A PRIMARY CARE NEEDS ASSESSMENT FOR THE MÉTIS POPULATION OF GREATER VICTORIA, BC

PREPARE FOR THE MÉTIS NATION OF GREATER VICTORIA AND THE VICTORIA PRIMARY CARE NETWORKS

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Introduction

This report presents a distinctions-based needs assessment, collaboratively developed and delivered with the Métis Nation of Greater Victoria (MNGV) with support from the Victoria Primary Care Networks (PCN). This needs assessment represents a significant and long-overdue opportunity to gather and understand Métis people's experiences, values, and needs within the context of primary health care in Greater Victoria, British Columbia (BC).

About the Métis community in Greater Victoria, British Columbia

Métis people are one of three constitutionally recognized groups of Aboriginal Peoples in Canada. As descendants of early fur trade relationships, Métis people have collectively developed distinct cultures, languages, identities, and ways of life (Macdougall, 2017). Today, Métis people live all across Canada, and BC is home to approximately 90,000 self-identified Métis people (Statistics Canada, 2017). The Métis Nation British Columbia (MNBC) is the governing Nation for Métis people in the province, with over 20,000 citizens. MNBC recognizes and represents 38 chartered communities across seven regions in the province, including MNGV. See Appendix A for a map of the chartered Métis communities in BC.

Formally established in 1997, MNGV provides space for Métis people to express and understand their collective and cultural identity. The community also works to promote greater awareness of Métis people in Greater Victoria, across public and government settings. With the overarching goal of representing the interests of Métis people in Greater Victoria, MNGV aims to help community members to reconnect and strengthen community and kinship ties. With community gatherings, cultural events and programming, and educational outreach, MNGV offers a variety of opportunities for Métis people to practice their culture and learn about our shared history. MNGV is governed by a volunteer board of directors who are elected on a yearly basis (Métis Nation of Greater Victoria, 2022).

Situated on the unceded territory of the Lək̓ʷəŋən-speaking Peoples, MNGV represents approximately 1200 community members. With over 6500 self-identified Métis people living in Greater Victoria (Statistics Canada, 2017), there are undoubtedly some Métis people who are less connected to the local chartered community. Indeed, the Urban Aboriginal Peoples Survey (UAPS) reported that less than one-third of urban Métis people have a very close connection to their community (Environics Institute, 2010).

About the Victoria Primary Care Networks

The Victoria Division of Family Practice and Island Health have worked collectively toward primary health care transformation in Great Victoria through the Collaborative Services Committee. Since its establishment in 2012, the Victoria Collaborative Services Committee has monitored population health and health service utilization data for Greater Victoria, with a focus on care for seniors and people living with mental health and substance use challenges. The Collaborative Services Committee helped to guide the development of the Victoria PCN, which was formally established in 2018 as part of the provincial

Primary Care Network initiative. The Victoria PCN receives a provincial policy mandate to work toward its vision of accessible primary care (see: Box 1).

Box 1. Vision for Victoria Primary Care Networks: *The Victoria PCN vision is to establish local networks of well-supported primary care providers that enable all residents of Victoria to access timely, comprehensive, culturally safe and coordinated team-based care.*
– The Victoria Primary Care Networks Service Plan, p. 7

Through engaging patient partners, Indigenous community members and First Nations Health Authority staff, Victoria Division of Family Practice members, staff at Island Health, and other partnering organizations, the Victoria PCN developed governance tables and working groups to collaboratively inform the transformation of primary care in Victoria, BC (Figure 1).

Figure 1: Partners involved in the governance tables for the Victoria Primary Care Networks

Through the establishment and ongoing functions of their working groups, the Victoria PCN receives guidance from stakeholders in a number of areas, including service planning, population needs, engagement and priority areas. In terms of these priority areas, the PCN aims to:

- Support cultural safety throughout all aspects of the health care system
- Improve access to primary health care for underserved and priority populations
- Foster attachment to primary care health providers
- Increase access to urgent and after-hours care

- Support patients and providers in Patient Medical Homes

The Victoria PCN has identified significant need for attachment to primary care providers in Victoria, BC. In response to these needs, the PCN has and is continuing to develop new services and enhance existing supports to provide greater opportunity for primary care attachment and continuity.

The Victoria PCN supports the provision of team-based care that is inclusive of family physicians, nurse practitioners, registered nurses, and allied health professionals (e.g., social workers, dieticians, mental health substance use clinicians, physiotherapists, occupational therapists, etc.). These primary care partners may be co-located at patient medical homes, as well as at team-based care centres and clinics. With a focus on team-based, coordinated approaches to primary care, specific work for the Victoria PCN includes the development of several new or enhanced health care sites, including:

- Urgent and primary care centres that support opportunities for longitudinal attachment
- Nurse practitioner-led clinic for attachment to families
- New nurse practitioner roles in existing primary care centres
- Expanded mandates at Island Sexual Health to include primary care

The Victoria PCN aims to serve all First Nations, Métis, Inuit, and urban Indigenous peoples living south of the Malahat, regardless of the specific catchment area that they are living within. In addition to this, the Victoria PCN is acting on recommendations from their Indigenous Advisory Group to increase and enhance Indigenous peoples access and attachment to primary health care, dedicate resources to Indigenous-specific primary health care services, and to implement a specific cultural safety plan specific to First Nations, Métis, Inuit, and urban Indigenous populations in Greater Victoria. Indeed, Indigenous cultural safety and humility are identified as core components of the foundation for the Victoria PCN.

Having developed an Indigenous Primary Care Networks Strategy, the Victoria PCN aims to recruit and retain Indigenous health care providers. With funding to support an Indigenous Health Team, the Victoria PCN envisions the creation of a team of Indigenous health care providers and liaisons to collectively work to improve access to culturally safe care and traditional forms of health care. Indigenous health care providers provide care at the Victoria Native Friendship Centre—with contracts held through Cool Aid—as well as outreach to First Nations communities in the Westshore region. The Indigenous Primary Care Networks Strategy also addresses the need for an Indigenous-led traditional wellness team, with funding for six traditional wellness roles. These roles, which are still being developed, aim to be responsive to the needs of the diverse Indigenous community in Greater Victoria.

The PCN oversees complex care teams that provide specialized support to people with complex mental health and substance use needs. The PCN is also working to provide primary health care to unsheltered people through the provision of a low barrier mobile clinic operated by Victoria Cool Aid Community Health Clinic. The Mobile Clinic provides daily outreach to people living in parks and encampments.

Mobile primary care outreach is also being offered to seniors in Greater Victoria, to assist with longitudinal care, as well as transitional care between home and hospital.

Needs Assessment Purpose

A distinctions-based approach recognizes that Métis people have unique needs, strengths, experiences, perspectives, and stories, that are not necessarily reflected in pan-Indigenous approaches to improving health and wellness (Métis Nation British Columbia & BC Office of the Provincial Health Officer, 2021). Using a distinction-based approach, this needs assessment aims to explore and understand the needs and priorities of the Métis population in Greater Victoria, BC with respect to primary health care. This needs assessment was driven by the following guiding questions:

1) What primary health care resources do Métis people access and utilize?
2) What barriers do Métis people face when seeking to access and utilize primary health care resources?
3) What are the strengths and limitations of available primary health care resources, from a Métis perspective?
4) Are available primary health care resources culturally safe and culturally responsive for Métis people?
5) What gaps exist for Métis people in the primary health care landscape in Greater Victoria?
6) How can the needs of Métis people in Victoria, BC be better supported?

The questions that guide the needs assessment align with the needs assessment for the broader population of Greater Victoria, as well as other Métis communities in Vancouver Island, while offering space for questions that are specific to Métis people living in Victoria, BC.

Literature Review

The purpose of this literature review is to understand existing research that has detailed Métis people's experiences with and access to health care, issues around cultural safety, and overall understandings of Métis health priorities.

Métis Health

Métis people, in BC and elsewhere, are often burdened by health disparities (Métis Nation British Columbia & BC Office of the Provincial Health Officer, 2021). In *Taanishi Kiiya: Miiyayow Métis Saantii Pi Miyooayaan didaan BC*, a baseline report for the BC Métis Public Health Surveillance program, the Métis Nation British Columbia and BC Office of the Provincial Health Officer (2021) highlight several chronic health issues for Métis people. For example, Métis people in BC have a higher prevalence rate of diabetes, osteoarthritis, heart disease, hypertension, asthma, and chronic obstructive pulmonary disease (COPD) compared to other BC residents (Métis Nation British Columbia & BC Office of the Provincial Health Officer, 2021). Several rounds of Métis-specific health data for adolescents in BC have also illustrated significant challenges with respect to mental health (Smith et al., 2020; Tourand et al., 2016).

The *Ta Saantii* report highlights that more than one-third of Métis youth (aged 12–19) in BC reported having at least one mental health condition (35%), including depression, anxiety disorders, ADHD, and substance misuse or addiction. *Ta Saantii* also illustrated high and increasing rates of Métis youth who are self-harming, particularly for females (27% in 2008 versus 36% in 2013). As well, nearly a quarter (23%) of Métis youth reported that they had seriously considered suicide within the past 18 months, and over half (55%) of these youth had attempted suicide during the same time period. In their subsequent report, *Taa Saantii Deu/Neso*, the McCreary Centre Society indicated that many of these disparities are ongoing (Smith et al., 2020).

Health disparities faced by Métis people, families, and communities are shaped by the determinants of health. Determinants of health are broadly defined as the conditions under which people live across their lifespan, including individual and family-level factors like income and education, as well systemic structures including colonialism, land, and self-determination (Greenwood & de Leeuw, 2012). For example, as shown in the most recent census data, the Métis population in BC tends to be younger (Statistics Canada, 2017), and of lower income (Statistics Canada, 2017). Métis people in BC are also more likely to experience housing-related challenges (Statistics Canada, 2017). Recent literature has also shed light on the specific ways in which Métis people in British Columbia has been impacted by colonialism and inter-generational trauma (Auger, 2019; Auger, 2021). Additionally, traditional knowledge, language, and cultural identity are viewed as foundational to Métis health and mental wellness (National Aboriginal Health Organization [NAHO], 2008).

Jurisdictional Issues Impacting Métis People

Jurisdiction barriers within the health care system have resulted in gaps in culturally responsive health services for Indigenous peoples, as health programs aimed to address health issues are often designed

and delivered in the absence of partnerships or consultation between provincial, federal or Indigenous governments. This has resulted in a fragmented healthcare system that operates within silos and is a notable contributor to the burden of health disparities among First Nations, Métis, and Inuit peoples in Canada (Kelly, 2011). Despite the recognition of First Nations, Métis, and Inuit peoples under section 35 of the Canadian Constitution Act of 1982, "policies are not applied consistently across the three groups and… each group faces its own unique set of challenges in navigating the Canadian health care system" (Kelly, 2011, p. 1).

Today, the federal government limits its fiduciary responsibility with respect to healthcare to First Nations communities on-reserve, creating complicated jurisdictional boundaries between Indigenous peoples and intensifying health inequities (Kelly, 2011). In contrast to this, First Nations living off reserve and Inuit people living outside of their traditional territories, along with the Métis population, are strictly under provincial jurisdiction and "remain largely invisible" (Lavoie et al. , 2012, p. 8). Indeed, federal Indigenous health programs generally focus on First Nations populations, and exclude Métis communities (Allard, 2007). Specifically, the Métis are excluded from federal funding for extended health care (e.g., Non-Insured Health Benefits).[1]

The federal government has historically denied responsibility for the health of Métis people, leaving it up to the provinces to provide health services. The provinces, which were often slow to react to Métis health needs, primarily responded when health conditions in Métis populations became severe enough to endanger non-Indigenous communities (Waldram et al., 1995). Today, the provinces provide services to the Métis as they would any other non-Indigenous citizen. However, as a whole, jurisdictional issues and barriers to health services have been recently recognized and highlighted in the Truth and Reconciliation Commission's (2015) 94 Calls to Action (Box 2).

