Women of the Métis Nation

Health Policy Paper

Acknowledgements

The Women of the Métis Nation would like to thank Statistics Canada for providing statistical information that we used to develop this paper. We would also like to thank the Métis Centre for their analysis of the statistical information and for their assistance in writing this policy paper.

Background

The Women of the Métis Nation have hosted a variety of regional meetings across the homeland and several national gatherings. One thing is clear: Métis women identify health as a key priority. We have hosted discussions on traditional health, the historical role of Métis women as the health care providers, the lack of health data required to work on health issues, the lack of Métis specific research in relation to Métis women's health, the importance of ensuring integrity and ethics in relation to the collection of Métis health data, the importance of Métis intellectual property rights involving traditional health, the affordability of health programming for Métis people and the social determinants that have a direct relationship to our health and well being.

Unfortunately, even though illness and disease do not discriminate between the three constitutionally recognized Aboriginal peoples, Canada's current health policies and approaches do not address Métis specific health issues. Research that has been conducted has not, in general, addressed the uniqueness and distinctiveness of Métis women. Recently there has been some evidence of minimal work in relation to Métis health, but little or none of it has addressed Métis women specifically. In fact, we feel that efforts will have to be made to ensure that the focus of Métis women's health is addressed by the various levels of government, Aboriginal governments, health researchers and health service providers.

In addition, Métis women focus on the holistic nature of health encompassing issues related to family health, physical health, spiritual health and environmental health. Due to the marginalization of our women, some of us remain focused on health issues that relate to the betterment of those around them; often our women do not prioritize their personal health over that of their community. When we have directed discussions to talk about women's health in a more specific nature, women often feel that they do not have the time and resources to address their own health issues.

Métis people represent close to 26% of the Aboriginal population in Canada (2001 Census), yet they receive minimal access to Aboriginal health supports or services provided by the federal and provincial governments. Moreover, Métis continue to encounter difficulties accessing or interfacing with provincial primary health service delivery models resulting in Métis women falling further and further behind other Canadians in most health status indicators. The health system in Canada must come to grips with the unique needs of the Métis women. A new approach must be engaged.

The Women of the Métis Nation believe that only by working collaboratively with various stakeholders, government partners and the health community will we build on relationships that will assist in developing solutions to Métis women's health issues.

At the present time, the Métis National Council (MNC) is working on identifying best practices in Métis health care and developing a health career strategy for Métis people but more must be done to address the issues that relate specifically to Métis women. Métis women also want to ensure they are involved in qualitative Métis health research that will result in ensuring the ethical collection standards are met and their intellectual property rights are protected.

Current Trends and Key Issues

The 2001 Census indicated that there were 292,310 Métis who live primarily in the western provinces of British Columbia (44,265), Alberta (66,055), Saskatchewan (43,695), Manitoba (56,795) and the province of Ontario (48,345).

In terms of demographics, the Aboriginal population is the fastest growing in Canada. In 1996 3.8% of the total population was Aboriginal. By 2001, the Aboriginal population comprised 4.4% of the total Canadian population. In addition, the Aboriginal birthrate is 1.5 times that of the non-Aboriginal birthrate.

Approximately 56% of Métis women reported their health status as excellent or very good and 43% reported having no health conditions.[1] As would be expected older Métis women reported a poorer health status and more health conditions than younger Métis women. The Métis population in general is consistent with the total Canadian population in terms of health status.

According to the statistics, Métis women appear generally healthy which begs the question, 'do Métis women have any specific health issues?' The answer is 'yes'. In fact, health, wellness and well being are of central concern for Métis women. From the little research and consultations involving Métis women, over and over again, health and well being emerges as a theme of great priority.[2]

When asked, Métis women will explain that compared to other Canadian women they have a different way of understanding and conceptualizing general health and wellness issues. This difference has led to gaps in accessing healthcare and also a mismatch between Métis women and the general Canadian public regarding priority issues. While Métis women have identified research priorities and gaps important to them and their own communities, little has resulted in terms of action.

