditions.²¹ As one of Canada's largest

¹⁸ Assembly of First Nations, The First Nations Health Transformation Agenda, February 2017. https://www.afn.ca/uploads/files/fnhta_final.pdf.

¹⁹ Assembly of First Nations, The First Nations Health Transformation Agenda, February 2017. https://www.afn.ca/uploads/files/fnhta_final.pdf.

²⁰ Assembly of First Nations, The First Nations Health Transformation Agenda, February 2017. https://www.afn.ca/uploads/files/fnhta_final.pdf.

²¹ Goertz, C. M., Long, C. R., Vining, R. D., Pohlman, K. A., Walter, J., & Coulter, I. (2018). Effect of Usual Medical Care Plus Chiropractic Care vs Usual Medical Care Alone on Pain and Disability Among US Service Members With Low Back Pain. *JAMA Network Open*, 1(1), e180105. <https://doi.org/10.1001/jamanetworkopen.2018.0105>

primary contact healthcare professions, chiropractors are well positioned to provide timely MSK care and improve First Nations' access to primary care services.

The overall goal of distinctions-based Indigenous health legislation should be to improve access to all healthcare services. First Nations' priorities outlined in AFN's 2017 Health Transformation Agenda should be reflected in such legislation. In particular, First Nations should have timely access to an adequately funded comprehensive primary care system that includes interprofessional teams.²² As noted above, First Nations see health as a holistic wellness which aligns greatly with the principles and scope of chiropractic care. The development of distinctions-based Indigenous health legislation should consider First Nations' views of health and reflect the feedback of Indigenous healthcare stakeholders.

What would transformative change in the area of First Nations, Inuit and Métis Nation health look like to you? How can the federal, provincial and territorial governments work collaboratively with First Nations, Inuit and Métis to support transformative change in health?

Transformative change in Indigenous health should outline a clear, actionable path to healthcare equity between Indigenous and non-Indigenous Canadians. The goal should be to ensure equitable access to quality and culturally safe healthcare services. Change should be driven by meeting the healthcare needs of Indigenous peoples, ensuring access to healthcare services, and addressing anti-Indigenous racism in Canada's healthcare systems.

Achieving transformative change for Indigenous healthcare would require sustainable funding and continued collaboration between First Nations and the federal and provincial/territorial governments. The First Nations Health Authority (FNHA) model of care in British Columbia offers an example of innovative delivery of healthcare to First Nations that should be studied, improved, and emulated across the country. The FNHA was achieved through negotiations between British Columbia First Nations, the Government of Canada, and the Government of British Columbia.

Racism within the healthcare system is a major contributor to Indigenous peoples' lower health outcomes. In June 2020, the Government of British Columbia commissioned an independent review of Indigenous-specific racism in the provincial healthcare system. The review found widespread racism and discrimination against Indigenous peoples in the healthcare system with eighty-four per cent of participants reporting some form of discrimination in healthcare.²³ Continued and ongoing conversations with First Nations, healthcare professions, and the government should focus on dismantling racism in the healthcare system and improving access to healthcare services through increased investment and simplified approval process for claims.

²² Assembly of First Nations, The First Nations Health Transformation Agenda, February 2017. https://www.afn.ca/uploads/files/fnhta_final.pdf.

²³ 'In Plain Sight' Report: Systemic Racism in B.C. Healthcare, November 2020. <https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Full-Report.pdf>

A strong recommendation to transform the approach to healthcare for Indigenous people is to have mandated training for front line workers who are points of contact in the healthcare system with clear deliverables and metrics to measure the impact. Systemic racism is a clear barrier to care for Indigenous People and systemic racism can only be addressed if expectations are set, policies are in place and clear expectations and consequences are laid out. It all begins with training and raising awareness of how to overcome unconscious and conscious bias and this is a necessary element to transforming health care delivery to Indigenous people. The CCA has begun this process within our profession by offering free diversity, equity and inclusion workshops, including anti-bias training, to all members and students, along with a national research project to measure and understand the impact. There is an opportunity for more coordinated work need to be applied across the healthcare landscape.

