



MÉTIS NATION



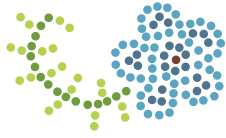
MÉTIS VISION FOR HEALTH



MÉTIS NATION
BRITISH COLUMBIA



Métis Nation
of Ontario 



OUR VISION:

Through Métis self-determined healthcare systems, Métis people are healthy, happy, resilient, grounded in their culture and language and thriving as individuals and as members of their Métis families and communities.

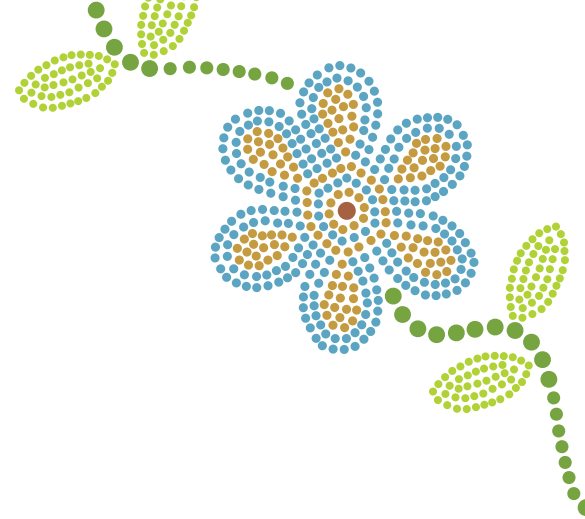
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Introduction

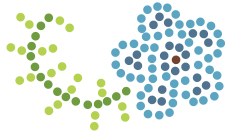
In recent years, Canada has taken public steps to give more meaningful effect to the rights of Indigenous Peoples to self-determination, self-government, equality and non-discrimination – referencing the *UNDRIP* as a guide to inform its relationship with the Métis Nation through the Canada-Métis Nation Accord. The Accord was signed April 13, 2017 by the Métis National Council and its Governing Members and Prime Minister Trudeau on behalf of Canada. The Accord recognizes the Métis Nation as a distinct Indigenous Nation with inherent rights, and formalized the Nation-to-Nation, government-to-government relationship between the Métis Nation and the Government of Canada. The *UN Declaration on the Rights of Indigenous People (UNDRIP)* affirms Indigenous rights that are the foundation of a new relationship between Canada and Indigenous peoples. The implementation of the UNDRIP is the ultimate realization of this goal.

In 2019, the Prime Minister of Canada mandated the Minister of Indigenous Services Canada to co-develop distinctions-based health legislation. In the September 2020 Speech from the Throne, the Government of Canada re-emphasized a commitment to walking a shared path of reconciliation with all Indigenous peoples including a renewed focus on the co-development of a distinction-based Indigenous health legislation (Canada, 2020). This would align Canada’s commitment to Indigenous people to fully implement the *UNDRIP* (Government of Canada, 2021).

On June 21, 2021, the *United Nations Declaration on the Rights of Indigenous Peoples Act* came into force. The Act legislates a framework for the implementation of the *UNDRIP* in Canada, including by affirming its application in Canadian law and requiring that all federal laws be consistent with the rights it affirms.

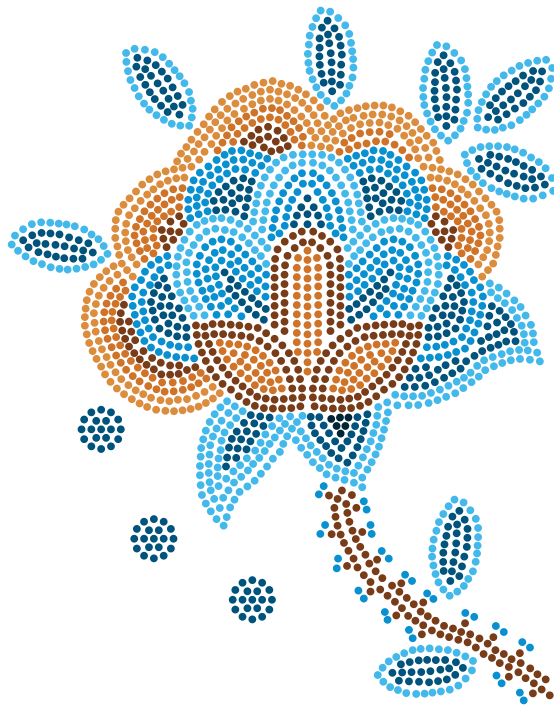
The Prime Minister’s 2021 mandate letter reflects this commitment to co-develop Indigenous health legislation while also mandating the Minister of Indigenous Services Canada to support the full implementation of the *United Nations Declaration on the Rights of Indigenous Peoples Act*.

Despite the ongoing challenges associated with a global pandemic, the Métis Nation Governments, alongside the Government of Canada, continue to work to establish overarching principles that will guide the transformation and evolution of healthcare systems that improve the health of Métis people.



Métis Nation: A Vision for Health

Co-development of distinctions-based health legislation must acknowledge the unique resiliency and strengths of Métis People. It must reflect the lived experiences of Métis and build upon existing Nation-to-Nation agreements that recognize Métis self-government as critical to Canada's future. It must also be grounded in Articles 18 and 19 of the *UNDRIP* and uphold the substantive rights to health in Articles 23 and 24. This document informs the development of distinctions-based Indigenous health legislation from the perspective of Métis people.



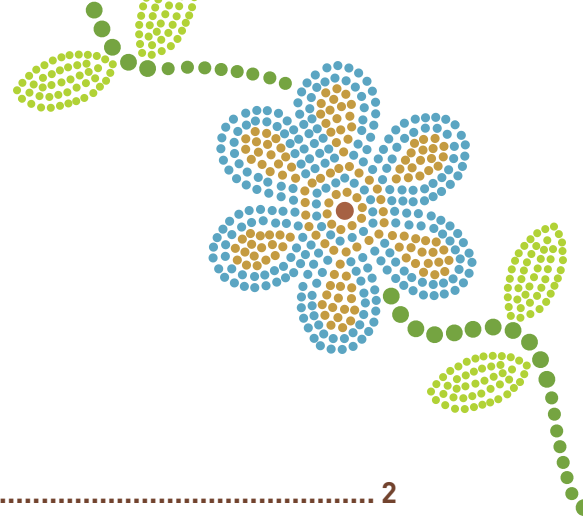
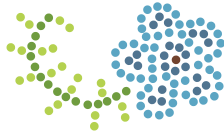


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Métis People

The Métis are one of three legally, politically, and culturally distinct Indigenous peoples in Canada, recognized by the Constitution Act of 1982 (Government of Canada, 2021). The national definition of Métis is:

NATIONAL DEFINITION

The term Métis does not encompass all individuals with mixed Indigenous and European heritage. Rather, it refers to a distinct Indigenous person who, “self-identifies as Métis, is distinct from other Aboriginal peoples, is of historic Métis Nation ancestry, and is accepted by the Métis Nation.” (Métis National Council, 2021).

The Métis Nation emerged, birthing a unique collective identity, robust culture, and distinct language (Michif). They occupied a key economic role in the fur trade and political spaces (Smylie, 2009). Presently, over one-third (35%) of Indigenous people in Canada identify as Métis (Government of Canada, 2016).

The persecution of Métis people leading up to and following the battle of Batoche (Saskatchewan), led many to flee and suppress their identity (Smylie, 2009). The Canadian government, the Hudson Bay Company and the government of the newly formed province of Manitoba failed to recognize Métis land claims. The imposed scrip system of land grants meant that many Métis fell to extreme poverty, with landlessness leaving many to live in what Lawrence (2004) refers to as a “semi-squatting existence on marginal lands,” or faced the poverty, racism, and violence of Native urban ghettos.

Métis have faced legislative efforts to obscure their Indigeneity and been subjected to the assimilationist and exclusionary policies and practices of the Canadian government towards Aboriginal peoples, including land dispossession, political persecution, economic exclusion, residential schooling, the Sixties Scoop and ongoing invasive child welfare intervention (Desmarais, 2013; Smylie, 2009). These discriminatory practices have led to poorer health outcomes for Métis.



Discriminatory colonial practices prevail today. Métis people have been left out of existing federal Indigenous specific healthcare policies and programs. Jurisdictional disputes often exclude Métis people from both mainstream and Indigenous-specific healthcare systems. First Nations and Inuit access some of their programming through the First Nations and Inuit Health Branch of Indigenous Services Canada, which does not have a mandate to provide enhanced health support to Métis people. Métis must therefore access mainstream provincial services. However, these services often do not meet the specific healthcare, cultural or geographical needs of Métis communities.¹

These discriminatory practices have led to poorer health outcomes for Métis.

Co-Developing Métis Specific Health Legislation

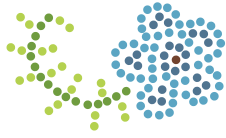
The co-development of health legislation must address holistic and distinct cultural needs of Métis people, acknowledging the life experience of Métis people and closing health status gaps between Métis and other Canadians. **Meaningful Nation-to-Nation co-development of health legislation is fundamental.**

Expectations and Scope

This document puts forward a vision for Métis health and well-being to guide the development of a Métis-specific health legislation. It has three objectives:

1. Establish key principles, health priorities and recommendations that will serve as a foundation for Métis-specific health legislation.
2. Establish a common ground to provide a path forward for meaningful co-developed distinctions-based health legislation.
3. Advance the Nation-to-Nation relationship between Métis Nation Governments, the Government of Canada and Provincial Governments as it relates to health and well-being.

¹ For a more holistic view of the healthcare, cultural and geographic needs of Métis communities, see page 13.



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Implementation of these objectives requires an acknowledgment of the right to Métis self-determination. Also, it requires positioning Métis knowledge and Métis social determinants of health (MMSDoH) at the forefront in Métis-specific health legislation.

Further, implementation of these objectives requires the need to financially and otherwise support Métis Nation Governments as they determine how to address health and well-being of Métis people in their respective jurisdictions.

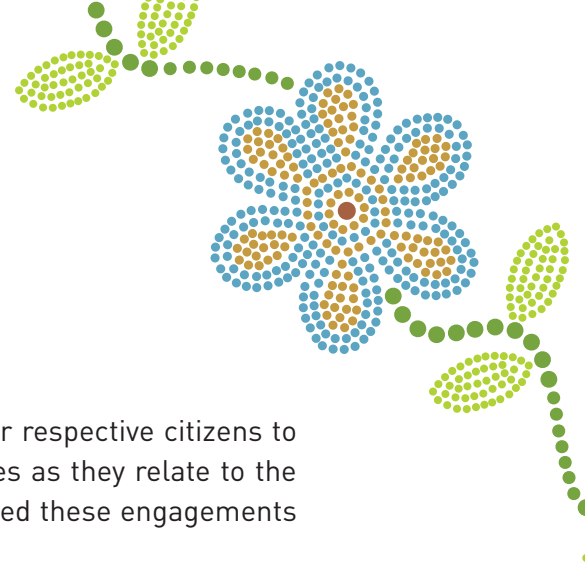
It is important to mention that the discriminatory practises imposed by the Canadian Government have perpetuated inequality for Métis women. Métis distinct health legislation must allow for a Métis intersectional gender-based analysis to improve outcomes and ensure equity and equality in health care.

