Métis Community Health Indicators Capacity and Need

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Métis Health Information

At present there is a rather large gap in the health, socio-economic and environmental data, which includes Métis people. This information is used by policy and program developers and Métis individuals. To address this research gap, Métis Nation British Columbia (MNBC), Métis Nation-Saskatchewan (MNS) and First Nations University of Canada (FNUC), have developed the Métis Health Status research project. The project will examine Métis socio-economic and self-rated health status compared to that of the general population (using social economic status, geographical location i.e. urban/rural, gender and self-rated health status, and other health indicators). Focusing on a comparison between British Columbia and Saskatchewan residents, this will be a pilot project with the intent of growing a viable and sustainable Métis health research project that will include more variables and more provinces and/or regions. This will add to the very limited body of knowledge regarding Métis health and will assist Métis governments, organizations and communities in articulating their health needs and providing valuable services to their Community members. An initial meeting with supporting partners – the National Aboriginal Health Organization (NAHO) and federal government agencies, Statistics Canada and the Office of the Federal Interlocutor – resulted in an agreement between MNS, MNBC and FNUC to identify, analyze and disseminate the current Métis health and socioeconomic data available.

The following report describes a project that is meant to support the work of MNBC's Ministry of Health. To achieve its mandate of developing and enhancing culturally relevant programs and services, MNBC, the provincial representative of Métis people in British Columbia, has begun to work with Métis Communities to plan and deliver Métis specific health services (MPCBC, 2004). Métis specific health services are important to address the disproportionate burden of illness, reported as self-rated health status, compared to the general population of Canada, First Nations and Inuit (O'Donnell & Tait, 2003). Part of the strategy for the MNBC is to assess Métis Community readiness to develop and deliver Métis specific health services (Van Humbeck et al, 2006).

Objectives

In order to implement the Métis Health Status research project, it is vital to support the efforts of Métis Communities to help create data. Objectives of this proposal include:
- to identify data that will support efforts to improve Métis health status
- to identify data that is currently available to Métis Communities and the processes of accessing this data
- And, to identify data use needs that are specific to Métis Communities and that are not currently available.

This project engaged Métis Communities in BC meant to support the research partnership between MNS, MNBC and FNUC. This project will also assist with the Chronic Disease

Surveillance Program (CDSP) at MNBC; the objective of the CDSP is to establish data linkages between the MNBC Citizenship registry and administrative data held by the BC provincial government. The CDSP is meant to provide a linkage and analysis of health data from administrative files held by the BC Ministry of Health Services and Vitals Statistics. The analysis of this data will provide a valuable resource to Métis Communities by making available a valid and reliable measure of Métis health status. To ensure that this information is utilized it is important to understand the data needs and requirements of those writing the policies and program proposals. The research project described in this report will sustain the success of the current and future activities related to health program and service delivery for Métis in BC. By identifying the capacity of the Métis Community to utilize statistical information we will be able to increase dissemination of health information on Métis people.. This project will collect the necessary information to identify the data needs and requirements of the Community members and stakeholders.

Method

This project will utilize the Métis Community Readiness Model (MCRM); this model provides an interview and analysis template that is easily adapted to address Community identified needs. The MCRM is based on the Community Readiness Model (CRM) (Oetting, Donnermeyer, Plested, et al, 1995), which has been used to address a variety of issues in mainstream and Indigenous Communities (Jumper-Thurman, Vernon, Plested, 2007; Plested, Smitham., Jumper Thurman, 1999; Borrayo, 2007;). The MCRM was developed in conjunction with Métis service providers during a previous research project (Hutchinson, 2009). The MCRM assesses Métis Community capacity by engaging Métis Community members and those who work closely with Métis Communities. By engaging these groups in interviews and focus groups they will be able to identify the current utilization of health data in Métis Communities, and identify data needs that are relevant to Métis Communities.

In total there were 36 participants who participated in one of four focus groups. Focus groups were conducted to ensure inclusion of Métis people from all geographic regions of BC. This provided a cross section of Métis people who live in urban and rural environments. Two focus groups were held in Kelowna, one where people from across BC attended while the other was with residents of the Okanagan valley. Another focus group was conducted in Vancouver where Métis people attended from across BC. The fourth focus group was held with people from across BC as well via two teleconference calls. Focus groups were conducted in conjunction with previously planned community events including governance meetings, Métis specific conferences and other community events.