What are some of the main gaps or barriers faced by First Nations, Inuit and Métis in accessing equitable, high-quality, culturally relevant health services, that are free from discrimination and racism?

Indigenous peoples continue to face substantial barriers to accessing quality and non-discriminatory healthcare services. The CCA recognizes that systemic racism and discrimination exist for Indigenous peoples and fully embraces and promotes diversity, equity, and inclusion in our profession and the healthcare system. To achieve this, the CCA is implementing a Diversity, Equity and Inclusion Action Plan aimed at building a culture where chiropractors have the understanding and skills to confront and dismantle systemic racism and discrimination. We are determined to increase access to chiropractic care by ensuring underrepresented groups have access to chiropractic as a way to live healthy, active lives.

Barriers to musculoskeletal care include:

- inadequate coverage under existing provincial and federal programs,
- a shortage of chiropractors in northern and rural communities,
- lack of coverage for chiropractic services under the Non-Insured Health Benefits (NIHB) program.

Recent CCA interviews with Indigenous practitioners and members who have experience in providing care to Indigenous peoples found that the removal of chiropractic coverage under NIHB has had a profound impact on Indigenous peoples' ability to access care. Practitioners emphasized that the percentage of their patients who are Indigenous went down drastically following the removal of NIHB coverage for chiropractic services. This is explained by the fact that Indigenous peoples often lack access to extended healthcare benefits through an employer, as well as the resources to afford out of pocket payment for healthcare services. Due to the continued demand for musculoskeletal care, some chiropractors shared that they occasionally provide free services for Indigenous peoples to provide needed care to First Nations patients, but this is not a solution to the problem of lack of access.

As a result of the removal of chiropractic coverage under NIHB many Indigenous peoples experiencing chronic and acute MSK pain often have no other alternative but to seek prescriptions for opioid medications. This is problematic given that First Nations people are disproportionately affected by chronic conditions and overdose deaths. The Chief Public Health Officer of Canada's Report on the State of Public Health in Canada for 2020 found that First Nations deaths due to opioid overdose in British Columbia have almost doubled and First Nations people were 5.6 times more likely to die from overdose compared to the rest of the population.²⁴ This alarming trend is unfortunately observed across Canada. A June 2021 report from the Government of Alberta found that rates of apparent accidental opioid drug poisoning deaths of First Nations people were seven times higher compared to Non-First Nations people during the first six months of 2020.²⁵

There are many factors contributing to the opioid crisis and first exposure to opioids for an acute or chronic pain condition is one of them. Musculoskeletal pain is a key driver of the initial prescribing of opioids. Indigenous and non-Indigenous Canadians suffering from musculoskeletal conditions, such as low back pain, are often prescribed opioids as the first line of treatment and this is one of the primary causes for over-use of prescribed opioids.²⁶ The Canadian Pain Task Force's (CPTF) final report, *An Action Plan for Pain in Canada*, found that the lack of access to non-opioid options to treat pain is one of the factors contributing to the opioid crisis.²⁷

Chiropractors have the necessary training and expertise to diagnose and treat musculoskeletal conditions including low back pain. The barriers faced by Indigenous peoples in accessing chiropractic care and maintaining a healthy and active lifestyle should be removed. Substantial progress could be made by reinstating chiropractic coverage under NIHB and incentivizing new chiropractors to practice in rural and remote communities through programs such as the Student Loan Forgiveness program for healthcare providers. This would also respond to AFN's recommendation that the federal government provide loan forgiveness on Canada Student Loans for health professionals working in First Nations communities, similar to what already exists for family doctors,

²⁴ Chief Public Health Officer of Canada, From Risk to Resilience: An Equity Approach to COVID-19, Government of Canada. <https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/from-risk-resilience-equity-approach-covid-19.html>

²⁵ Alberta Government, Opioid Response Surveillance Report: First Nations People in Alberta, June 2021. <https://open.alberta.ca/dataset/ef2d3579-499d-4fac-8cc5-94da088e3b73/resource/1d3c4477-7a5b-40a8-90f0-a802dbfd7748/download/health-alberta-opioid-response-surveillance-report-first-nations-people-2021-06.pdf>

²⁶ Bhamb B, Brown D, Hariharan J, Anderson J, Balousek S, Fleming MF. Survey of select practice behaviors by primary care physicians on the use of opioids for chronic pain. *Current medical research and opinion*. 2006;22(9):1859-1865.