Box 2: Truth and Reconciliation Calls to Action #20
"In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, **we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis**, Inuit, and off-reserve Aboriginal peoples" (Truth and Reconciliation Commission of Canada, 2015, p. 3).

Racism in Health Care

Racism targeting Indigenous peoples is a pervasive issues across Canada. While largely overlook in terms of anti-Indigenous research and policy, Métis people have shared their experiences with racism in health care in emerging studies in BC and Ontario (see: Monchalin et al., 2020; Paul et al., 2022). Their stories, shared in this research, illustrate the ways in which Métis people are directly and indirectly impacted by the lack of culturally safe health care services.

[1] An exception to this is within the Northwest Territories, where the territorial government provides Métis residents with the *Métis Health Benefits* (Northwest Territories Health and Social Services, 2015).

Cultural Safety

The concept of cultural safety was first coined by Māori nurse, Irihapeti Ramsden, who recognized the need for increased recognition, respect, and care for the unique cultural identities of Māori people within the health care system (Browne et al., 2005). While previously accepted standards like cultural competence focused on acquired skills, awareness, and attitudes for practitioners to work with diverse populations, cultural safety extends and builds on these foundations, while placing emphasis on the need for critical reflexivity around power dynamics in health care (Brascoupé & Waters, 2009) Cultural safety also asks health care professionals to challenge these power dynamics; in an Indigenous context, this includes addressing the colonial relationships that shape health inequities experienced by Indigenous people, families, and communities (Browne et al., 2005).

Box 3: Building on cultural awareness

Cultural safety builds on and enhances the qualities of cultural awareness. For working with Métis clients, providers should have an awareness of who the Métis are, "so that [Métis patients] do not feel the need to rationalize or explain their identity when expressing specific needs to health care providers" (National Collaborating Centre for Aboriginal Health [NCCAH], 2013, p. 2). The NCCAH (2013) recommends that service providers develop a foundational understanding of who Métis people are, including their distinctness as Aboriginal People, their diversity in cultural and spiritual beliefs, their varied appearance, and their mobility across Canada. A fact sheet that further details points of consideration for serving Métis people in Greater Victoria is included in Appendix B.

The extent to which services are culturally safe are determined by the people receiving the services (Brascoupé & Waters, 2009). To this point, the NCCAH (2013) states, "Culturally safe health services means Métis patients are involved as partners in the process of health care. Métis who receive culturally safe care are recognized and encouraged to state their needs and how they can best be met by their health care provider" (p. 7). Inherently, culturally safe care must be built on a foundation of positive and empowering relationships between providers and patients in health care. These relationships can also create space for true partnerships in health care decision making.

In an Métis context, cultural safety also involves reconciling the inherit tension between Western and Indigenous ways of knowing. At a foundational level, then, health care providers must acknowledge the validity of other ways of knowing, while also considering the spiritual, emotional and mental needs of Métis patients, in addition to their physical aspects of health (Bartlett, 2003; NCCAH, 2013).

In *Ta Saantii*, the authors reported that many Métis youth were concerned about the lack of cultural awareness within the health care system, and were cautious about approaching health care professionals for fear of encountering racism (Tourand et al., 2016). The youth consulted by the McCreary Centre Society felt culturally-specific services and the availability of health care professionals who identified as Métis would help to reduce their reluctance to seek help (Tourand et al., 2016).

Wholism and Health Care

Mainstream approaches within the area of primary health care are generally not culturally responsive to Métis communities—or Indigenous communities more broadly. The biomedical model is often viewed as inappropriate, insufficient, and/or impersonal by Métis people (Krieg & Martz, 2006; NCCAH, 2013). Métis perspectives often conceptualize health within a sense of collectivism, and wholistic understandings of health and wellness emphasize the need for balance between spiritual, emotional, mental, and physical health (Bartlett, 2005; Dyck, 2009). Given that the biomedical model only focuses on the physical dimension of health, the health care system does not adequately address Métis people's health needs. From a wholistic standpoint, health and wellness are also inclusive of multiple levels, where an individual's health cannot be separated from both family and community health and wellness.

Traditional and Cultural Approaches to Healing and Health Care

Research has demonstrated that access to traditional healing and health care practices can have a wide range of benefits for Métis people. Iwasaki and colleagues (2005) illustrate how Métis women's participation in Métis history work and art contributes to coping and healing. Further, an urban Indigenous study, inclusive of Métis participants, conducted in Vancouver, British Columbia, demonstrated that learning about traditional healing was associated with increased ownership over health care decisions, as well as an increased sense of belonging in community (Auger et al., 2016).

While access to traditional healing has been cited as equally or more important than Western healthcare for many Indigenous peoples, it is often inaccessible for First Nations and Métis people. This is particularly true for those living in urban areas, who may have more limited access to traditional healing practices and medicines (Environics Institute, 2010). Research has indicated a need for increased funding for traditional health care supports (Auger et al., 2016; Martin Hill, 2009). Similarly, an environmental scan conducted by the First Nations Health Society (2010) spoke to the limited access to traditional healing throughout health care centres and programming in communities in British Columbia. This study also illustrated a need for traditional healing practices to be integrated into community health care centres (First Nations Health Society, 2010). While these findings are not inclusive of Métis perspectives, they indicate an overall need that is likely shared by Métis communities

Concluding Thoughts

From their third Environmental Scan, the National Collaborating Centre for Indigenous Health (2014) found that distinctions-based Métis research only accounted for 2.6% of the peer-reviewed literature on Indigenous health. When we compare the proportion of Métis specific research and literature to the population and demonstrated health needs of the Métis, we understand that this is a significant underrepresentation. As a result, health issues and concerns of Métis communities "have largely been ignored in health research and in program and policy development" (Krieg & Martz, 2008).

Methods

The approach to this needs assessment aimed to facilitate meaningful engagement throughout the process of designing the methods, collecting information, hosting sharing circles, and co-creating recommendations. This report includes sources of evidence from the primary data collection methods, detailed below.

Community Meetings

Overall, the process and methods for the needs assessment will be collaboratively established with input and guidance from Métis Nation Greater Victoria. The scope and direction of the needs assessment was established during a launch meeting held in December 2021. Ongoing communication—primarily through email and Zoom meetings—guided the development of each of the methods used in the needs assessment, including the survey and discussion question development. The community members involved in these meetings also helped to share the survey links across community and organizations in Greater Victoria, to ensure that the opportunity to participate reached as many people as possible.

Recruitment and Engagement

A recruitment poster was developed to share the opportunity to inform and influence primary care for Métis people in Greater Victoria (Appendix B). The link to the online survey was shared across social media pages, including the Métis Nation of Greater Victoria, Métis Nation British Columbia, and Métis Women of BC. The link was also shared publicly on community members' personal pages. The link to the survey, along with the recruitment poster, was also shared across a variety of networks; it was sent to Cool Aid, shared with Indigenous Community Partners through the PCN, and sent to Indigenous students at both Camosun College and the University of Victoria. Several community members shared the survey link through word of mouth and their personal networks. Lastly, the opportunity to participate was also shared through listservs for Métis Nation of Greater Victoria and Métis Nation British Columbia.

Survey

The online survey was a 43-item measure that was developed for the needs assessment. There were six questions address demographic questions (e.g., age, gender, municipality, Métis citizenship). Nineteen questions addressed measures around health and access to health care, including self-ratings of overall health and mental health, access to family physicians and nurse practitioners, points and sites of accessing primary care, issues around racism and cultural safety, and other barriers to attending appointments. The survey also asked respondents to identify types of primary care that they feel are needed in Greater Victoria. The last section addressed other determinants of Métis people's health and wellness, including questions related to food, traditional healing, culture, and other supports. A copy of the survey is included in Appendix C.

Survey respondents

Responses were not included if the participant did not identify as Metis, or if their responses were blank. 19 responses were excluded from the survey. Survey respondents were diverse in terms of age (Figure 2).

There was also some diversity in terms of gender, though the majority of respondents identified as female (n = 143), followed by male (n = 43), non-binary (n = 5), and other (n = 1).[2]

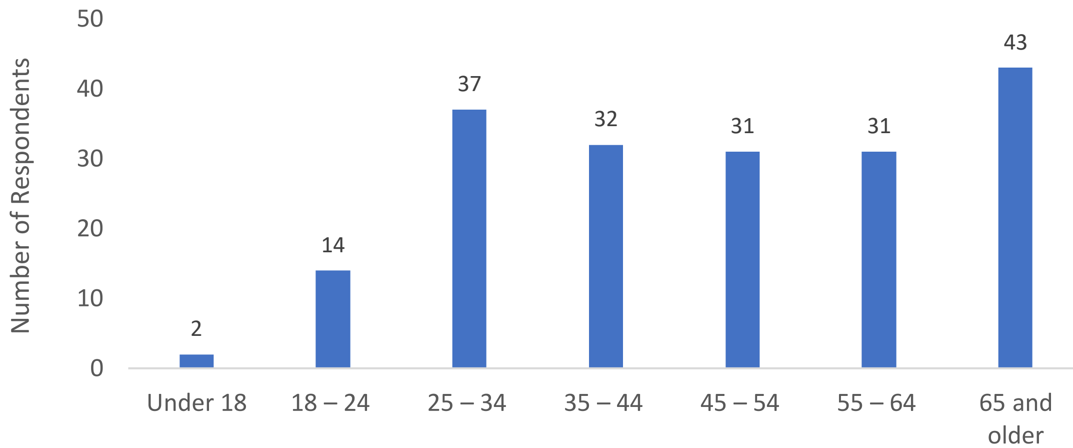

Figure 2: Number of survey respondents by age group (n = 190)

Respondents lived across different municipalities in Greater Victoria, including Saanich (28%), West Shore (23%), the City of Victoria (19%), Saanich Peninsula (12%), Esquimalt (6%), View Royal (6%), Oak Bay (2%), and other (5%).[3]

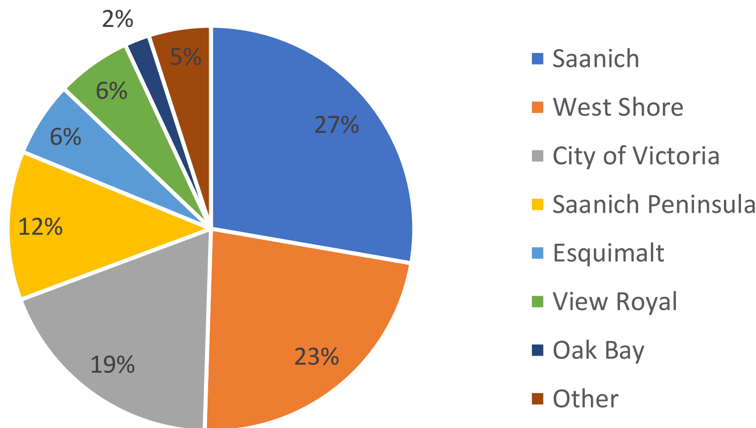

Figure 3: Points of accessing health care

[2] Please note that survey respondents could select multiple gender categories that applied.

[3] Other responses included the Malahat, Mill Bay, Cowichan Valley—including those that live outside of Victoria but chose to do the survey because they still access health care services in Greater Victoria.