Extensive field notes and probing questions provided the data that would be analyzed. The data from these focus groups was analyzed to identify specific themes associated to the stated objectives. The data was analyzed to identify themes that were meant to provide insight into the health information needs and readiness of the community. The themes were then included in a

draft report of the research project. This draft report was then shared with people who participated in the focus groups. They were asked to provide feedback on the findings. Their feedback was (will be) then incorporated into the final report.

Once this feedback is incorporated within the final report, the results will be disseminated to those who participated in the focus groups, the funding agency, FNUC and MNS, and the MNBC Ministry of Health. The results of this inquiry will also be developed into a presentation that will be made available on the MNBC Ministry of Health and Sport website, and will be presented during Community events.

Sample

A total of 36 Métis people participated in 4 focus groups. These people included Métis individuals who use health information for personal and family well-being, Métis health service providers who work solely with Métis people and with the general and Aboriginal populations, and Métis program and policy developers. These Métis people were predominantly female, out of 36 participants 10 were male and 26 were female. The participants were from across British Columbia, including each MNBC Region. The age range for the participants was between 25 and 75. Métis elders played a key role in providing valuable information and insight into the utilization and readiness of Métis communities to interact with health information, a total of 10 Métis elders participated in the focus groups.

Data collection

Four focus groups were conducted during conferences, by invitation, and during regularly scheduled meetings. Participants were provided with a brief introduction to the project, including a description of the objectives, purpose and format of the interview process. The focus groups lasted between 1.5 and 3 hours. Focus group discussions were transcribed on sight as to provide an opportunity to probe participants' responses immediately and as there was not an opportunity to follow up with the research participants in further interviews or focus groups. Participants were also provided a draft copy of this report so that they could provide additional insight and clarification.

The interview script included a total of 29 questions, but the focus groups were meant to be a conversation or discussion on health information with the interview script simply providing guidance through assessing readiness. Most questions were answered with out even asking the question.

Results

The Métis Community Readiness Model (MCRM) is meant to assess a Métis community's readiness to address a specific issue. Readiness is the combined community interest and capacity to address an issue in the communities own unique social and cultural context. The MCRM is a variation of the original CRM (Oetting, Donnermeyer, Plested, et al, 1995) the variations of the MCRM include; increasing the inclusiveness of those participating in the interview process, going beyond just those who are directly affected by the issue; and, by allowing for a broader conversation in the identification and elaboration of the identified issue. The MCRM also does not rely upon quantifying the responses or relying upon participants to quantify the importance of the issue and how the issue is currently being addressed. Rather the participants are provided an opportunity to quantify their overall feelings about the issue under question as an ice breaker to encourage conversation. Understanding the Métis Communities readiness in regards to health information is crucial to understand considering the current and recent interest in expanding Métis health information.

Currently Métis communities are often regarded as similar to other Aboriginal communities including First Nation and Inuit communities. In this comparison Métis communities are regarded as having a similar health status, are under resourced, under served and have a level of capacity that can not immediately address the issues that these communities face (Office of the Provincial Health Officer, 2007). In order to develop resources and capacity to address these issues it is important to assess where the community stands in regard to the identified issue. By identifying where a community stands in regard to a particular issue the community would be able to mobilize the current capacity of the community to further addresses the issue in question.

In regard to the issue at hand it is well understood that Métis health information is sporadically collected, has considerable methodological issues and considerable dissemination issues (ref). These issues combine to form a series of lacunae, or gaps, that complicate the utilization of collected information and furthering health information collection and dissemination. Considering these challenges it is prudent to assess the Métis community capacity, utilization and dissemination of health information.

The information collected from Métis Community members will provide MNBC the groundwork to organize and deliver statistical Métis specific health information to Community members, program and policy developers. A crucial step in knowledge exchange activities is to know what information and how to present the information so that it may be incorporated into the efforts to achieve Community goals (Dyck, 2009). This project will identify what and how health information is used, how information is best shared, and what information needs to developed.

Focus Group Findings

General readiness

All findings are based on the discussions held with all focus group participants, what follows is a summary and synthesis of these discussions. General readiness describes the commonly shared thoughts of all focus group participants. The focus group participants provided valuable information on how to improve available health information and increase its utilization. The analysis of the data shows that there are different levels of readiness across the Métis community. Some levels of readiness are shared across the community; regarding specific aspects of health information while within those who provide health services or are involved in social service provision have a very different level of readiness. There were also different levels of readiness between different types of health information. All focus groups participants identified barriers to health information and provided insight on how to move forward.