---

[1] Note that all numbers used in this section refer to Métis women within British Columbia, Alberta, Saskatchewan, Manitoba, Ontario and Northwest Territories unless otherwise stated. Statistical Source: Statistics Canada, Aboriginal Peoples Survey 2001.

[2] Aboriginal Women's Health and Healing Research Group (AWHHRG) (2006) Métis Women's Health and Well Being, February 2006, Edmonton, Alberta; Northwest Métis Women's Health: Research Discussion Paper from the Northwest Métis Women's Health Research Committee, 2004; Bartlett, J. (2004) *Developing indicators and measures of well-being for Métis women in Manitoba,* Thesis, M.Sc., University of Manitoba.

Métis women take a holistic perspective on health and well-being. This means it is important that there is a full range of services available including "mental health, health promotions, family support programs and prevention strategies as well as diagnostic, treatment and rehabilitative services."[3] Another priority issue is improving access to health care, in particular, culturally appropriate care. Aging Métis women increasingly are placed in a vulnerable situation because their access to care is limited by economic and physical barriers. A holistic perspective encompasses more than just the physical aspects of health. Unlike the general Canadian public, Métis women do not necessarily see health from a disease or absence of disease perspective. But the holistic approach to health goes well beyond this. Métis women's concept of health includes affordable housing, access to educational programs, mental and emotional well being, healthy children and communities to name but a few.

Métis women want culturally appropriate services that deal with the full range of issues that affect their health. Plus they want these services to benefit entire Métis communities, not just themselves. Taking an approach that uses the determinants of health framework will ensure all aspects of Métis communities are considered such as social supports, education, health promotion, and income and social support services to name a few.

In addition to physical aspects, Métis women define health to include emotional, spiritual and intellectual dimensions of well being.[4] Twice as many Métis women compared to Métis men reported being very spiritual (35 and 18 percent respectively).[5] However, more Métis women (30%) than Métis men (19%) reported they have feelings of sadness, the blues or depression.[6] For Métis, reporting feelings of sadness, the blues or depression was associated to activity limitations, reporting a number of health conditions (such as diabetes, asthma, etc.) and reporting a lower overall health status.

About 16% of Métis women said they considered suicide while 8% said they attempted suicide. The proportion of Métis women considering and attempting suicide is higher than amongst Métis men (10 and 4 percent respectively). Compared to the female Canadian population, the proportion of Métis women considering and attempting suicide is also higher (3.8 percent of Canadian women had suicidal thoughts).[7]

---

[3] McCallum-McLeod, Lisa and Willson, Kay (2004). Northwest Métis Women's Health: *Research Discussion Paper from the Northwest Métis Women's Health Research Committee*, Winnipeg: Prairie Women's Health Centre of Excellence, p. 10.
[4] Bartlett, J., "Conceptions and dimensions of health and well-being for Métis women in Manitoba" in *Circumpolar Health*, (2003), pp. 109-110, 112.
[5] Statistical Source: Statistics Canada, Aboriginal Peoples Survey 2001.
[6] *Ibid.*
[7] Statistical Source: Statistics Canada, Canadian Community Health Survey: Mental Health and Well-being. 2002.

These statistics raise serious concerns about the well being of Métis women particularly because the welfare of Métis women very much reflects the health of Métis communities. Métis health is more grounded in collective verses individual well being. Métis women reflect the health of Métis communities because they are the cultural and economic centers of Métis communities. We believe there are two important factors which greatly influence this perspective:

> (1) Historically Métis women came from an egalitarian society where they were the key pillars of their communities and were the providers for those families, both immediate and extended. At the time, Métis men were historically sent out to complete their roles in the development of Canada. Gender roles have changed over the years but even in contemporary society Métis women are often still the pillars of their families.
>
> (2) Most Métis families (69%) live in urban centers and of those families 42% of those households are headed by lone parents.[8] Many Métis women are the sole supporters and providers within our communities. About 84% of Métis women live with immediate or extended families and their families tend to be larger than those of non-Aboriginal families leading to many struggles and hardship.[9]

