



# Community-Led Delivery of Influenza Vaccinations Amongst Métis Albertans

Public Health Vaccination Forum 2018

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# Disclosure Statement

I have no affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.



# National Definition of Métis

“Métis” refers to a person who self-identifies as Métis, is distinct from other Indigenous peoples, is of historic Métis Nation Ancestry, and who is accepted by the Métis Nation.





# History of Métis

[10] The term “Métis” in s. 35 does not encompass all individuals with mixed Indian and European heritage; rather, it refers to distinctive peoples who, in addition to their mixed ancestry, developed their own customs, way of life, and recognizable group identity separate from their Indian or Inuit and European forebears.

(R v. Powley [2003] 2 S.C.R. 207)





# History of Métis

- Canadian Indigenous people of mixed descent who first appeared on the prairies during the late 18<sup>th</sup> and early 19<sup>th</sup> centuries.
- Arose out of unions between fur trade employees and First Nations Women;
  - French fur trade, English fur trade (HBC), and the Northwest Company Trade
- Michif, the language of the Métis, developed as a mixture of French, Cree, and Ojibwe languages.



# United Nations Declaration on the Rights of Indigenous Peoples

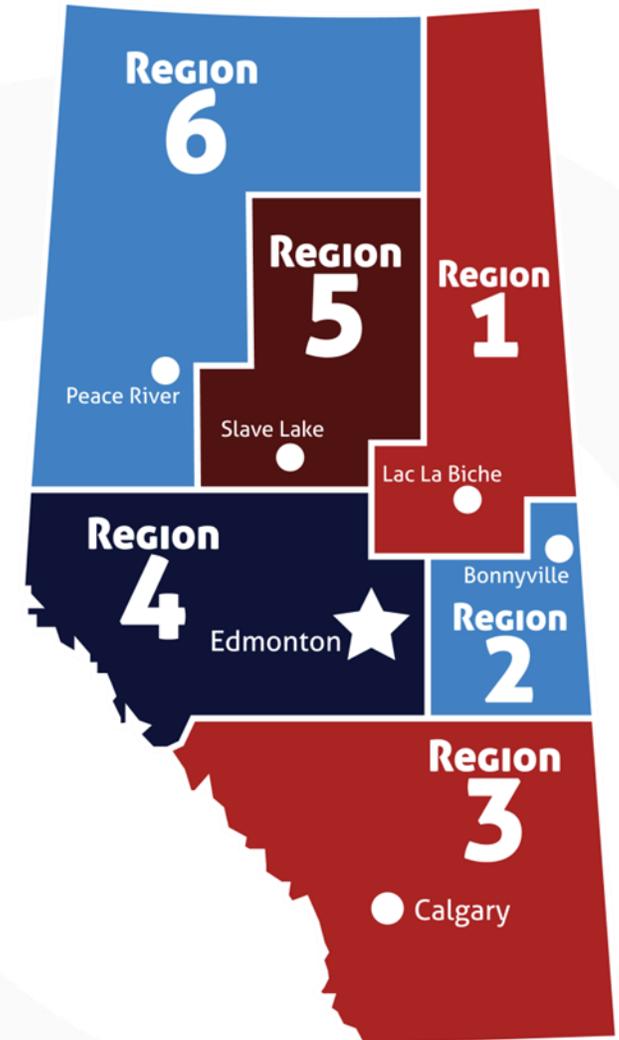
## Article 23

- Indigenous peoples have the right to be actively involved in developing and determining health, housing, and other economic and social priorities and programs and, as far as possible, to administer such programs through their own institutions.
- Right to traditional medicines and to maintain their health practices, including the conservation of medicinal plants, animals and minerals.
- Right to access, without any discrimination, all social and health services.
- Equal right to the highest attainable standard of physical and mental health.



# Métis Nation of Alberta

- Representative government voice on behalf of Métis people in Alberta.
- Provides Métis people an opportunity to participate in government's policy and decision making processes.
- Promote and facilitate the advancement of Métis people through the pursuit of self-reliance, self-determination and self-management.