There is a distinct and explicit acknowledgement amongst all focus group participants that there is not one level of readiness for the utilization of health information. The Métis community can not be subsumed under one broad category of readiness. Rather two distinct groups become apparent regarding their level of readiness. First Métis community members that are not health service providers, policy or program developers have one understanding of health information while those within this sector have an understanding that sharply contrasts to those who are not involved. Within those who work in the health services there is a distinction between those who provide direct services to Métis people and those who write policy and develop health related programs. Those who provide direct services require information that they can relay to the Métis population they are working with. This includes being able to situate the person within their community and amongst their peers utilizing statistical health information. Health service providers also noted that they require information that generates a discourse on the experiential aspects of health and well-being. Those who do not work within the health and social service sector had various levels of readiness but overall there was a distinct need to increase the awareness of the importance of health information. These divergent types of health information required within the Métis community make it impossible to assign one level of readiness to the overall Métis community.

Within these different levels of readiness between health service providers and the general population there is also recognition of similarity between these groups and the type of information that they require. These different types of information that are shared between these sub groups of the Métis community include information on spiritual, emotional, mental, and physical well being. Within these types of information different levels of readiness are also prevalent. Similar to the previous discussion on the divergence between health service providers and the general population of Métis each group has a different level of readiness in respect to each type of information. Health service providers note that there is some information on physical and emotional health and well-being yet there is a dearth of information on mental and

spiritual health and well being. The general population of Métis required information on all aspects of health.

Métis general population readiness to utilize health information

Métis individuals participating in the focus groups not working in health or social services delivery directly were generally healthy so do not pursue information. Health service providers recognized that when people are healthy or perceive their health to be well they do not pursue the acquisition of health information. Some health service providers noted that their clients often have fear of what health information might reveal and this fear isolates the individuals from pursuing health information.

The general population of Métis people also recognized the need for the different types of health information (spiritual, emotional, mental and phsycial) and within this group it appeared that there was a very low level of readiness across these types of health information.

Health service provider readiness

Health service providers had various level of readiness depending on the type of health information. Health service providers recognized that there was a general lack of available health information specifically targeting Métis people. Health service providers were aware of programs that were attempting to provide Métis specific health information, including Statistics Canada, NAHO Métis centre, and MNBC's recent work. They also felt that these programs were a valuable beginning but were not meeting their needs or the needs of those that they work for.

Health service providers recognize that current health information available on Métis health is primarily an assumption that Métis health and well being is equal to the First Nation population. But this is just an assumption, an assumption that has been acknowledged in the literature.

Health service providers also recognized the lessons learned from the history and cultural experience of the Métis community and the importance of these lessons to the current health and well being of Métis communities. They noted that there is currently very little if any information on Métis community well-being and how Métis communities come together in modern society to support health and well-being of individual members and the community as a whole. Métis health service providers felt that information must be culturally relevant and embrace the ideology of the Métis community. This ideology includes engaging the autonomy and self-determining aspects of the community. Health Service providers believe it is hard to provide information that can not be used within cultured environments.

Service providers noted that health information as commonly shared in statistics and facts may have an invalidating effect on the general population of Métis people seeking out that information. This information may further stigmatize the Métis people by not providing the

appropriate contextual information that allows for a complete understanding of how or why the Métis community experiences the health and well-being that is present.

Beyond current health information the health service providers recognized the importance of transgenerational healing and the effect of intergenerational trauma. They also acknowledged that the information that is currently available lacks and needs to be extended beyond mental and emotional health to include effect upon physical and spiritual health.

Current information programs

Current information programs through the federal, provincial, and regional governments and agencies are known of by some health service providers. Often the programs are not widely known, i.e. one person knows of one program someone else knows of another program but no participants knew of multiple programs. They recognized that this demonstrates a lack of coordination between the agencies that are developing these information portals.

It is also recognized that many current programs do not embrace the values and ideologies that are prevalent in Métis communities. And that more information provided outside of these values and ideologies will not provide the required information. The programs need to recognize and engage the self-determining and autonomy aspects of Métis communities. The distance between these external programs and the community needs is far too great and creates a barrier to accessing and utilizing health information.