Many Métis women have expressed "vulnerability of confidence ... exhaustion ... adversity, and hardship."[10] As the center of Métis communities, if Métis women are not well, then Métis communities will suffer: "*When women heal, the family will heal and when the family heals the community will heal and when the community heals, the Nation will heal.*"[11]

Difficulty with mobility and communication is a fact of life we all face as we age. However, physical limitations can severely hamper one's participation in the labour force, a further problem for Métis women who are the main breadwinners for their families. Approximately 17% of Métis experience frequent activity limitations. About 31% of Métis not in the labour force experience frequent activity limitations compared to only 12% of employed Métis. Additionally, income level inversely correlates with frequent activity limitations: more Métis with lower incomes experience frequent activity limitation whereas fewer higher income Métis experience frequent activity limitations.[12]

Access to healthcare is a challenge for Métis women. There are a large number of Métis women who cannot access care even when they need it. For example,

---

[8] *Supra*, note 6.
[9] Statistics Canada, *Women in Canada: A gender-based statistical report, Fifth Edition,* Ottawa, Ministry of Industry, (2006), p. 19.
[10] Bartlett, *Supra*, note 2, pp. 110-112.
[11] Kenny, C. (2002) *North American Indian, Métis and Inuit Women Speak about Culture, Education and Work,* Ottawa: Status of Women Canada, (2002), p. 54.
[12] *Supra*, note 5.

about 11.8% of Métis women indicated that they needed some form of healthcare but did not receive the care required. Larger numbers of young Métis women tend to go without needed care compared to older Métis women.[13]

Economics also hinder the ability of many Métis women to access health services such as prescriptions. When asked whether they needed a prescription filled in the last 12 months the majority of Métis women (78%) said they needed prescriptions filled, but close to 14% had foregone filling a prescription at least once due to a lack of money.[14] More Métis women than Métis men have been in a situation where they needed a prescription but could not fill it due to a lack of money. Generally a higher proportion of Métis women over 65 years of age compared to Métis men in the same age bracket have been in this situation at least once.[15]

Broader federal-provincial jurisdictional wrangling hinders the creation of effective health programs for Métis women. As a result, there is no coordinated response and a lot of confusion as to where a Métis woman can turn to address her health needs. Additionally, programs that do exist often are short-term, one-off programs that do not ensure sustainability within Métis communities.

While Métis fall under provincial jurisdiction, there have been some one-off federal initiatives targeted to include Métis.[16] At times this funding may be through the federal government but administered provincially, such as the Primary Health Care Transition Fund which had an Aboriginal specific envelope of funding. Through special streams of funding, a provincial (and territorial) health ministry may develop specific health initiatives for Aboriginal people which include Métis. One such example is the management of the key initiative of Primary Health Care within Alberta's Health and Wellness Ministry. Under the initiative, a number of pilot health projects were conducted between 1998 and 2004 in a number of Métis Settlements in Northern Alberta.[17]

HIV is an increasingly important issue that must be addressed by Métis.

> "Over 51% of the Métis population is women who are marginalized and live in poverty. Studies in mainstream society show that instances of HIV infection occur more frequently where poverty, violence, drug abuse and alcoholism are present. The high degree of movement of Métis people between inner cities and rural areas

---

[13] *Ibid.* About 14.2% of Métis women between 15 and 29 years of age compared to 8.62% between 45 and 64 years of age and 9.28% of 65+ reporting needing healthcare but not receiving it.
[14] *Ibid.*
[15] Statistical Source: Statistics Canada: Métis women 65+ in age, 13.2%; Métis men 65+, 6.91%.
[16] Examples of programs for which Métis have been eligible include programming for HIV/AIDS prevention, Fetal Alcohol Syndrome, diabetes, Tobacco Reduction and early childhood education.
[17] Métis Health Project, a collaborative project by the four Eastern Métis Settlements (Kikino, Buffalo Lake, Elizabeth and Fishing Lake) and Lakeland Regional Health Authority, 2002.