Métis people do not have poor health outcomes because they are Métis. Poor health outcomes are a result of decades of oppressive policies that effectively sought to erase or assimilate the Métis.

Methodology

Relevant health strategy and governance documents from Métis Nation Governments and available health research and grey literature were reviewed to identify collective principles, strengths, assets, and challenges related to Métis health and well-being. This collective data was discussed and validated through health governance from MNBC, MNA, MN-S, MNO, LFMO and MNC health, intergovernmental, and senior policy knowledge holders, and Métis Government leaders and was used in developing a Métis Nation approach to health legislation. (See Appendix A)

Building on decades of community-based research and conversations, Pan- and Métis-specific advisory committees, and formal government tables, the Métis Nation Governments have worked to provide culturally appropriate, self-determined health and well-being opportunities that address the unique health profile of Métis and their communities. Today, the Métis Nation Governments are organized to deliver multi-sectoral services. They are uniquely positioned to deliver healthcare services and require distinctions-based legislation to make it a reality.



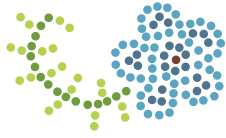
As such, in 2021, Métis Nation Governments engaged their respective citizens to further explore and validate health principles and priorities as they relate to the development of health legislation. Key principles that guided these engagements included:

- Respectful grounding of all engagement in Métis knowledge, experiences, and perceptions.
- Maintaining clear communication and trust; including transparency and reporting to community.
- Leveraging existing engagement data and opportunities to avoid duplication, burden to community, and to maximize efficiency of the process.
- Flexibility in engagement approach to ensure that the diversity among Métis people was honored.

The Indigenous Services Canada's (ISC) Engagement guide: Co-developing federal distinctions-based Indigenous health legislation provided a basis for proposed questions considered by Métis engagements sessions. (ISC, 2021, pp. 8-9).

Principles of ethical Métis research were applied to Community engagements. This ensured Métis people and communities were respected and that they supported the gathering of Métis stories in a good way.

The longer Métis people go without the meaningful and full integration of a Métis social determinants of health approach in the health care system, the greater the risk of perpetuating inter-generational trauma being passed on to future generations.



Setting the Stage

Defining Health

There are many ways to define health. The World Health Organization (WHO) offers a definition of health that states:

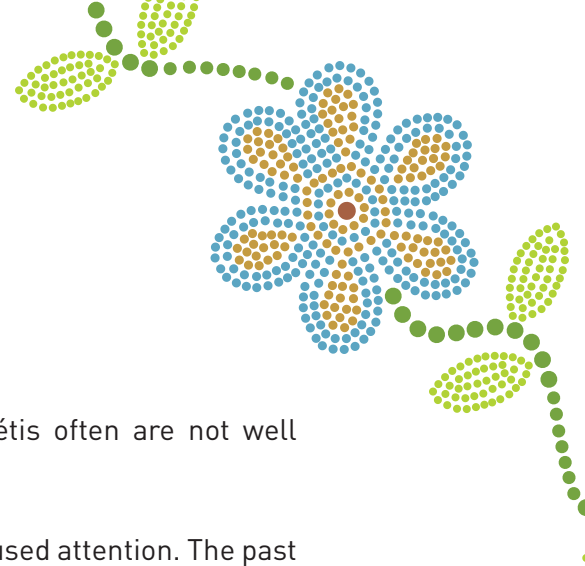
“Health is a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity. It is the extent to which an individual or group is able, on the one hand, to realize aspirations and satisfy needs, on the other hand, to change or cope with the environment.” (World Health Organization, 2021)

Although this definition is comprehensive, it does not fully convey how Métis in Canada experience health. Overall, the literature and community engagement related to Indigenous health and wellbeing reflect themes related to holism, cultural identity, and relationships with people and the land (Bartlett, 2005; Macdougall, 2017; Métis Centre, 2008). Métis people and communities have expressed to us the importance of those elements.

A Métis definition of health recognizes that health is holistic and is influenced and shaped by larger social structures and determinants of health which include family and kinship ties, community, culture, and relationship to the land (Métis Nation of Alberta, 2021).

Grounded in community engagement, we propose a new Métis definition of health.

Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. It is a state of balance and interconnected relationships between physical, mental, emotional, social, financial/economic, spiritual, environmental, and cultural well-being. And it is the extent to which Métis people, families, or communities can achieve individual or collective well-being now and for future generations.



The Past Impacts Our Present

The impacts of past and present colonial policies on Métis often are not well understood or addressed.

Métis people have unique health needs which require a focused attention. The past and ongoing legacy of colonization including (but not limited to) oppressive systemic policies, such as the loss of land, residential schools, sixties scoop, federal and provincial jurisdictional battles, and systemic racism has taken a significant toll on the lives of Métis people.

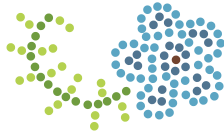
However, the root cause of poorer health outcomes suffered by the Métis lies in inter-generational family and individual experiences of trauma caused by colonial policies and adversity in their childhood. (Les Femmes Michif Otipemisiwak, 2020). As a result, Indigenous people, often carrying the burdens of multigenerational trauma and persistent discrimination, face poorer health outcomes than the general Canadian population (Wilk, Maltby & Cooke, 2017).