Barriers to health information

Beside the barriers already identified by the general Métis population and health service providers' specific barriers were also identified. For example, health information is very commonly disseminated on the internet. Although the internet provides very wide dissemination it also requires a level of computer literacy and skill that may not be shared amongst all Métis people. Even prior to computer literacy there is an assumption that people have access to a computer and to the internet, this assumption reduces the dissemination of health information. Many health service providers noted that they are computer literate but said many of their clients are not or do not have access to computers.

Health service providers and the general population of Métis people felt that the available information was often just data and did not embrace a Métis world view or ideology. This included a lack of interpretation that considered the social and cultural context that Métis people experience.

Moving Forward

Health service providers and the general Métis population felt that health information was not shared in a meaningful way. As such both groups in the focus groups provided specific suggestions for future health information sharing. How the information is relayed was also questioned, the concern was that the amount of information available may devalue important health information. Providing health information in a similar manner as those that are commonly available may devalue the importance of critical health information. New health information for service providers, policy and program developers, and for the general Métis population noted that health information must be discussed within established relationships. Health service providers and the general population of Métis people noted that health information is commonly shared within social and support networks. Utilizing Métis communities' social networks and social support allows the information to be provided directly in person to those who require the information. Health information should be delivered during community events that are meant to provide healthy experiences, providing people a place to have a conversation about health. When people became familiar with health programs more and more information was shared within the community and with service providers, personal relationships grew the information dissemination and utilization which snowballed into generating more and more information, and provided people a voice. Asking Métis individuals to engage a doctor to get personal health information, like blood pressure, glucose testing, etcetera is not reasonable strategy considering many Métis individuals do not have a family doctor.

Many focus group participants felt that by increasing the capacity within Métis communities, specifically in improving the relationships between those collecting information and those delivering programs in the community. These efforts require funding to support the relationships, to provide resources for a preventive and holistic approach, and to evaluate current programs being delivered. The longevity of programs directly effects the results of program success.

Health information needs to demonstrate a practical application by utilizing experiential discourse related to the information. Health service providers felt that there was a lack of information on life course health and well being. For example how do experiences during childhood effect health and well being during adult hood.

Discussion

The results from the focus group demonstrate the expansive depth and width of the gap of health information confronting Métis people and health service providers. This gap is not consistent between Métis health service providers and Métis people. Rather the capacity and willingness to engage this gap varies between Métis health service providers and Métis people. Métis people who participated in the focus groups are at a very early stage of readiness concerning the issue of health information. This would suggest that the awareness of the importance of health

information must be raised among Métis individuals. As such health service providers and others concerned about the well-being of Métis should investigate how best to increase the utilization of health information amongst Métis individuals.

The different levels of readiness throughout the Métis community attest to the need for the MCRM to be broader than conceptualized in the CRM original formulation. Without the consideration and inclusion of Métis individuals and a broad approach to health information we would not have been able to address the full scope of Métis health information issue. Without the inclusion of the Métis general population we would not have identified the low level of readiness and the need to increase the awareness of the benefits of having health information. If Métis people pursue health information at all times rather than just when they are confronted by an illness or a loss of health or well-being their health status will improve.

The recognition that Métis health status is generally based on the statistics of other Aboriginal groups, demonstrates that health service providers are fluent in the latest health information available on Métis well being. This fluency in Métis health information demonstrates a level of readiness that surpasses the availability of health information. The capacity within Métis health service providers to utilize health information requires that actual Métis health information be available. It is not the capacity of this section of the Métis community that requires strategic planning to develop these statistics rather it is with those who collect the necessary health information that require an assessment of their readiness to be able to provide this information to Métis health service providers.

Considering the dearth of information on Métis health, the health service providers suggested that the current health information be disseminated in specific ways. Health information should be disseminated to those people who are central within social and support networks. Dissemination of information through these established relationships within the Métis community will ensure that health information is utilized. Several different mediums must be employed when disseminating health information. A reliance on the internet is not sufficient and will reduce the accessibility and utilization of health information. For example dissemination could utilize established newsletters to share health information including health care accessibility.

Utilizing the current statistics, health service providers note the necessity to include the social and cultural context in which health is experienced. This requires detailed information of the social and cultural context and could be achieved in two different ways; first social and cultural data can be collected from Métis people and incorporated into health data analysis. The second way is to take health data to service providers and the general population of Métis people and to have them create a discourse that imbues the social and cultural experiences of Métis people into the health information.