> may bring the risk of HIV infection to even the most remote Métis communities. In Northern and some rural areas, culturally appropriate counseling and HIV testing is almost nonexistent, and outreach services are desperately needed. Métis culture and language differences make it difficult for outsiders to provide safer sex education in a way that will be accepted and understood by Métis people. More education and better information among the Métis in Canada is needed to guide prevention and control strategies. More funding and Métis specific programming and education must occur in Métis communities."[18]

The majority of health programming accessed, be it provincial or federal, is pan-Aboriginal and is not designed to meet the unique needs or realities of Métis women. The result is non-responsive and poorly developed programs that fail to improve the health status of Métis women. Métis people often times find themselves limited to mainstream services which fail to meet their unique needs and realities. Through consultation processes and experience from best practices, the Métis Nation has determined that Métis specific approaches have proven the most beneficial.

In effort to make known their position on health, the MNC submission to the Royal Commission on Aboriginal Peoples (RCAP) demonstrated through statistics that Métis health problems relating to arthritis, bronchitis, and asthma occurred at higher rates than in Aboriginal peoples in general. The MNC based its health discussion on a health determinants approach and noted factors such as poverty, housing, literacy and remoteness all of which contribute to the lower health status of Métis. It was also noted that for many Métis residents, unless they are on social assistance or are evacuated for medical emergencies, they have to pay personally for all medical transportation costs. For those who live in remote communities this can be quite costly. The MNC concluded that the main reason for the denial of basic health services to Métis people was due to the failure of provincial and federal governments to sort out their jurisdictional and fiscal responsibilities to the Métis.

RCAP, in turn, was committed to renewing partnerships, strengthening Aboriginal governance, developing a new fiscal relationship and supporting strong communities, people and economies. In terms of renewing partnerships, RCAP suggested that Federal-Provincial-Territorial-Aboriginal partnership and coordination move beyond debate and disagreement over jurisdictions and responsibilities. In addition, Aboriginal people must participate fully in the design and delivery of programs affecting their lives and communities. For the Métis, this

[18] The Canadian Aboriginal AIDS Network located in Ottawa, Canada. Statistics taken from LCDC Epi-Updates. All statistics used in this publication are taken from Health Canada's HIV and AIDS Among Aboriginal People in Canada Division of HIV/AIDS Surveillance, Bureau of HIV/AIDS, STD and TB, LCDC, Health Canada, April 2000.

was welcome news especially in the area of health from which the Nation has always been excluded.[19]

Traditional Health

The Women of the Métis Nation support the historical role of Métis women as the health care providers and equal partners in the development of our communities. They are often the knowledge keepers and pass on the traditional knowledge and culture to the young ones within our communities. As a part of this traditional role, our elders have identified the importance of having cultural exchanges with our young people, ensuring integrity and ethics in relation to the collection of Métis traditional data, and protecting Métis intellectual property rights regarding traditional health, culture and knowledge and their oral transmission.

The Métis Elders have clearly identified that it is our responsibility as women to empower our future generations. It is important that we clearly lay out the issues that relate to the deterioration of our cultural values and traditional knowledge. As a Métis Elder described during a health consultation for Métis women held in Edmonton:

> "[the m]ainstream schooling system robs children of traditional knowledge of healing...most terrible injustice that was done to us... our children have the right to that knowledge...at university, opening the door a crack to allow students to go back and not lose that knowledge ... The saddest thing we've lost as Métis and Aboriginal ... our cultural and spiritual knowledge that we grew up with, or maybe didn't learn ... a generation of lost parents ... As Aboriginal people, we have the right to worship as we want to and to acknowledge ... one God always ... who I am and how I connect to the human race, is unique in our cultures ... to have that taken away because of our colour of our skin ... language is a big thing, root of how we understand and how we connect ... many in my generation ... roots torn out from under us ... symptoms of alcoholism, promiscuity, family violence and bullying, much of that, we've lost a core piece of ourselves that help us to relate to who we are as proud people...".[20]

Métis Women's Participation in Health Policy Development

The Women of the Métis Nation are currently exploring a number of processes that would support Métis women's participation in the development and implementation of health policies which affect them. They have hosted meetings with other Aboriginal women's organizations and government departments to

---

[19] Report on the Royal Commission of Aboriginal Peoples, Volume 3: Gathering Strength (1996).
[20] *Supra*, note 2.

encourage participation that will allow Métis women become equal partners in the development of health policy and programs. The Women of the Métis Nation want to develop the internal capacity to ensure effective and evidence-based input on Métis women's health issues. Further, the Women of the Métis Nation are committed to increasing their influence over federal and provincial policies and/or initiatives that affect the health of Métis women by working more closely with all stakeholders.

