

# **NORTHWEST SASKATCHEWAN METIS WOMEN'S HEALTH**

## **Research discussion paper for the Northwest Metis Women's Health Research Committee**

Lisa McCallum-McLeod with Kay Willson

Project #88



centres of excellence  
*for* WOMEN'S HEALTH

centres d'excellence  
*pour* LA SANTÉ DES FEMMES

# **NORTHWEST SASKATCHEWAN METIS WOMEN'S HEALTH**

## **Research discussion paper for the Northwest Metis Women's Health Research Committee**

April 30, 2004

**Lisa McCallum-McLeod with Kay Willson**

**On behalf of the Metis women who participated in the Northwest Metis Women's  
community meetings and individual interviews conducted by community women.**

Prairie Women's Health Centre of Excellence (PWHCE) is one of the Centres of Excellence for Women's Health, funded by the Women's Health Contribution Program of Health Canada. The PWHCE supports new knowledge and research on women's health issues; and provides policy advice, analysis and information to governments, health organizations and non-governmental organizations. The views expressed herein do not necessarily represent the official policy of the PWHCE or Health Canada.

The Prairie Women's Health Centre of Excellence  
56 The Promenade  
Winnipeg, Manitoba R3B 3H9  
Telephone (204) 982-6630 Fax (204) 982-6637  
pwhce@uwinnipeg.ca

This report is also available on our website: [www.pwhce.ca](http://www.pwhce.ca)

This is project #88 of the Prairie Women's Health Centre of Excellence  
ISBN 0-9735048-5-4

# TABLE OF CONTENTS

<b>1. INTRODUCTION</b>	1
<b>2. METHODS</b>	2
<b>3. UNDERSTANDING METIS WOMEN'S HEALTH</b>	4
Traditional Teachings	4
Determinants Of Health	4
<b>4. IDENTIFYING ISSUES AND GAPS</b>	6
Metis Identity	6
Limited Access To Health Care Services	7
Culturally Appropriate Care And Access To Traditional Healing	8
Improving Health Status Through Metis Health Services	9
<b>5. CONCLUSION</b>	10



# INTRODUCTION

The Northwest Saskatchewan Metis Women's Health Research Discussion Paper provides a summary of the ideas gathered from community meetings and individual interviews conducted in the four Northwest Metis communities of La Loche, Buffalo Narrows, Ile-a-la-Crosse, and Beauval. Over 250 Metis women participated in these discussions to explore the health needs for Metis women in Northwest Saskatchewan and to share their ideas for new directions for community-based health research.

The Prairie Women's Health Centre of Excellence (PWHCE) provided assistance with facilitation and support for this process of community dialogue, working in partnership with local women leaders and service providers in Northwest Saskatchewan Metis communities. This process helped to provide space and time for Metis women to identify research ideas that could contribute to Metis women's physical, emotional, mental and spiritual well-being.

This process of community dialogue had the following objectives:

1. to hear Metis women identify issues impacting their own and their families' health,
2. to identify potential research issues for further study, and
3. to discuss the benefits and risks of such research.

# METHODS

The Prairie Women's Health Centre of Excellence (PWHCE) has invested in developing women's health research through a community-based process that draws upon the knowledge, skills, and experience of local Metis women.

In June 2003, the PWHCE Aboriginal Women's Health Research Coordinator made contact with local Metis women during visits to Northwest Saskatchewan communities and began to discuss possible interest in a project on Metis women's health. In the following months, the Research Coordinator approached the Metis leadership of five local communities and built upon her already established relationships with local Metis women who were community leaders or service providers in the selected communities. The Research Coordinator followed the local protocol for securing community support to develop a Metis women's health research initiative. The Research Coordinator then contacted the Northwest Metis Council to inform them of the plans to develop a women's health research project and to explore the potential for collaboration.

In October 2003, local Metis women leaders and service providers helped to organize and facilitate four community meetings in La Loche, Ile a la Crosse, Buffalo Narrow and Beauval. Fifty-eight Metis women participated in these community discussions. The discussions were tape-recorded and transcribed for later analysis.