Respondents primarily included citizens of Métis Nation British Columbia (72%), members of the Métis Nation of Greater Victoria (60%), Métis citizens from other provinces (11%), and members from other chartered communities in BC (6%).[4] Nine percent of survey respondents self-identified as Métis but indicated that they are not currently citizens of the Métis Nation or the local community.

Sharing Circles

At the end of the online survey, respondents were invited to share their contact information if they wanted to (a) be considered for a draw for one of three $100 gift cards, and/or (b) participate in an online sharing circle to further discuss their experiences with primary care in Victoria. In total, 56 respondents indicated that they wanted to be contacted for participating in a sharing circle. Due to the shorter turnaround time for organizing and hosting the circles, not everyone was able to participate. Ultimately, two circles were hosted: one on February 28 and the second on March 2, 2022, including a total of eight participants. The circles included open discussion guided by five broad questions (Appendix D). These discussions lasted around 90 minutes each. Each sharing circle participant was offered a small gift card in gratitude for their participation. Participants were also offered the opportunity to review the report, though this was not required of them in order to receive a gift.

Review and Recommendations

Along with participants from the sharing circles, members of the Métis community who helped to launch and guide the needs assessment were asked to provide their feedback on the draft findings. After their review, they provided feedback to the report author. A gathering was hosted post-review to discuss and co-create recommendations rooted in the evidence provided from the needs assessment. The findings of the needs assessment were also presented to the Indigenous Steering Committee for the Victoria PCN in April 2022.

Limitations

Issues around social distancing and diminished capacity, as a result of the COVID-19 pandemic, presented challenges to this approach, which persisted across the needs assessment. Understandably, it was difficult to engage Métis community members in online sharing circles under these circumstances. Future research, under difference conditions, should aim to further privilege the voices of community members to ensure that we understand the wholistic primary health care needs of our diverse population in Greater Victoria.

[4] Respondents could select multiple forms of citizenship if applicable.

Findings

This section details the results from the needs assessment, weaving together quantitative and qualitative feedback from the online survey, as well as the stories shared throughout the focus groups. This section includes findings around access primary health care, primary health care support needs, traditional healing, cultural safety, and additional determinants of Métis people's health.

Primary Health Care Access

Access to family physicians and nurse practitioners was illustrated as a top priority for Métis people in Greater Victoria. Nearly all respondents (89%) indicated that it is *extremely* or *very important* to have a family physician or nurse practitioner. One in three respondents indicated that they do not currently have a family physician or nurse practitioner. These respondents were asked to identify barriers that they currently face in trying to find a family physician or nurse practitioner.

As illustrated in Figure 4, respondents most commonly indicated that they cannot find anyone taking new patients in Greater Victoria. In fact, some also noted that they travel either up Island, or to the Mainland, to see a family physician. Others indicated that they have been on a without a doctor for many years, as one person wrote, "*I have been without a family doctor for 19 years!*"

"Please help people in Victoria/Saanich area receive access to a family doctor. This is a crisis." – Survey respondent

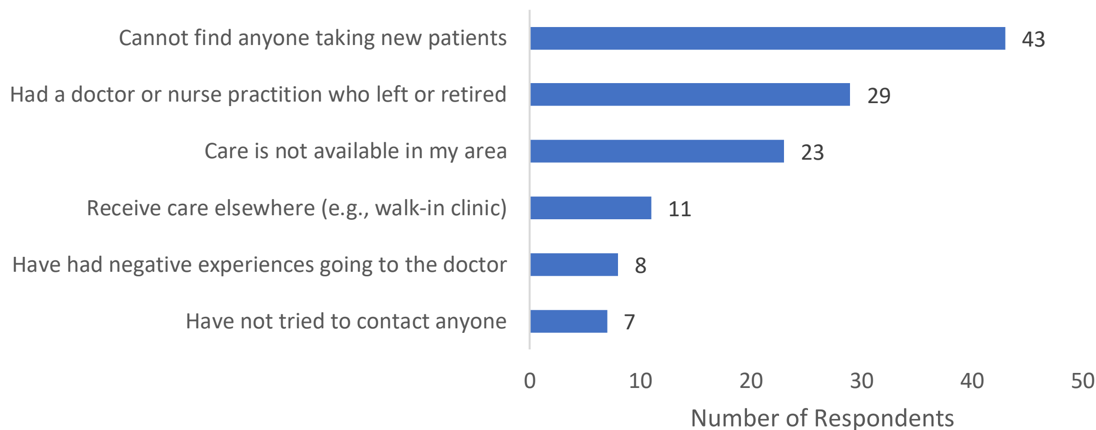

Figure 4: Barriers for finding a family physician or nurse practitioner

Participants in the sharing circles emphasized their concern around the lack of available family physicians and nurse practitioners in the Greater Victoria area. One participant shared their story of losing their family doctor:

> *"For 11 years I had a family doctor, and then last year during COVID he sold his practice to someone else who picked and chose who they wanted as patients and I was not chosen. And then I lost my*

job in the process and I had to figure out where I could go to get doctor notes, just to verify different avenues, which I found very difficult. I did eventually end up going back to work and going on pension, which has been working, but for a period of time there I was without a doctor, I didn't have a job, and life was just a mess. I found it very difficult even getting to walk-in clinics. Being on the phone in the morning for hours, just trying to get an appointment. It chewed up a big part of my life."

Another participant shared that they have never had a family physician or nurse practitioner:

> *"I've never had a GP in my entire life. I've never had that consistency, especially here [in Victoria]. Even accessibility—just to go to a walk-in clinic is a real struggle. If you're not there a couple hours early, before opening, you can't get in. It's such a struggle."*

Some survey respondents further illustrated the need for greater access to family physicians and nurse practitioners throughout Greater Victoria. For example, one respondent wrote:

> *"All Victorians need more doctors as we will soon burn out the few left. Doctors need to be paid more than they were in the 1970's so that they are able to afford to live in Victoria. We also need to train more medical professionals, license nurse practitioners and develop other more efficient means of dealing with lesser ailments (perhaps through diagnostician pharmacists for skin ailments, etc.)."*

In the sharing circles, participants highlighted that nurse practitioners should be better supported by the health care system. One person shared, "*the doctors that work collaboratively with nurse practitioners, their practices are singing. They are working together, they're collaborative, they're moving it forward. I've seen the successes in those clinics… they're fantastic but it is not universal in Greater Victoria."* This participant also spoke about how nurse practitioners have a growing reputation for their good work in Indigenous communities and with Indigenous patients.

"Nurse practitioners are the missing piece in the future of primary care."
– Circle participant

Points and Places of Primary Health Care Access

As part of the primary health care survey, respondents were asked at what points they generally tend to seek health care (Figure 5). Most commonly, they noted that they seek treatment when a condition arises (43%), for ongoing health issues (29%), or for prevention-based care (24%). Responding to emergencies was a far less common reason (4%).

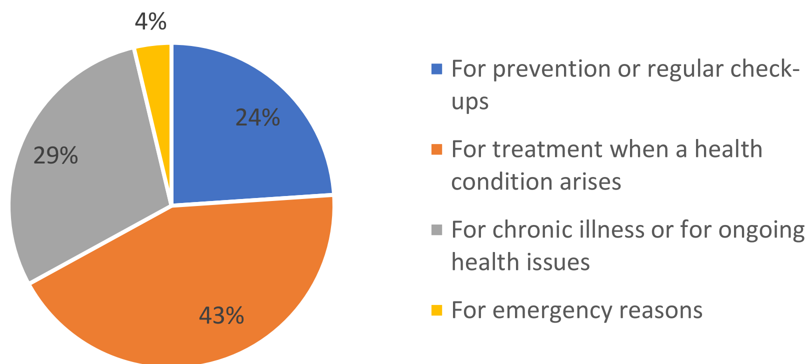

Figure 5: Points of accessing health care

Respondents also shared the places that they generally access health care. More than half of the respondents noted that they tend to get care primarily from their family physician or nurse practitioner (58%). This was followed by seeking care through walk-in clinics or urgent care centres (22%), virtual health care services (9%), and the hospital emergency room (3%). Additional responses (9%) included Indigenous Health Services at the Victoria Native Friendship Centre, the First Nations Health Authority[5], Community Health Centre through Cool Aid, University of Victoria Health and Wellness Clinic, specialty clinics, and allied health services.

Those that are able to seek care through their family physician or nurse practitioner—along with Indigenous services and specialty clinics—spoke about the importance of continuity of care, reliability, coordinated care, and the overall the value of the relationship with their care provider. Often, those that sought services through virtual health care spoke about its strengths in accessibility.

"Emergency department wait times make it difficult to feel confident in our medical system. We have had to wait hours for life and death emergencies because the emergency department is clogged with people who have no other way of accessing health services…"
– Survey respondent

Others indicated that they use walk-in clinics because they are all that they have available for seeking care. However, not all people find walk-in clinics accessible, as several people noted that the hospital emergency room is the fastest way to receive help. One survey respondent noted that they have to seek care through the emergency room because they will also receive all of the testing that they need in a quicker way:

> *"Because it's impossible to get in to see a clinic doctor, even if you line up outside an hour before they open. Most are already booked solid for the following day, and when I need a doctor, I needed that day or sooner. I know that if I go to a hospital I will probably have to wait but I will at least be*

[5] Circle participants echoed the value of accessing First Nations Health Authority: Doctor of the Day, which does serve Métis people in addition to First Nations people.

seen that day. I also know that if I need to get diagnostic tests like a CT scan, x-rays, blood work, that it will all be done at the hospital while I'm there, as opposed to going and waiting for days to see a doctor only to have to go and get these done myself subsequent days and usually multiple different appointments."

Another person, in the sharing circles, explained that sometimes the Emergency Room is the only available choice—even when the health issue is not an emergency:

"It's almost impossible to get into a clinic. We have a family doctor but when you have a sore ear, or something comes up that can't wait, your choice is now: go to emergency and it's not an emergency, but that's all you have. You can't live with it [waiting for an appointment] for two weeks. And that's the only choice you have."

Primary Health Care Barriers

Over 60 percent of respondents indicated that they face challenges in attending health care appointments. Common barriers—including scheduling, benefits, health concerns, transportation, and cultural safety—are illustrated in Figure 6. Interestingly, while most respondents indicated that they are currently covered under an extended medical plan (81%), a lack of extended benefits remains a top barrier for those that face challenges in attending health care appointments. This indicates that for those who do not have extended benefits, this creates persistent barriers to accessing services. In their additional comments, one respondent highlighted how challenging financial constraints can be in trying to access needed services:

"It's really hard to get coverage for health/ wellness supports. If you don't have coverage through a good job or school, many supports are out of reach because of the cost. For example, counselling is fairly essential given the complex histories many individuals in our community carry, however when sessions cost from $100-$150 an hour, it can be out of reach. There are some free help lines, but typically that doesn't offer continuity of support, the skill level to navigate complex trauma, and the lens of cultural safety that allows one to work through their challenges. Additional support such as acupuncture, or expensive medications require people to choose between meeting basic needs (food/ rent) and their wellness."

These thoughts were echoed in the sharing circles, as financial barriers were discussed at length. Participants shared:

> "There was nowhere I could go to get help unless I had the money, which I didn't."
> – Circle participant

"One thing that has been challenging in the past for me is health services that cost money when you don't have health coverage. I grew up with a single mom, we lived in poverty and so things like going to the dentist and eye appointments, a lot of those things just didn't happen."

"I think that Métis people should have health coverage no matter what, just because there's such a significant disparity in health. And also because the government has responsibility—our

rights are affirmed in the Constitution and in other places. And there are so many kids living in poverty; that was my experience."

