

MÉTIS NATION BRITISH COLUMBIA

Interior Health
INDIGENOUS PARTNERSHIPS

MÉTIS NATION BC – INTERIOR HEALTH MÉTIS HEALTH AND WELLNESS PLAN 2024–2028

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TERRITORY ACKNOWLEDGEMENT

We respectfully acknowledge the traditional, ancestral and unceded territories of the Dâkelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, Syilx, and Tŝilhqot'in peoples and their 54 First Nation communities.

We honour and give thanks to these First Nations as the inherent and traditional stewards of these lands, waters and skies since time immemorial. Our acknowledgement is rooted in humility for those whose land we stand upon and will guide our conversations and actions as grateful guests.



PARTNERSHIPS ACKNOWLEDGEMENT

The Interior Health region is the chosen home of 14 Métis Chartered Communities: Boundary Métis Community Association, Kelowna Métis Association, Nicola Valley and District Métis Society, Salmon Arm Métis Association, South Okanagan Similkameen Métis Association, Two Rivers Métis Society, Vernon and District Métis Association, Vermilion Forks Métis Association, Cariboo Chilcotin Métis Association, Columbia Valley Métis Association, Kootenay South Métis Society, West Kootenay Métis Society, Métis Nation Columbia River Society and Rocky Mountain Métis Association.

We humbly aim to strengthen our relationships with First Nations, Métis, Inuit and urban and away communities and recognize their unique contributions to the diverse landscape of Indigenous ways of knowing and being.





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[1] *Heritage Michif translations, Gabriel Dumont Institute (GDI), Norman Fleury. Northern Michif translations, GDI, Vincent Ahenakew. Michif-French translations, Louis Riel Institute, Bruce et al.*

EXECUTIVE SUMMARY

We are pleased to present the Métis Nation British Columbia (MNBC) – Interior Health (IH) Métis Health and Wellness Plan, which aims to foster a comprehensive and collaborative approach to improving Métis health outcomes across the region. This plan is a strategic roadmap that builds on the existing partnership between MNBC, the regional health authority and local Métis Chartered Communities. Guided by a commitment to culturally safer and equitable care for Métis people, this plan identifies specific areas for change, outlines joint actions, and envisions transformative outcomes over the next five years.

MNBC has established Letters of Understanding (LOU) with all five regional health authorities and the Provincial Health Services Authority, forming the foundation for collaborative efforts to enhance Métis health and wellness outcomes. The Métis Health and Wellness Plan operationalizes the LOU commitments, emphasizing goals for equitable health outcomes through shared accountability, effective decision-making and increased access to services. Advocacy at the health authority level ensures a Métis-specific approach is embedded and Métis voice, identity and representation are included in all health initiatives, from planning to implementation.

Informed by members of community, health system partners, and subject matter experts, the plan addresses the priorities and recommendations outlined in the **Taanishi Kiiya? Métis Health Public Surveillance Baseline Report** (Métis Nation British Columbia & BC Office of the Provincial Health Officer, 2021) and the **In Plain Sight Report** (Turpel-Lafond, 2020). The community engagement process involved Métis Chartered Community representatives, members and Elders to ensure the plan is grounded in diverse needs while addressing barriers faced by Métis people in B.C. The plan is dynamic, will be monitored regularly, and is adaptable to ensure ongoing responsiveness to Métis Chartered Communities.

Cultural wellness, vital for promoting health and well-being for Métis people, is a central theme in the plan. Recognizing the historical and ongoing oppression of Indigenous Peoples, the plan focuses on creating spaces where Métis people can express and celebrate their Métis identity with pride and without fear. The shift from cultural safety to cultural wellness reflects a commitment to the continuation of the strength and resiliency of Métis ancestors, the joy of family connection and the passing on of teachings and traditions from Elders to future generations. Embracing Métis heritage and culture honours each Métis person's unique story and their distinct identity as a Métis people in B.C. today.



The Métis Health and Wellness Plan identifies eight priority areas of focus, the specific goals of which can be found in the **Métis Health and Wellness Plan** (page 36) priorities:

- Métis Voice and Representation
- Métis Health Promotion and Access
- Métis Cultural Wellness Education
- Cultural Mental Health and Harm Reduction Supports
- Métis Representation in the Interior Health Workforce
- Health Literacy
- Self-Determined Métis Health Information Systems
- Métis-Specific Health Emergency Management and Climate Readiness

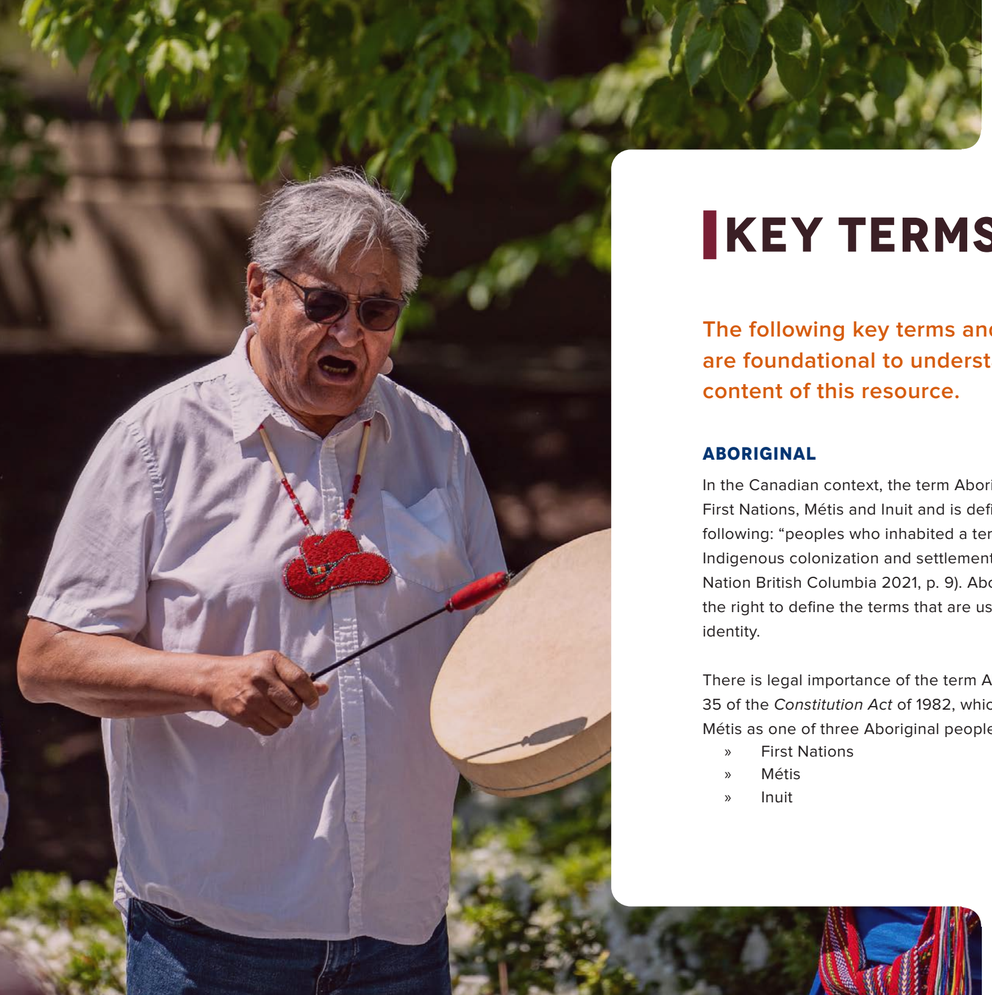
The Métis Health and Wellness Plan marks a significant step toward achieving health equity for Métis individuals in each health region. Grounded in collaboration, **cultural wellness** and a commitment to Métis-specific approaches, this plan serves as a model for transformative change in the provincial health care landscape. By prioritizing community voice, data-driven insights and a Métis-specific approach, MNBC with the support of health authority partners aims to create a future where Métis people's health and wellness flourish.





This document contains information about racism, violence, discrimination and other harms against Indigenous people. Please get the support you need at any time through the following available resources:

- **24/7 Métis Crisis Line**
  Call 1-833-Metis-BC (1-833-638-4722)
- **Kuu-us Indigenous Crisis Line**
  Adults: 250-723-4050
  Youth: 250-723-2040
  Toll Free: 1-800-588-8717
- **Indian Residential School Survivors Support Line**
  Call 1-866-925-4419



KEY TERMS

The following key terms and concepts are foundational to understanding the content of this resource.

