



People have made recommendations encouraging governments to address jurisdictional and governance issues towards the provision of equitable and accessible programs and services to Métis.

The Government of Canada maintains that its role in the provision of health services to Aboriginal people is based on policy, not legislation or rights. While the rights of Métis are recognized and entrenched in the *Constitution Act*, 1982, the full extent of these rights has yet to be determined. The 2003 Supreme Court decision in the *Powley* case, which affirmed Métis harvesting rights and attempts a definition of Métis, has brought some clarity to this issue; however, the ramifications of the decision have yet to be fully interpreted.

Delivery of health services to Métis, as with the general Canadian population, is the primary responsibility of the provinces and territories, which, in some jurisdictions, target health promotion programs to Métis. On the federal level, some health activities, such as programming for HIV/AIDS prevention, fetal alcohol syndrome, diabetes, and early childhood education are inclusive of Métis. As health is a provincial jurisdictional responsibility in Canada but reliant on federal transfer funds, designing services for specific populations within provinces is not necessarily equitable or comparable across regions or provinces. The current reality for Métis in Canada is that the provision of health care is dependent upon the willingness and ability of provincial and territorial health care systems to recognize, understand and implement policies that are reflective and respectful of Métis health issues, needs and concerns.

The recent First Ministers Meeting on health care reform (September 2004) reaffirmed the need for further enhanced health care services, programming, and policy for all Aboriginal Peoples. First Ministers further acknowledged the key roles and responsibilities of provincial health ministries and Health Canada in developing long-term, sustainable, and equitable health care services for First Nations, Inuit and Métis.

### **What We Have**

Health care programs, service delivery and policy development for Métis is varied and complex. Three primary factors currently limit the development of appropriate and effective health programs and services for Métis:

- Jurisdictional ownership of health care places Métis health matters at the discretion of provincial and territorial governmental health care systems. Métis have minimal control or voice in how services are developed and what types of services and supports are most appropriate or needed by Métis communities or individuals. Métis do not fully participate in the development of health policy that directly impacts the health of the Métis population.
- Métis health promotion, prevention and protection services and programs are in the beginning stages of development. Although federal departments involved in Aboriginal health research, prevention, and promotion have initiated some

proactive policy changes in recent years, funding allocations are not equitably applied to serve the needs of the Métis, particularly its large urban Aboriginal population.

- There is a minimal amount of Métis-specific health data, information, and knowledge, an absence of Métis population health surveillance. As stated in *Improving the Health of Canadians*, “First Nations data alone do not provide an adequate indicator of the health status of all three recognized Aboriginal groups.”

Métis were included as equal partners during the establishment of the National Aboriginal Health Organization (NAHO), following RCAP’s recommendations in 1996 to create an Aboriginal health institute. The establishment of the First Nations, Inuit, and Métis Centres at NAHO provides a mandate to address health issues specific to each group. (See Métis Centre Vision, Principles, and Objects in Appendix A.)

The Métis Centre is a knowledge-based organization that works to inform and enhance the health and well-being of Métis. Through various projects, the Centre continues to build links with researchers, organizations, leaders, and communities. The Métis Centre Health Information Bulletin is shared with Métis organizations, communities, and researchers working in the area of Métis population health. The sharing of health information concerning available programs, issues, funding opportunities and emerging topics serves to increase awareness of Métis health issues.

### **What We Need**

- The basic principle of respect must be demonstrated through equitable and proportionate representation and inclusion of Métis in health system reform and in the development of related federal/provincial/territorial health policy, programs, and services, as well as in Métis-specific health surveillance and research. Development of comprehensive policies on Aboriginal health, inclusive of Métis, at the federal, provincial, territorial, and regional levels is encouraged.
- The collection of comprehensive and meaningful health information on Métis populations must be encouraged through research and partnerships. The key issue relating to Métis health promotion and prevention programming is the need to develop health information systems comparable to First Nations and Inuit.
- Integration involves health and related services determined by Métis that balances Métis traditional health knowledge and healing practices with appropriate mainstream health services. For Métis, applying a population health-based and holistic approach is founded upon our histories and experiences that are shared in storytelling, embedded in Aboriginal languages and traditions as passed on by Elders. Health for Métis is based on Métis cultures, values, beliefs, and practices. These are dependent on the health of the land and water and our relationship with the environment.