"The biggest gaps for me are, I'm too poor to access a lot of the health care services I need when I need them, and therefore my health continues to atrophy. I call poverty a Metis issue because I believe it strongly is for a good portion of our nation and adversely effects ones health."

Stuff like going to the dentist, or other things that we consider to be covered under extended health care, is really important and can have really big impacts on your overall health… it is something that should be incorporated into MSP or something. You shouldn't only be able to go to the dentist if you have a plan, should be able to go when you need it."

While financial constraints were largely described as pertaining to extended benefits, one circle participant spoke about the need for free parking at hospitals: *"The financial burden of paying for parking [at the hospital]… and the stress of thinking your two hours is up… The parking issue is something that can be fixed with the stroke a pen."*

Financial support was frequently identified as an important support need related to primary health care for Métis people in Greater Victoria (Table 1 in Appendix F)

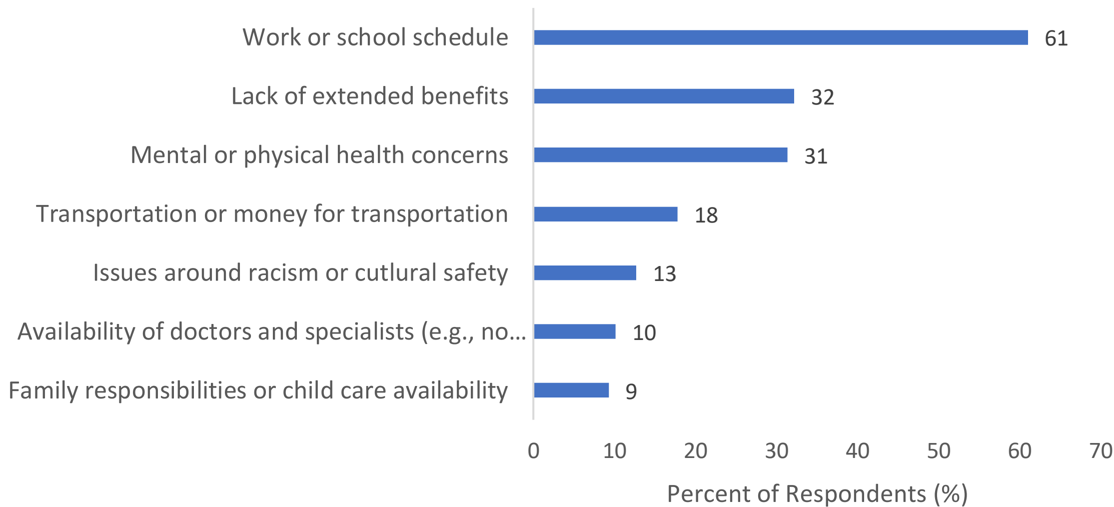

Figure 6: Most common barriers faced when trying to access primary health care (n = 118)

Additional barriers to attending health care appointments include a lack of medical coverage (MSP) (8%), housing issues (5%), discrimination related to health challenges (2%), and feeling rushed or not adequately cared for (2%). With respect to being rushed, one person noted, "*My provider does not address issues from a holistic standpoint, I often feel rushed or like my concerns are brushed off*." Another person spoke broadly to the need for cultural safety and compassion across the health care system: "*Lack of cultural awareness in the medical community. Lack of compassion in the medical community. High rates of systemic racism in the medical community.*"

In the sharing circles, participants spoke about additional challenges that they face in trying to access primary health care. While some people noted their gratitude for simply having a family physician, for example, they explained that they often have to wait several weeks before an appointment is available. For some, the addition of virtual appointments in response to the COVID-19 pandemic has been a helpful direction in terms of improving physician accessibility.

When asked, over half of respondents indicated that, in the past 12 months, there was at least one time that they felt you needed health care but did not receive it (59%). Their identified barriers—including wait times, availability of services, COVID-19 concerns, and affordability—are highlighted in Figure 7.

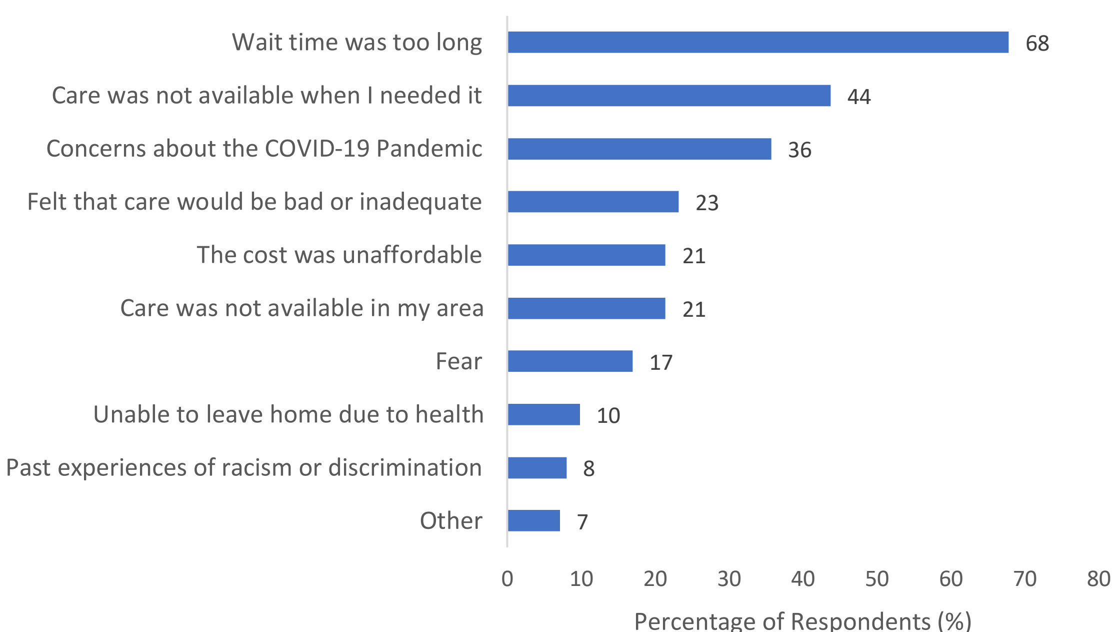

Figure 7: Most common reasons that care was not received when needed (n = 112)

Additional barriers, as shown within the category of "other", included not being able to see a specialist (4%), discrimination due to gender and sexuality (2%), and issues of continuity experienced in walk-in clinics (1%). In speaking about the availability of specialists in Victoria, one person noted, "*There are no psychiatrists taking patients so I have been unsupervised for two plus years even though I am on many psychiatric medications*."

Primary Health Care Needs

In highlighting particular primary health care needs, respondents commonly illustrated the need for more access to cultural and traditional healing supports (62%)—a topic that is explored in more depth below. Overall, mental health was also a demonstrated priority, including the need for more counsellors and psychologists (56%), including the need for culturally responsive counsellors. Many respondents highlighted a need for additional supports for mental wellness (46%), as well as a specific need for psychiatrists (31%). Interestingly, supports for addiction (5%) and smoking (5%), as well as crisis lines (4%), were less commonly selected.

> "I am absolutely desperate for a psychiatrist and for ceremony. Both have been hard to access at best but mostly completely unavailable and I have no leads or help as to how to change this. I am Bi-Polar as well as other mental illnesses and it is scary and challenging to be without psychiatric and spiritual care." – Survey respondent

Several people spoke to the need for access to various allied health services including registered massage therapy, physiotherapy, chiropractic services, and acupuncture (41%). Nutritional supports and access to healthy foods should also be seen as a priority area with more than one in four respondents indicating a need here (26%). Further, in their additional comments, some people indicated the need for dental care, hearing aids, eye care, increased access to medical imaging, medical equipment for mobility, and pain management support.[6] In particular, several people indicated a great need for dental care; for instance, two people wrote about their need for dental implants, indicating that they were not covered by their extended benefits and their lack of teeth is impacting their quality of life.

Generally, folks identified a need for social supports (30%) and financial supports (29%). In the "other" section, one person indicated a need for supports for new and expecting parents, while another indicated a need for financial support to help with the cost of diapers. A full table of identified primary health care support needs is included in Appendix E.

Métis Health Practitioners

In their additional comments, many survey respondents spoke to a need for primary health care and allied health practitioners who have an understanding and awareness of Métis peoples. In particular, some asked for culturally responsive mental health practitioners. Many respondents spoke to the need for more Métis—or even more Indigenous—health care practitioners and counsellors, as one noted, "*I would prefer to see an indigenous practitioner in all aspects of health care and that seems VERY hard to find*." Similarly, a respondent shared about the value of having an Indigenous counsellor, and the need for Indigenous physicians and nurse practitioners:

[6] A limitation of the survey was that it unintentionally excluded options for selecting pain management and affordable dental care, among others. These were all indicated within the "other" comments, with vocal support around the need for these services, but the quantitative evidence is under-representative of the likely need for these services for Métis people in Greater Victoria.

> *"Consistent, affordable, accessible access to an Indigenous counsellor! I have seen maybe 4 or 5 different counsellors, and the only one who has ever been able to understand and help me has been Indigenous. Even if they aren't Metis, having that understanding of who we are is paramount to supporting us! I have never received treatment from an Indigenous doctor or nurse practitioner, but I think that that would also be revolutionary. It would also be amazing to have health services available that was specifically by and for Metis folks!"*

Another person, who does have an Indigenous physician, spoke about how beneficial this relationship is:

> *"Having access to a physician who is indigenous is such a privilege. They play a huge part in my overall health and well-being. There are things that I do not have to explain because they 'get it'. They understand the lived experiences of Indigenous people."*

These priorities were echoed in the sharing circles, as one person said: *"This is a bit of a wish list, but it would be amazing to have access to Métis primary care providers, or at least Indigenous."* Participants also indicated that in order to support more Métis and other Indigenous students to become health care practitioners, we need to develop increased supports for them to be successful in their education.

In one circle, participants also spoke about the good work that Métis Nation British Columbia is doing to create a database of Métis health care practitioners so that this information can be shared with Métis people seeking health services.

Community Involvement

Amidst their suggestions for improving the primary health care system, survey respondents also provided notes of gratitude for their local Métis community, Métis Nation Greater Victoria, and the Métis Nation British Columbia. Some of these comments are shared below:

> *"I was grateful for the wellness check phone calls from my local Metis community in the early stages of COVID. I felt comforted and safe receiving them."*
>
> *"MNBC has provided me funding to seek mental health therapy and this has been a huge service. Mental health supports are very expensive and even extended benefits only provide $500/year per person. That less than five sessions... It had made a huge difference in my life. I also acknowledge the work MNBC is doing to get more indigenous/Métis practitioners. It took me a long time to find mine and he has also made a huge difference in my life."*

Further, one participant in the sharing circle noted that they had previously accessed registered massage therapy and physiotherapy, free of charge, through the Victoria Native Friendship Centre. This was described as a wonderful and accessible service.

Wholistic Aspects of Primary Health Care

As part of the survey, respondents were asked about the extent to which they feel that each aspect of their wholistic health is addressed during their health care appointments. As illustrated in Figure 8, physical health is most commonly addressed consistently in health care appointments, with more mixed responses around mental and emotional health.