ABORIGINAL

In the Canadian context, the term Aboriginal encompasses First Nations, Métis and Inuit and is defined as the following: “peoples who inhabited a territory prior to non-Indigenous colonization and settlement of Canada” (Métis Nation British Columbia 2021, p. 9). Aboriginal people have the right to define the terms that are used to describe their identity.

There is legal importance of the term Aboriginal in section 35 of the *Constitution Act* of 1982, which recognizes the Métis as one of three Aboriginal peoples of Canada:

- First Nations
- Métis
- Inuit

COLONIALISM

Colonialism is a system through which settlers take control over land and people, imposing a dominant worldview and system of governance while exercising political power over the territory’s Aboriginal people (Métis Nation British Columbia, 2021, p.10).

CULTURAL WELLNESS

Cultural wellness is about creating a space in which Métis people can be themselves and fully express their culture, without discrimination. MNBC has developed the following statement about what cultural wellness means to Métis based on input from over 100 Métis Elders and Youth (Métis Nation British Columbia, 2021, p.122):

> Cultural wellness is a sense of belonging and pride we feel when we are connected to our Métis families, communities, traditions and the land. It feels like home. We express cultural wellness by honouring the strength, determination and traditions of our ancestors. We do this by telling our stories, using the Michif language, being on the land and practising and passing on traditions such as our music, jigging and art. Métis culture is a beautiful continuation of the strength and resiliency of our ancestors, the joy of family connection and the passing on of the teachings and traditions of our Elders to future generations. Cultural wellness fosters balance in physical, emotional, mental and spiritual health for our Métis individuals, families and communities.

> Embracing Métis heritage and culture honours each Métis person’s unique story and our distinct identity as Métis people in B.C. today.

ETHNOGENESIS

As defined by Merriam-Webster dictionary (2023), ethnogenesis is “the process by which a group of people becomes ethnically distinct: the formation and development of an ethnic group.” The Métis formed a new people through ethnogenesis, and the infinity symbol on the Métis flag symbolizes this fusion.

INDIGENOUS

The term Indigenous is a broad term that is used globally. It was first used in the 1970s, and the term highlights the connection to the traditional lands of people groups around the globe. Indigenous "refers to the original inhabitants of a territory" (Métis Nation British Columbia, 2021, p. 9). Today, in Canada, the term Indigenous is used more frequently than Aboriginal.

MÉTIS

As defined in 2002 by the Métis National Council, "Métis means a person who self-identifies as Métis, is distinct from other Aboriginal peoples, is of historic Métis Nation ancestry and who is accepted by the Métis Nation." In 2003 the Supreme Court of Canada affirmed this definition with the Powley Decision (*R v Powley,* 2003, p.207). Many Métis call themselves Michif (Métis in the Michif language). The Cree gave the Métis the name Otipemisiwak which translates to "the people who govern themselves." The Dakota called the Métis "the flower beadwork people" which recognized their unique floral beadwork and embroidery style. In First Nations common Plains sign language, "Half-Wagon Men" was used to describe the Métis because of their extensive use of Red River carts for trading and resource gathering. These given names demonstrate the historic acknowledgement of the Métis as a distinct group by other Indigenous Nations (Métis Nation British Columbia, 2021).

MÉTIS DEFINITION OF HEALTH

Health is a state of complete physical, mental and social well-being 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 (Métis National Council, 2022).

MÉTIS SOCIAL DETERMINANTS OF HEALTH

Métis Social Determinants of Health (MSDoH) include socio-economic sectors and determinants such as poverty, housing, income, employment, gender, racism and colonialism that need to be addressed in order to improve health outcomes for Métis. "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 biomedical 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 links history, policies, and practices that have contributed to [inequitable] rates of poor health outcomes and assists in setting out a path forward to improve health and well-being" (Métis National Council, 2022, p. 13).

MÉTIS CHARTERED COMMUNITIES

Métis Chartered Communities are volunteer-run and incorporated organized associations that advocate for and support Citizens and self-identified Métis through a variety of programing and funding opportunities. Each President or Leader represents their community by serving on the Métis Nation Governing Assembly, the governing legislative body of MNBC. These communities help members connect to each other and are the heart of the Nation, providing opportunities for Métis culture to flourish and be passed on (Métis Nation British Columbia, 2021).

MICHIF LANGUAGE

Michif is the national Métis language and originated in the Red River Valley in the early 1800s. The Amelia Douglas Institute (n.d.), MNBC's centre for Métis culture and language resources and programming, define the three Michif languages as the following: Northern Michif, French Michif and Southern Michif. "Northern Michif is a mostly Cree-based Michif language, with fewer French nouns than Southern Michif or French Michif. Northern Michif has historically been spoken in Northwestern Saskatchewan and Northern Alberta and may also be referred to as Michif-Cree or Île-à-la-Crosse Michif. Southern Michif uses mostly Plains-Cree verbs and French nouns, but also borrows nouns

from English, Saulteaux, and Cree. Southern Michif is most associated with communities in southern Saskatchewan and North Dakota. Southern Michif may also be referred to as Heritage Michif, Mixed Michif, or Turtle Mountain Chippewa Cree. French Michif is based on a Western Canada dialect of French, with some Saulteaux and Cree words. French Michif has been historically tied to communities like St. Laurent and St. Eustache in Manitoba. French Michif may also be referred to as Michif French" (Amelia Douglas Institute, n.d.).

OPPRESSION

"Oppression is the exploitation, based on the perceived inferiority, of a group of people who share a collective identity (such as race, class, cultural background, religion, gender, sexuality, age, language or ability).

CULTURAL OPPRESSION includes shared societal values and norms that allow people to see oppression as acceptable or right. Cultural oppression is grounded in the belief that the more powerful group is normal and the oppressed group is different, or "other." An example of cultural oppression is judging Aboriginal people negatively when their values and ways of being differ from non-Aboriginal society (e.g. considering Aboriginal art to be "crafts" and not "real art").

INSTITUTIONAL (OR STRUCTURAL) OPPRESSION manifests in the ways that societal institutions (such as governments, religions, education systems, health care systems, legal systems and the media) disadvantage oppressed groups. For example, there is a significantly higher percentage of Métis children in foster care, which continues to negatively impact Métis cultural wellness" (Métis Nation British Columbia, 2021, p. 10-11).

RESILIENCE

"Resilience is the ability of a person or group of people to endure challenging circumstances, recover from them, and survive into a future where they can thrive. Cultural identity and teachings promote resilience by acting as protective factors in the face of socio-economic inequalities and colonial oppression" (Métis Nation British Columbia, 2021, p.11).





MIYOONAKISHKATOOHK/MIYO NAKISKAWÂW/BINVINU[2]

WELCOME

We are pleased to present the Métis Nation British Columbia – Interior Health **Métis** Health and Wellness Plan. This plan builds upon and strengthens the partnership with MNBC, the regional health authority and local **Métis Chartered Communities**. The plan is guided by a joint commitment to work with Métis individuals, families and communities to ensure the delivery of culturally safer and equitable care across the region to improve Métis health and wellness outcomes.

To deliver the highest attainable standard of mental, physical, emotional and spiritual care, it is imperative to clearly identify areas where change is needed, the specific actions we will jointly undertake, and the change we want to see happen. This plan acts as a road map to steer our shared interests, initiatives and activities in collaboration, demonstrating true and meaningful partnership.

The Métis Health and Wellness Plan will be an evergreen document, monitored and reported on regularly to ensure transparency as we track our progress. We will continue to bring in community voice and perspectives to guide our work and make necessary adjustments as we continue to learn, grow and embrace change.

[2] Heritage Michif translations, Gabriel Dumont Institute (GDI), Norman Fleury. Northern Michif translations, GDI, Vincent Ahenakew. Michif-French translations, Louis Riel Institute, Bruce et al.