Capacity building is a process not a program. Effective capacity building is a way of planning for the future and carrying out existing programs with a clear goal of greater self-determination.<sup>8</sup> Capacity building in Métis communities, which are increasingly urban, must not only consider mainstream approaches but also the cultural values and indigenous knowledge of each community. It must also consider that levels of development may vary greatly by community.

Ultimately, capacity building in an Aboriginal context is aimed at creating conditions for community participation in decision-making, to ensure the needs of a community are being met and to break down the “hierarchies between trained professionals and those they work for.”<sup>9</sup> Capacity building is a major theme of RCAP, and identified in “virtually every Aboriginal forum, working group and research study related to Aboriginal health and wellness.”<sup>10</sup>

### **What We Have**

The Métis Centre strives to assist Métis community capacity building through developing and delivering effective, culturally appropriate capacity-building activities with Métis organizations. The Métis Centre is currently developing a community needs assessment model and a guide for community-based capacity building workshops that will enhance the skills of community health workers, volunteers and Métis population health professionals to support holistic, integrated, and community-driven solutions to community health priorities. In 2003, the Métis Centre facilitated the delivery of proposal writing workshops to Métis community members in various regions across Canada.

By enhancing the skills of individuals—and by extension the community as a whole—to collect and analyze health-related information and to better assess and plan development activities, the Métis Centre is essentially planting the seeds of community self-determination and reliance. Capacity-building workshops and community development models and guides are intended to assist individuals and community leaders in accessing and using tools that will help develop successful community-based initiatives. Most importantly, these initiatives are intended as culturally appropriate resources to assist communities respond to their own priorities.

Métis health research contributes to knowledge development and translation and, potentially, the development of policy and programs that will enhance the ability of Métis communities to address their unique needs and issues. The Métis Centre’s Graduate Fellowship Program assists Métis graduate students to undertake research relating to Métis population health issues.

The Métis Centre within NAHO has been established as a knowledge-based organization that will contribute to the generation, translation and dissemination of Métis-specific health information that will, in turn, inform decision and policy makers to enhance the mental, physical, spiritual, emotional and social aspects of Métis health and wellness.

## **What We Need**

Consultation and collaboration with Métis organizations and communities is required to develop a Métis health policy framework.

Equitable and proportionate funding is needed to develop a health infrastructure that will serve Métis.

There is a need to be responsive to Métis organizations and communities to develop alternative means of health program and service delivery (i.e., primary care, midwifery, elderly care, child and youth health and development, public health, etc.) that will enable community-based programs to address Métis health needs.

Programs and services need to be built to be responsive to Métis community needs that ensure confidentiality and equality of access to programs and services.



- disease prevalence including heart problems, hypertension, diabetes, tuberculosis, and HIV/AIDS; and
- status of mental health as reflected by the state of mental, physical, spiritual, and emotional health and wellness of individuals and communities.

### **What We Have**

Health is more than the absence of disease and illness. Health and well-being includes many factors beyond doctors, hospital, and clinics. A population health approach, as defined by Health Canada, recognizes there are many contributors to a healthy population, including income and social status, education, employment, early childhood development, access to health services, and gender and cultural issues. A holistic approach includes physical, mental, emotional, spiritual, and social elements. For Métis, broad determinants of health relate to socio-economic status, education, geography, cultural identity, spirituality, social inclusion, community, and infrastructure. The Métis Centre has adopted both a population health and holistic approach in addressing Métis population health.

Health research undertaken by NAHO in 2001 reviewed a sampling of current provincial, national and international health-related initiatives and revealed that significant gaps and barriers exist relating to Métis health research.<sup>12</sup> A review of Aboriginal health research conducted between 1991 and 2001 suggests that only one per cent targeted the Métis population during the 10-year period, with Métis contributing to only four per cent of the combined Aboriginal health research that comprised about 50 per cent of the research sampling. The lack of information concerning Métis stresses the need to prioritize and develop a successful strategy Métis-specific health related research, programs and services, and culture-based models of delivery in urban settings.