During the sharing circles, mental health came up as an important topic of discussion. In speaking to the different types of care received in the primary care system, one participant shared:

> *"Particularly though I find it really hard to get help for my mental health. I get given that 15 minutes for physical issues or whatever, and even still if you don't get to all of your issues in 15 minutes you are getting rushed out the door, which I think is kind of frustrating because it doesn't give opportunity to link different symptoms that you might not realize could be connected…"*

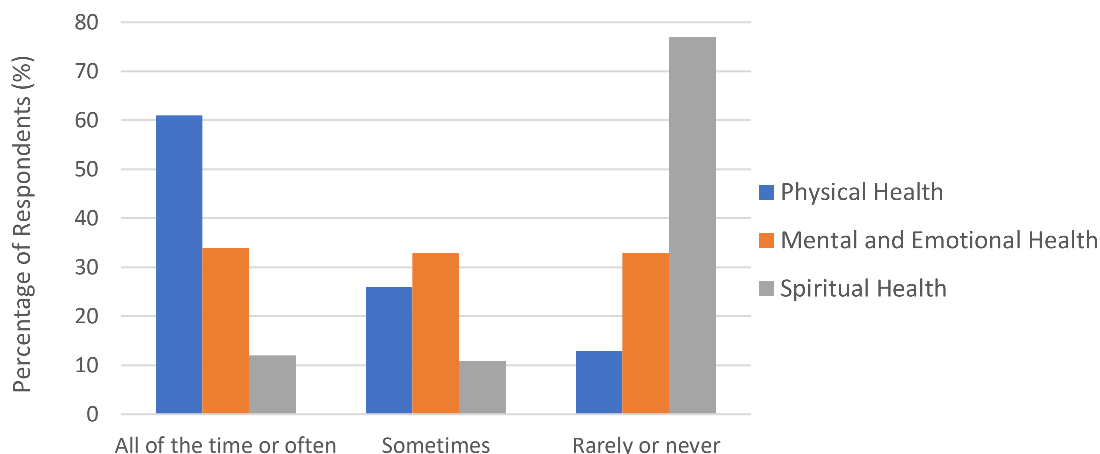

Figure 8: The extent to which physical, mental, emotional, and spiritual health are addressed during health care appointments

Related to this, another circle participant shared that they feel that family physicians should be able to bill for more time, when there is a need to address multiple health concerns for a patient. They noted that other practitioners, like midwives, are able to bill in this way and that the practice should be applied more broadly in primary care.

Spiritual health is most frequently rarely or never addressed. In the additional comments, several respondents indicated a need for a more wholistic primary care system. For instance, one person noted: *"My body is an ecosystem and Western medicine is too siloed. I need cultural and spiritual supports to be fully integrated and that my physical needs are also not siloed and treated separately from one another."* When respondents were asked to self-rate their overall health as well as their mental health specifically,

their responses further illustrate a need for mental health supports, with overall higher numbers of Métis people rating their mental health as poor or fair, compared to their overall health (Figure 9).

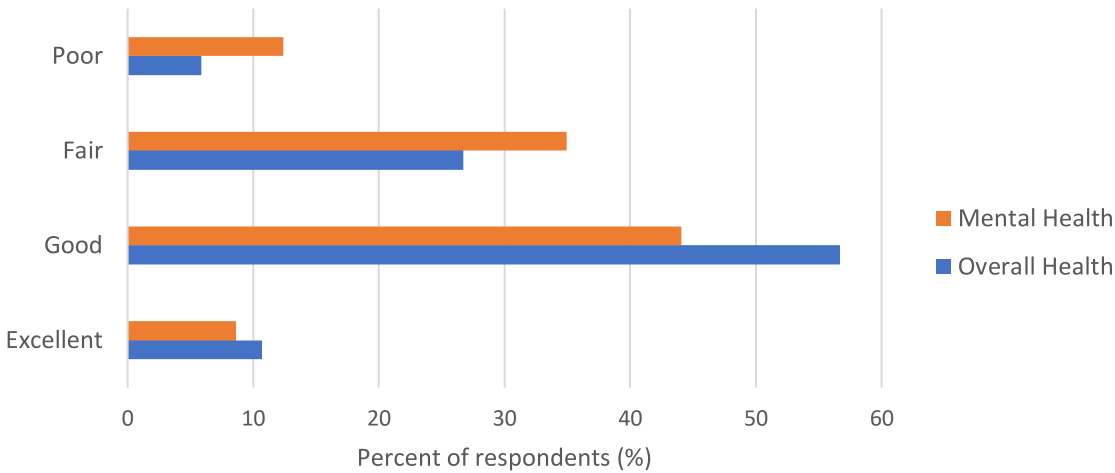

Figure 9: Self-rated overall health and mental health

In the additional comments, survey respondents were also clear that a wholistic primary health care approach should include a focus on whole families, rather than just on individuals. For example, one respondent shared:

> *"I'd like to have a health practitioner that worked with my whole family. I support an adult child with mental health barriers, and I find our current system almost impossible to navigate. I feel he gets extremely poor care. I'd like a more holistic model that included the family in his appointments and acknowledge the importance of the family. I do join him, but I'm often barred from talking to any professionals to help make appointments or manage medications, even though he allows me and wants me to do this for him."*

Traditional Healing and Health Care Practices

Respondents were asked if they had seen a traditional healer for their health and wellness in the past year. Only 5% of respondents indicated that they had; however, all of these respondents indicated that seeing a traditional healer was helpful to them. For those that did not have access to a traditional healer, many indicated that they would like to have access to them (54%), or that they *possibly* would like to have access to them (42%).

> Access to cultural and traditional health care supports was identified as the #1 needed primary health care support for Métis people in Greater Victoria (Table 1 in Appendix F)

In the sharing circles, participants spoke about how there is a significant gap in the primary health care system with respect to cultural healing and traditional health care practices. One person said:

"I think if I went to my doctor and I said 'I'm feeling really disconnected and this is an important part of my wellness,' she wouldn't know how to direct me in terms of cultural supports. And the cultural supports that I have accessed, I have really had to do my own homework in finding them. in my family I'm the first person to be working hard to reconnect to our heritage."

In their additional comments, several respondents further indicated the need for access to traditional healers and Métis knowledge keepers. Comments included:

"More access to traditional Métis healers would be so great." – Survey respondent

"[We need] more access to local ceremonial practices, and better connection with local First Nations and Metis people. It's hard when my main access to culture is 1000 km away."

"I think a healthy balance between traditional medicines and practices along with the western medical practice would benefit my Condition. I would feel safer about the progress of my condition if I had a family doctor to relay my concerns to and I would feel even safer if they understood and respected my Indigeneity."

Just over one in three respondents indicated that they use traditional medicines (35%). For those that do not currently use or have access to traditional medicines, most noted that they would like to access traditional medicines if they were available (70%), or learn more about them (26%). When asked about difficulties in trying to access traditional medicines, respondents most commonly indicated that a lack of knowledge or awareness was the most significant barrier they face in accessing traditional medicines. For example, as demonstrated in Figure 10, 65 percent of respondents indicated that they do not know enough about traditional medicines and 65 percent indicated that they do not know where to go to harvest or otherwise obtain traditional medicines. For example, some of their comments included:

"I'd love to learn more about traditional practices! …I'd also love to learn about hunting and gathering, and tanning and working with animal hides."

"I only have access to our four sacred medicines - I really wish I could access information or teachings about others like ratroot and fire cider!"

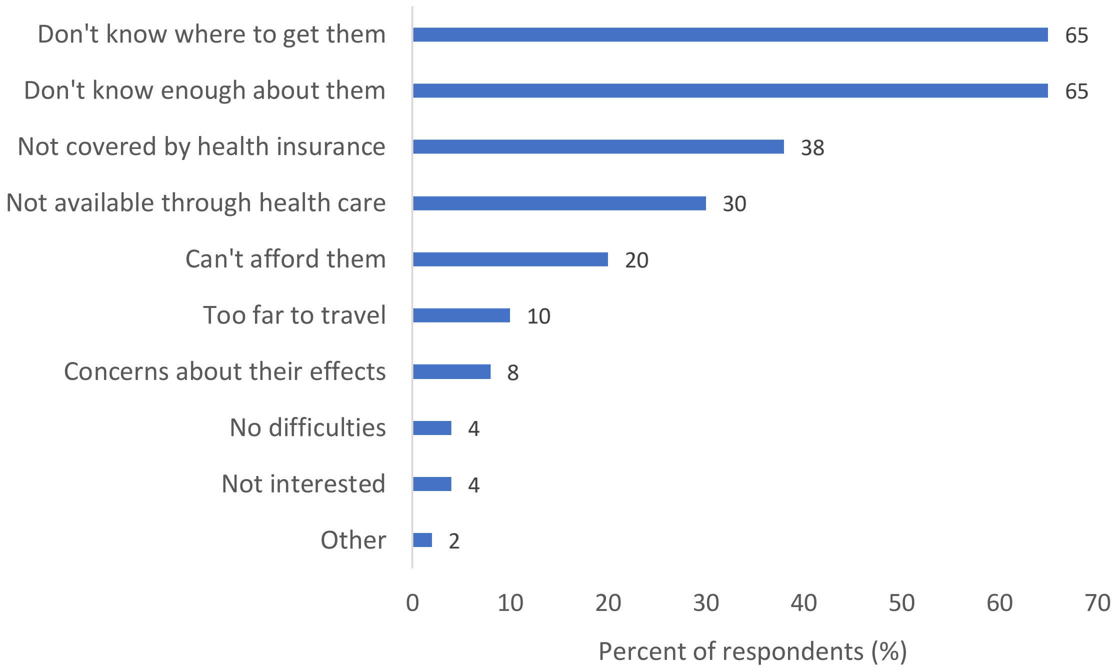

Figure 10: Barriers to accessing traditional medicines

Around a third of respondents highlighted the lack of inclusion of traditional medicines through health insurance (38%) and in health care more broadly (30%). Additionally, barriers included overall financial barriers (20%), travel barriers (10%), or concerns about the effects from using traditional medicines (8%). One respondent spoke to the negative experience they had when trying to seek traditional approaches through the health care system:

> *"I have been yelled at by health care workers for seeking a more traditional and natural approach to my wellness. Many times by different health 'professionals'. Also natural medicines are not covered by my health insurance. Colonial Western medicine controls MSP coverage."*

A small minority of respondents indicated that they either had no difficulties in accessing traditional medicines (4%), or that they had no interest in traditional medicines in general (4%). Other comments (2%) included concerns about specific plant-related allergies and interactions with other medications, the need for a community approach to harvesting plants, and concerns around identity.

Cultural Safety

In the survey, respondents were asked how often they feel that their health care services are culturally safe. With the understanding that cultural safety includes experiences and environments that are free of racism and discrimination, two out of every three respondents felt that their primary health care services are culturally safe either all of the time or often (66%). This is possibly an indicator that most Métis people in Greater Victoria tend to feel safe when accessing primary care services, as only 12 percent indicated

that services are rarely or never culturally safe (Figure 11). Further, most respondents indicated that they feel they receive the same quality of care as non-Indigenous people (61%) while 30% were unsure.

> "I do not say I am Metis."
> – Survey respondent

However, comments in the survey indicate that statistics around experiences of racism in health care may generally be under-represented due to fear and apprehension. One person explained:

> *"When discriminated, there is no safe way to report. There is a huge fear that saying anything will mean worse or even no access to future care. My word against a doctor or medical professional has always resulted in me lying or being vindictive. It's never taken serious."*

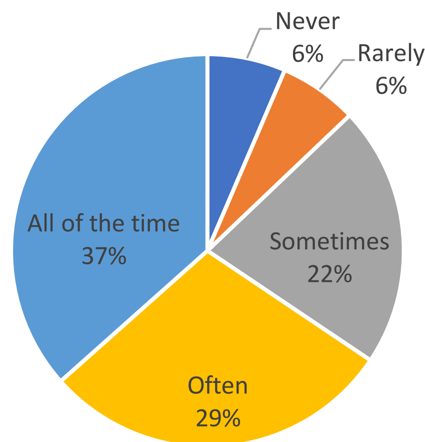

Figure 11: How often are your health care services culturally safe?