The local Metis women guiding the process of community dialogue felt that it was important to gather ideas from a wider range of Metis women in their communities. Local women who were able to speak Cree, Dene, Michif and English were hired to conduct individual interviews with other women who had not been able to participate in the community meetings. During these interviews women were asked to identify their health issues and their ideas for research that would benefit their health. Two hundred women were interviewed and

their responses were recorded on a simple form. Interviews were conducted with women of all ages and diverse backgrounds, including Metis women who speak Dene, Cree, Michif and English as their first language.

The PWHCE Research Coordinator reviewed the transcripts of the community meetings and the responses from the individual interviews. The responses were documented, analysed and collated into theme areas. This Discussion Paper provides a summary of the ideas gathered from both meetings and individual interviews.

An earlier draft of this Discussion Paper was taken back to the Northwest Metis Women's Research Committee, i.e. the local women leaders and service providers who had helped guide the process. They were asked to review the document and give their feedback and direction for further development project. The committee plans to meet again to discuss the further clarification of the research question, and to examine models of research process that are appropriate for community-based research in Metis communities.

Throughout this process of developing a community based research project in partnership with local women, the PWHCE Aboriginal Women's Health Research Coordinator has relied upon the Ethical Guidelines adopted by the Saskatoon Aboriginal Women's Health Research Committee. Central to these ethical principles is the value of respect – respect for Metis communities and local leadership, and respect for women. Part of this respect is a commitment to ensuring that their voices are heard. Another guiding principle is the importance of relationships with people, and not treating people just as sources of data. Good relationships are built on trust, communication and shared responsibility for decision-making.

# **UNDERSTANDING METIS WOMEN'S HEALTH**

## **TRADITIONAL TEACHINGS**

The women who contributed their ideas to this community dialogue on Metis women's health described health from a holistic perspective. Health, for them, is more than the absence of disease or defect. Some women described that all parts of the body, mind, and spirit are important to understanding women's health. Women said if the needs of one part are not being met, the others would retard in development and balance. From the women's perspective, healing cannot occur in the physical body without addressing and bringing into alignment the other aspects of one's being. The women noted that an individual's healing requires more than medical treatment, but also practices to promote spiritual and ecological well-being. Healing involves not just an individual, but also the spiritual support and strength of family, community, and cultural traditions. Rather than healing being an occasional physical transformation, for Metis people it is a way of life. These understandings of health and healing are part of the traditional teachings shared in Metis communities.

While the women acknowledged that medical science has been able to provide impressive improvements in the areas of diagnosis and treatment of disease, some women also stated that these successes combined with the tendency to equate medicine with health have resulted in a focus on physical health only. As a result medical models for health and health care have been overemphasized with a corresponding under-emphasis of alternative approaches or viewpoints.

## **DETERMINANTS OF HEALTH**

The women noted that many determinants of health fall outside the health care sector. The socio-economic conditions in their communities, the lack of employment opportunities, the limited access to services and the quality of housing and transportation were all seen as



factors having an impact on women's health. The women described how social conditions, limited access to services and the marginalization of Metis communities had contributed to problems of low self-esteem, drug and alcohol abuse and suicide. According to the Report of the Royal Commission on Aboriginal Peoples, "Healing, in Aboriginal terms, refers to personal and societal recovery from the lasting effects of oppression and systemic racism experienced over generations. Many Aboriginal people are suffering not simply from specific diseases and social problems, but also from a depression of spirit resulting from 200 or more years of damage to their cultures, languages, identities and self-respect."<sup>1</sup>

To truly influence good health, new relationships must be forged between various ministries of provincial governments, departments of the federal government, and those organizations working in the health sector. For Metis people, focusing on the determinants of health represents a way of defining health with broad implications. It is especially relevant given the importance of encouraging consistency in government legislation, policies, and practices which affect the health of women and their access to health care services in Northwest Saskatchewan.

Recognizing the importance of addressing the determinants of health can serve to support policy changes affecting the conditions which affect the health of Metis women and families. This relates to:

- access to good and affordable housing,
- access to quality health care,
- access to educational programs that will assist within Metis communities to improve awareness and prevention of health related issues,
- education for health related employment.