It is imperative that Métis women are involved in continuing to identify and consult on the key determinants of health for Métis women because it is what will assist in determining the research agendas related to Métis women. Some of the health determinants that have been discussed by Métis women are:

- Income
- Social environments
- Social programming and supports
- Education
- Culture
- Employment and working conditions
- Physical environmental health
- The protection of traditional health practices, including intellectual property rights
- Health research and the lack of a Métis identifier
- Personal health practices including mental health
- Healthy child development
- Health services
- Métis women's health and identifying specifics in relation to Métis women.

Research must focus on Métis women's key priorities and influence the collective and personal well-being of Métis women. In addition, Women of the Métis Nation are hopeful that through relationship building we will be able to look at the root causes of identified problems and the development of solutions that will assist in improving the health of Métis women and more importantly the Métis community. The Women of the Métis Nation also believe that by using a prioritized approach to developing and examining determinants we will be able to work with stakeholders to develop flexible solutions for what may, at times, be complex problems.

Even though illness and disease do not discriminate between the three constitutionally recognized peoples, Canada's current health policies and programs do when it comes to Métis access. The result of this jurisdictional wrangling between the federal and provincial governments is that even though Métis people represent close to 26% of the Aboriginal population in Canada, they receive minimal to no access to Aboriginal health programming provided by the federal and provincial governments. The federal government has been reluctant to offer any programs to the Métis specifically because of the fear of setting a

precedent that would only give the provinces more reason not to provide or increase services.

The current system of accessing pan-Aboriginal programming on an ad hoc basis is not satisfactory and is having a negative impact on the health and well-being of Métis women. Women of the Métis Nation is committed to obtaining Métis-specific health research, programs and services designed by and for Métis women to meet their unique needs and realities. The Métis National Council and Women of the Métis Nation believe that the best means to do this is through increased Métis participation in health policy and program development.

Statistics and Research

While we have presented a number of statistics in this paper, demographic and health data that presents a real and comprehensive picture of Métis people is still lacking. In addition, the data also fails to demonstrate the diversity that exists between Métis sub-populations. There are distinctive social and economic differences between remote northern Métis communities and those Métis residing in urban centres such as Winnipeg and Regina. What brings our people together is their unique relationship to the land and our subsequent historical relationships that we continue to have with the various levels of government.

Health disparities between Métis people and the non-Aboriginal population exist because of variety of economic, social and political inequities. Socio-economic determinants such as infrastructure, employment, housing, education and the environment need to be addressed if substantial improvements in health status are to be realized. It is important to note that many of these inequities are entrenched in the history of relations between the Métis people and various levels of government. Relocation of Métis children to institutions, inadequate services in Métis communities, jurisdictional wrangling between the various governments and attitudes have resulted in many of the ills our people face to this day. In addition to the types of inequities mentioned above, Métis women experience additional barriers such as individual and systemic discrimination on the basis of gender.

A lack of data in general is but one piece of a large challenge for the Métis Nation. The Métis Nation is committed to working with its partners to access data in such initiatives as the Aboriginal Health Reporting Framework. The majority of the data available resides at the provincial level. However, issues such as identifiers, privacy, etc. hamper the extraction of this data. Like the federal government, the Métis Nation is interested in developing an evidence-based approach to decision-making. However, unlike the federal government, the Métis Nation lacks the capacity and resources to make progress in this area. At this point, the Métis currently access the majority of their data through the Aboriginal Peoples Survey. As stated above, the Women of the Métis Nation through the

Métis National Council would be more than interested to engage in any and all discussions in relation to obtaining Métis-specific data in a variety of sectors.