In their additional comments, some respondents indicated that because they "look non-Indigenous" or have fair skin, they do not experience racism within the primary health care system. This means that they can choose when to share their Métis identity within the health care system. As one circle participant said: *"As a white-passing person, health care is one of those spaces where sometimes I like to pass. And I think there is a good reason for that."*

Experiences of Racism and Discrimination

> "I will not go to the hospital; they see me as a drug addict."
> – Survey respondent

One in every four respondents indicated that they had been discriminated against at some point when accessing health care (24%). These respondents shared unsettling examples of some of the ways in which they have experienced racism and discrimination within the health care system. Examples of these responses are summarized in Appendix G. Most commonly, they shared stories about battling stereotypes that Métis people are drug-seeking. For example, they shared that they are often seen as "faking their symptoms" and are not offered appropriate pain medication when it is needed.

Equally as common, many respondents spoke about dealing with dismissive attitudes from health care providers. Their experiences included minimizing health concerns, being treated with frustration and impatience, and dealing with indifference toward intergenerational trauma and its impacts. One person shared that they are often told that they are lying about their symptoms, while several others felt that their issues are not treated seriously.

I am "treated like I am an inconvenience and a waste of time and interfering with the ability to care for others."
– Survey respondent

Respondents shared examples of their experiences of gender-based discrimination, including being ignored, patronized, and dismissed. They also spoke to the ways in which medical professionals have questioned the legitimacy of their Métis identity. Several stories were shared by individuals who received their COVID-19 vaccines earlier than the general population, and had to face scrutiny from nurses who did not understand that Métis people are Indigenous and have been considered to be a priority group for the vaccine rollout. Others have faced direct questioning rooted in blood quantum. For instance, one respondent shared: *"[I] got asked what percentage Indian I was and which parent was Indian during a pap smear after I said I was Métis at the beginning of an appointment."*

"I had a physician dismiss my concerns because I was 'genetically' supposed to be that way (i.e., people of my race/culture just have problems."
– Survey respondent

Some people shared jarring examples of the ways in which doctors have pathologized them based on being Métis—rooted in the misassumption that Métis people are genetically predisposed for certain health conditions. Lastly, others shared ways in which medical professionals offered their thoughts on the extent to which their patients "looked Métis"; for instance, one comment included: *"When doing an intake interview for therapy I proudly announced that I was Métis. The therapist looked me up and down with a smirk on her face saying how fortunate it was that I did not LOOK Métis. She did not become my therapist."* Further examples are shared in Appendix F.

Respect for Métis Culture and People

Respondents were also asked how often they feel that their Métis culture is respected and acknowledged within their primary health care. As shown in Figure 12, respondents most commonly indicated that their Métis culture and identity are never or rarely acknowledge or respected in their health care (68%). As one respondent shared, *"I do not feel I have been discriminated against but I also do not feel that there has been space made for cultural safety."* This is just one example of the complex dimensions of cultural safety.

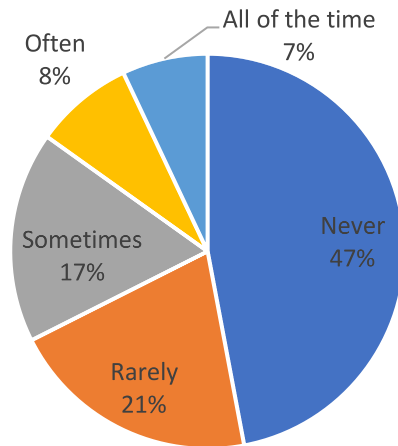

Figure 12: How often is your Métis culture acknowledged and respected within your health care services?

Circle participants further shared that while they might not experience blatant racism, they may choose to hide their identity because sharing it will not improve the care that they receive, and may just mean that they have to spend time educating health care providers about Métis identity, or worse, debating it:

> *"I think I often don't share that I'm Métis in a health care setting, not always necessarily because I think it would change my treatment—sometimes it feels like it wouldn't be a safe space to share it, but most of the time I don't think it would make that big of a difference… I think I could say that I'm Métis and it wouldn't change any kind of treatment or response for whatever it is that I've gone to them for. So in that sense, it doesn't feel worth it, or it just feel like another place to be invalidated about my identity. Often when you do share you get into that blood quantum debate, like 'How much are you? And having to explain that that doesn't matter, but it does matter to other people. So it's just kind of like every time that you're making a decision to disclose if you are Métis or Indigenous, you're making the decision about whether you want to go through the emotional labour of educating people about what that means.'"*

Enhancing Cultural Safety

In thinking about other recommendations for improving cultural safety. In discussions about cultural safety training, circle participants noted the importance of mandatory training, continuing education, and Métis-specific training:

> *"Optional [cultural safety] training… is not the right way to go. If we want things like all of the people in health care to have an understanding of cultural safety, than it should not be optional or with a cost. The other thing that is really important… is training and research by Métis people and about Métis people so that government agencies become aware of the true uniqueness of the Métis people."*

"I want to suggest the idea of mandatory education to maintain licensing, across primary care, nursing positions, and allied health. I feel like that would be a very important step in assuring that everyone across the board has the education for culturally safe approaches. I think that would be very helpful if the college and governing bodies could put that in place. I know there is a certain number of hours of education and upgrading that they do need; if they could make a portion of that education about Indigenous and Métis peoples and culturally safe approaches, that would be very important."

Participant also noted that part of their culturally safe training and education should include Indigenous conceptualizations of gender and fluidity, as well as teachings on trauma informed care within the context of cultural safety. Participants also shared that trauma-informed cultural safety training should be directed toward all forms of primary health care providers. Education and awareness should begin at early ages, as participants indicated that cultural safety approaches should span both health care and education systems. Further, cultural safety training must be regularly monitored and evaluated to ensure that it is effective and helpful for the populations it intends to serve.

Participants in the sharing circles shared that while cultural safety training is important, there are many other areas that need to shift in order for services to become more culturally safe. Their suggestions included improving physical spaces and environments to ensure that they are reflective of the folks that are being served by the services.

"It would be nice if the environments of primary care services felt more welcoming to Indigenous and BIPOC people, and people of diverse abilities."
– Circle participant

Lastly, participants stressed the importance of full inclusion of First Nations, Métis, and urban Indigenous representation and inclusion in the formation and continued development of Primary Care Networks (PCN). They indicated the importance of the PCN but indicated that they do not believe communities have be adequately engaged previously and that this needs to shift in order for the PCNs to be successful.

Métis culture and ceremony

More than half of the respondents indicated that they take part in Métis cultural practices (59%). Respondents shared diverse and thoughtful examples of the ways in which they practice their Métis culture (Figure 13), spanning language revitalization, cultural resurgence, craftwork, community gathering, and intergenerational knowledge transmission.

Further, among those that do not already have access to their culture, nearly all indicated that they would, or may, be interested in practicing or learning about their culture (99%). Some comments about cultural practices included:

I take part in "all that I'm able to access - smudging, time with Elders, beading, jigging, time with community, etc. I wish there were more opportunities though!"

"I use beading as an art form to heal and process complex thoughts and feelings. It's a way of connecting with my ancestors and ancestral knowledge and carrying this knowledge in my daily life. I make efforts to share this knowledge and the teachings with other, often younger, Métis peoples. I also work hard to help support my family members to connect with their heritage and live their cultural identity in present day."

"Largely, I practice what I know and have access to, but this is fragmented and I wish there was a space to share traditional women's knowledge, medicine use and harvest, and our teachings. I don't know where to look."

Figure 13: Word cloud generated based on most common examples of cultural practices.

Almost half of the respondents indicated that they practice or attend ceremony for healing and wellness purposes (44%). Examples of ceremony included smudging, sweat lodge ceremony, cedar cleansing and brushing, healing circles, Sundance, Yuwipi, pipe ceremony, prayer, spending time with Elders, drumming, attending pow wows, dancing, singing, attending women's gatherings, and participating in canoe journeys. One participant in the sharing circles generously shared their experience with reconnecting to ceremony:

> *"Before COVID happened, I was able to go to a couple of sweat lodge ceremonies. That's something that I used to go to as a kid, and has been hard to find, and so having that opened up again has been really beautiful, and I'm hoping in the future there will be more opportunities for that when it is safe, as well as other ceremonies. Sweat lodge ceremonies and healing circles have been very significant for my healing, on a very deep level. I know I wouldn't be as well as I am today without them. They're really critical, for me at least, and others I've spoken with."*

Nearly all respondents who do not already practice ceremony indicated that they would, or may, be interested in attending ceremony if it were available to them (96%). Specifically, in the comments, many people asked for access to Métis-run sweat lodges, as well as spaces that are inclusive and welcoming as people (re)discover their relationship with ceremony. One person wrote, "*I would like to attend a sweat lodge… but feel afraid to ask or search out and not be welcome.*" Another person spoke about the importance of accessing teachings and ceremony from trusted Elders and Knowledge Keepers in the community, noting, "*It is very important to me that it's safe, welcoming and that I am treated with respect while being encouraged to grow my own knowledge and practice.*" Additionally, some people spoke to the need for Elders and Knowledge Keepers to strengthen their understanding of gender non-binary and Two-Spirit people to ensure that ceremonies are inclusive of all Métis people, regardless of gender.

Access to land-based practices and food

Most respondents indicated that they are able to access and afford different types of food, including vegetables (93%) and fruits (91%), grains (92%), proteins (91%), and dairy (88%). As well, nearly all respondents indicated that they have access to clean drinking water (91%).

Far fewer respondents indicated that they have access to Métis traditional foods, including large game animals (16%), small game animals (7%), and game birds (9%). However, most respondents reported that they have access to fish, such as salmon, halibut and trout (63%), as well as berries and wild plants (52%). About one third of respondents reported that they have access to wild rice (30%)

Around half of the respondents reported that they have participated in land-based practices (49%). Examples of land-based practices shared in the survey include harvesting berries, hunting, fishing, gathering and processing plant medicines, foraging and harvesting foods, collecting fire wood, processing hides and meats, gardening and growing food, and other forms of being on the land. It is important to note that some of the respondents qualified that they participated in these activities in places other than Vancouver Island, and that they do not have the same level of access to land-based practices while in the city. Indeed, in BC, Métis people are known as the most urbanized of all Indigenous peoples, Métis people often face challenges in connecting to the land that come with living in cities (Environics Institute, 2010). However, nearly all respondents who have not previously been able to access land-based practices indicated that they would, or may, be interested in practicing culture out of the land if it were available to them (95%).

5.0 Conclusion and Recommendations

This report highlights the voices of Métis people living in Greater Victoria with a focus on their perspectives and needs related to primary health care. In addition to increasing inclusion for Indigenous services and supports, there is a well-articulated need for Métis supports, designed and delivered Métis people. While there is a great need for a plethora of primary care supports, some of the top priorities identified in this report included:

- Greater access to family physicians and nurse practitioners;
- The provision of accessible and affordable Métis-specific health and wellness services, including mental health, traditional healing, and other allied health services;
- A health centre that is emotionally and aesthetically inclusive and reflective of Métis people—that is, a space where Métis people feel included, supported, and safe; and
- Greater access to Métis Elders and traditional healers.

This report should be considered as a foundation for influencing change within the primary care system for Greater Victoria. With the data shared, alongside the voices of the Métis community, there is a strong sense of direction for implementing effective change to wholistically support Métis individuals, families, and community. In considering the different lines of evidence presented in this report, there are four key recommendations for the Victoria Primary Care Network:

1. **Include Métis voices in the development, implementation, and evaluation of the Indigenous Wellness Program**

   With the understanding that the Victoria Primary Care Network are building an Indigenous Wellness Program, it is essential that Métis people—including representatives from the Métis Nation of Greater Victoria and Vancouver Island regional health coordinator(s) for Métis Nation British Columbia—have meaningful input into the design of the service plan and implementation of the Indigenous Wellness Program.