MNBC HEALTH AUTHORITY PARTNERSHIPS

MNBC's Ministry of Health and Wellness continues to advocate at the health authority level to ensure Métis voices are included in health authority health plans and initiatives. Métis Nation British Columbia has a signed letter of understanding (LOU) with each of the five regional health authorities in B.C. and with Provincial Health Services Authority. These letters outline a joint commitment between MNBC and each health authority to work in partnership to improve Métis health and wellness outcomes across each region. The LOU constitutes a framework in which MNBC and regional health authorities can work together to increase the influence of the Métis in decisions related to health services that impact them. The need for actionable plans were identified to support the commitments outlined in the LOU by collaborating with health system partners to create a better understanding of the Métis experience in B.C., particularly focusing on Métis **cultural wellness** and addressing anti-Indigenous racism and discrimination.

The Métis Health and Wellness Plan operationalizes the commitments outlined in the LOU with goals for the next five years. The plan has been designed to achieve equitable health outcomes and strive for excellence in health care provided to Métis individuals, families, and Chartered Communities. This will be done through effective decision-making and shared accountability that will reduce barriers and increase access to health services. The plans have been developed with input and recommendations from community members, key health partners and subject matter experts within MNBC and the health authorities. This increased level of engagement ensures Métis are included in the planning and delivery of current and future Indigenous-focused programs and services. It has also been largely informed by the priorities and recommendations outlined in the **Taanishi Kiiya? Miiyayow Métis Saantii Pi Miyooayaan Didaan B.C.: Métis Health Public Surveillance Baseline Report** (Métis Nation British Columbia & BC Office of the Provincial Health Officer, 2021) on Métis health and wellness in B.C., a joint endeavour between MNBC and the Office of the Provincial Health Officer and in the **In Plain Sight Report: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care** (Turpel-Lafond, 2020), which found widespread anti-Indigenous racism in the B.C. health care system. Each plan has priority areas, goals that support the priority areas, key actions required to achieve that



goal, target dates over the next five years, and deliverables to indicate the actions and goals outlined have been met. They support the ongoing comprehensive efforts across the province to eliminate Indigenous-specific racism and create substantive equity in health care experiences, services and outcomes.

Ensuring the work we do is grounded in community voice is imperative to MNBC. Therefore, community engagement was a key component in developing this plan. The priorities and goals were shared with Métis community members in each region through in-person community engagement sessions, townhall webinars, and a public survey. We engaged directly with Métis Chartered Community representatives, Métis community members, and Elders to understand the specific needs of, as well as distinct barriers to care faced by Métis people in the region. Participants were invited to share priorities of their own health and wellness journeys and give feedback on the goals outlined. The findings and themes that emerged from these engagement activities have guided and informed the development of the five-year Métis Health and Wellness Plans. We are grateful to all the Métis individuals who took the time to provide their feedback to ensure *Métis la vway* ("voice" Heritage Michif), is embedded throughout this plan. As programs and initiatives are developed, ongoing community engagement and consultation will be key in ensuring continued collaboration and alignment with Métis communities.



USING A MÉTIS-SPECIFIC APPROACH AND EMBEDDING CULTURAL WELLNESS

BACKGROUND

A MÉTIS-SPECIFIC APPROACH

Métis people share collective cultural practices, kinship ties and history as a Nation. However, the Métis have often faced erasure due to the historical and ongoing nature of colonization and colonial policy and have been frequently left out of Indigenous-specific health care policies and programs. Moreover, the term 'Indigenous' is often used to promote a pan-Indigenous approach that unintentionally, or otherwise, others and excludes Métis people from access, funding, and decision-making processes.

In response to the continued exclusion and erasure of unique First Nations, Métis and Inuit voices, MNBC encourages the use of a Métis-specific approach to decision making, design and delivery of programs and services.

This approach must ensure Métis are wholly represented with equitable consideration at all levels of decision making. A Métis-specific approach furthers efforts toward reconciliation by empowering Métis people to self-determine their needs, priorities and implementation strategies.

The Métis Health and Wellness Plan has been developed through a unique Métis-specific lens. We have heard from community the importance of seeing distinct Métis identity, culture and representation in health spaces to feel safe when accessing care. At MNBC, we advocate for a Métis-specific approach when working with partners to represent Métis voice in all the work we do. This is to ensure the unique realities facing the Métis are incorporated into what are often pan-Indigenous public processes, policies and programming. Using a Métis-specific approach embeds Métis representation across the continuum, from development to implementation.

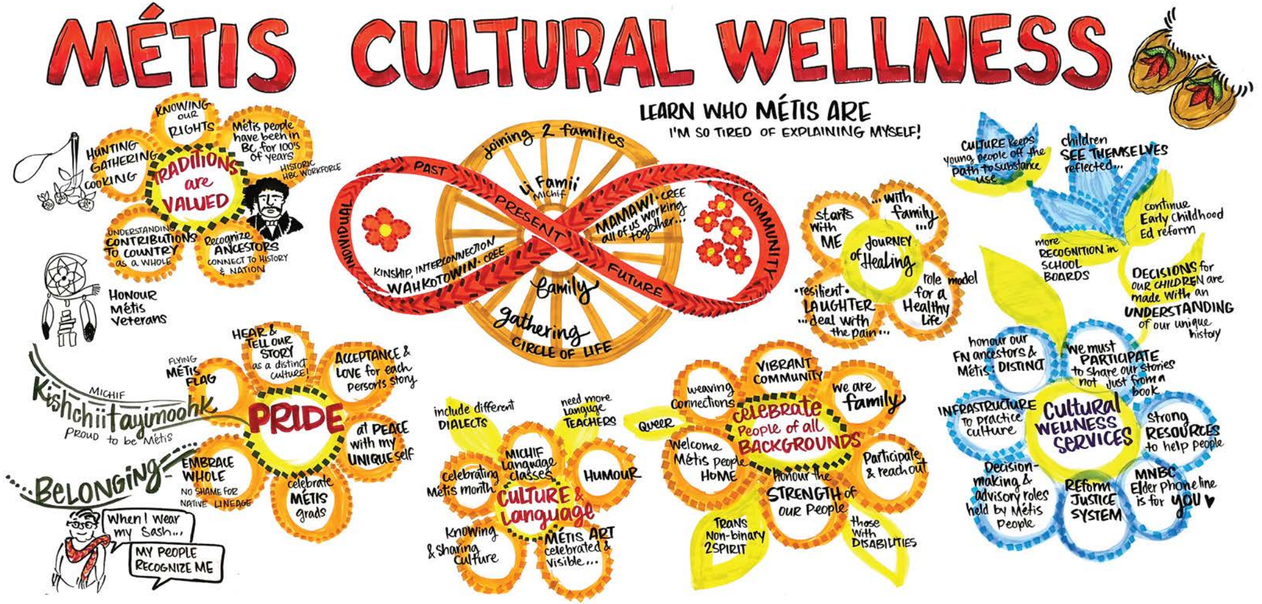
CULTURAL WELLNESS

"Cultural wellness is a key factor in promoting health and well-being. For many years, the Métis had to hide aspects of their culture and identity in order to stay physically safe, progress economically and be respected in mainstream society. Even today, many Métis people experience that sharing their Métis identity can cause them to be subject to racism and misunderstanding. Cultural wellness is about promoting a world in which Métis people can express and celebrate their identity with pride" (Métis Nation British Columbia, 2021, p.116). "Cultural wellness is about creating a space in which Métis people can be themselves and fully express and embrace their culture. The concept of cultural wellness has parallels to the concept of cultural safety. **The San'yas Indigenous Cultural Safety** program explains cultural safety as being 'about fostering a climate where the unique history of Indigenous Peoples is recognized and respected in order to provide

appropriate care and services in an equitable and safe way, without discrimination.' There is growing recognition of the essential role of cultural safety in promoting well-being for **Aboriginal** people as they access services in education, health care and beyond. For this resource, we have shifted the focus from the term cultural safety to cultural wellness, in recognition that the term safety can cause triggers for people who have often felt unsafe because of **oppression** of their identity. The term cultural wellness conveys a feeling of strength and empowerment. It's an invitation to contribute to a community that promotes wellness for all, and it resonates with concepts of healing and self-care" (Métis Nation British Columbia, 2021, p.119).

Cultural wellness has parallels to cultural safety but recognizes the history of oppression of Métis identity and seeks to convey a feeling of strength and empowerment and invites the Métis community to contribute to wellness for all.