This also can relate as well to legislative and policy reform with greater collaboration with Metis community governing structures.

<sup>1</sup> ([www.ainc-inac.gc.ca/ch/rcap/sg/si11\\_e.html](http://www.ainc-inac.gc.ca/ch/rcap/sg/si11_e.html) accessed June 1, 2004)

# IDENTIFYING ISSUES AND GAPS

## METIS IDENTITY

Metis women have identified with, and been part of the cultural, historical, and political landscape of Canada since before Confederation. However, Metis have been, and continue to be, one of the most marginalized populations within Canadian society. This marginalization is especially apparent when dealing with issues such as access to health services in Metis communities.

In the analysis of the gathered information, a number of issues came to light. Cross-cutting these issues was a discussion of the importance of Metis identity in shaping women's experiences. Identity permeates any discussion of programs, policies and services for Metis families. On the one hand, Metis identity is an important part of women's sense of self, and their connections to their communities. They want access to services that reflect and respect Metis culture and values. On the other hand, because of the jurisdictional boundaries and eligibility criteria which exclude Metis people from certain government programs (but which may be available to First Nations and Inuit people), Metis identity affects individuals' and communities' access to services and resources.

The women said that information, initiatives, services, and programs directed to, or designed for, the Metis have been insufficient for their needs. While an understanding of the social, historical, and political forces that have had a hand in creating this disparity is necessary, any effort to improve the health outcomes experienced by Metis also requires the identification and analysis of the information, initiatives, services, and programs currently available.

The women saw recognition of the Metis in the *Constitution Act 1982* as a major victory. There is still much to be done, however, in terms of full recognition of Metis identity and rights. The Metis Nation continues to work in this area.

The further examination of the issues surrounding the identity and recognition of Metis are beyond the scope of this paper. These issues must, however, be considered when discussing the factors that determine Metis health and health care access. Issues of identity have direct effects upon matters such as resource allocation, research, political representation, epidemiology, identification of other health determinants, and health care access. Identity will be a source of pride for some, a source of confusion for others, and will pervade the discussion of any policy or programmatic matters for organizations and governments that seek to provide services to Metis people.

On the ground and in the communities, reports of “jurisdictional ping-pong” abound. Individuals in search of services are sent back and forth between provincial and federal departments as each declares Metis to be the responsibility of the other. This is also the case for organizations and communities that seek resources for programs and initiatives. In certain situations, being defined as Aboriginal by a particular department may be enough justification for the allocation of resources and services to Metis. But as the definition of the word Aboriginal changes between governments, departments, and sometimes, even branches within these, Metis tend to get defined out of the discussion.

## **LIMITED ACCESS TO HEALTH CARE SERVICES**

The women reported that their communities have limited financial resources to bring a variety of health practitioners to the community for care. The current funding formulae are based on population not on health needs. This formula does not directly address the high rate of some diseases in the communities, such as diabetes, HIV, and tuberculosis.

If the specialists and other health care practitioners cannot come in, then a woman has to leave the community, family, and support systems to get care in other communities, such as Meadow Lake, North Battleford, Saskatoon or Prince Albert. In most cases this causes difficulties that arise from having to leave the community. The women wanted to see adequate resources for health care providers to come to their communities and provide quality health services. Women also have many challenges arranging childcare for their children

when having to travel out of their communities. A related issue is lack of housing and accommodations for the professionals while living in the community.

The women identified the following concerns and gaps in services within their communities:

- Eye care
- Dental health services
- Weekly Programs relating to specific health issues
- More diagnostic health equipment within the district
- Programs for single mothers and their children
- Nurses aid volunteer program
- Programs for diabetics and cancer patients
- Women doctors
- Quality health services
- Home care
- Transportation
- Counselling
- Women's group therapy
- Childcare
- How to deal with depression
- Programs for people with Cancer, AIDS, Hep groups A, B, C.
- Long-term Elderly homecare

## **CULTURALLY APPROPRIATE CARE AND ACCESS TO TRADITIONAL HEALING**

Women expressed a desire for health care services that reflected and respected Metis culture and values. In particular, women felt that it was very important to be able to communicate with health care providers in their own languages. Metis women who speak Cree, Dene and Michif wanted to be able to discuss their health issues in their own language and to receive information from health care providers that was translated for them.

