National Métis Health Forum 2022 | **Proceedings Report**

Advancing Métis Health

October 18-19-20, 2022 – Hilton Lac-Leamy, Gatineau, QC

MÉTIS NATION

Métis Nation of Ontario

Métis Nation Saskatchewan

MÉTIS NATION BRITISH COLUMBIA

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There are over 500,000 Métis people in Canada supported by the Métis National Council and its member chapters – the Métis Nation Ontario, Métis Nation Saskatchewan, Métis Nation Alberta, and Métis Nation BC.

> *The historic Métis Nation Homeland encompasses the Prairie Provinces of Manitoba, Saskatchewan and Alberta and extends into contiguous parts of Ontario, British Columbia, the Northwest Territories, and the northern United States.*

Métis people's rights, interests and needs are championed by the Métis Nation Canada through its regional organizations, chapters, and other Métis organizations like the Les Femmes Michif Otipemisiwak (Women of the Métis Nation), and by working collectively. MNC champions justice, environment, children and family, international and inter-national efforts, veterans, residential schools and sixties scoop, education and employment, and health. Each region facilitates better quality of health for Métis people through a variety of initiatives. This national forum is a dialogue between Métis regions and leaders to share information to advance Métis health. It is also a place for wholistic views of health, affirming relationships, and showcasing and identifying opportunities for collaboration.

127 persons were registered attendees of the forum representing the Métis people and organizations, as well as through partnering and supporting organizations like Healthcare Canada, Indigenous Services Canada, and Health Canada.

The health forum objectives included:

- Articulate the current status of Métis health evidence, research, policy and practice
- Build new partnership opportunities
- Identify Métis public health challenges and related solutions, trends, emerging issues, and gaps
- Utilize effective evidence-based Métis public health programs, practices, structures, and systems
- Identify strategies for knowledge translation and exchange relevant to the health of Métis people
- Understanding social determinants of health as a key approach to closing the health gaps of Métis people and other Canadians

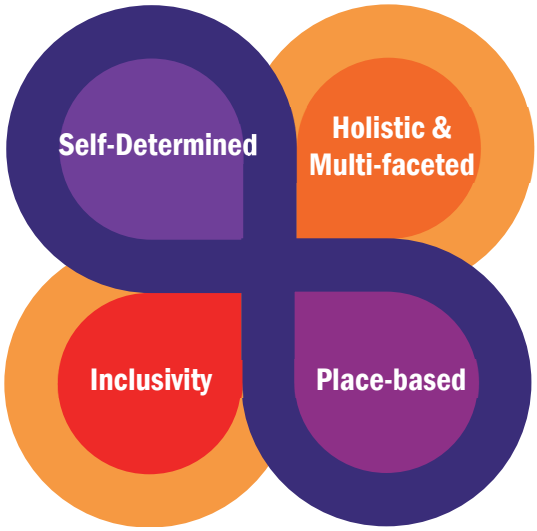
This event illuminated priorities and gaps, health and chronic diseases, as well as services and information needs, and the actions underway to improve Métis people's health. The following are

comments and responses offered by delegates during the event, along with their recommendations. These will guide the Métis National Council and its affiliates – the Métis Nation of Ontario, Métis Nation of Saskatchewan, Métis Nation of Alberta, and Métis Nation BC – in advancing Métis health through advocacy, program design, resource acquisition, legislation and policies, and service provision.

1 SETTING THE DIRECTION FORWARD

Canada's health system cause Métis people to experience high rates of chronic diseases, racism, and other forms of discrimination. Dr. Theresa Tam, Chief Public Health Officer (CHPO) of Canada, Public Health Agency of Canada, says, "Canada must collaborate with communities [Métis] to incorporate Indigenous ways of knowing." The 2021 CPHO report is a framework to address inequities starting with a transformation of the public health system based on a commitment to its decolonization which excludes racism and discrimination, so Indigenous people are respected and safe.

Transformation requires a wholistic approach, guided by the four key principles of Métis health and well-being.



1. **Self-determined** – Métis people value the ability to be self-directed in all aspects of life, to maintain independence and autonomy, including our ability to self-govern. Self-determination in health for Métis people means being active, being in charge of one's life, being able to prevent illness, and being able to live a healthy lifestyle.
2. **Holistic and multi-faceted** – Métis people hold a comprehensive understanding of health that involves physical, mental, emotional, social, and spiritual well-being. Family, kinship, community strength and mutual commitment between community members have always been the backbone of Métis communities. History, cultural continuity, language, identity, and relationships with the animals and land around us are all interrelated and equally important. Métis people seek a holistic approach that does not set physical health apart from these other determinants.
3. **Place-based** – Location is a key element of Métis identity. Métis history, citizenship, and sense of belonging are all deeply rooted in a sense of place.
4. **Inclusivity** – Health and wellness are important to Métis people of all ages, backgrounds, and regions. Health and wellness occur over the entire course of our lives, across generations, from pre-conception to death, and includes all the stages in between.

The Métis Nation of Alberta conceptualizes Métis community priorities as:

Source: Métis Nation of Alberta

The social determinants of health are:

- Income
- Gender
- Social status
- Housing
- Race
- Racism
- Colonialism
- Employment and working conditions
- Education and literacy
- Childhood experiences
- Physical environment
- Environment and climate change
- Biology and genetic endowment
- Social supports
- Health behaviours and coping skills
- Access to health services
- Culture
- Kinship and community
- Relationship to land, animals, and water

2 MÉTIS HEALTH MATTERS – FORUM THEMES

The forum included discussions on the Métis Nation's relationships with and legislation of Canada and provinces, guiding principle, and collaboration with governments and health agencies. The delegates discussed seven themes – Priorities and Gaps, Cancer Control Challenges, Addressing Chronic Disease Risk Factors, Métis Health Data Development, Long-term Care, Innovative Health Practices, and Organizing to Move Forward – and identified further challenges and offered ways to improve all health care for Métis citizens.

Métis Nation and Canada Working Together

The signing of the 2017 Canada/Métis Nation Accord set the foundation to address health challenges. This, along with Canada's commitment to reconciliation, facilitates a relationship of nation-to-nation and government-to-government with the Métis Nation and is a bilateral mechanism between Canada, MNC, and its governing members. A Senior Officials Table meets to set annual priorities and review progress. The next meeting is planned for Winter 2022/2023.