MNBC has developed the following graphic about cultural wellness. This graphic was informed by input from over 100 Métis Elders and Youth. The graphic demonstrates that Métis people have a clear idea of what cultural wellness means to them, and how families, communities and society can support cultural wellness.



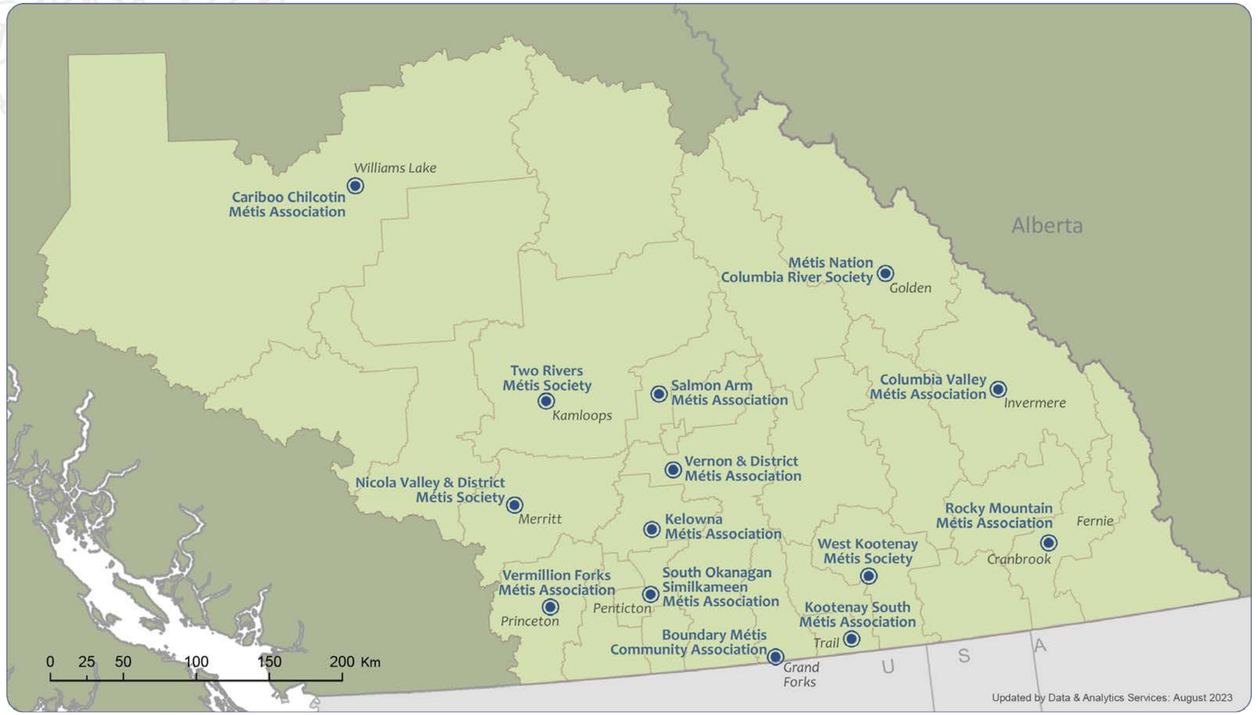
Drawing Change, MNBC Ministry of Health and Wellness, Kaa-Wiichihitoyaahk, 2019.

Interior Health

MÉTIS NATION BRITISH COLUMBIA

Métis Chartered Communities

with Local Health Area Boundaries



MÉTIS KAHKIYOW LI MOOND/ KAHKIYAW AYISÎNÔWAK3[3]

MÉTIS POPULATION IN THE INTERIOR HEALTH REGION

Métis Nation British Columbia represents the section 35 rights (*Constitution Act*, 1982) of 26,000 Métis Citizens who are registered with MNBC and advocates for the over 98,000 self-identified Métis people in B.C. As of 2024, MNBC also represents 39 Métis Chartered Communities in British Columbia. Despite these numbers, the Métis are often under-represented in research, services, and public knowledge. Historically, the Métis have been excluded from the design of health services leading to inequities in accessing culturally safe health care. The Métis Health and Wellness Plan builds on filling the knowledge gap with Métis voices and outlines key areas of focus for the next five years to improve access to health care, equity in care and cultural wellness.

INTERIOR REGION CONTEXT

Interior Health is one of five health authorities in BC responsible for acute care, long-term care, mental health and harm reduction, home health, community care and public health services.

Interior Health is responsible for providing health care to fourteen Métis Chartered Communities and there are 7,654 MNBC Citizens registered in the region who may access Interior Health Service (data as of January 2024). The Métis Chartered Communities in the Interior Health region are:

- Boundary Local Métis Community Association
- The Cariboo Chilcotin Métis Association
- Columbia Valley Métis Association
- Kelowna Métis Association
- Kootenay South Métis Association
- Métis Nation Columbia River Society
- Nicola Valley and District Métis Society
- Rocky Mountain Métis Association
- Salmon Arm Métis Association
- South Okanagan Similkameen Métis Association
- Two Rivers Métis Society
- Vermillion Forks Métis Association
- Vernon and District Métis Association
- West Kootenay Métis Society

[3] *Heritage Michif translations, Gabriel Dumont Institute (GDI), Norman Fleury. Northern Michif translations, GDI, Vincent Ahenakew. Michif-French translations, Louis Riel Institute, Bruce et al.*

KAAYAASH KA ACHIMOOHK/ KAYÂS ÂCIMÔWIN/L'HYSTWAR[4]

HISTORY

ORIGIN AND ETHNOGENESIS

The Métis were born through the process of **ethnogenesis** starting back in the 1600s and 1700s when French, Scottish, and English men came to what is now known as Canada to work in the fur trade. As the fur trade expanded westward many of the employees intermarried with mainly Nêhiyawak (Cree) or Anishinaabe (specifically Saulteaux) First Nations women. These unions resulted in a generation of mixed descent children. These children grew up and frequently intermarried with other peoples of mixed descent, and their children repeated this process. Gradually, these families began to establish their own communities. The early families of the Métis Nation settled in communities across the prairies, with the most prolific being the Red River Settlement (present day Winnipeg area) in the 1700s.

Living together in these established communities further created and maintained distinct cultural norms, traditions and the creation of the Métis language, **Michif**. Although Métis culture has influences from both European and First Nations customs, it is its own unique culture. Historic Métis communities were connected across the homeland, from Ontario to B.C., and identified as a Nation in the late 1700s, early 1800s through to present day.

In 1816, these nationalistic sentiments led the Métis to resist colonization by the Hudson's Bay Company and culminated in *La Victoire de la Grenouillière,* also known as the Battle of Seven Oaks. This event is celebrated as a great Métis victory; it was the first time the national Métis flag was flown on the field of battle, a pronouncement of the Métis Nation.

Métis people have their own culture, traditions, art, and language, and are proud to display the oldest flag in Canada: a white infinity symbol over a royal blue or red background. The flag represents two cultures weaved together to form one and signifies that this culture will live on forever.

RED RIVER RESISTANCE

In 1869, Canada 'bought' Rupert's Land from the British owned Hudson's Bay Company, without consultation or consideration of the First Nations and Métis residents. In response, Métis leaders formed a provisional government and elected 40 Métis delegates to negotiate their formal entry into Confederation. The Métis government drafted a List of Rights, which would become the *Manitoba Act* (1870), and included the right to elect their own Legislature, to have representation in the Canadian Parliament, and to ensure 1.4 million acres of land would remain in the ownership of the Métis and their children. Despite this, the Métis government was not recognized by Canada.
The Canadian government dispatched 1000 Canadian soldiers, known as the Red River Expeditionary Force (RREF) to 'pacify' the region. The RREF committed terrible violence against the civilian population with impunity, forcing many Métis families to flee the Red River Settlement and Manitoba, with several migrating as far west as B.C. and to the northern United States to escape persecution. Over half of the Métis population left Red River because of Canada's "Reign of Terror" (Métis Nation British Columbia, 2021, p. 35) against the Métis, and within 15 years, the Métis had become a demographic minority within the region (Brown, 2019; Teillet, 2019).