The Métis Nation was not formally recognized as a distinct Indigenous peoples within Canadian policy until the passing of the Charter of Rights and Freedoms in 1982. While a crucial first step, recognition did not bring to the fore efforts on the part of the Federal Government to restore a land base for Métis People, or to acknowledge a fiduciary obligation to Métis Peoples (Lawrence, 2004).

~~~~~  
**This discriminatory practice of leaving out Métis people needs to stop now.**  
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The Federal Government has long understood its responsibility for supplementary health benefits and emergency services for First Nations and Inuit. In 2003, the First Ministers' Accord on Health Renewal acknowledged the gap in health status between Aboriginal² and non-Aboriginal Canadians. Then again, in 2013, the Health Council of Canada reported that "despite significant investments to address inequities in the health status and health outcomes of Aboriginal Peoples, the impact of these initiatives is unclear" (Canada, 2004). None of the noted federal health services available to other Indigenous people are currently, nor have they ever been, available to Métis people.

²Note: The term "Aboriginal" will be used in this document only when directly quoting or referencing a past document or specific use of phrase. The authors and contributors of this document recognize the term is outdated.



Métis Nation: A Vision for Health

The *UNDRIP* was negotiated by Indigenous Peoples and States in large part to respond to these realities of historic and ongoing colonialism. It recognizes the fundamental human rights of Indigenous Peoples in the face of this colonialism, providing a fulsome picture of our self-determination that constitutes the minimum standards for our survival, dignity and wellbeing. Among the rights affirmed in the *UNDRIP* are rights related to health, including Articles 23 and 24:

“Article 23: Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.

Article 24(1): Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.

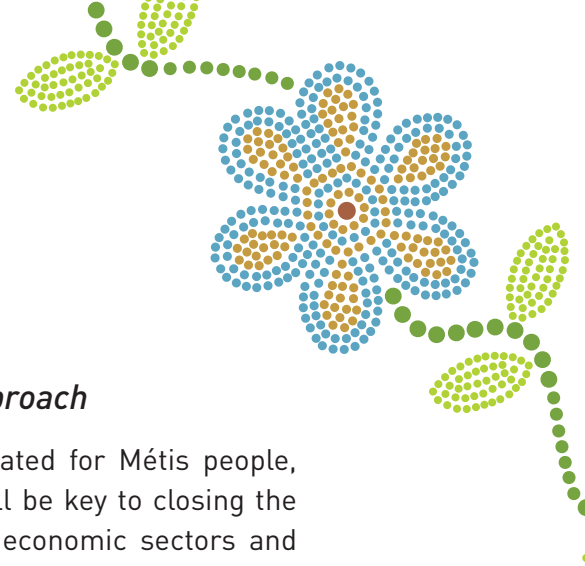
Article 24(2): Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.”

In order to effectively respond to the negative health outcomes resulting from historic and ongoing colonialism, Indigenous health legislation must recognize and uphold these substantive rights held by the Métis Nation.

Principles of Métis Health

While there is a diversity among experiences, this document puts forth a collective conversation of health experiences and breaks it into key domains that can be used to understand principles of Métis health.

- Application of a Métis Social determinants of health approach (see page 13)
- Principles related to Métis health and well-being (see pages 14, 15).



A Métis Social Determinants of Health (MSDoH) Approach

While MSDoH apply to everyone, disparities are exacerbated for Métis people, addressing MSDoH through a multi-sectoral approach will be key to closing the health gaps between Métis and other Canadians. Socio-economic sectors and determinants such as infrastructure, employment, housing, education and the environment need to be addressed if substantial improvements in health status are to be realized.

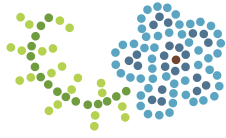
By engaging multiple sectors and partners the Métis Nation can leverage knowledge, expertise, research, and resources, benefiting from their combined and varied strengths as they work toward the shared goal of producing better health outcomes.

A MSDoH approach seeks to acknowledge and understand the root causes of a variety of historical, economic, social, ethnic, gender and political inequities. It is a departure from a siloed biomedical³ model or ideas that emphasize stereotyping by suggesting that the health inequities faced by Métis people are a matter of genetics or individual or community choice. MSDoH illuminate ways in which social, cultural and economic marginalization impacts health. MSDoH links history, policies, and practices that have contributed to disparate rates of poor health outcomes and assists in setting out a path forward to improve health and well-being.

Métis Social Determinants of Health include:

- Income and social status
- Poverty
- Housing
- Race/racism
- Colonialism
- Employment and working conditions
- Education and literacy
- Childhood experiences
- Physical environments
- Environment and climate change
- Social supports and coping skills
- Healthy behaviours
- Access to health services
- Biology and genetic endowment
- Gender diversity
- Culture
- Relationship to animals, land and waters

³A biomedical model of health “assumes disease to be fully accounted for by deviations from the norm of measurable biological (somatic) variables, [and] leaves no room within its framework for the social, psychological, and behavioural dimensions of illness.” Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5746722/>



Métis Nation: A Vision for Health

Approaches to MSDoH offer knowledge related to holistic perspectives of health which includes health across generations and lifecycles; the inclusion of spirituality or 'mind' and 'spirit'; the importance of Métis identity as it relates to well-being; concepts of inclusion and diversity; and understanding connection to land, animals and water (MN-S, 2020. Métis Elder conversations, personal communication, November 30, 2020 – December 10, 2020).

Principles Related to Métis Health and Well-Being

1. Health is self-determined

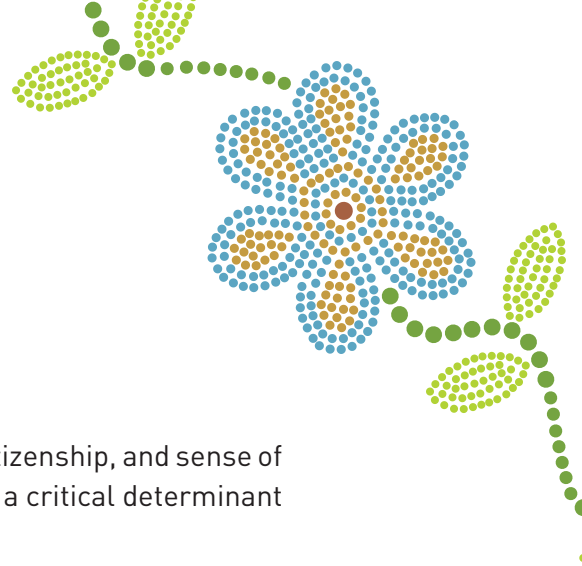
Métis people value the ability to be self-directed in all aspects of life, to maintain independence and autonomy, including their ability to self-govern. Self-determination in health for Métis people means being active, in charge of one's life, being able to prevent illness, and to live a healthy lifestyle.

2. Health is holistic and multi-faceted

Métis people hold a comprehensive and holistic understanding of health and well-being. Métis health is multi-faceted and involves physical, mental, emotional, social, and spiritual well-being. Interpersonal relationships are critical to Métis health. Family and kinship, community strength and mutual commitment between community members have always been the backbone of Métis communities. Relationships with the world around us (animals and land), history, culture, cultural continuity, language, and identity are all interrelated and equally important. A holistic approach that does not silo physical health from these other determinants is likely to be relevant and effective for Métis people.

Barriers to Understanding Métis Health and Well-Being

- ∞ The current data systems are not able to identify Métis people. Data limitations suggest that most available statistics underestimate the degree of MSDoH disparities especially for Métis (Métis National Council: Performance Measurement Workshop, 2019).
- ∞ Despite these limitations, there is evidence that Métis populations in Canada experience disproportionate burden of social challenges across the core social determinants of health compared to the general Canadian population (Smylie, 2009; Wilson et al., 2013).

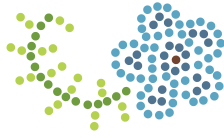


3. Health is place-based

Location is a key element of Métis identity as Métis history, citizenship, and sense of belonging is rooted in place. Having pride in one's identity is a critical determinant of health and well-being.

Principles of Métis Health Legislation

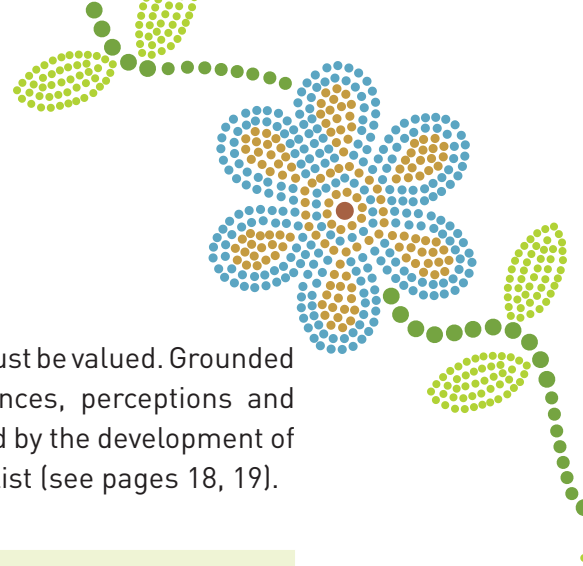
- Must uphold and protect the inherent rights of the Métis under *section 35* of the Constitution.
- Must align with the implementation of the *United Nations Declaration on the Rights of Indigenous Peoples Act* through upholding the rights affirmed in Articles 18 and 19 in co-development and the substantive rights to health in Articles 23 and 24 of *UNDRIP*.
- Meaningful and respectful Nation-to-Nation co-development of Métis health legislation.
- Predictable and sustainable multi-year funding is essential.
- Ensure Métis Nation Governments have the financial capacity to deliver health and well-being services including training and regulating health care workers and services and entering into agreements and contracts as required.
- A Métis Social Determinants of Health approach as foundational.
- Confront the harms of Canada's colonial history. Address the ongoing impacts on Métis People.
- Protect, promote and uphold the human rights of Métis people.
- Eliminate racism in the present health system.
- Métis Government accountability.
- Métis ownership with respect to Métis data sovereignty.
- Protection from liability.
- Métis first intersectional GBA applied to the co-development of the legislation.



Accountability

Métis Nation Governments are not homogenous and there will be variations in the exact structure that is established for implementing Métis health legislation. However, there are core principles that each Métis Government will follow:

- Ultimate accountability of Métis Nation Governments lies with the citizens they represent.
- Métis Nation Governments have governance structures and processes to develop direction, legislation, regulation, and policies. **What needs to be built can and will be built.**
- Métis Nation Governments will establish health structures to ensure consistent and timely engagement with communities and ensure actions of their Government are relevant and reflective of community needs.
- Métis Nation Governments are the representatives of the Métis Citizens in their respective jurisdictions and must have the authority to design and deliver programs, supports and services to Métis people where possible.
- Métis Nation Governments will require agreements and structured relationships with other levels of government, community health bodies and other stakeholders and such agreements shall not diminish, derogate, abrogate, or infringe any existing Aboriginal treaty, legal or inherent rights, or any other rights of Métis People.
- The Canadian government and Provincial healthcare systems and any agencies thereof must be accountable to Métis Nation Governments in terms of data collection and health surveillance and Métis Nation Governments should have the capacity to collect, own and protect data.
- Legislation will need to provide long-term, sustainable, and equitable funding for Métis Nation Governments and should include standard clauses to address liability and immunity.



Métis Vision for Health

The lived experience and community voice of Métis people must be valued. Grounded in community engagement which centers Métis experiences, perceptions and needs, we collectively present areas that must be supported by the development of Métis-specific health legislation. This is not an exhaustive list (see pages 18, 19).

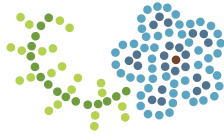
- Extended Health Benefits
- Mental Health and Substance Use supports
- Barrier-Free Access to Primary Health and Specialist Care
- Community-Based, Long-Term Care and Palliative (Hospice) Care
- Building Meaningful, Collaborative Relationships
- Comprehensive Community Health Centres within Hubs
- Increased Métis Health Human Resources
- Healthy Living, Disease Prevention & Health Promotion