Some women felt that culturally appropriate services should include recognition and inclusion of traditional Aboriginal healing methods as well as access to western medicine. Given the predominance of western medicine and the legacy of colonization, attitudes toward traditional Aboriginal healing are mixed and at this point, are part of a very sensitive and slow discussion. The bottom line, however, is that traditional medicine people are still not given the same value as the western medical systems.

## **IMPROVING HEALTH STATUS THROUGH METIS HEALTH SERVICES**

Metis women asked, “How do we begin focusing attention on the general issue of Metis health service delivery in our communities through the existing infrastructure?” The women would like to identify some strengths, weaknesses, opportunities and threats that exist for the Metis people in designing, developing and implementing culturally appropriate approaches to addressing health among Metis communities.

Metis women said that improving Metis health status involves addressing issues with programs and services that include health promotion, prevention of illness, healing, and rehabilitation from illness. They want to see this full range of services available in their communities.

The Metis women also talked about the need to increase the number of Metis people who can get access to health programs and services while promoting Metis sensitivity and awareness within the system. They identified the need to encourage the development of culturally appropriate, sensitive approaches to health programs and services and the development and utilization of existing infrastructures.

# CONCLUSION

The women in Northwest Saskatchewan who took part in this community dialogue on Metis women's health identified numerous important health issues in their communities – cancer, diabetes, depression, suicide, drug and alcohol abuse, tuberculosis among others. They also saw many of these health issues in the context of the broader social determinants of health and the need to support healthy families and healthy communities. Nevertheless, one of their central concerns was with access to high quality health care services for women living in the small Metis communities of Northwest Saskatchewan.

The overarching research question that seemed to emerge was **“How can we improve the quality of health care services in Metis communities to make them more responsive to the health needs of women, their families, and communities?”**

From their perspective, improving the quality of health care services had several aspects,

- improving access to a full range of services including mental health, health promotion, family support programs, prevention strategies, as well as diagnostic, treatment and rehabilitation services,
- improving access to various service providers including counsellors, eye doctors, dental care, and various other medical specialists without having to travel great distances,
- developing culturally appropriate health services with access to translators and traditional healers,
- ensuring that Metis women have a voice in decision-making about the health services delivered in their communities.

Research should continue and should involve Metis women in defining the problems and the priority topics for research, as well as research methods. Although legal and administrative factors may appear to us decisive for the health and well-being of Metis women, these

women themselves may simply regard them as just another example of the dependent relationship between Aboriginal societies and the mainstream societies.

At the public hearings of the Royal Commission on Aboriginal Peoples, women clearly expressed their vision of health and the type of projects they would like to see for their communities. They emphasized holistic initiatives that apply the principles of equality and respect, both of individuals and the family.<sup>2</sup> This vision must fuel upcoming research into the health and well-being of Metis women in Northwest Saskatchewan.

The Metis women in Northwest Saskatchewan also expressed their need to work at rebuilding their self-esteem and their people, and to find solutions to the social and health problems that undermine the health of their families and communities. The solutions to these problems are partly a matter of reconciling individuals with Metis culture and traditions. But they also reside in the development of greater tolerance and a fuller understanding by non-Aboriginal communities of the issues facing Northwest Metis communities.

The Metis women we met were clearly enthusiastic about the proposed research in their communities to promote better health for women, men, young people and the elderly. These women are well aware of the obstacles to be overcome in order to attain this objective of good health, but they face them with confidence. They realize that their power is different from that of men; because it is part of day-to-day living, it has more impact on all aspects of family life. For these women, this power is not hierarchical but complementary.

An increasing number of women in the communities are healing their people through their own personal commitment. We must listen to their voices and give these women the tools to achieve their goals.

<sup>2</sup> Royal Commission on Aboriginal Peoples. Report of the Royal Commission on Aboriginal Peoples: Perspective and Realities, *supra* note 13, page 66