About Métis Health

- 70% of Métis citizens over 18 reported emotional, physical, or mental health conditions (Aboriginal People's Survey, 2017)
- The life expectancy of Métis men was 76.9 compared to 81.4 for non-Indigenous men, while Métis women's life expectancy is 82.3 years, or five years younger than non-Indigenous women. (2019 Statistics Canada)

(Highlights from Patrick Boucher Speech)

Canada continues to work with the Métis Nation to develop actions and legislation to improve Métis citizens' health. Underway is the creation of National Indigenous Health legislation which includes Métis citizens. Canada receives input from the Métis Nation and co-develops legislative options to address what was heard. Options are fully costed by March 2023 before presentation to Cabinet for decision-making by Spring 2023. The Métis National Technical Health Committee (MNTC) reviews draft legislation to ensure Métis-specific priorities are featured throughout First Nations and Inuit priorities. While the First Nations continue their discussions with Canada on their path and timeline, Canada will remain working with the Métis Nation to advance this work.

This working relationship with Canada and its respective programs and services is advancing Canada's commitment to ensure that Métis patients have access to safe, culturally competent health services, and recourse for Métis specific experiences in the health system, with recognition of the unique challenges of women and 2SLGBTQQIA+. Collaboration with the Les Femmes Michif Otipemisiwak (LFMO) helps to illuminate the challenges and uncovers solutions. The MNC's four governing members will be funded for projects to combat racism.

Further, a three-year funding commitment invests in new approaches, presents an opportunity to review results, then prepare a long-term strategy, and ensures that Métis-specific priorities are not lost

amongst First Nation and Inuit priorities. Working together, the Métis Nation can build an evidence-based argument for continued funding.

Other advances can be made in Métis citizens' health, such as:

- Assurance that UNDRIP principles are contained within health legislation; and
- Application of equity and equality in health services and programming to Métis citizens.

Priorities and Gaps

The Métis National Council Health Strategy prioritizes the needs and concerns of Métis people as:

- Extended health benefits
- Mental wellness and substance use supports
- Access to primary care
- Access to specialist care
- Meaningful and collaborative relationships
- Comprehensive community wellness centres
- Increased Métis Health human resources
- Healthy living, disease prevention, and health promotion
- Cultural support and traditional well-being
- Virtual health
- Research, needs assessments, and evaluation
- Building culturally competent health systems
- Pre and post-natal care
- Culturally relevant sexual health and reproductive care

These principles clarify Métis people's health needs, though require greater depth to recognize Métis people's cultural connection to the land and recognize this relationship as integral to supporting health, cultural longevity, and traditional well-being. They must also ensure that oral health is covered and supported to enable aging at home.

There must be equal and equitable access to all Metis citizens and regions in funding formulas and access to care. This care should be Métis led and spotlight the geographic and distinct needs of Métis people, with a focus on Elders, women, people with disabilities and LGBTQ2S+, and youth.[1]

> "Anti-racism must be part of all we do."

Greater strides to improve health can be realized through collaboration with First Nations to advance shared healthcare needs. Further development of relationships with the First Nations and Inuit Health Branch (FNIHB) and other areas of government (federal and provincial) present opportunities to educate partners in Métis culture and organizations, colonialism, and trauma, and develop ways to work together including funding opportunities.

There are two elements to quality healthcare delivery – capacity and service providers. Capacity within the healthcare system was fragile before the pandemic, which then magnified the problems. The focus with resources should be on increasing Métis capacity to deliver this care – in program delivery, and by promoting health career paths and supporting entry into the health field education and careers.

[1] LGBTQ2S+ is an acronym that stands for Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Two-Spirit

Cancer Control Challenges – Progress and Awareness

> “Patients are more than numbers.”

People living in remote, rural, and northern communities have less access to medical services to diagnose and treat persons with cancer, such as trial cancer treatment programs. Long wait times for diagnosis, lack of access to resources to travel to tests and treatment, and exclusion from clinical trials contribute to stress and jeopardize patient safety. When Métis citizens do participate in clinical trials, there is no reciprocity or return for their involvement.

In efforts to provide Métis-driven care to mitigate the harmful health care experiences, the Métis Nation-Saskatchewan developed a Wellness Transportation and Accommodations Model which includes a support program for Métis people living in remote and northern communities. This model is part of the business plan which supports patients from initial contact to discharge and is based on principles of supporting care, accountability, funding models, Métis worldviews, racism, and relationships.

The Canadian Partnership Against Cancer (CPAC) also developed a business plan to measure and report on progress, including Métis specific priorities. CPAC is committed to reconciliation by implementing the health care recommendations outlined in the Truth and Reconciliation (TRC) Calls to Action.[2] The 2022-2027 engagement strategy identified cancer control priorities which were prepared with the involvement of Métis governments, organizations, and individuals, along with input from corresponding First Nations and Inuit.

Métis Health Care Experiences

- Language barriers
- Living in remote communities
- Lack of medical coverage
- No emotional support
- Longer wait times for appointments in rural communities
- Financial challenges
- Lack of access to medically equipped transportation
- Lack of bus transportation
- Hard to navigate current healthcare systems
- Racism and discrimination

Source: Métis Nation-Saskatchewan

Improved cancer outcomes require equitable access to treatments, meaning – patients are included in clinical trials regardless of proximity to care, there are resources for patients to travel to treatment, there is a commitment to timely treatment, and when end-of-life is near there is also grief support for kinship circles.

Equitable access to cancer care treatments and services means providing the resources to people and communities who must travel to access treatments, and ensuring they are included in trial treatment research programs, rather than excluded when travel is required for care.