SCRIP

After Rupert's Land was 'purchased' by the new Canadian government, the *Dominion Lands Act* (1872) set out a fiduciary obligation to protect Aboriginal rights and the Canadian government implemented this obligation through the creation of the scrip system. While some First Nations land was negotiated and allocated by the collective through treaties, scrip was allocated to Métis individuals. Scrip was a government issued coupon to be redeemed for land or cash. Métis people redeeming scrip were forced to travel long distances to a provincial land office and had no choice in where their homestead would be located, forcing families to relocate hundreds of kilometers. Since the land that was set aside was scattered in various locations rather than being in a single community, the system was designed to split up family and kinship groups living semi-communally (Métis Nation

[4] *Heritage Michif translations, Gabriel Dumont Institute (GDI), Norman Fleury. Northern Michif translations, GDI, Vincent Ahenakew. Michif-French translations, Louis Riel Institute, Bruce et al.*



British Columbia, 2021). Métis communities at the time lived on long, narrow lots called *rangs*. Each rangs had river frontage and communal hay lots. Opposingly, the assigned scrip lands were divided in squares and were often located on interior prairie land disconnected from waterways and unsuited to Métis agricultural practices. Because of the long distances required and the complicated legal processes involved, many Métis people were unable to claim the land granted to them and instead resorted to selling their scrip for a fraction of its value. As such, money scrip was more popular during early Scrip Commissions, but was subject to large amounts of fraud by non-Métis forging signatures and identities. In 1921, after decades of fraudulent scrip allotment, the Criminal Code was amended to outlaw the prosecution of scrip fraud, leaving Métis individuals without legal recourse. In the end, only 1% of land scrip and 15% of money scrip issued went to Métis people. This left thousands of Métis people in poverty, stripped of the right to their own lands, and resulted in the forced dispersal of many Métis communities.

The Supreme Court of Canada noted in *R. v. Blais* (2003) "the history of scrip speculation and devaluation is a sorry chapter in our nation's history." Modern Métis citizenship requires proof of historic Métis ancestry, with scrip records being the primary source of this proof. Because of this, many modern Métis individuals are unable to prove their heritage and many more have struggled through generations of poverty and persecution. Additionally, the federal Scrip Commission was only operated in the historic Northwest (Alberta, Saskatchewan, and the majority of Manitoba) and was specifically prohibited from issuing scrip to the Métis in British Columbia. This makes the identification of historic Métis communities within B.C. especially difficult and has damaged the acknowledgement of the Métis in the province (Brown, 2019; Teillet, 2019).

"The government used scrip to pacify the Métis and to erase their claims to Aboriginal title. The Métis scrip system was a rotten deal. And everybody knew it" (Teillet, 2019, p.381).

THE NORTHWEST RESISTANCE

From 1874-1884, Métis communities in Saskatchewan and Alberta petitioned for Métis land title to be upheld by the federal government, for the creation of a new provincial government in the North-West Territories, and that Louis Riel's leadership be recognized and he be allowed to take his seat as an elected official. In 1885, the Canadian government announced that they would not negotiate with Riel unless it was on their terms (The Royal Canadian Geographical Society, 2023). Moreover, the Canadian Government amended the *Dominion Lands Act* (1872) to allow non-Indigenous settlement of the historic Northwest. This amendment exacerbated Métis grievances by allowing for the recognition of non-Indigenous land titles while denying the traditional land holdings of Métis and First Nations. This response would begin a series of battles between the Métis and the Northwest Mounted Police before reinforcements from the Canadian militia and American volunteers ended the resistance. On November 16, 1885, Louis Riel was executed for high treason for his role in the resistances. Today, MNBC commemorates November 16 as Louis Riel Day, honouring his contributions to the Métis Nation and the fight for rights and recognition that continues to this day (Brown, 2019; Teillet, 2019).

BECOMING THE 'FORGOTTEN PEOPLE'

Following the 1885 resistance, the Métis throughout Alberta and Saskatchewan were removed from their land and forced to rely on scrip. It is worth remembering that Métis people were required to submit an application to the Dominion Land's Office to receive scrip. This meant that Métis people who feared being identified as 'traitors' or 'rebels' by the Canadian Government were less inclined to participate in the scrip system. Regardless, many Métis individuals, families and communities continued to be labeled as traitors and rebels, while still facing persecution as 'half-breeds.' Those who could hide their heritage would pass as 'French' or 'Scottish' to escape racism and further persecution, with the legacy of this hidden heritage leaving many Métis people without proof of their identity or knowledge of their own culture. This has had lasting impacts on Métis identity and cultural reclamation.



Opening the Canadian West to non-Indigenous settlement required the federal government to conduct land surveys. These surveys ignored the traditional river lot system of land-tenure preferred by the Métis and instead divided the prairie in homestead settlements. Within the homestead settlement, spaces were left for roads, railways, and other infrastructure. However, often these spaces were left unused by the federal government, and many of the Métis who were dispossessed of their land and scrip found themselves 'squatting' on these road allowances. Furthermore, because the Métis did not own these lands, they did not pay taxes on them and were denied government support for education and health care resulting in reduced socio-economic status.

The communities they formed in these public areas earned the Métis the name of the ''Road Allowance People,'' surviving in makeshift homes and settlements on land that would eventually be cleared to create roads and railways as per the Dominion Land Survey of 1872. Road Allowance Métis supported their families by working for local farms, hunting and gathering and selling hand made goods. When hunting without a license became illegal in 1939, the last of these communities were forced to disband. The Métis right to hunt and harvest would not be recognized again by the federal government until the *R v Powley* decision in 2003 (p.207).

MÉTIS SPIRITUALITY AND CULTURE

The European ancestors of the Métis brought Catholic and Protestant beliefs to North America where these religions mixed with the spiritual beliefs of the Plains First Nations. Métis communities had great connection with the teachings of the land and ceremonies of their First Nations kin. The blending of these religions places the Creator at the centre of Métis spirituality, and many spiritual teachings blend Cree and Algonquin stories with Catholic traditions.

Métis spiritual practices were highly influenced by colonialism. Many of the First Nations influenced spiritual practices went underground with the banning of ceremonies by the Indian Act from the 1880s to 1950s. As well, residential schools caused many people to hide or abandon their Indigenous spiritual beliefs. As a result, it is common for the Métis to practice a wide range of religions and spiritual traditions, including elements from both Christian and First Nations origins. Some Métis people practice forms of Christianity, while others view Christianity as tied to the trauma of residential schools. Others are re-discovering ceremonies and practices such as, smudging, sweat lodges and the Sun Dance. It is important to note that many Métis people practice a fusion of both European and Indigenous spiritual practices (Métis Nation British Columbia, 2021).

As the Métis Nation came into being, distinct cultural practices began to form, many of which are still alive today. The Métis have always been known for their love of music and dance, blending First Nations and European influences into fiddle-playing and jigging. Métis fiddlers would mix First Nations, Scottish, and French rhythms to create a distinctive style of music. The fiddle was played solo or accompanied by a drum or spoons. Beading and textile art are cultural activities that many Métis people continue to enjoy today. Métis beadwork and embroidery has a very distinct style that can be recognized by intricate floral designs. Traditional foods such as bannock, rubbaboo stew and pemmican were crucial staples in the Métis diet, some of which are still enjoyed today. The Métis sash was an essential tool for fur traders who used it as a sling, washcloth, saddle blanket, rope, and a support to lift heavy objects. Today, the Métis use the sash as a visible symbol of their identity (Métis Nation British Columbia, 2021).

RESIDENTIAL SCHOOLS, AND THE 60s SCOOP

The Métis suffered a broad range of experiences with residential schools. Many Métis individuals experienced physical, emotional and sexual abuse in residential and day schools as well as lateral violence from other attendees. Other Métis children were denied entrance to residential and day schools for not having Indian status, while also being turned away by public schools for being Aboriginal.

The 60s Scoop saw Métis children separated from their families across Canada, placing these children into non-Aboriginal homes and often moving them hundreds of kilometers away



from their communities. Notably, the Adopt Indian and Métis (AIM) Program, piloted in Saskatchewan during the late 1960s and early 1970s, specifically targeted Métis children for apprehensions and adoptions. These adoptions were often fabricated with dubious cause, against the family's will and opposed the existing Métis process which would see children cared for by others in their community. Historic Métis adoption practices were grounded in the principle of preserving the Métis community through kinship and community support. Siblings were not separated in traditional Métis customary adoptions and every effort was made to ensure that children remained with their immediate family, or at the very least, within their immediate community (Crozier, 2018).