²⁷ Canadian Pain Task Force, An Action Plan for Pain in Canada, Health Canada. <https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/canadian-pain-task-force/report-2021.html>.

residents in family medicine, nurse practitioners, and nurses who work in under-served rural or remote communities.²⁸

Research to Watch

As part of the CCA's investment into understanding and promoting deeper engagement on this subject, we are investing in research and clinical projects that study opportunities for enhanced healthcare and its impact among Indigenous populations.

Tobique First Nation, New Brunswick

Indigenous communities, such as the Tobique First Nation in New Brunswick, are underserved with respect to healthcare services, and access to appropriate evidence-based information. To provide evidence-based care for the management of low back pain (LBP) to the Tobique First Nation, the Canadian Chiropractic Guideline Initiative (CCGI), supported by CCA, is working with the community and the New Brunswick Chiropractors Association to adapt CCGI LBP self-management tools to meet the community's needs and preferences. Newly adapted tools will be culturally appropriate and presented to community members by healthcare professionals at the Neqotkuk Health Centre. One-on-one interviews with community members will also inform the dissemination strategy.

Pimicikamak (Cross Lake First Nation), Manitoba

Indigenous and non-Indigenous people living in northern and remote communities face challenges in accessing musculoskeletal care. The CCA is supporting a research project dedicated to addressing this issue. The project will implement a model of care that would enable primary care practitioners in underserved communities to triage people with MSK conditions by using the Global Spine Care Initiative (GSCI) classification. This would improve patients access to timely care and alleviate the pressure on the healthcare system. The implementation of the model of spinal care begins in the community of Pimicikamak (Cross Lake First Nation), Manitoba. The initiative is part of the GSCI, which aims to work with underserved communities around the world.

Mount Carmel Clinic, Manitoba

Mount Carmel Clinic is located in Winnipeg's Point Douglas community and stands as a leading example of an effective interprofessional healthcare delivery model that could be replicated across the country and inform further research initiatives dedicated to improving healthcare delivery for Indigenous peoples. Mount Carmel serves a diverse, multicultural population which, due to socioeconomic circumstances, typically experiences barriers to care. The Clinic aims to improve determinants of health and outcomes by providing holistic and integrative health services, including traditional healing practices and ceremonies, alongside medicine and chiropractic, to meet the specific health needs of its Indigenous and Non-Indigenous community members. This model provides an

²⁸ Assembly of First Nations, The First Nations Health Transformation Agenda, February 2017.
https://www.afn.ca/uploads/files/fnhta_final.pdf.

extraordinary approach to healthcare that offers broad services to address issues that affect the health of the whole community.

Conclusion & Opportunities

As one of Canada's largest, regulated, primary contact healthcare professions, chiropractors are well positioned to support the government's efforts dedicated to improving Indigenous peoples' access to high-quality, wholistic, and culturally relevant health services. As specialists in non-pharmacological pain management, chiropractors can lead and facilitate an inter-professional, evidence-based, and patient-centred approach to pain care. Improving access to chiropractic care for Indigenous peoples would decrease First Nations' reliance on opioids in the treatment of acute and chronic pain and improve the overall health and wellness of Indigenous communities.

The CCA is pleased to provide this submission for Indigenous Services Canada's (ISC) consideration and welcomes the opportunity to continue engaging in the co-development of Indigenous health legislation process. We are committed to working with the government to address the epidemic of musculoskeletal pain and the opioid overdose crisis through improved access to care. The CCA looks forward to continued engagement and collaborating on solutions to the current healthcare challenges faced by First Nations communities. Thank you for your consideration.