[2] Review the TRC Calls to Action at Reconciliation Education - https://www.reconciliationeducation.ca/what-are-truth-and-reconciliation-commission-94-calls-to-action#6

Avenues recommended to improve Métis cancer care are:

1. **Data Management Planning** – Develop a plan for data management within the Métis Nation. The plan's methodology will be Métis developed and driven and include accountability through sharing information with all parties and reporting to communities and funders. Within the plan will be baseline measures and indicators, and stories which humanize the plan. All data should be relevant at the community level and respect privacy and ensure the 'Spectrum of safety' exists within cancer mechanisms such as data management, service delivery, and data analysis.
2. **Support Travel to Services** – Tailor cancer care to patient needs with funds for travel, accommodations, and food, to and from cancer care treatment, and grief support for patient kinship circles.
3. **Rapid Response** – Maintain rapid response data to identify trends in the community and mobilize quickly.
4. **Innovative Solutions** – Seek ways to support alternatives for those providing care in the north.
5. **Relationships**
    a. **Nation Relationship** – Establish a nation-to-nation relationship with the Canadian Institute for Health Information (CIHI), which has access to data, and work with them on identifying Métis data.
    b. **Organization Partnerships** – Work with organizations that hold and collect health data and ensure people who provide the data are part of plan development. Engage data holders, stewards, and users… do not exclude anyone.

Addressing Chronic Diseases Risk Factors

Lifestyle and diet are risk factors in chronic diseases. The Centre for Disease Control (CDC), reports that eating healthy and regular physical activity "…helps prevent, delay, and manage heart disease, type 2 diabetes, and other chronic diseases."[3] Alcohol, tobacco, and other substance abuse are prime contributors to chronic diseases.

> "Being Métis is NOT the health, it's the colonial policy that Métis people are subjected to. Being Métis is a strength and resilience factor."

The report "Towards Understanding Métis Food and Nutrition Practices" produced by the Office of Nutrition Policy and Promotion, Health Canada, was created with data and sources currently available. These do not reflect all factors that influence Métis citizens' health.

The study does not consider the influences of what Métis citizens eat, their activities, and health practices – these lead to better or worse health outcomes. "It does not tell the story of Métis families who cannot afford food, particularly in northern communities." It should also recognize how Métis people used to live. "When comparing the health of people who lived before, consideration of their gathering practices is needed."

[3] Centre for Disease Control (CDC) - https://www.cdc.gov/chronicdisease/about/prevent/index.htm

The relationship between Métis peoples' traditional food practices, culture, and health is interwoven. Colonization, a shift to western-style diets, and land management for economic gain damaged Métis people's health. These sanctions stripped Métis people of rights and drastically changed their lifestyle. Regardless, hunting continues despite the loss of and displacement from traditional lands. Métis people living in rural areas are "…twice as likely to report regular consumption of game." When talking about modifiable risk factors to be adjusted, healthy behaviour in living traditional practices may be overlooked.

> "Food is medicine."

The Métis Nation British Columbia developed a cessation program to improve Métis health. It is founded on the principle, "Kaa-wiichitoyaahk (We Take Care of Each Other)." Program development was influenced by data on current smokers, youth and cannabis, Chronic Obstructive Pulmonary Disease (COPD), asthma, and heart disease.[4] The initiative offers culturally appropriate mental health services and is backed by an advertising campaign.

Social Determinants of Health (SDoH)

- Income and social protection
- Education
- Unemployment and job insecurity
- Working life conditions
- Food insecurity
- Housing, basic amenities and the environment
- Early childhood development
- Social inclusion and non-discrimination
- Structural conflict
- Access to affordable health services of decent quality

MNBC recommends wraparound approaches to harm reduction that are rooted in Métis culture, and recognition that there can be polysubstance use which requires multifaced solutions.

1. **Research and Investigate –** Collect data on traditional foods and practices from Métis communities.
    a. Measure micro and macronutrients against traditional diets to demonstrate the benefit of eating a traditional Métis diet.
    b. Identify causes of food insecurity.
    c. Collect data on traditional foods and practices from Métis communities, then measure micro and macronutrients against traditional diets to demonstrate the benefit of eating a traditional Métis diet.
    d. Identify causes of food insecurity.
    e. Conduct research in traditional areas of food practices, then establish activities that reclaim knowledge – i.e., gardening, harvesting, preserving, and mobility practices associated with them – to improve access to food, and reduce food waste, specifically in northern communities.

[4] Chronic Obstructive Pulmonary Disease (COPD) refers to a group of diseases that cause airflow blockage and breathing-related problems. Source: https://www.cdc.gov/copd/index.html

2. **Living Wage** – Advocate for a living wage as a necessity to access healthy food. Valuing and reclaiming traditional knowledge contribute to food security and traditional food practices.
3. **Community Resources** – Provide community refrigeration for people who do not own a deep freeze to store food long-term.
4. **Tobacco Cessation Program Development** – Be empathetic toward smokers, and understand the external factors that promoted their smoking, such as Social Determinants of Health (SDoH).
    a. Study tobacco use research underway, identifying target populations that need extra support, exploring external factors that contribute to smoking, and continue iterative research that has new questions to address gaps in research.
    b. Promote the return of traditional ways of tobacco use as medicine to improve health.
    c. Pivot policies to allow funding to support all those on the smoking cessation journey.
    d. Build traditional camps where knowledge is integrated, and build out a wholistic wellness picture for children, youth, and adults.
    e. Align with like-minded organizations – build networks of collaboration and community partnerships.

Métis Health Data Development

Data collection projects inform the development of stronger Métis-driven data collection and interpretation methods. **The pandemic revealed challenges in existing data and its collection, as well as in information to support decision-making during complex and evolving settings.** The weakness is that the method of data gathering, and interpretation is not specific to the Métis community or Métis needs. It does not break information into smaller units which would be useful in revealing trends and patterns to inform Métis health planning and servicing.

Adding to the complexity are changes in the relationship between Métis regional organizations and the National Council which can create gaps in data, especially in regional and local information. Entire provinces, especially with the largest Métis population, cannot be excluded from environmental scans, otherwise, the data will be unreliable, and invalid.

Three research projects featured research initiatives and collaboration in progress – one driven by the Métis National Council and the second by Métis Nation British Columbia (MNBC), and the Métis Nation of Ontario data governance project with ICES.[5]

Challenges to Métis Research Initiatives

- Scarcity of Métis health information, studies, and reports
- Few sources of data
- Insufficient evidence to demonstrate the health of Métis people
- Barriers to accessing data due to limited availability, quality, analysis, studies, and low research capacity

[5] ICES (formerly known as the Institute for Clinical Evaluative Sciences) is an independent, non-profit corporation that applies the study of health informatics for health services research and population-wide health outcomes research in Ontario. www.ices.on.ca

The national research project is titled “Métis Data Status – An Environmental Scan.” This multi-task project will lead to the development of a comprehensive strategy and activities on health data.