   Additionally, the Indigenous Wellness Program should be evaluated within two years of its implementation to ensure that it is meeting the diverse needs of the urban Indigenous population of Greater Victoria, including the Métis community. This formative evaluation should assess the appropriateness of the site for the Indigenous Wellness Program, the reach of services, the adequateness of resourcing for the services, and the impact that the services have on access to care for Métis people.

2. **Consider expanded hours and administrative supports for the Indigenous Wellness Program**

   Given the various barriers to accessing care that Métis people face, the Victoria Primary Care Network should consider expanded hours for the Indigenous Wellness Program, to ensure that Métis people can receive care outside of typical business hours. With this, the Indigenous

Wellness Program will require administrative support, including medical office assistants and receptionists to ensure that practitioners are supported—rather than administratively burdened—to deliver services to the community.

3. **Fund positions for Métis Practitioners within the Indigenous Wellness Program**

   Findings within this report indicate the need for increased wholistic health and wellness supports for Métis people in Greater Victoria. The Victoria Primary Care Network should fund a two full-time positions within the Indigenous Wellness Program dedicated to Métis allied health practitioners, to work alongside the family physicians at the Victoria Native Friendship Centre. These positions could include, but may not be limited to, Métis clinical counsellors, traditional healers, Elders, … The Métis Nation of Greater Victoria should be consulted in further defining these roles and their responsibilities.

4. **Create space for Métis content in the development of cultural safety training**

   In response to the need for greater awareness and respect for Métis people across primary health care settings, cultural safety training must include substantial Métis-specific content. The findings indicate a need for all service providers in Greater Victoria to have a deep understanding of Métis people, communities, and culture. There is opportunity to collaborative develop a Cultural Safety Learning Journey with the Cultural Safety Working Group within the Victoria Primary Care Network. Within this Learning Journey, there must be Métis-specific information. The Vancouver Island Health Coordinator for Métis Nation British Columbia, with guidance from Métis Nation Greater Victoria, should lead the development of Métis content for the Cultural Safety Learning Journey. This content could be developed with input from Elders, youth, and other Métis communities members who can guide curriculum development and refinement.

Lastly, given that it is a shared responsibility to promote Métis people's health and wellness, this report includes a substantial recommendation for the Métis Nation of Greater Victoria:

5. **Create increased opportunities for Métis people to connect with healers, Elders, culture, and ceremony**

   Given that this report illustrates a vocal need for access to traditional healing, ceremony, Elders, and other Métis teachings, there is an opportunity for the Métis Nation of Greater Victoria to support the wholistic wellness of Métis people in Greater Victoria. When it is safe to do so, the Métis Nation of Greater Victoria should continue to prioritize gatherings that incorporate aspects of Métis culture and ceremony. There is also a need for greater access to traditional foods, which should be further explored. Potential directions for increasing access to traditional medicines include: developing a Métis medicine garden, hosting guided medicine walks, or offering workshops to share medicine teachings.

This report speaks to the need for increased cultural mentorship opportunities, with a focus on Métis teachings and healing approaches. The community could consider ways of identifying Elders who hold traditional teachings and who are interested in sharing these teachings with others. There is a need to create supports for Elders and healers within the community, to ensure that they are taken care of while sharing their gifts. Additional thought should be given to ways of connecting community members with Elders who live outside of the Greater Victoria area, perhaps utilizing available technology for online sharing.

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Appendix A: Map of Métis Chartered Communities

Chartered Communities

1. Alberni Clayoquot Métis Association
2. Boundary Métis Community Association
3. Cariboo Chilcotin Métis Association
4. Chilliwack Métis Association
5. Columbia Valley Métis Association
6. Cowichan Valley Métis Association
7. Elk Valley Métis Association
8. Fraser Valley Métis Association
9. Ft. St. John Métis Society
10. Golden Ears Métis Society
11. Kelowna Métis Association
12. Kootenay South Métis Society
13. Métis Nation Columbia River Society
14. Métis Nation New Caledonia Society (Vanderhoof)
15. Métis Community Society of Kelly Lake
16. Mid-Island Métis Nation Association
17. MIKI'SIW Métis Association
18. Moccasin Flat's Métis Society
19. Nelson & Area Métis Society
20. Nicola Valley & District Métis Society
21. North Cariboo Métis Association
22. North East Métis Association
23. North Fraser Métis Association
24. North Island Métis Association
25. Northwest BC Métis Association
26. Nova Métis Heritage Association
27. Powell River Métis Society
28. Prince George Métis Community Association
29. Prince Rupert & District Métis Society
30. River of the Peace Métis Society
31. Rocky Mountain Métis Association
32. Salmon Arm Métis Association
33. South Okanagan Similkameen Métis Association
34. The Métis Nation of Greater Victoria Association
35. Tri-River Métis Association
36. Two Rivers Métis Society
37. Vermillion Forks Métis Association
38. Vernon & District Métis Association
39. Waceya Métis Society

Northwest
Northeast
North Central
Lower Mainland
Vancouver Island
Thompson/Okanagan
Kootenay

This map is a living document and is intended to be amended and refined over time. This map is the property of Métis Nation BC and may not be reproduced without written permission.

Coordinate System: NAD 1983 Albers
Provincial Map Scale: 1:2,750,000; Inset Map Scale: 1:1,000,000
Created: October 2021 by Inlailawatash (www.inlailawatash.ca)
Data Sources: Province of British Columbia, Government of Canada, National Geographic, ESRI, DeLorme, HERE, UNEP-WCMC, USGS, NASA, ESA, METI, GEBCO, NOAA, Increment P Corp.

Appendix B: Métis Fact Sheet

10 FACTS about **Métis People** accessing your services in Victoria, B.C.

There are over **6,500** self-identifying Métis people living in Victoria.[1]

Métis people **lack access** to health and social services where they feel safe to identify as Métis.

Métis culture is **vibrant** and **rooted in relationships**. We carry traditional knowledge passed down through our families.

Métis people's beliefs, values, and traditions may **vary** according to our Indigenous family and community.

The resurgence of Métis culture contributes to **healthy people, families, and communities.**

Though the word Métis translates to mixed, Métis culture is **unique and distinct**.

Métis people experience **disparities in health outcomes** compared to the non-Indigenous Canadian population.

Métis people all look different. There is **no one way** to look Métis.

Métis **women** and **Two-Spirit people** are integral to the health and wellbeing of our communities.

Land and **water** are central to Métis health and wellness.

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Appendix C: Recruitment Poster

Calling all Métis people in Victoria, BC!

We want to hear your feedback on our primary health care system

Survey Link:
https://www.surveymonkey.ca/r/LZG9GFW

Open unti:
Feb. 18, 2022

Win one of three $100 gift cards!

Appendix D: Survey

Health Care Survey for Métis People in Greater Victoria

We are honoured that you have decided to participate in this survey. This survey was developed with the Métis Nation of Greater Victoria to better understand the primary health care needs and preferences of Métis people living in Greater Victoria. Your feedback will help us understand what is missing and how we can influence the health care system better to serve our people.

Primary health care includes seeing your Family Physician or Nurse Practitioner, going to walk-in clinics, diagnostic services (e.g., x-rays), and coordinating care if you need specialist services. It can also include other allied health providers, like mental health supports, massage therapy, and so forth.

Please answer the questions to the best of your ability. Completing this survey is voluntary. If you do not feel comfortable answering the questions, that is completely okay. Your identity will remain anonymous. Survey responses will be summarized so that no individual will be identifiable in the final results. Results will be used by the Métis Nation of Greater Victoria in partnership with the Victoria Primary Care Networks to help bring Métis voices in health care planning.

This survey should take about 15 minutes to complete. On the last page, you will find an opportunity to provide your contact information for a draw for one of three $100 gift cards . This information will not be connected to the rest of your responses. Your responses will remain anonymous. You can also skip any questions and still fill out your information for the draw.

1. Who are you filling out this survey for?

- ○ Yourself
- ○ Someone you provide support to, such as an elderly parent or child

2. How old are you?

- ○ Under 18
- ○ 18-24
- ○ 25-34
- ○ 35-44
- ○ 45-54
- ○ 55-64
- ○ 65+

3. What is your gender? (Check all that apply)

- ☐ Female
- ☐ Male
- ☐ Non-Binary
- ☐ Other (please specify)
- ☐ Transgender
- ☐ Prefer not to answer

4. Do you identify as Métis?

- ◯ Yes
- ◯ No

5. Are you...? (Check all that apply)

- ☐ A member of Métis Nation of Greater Victoria
- ☐ A member of another chartered community in British Columbia
- ☐ A citizen of Métis Nation British Columbia (MNBC)
- ☐ A Métis citizen in another province
- ☐ None of the above

6. What area of Greater Victoria do you currently live in?

- ◯ City of Victoria
- ◯ Saanich
- ◯ Esquimalt
- ◯ Oak Bay
- ◯ Other (please specify)
- ◯ View Royal
- ◯ West Shore (e.g., Colwood, Langford, Highlands, Sooke)
- ◯ Saanich Peninsula (e.g., Central Saanich, North Saanich, Sidney)

Your Health and Health Care

These questions touch on aspects of your health and wellness, as well as your access to care and the quality of health care that you receive. Please feel free to skip any questions that you are not comfortable answering.

7. In general, how would you rate your overall health?

- ◯ Excellent
- ◯ Good
- ◯ Fair
- ◯ Poor
- ◯ I'm not sure

8. How would you currently rate your mental health?

- ◯ Excellent
- ◯ Good
- ◯ Fair
- ◯ Poor
- ◯ I'm not sure

9. Do you currently have a Family Physician or a Nurse Practitioner?

- ◯ Yes, I have a Family Physician
- ◯ Yes, I have a Nurse Practitioner
- ◯ No, I do not have a Family Physician or a Nurse Practitioner

10. If you answered **no** to the question above, why do you not have a Family Physician or a Nurse Practitioner? (Check all that apply)

- ☐ I cannot find a doctor or nurse practitioner taking new patients
- ☐ There are no medical doctors or nurse practitioners available in my area
- ☐ I have had negative experiences with going to the doctor
- ☐ Other (please specify)
- ☐ I have not tried to contact one
- ☐ I had a doctor who left or retired
- ☐ I receive care elsewhere (e.g., walk-in clinic)

11. How important is it for you to have a Family Physician or a Nurse Practitioner?

- ◯ Extremely important
- ◯ Very important
- ◯ Somewhat important
- ◯ Not so important
- ◯ Not at all important

12. When do you usually access health care?

- For prevention (before a health issues arises)
- For treatment when a health condition arises
- For regular check-ups
- For emergency reasons
- For chronic illness or for ongoing health issues
- Other (please specify)

13. Where do you **mostly** get the health care services you need?

- Family Physician or Nurse Practitioner
- Walk-in Clinic or Urgent Care Centre
- Community Health Centre through Cool Aid
- Indigenous Health Services at the Victoria Native Friendship Centre
- Hospital Emergency Room
- Virtual Health Care Services (e.g., Telus Health)
- Other (please specify)

·. Please explain why you mostly get your health services there:

15. What, if anything, makes it difficult for you to attend health care appointments? (Check all that apply)

- Transportation or money for transportation
- Lack of medical coverage (MSP)
- Childcare availability
- Lack of extended benefits
- Housing issues
- My provider is not sensitive to my Métis culture or has discriminated against me
- My work or school schedule
- No barriers
- Mental or physical health
- Other (please specify)

16. When you attend health care appointments, how often do you feel each aspect of your wholistic health and wellness is addressed?