- Strengthening Métis Nation Cultural Supports and Traditional Well-Being

PROGRAMMING

- Expanding Virtual Health Opportunities
- Métis Research, Needs Assessment and Evaluation
- Building Culturally Competent Health Systems
- Pre- and Post-natal care
- Culturally Relevant Sexual Health and Reproductive Care
- **Climate Change Impact on Health**

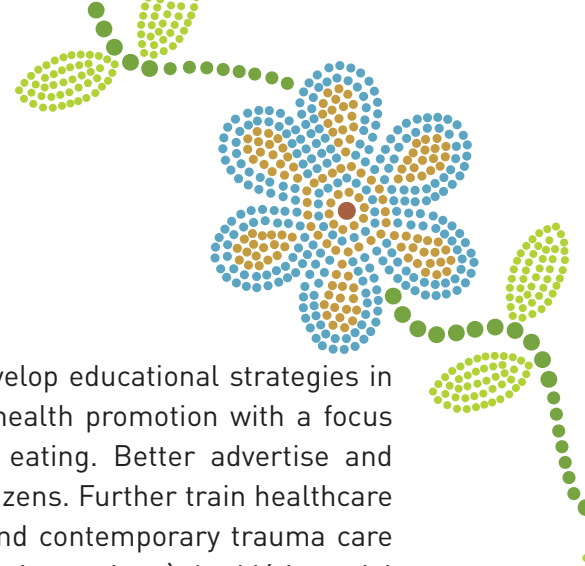


Source: Métis Nation of Alberta (see graphic context on Appendix A: Métis community voices, What are we doing?)

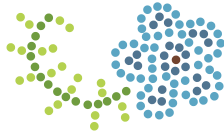


Métis Health and Well-Being Priorities

- ∞ **Extended Health Benefits:** The most heard priority is health benefits for all Métis Citizens in each jurisdiction, which gives them access to coverage for services that are not covered through social programs, private plans and provincial and territorial health insurance.
- ∞ **Mental Health and Substance Use Supports:** System level changes and sustainable funding to enable transformational shifts in the existing system which allow for flexibility and choice for Métis people. These services are to be available and accessible without wait times.
- ∞ **Barrier-Free Primary Health and Specialist Care:** Increase access to culturally safe health services and supports for Métis people, especially for more targeted populations such as those living in rural and remote communities, Elders, 2SLGBTQIA+, women, men, youth and gender diverse people.
- ∞ **Community Based, Long Term Care and Palliative (Hospice) Care:** Supports should be put in place to ensure access for all Métis in need of home and community care. There must be increased access to long term care services for elderly Métis and Métis living with disabilities and/or chronic conditions, as well as increased access to respite care, palliative care, and chronic illness support / prevention including travel support, disease management, follow up care and education.
- ∞ **Building Meaningful, Collaborative Relationships:** Collaborative working relationships with federal and provincial jurisdictions as well as First Nations and post-secondary institutions to co-develop a range of complementary and integrated services and supports to address Métis health needs and service gaps as well as facilitate service delivery.
- ∞ **Comprehensive Community Health Centres within Hubs:** Building on existing Métis Government infrastructure, a series of multi-purpose, multi-functional, family-centered Métis Comprehensive Community Health Centres should be created that bring health services and supports to the community. Each Centre will provide the services established by the Métis Government Health Authority/Department and could include, inter alia, any of the services previously listed depending on local needs and available capacity and offer mobile services for remote communities and isolated Citizens.
- ∞ **Increased Métis Health Human Resources:** Training healthcare workers and professionals in the areas required to deliver culturally safe services that are needed, as well as training community development workers and community health workers who can assist community members to navigate the health system. In addition, strengthen the use of IT in the training of healthcare workers and professionals. Accountability measures and evaluation of effectiveness should be implemented for this training. Also offer specific training for Métis and Indigenous health care workers that recognize and appreciate unique Indigenous situations such as single parent households as well as prioritize the hiring for trained Métis in their home communities.

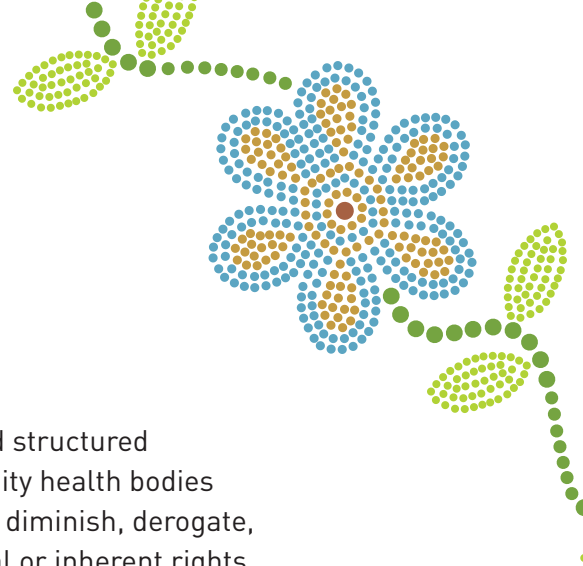


- ∞ **Healthy Living, Disease Prevention & Health Promotion:** Develop educational strategies in area of healthy living, disease and accident prevention and health promotion with a focus on healthy families, parenting skills, nutrition and healthy eating. Better advertise and promote existing health-related services available to Métis citizens. Further train healthcare workers and professionals in the area of intergenerational and contemporary trauma care support, Métis identity and history (including historic and ongoing racism,) the Métis social determinants of health and population health (Les Femmes Michif Otipemisiwak) and ensure that all Métis Government policies are viewed through a “health lens”.
- ∞ **Strengthening Métis Nation Cultural Supports and Traditional Well-being Programming:** Strengthening and supplementing existing Métis cultural and community-based supports for individuals and families including multi-generational supports, supports for women and girls, and the broader community. These supports would include mental health and well-being supports as well as access to and use of traditional medicines and ways of healing.
- ∞ **Expanding Virtual Health Opportunities:** Enhance existing telehealth and related online platforms to increase access, enhance health service delivery and improve continuity of care for Métis (especially those in more rural and remote areas.)
- ∞ **Métis Research, Needs Assessment and Evaluation:** Adequate funding and support for ongoing Métis Government-led health research and needs assessments and funding for the evaluation of Métis health programs and service delivery is a priority.
- ∞ **Building Culturally Competent Health Systems:** Development of programs, and curriculum to train healthcare workers and professionals in the federal and provincial health systems to be culturally safe and to understand unique health issues experienced by Métis people and their root causes. Develop culturally appropriate services that Métis can access without judgement, discrimination, or decline in quality of care.
- ∞ **Pre- and Post-natal care:** Providing adequate pre-and post natal care and maternal health services to Métis communities in rural and remote areas that lack proper facilities. Métis women needs require integrating culturally sensitive approaches within the delivery of health care services. It includes Métis community-led models of maternity care and evidence supporting their effectiveness across multiple outcomes. Increasing and diversifying the maternity care workforce by providing greater federal /provincial financial resources for more midwives and nurses specializing in women’s health.
- ∞ **Culturally relevant sexual health and reproductive care:** Improving availability and accessibility of Métis community-level data on sexual and reproductive health outcomes. Métis must have access to sexual and reproductive health programs and services by investing in culturally safe prevention, education and awareness initiatives developed and led by Métis Nation Governments and communities to facilitate access to ongoing care and support.

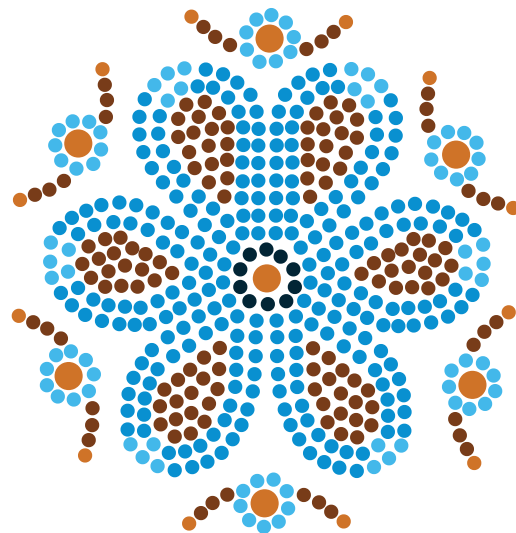


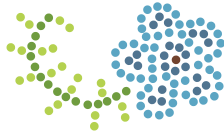
Recommendations

1. The Federal Government must provide for priorities as identified and validated by Métis communities, such as, but not limited to, extended health benefits.
2. Métis Health Legislation must align with *UNDRIP* and direct federal and provincial governments to engage and build an intentional path to reconciliation with Métis people and complement the work of Métis Nation Governments.
3. Métis Health Legislation must protect the Inherent rights of the Métis.
4. Meaningful Nation-to-Nation co-development of health legislation must be in accordance with Articles 18 and 19 of the *UNDRIP*.
5. Beginning in 2022-2023, Canada must provide distinctions-based, long term, sustainable and predictable funding to Métis Nation Governments to build capacity for both infrastructure and human resources that support healthcare systems for Métis people in each jurisdiction.
6. Métis Health legislation must speak to a broad range of systemic changes to eliminate systemic racism in the existing healthcare system. Systems change of this magnitude requires dedicated commitment from each of the various contributors to the system. Canadian Governments must acknowledge Métis authority and be obligated to allocate dedicated funding to support Métis authority and control of their health and well-being systems.
7. The underlying focus of all healthcare systems and policies must be based on the Métis social determinants of health, protection of Métis human rights and incorporates a gender intersectional lens.
8. Programs and policies must recognize the role of colonialism, racism and inter-generational trauma in health and well-being, recognize the importance of autonomy over self and a sense of “place”, involve family and community, and respect culture and traditions. This approach must incorporate specific considerations across the life cycle, more specifically youth and older adults.



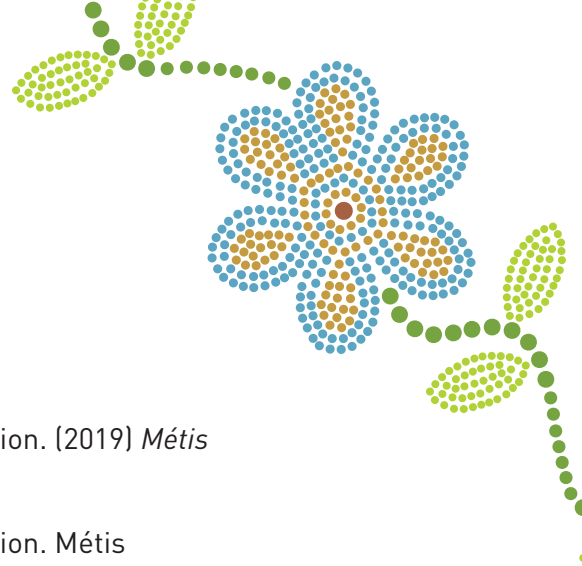
9. Métis Nation Governments will require agreements and structured relationships with other levels of government, community health bodies and other stakeholders and such agreements must not diminish, derogate, abrogate, or infringe any existing Aboriginal treaty, legal or inherent rights, or any other rights of Métis People. Bilateral/trilateral negotiations now underway with Métis Nation Governments must not be impacted by this new legislation.
10. Federal and Provincial investments and legislation must enable Métis Nation Governments to develop region-specific priorities, structures, plans and accountability mechanisms within their respective jurisdictions to support the implementation of a Métis Nation health legislation as well as healthcare systems that are tailored to respond to community needs and local and regional realities. Legislation must provide immunity and protect Métis Nation Governments from liability.
11. Métis Nation Governments must have the capacity to collect, analyze, use and own Métis data.
12. Legislation must recognize the urgent need for Métis extended health benefits, Elderly supports, mental health and wellness supports, and anti-racism policies in the present and future health system.





References

- Bartlett, J. G. (2005). Health and well-being for Métis women in Manitoba. *Canadian Journal of Public Health*, 96(1), S22–S27. <https://doi.org/10.1007/BF03405312>
- Canada. Governor General. (2020). *A Stronger and More Resilient Canada: Speech from the Throne to Open the Second Session of the Forty-third Parliament of Canada, September 23, 2020*. Ottawa, ON. Retrieved from www.canada.ca/throne-speech
- Canada, H. (2004). ARCHIVED - Information - Canada.ca, 20 May 2021. Retrieved from <https://www.canada.ca/en/health-canada/services/health-care-system/health-care-system-delivery/federal-provincial-territorial-collaboration/first-ministers-meeting-year-plan-2004/2003-accord-health-care-renewal-progress.html> (referred to herein as “Canada, 2004.”)
- Desmarais, D.A. (2013). Colonialism’s impact upon the health of Métis elderly: History, oppression, identity and consequences. [Doctoral dissertation]. University of Regina, Regina, Saskatchewan.
- Farre, A., & Rapley, T. (2017). The New Old (and Old New) Medical Model: Four Decades Navigating the Biomedical and Psychosocial Understandings of Health and Illness. *Healthcare (Basel, Switzerland)*, 5(4), 88. <https://doi.org/10.3390/healthcare5040088>