INDIGENOUS-SPECIFIC RACISM IN THE HEALTH CARE SYSTEM

It is important in the health care context to understand the historic relationship between the Métis and the Canadian heath system. During the tuberculosis (TB) epidemic it was widely believed that Indigenous people were genetically more susceptible to TB and carried a more infectious strain. Indigenous people, including Métis were targeted and admitted to TB sanatoriums at much higher rates than the non-Indigenous population. They were often sent to segregated institutions to mitigate fears of a perceived threat that Indigenous people posed to the non-Indigenous population. While the initial purpose of these institutions was to reduce the prevalence and spread of TB, the transition into the formal Indian hospital system began in the 1930s and saw significant expansion post World War II. These institutions were chronically understaffed, and staff onsite were often undertrained and sometimes unlicensed. Many patients suffered abuse, forced restraint through the practice of body casting, medical experimentation and surgeries without adequate pain control. Patients were kept for long periods of time, up to multiple years, with many never returning home. Often, it was not communicated to families and communities where their loved ones were being taken. Without knowing what happened, many communities saw their kin get sick, taken to hospital and never return home. By the 1980s, most of the hospitals closed or were converted, however the legacy of these institutions continues to impact Indigenous perceptions of the Canadian medical system. At least three major Indian hospitals operated in British Columbia: Prince Rupert (Miller Bay), Sardis (Coqualeetza), and Nanaimo (Foster-Sanchez, 2022; University of British Columbia, n.d.).

"Indian hospitals emerged from deep anxieties about Aboriginal people and their perceived threat to the public's health" (Lux, 2016, p.19).

Many Indigenous women, and people with a uterus, including Métis, were subjected to forced sterilization. Women and people with a uterus accessing routine or emergency surgeries were often sterilized without their knowledge or consent. There are accounts of Indigenous women being taken from residential schools to be sterilized and returned to school following the procedure. Birth alerts were another discriminatory practice that were only recently discontinued in B.C.; birth alerts were sent to hospital staff via child protection services to inform staff of an expecting parent that was deemed unfit to care for their child. As soon as the baby was born, the hospital would notify child protection services and apprehensions would take place often immediately post-partum. Indigenous women, including Métis, were targeted at higher rates. In a B.C. study of 2018-2019 birth alert cases, carried out by B.C.'s Ministry of Child and Family Development, over 58% of birth alerts in B.C. targeted Indigenous parents, despite the fact that Indigenous Peoples make up only 6% of B.C.'s population (Bergsson, 2021; McKenzie et al., 2023).

Learning the histories of Métis experiences within the health system is vital to understanding the barriers to accessing health care that exist today. All these above-mentioned experiences have left their mark on the Métis, imparting significant intergenerational trauma on the well-being of individuals, families, communities and culture.

RECONCILIATION

Canada's road toward reconciliation has not fully embraced the Métis Nation. Métis survivors of the residential school system



were included in Canada's federal apology to Aboriginal people in 2008 but were not included in the Indian Residential School Settlement Agreement (which included First Nations and Inuit), and while First Nations Veterans were apologized to and recognized in 2002, Métis Veterans were not included until 2019 after many had already passed away.

The Métis have finally been recognized as Aboriginal People under section 35 of the *Constitution Act* (1982); however, the Canadian government has yet to fulfill their fiduciary obligation to the Métis. Many landmark decisions have raised the profile of the Métis Nation but have yet to meaningfully affect the health and wellness of Métis individuals, families and communities:

- The Powley decision (*R v Powley*, 2003, p.207) saw the Supreme Court of Canada rule in favour of the Métis right to hunt and harvest for sustenance.
- The Daniels Decision (*Daniels v Canada*, 2016, p.99) saw the Supreme Court rule that the federal government has jurisdiction to negotiate with the Métis, as per section 91 (24) of the *Constitution Act* (1867). In fact, the Daniels case aligned the section 91 (24s) interpretation of the word Indian within the *Constitution Act* of 1867 with section 35 interpretation of the word Aboriginal within the *Constitution Act* of 1982.

Both the Truth and Reconciliation Commission's (2015) 94 Call to Actions and the *United Nations Declaration on the Rights of Indigenous People (UNDRIP) Act* (2021) have made the public increasingly aware of reconciliation and the rights of Indigenous Peoples. The UNDRIP set of standards supports Indigenous sovereignty in all areas of life, including health. The B.C. Declaration on the Rights of Indigenous Peoples Act (Declaration Act, 2019) establishes the UNDRIP Act as the Province's framework for reconciliation, as called for by the Truth and Reconciliation Commission's Calls to Action (2015). The Declaration Act mandates government to bring provincial laws into alignment with the UNDRIP and to develop and implement an action plan to achieve the objectives of the UN Declaration in consultation and co-operation with Indigenous Peoples. As the Métis Nation have commonly been the ignored or forgotten people, it is essential that the Métis are consistently included and involved in all discussions about self-governance, rights and reconciliation (Truth and Reconciliation Commission of Canada, 2015; UNDRIP Act, 2021).

MÉTIS IN B.C.

Métis people have been recorded in B.C. as early as 1793 and were instrumental in mapping passes through the Rocky Mountains. The Shuswap Nation recorded trade and conflict with the Métis near Tete Jaune Cache, and travel writers documented Métis families in the Kootenays in the early 1800s. In the 1850s, the Métis would form the first military and police force in B.C.: the Victoria Voltigeurs. The Voltigeurs were a volunteer unit of Métis people from Vancouver Island. Their clothing and weapons were provided by the Hudson's Bay Company. The Voltigeurs acted as a combination of military unit and police force until 1858. Many notable Métis people helped shape B.C. including Joseph McKay (fur trader, explorer, legislator), Isabella Ross (first female landowner in B.C.), and Simon Fraser Tolmie (B.C. Premier 1925-30). Amelia Douglas, who was the wife of Sir James Douglas (the first governor of the colony of B.C.) was a Métis woman who kept her ties to her Métis culture.

It is important to honour the matriarchs that continued practicing Métis culture and shaped the Métis Nation. They are most often overlooked in the telling of history. Métis in B.C. were both connected to historic Métis families and to the mixed Aboriginal communities that developed in B.C. during the colonial era. The Métis built their influence in B.C. to a point where they were in positions of political power, however, European newcomers and discriminatory attitudes, in addition to a hostile legal regime in B.C., forced the Métis underground. The Métis culture, history and social structure would survive in B.C. and forms the basis of MNBC's structure and governance in present day (Amelia Douglas Institute, n.d.).

Today, there is a rich Métis culture in B.C. Métis people come to B.C. for many of the same reasons they did in the past, such as family and kinship ties, economic opportunities and new beginnings. They are welcomed by the Nation and can be proud of the rich contributions of their ancestors.

It is important to acknowledge that the resilience and capacity for healing among Métis individuals, families and communities is immense. This is demonstrated by the fact that Métis culture still exists today and is in many ways thriving. The Métis are coming home to their identities and healing though connection and reconnection to culture. It is through this collective healing that a healthier Métis Nation can flourish.



POPULATION FOCUS[5]

As we continue to move this work forward, there are specific populations that are essential keepers of Métis culture, knowledge and traditions that are critical to recognize and empower. We take this opportunity to highlight these populations and increase awareness.

LII FAMME/NÔSÊWAK (WOMEN): Métis Women are knowledge keepers of health and cultural practices and traditions. Historically, women played a significant role in the creation and growth of Métis communities and were integral in sharing knowledge alongside Elders. Métis Women continue in these roles today, and the consideration and inclusion of Métis Women in all work honours Métis traditions. Women's kinship relationships are essential for sharing with and transmitting knowledge to the next generation: "While community Elders play an important role, kinship ties also play a significant part in the transmission of traditional knowledge. Gender is a significant element of this transmission as girls help their mothers, aunts, or grandmothers" (Hodgson-Smith & Kermoal, 2016).