The MNBC research project and program, Métis Public Health Surveillance Program, reveals lessons on how to walk the path of truth and reconciliation, and Métis self-determination Together. This 10-year initiatives between MNBC, the BC Ministry of Health, and the BC Office of the Public Health Officer (OPHO) commit all parties to ongoing Métis health surveillance and improvement of mental health and wellness outcomes, including the production of joint reports over the next decade to build on baseline data collected in February 2022. Thus far, the work identified four priorities:

> “Nothing for us, without us.”

- Improve Métis health and wellness by upholding Métis self-determination
- Fully realize mental health and wellness for Métis people
- Recognize lifestyle as medicine for Métis people
- Establish collaborative, robust, self-determined Métis health information systems

The Métis Nation of Ontario’s collaboration with ICES has an agreement on data governance and data sharing, which assures Métis data sovereignty, and privacy. This relationship provides access to 90 ICES datasets and multiple datasets.

Métis knowledge must be integrated into all aspects of health care, services, research, and well-being to create culturally safe spaces and competencies in healthcare practices. Data development for Métis people should have:

1. **Métis Data Collection Control and Design** – Control how information on Métis people is shared for respectful use of data. The Métis Nation must have Data Sovereignty. It must be custodians of their data, including overseeing collection points and usage.
    a. Design data collection from a Métis lens for improved evaluation and enable cross-tabulation. Data evaluation must be capable of evaluation by the entire group of respondents and subgroups, such as by geographic and demographics that affect access to health services.
    b. Promote a single data source in each province for Métis people to access.
    c. Collect data to enable a review of extended care available for seniors and gather information from Elders.
    d. Include the human side in research – ensure research projects gather quantitative and qualitative data, especially stories from Elders and others who hold a wealth of information.
    e. Conduct research in all provinces of the Métis homelands – Ontario, Manitoba, Saskatchewan, Alberta, and BC – in the national Métis data collection to secure data integrity.
2. **Gap Analysis** – Conduct a gap analysis of the health data available and collection systems to determine what data is available and what is missing. This assessment must include a review of

the care available to Métis people to ascertain the quality of care and that there are enough service providers available where Métis people reside.

Long-term Care: A Métis Health Priority Community Voices

Elders and seniors are invaluable to the Métis Nation. Ensuring they have care and support in this life stage that they can count on and without worry about access and costs has led

> *"Métis know that the health and wellness of seniors and Elders are critical for the good of families, communities, and cultural survival."*

Many health conditions are more common among older adults. In British Columbia, gaps in Elders and Seniors care not provided by BC's Health Services Plan are supplied to Métis Elders and Seniors who are over 65 and registered Métis citizens by MNBC. Program elements include a Métis Elders and Seniors Temporary Financial Assistance Program and Métis Counselling Connect to support the mental wellness journey. Data collection demonstrate program need and shows:

- Significant demands for the program
- Greater support is needed to evaluate the significant demands for the program
- Barriers experienced by requesting proof of the Guaranteed Income Supplement (GIS)
- Revealed that one application per household may not be enough
- Income thresholds are low and frequently change with GIS
- Service providers are unfamiliar with processes making it difficult for Elders and seniors to navigate the program

Part of the support for Elders and Seniors is ensuring there are palliative and end-of-life care available, though these services compete with many health priorities in Health Canada. The majority of Canadians do not have access to local, comprehensive, integrated, and culturally sensitive palliative care. Health Canada completed a literature review to better understand these services which led to the Framework and Action Plan on Palliative Care in Canada. The action plan includes:

- Continued dialogue with ISC to identify gaps using data and where additional services and investments could be directed.
- Providing core funding for several palliative care projects in Indigenous communities
- Development of the Canadian Interdisciplinary Palliative Care Competency Framework in partnership with the Canadian Partnership Against Cancer (CPAC).
- Partnership with McMaster University to strengthen a palliative approach in long-term care.

This work should include Métis-led engagements to make meaningful change and ensure there is transformative work which assures a Métis-specific vision. Without Métis involvement, the framework will lack a Métis perspective and gaps revealed in the research stage of the framework will remain unfilled. Canada is looking to support Indigenous-led engagement, which can be led by the Métis Nation for its engagement.

Examples of Métis distinctions-based approaches to mental wellness and substance use support can stimulate Métis approaches in other health areas.

Métis Nation BC

- Resilient Roots: Métis Mental Health and Wellness magazine
- Métis Counselling Connection
- Living Life to the Full Métis Adaptation
- Regional mental health navigators
- Ooma La Michinn (Here is Medicine): life promotion for Métis youth
- Métis-specific lifeguard app
- MNBC harm reduction initiatives: substance use and addictions program – peer outreach through a Métis lens; Métis overdose cohort data

Métis Nation-Alberta

- Community wellness advocate who supports Métis citizens with forms and resources best suited to their mental health needs
- Wellness programs, which provide access to 12 hours of free, confidential, professional, and culturally focused counselling
- Opioid recovery wraparound support program provides financial wraparound support and resources to citizens transitioning from a residential addiction treatment centre back into the community
- Life Promotion Guide connects which supports MNA programming in connecting youth to live through the development of positive experiences, relational resources, and social conditions built on community strength and capacity

Métis Nation-Saskatchewan

- Pillars to Indigenous Wellness: access to culture, communities, and resources
- Provision of confidential Métis culturally grounded support with best practices clinical mental health and addictions services
- Building a roster of services that are Métis grounded but not exclusive to
- Client-centred – mental health and addictions case manager works with clients to determine needs and helps connect them to appropriate resources
- No direct cost to citizens of MN-S

Métis Nation of Ontario

- Grounded in culture and community; communities chose service providers
- In the past quarter, 1,200 active clients accessed Métis therapists, student placements
- MNO supported Métis businesses and had strategic partnerships beyond community providers
- Effective and efficient use of funding with strategic partnerships
- Need for meaningful dialogue relating to sustainable long-term funding to develop continuity of services

These approaches provoke further ideas:

1. **Long-term Care Sustainable Funding and Research** – confirm funding and commitment to research and development; improved data collection; completion of a needs assessment and evaluation; improved service delivery, life promotion, trauma-informed care; and inclusion of traditional well-being.
2. **Co-Develop Palliative and End-of-Life Care Program** – take up the opportunity for co-development/input in a one-proposed approach to the palliative and end-of-life care program.
3. **Palliative and End-of-Life Care** – identify gaps and needs in Métis palliative and end-of-life care to guide policy/operations and resources to support approaches at multiple levels.