	All of the time	Often	Sometimes	Rarely	Never
Physical health	◯	◯	◯	◯	◯
Mental / Emotional health	◯	◯	◯	◯	◯
Spiritual health	◯	◯	◯	◯	◯

17. How often do you feel your Métis culture and identity are acknowledged and respect in your health care?

◯ All of the time

◯ Often

◯ Sometimes

◯ Rarely

◯ Never

18. Cultural safety means that you do not experience racism or discrimination, and that you overall feel safe when seeking health care. How often do you feel your health care experiences are culturally safe for you as a Métis person?

◯ All the time

◯ Often

◯ Sometimes

◯ Rarely

◯ Never

19. At any time in accessing health care, have you felt discriminated against?

◯ Yes

◯ No

20. If **yes**, can you describe what happened?

21. In general, when you have accessed health care services, do you feel that you received the same quality of care as non-Indigenous people?

◯ Yes

◯ No

◯ I'm not sure

22. During the past 12 months, was there ever a time when you felt you needed healthcare but you didn't receive it?

- Yes
- No

23. If **yes**, thinking of the most recent time, why didn't you get care? (Check all that apply)

- It was not available in my area
- It was not available at the time I needed it
- The waiting time was too long
- The cost was unaffordable for me (e.g., too expensive)
- I felt the care would be bad or inadequate
- I was too busy
- I was disrespected or discriminated against in the past
- I was afraid
- I had concerns about the COVID-19 Pandemic
- I was unable to leave house because of health problem(s)
- Other (please specify)

24. Are you currently covered under an extended medical plan?

- Yes, I have an extended medical plan
- No, I do not have an extended medical plan
- I'm not sure

25. What types of supports do you need to support your health and wellness that you feel are missing? (Check all that apply)

- ☐ Access to a Family Physician or Nurse Practitioner (e.g., for check-ups, etc.)
- ☐ Access to counsellors or psychologists
- ☐ Access to psychiatrists
- ☐ Access to assessments for children and youth (e.g., supported child development, autism assessments, etc.)
- ☐ Cultural or traditional healing practices (e.g., traditional healers, ceremony, etc.)
- ☐ Social supports and connections
- ☐ Access to registered massage therapy or acupuncture
- ☐ At home health services (e.g., foot care, nursing care, occupational therapy, etc.)
- ☐ Home Support (e.g., help with bathing, dressing, etc.)
- ☐ Other (please specify)
- ☐ Help to manage your medications
- ☐ Support for mental wellness concerns
- ☐ Support for addiction
- ☐ Support to quit smoking
- ☐ Support to become more physically active
- ☐ Access to healthy foods
- ☐ Access to crisis lines
- ☐ Financial support

Access to Food, Traditional Medicine, and Cultural Supports

This final section has questions on your access to food, traditional medicines, and cultural supports. These questions will help us to understand what is needed to further support the wholistic wellness of Métis people in Greater Victoria.

26. In general, which of the following foods are you able to access and afford? (Check all that apply)

- ☐ Protein (e.g. beef, chicken, fish, eggs, etc.)
- ☐ Dairy (e.g. cheese, yogurt, etc.)
- ☐ Vegetables
- ☐ Fruits
- ☐ Bread, pasta, rice, and other grains
- ☐ Fresh drinking water

27. In general, which of the following traditional foods are you able to access and afford? (Check all that apply)

- ☐ Large game animals (e.g., deer, bison, moose, caribou, etc.)
- ☐ Small game animals (e.g., rabbit, muskrat, etc.)
- ☐ Game birds (e.g., goose, duck, etc.)
- ☐ Fish (e.g. salmon, halibut, trout, etc.)
- ☐ Other (please specify)
- ☐ Sea-based animals (e.g., whale, seal)
- ☐ Other water-based foods (e.g., shellfish, clams, seaweed, etc.)
- ☐ Berries and other wild plants (including natural teas)
- ☐ Wild rice

28. Do you use traditional medicines?

- ◯ Yes
- ◯ No
- ◯ I'm not sure

29. If **no**, would you access traditional medicines if they were available to you?

- ◯ Yes
- ◯ No
- ◯ I'm not sure

30. Have you had any of the following difficulties when trying to access traditional medicines? (Check all that apply)

- [ ] Don't know where to get them
- [ ] Can't afford them
- [ ] Too far to travel
- [ ] They are not covered by my health insurance
- [ ] Concern about effects
- [ ] Other (please specify)
- [ ] Don't know enough about them
- [ ] Not available through health care
- [ ] Not interested
- [ ] No difficulties in accessing them

31. In the past year, have you seen a traditional healer for your health and wellness?

- Yes
- No

32. If **yes**, did seeing a traditional healer help you?

- Yes
- No
- I'm not sure

33. Would you see a traditional healer if you had access to one?

- Yes
- Maybe
- No
- I'm not sure
- N/A - I already have access to a traditional healer

34. Do you take part in Métis cultural practices?

- Yes
- No
- I'm not sure

35. If yes, what sort of practices do you take part in?

36. Would you be interested in practicing or learning more about Métis culture?

- Yes
- Maybe
- No
- I'm not sure
- N/A - I already have access to Métis cultural practices and learning opportunities.

37. Have you attended ceremonies for healing or wellness purposes? (e.g., sweat lodges, smudging, etc.)

- Yes
- No
- I'm not sure

38. If **yes**, what types of ceremonies do you like to practice or attend?

39. If **no**, would you be interested in attending ceremonies if they were available to you?

- Yes
- Maybe
- No
- I'm not sure

40. Have you participated in land-based practices (e.g., harvesting or gathering, hunting, etc.)?

- Yes
- No
- I'm not sure

41. If **yes**, what types of land-based practices do you like to practice or attend?

42. If **no**, would you be interested in land-based practices if they were available to you?

- ◯ Yes
- ◯ Maybe
- ◯ No
- ◯ I'm not sure

43. Is there anything else you would like to share about your health and what you need to better support your wellness?

Optional Contact Information

This page will be disconnected from the rest of the survey when the results are tallied.

If you are interested in being entered for a draw for one of three $100 gift cards, please write down your name, mailing address and email.

44. Optional entry into survey draw:

Name:

Email address:

Mailing address:

45. Would you like to be contacted for participating in a focus group on your health care experiences?

- ◯ Yes
- ◯ No

Appendix E: Sharing Circle Guide

Sharing Circle Questions

1. Overall, what has been your experiences with accessing primary health services in Victoria?
    a. Can you share an experience or two that stands out?
2. Thinking about the primary health care services that are available to you as a Métis person in Victoria, what would you consider to be the biggest gaps?
3. Are there any positive examples of services that we can showcase in this report? What is working well and meeting your needs?
4. What are some of the things that need to change in order to improve primary health care services in Victoria?
5. What do you need from health care services in order to feel safe and respected?

Appendix F: Identified primary health care needs

Table 1: Primary health care needs (n = 149)

Support Needs	%
Cultural or traditional healing practices (e.g., traditional healers, ceremony, etc.)	62
Access to counsellors or psychologists	56
Access to a Family Physician or Nurse Practitioner (e.g., for check-ups, etc.)	48
Additional supports for mental wellness	46
Access to registered massage therapy, physiotherapy, chiropractic services, and acupuncture	41
Support to become more physically active	40
Access to psychiatrists	31
Social supports and connections	30
Financial support	29
Nutritional support and access to healthy foods	26
Access to assessments for children and youth (e.g., supported child development, autism assessments, etc.)	15
At home health services (e.g., foot care, nursing care, occupational therapy, etc.)	6
Help to manage medications	6
Support for addictions	5
Support to quit smoking	5
Access to crisis lines	6
Home support (e.g., help with bathing, dressing, etc.)	4
Other	4

Appendix G: Experiences of Racism and Discrimination

Table 2: Experiences of racism and discrimination shared in the survey

Experience of discrimination	*n*	Examples
Labelled as "drug seeking"	7	*"I have chronic pain and anxiety. I have been criticized for being drug seeking and faking it"* *"I will not go to hospital— they see me as a drug addict."* *"I have also been accused of drug seeking when asking for pain management."* *"Treated and told I have addiction issues even though meds are prescribed and not abusing them."*
Dismissive attitudes	7	*"Being told I don't know my own body, being told that what I'm experiencing is scientifically impossible, being told I'm lying about my symptoms…"* *"I have quite brown skin. I find that I have been treated with minimal patience and frustration almost like I was an inconvenience."* *"I find I have easily felt targeted because of my values on holistic health and knowledge of my own body, as well as being dismissed and also very gaslighted by some doctors when I express health concerns."* *"It was second time to ER in a week with severe pain from kidney stones...scan had been done first time so they knew they were big stones. Nurse n ER put me in a room and left me for hours crying in pain then said she forgot I was there."*
How Indigenous are you?	4	*"Got asked what percentage Indian I was and which parent was Indian during a pap smear after I said I was Métis at the beginning of an appointment"* *"I went to get my COVID booster at a clinic that was not the Friendship Society (where I had gone for previous doses and had a good experience). The nurse who was administering my booster questioned why I was eligible to be getting my booster. I shouldn't have had to justify why I was eligible since I had a booked appointment… After asking me all the questions EXCEPT if I was Indigenous, she asked "well how are you eligible to be here?". I responded "I am Indigenous". She acted confused and 100% was looking at my skin tone. She then asked me how I was Indigenous. By this point, she was done giving me the shot. So I told her I was Métis and said thank you and left. I was really thrown off by this experience because at my first two vaccine appointments, I didn't*

		have to tell them why I was eligible. It also didn't feel great having my identity questioned. I told my dad about my experience, and he said he had a similar experience too but in a different health region and clinic."
Gender and sexuality discrimination	4	*"Talked down to as a woman"* *"not based on being Metis but on being 2spirit and having that invisiblized/ignored"* *"I've experienced gender discrimination, not cultural. I saw a doctor in a walk-in-clinic for a sexual health issue, and they were very flippant in addressing my concerns, and made it very clear that I was dealing with 'female problems', and that they couldn't help me. I left the appointment in tears, and have avoided walk-ins for myself since then."*
Pathologizing based on genetics	3	*"Had a physician dismiss my concerns because I was "genetically" supposed to be that way (ie. people of my race/culture just have problems)."* *"I went as a support for my mom to a psychiatry appointment and my mom was labeled as being mentally ill because is Metis. She was told if she went to a sweat she would die. She was labelled with weird associations between her symptoms and her identity."* *"I don't feel it was terribly negative, but I've had one doctor (an allergy specialist) who told me my daughter and I were for sure lactose intolerant, because all First Nations people are, and he didn't order any testing to prove it."*
Comments on appearance	3	*"When doing an intake interview for therapy I proudly announced that I was Métis. The therapist looked me up and down with a smirk on her face saying how fortunate it was that I did not LOOK Métis. She did not become my therapist"* *"I was sexually harassed while at a dental appointment. When the dentist asked me where I am from, I told him I am Métis. He said, 'Oh, that's where your beautiful colour comes from,' and rubbed my leg."* *"And I had and ear nose and throat specialist tell me 'I could have fooled him' when I said I was Metis. I didn't delve into it further with either of them."*
Other	1	*"When I have had to go to emergency at the [hospital], I doctor made a comment that my feet were probably sore because I always wear mukluks or moccasins as footwear, not realizing I have a huge bone spur sticking out of the back of my right foot and that's what was causing my pain."*