Currently, Métis health issues include a jurisdictional barriers and a lack of infrastructure, resources and funding, socio-demographic and health profile, access to health programs and services, Métis health information, and Métis involvement in decision-making processes relating to Métis health.

The Métis Centre continues to raise awareness of Métis health issues and the need for Métis-specific health research, information, research, and policy, as well as capacity building to establish linkages and partnerships a sustainable Métis health research agenda.

### **What We Need**

There is a need for discussion concerning the development of Aboriginal determinants of health, to undertake further research on Métis population health, to identify key aspects of what health is and what it means to Métis, to establish linkages and partnerships towards the development of a sustainable research agenda, and the creation of programs and services necessary to enhance the health and wellness of Métis.

With provincial and national health systems moving from a disease-based to a preventative, health promotion-focused system of care, there is increasing need for Métis and other researchers and communities to work together to identify areas where common preventative approaches to health issues can be developed and shared with communities with similar priorities.

There is a critical need for Métis-specific health research that stresses the connection between social environment and socio-economic status that contribute to the health and wellness of Métis. As stated in the *Commission on the Future of Health Care in Canada*, there is a need to adapt health programs and services to the cultural, social, economic, and political circumstances distinct to each Aboriginal population in Canada.<sup>13</sup> Métis population health must consider not only physical health, but also the broader determinants of population health including socio-economic status (see Appendix B).

Prioritize the development of a successful strategy to conduct Métis-specific health-related research, programs and services, and culture-based models of delivery in urban and other settings, reliable Métis health care performance indicators. The strategy must include equitable and sustainable funding based upon the Métis population.

Recommendations relating to Métis health issues include: acknowledging jurisdiction of Métis, securing equitable, proportionate, and sustainable funding; including Métis as equitable partners; developing a national health policy and comprehensive health plan; forming partnerships with Métis organizations, and developing of culture-based programs and services for Métis.



- Foster the recruitment, retention, training and utilization of Métis People in Canada in the Aboriginal Workforce in the delivery of health care; and,
- Affirm traditional Métis healing practices through validating holistic traditional practices and medicines and ensuring such practices receive recognition.



- 28 per cent of Métis aged 15 and over have graduated from a trade or college, compared to 29 per cent of the overall population.
- 5.3 per cent of Métis received a bachelor's degree compared to 16 per cent of the overall population.
- Of Métis aged 35 and over, four per cent stated they had attended residential school. Almost one-in-five Métis had family members who attended residential school.

## **PHYSICAL HEALTH CONDITIONS<sup>19</sup>**

- Among Métis adults, 5.9 per cent reported diabetes in 2001. For non-Aboriginal Canadians, the rate was 2.9 per cent.<sup>20</sup>
- 35 per cent of Métis were overweight and 23 per cent obese, compared to 32 per cent and 14 per cent respectively for the non-Aboriginal population.
- 20 per cent of Métis reported rheumatism and arthritis, compared to 16 per cent of the non-Aboriginal population.
- Seven per cent of Métis reported heart problems, compared to four per cent of the overall population.
- 5.6 per cent of Métis and non-status Indians reported tuberculosis, compared to 1.3 of the non-Aboriginal population.
- 37 per cent of Métis were smokers, as opposed to 22 per cent of the non-Aboriginal population.

## **LANGUAGE**

- Based on the Aboriginal Peoples Survey 2001, Métis are the least likely of all three Aboriginal groups to speak an Aboriginal language, and the number of speakers is declining.
- From 1996 to 2001, the number of Métis who could hold a conversation in an Aboriginal language dropped from eight per cent to just five per cent. Only three per cent of Métis aged 14 and under could hold a conversation in an Aboriginal language in 2001, and just two per cent of Métis used an Aboriginal language at home.