Innovative Health Approaches

The pandemic elevated health awareness in various jurisdictions and levels of government responsible for addressing its long-term effects. The pandemic resulted in increased rates of addiction and abuse within a relationship and greater distance between families and communities.

Health in All Policies

Since the pandemic, there is increasing recognition that health in all policies (HiAP) can serve to improve and be an evidence-informed approach to address inequities outside of the health sectors which affect health.

HiAP expands the application of health and:

- Standardizes processes to consider prospective evaluations
- Informs decision-makers and policymakers to consider positive and negative impacts, and ways to improve health outcomes of the policy, program, or project
- Expands the concept of health (SDoH)
- Uses different kinds of evidence and knowledge
- Focuses on policies, programs, or projects outside the health sector

The National Collaborating Centre for Healthy Public Policies (NCCHPP) supports public health players to develop and promote healthy public policies through knowledge-sharing activities, and many other responsibilities.

Métis Women, Gender, and Health

Métis women and gender-diverse people require Métis specific health services to ensure safety across the healthcare continuum and improve their health. They need access to culturally competent and safe health care that is free from racism. Les Femmes Michif Otipmenisiwak (LFMO) prioritizes

> “Recognize, respect, and address the distinct health needs of Métis women and girls to ensure there is equal access to services related to Métis health and healing.”

Métis women's health and advocates for governing members to include Métis women, girls, and gender-diverse people and families in their investments. It engages in research and consultation on Indigenous health legislation ensuring there are resources for women for transportation, accommodations, and emergencies, and to pursue healthcare careers which include childcare. It also ensures Métis' gender and sexually diverse people's health, reproductive, and wellness needs are recognized and respected.

Métis Women's Health Priorities

- Access to Métis-specific sexual and reproductive healthcare
- Measure which factors identify and close the gaps in healthcare outcomes between Métis women and other women in Canada
- Address and prevent cervical cancers – access to cultural components and safe prevention and promotion initiatives
- Supporting women with access to menstrual products
- Maternal health research and engagement, including the traditional and skillset of Métis midwifery across the Homeland

More Information: www.metiswomen.org

Responses to Women's Health priorities include:

- Cervical cancer prevention with cultural and safe prevention and promotion initiatives
- Access to menstrual products
- Maternal health research and engagement with Métis traditional midwifery services in pre-and post-natal care
- Métis end-of-life care (doula)
- Miskotahâ: the Métis Nation's Journey to Ending MMIWG2S+ and 2SLGBTQQIA+ applying these principles
- Métis women and families living with disabilities support services
- Annual Métis Women's Policy Forum
- Métis women and gender-diverse people require Métis-specific
- Mental health and emotional well-being support for Métis women and gender-diverse people

Summary and Recommendations

Health affects the outcomes of many activities. The pandemic revealed the importance of including health policies in all areas of governance. There should not be a "one-solution for all" approach to health for Métis and Indigenous people. **Health policies and planning for Métis must be Métis-driven, culturally relevant, safe, community-driven, and distinctions-based across boundaries.**

HiAP acknowledges intersectionality and provides opportunities for Métis to be seen in many spaces and tables through cooperation and collaboration, as well it harmonizes through various Ministry portfolios

and Métis priorities. Gender-based approaches must be incorporated into HiAP; it ensures no one is left behind.

Further innovative practices that should be applied are:

1. **Health in All Policies (HiAP) and Gender Integration** – incorporate HiAP and gender analysis into all Métis policies and operations. These should be aligned with the Métis national health sector agenda and incorporate the Métis definition of health.
2. **HiAP Capacity Building Training** – secure funding and arrange for capacity-building training and information to integrate HiAP throughout all Métis operations and agencies. If research falls within NCCHPP's mandate, funds can be requested for this within applications, and NCCHPP will assist with identifying other sources.
3. **Cultural Inclusion Throughout** – include cultural activities as healthcare and provide funding for transportation to cultural activities. Follow traditional ways of working together. Enact cultural safety in an authentic way for service implementation and capacity to live and work.
4. **Programs and Services Information** – circulate fact sheets to citizens explaining all available programs and services and where they can be accessed.
5. **Métis Health Centres** – build national and provincial Métis health centres.
6. **Métis Assessment** – monitor government activities to ensure the Métis Nation can self-determine how to interpret and apply policies when not involved in co-developing policies.
7. **Gender Funding Equality** – ensure funding has a flexible and gender-based lens to ensure gender equality in programming.

Demographic Groups

8. **Youth Involvement** – engage youth in planning and policy work and integrate youth perspectives and needs in plans and policies, and mentor youth in health programs and delivery.
9. **Gender Safety – Women and Gender-diversity** – apply a safety lens in all aspects of work, including physically accessible spaces and safe spaces for two-spirit staff and citizens.
10. **Vulnerable Groups Connection** – reach out to those in the justice system who are more vulnerable

New Legislation – Organizing to Move Forward

Métis people are recognized in the United Nations Declaration on the Rights of Indigenous People (UNDRIP) and the Canadian Constitution Section 35 on Indigenous Rights; however, there remain inequities and injustices in the provision of health services and support for Métis people.

Equality and equity require the review of justice systems to correct unfair and inequitable practices. Two principles in place for Indigenous people to improve health care are Jordan's Principle and Joyce's Principle. Both were created following the inequitable and discriminating treatment of Indigenous people, though only Joyce's Principles apply to Métis citizens… Métis children are not included in the application of Jordan's Principle.

> ***Jordan's Principle***
> *...is named in memory of a young Norway House Cree Nation boy named Jordan River Anderson. He was born with disabilities and died at five years of age in the hospital while the province and federal governments disputed who was responsible for paying for his home care and other services. Jordan's Principle makes sure all First Nations children living in Canada can access the products, services and supports they need when they need them.*

> ***Joyce's Principle***
> *"... aims to guarantee all Indigenous Peoples the right of equitable access, without any discrimination, to all social and health services, as well as the right to enjoy the best possible physical, mental, emotional and spiritual health." Joyce Echaquan was a 37-year-old Atikamekw mother of seven who filmed herself being insulted and mocked by staff at a Joliette, Quebec, hospital. She died in the hospital begging for medical care.*

These two Principles illustrate the importance of including the Métis Nation in the development and review of health legislation and policies for all Indigenous peoples.

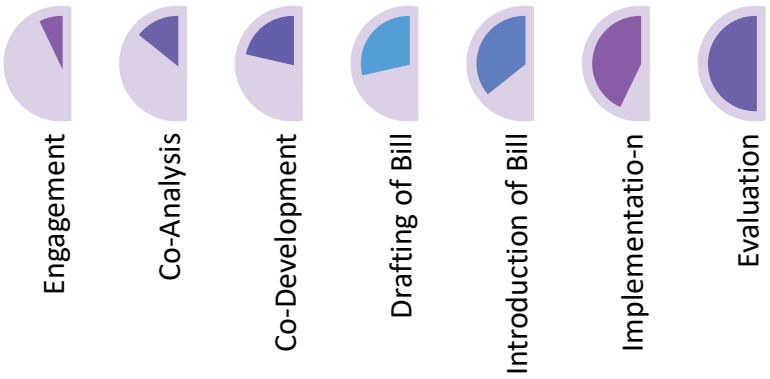
The development of new National Indigenous Health Care Legislation is underway. Métis people must be an equal part of the development and execution of any new laws and policies for Indigenous people. **Canada and Métis National Council must commit to a schedule of meetings to discuss how to co-develop pieces.**

The underlying focus of the new Health Legislation is on "How to remove workplace racism – personal racism and institutional racism." The present institutional structure keeps Métis people out of its employment and decision-making. The goal of the legislation should be to decentralize racism and hold the healthcare system to extremely high standards.

> "Legislation should eliminate the system which treatment of "...our [Métis] people with indifference and neglect."

In the development of distinctions-based Indigenous Health Legislation, Canada offers a concrete framework by which agreements and partnerships can occur according to communities' needs. The process started with engagement, then on to analysis, bill drafting and review to implementation and evaluation. To date, 35 engagement reports have been received out of an expected 45 (78%).

Indigenous Health Legislation Approach



New legislation must include building capacity within to help support workers and lenders to deliver high-quality services to Métis citizens, including the development of a technical health team, and sharing knowledge and experiences and wise ways.

Only Métis citizens (and Indigenous peoples') voices must be considered in new legislation for Indigenous health.

Moving forward, and in the development of new legation must:

1. **Jordan's Principle for Métis Children** – ensure federal and provincial governments include Métis in Jordan's Principle.
2. **Métis Involvement in Legislation Development** – mandate Métis equal involvement from idea to development, approval, implementation, and monitoring of the Indigenous health care legislation.
    a. Confirm that sections of the bill or articles referencing Métis are palatable to the Métis Nation. Canada and the Métis Nation must develop costed options to implement each piece. These options must be realistic and provide a case to access resources for 5-10 years.
    b. Guarantee the Métis Nation reviews the legislation before submitting it to Cabinet. The Métis Nation will identify language that does not reflect what Métis are seeking.
    c. Canada and MNC establish a schedule of meetings to discuss how to co-develop legislation components.
3. **Métis Sub-Accord** – develop a Métis sub-accord to the proposed Indigenous Health Legislation.

3 SUMMARY AND RECOMMENDATIONS

The work of the Métis Nation doesn't end with a forum. A health forum reveals advances of the Métis Nation, and shows areas where work remains, and opportunities exist to improve the health of Métis citizens. Every research project conducted, and data presented represent a Métis person with their own story. It is the responsibility of the Métis Nations and its member organizations to continue to assure Métis citizens are recognized within the healthcare system and resources are available to assure quality, respectful, equitable and equal healthcare services are available where Métis people are. Métis Nation involvement is necessary for all stages and programs, legislations, and policies, to guarantee Métis culture is included and Métis peoples' needs are met.

When Métis people must travel to access services, they need to first be assured those services are available to them, like cancer trial treatment programs, and they are provided with the resources to travel to where those services are provided, and their families are enabled to be with them.

Equality, Equity, and Justice must be a part of all programs, policies, and laws, including the new Indigenous health legislation, which should recognize Métis people distinctively, just as the United Nations Declaration for the Rights of Indigenous Peoples affirms. Métis people must be afforded equal access to all programs and services and provided with the resources to build capacity and be part of research and building new programs, services, and legislation. Jordan's Principles must also include Métis children.

In all areas of Métis health programs and services, Métis people must be positioned to be effectual, being a part of all developments and engagements from concept to method and criteria evaluation, implementation to review.
The Métis National Council's health priorities are:

- Extended health benefits
- Mental wellness and substance use supports
- Access to primary care
- Access to specialist care
- Meaningful and collaborative relationships
- Comprehensive community wellness centres
- Increased Métis Health human resources
- Healthy living, disease prevention, and health promotion
- Cultural support and traditional well-being
- Virtual health
- Research, needs assessments, and evaluation
- Building culturally competent health systems
- Pre and post-natal care
- Culturally relevant sexual health and reproductive care

Priorities must also assure that UNDRIP principles are contained within health legislation and implemented throughout all healthcare programs and services. Equity and equality for Métis people must be embedded within, and there is recognition of the distinctiveness of Métis culture and that culture is part of health.

Recommendations for Métis Health Care

Cancer Controls

1. **Data Management Planning** – Develop a plan for data management within the Métis Nation. The plan's methodology will be Métis developed and driven and include accountability through sharing information with all parties and reporting to communities and funders. Within the plan will be baseline measures and indicators, and stories which humanize the plan. All data should be relevant at the community level and respect privacy and ensure the 'Spectrum of safety' exists within cancer mechanisms such as data management, service delivery, and data analysis.
2. **Support Travel to Services** – Tailor cancer care to patient needs with funds for travel, accommodations, and food, to and from cancer care treatment, and grief support for patient kinship circles.
3. **Rapid Response** – Maintain rapid response data to identify trends in the community and mobilize quickly.
4. **Innovative Solutions** – Seek ways to support alternatives for those providing care in the north.
5. **Relationships**
    a. **Nation Relationship** – Establish a nation-to-nation relationship with the Canadian Institute for Health Information (CIHI), which has access to data, and work with them on identifying Métis data.
    b. **Organization Partnerships** – Work with organizations that hold and collect health data and ensure people who provide the data are part of plan development. Engage data holders, stewards, and users… do not exclude anyone.

Address Chronic Diseases

6. **Research and Investigate –** Collect data on traditional foods and practices from Métis communities.
    f. Measure micro and macronutrients against traditional diets to demonstrate the benefit of eating a traditional Métis diet.
    g. Identify causes of food insecurity.
    h. Conduct research in traditional areas of food practices, then establish activities that reclaim knowledge – i.e., gardening, harvesting, preserving, and mobility practices associated with them – to improve access to food and reduce food waste, specifically in northern communities.
7. **Living Wage** – Advocate for a living wage as a necessity to access healthy food. Valuing and reclaiming traditional knowledge contribute to food security and traditional food practices.
8. **Community Resources** – Provide community refrigeration for people who do not own a deep freeze to store food long-term.
9. **Tobacco Cessation Program Development** – Recognize the Social Determinants of Health (SDoH) as factors to tobacco use.
    a. Study tobacco use research underway, identifying target populations that need extra support, exploring external factors that contribute to smoking, and continuing iterative research that has new questions to address gaps in research.
    b. Promote the return of traditional ways of tobacco use as medicine to improve health.

c. Pivot policies to allow funding to support all those on the smoking cessation journey.
d. Build traditional camps where knowledge is integrated, and build out a wholistic wellness picture for children, youth, and adults.
e. Align with like-minded organizations – build networks of collaboration and community partnerships.

Health Data

10. **Métis Data Collection Control and Design** – Control how information on Métis people is shared for respectful use of data. The Métis Nation must have Data Sovereignty. It must be custodians of their data, including overseeing collection points and usage.
    a. Design data collection from a Métis lens for improved evaluation and enable cross-tabulation. Data evaluation must be capable of evaluation by the entire group of respondents and subgroups, such as by geographic and demographics that affect access to health services.
    b. Promote a single data source in each province for Métis people to access.
    c. Collect data to enable a review of extended care available for seniors and gather information from Elders.
    d. Include the human side in research – ensure research projects gather quantitative and qualitative data, especially stories from Elders and others who hold a wealth of information.
    e. Conduct research in all provinces of the Métis homelands – Ontario, Manitoba, Saskatchewan, Alberta, and BC – in the national Métis data collection to secure data integrity.
11. **Gap Analysis** – Conduct a gap analysis of the health data available and collection systems to determine what data is available and what is missing. This assessment must include a review of the care available to Métis people to ascertain the quality of care and that there are enough service providers available where Métis people reside.

Long-term Care

12. **Long-term Care Sustainable Funding and Research** – confirm funding and commitment to research and development; improved data collection; completion of a needs assessment and evaluation; improved service delivery, life promotion, trauma-informed care; and inclusion of traditional well-being.
13. **Co-Develop Palliative and End-of-Life Care Program** – take up the opportunity for co-development/input in a one-proposed approach to the palliative and end-of-life care program.
14. **Palliative and End-of-Life Care** – identify gaps and needs in Métis palliative and end-of-life care to guide policy/operations and resources to support approaches at multiple levels.

Health in All Policies (HiAP), Métis Women, Gender Diversity

15. **Health in All Policies (HiAP) and Gender Integration** – incorporate HiAP and gender analysis into all Métis policies and operations. These should be aligned with the Métis national health sector agenda and incorporate the Métis definition of health.

16. **HiAP Capacity Building Training** – secure funding and arrange for capacity-building training and information to integrate HiAP throughout all Métis operations and agencies. If research falls within NCCHPP's mandate, funds can be requested for this within applications, and NCCHPP will assist with identifying other sources.
17. **Cultural Inclusion Throughout** – include cultural activities as healthcare and provide funding for transportation to cultural activities. Follow traditional ways of working together. Enact cultural safety in an authentic way for service implementation and capacity to live and work.
18. **Programs and Services Information** – circulate fact sheets to citizens explaining all available programs and services and where they can be accessed.
19. **Métis Health Centres** – build national and provincial Métis health centres.
20. **Métis Assessment** – monitor government activities to ensure the Métis Nation can self-determine how to interpret and apply policies when not involved in co-developing policies.
21. **Gender Funding Equality** – ensure funding has a flexible and gender-based lens to ensure gender equality in programming.

Demographic Groups

22. **Youth Involvement** – engage youth in planning and policy work and integrate youth perspectives and needs in plans and policies, and mentor youth in health programs and delivery.
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27. **Métis Sub-Accord** – develop a Métis sub-accord to the proposed Indigenous Health Legislation.

APPENDIX A: SPEAKERS AND ATTENDEES

Forum speakers and presenters included:

Elder Norma Spicer, Knowledge Keeper
President Cassidy Caron, Métis National Council
Beverley O'Neil, Facilitator
Eduardo Vides, Métis National Council

PUBLIC HEALTH VISION OF CANADA
Dr. Theresa Tam, Chief Public Health Officer of Canada

MÉTIS VISION OF HEALTH
Reagan Bartel, (MNA), Métis Nation Technical Health Committee

The Honourable Patty Hajdu, Indigenous Services Canada

CANCER CONTROL CHALLENGES, PROGRESS AWARENESS

The Canadian Partnership Against Cancer's 2022-2027 Business Plan: Measuring and Reporting on Progress Toward the Métis-specific Priorities
Deb Keen, Director – First Nations, Inuit, and Métis Cancer Strategy, Canadian Partnership Against Cancer, Susie Hooper, Métis Advisor – First Nations, Inuit, and Métis Cancer Strategy, Canadian Partnership Against Cancer

ACCOMMODATION AND TRANSPORTATION FOR MÉTIS LIVING IN REMOTE COMMUNITIES
Adel Panahi, (MN-S), Métis Nation Technical Health Committee

ADDRESSING CHRONIC DISEASES RISK FACTORS

State of Métis Nutrition and Food Knowledge
Jill Asusssant, Health Canada

Kaa-wiichitoyaahk (We Tke Care of Each Other): Weaving a Métis Wraparound Approach into Cessation Programming
Mike Mercier (MNBC), Provincial Reduction Manager

MÉTIS NATION AND CANADA: WORKING TOGETHER
Patrick Boucher, Sr. Assistant Deputy Minister

MÉTIS HEALTH DATA DEVELOPMENT

Métis Data Status – Environmental Scan
Ricardo Batista, Consultant, Métis National Council

"Gakwee kishkeeyiten" (I am trying to learn). Trying to Learn How to Walk the Path of Truth, Reconciliation, and Métis Self-determination Together
Tanya Davoren, MNBC Senior Director, Stephen Thomson, MNBC Director of Health Governance, Dr. Daniéle Behn-Smith, Indigenous Advisor to the Office of the Provincial Health Office

Enabling Métis Nation of Ontario Data Governance
Sarah Edwards, Staff Scientist, Métis Nation of Ontario

LONG-TERM CARE: A MÉTIS HEALTH PRIORITY COMMUNITY VOICES

Métis Perspective on Elder Support
Gabrielle Campbell, (MNBC), Director of Social Programs – Elders Ministry

Palliative Care and End of Life
Venetia Lawless, Health Canada

Distinctions Based Approaches to Métis Mental Wellness and Substance Use Supports
Wendy Stewart, (MNO), Director, Community Wellness, Adel Panahi, (MN-S), Director of Health

INNOVATIVE HEALTH APPROACHES

Health in All Policies (HiAP)
Olivier Bellefleur, National Collaborating Centre for Healthy Public Policy

Métis Women, Gender and Health
Menalie Omeniho, Les Femme Michif Otipemisiwak

INDIGENOUS HEALTH LEGISLATION IN CANADA
Jonathan Riou, Indigenous Services Canada

The following are registered forum delegates.

Métis Nation – British Columbia
1. Gaby Campbell
2. Tanya Davoren
3. Louis De Jaeger
4. Jodie Dixon
5. Courtney Flegg
6. Sheri Gee
7. Angel Gunn
8. Blae Hansen
9. Susie Hooper
10. Sophia Huang
11. Mike Mercier
12. Katina Pollard
13. Leona Shaw
14. Lissa Smith
15. Stephen Thomson

Métis Nation of Alberta
16. Dr. Chris Andersen
17. Andrews Filella
18. Reagan Bartel
19. Ali Greenslade
20. Dr. Maria Ospina
21. Bailey Oster
22. Carol Ridsdale
23. Andrea Sandmaier
24. Norma Spicer

Métis Nation – Saskatchewan
25. Tegan Brock
26. Marg Friesen
27. Robert Henry
28. Autumn LaRose-Smith
29. Madison Marwood
30. Adel Panahi
31. Tanya Pruden
32. Calvin Racette
33. Shayla Sayer-Brabant
34. Anita Smith

Métis Nation of Ontario
35. Tammy Adams
36. Tracy Baid
37. Jacqueline Barry
38. Rose-Anne Boyle
39. Madyson Campbell
40. Sam Cressman
41. Sara Edwards
42. Shelley Gonneville
43. Rene Gravelle
44. Joanne Meyer
45. Melissa Riddell
46. Wendy Stewart
47. Christopher Whan

Métis National Council
48. President Cassidy Caron
49. Daniel Canough
50. Sheila Howard
51. Emily Jureta
52. Erin Meyers
53. Rheanna Nandlall
54. Arash Rasekhi-Nejad
55. Steven Sutherland
56. Janna van de Sande
57. Eduardo Vides

Les Femmes Michif Otipemisiwak
58. President Melanie Omeniho
59. Sydney Castro
60. Lisa Pigeau
61. Victoria Pruden

Crown-Indigenous Relations and Northern Affairs Canada
62. Ashley Camplin
63. Jacques Dalton

First Nations and Inuit Health Branch
64. Dr. Evan Adams
65. Samara Lewis

Health Canada
66. Jill Aussant
67. Peter Berry
68. Heather Davids
69. Ann Ellis
70. Venetia Lawless
71. Laura Mitchell
72. Tanya Nancarrow

Indigenous Services Canada
73. Patrick Boucher
74. Jamie Bryan
75. Lindsay Croxall
76. Ginny Gonneau
77. Vanessa Handley
78. Laura Hay
79. Corry Henry
80. Stéphanie Rajotte
81. Jonathan Riou
82. Glenda Rosborough
83. Beverley Thompson
84. Mary Trifonopoulos

Mental Health Commission of Canada
85. Julia Armstrong
86. Krista Benes
87. Sandra Gosling
88. Karla Thorpe

Public Health Agency of Canada
89. Amanda Aizlewood
90. Nelda Cherrier
91. Nicolas De Guzman
92. Dr. Theresa Tam

Statistics Canada
93. Michelle Marquis
94. Edmond Roy

Office of the Public Health Officer, BC
95. Dr. Danièle Behn-Smith

Canada Public Health Association
96. Ian Culvert

Canadian Institute for Health Information
97. Camille Lem
98. Elizabeth MacDonald
99. Amy Nahwegahbow
100. Brian Schnarch
101. Carrie-Anne Whyte

Canadian Institute of Health Research
102. Margo Greenwood
103. Dr. Earl Nowgesic
104. Tracey Prentice

Canadian Paediatric Society
105. Elizabeth Moreau

Canadian Partnership Against Cancer
106. Deb Keen
107. Josh Tobias
108. Kim Tran

Canadian Red Cross
109. Dena McDonald
110. Mary Thompson

First Peoples Wellness Circle
111. Catherine Graham
112. Despina Papadopoulos

Healthcare Excellence Canada
113. Meaghan Hume
114. Nicole Robinson
115. Jennifer Zelmer

McMaster University
116. Chelsea Gabel

National Collaborating Centre for Healthy Policy
117. Olivier Bellefleur
118. Natalia Botero

National Collaborating Centre for Indigenous Health
119. Don Fiddler

Ottawa Hospital Research Institute
120. Dr. Ricardo Batista

Saskatchewan Cancer Agency
121. Riaz Alvi
122. Cheryl Whiting

Saskatchewan Health Authority
123. Thona Longneck
124. Talia Pfefferle

University of Alberta, Indigenous Nursing
125. Dr. Angeline Letendre

University of Saskatchewan
126. Dr. Tracey Carry

Cattroll Photo Associates
127. Fred Cattroll