- Government of Canada. (2021). *Implementing the United Nations Declaration on the Rights of Indigenous Peoples in Canada*. Retrieved from <https://www.justice.gc.ca/eng/declaration/index.html>
- Government of Canada, Statistics Canada. (2016). *Aboriginal Identity Population, Canada, 2016*. Retrieved from <https://www150.statcan.gc.ca/n1/daily-quotidien/171025/t001a-eng.html>
- Indigenous Services Canada (ISC). (2021). *Engagement guide: Co-developing federal distinction-based Indigenous Health Legislation*.
- Lawrence, B. (2004). “Real” Indians and Others: Mixed-Blood Urban Native Peoples and Indigenous Nationhood. Vancouver, BC: UBC Press, p.95.
- Les Femmes Michif Otipemisiwak, Women of the Métis Nation. (2020) *Métis Trauma Informed Toolkit*, p.5.



Les Femmes Michif Otipemisiwak, Women of the Métis Nation. (2019) *Métis Specific Gender-Based Analysis Plus (GBA+) Tool*, p.9.

Les Femmes Michif Otipemisiwak, Women of the Métis Nation. Métis Perspectives of Missing and Murdered Indigenous Women, Girls and LGBTQ2S+ People. (2019), p.34-35. Available at: <https://metiswomen.org/wp-content/uploads/2021/06/LFMO-MMIWG-Report.pdf>

Macdougall, B. (2017). *Land, family and identity: Contextualizing Métis health and well-being* (p. 32). National Collaborating Centre for Aboriginal Health.

Métis National Council. (2021). *Citizenship*. [webpage] Retrieved from <https://www2.Métisnation.ca/about/citizenship>

Métis Nation of Alberta. (2021). *Vision for Health: Summary Document*. [internal document]. Edmonton, Alberta.

Métis National Council (2019) Telling Our Stories: Performance Measurement Workshop Report 2019.

Métis Centre. (2008). *In the words of our ancestors Métis health and healing*. (S. Fryer & T. Logan, Eds.). National Aboriginal Health Organization.

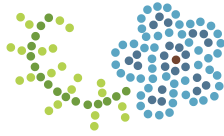
Métis Nation-Saskatchewan. (2021) *Health Legislation Engagement Summary*. December 2021.

Smylie, J. (2009). Chapter 19: The health of Aboriginal peoples. In D. Raphael (Ed.) [Social determinants of health: Canadian perspectives](#) (2nd ed.), p. 280-304. Toronto, ON: Canadian Scholars' Press Inc.

Wilk, P., Maltby, A., & Cooke, M. (2017). Residential schools and the effects on Indigenous health and well-being in Canada—a scoping review. *Public Health Reviews*, 38(1). doi: 10.1186/s40985-017-0055- 6. (referred to herein as “Wilk, Maltby & Cooke, 2017.”)

Wilson, D., de la Ronde, S., Brascoupe, S., Apale, A.N., Barney, L, Guthrie, B., Horn, O., Johnson, R., Rattray, D. & Robinson, N. (2013). Health Professionals Working With First Nations, Inuit, and Métis Consensus Guideline. *Journal of Obstetrics & Gynaecology Canada*, 35(6) Suppl 2, S1-S52.

World Health Organization. (2021). *Constitution*. <https://www.who.int/about/governance/constitution>



Appendix A: Métis Community Voices

Métis Nation of Alberta



Project Background

The Métis Nation of Alberta's (MNA) Department of Health is committed to developing policies and implementing programs and services that meet the needs of Métis Albertans. Our main goal is to provide culturally appropriate, self-directed health and wellness opportunities that address the unique health needs of Métis Albertans and their communities.

To best accomplish this, we need to better understand how Métis Albertans experience and define health. This information will provide the foundation for a five-year strategic plan to guide our actions.



Why are we doing this project?

The MNA has done previous research on specific illnesses and the use of health services among Métis Albertans. To provide appropriate services, we also need to understand how Métis people in Alberta experience health.

What are we doing?

Between April 2019 and June 2020, we will learn about how Métis Albertans define health, what Métis Albertans do to stay healthy, and what is unique about Métis health. We will explore:

Métis perspectives on health and wellness

Health needs and priorities of Métis people, families, and communities

Assets that support health and wellness

Barriers that prevent health and wellness

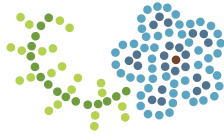
How are we learning from Métis Albertans?

This is a journey with multiple stops. Each time we connect with Métis Albertans, we learn more about views on health. Please see Appendices A-E for a full description of the project methods.

When?	How?	Who?	What Did We Ask?
August 2019	Conversations at the AGA	181 responses from Métis Albertans	What is health?
September – October 2019	Online survey	670 responses from Métis Albertans	What does health mean to you?
November 2019	Focus groups at the Health Forum	About 160 Métis Albertans from all 6 Regions	What helps you to be healthy? What makes it difficult to be healthy?

What have we learned so far?

Through conversations at the AGA and an online survey, Métis Albertans from all Regions told us that health involves physical, mental, emotional and spiritual well-being. At the Health Forum, we learned that social well-being is also part of health. Métis Albertans believe health is affected by how they live and what they do. Please see Appendix F for more detailed information about what we learned at the AGA and through the online survey.



Shared Experiences of Health across the Regions

At the Health Forum, we learned Métis Albertans from the six Regions have many shared experiences of health.

What helps Métis Albertans to be healthy?

Across all six Regions, Métis Albertans said family relationships are critically important to health. Not only do Métis Albertans feel the healthiest when they are connected with their family members, this gives them a sense of belonging. Strengthening intergenerational relationships is very important to many people.

Being connected to the land or having easy access to nature are central to Métis Albertans' health. People talked about doing outdoor activities and traditional Métis activities, such as berry picking and hunting.

Family relationships and being connected to the land are the main reasons many Métis Albertans live where they do.

Overall, Métis Albertans agreed that health is affected by how they live.

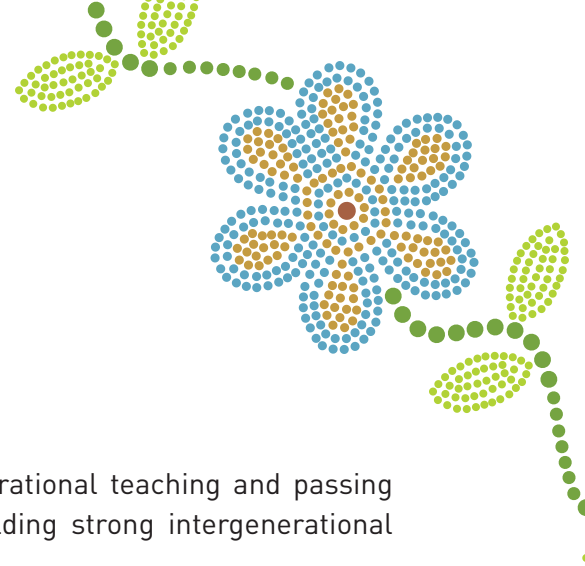
- Physical health is affected by choosing to eat healthy and having access to healthy food. For many people, this links with being able to access traditional Métis food.
- Social health is strengthened by participating in gatherings and cultural activities.
- Mental and emotional health are supported by laughter and a “*positive mindset*” (Region 2). Métis Albertans said, “*Health is happiness*” (Region 6).

In general, Métis Albertans feel the healthiest when they have a sense of balance in life.

More specifically, what supports Métis Albertans' health?

Activities that are tailored to different ages and stages across the lifespan help Métis Albertans be healthy. Programs and services that people found supportive of health are ones that strengthen the multiple dimensions of health identified by Métis Albertans – physical, mental, emotional, spiritual, and social. In addition to health services, this includes:

- Recreational programs, such as swimming and sports.
- Community programs and social events, such as community gardens and community



celebrations.

- Cultural activities, especially ones that encourage intergenerational teaching and passing on Métis knowledge. This links with the importance of building strong intergenerational relationships.

The types of programs that Métis Albertans find helpful are those that help them learn from each other and show them how to access information.

What makes it difficult for Métis Albertans to be healthy?

People from all of the Regions told us that stress negatively impacts their health. This is true across all ages, but the causes of stress vary at different ages and stages of life.

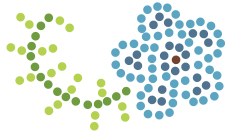
In all Regions, Métis Albertans' unanimously said that racism and discrimination are key threats to health. Métis Albertans said, "*Racism in school and in general... creates unhealthy lives*" (Region 5). In some Regions, there was concern that people may delay or avoid seeking treatment for health issues due to a fear of discrimination. Métis Albertans also described racism as a root cause of social exclusion. Finally, Métis Albertans told us that "*intergenerational trauma affects all aspects of life*" (Region 1), but the conversations did not specifically explore what this means for health.

When mental health and social health are compromised, Métis Albertans feel unhealthy. Sometimes poor health can be observed by:

- Social and emotional withdrawal.
- Deterioration in physical appearance.

Other times, however, there may be no signs and no disclosure that someone is struggling. Métis Albertans' health also suffers when there are threats to the conditions in which they live. The greatest threat of all is low income. This may be due to limited financial resources, or it may result when costs exceed financial resources (i.e., the costs of medications or care are unaffordable). Whatever the cause, a lack of financial resources limits all health choices, such as purchasing food, medications, and the costs of care. Many people also noted housing and environmental conditions as threats to health.

In all Regions, Métis Albertans described barriers to services that could compromise health.



Métis Nation: A Vision for Health

While specific concerns varied in the Regions, shared problems included:

- Lack of services, specifically mental health and addiction services.
- Difficulty accessing services, often because of wait lists, long distances to travel and the financial costs of travelling for services.
- Lack of knowledge about services, including not knowing what is available or not knowing how to access available services.

Finally, Métis Albertans expressed concern about the loss of traditional Métis knowledge and lifestyle. Métis Albertans said sometimes this is related to intergenerational changes, or increasingly disconnected relationships between seniors and youth. In some Regions, it also related to a general lack of acknowledgement of Métis culture, knowledge and traditional lifestyles by others.

What do Métis Albertans need to be healthier?

In many conversations at the Health Forum, Métis Albertans started identifying ways to support Métis health.

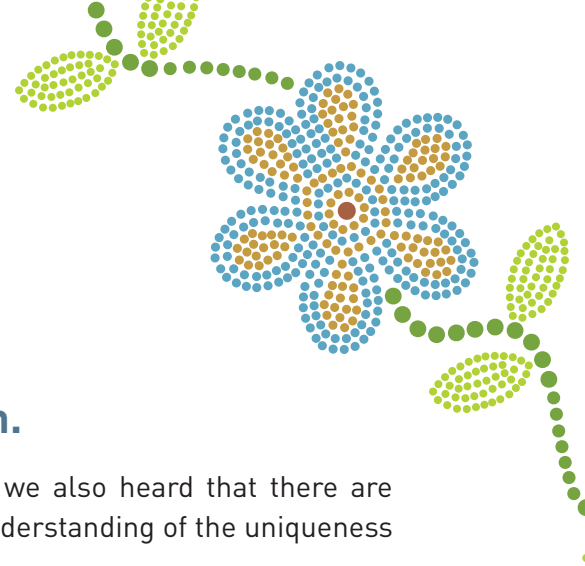
They said Métis Albertans need to know more about:

- How to make healthy choices.
- What services are available.
- How to access services that are available.

Sometimes Métis Albertans said becoming informed requires strengthening literacy, but advocacy and social support were described as important aspects, too. *“Someone who helps advocate, navigate what already exists.”* (Region 6)

Across all Regions, Métis Albertans called for more awareness and pride of Métis culture. This linked with the need for culturally safe services and service providers. *“Cultural support and staff eases the access – [makes] people more comfortable.”* (Region 1)

Finally, all Regions consistently expressed a need for transportation support. It is important to note, however, that the type or specific nature of transportation supports varied across the Regions.