Future research

Considering the distance that must be covered to address the gap in Métis health information there is a strong role for research to assist in decreasing this gap. For instance the social and support networks within Métis communities should be investigated to discover key entry points and point contacts that could share health information within the established networks. This research could identify individuals and groups who are most commonly accessed within Métis communities. This research would greatly improve the dissemination of health information.

Furthering the dissemination of health information it is crucial to relay the information in a format that is appealing to the target audience. Relaying this information in narrative format was suggested by many focus group participants. Qualitative research that explores the stories of health and well-being among the Métis population would assist in improving the dissemination and uptake of Métis health information.

As to specific needs regarding health information there is an immediate need for life course and spiritual health and well-being information. Considering that physical, emotional and mental health information is sporadically available on Métis people and slowly increasing, the lack of the other elements of health including spiritual well-being needs to be addressed. This information should be included with life course health information.

There surely are other possible research projects that could assist in improving the health information for Métis people. These research projects, including the ones suggested should be developed in conjunction with the Métis communities. Working with the Métis community and utilizing multiple methods of investigation, including quantitative and qualitative methods will surely assist in improving the health and well-being of the Métis community.

Conclusion

The recognized gap in health information on Métis populations decreases the likelihood of achieving equity in health status between Métis and the general population of Canada. To increase the utilization of health information specific to the Métis population we must understand the Métis Communities' current capacity and usage of this information in meeting their Communities' goals. This project has engaged Métis Communities in a discussion about their current use of health information to achieve Community goals and how health information can be improved to increase accessibility and utility of this information.

One Métis health service provider asked "how does providing health information affect overall health and well-being for individuals?" This very intuitive question is vitally important to explain and demonstrate to Métis people in order for them to begin to access health information. Recognizing that health information can improve health allows individuals to internalize the importance of health information rather than health information being provided by an external

source as if being told what to do. When the importance of information is internalized people will seek out health information in all instances where they feel the need to know more about how things effect their health.

The general population of Métis people had a hard time identifying health information, or information that would subsequently affect their health and well being. For example, this included the Canada food guide, labels on food products, and child health information.

Future research projects should look into how health information is accessed and utilized by the general population of Métis people. This research could build upon the findings presented here and from the findings of the NAHO research project on women's health information (Dyck, 2009). The scope of this research should be expanded to include both genders and include youth.

Appendix

Timeline

| | Individual responsible | | Oct | Nov | Dec | Jan | Feb | Mar | Apr | Deliverable |
	RA	LR								
Distribute description of project		*	*	*	*					Brochure describing project
Distribute invitation to participate		*	*	*	*					8 invitations /region
Recruit participants		*	*	*	*	*				9 Participants/FG
Focus Groups (FG)		*		*	*	*	*			4 Focus Groups
Transcribe focus group discussions	*			*	*	*	*			Transcriptions
Analysis		*			*	*	*			Excel spreadsheets
Validate analysis						*	*			Feedback from participants
Draft report		*					*	*		Feedback from Minister and Director of Health
Dissemination		*						*	*	Final report received by150 individuals
Evaluation		*							*	Feedback forms from participants completed,

Focus group script

- The lead researcher will provide a written description of the focus group in advance so that participants are informed and have time to prepare themselves when they sit down together.

- The lead research will explain how the information collected will be used and participants may withdraw from the discussion at any time without fear of repercussions.

- Each focus group member will be given time to introduce themselves and to describe their particular interest in the research project.

- Project will be summarized including a description of the goals, objectives and method. The partners and who is involved and the purpose of this research will also be described.

- Focus group questions will be broadly based as to support conversation and respect a diversity of input.

- Questions may include:
  - Have you used statistics in the past? For what purpose? Have these statistics been adequate?

  - If you have not, why? Is there appropriate access to health statistics? Are you comfortable using statistics

  - What type of information do you feel provides the best support for Métis Communities?

  - What information would you like to have access to in order to support Community goals?

  - What information have you used in the past to support Community goals?

  - Have you used this information in general interest articles, Métis specific news articles, proposals for funding, or education.

  - Where have you accessed this information? What could be done to support your Community goals with public information?

  - What are the priorities for your Community (in health, education, youth, Elders, women, culture)?

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