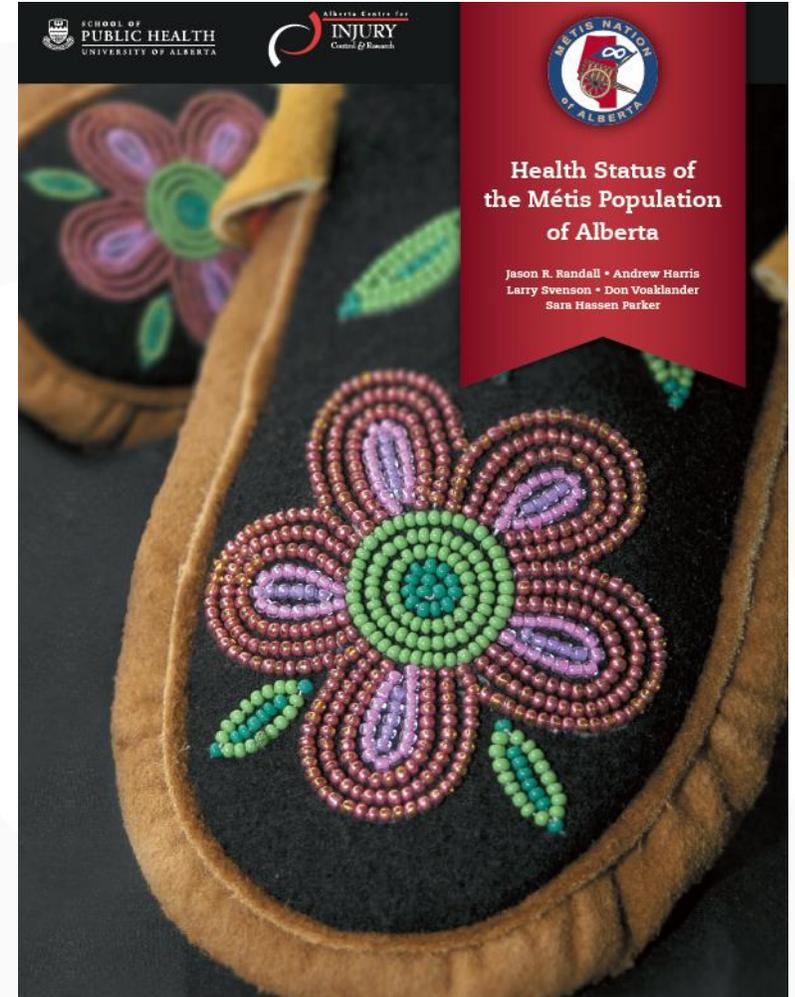
# Métis Population

- 114,370 self-identified Métis, with more than 60% of whom reside in Edmonton (Statistics Canada, 2016).
- The Métis Nation of Alberta maintains the largest registry of verified Métis citizens in Canada.
- Research on the Métis population, and specifically Métis health, has been identified as under-represented (Furgal, Garvin, & Jardine, 2010; Young, 2003).



# Health Status of the Métis Population of Alberta Report

- Métis carry a substantially disproportionate burden of disease;
- Métis are often either not attached or loosely-attached to a primary care physician;
- One-size-fits-all approach to health care for Métis, First Nations, and Inuit leads to ineffective solutions;
- Priority areas for future reports identified; &
- Data importance = successful lobbying for equitable health resources.





# Primary Objective

## MNA's Pop-Up Health Clinic

- Immediate objective:
  - To increase vaccination and health care service uptake amongst Métis Albertans.
- Long-term objective:
  - To encourage improved relationships with primary care providers, and increase health care service utilization amongst Métis Albertans within their respective communities.





# Project Methods

- Community-based, Culturally-appropriate:
  - The MNA's 'Pop-Up Health Clinic' was facilitated by technical staff of the Ministry of Health, Children, and Youth.
- Engaged key health service providers:
  - Indigenous Health Program,
  - Boyle McCauley Health Centre, &
  - University of Alberta Dental Hygiene Program.





# Key Findings: Service Uptake

- 75 people attended (November 16 & 17, 2017);
- Flu shots and THNK Training (~35 people);
- Dietary counselling services (15+ people accessed 30-minute sessions);
- Indigenous Health Program referrals and diabetes information (~15 people);
- Blood sugar and blood pressure testing;
- Optometry;
- Footcare; &
- Dental hygiene assessments.



# Key Findings: Community Engagement

- Providers of the vaccination service noted that uptake was significantly higher than typical, community-led vaccination events.
- MNA vaccination ‘community-champions’ made a significant positive impact on engaging Métis Albertans with health care service providers.





# Discussion: Health Promotion

- Advocacy for culturally-appropriate health care service provision and increased uptake amongst Métis Albertans.
- Developing health promotion strategies to increase the health and wellbeing of Métis Albertans:
  - Preventative initiatives;
  - Empowering ‘community-champions’;
  - Community-based; culturally-appropriate; &
  - Led by the MNA.



# Potential Limitations

Pilot 'