Toward a National Dialogue on Métis Health Policy

The Métis National Council

October 2016
The Métis National Council and the Metis National Health Committee, with representation from the provincial governing members, is in the process of developing a Métis National Health Policy.

This policy process responds to the most recent efforts of the Federal, Provincial, Territorial and Aboriginal governments to address the health and wellbeing of Métis, First Nations and Inuit peoples in Canada.
The Ministers made a commitment to address gaps between the health of Métis (and other Aboriginal peoples) and non-Aboriginal Canadians.

This commitment was initially articulated in the “Kelowna Accord” in November 2005, when “First Ministers and National Aboriginal Leaders agree to take immediate action to improve the quality of life for the Aboriginal peoples of Canada in four important areas—health, education, housing and relationships.”
Métis Framework for Action

The 2005 *Blueprint On Aboriginal Health: A 10-Year Transformative Plan*, included a “Métis Framework for Action”. This plan was not carried forward due to a change in government at the federal level.

The MNC believes that **this blueprint, action plan and framework should be renewed**, forming the basis of a national Métis Health Policy involving Federal, Provincial, Territorial and Métis governments.
A Métis-specific health policy framework would provide for concrete, pragmatic actions aimed at closing the gap in health outcomes with the overall Canadian population.

The current system is not working for Métis people. The Métis Nation needs to have input and control over health policy and programs in order to improve the health status of its people and eliminate the gaps inherent in the current system.
Mètis health research showed higher rates of diabetes, mental illness with depression and anxiety, cancer, heart disease and stroke among Mètis.

Manitoba Metis Health Status study showed the rate of lower-limb amputations related to Diabetes was 49% higher for Metis than all other Manitobans.

This is the critical evidence health research can provide to inform health planning, policy, programs and services for Mètis as well as long-term measurement of improvement.
In general, the Métis experience lower health status than non-Indigenous Canadians.

* Only 43.3% of Métis 45 years and older described their health as excellent or very good compared to 52.7% of the comparable non-Indigenous population.

* Poorer self-reported health among Métis people was partly a result of higher rates of chronic conditions. About 55% of Métis reported being diagnosed with one or more chronic conditions, compared with only 48% of non-Indigenous people.
The **Truth and Reconciliation Commission (TRC)** specified seven health-related “**Calls to Action**” which are consistent with the earlier articulation of a Métis health policy framework in the Kelowna Accord.

Developing effective health policy can be seen in the light of the overall **process of reconciliation**.
The Supreme Court has ruled that the Métis are within federal jurisdiction under s. 91(24) of the Constitution Act, 1982.

This, in addition to other rights, duties and commitments of the Federal government suggest that additional federal investments in Métis health care are called for.
Addressing social determinants of health will be a key to closing the health gaps between Métis and other Canadians.

Given the current understanding of the federal government’s jurisdiction for Métis citizens, federal Aboriginal programming in areas such as housing, economic development, education, culture and environment should be extended to the Métis Nation.
The FPT Ministers agreed to work individually and collectively on the following immediate priorities where efforts will yield the greatest impact:

* Enhancing the affordability, accessibility, and appropriate use of prescription drugs

* Improving care in the community, home care and mental health, to better meet the needs of patients closer to home and outside of institutional settings

* Fostering innovation in health care services to spread and scale proven and promising approaches that improve the quality of care and value-for-money
A level of capacity and experience already exists in the Métis Health Committee that can be enhanced with additional training and investment by the federal government.

With sufficient, reliable funding in place, the committee can be expanded to perform or coordinate others in fulfilling the consultative and educational roles articulated in a National Métis Health Policy.
Moving forward, the Métis Nation looks forward to collaborating with FPT governments and others to:

- **Build its capacity to contribute to the ongoing dialogue** on closing the gaps in Métis health outcomes, based on achieving long term stable funding commitment to support this process.

- **Establish a government-to-government agreement on a Métis Health framework** based on the 2005 Blueprint and the Kelowna Accord.
Aboriginal Health Blueprint encompassed six essential elements:

- Increasing Aboriginal delivery capacity and improving access to health care systems
- Increasing Aboriginal research and sharing improvements to the Canadian health care system
- Promoting prevention and improving health and well being outcomes
- Improving Inter-governmental coordination and relationships with Aboriginal governments
- Clarifying jurisdiction and responsibilities
- Improving accountabilities and measuring results
Moving forward, the Métis Nation looks forward to collaborating with FPT governments and others to:

* Initially, **collaborating to achieve progress on the four priority areas** identified.

* Collaborating with government and other partners to **address the wider determinants of health, in part through enhanced Métis-specific funding**.

* Participating in efforts to **set goals and monitor progress** in closing the gaps.
Métis Nation continues to identify Métis health policy perspectives on:

- Distinctions-based **health goals and priorities** for Métis
- The **four elements of the FPT “shared health agenda”** (home care, mental health, innovation, and pharmaceuticals)
- **Strategies or service models** to improve access to needed health services and contribute to closing the health gap
- Future **federal health investments** for the Metis

Build on the Métis National Health Dialogue to prepare a Métis National Health Priorities Discussion Paper