Unique Experiences of Health in Each Region.

While the Regions have much in common, as described above, we also heard that there are important differences. A full picture of Métis health calls for an understanding of the uniqueness in each Region.

Region 1

Region 1 was described as a mix of rural/remote communities, small towns and Métis Settlements. Most people live there because of family ties and describe communities as tight knit. They also shared, however, that sometimes small communities can be “*too close*” (Region 1) and First Nations communities are not always inclusive. Métis Albertans from Region 1 shared that intergenerational trauma affects all aspects of their lives.

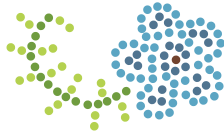
Participants who attended were from Athabasca, Boyle, Caslan, Conklin, Fort McMurray, and Lac La Biche.

Distinct Points

- Métis support people are important for programs and services. They help Métis people feel more comfortable.
- Age needs to be considered in all planning and there is a specific need for programs for people in between youth and seniors (i.e., adult programs).
- Métis Albertans’ knowledge of and access to traditional medicines needs to be strengthened.
- Collaboration is needed across levels of governments and sectors to address or reduce barriers related to policies and criteria to access programs, as well as to leverage existing resources.

Region 2

Participants from Region 2 describe their communities as small cities and rural, or agricultural, areas. Most stay in the area because of family ties and their connection to traditional land. They described the people in their area as “*Multi-culture or mixed – Métis & Settlements, First Nations, French*” (Region 2). Region 2 has employment opportunities in natural resources and with the Canadian Forces Base, both of which require “*physical health.*” Finally, Métis Albertans expressed concern that crime is increasing in rural areas.



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Participants who attended were from Bonnyville, Cold Lake, Dewberry, Fishing Lake, Fort Kent, Heinsburg, Lloydminster, Mannville, Spathinow, St. Paul, and Wainwright.

Distinct Points

- Having a sense of purpose and goals in life are important to health. In other words, people need a reason for being, something to look forward to and strive towards.
- While Métis Albertans recognized that community factors affect their health, they also believe that individual decisions and prioritizing healthy choices are important.
- A good family life is needed for health. If things are stressful at home, it affects health.
- Access to post-secondary education is beneficial.
- People said suicide was as a concern.
- More Indigenous service providers are needed.
- Poor quality of housing (i.e., black mold) affects health.
- Métis Albertans are concerned about negative effects on the environment due to industry (i.e., pollution from refineries, oil spills, high radon gas levels, shifting water levels in aquifers).
- There are needs for supports with public transportation and prescription delivery.
- Economic uncertainty and “*instability*” (Region 2) related to natural resource dependency affect people in Region 2.

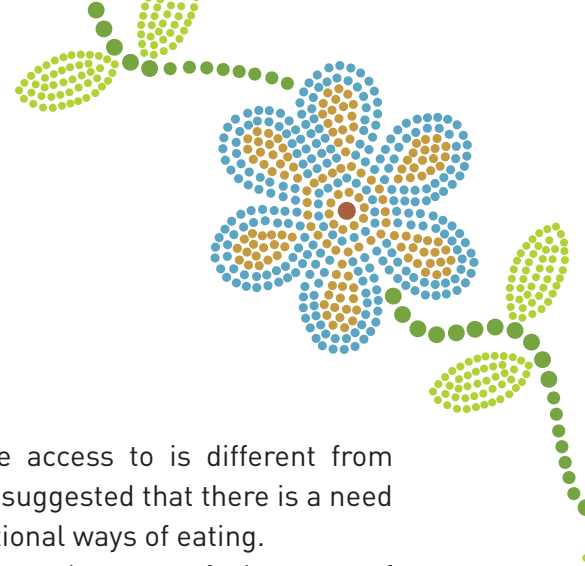
Rural crime was a strong theme in the discussion.

- Escalating rural crime rates have created barriers to developing supportive or trusting relationships; some said there is a “*Lack of trust in community. People never used to lock their doors*” (Region 2).
- Although the internet has improved access to information, cell dead zones and internet problems contribute to isolation and lack of safety.
- People also talked about the complexity of rural crime, how to balance protection and address root causes, and a need for alternatives to the current criminal justice system.

Region 3

Participants from Region 3 said they came from small, medium and large sized communities. Many are drawn to Calgary for employment. Family and the availability of services keeps them living in the city. Calgary’s climate was described as good for some, but can interfere with health for others.

Other than Calgary, participants’ home communities were not recorded.



Distinct Points

- Current diets and the food that most Métis Albertans have access to is different from traditional ways of eating, which impacts health. Some people suggested that there is a need for nutritional information and support that incorporates traditional ways of eating.
- There are concerns about social isolation for Métis Albertans; people want to feel a sense of belonging. *“Break down isolation... Loneliness is an epidemic across Canada”* (Region 3).
- First Nations communities appear to compete with Métis communities for resources. First Nations communities were perceived as not being inclusive or respectful of Métis communities. This was identified as an area to explore and work on. *“Feels like First Nations don’t want Métis to gain access to resources or have a ‘piece of the pie”* (Region 3).
- Métis Albertans have concerns about financial costs and affordability, which impacts all aspects of health, including limiting access to programs and services or covering health-related costs for an adequate length of time.

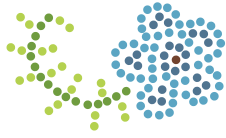
Métis Albertans described a need for multiple types of advocacy, including:

- A broad need for supports that are accessible and Métis-specific. In particular, a need for caregiver supports.
- To raise awareness and pride of Métis people and culture.
- To liaise or navigate resources, such as health services and programs.

Region 4

Métis Albertans from Region 4 described their communities as varying in size, from large urban areas to small rural centres. Their understanding of community was based on more than geography or size and often centred on interests or lifestyle patterns, in that they connect with others who have similar experiences. As such, there were multiple meanings and types of community that were referenced in the discussion.

Some people who lived in larger urban areas described feeling somewhat less connected with their neighbours. In contrast, neighbor connections seemed to be more common and an important part of daily life for people from smaller towns. Another contrast may be perceptions of personal safety. Some in large urban areas expressed concerns about personal safety, whereas feeling safe was a fundamental aspect of living in a smaller community. Regardless of the size of community, Métis Albertans said family relationships and social connections are important.



Métis Nation: A Vision for Health

Participants who attended were from Edmonton, St. Albert, Brazeau County, Drayton Valley, and Mayerthorpe.

Distinct Points

Métis Albertans identified a number of challenges that influence health, but are things they cannot control, such as:

- Housing affordability, which impacts where you can live.
- Work demands, such as having to work long hours.
- Pollution.
- Poverty or limited financial resources.
- Winter weather.
- Public transportation.
- Change over time impacts health.
- Métis Albertans acknowledged that relationships change throughout life. Loss, grief and limited time to invest in relationships impact health.
- Elders may feel isolated for a variety of reasons, such as lack of transportation and lack of a sense of community.
- Some expressed concern about limits to children's free play, related to a lack of nearby play spaces or safety concerns.
- Métis Albertans need health literacy supports to understand health information.
- Some expressed interest in better understanding Métis identity and culture. Others described challenges accessing Métis culture or culturally distinct, Métis appropriate services.

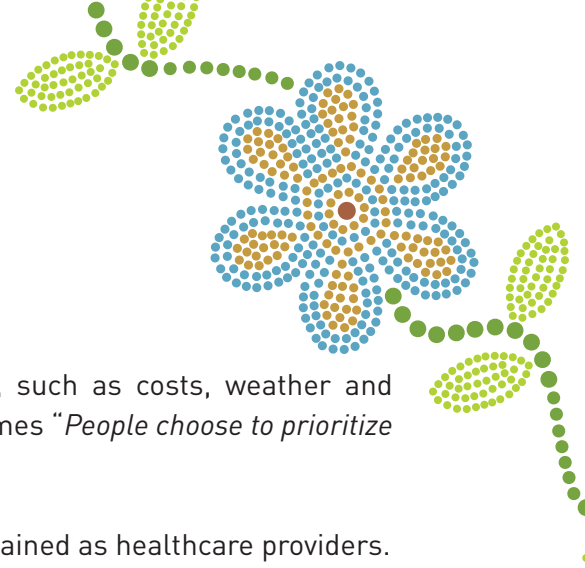
Region 5

Métis Albertans from Region 5 described their communities as small, with easy access to water, land and nature. People connect with each other at major community gatherings and especially value time with friends and family. More specifically, Pilgrimage was described as important for facilitating family and community connections.

Participants who attended were from Wabasca, Sandy Lake, Grouard, Trout Lake, Gift Lake, East Prairie, and Slave Lake.

Distinct Points

- People said staying connected to Elders supports health.
- Different phases of life, and ways of life that are connected to nature, remind people to be healthy.



- In the North, some barriers to health cannot be overcome, such as costs, weather and transportation. When faced with stressors or barriers, sometimes “*People choose to prioritize things other than health*” (Region 5).
- Access to opioids has increased in the Region.
- People need services closer to home and more Métis people trained as healthcare providers.

Change over time impact health, for example:

- Changes in peoples’ diets have led to chronic illnesses.
- Climate change has impacted the local environment. People observe changes to animals and signs of pollution.

Region 6

Métis Albertans from Region 6 described their communities as small, tight-knit, rural communities that are spread across a large geographical area. The distance between communities makes it hard to get places. They said that strong family ties keep people in the Region, but young people have to leave the area for employment. People in the Region have very strong connection to Métis history and many engage in a “*traditional Métis lifestyle*” (Region 6) on the land.

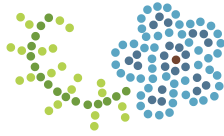
Participants who attended were from Grande Prairie, Peace River, Grimshaw, Valleyview, Fort Vermilion, Paddle Prairie, and Rycroft. They said that this level of engagement from across the Region showed that people are interested in being involved in discussions about health and giving voice to local perspectives.

Distinct Points

Participants said it is important to understand why there are higher rates of diseases among Métis. In other words, they want to understand the root causes of poor health.

Métis Albertans expressed a number of concerns about services, specifically health services, in the Region:

- They described a lack of continuity in care and rotating health care providers. In particular, they believe health care providers who do not live in the community are less invested in community leading to inconsistent and fragmented services.
- Health services need to be culturally appropriate and sensitive to the geographical and Regional context.
- While people expressed appreciation for the MNA Cancer Transportation program, the geographically vast Region contributes to a need for both continued and expanded financial supports for accessing health care (including the cost of medications).



Métis Nation: A Vision for Health

- People called for strengthened recognition and support of Métis-specific services and service providers, including providing cultural navigators across the health care spectrum.

Other specific suggestions included:

- Youth were identified as a priority population to focus on to pass on traditional Métis knowledge and ensure access to activities that reflect Métis culture.
- People recognized a need to further develop (and solidify) partnerships within communities and with Métis leadership in order to leverage and strengthen what works well in the Region.

What are our Next Steps?

Through the engagements to-date, we have given voice to Métis Albertans' perspectives of health, assets that support health, barriers to health and important health needs. Our data points to similarities and differences across the Regions. At this point, our focus will shift to more deeply understanding the perspectives held by members of specific groups, such as youth, Elders and women. We will hold focus group conversations with members of these groups in March and April, 2020.

Following analysis of the data, we will integrate the results with the lessons learned to-date. The project will conclude with a thorough answer to the question "*How do Métis Albertans experience health?*"



Métis Nation-Saskatchewan



Health Legislation Engagement Métis Nation – Saskatchewan Summary of Regional and Provincial Sessions December 2021

Health & Wellbeing Priorities

Mental health and addictions, rooted in trauma—One of the foremost priorities identified by citizens and MN-S leadership is supporting citizens who live with mental health vulnerabilities and addictions, including substance abuse and suicide. Treatment must support families, be readily available, Métis-specific and trauma-informed. Province-wide health education for Métis citizens must focus on addictions and substance-use, including awareness about addictions services.

Access to medical care – travel is expensive and cumbersome—Improving access to primary and specialist care is another major priority, including bringing care closer to home and supporting medical travel (financially and practically).

Affordability of health care and medication—Many citizens cannot afford to prioritize their health. For example, many citizens must choose between paying rent and buying groceries, or paying to travel for an appointment or pay for their medication. Citizens will skip days to make their medication last longer, and also give it to friends and family who cannot afford their medication. Participants also raised high food costs and costs for testing equipment (e.g., for diabetes) as barriers to good health.

Elder support—There is an urgent need to support the cost of prescription medication for seniors as well as prioritize home care and long-term care in local communities. Métis Elders are struggling to maintain their health when they cannot afford their medications or are removed from their community and their family to receive care.

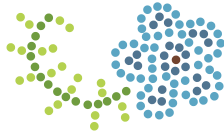
Non-Insured Health Benefits—Including medical travel, prescription drugs, special medical equipment, emergency coverage (e.g., ambulance fees), physiotherapy, and primary and specialist care. This priority links to access and affordability of health care and must be improved from the existing First Nations benefits system.

Focus on prevention education for citizens—E.g., chronic diseases, nutrition, land-based programs, smoking, vaping, mixing drugs and alcohol, screening.

Prioritize Métis youth health—Support good mental health by developing more programs and healthy activities for youth, including community involvement such as volunteer or work exchanges like helping Elders to receive payments for their education.

Health research and funding—Tracking and understanding the health status of Saskatchewan Métis citizens (Métis-specific health surveillance) requires targeted and ongoing health research to establish disease prevention and health promotion goals.





Métis Nation: A Vision for Health

Métis Health Centres

Métis-run and Métis-controlled Community Health Centres—Design a uniquely Métis system that considers the Métis ways, rejects status quo colonial models, and ensures development of Métis-specific policy, legislation and control over programs and services.

Follow best practices, including holistic approach—This is an opportunity to learn from existing initiatives, especially those carried out by First Nations. Best practice includes a holistic approach to health, linking Métis identity, culture, language and values to social determinants of health, using trauma-informed care, keeping families together and informed during the care process, building continuity of care by addressing gaps in existing health system, and building capacity in community to ensure services are accessible and not hard to find.

Consistent staffing and open 24/7—We must provide 24 hours access to care through in-house doctors, nurses, mental health/counselling services, and ensure staff are retained to maintain consistency in relationships between staff and patients. We must also prioritize shorter referral times and shorter wait times for specialist treatment.

Métis staff in all areas—Ensure strong Métis representation in all areas of a Métis health system, including Métis health care professionals. Invest in communities and citizens by funding Métis students to pursue health training, develop programs that allow Métis who have young children to attend and succeed, and in return contract graduates to commit to working *x* number of years in a local or Métis-run health facility.

Employ trauma-informed care—This should be the foundation of all care and services led by the Métis; it is important to use these words alongside ‘culturally safe’ care. Métis-specific trauma-informed care is inherently anti-racist and as such can work to eliminate racism in the healthcare system while also promoting equality of patient rights.

Culturally safe and competent health system—Local traditional medicines and forms of healing must be available to Métis citizens. We must educate health staff about traditional and cultural knowledge and emphasize that it is a science just like Western medicine. Health professionals must also be taught about subconscious bias, systemic racism and anti-racism, Métis-specific trauma-informed care, Métis history and identity, and cultural safety.

Potential services—*Addictions treatment* (healing centres and programs) and *mental health support* that is culturally relevant and includes youth suicide prevention; *patient navigators* assigned to patients to advocate for them, help them navigate the system and provide translation services if needed; *primary care*, especially in rural and remote communities; *assisted living and homecare*, including beds for Elders in local communities to keep them close to their families; *birthing care* including pre-natal and natal clinics, midwives, doulas, traditional and spiritual options, and space for “non-hospital” births; *community- and kinship-building activities* that bring citizens, especially youth, together and engaged in cultural practices such as social events, harvesting, storytelling, making and sharing food together; *culture camps and land-based programs* to connect citizens, especially youth, to Métis cultural teachings and ceremony, and create more opportunities for healing; *Elder care*, including a Seniors Advocate, provision of meals, housework,





housing, medication subsidies, and home accessibility support; *family-supported care*, ensuring family members of patients have input into their care, especially in urgent situations, caregiver support, trauma-informed support for families, parenting support, safe shelters for families, keeping families together, and extra support for young Métis mothers; *follow-up care* for discharged patients; *funeral support*, including financial and legal support; *improved non-insured health benefits* including emergency coverage, medical travel, physiotherapy, prescription drugs, medical equipment, and primary and specialist care; *in-house staff*: doctors, nurses, practitioners, diagnostics, counsellors, Doulas, midwives; *medical tests and equipment*; *training opportunities* including mentoring Métis youth in medical professions; *a pharmacy, including traditional medicines*; *physical therapy*; *mobile health services* such as screening, counselling, dental, testing (diabetes, HCV, HIV); *palliative care*, including death doulas; *patient and family lodges*, such as a Louis Riel House for Métis traveling long distances; *safe spaces for abused citizens* (LGBTQ2S+, women, men, children, Elders); *Telehealth and Helpline*; *traditional Elders, healers and traditional medicines*, including appropriate reciprocation/payment for their knowledge and services; *medical transportation* in urban and rural places; *wraparound care*, including community development workers, social workers, and support for citizens newly out of foster care and those released from corrections.

Métis Health Structure & Governance

Métis representation on provincial Health Authorities—Bring a Métis lens on patient and family care to provincial planning and advocate for system-wide cultural safety in care.

Region-specific services and funding—Ensure services are designed to reflect regional health needs; avoid centralized structure.

Strong partnerships—Including with First Nations health services, with Friendship Centres, with universities and medical institutions for research, services and training opportunities, and overall to prioritize continuity of care for Métis citizens.

Simplify and reduce bureaucracy—Ensure funds are being used appropriately, efficiently, and effectively to create and operate accessible services; avoid redundancy in service provision.

Métis Visions of Health

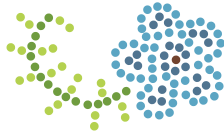
Cohesive communities—Citizens are more connected to one another.

Culture-based living—Citizens are eating more traditional foods and practicing holistic land-based living.

When sick, citizens focus on health and nothing else—Citizens are not worried about expenses or logistics associated with accessing medical care.

Food security—Citizens have improved nutrition, are growing/harvesting their own food, and do not have to choose between eating (healthy) food or accessing medical services.





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Healthy environments—Citizens feel safe and supported in their work, home and outdoor environments, enabling the safe practice of land-based living and incentivising regular exercise.

Improved health services—Improved access to services, improved quality of services, more services to address priority needs, and more affordable services; citizens can access self-governed Métis health services.

Welcoming, comfortable clinics—Where health providers know who Métis are, that offer culturally appropriate services, and where there is kindness, respect and no more racism, discrimination or stigmatization.

Métis models of care—Apply upstream focus, involve community, work together as a government, and move away from Western/Colonial models of service and program development and operation.

Educated citizens—Including health awareness education, cultural education (e.g., language revitalization), as well as trades, secondary and post-secondary education.

General Comments Related to Métis Health Legislation

Same access to provincial care—It is integral that the development of Métis Health Centres and services do not limit the ability for Métis citizens to receive care from the provincial health system. Métis health services must be *in addition to* existing provincial services.

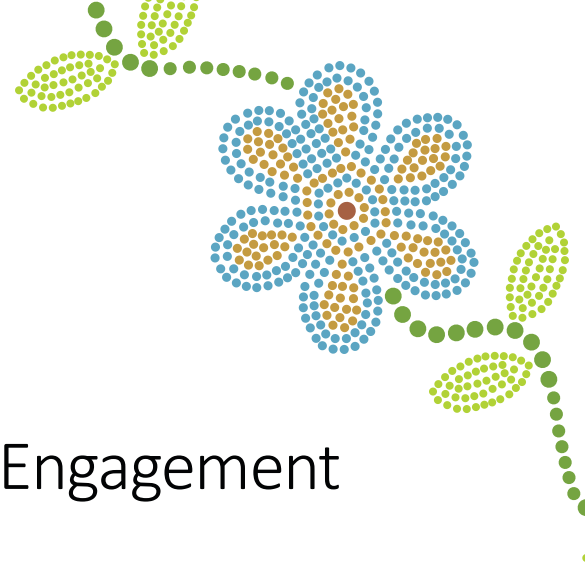
Accreditation of cultural knowledge and skills—We need recognition that Métis cultural knowledge and experiences are valid and must be treated as such by the provincial health system.

Correct current flaws in provincial system—Including jurisdictional red tape, systemic racism, absence of public transportation system, laws criminalizing Indigenous traditional medicine use, long wait times, and the Health Information Protection Act that limits families from supporting loved ones with mental health struggles.

Involving citizens—Communication must be clear and accessible. Citizens want to be involved in the development and implementation of Métis health legislation via regional-scale community gatherings, including Local presidents. Successful citizen engagement also requires building capacity at the local level through infrastructure such as offices and staff. Citizens also want to know what is happening within the Métis Nation through monthly updates that are not solely online formats.

Address short-term needs—Citizens identified actions that should be prioritized immediately: support emergency medical needs, pay-in senior prescription program (\$5 entry), train and hire Métis registered nurses, fund Métis to achieve medical training, doing health research to identify regional health specific care needs, establish or find a Métis Nation insurance company, work with the provincial government to change the way HIPPA impacts health services for Métis, and purchase medical machines (for MRIs, dialysis).





Métis Nation: a Vision for Health Engagement Sessions

Summary Report

Introduction

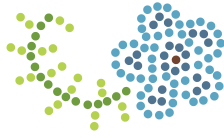
Cultural wellness and self-determination, including the ability to self-govern and to have autonomy over land and a connection to “place,” are integral to Métis’ health and well-being. Métis Nation British Columbia (MNBC) recognizes the complexity of providing services and programs to Métis Chartered Communities. As part of an effort to better understand the needs of Métis people, MNBC hosted an engagement session to ascertain community-level understandings of Métis health and wellness.

Three categories of interest were used to conduct this engagement session: mental health and substance abuse, primary care, and the social determinants of health. The goal of the consultation centred on the collaborative development of federal legislation which recognizes the rights of Métis to self-govern health and wellness programming with long-term, sustainable, and predictable funding.

Methods

MNBC invited members of the Métis Chartered Communities to participate in the engagement session. Over 100 participants were organized into breakout rooms to discuss mental health, the social determinants of health, and primary care. Facilitators from each breakout room then reported back to the plenary. The participants were asked the following questions to serve as a prompt for deeper discussion: *Based on your experiences and the experiences of your community...*

- *...what aspects of mental health services and programming are a priority to you?*
- *...what aspects of primary care and programming are a priority to you? What barriers to accessing primary care are you and your community facing?*
- *...what aspects of the social determinants of health are a priority to you? How have these social determinants of health affected your health and wellness?*
- *...what do you think the health and wellness priorities should be in your community in one year, five years, and ten to twenty years?*
- *...what are the primary health and wellness priorities in your community?*
- *...how does your connection to your community and culture support your health and wellbeing?*
- *...what role would you like to see your community play in delivering health and wellness programming?*



Métis Nation: A Vision for Health

Summary

The first topic of discussion focused on community mental health services and programs. Timely access to health care resources – particularly mental health supports – featured prominently in the discussion, as did the need for more funding support for existing programs and offerings. A common theme throughout the discussion was that critically ill people receive priority treatment—however, those struggling with mental illness and needing preventative services do not.

According to participants, the stigma surrounding mental health challenges is cited as a critical reason for non-participation in preventative measures. Programs and resources such as the Métis crisis line and Métis Counselling Connection aim to address the issues surrounding stigma and continue to be valued by the community. However, these are not enough in the eyes of the participants.

Additionally, when seeking to provide care for Métis, mental health care practitioners need to be culturally competent to build successful relationships. Participants highlighted the need for mental health specialists to understand Métis culture and heritage. Cultural competency on the part of health care workers would go a long way to avoid the pitfalls of misunderstanding.

When asked about their lived experiences of receiving health care in their communities, participants discussed the barriers to accessing primary care. The cost of health care services featured prominently in this discussion. Access to prescriptions is a significant barrier to receiving adequate health care for many Métis. Participants lamented having to choose between paying for medication and paying bills. Participants cited personal accounts of friends, family, and others not being able to receive timely care due to financial hardship or lack of resources for the program they are pursuing. Dental care and hospice care are two other areas where the cost is prohibitive for many.

According to many of the participants, First Nations health centres are not entirely appropriate for Métis patients and doctors – especially those trained abroad – have little cultural understanding of the lived Métis experience. Participants called for creating Métis medical centres that are culturally competent, with Métis staff. Métis staff can incorporate traditional views and values, and provide culturally appropriate continuity of care. Encouraging Métis youth to pursue careers in health care is vital for some participants to achieve culturally relevant spaces. There is also a strong desire to incorporate “two-eyed seeing” in seeking harmony between conventional Western medicine and traditional ways of healing and health as part of a concerted effort to provide a holistic experience. Families need to feel empowered to participate in the healing process.

Participants generally agreed that all aspects of the Métis social determinants of health are prioritized. The most prominent topics were reports of challenges in housing, wages, impacts of climate change, the legacy of colonialism, social inclusion, racism, cultural connection, and early childhood development. Connection to one’s Métis heritage and the impact on an individual’s health are

Connected in Wellness

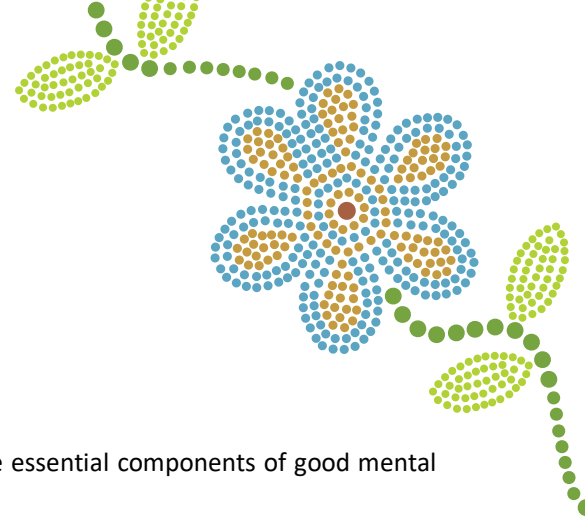
“It is necessary for our optimum health and well-being – we cannot speak about health without speaking about the common story that Métis people have about being invisible and not having a sense of belonging in the world, not knowing who their people are, etc. and the experiences had when connected and meeting their people.”

“Our people need to know that they can connect with their own culture right from birth.”

“Cultural competency should be mandatory for counsellors and therapists as it is difficult to find someone who understands our culture and community and we cannot connect if they do not understand.”

“For people not fortunate enough to be raised in Métis communities, having a community and access to that community with people who understand who you are and where you come from is important to mental and physical health.”

“We are lucky to be in a city, to have a university, and to be able to go there and discuss opportunities to be a part of research projects that will help others have a greater understanding of Métis people because there is not enough Métis-specific information available in terms of health and wellness.”



inseparable for many participants. Community and culture are understood to be essential components of good mental health.

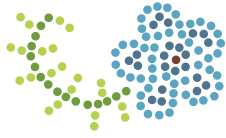
Métis chartered communities are seen as a great benefit to the participants. To achieve healthy and vibrant Métis communities, a plan must be implemented. A plan to improve Métis' health and wellness must be culturally informed. The nuances of the Métis lived experience must be understood at all levels of implementation. Part of this plan would be to develop a portfolio of culturally centred classes offerings. The knowledge and skills attained in cooking classes, information seminars, and other skills will enshrine Métis cultural knowledge and ways of knowing into participants' minds.

Discussion

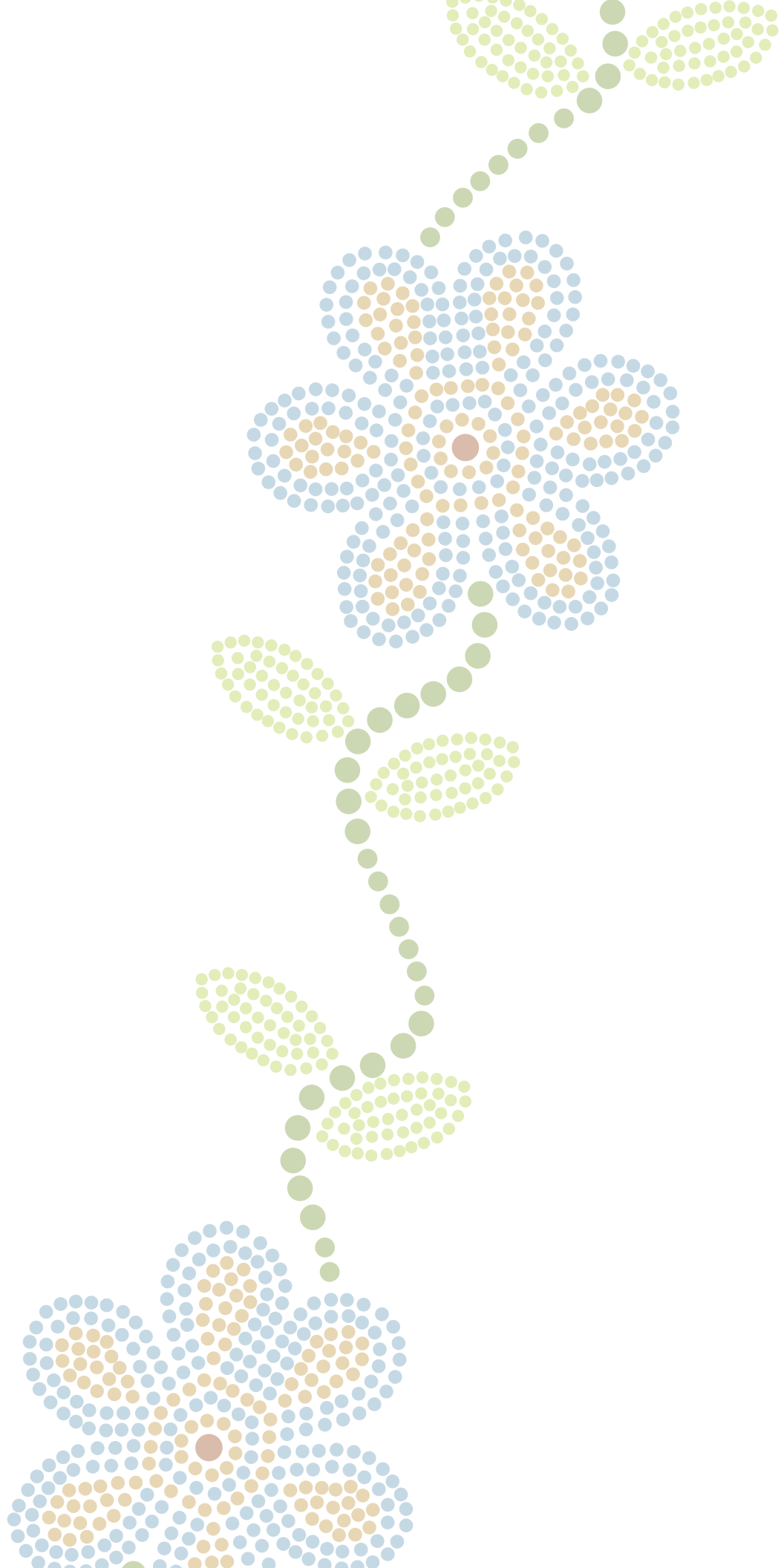
Short-term, cultural awareness is at the forefront of Métis health care needs. In partnership with a Métis Nation Health Authority, a curriculum on Métis culture and healing traditions like the San'yas course could be distributed to help instruct practitioners across the province. Additional support for 2SLGBTQIA+ Métis youth and adults can also be provided through this curriculum and community grief support. Cultural and community connections are generally understood as the most advantageous for improved short-term health outcomes. Connectedness with the community will provide context for health and wellness with a lens on the challenges faced explicitly by Métis people.

Medium-term, the participants agreed that more incentives are needed to ensure that Métis' participation in providing health care remains proportional to the community's needs. Opening more spaces for Métis participation in health care professions is an intense desire among participants. Increasing the presence of Métis health professionals promises to address the critical shortage of physicians available to engage with the Métis community. Primary care in the north and rural and remote communities was a focus of discussion. Telemedical services and improved access to in-person visits are seen as crucial to reaching many Métis individuals. In turn, Métis people will be able to better advocate for themselves as they self-identify and receive culturally informed services.

Long-term goals involve systemic change – a point acknowledged by the participants. Creating a Métis Nation Health Authority is understood to be one significant way in which culturally safe and informed health care can take place. A Métis Nation Health Authority would oversee Indigenous health care navigators and even Métis-specific health centres staffed with Métis health care practitioners. Additionally, a Métis health authority could provide a single source of truth regarding health and healing – a single touchpoint that bridges the gap between Western and Métis healing traditions.



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