"Métis Women were integral to all endeavours. They were the makers of pemmican, the gatherers of fruits and herbs and the skilled artisans who supported their families through the sale of decorative artwork. Métis Women were the medical practitioners and the pharmacists of their day. Métis Women were the children's teachers and keepers of the Métis languages. At the community level women were the peacemakers" - Métis Legacy 2, edited by Lawrence Barkwell, Leah M. Dorion, and Audreen Hourie Saskatoon: Gabriel Dumont Institute and Pemmican Publications, 2006.

Louis Riel stated at trial that "The North West is also my mother, it is my mother country . . . and I am sure that my mother country will not kill me . . . because a mother is always a mother, and even if I have my faults if she can see I am true she will be full of love for me" (Morton, 1974, p. 312).

LII VYEU/KIHTÊYOSÎNÔ (ELDERS): Lii Vyeu pii pii Vyeey, meaning "the old men and women," are the Knowledge Keepers in Métis communities, and they pass their knowledge on through oral tradition. Lii Vyeu are wise, caring and non-judgemental and may keep knowledge of midwifery, language, medicines, history, or other aspects of Métis traditional knowledge. Elders are chosen and recognized as Elders by Métis communities because of their knowledge and leadership rather than their age.

When working with Métis Elders it is important to follow protocols: present a gift (sacred medicines, honoraria) when seeking their wisdom; recognize their contributions when sharing their knowledge; and acknowledge and serve them first at public gatherings (Canadian Geographic, 2018).

LII JEUN/OSKÂYAK (YOUTH): Youth are defined as age 15-30 in the Métis tradition and are an integral component of Métis communities. Youth represent the future and offer unique perspectives and experiences that distinguish them in Métis communities and history, while also experiencing distinct barriers. Several famous Métis people, including Terry Fox and Louis Riel, made their impact on history as Métis Youth before the age of 30.

[5] *Heritage Michif translations, Gabriel Dumont Institute (GDI), Norman Fleury. Northern Michif translations, GDI, Vincent Ahenakew.*

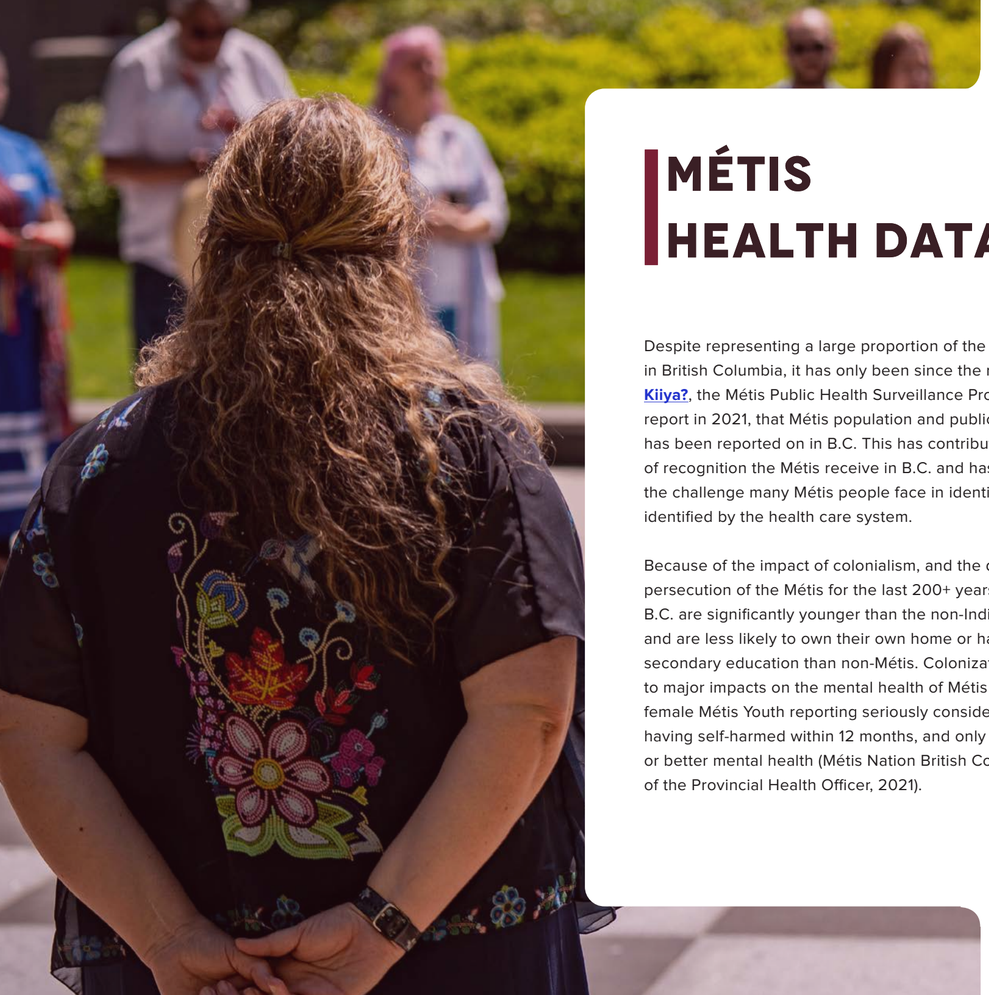
MÉTIS 2SLGBTQQIA+: Members of the 2SLGBTQQIA+ community have historically, and to this day, been celebrated and accepted by the Métis. These members offer a perspective and experience that is unique in Métis culture and play an important role in Métis spiritual practices and beliefs. Further, inclusion of Métis 2SLGBTQQIA+ communities directly responds to several Calls to Justice from the **National Inquiry into Missing and Murdered Indigenous Women and Girls**, and better aligns the work of this health plan with their unique wellness priorities.

MÉTIS FAMILY STRUCTURES: The Métis family structure has always been the backbone of Métis communities and has provided the foundational relationship for economic, political, social and cultural activities and alliances. *Wahokohtowin,* a Cree word that expresses the interconnectivity and relationships we share with all things, is central to the Métis understanding of the social responsibilities and obligations held between members of the family and community. Many components of Métis culture, such as beading, dances, music and weaving, are linked to family traditions. Since Métis families were dispersed from their homelands and often lived outside of Métis settlements, the family continues to be the primary vehicle for passing on cultural knowledge and ways of being. The Métis have an extended multi-generational family structure known as kinship networks. Kinship networks are one of the most significant factors in structuring Métis communities. Extended family members often have roles in raising children, who grow up surrounded by networks of aunts, uncles, cousins and grandparents (Métis Nation British Columbia, 2021, p. 65).









MÉTIS HEALTH DATA

Despite representing a large proportion of the Indigenous people in British Columbia, it has only been since the release of **Taanishi Kiiya?**, the Métis Public Health Surveillance Program baseline report in 2021, that Métis population and public health data has been reported on in B.C. This has contributed to the lack of recognition the Métis receive in B.C. and has compounded the challenge many Métis people face in identifying and being identified by the health care system.

Because of the impact of colonialism, and the direct and indirect persecution of the Métis for the last 200+ years, Métis people in B.C. are significantly younger than the non-Indigenous population and are less likely to own their own home or have completed post-secondary education than non-Métis. Colonization has further led to major impacts on the mental health of Métis Youth, with 31% of female Métis Youth reporting seriously considering suicide, 42% having self-harmed within 12 months, and only 49% reporting good or better mental health (Métis Nation British Columbia & B.C. Office of the Provincial Health Officer, 2021).

The impacts of colonialism extend beyond mental health concerns. The Métis face a higher burden of chronic disease, including being 1.4 times more likely to develop chronic obstructive pulmonary disease and 20% more likely to suffer from diabetes than the non-Indigenous population in B.C. Métis people are 1.8 times more likely to die a preventable death than non-Indigenous people and are 1.67 times more likely to be hospitalized for an avoidable reason. Métis people also have an infant mortality rate 2.4 times higher than the non-Indigenous population (Métis Nation British Columbia & B.C. Office of the Provincial Health Officer, 2021).

Taanishi Kiiya? (Métis Nation British Columbia & B.C. Office of the Provincial Health Officer, 2021) provides significant evidence behind the voice of the Métis across the region who have long called for Métis-specific programs and services, as well as policies that respond to the unique and distinct needs of the Métis Nation. Developing programs for attaching more Métis people to primary care networks and physicians, creating mental health and harm reduction programming that embeds Métis culture into treatment, educating health authority staff and medical staff about the Métis and creating new opportunities for the Métis voice to be heard are all essential steps to reduce avoidable hospitalizations, preventable deaths and increase the overall health and well-being of the Métis population.

Amidst this data, it is important to acknowledge there are many Métis individuals, families and communities who thrive, demonstrating strength and **resilience** in the face of challenges from colonization. It is imperative to recognize the continued strength of the Métis, by teaching and learning more about Métis culture and history. By treating the Métis as a distinct Nation, we can continue to move towards a system that supports health services grounded in Métis cultural wellness.

Indicator	Baseline	Target	
		% Change	2030
CULTURAL WELLNESS AND LIFESTYLE FACTORS			
Métis Youth who eat foods traditional to their background	15% (2018)	↑50%	23%
Moderately active or active during leisure time (age 12+)	64% (2011-2014)	↑10%	70.4%
Current smoker, daily or occasional (age 12+)	34.6% (2011-2014)	↓25%	26%
SUPPORTIVE HEALTH SYSTEMS			
Diabetes prevalence	12.2% (2017/18)	↓10%	11.0%
COPD Incidence (Age 35+)	7.8 per 1,000 (2017/18)	↓10%	7.0 per 1,000
Hypertension prevalence	26.5% (2017/18)	↓10%	23.9%
Number of physicians who identify as Métis	56 (2019)	↑100%	112
Ambulatory care sensitive conditions	261.1 per 100,000 (2017)	↓10%	235.0 per 100,000
MENTAL HEALTH AND WELLNESS			
Adults who rate their mental health as “very good” or “excellent”	59.5% (2011-2014)	↑25%	74.4%
Female Youth who rate their mental health as “very good” or “excellent”	49% (2018)	↑25%	61%
Female Youth who report having ever self-harmed	42% (2018)	↓25%	32%

TABLE 1. TAANISHI KIIYA? MÉTIS PUBLIC HEALTH SURVEILLANCE BASELINE DATA AND 2030 TARGETS.

Note. From “Taanishi Kiiya?: Miiyayow Métis Saantii Pi Miyooayaan didaan B.C.” (Métis Nation British Columbia & B.C. Office of the Provincial Health Officer, 2021, p. 115). Copyright 2021 by Métis Nation British Columbia and B.C. Office of the Provincial Health Officer.





MÉTIS HEALTH AND WELLNESS PLAN

Métis voice is the foundation of the Métis Health and Wellness Plan and was critical in identifying priority areas of focus and objectives. Community directly informs every element of the plan, and every goal aims to address barriers and gaps in services with the overarching objective to improve Métis cultural wellness and health outcomes.

PRIORITY 1: MÉTIS VOICE AND REPRESENTATION

"A sense of identity, community, and belonging is an integral component of health and wellness." -Kaa-wiichihitoyaahk, Métis Perspectives on Cultural Wellness

Goal 1: Integrate Métis representation and elevate the Métis voice in planning, policy and governance structures in Interior Health through strengthened partnerships with Métis individuals, families and communities.

Goal 2: Increase representation of and engagement with Métis Women, Elders, Youth, People with Disabilities and members of the Two-Spirit (2S) and LGBTQQIA+ (2SLGBTQQIA+) community within the health system.

Goal 3: Include Métis representation in physical and virtual Interior Health healthcare spaces.

Goal 4: Engage with regulatory bodies (College of Physicians and Surgeons, BC College of Nurses and Midwives, College of Pharmacists BC, Allied Health governing bodies).

Goal 5: Strengthen relationship between the Doctors of BC, Divisions of Family Practice, Midwives Association of BC, National Indigenous Council of Midwives, Indigenous Physicians Association of Canada, Indigenous Community Health Agencies, and Métis Chartered Communities to advance primary care services.

Goal 6: Engage Métis in health and wellness programming development.

PRIORITY 2: MÉTIS HEALTH PROMOTION AND ACCESS

"Métis identities are nurtured and sustained by the stories, traditions and cultural practices taught by our grandmothers, grandfathers and ancestors." -Taanishi Kiiya Report

Goal 1: Ensure Interior Health care delivery systems are responsive to the unique needs and cultural traditions of Métis.

Goal 2: Incorporate traditional Métis cultural wellness into service delivery as requested by Métis individuals.

Goal 3: Incorporate "Lifestyle as Medicine" in health promotion activities to increase prevention and minimize health intervention.

Goal 4: Increase rural and remote community health access for Métis.

Goal 5: Support access and education for Elders and seniors care planning, program development and services utilizing a Métis-specific lens.

Goal 6: Increase the rate of attachment in Métis communities in the Interior region to improve health outcomes.



PRIORITY 3: MÉTIS CULTURAL WELLNESS EDUCATION

"A better understanding of Métis identity will contribute to the overall health and well-being of Métis people." -Kaa-wiichihitoyaahk, Métis Perspectives on Cultural Wellness

Goal 1: Support the education of Interior Health staff to increase their knowledge and awareness of Métis people, culture, and traditions at all levels of the organization.

Goal 2: Explore opportunities to strengthen employee "speak-up" culture throughout Interior Health so employees can identify and disclose information relating to Indigenous-specific racism.

PRIORITY 4: CULTURAL MENTAL HEALTH AND HARM REDUCTION WELLNESS SUPPORTS

"Recognition of Métis identity promotes self-acceptance and pride for Métis people, which contributes to reconciliation, healthier communities, and Métis cultural wellness." -Taanishi Kiiya Report

Goal 1: Improve availability and access to cultural mental health and harm reduction supports for Métis.

Goal 2: Create communication support tools and cultural protocols for healthcare staff assisting Métis accessing mental health and harm reduction programs and services.

Goal 3: Integrate alternate service delivery models that meet the needs of Métis individuals, families and communities while addressing the harmful effects of Indigenous-specific racism.

PRIORITY 5: MÉTIS REPRESENTATION IN THE INTERIOR HEALTH WORKFORCE

"Increased Métis involvement in the health and wellness area will ensure provision of culturally grounded and holistic well-being approaches to health." -Blueprint on Aboriginal Health

Goal 1: Engage in strategies aimed at improving recruitment of Métis individuals at Interior Health.

Goal 2: Engage in strategies aimed at improving retention of Métis staff throughout their careers at Interior Health.

PRIORITY 6: HEALTH LITERACY

"To have wellness, it means having access to your culture and to resources and support, and not having to do it alone."-Métis Research Participant

Goal 1: Strengthen Métis healthcare decision making through health education, access to programs and systems navigation support.

Goal 2: Develop strategies to improve the patient complaint process for Métis to address individual and systemic Indigenous-specific racism.



PRIORITY 7: SELF-DETERMINED MÉTIS HEALTH INFORMATION SYSTEMS

"Develop and implement culturally safe, self-determined processes that facilitate robust data collection to monitor the health and wellness of all Métis people living in BC." -Taanishi Kiiya Report

Goal 1: Develop an information sharing agreement between Interior Health and MNBC to facilitate the use of Métis population and public health data specific to the Interior Health region.

Goal 2: Continue to advance qualitative and quantitative Métis data collection and research projects in order to surface and address health inequities disproportionately affecting Métis individuals, families and communities.

Goal 3: Ensure Métis Indigenous self-identification (ISI) data is collected safely and accurately.

Goal 4: Conduct an evaluation of the impact of the Métis Nation BC- Interior Health Métis Health and Wellness Plan on the health and wellness of Métis in the Interior Region.

PRIORITY 8: MÉTIS-SPECIFIC HEALTH EMERGENCY MANAGEMENT AND CLIMATE READINESS

"By attending to the needs of Métis can MNBC, government partners, and external organizations find effective solutions to the complex, interrelated issues that are climate change, food access, and emergency preparedness." -MNBC Climate Change & Food Access Survey Report

Goal 1: Enhance emergency management outcomes through shared emergency response planning.

Goal 2: Build self-determined, strength-based emergency management systems and engage in climate readiness initiatives.



REFLECTIONS

We welcome you to use this space to **reflect on your learnings** and consider **how you might apply what you have discovered**

SOMETHING I LEARNED TODAY

SOMETHING I AM CURIOUS ABOUT TODAY

SOMETHING I WANT TO APPLY TO MY WORK

SOMETHING I WANT TO APPLY TO MY PERSONAL LIFE

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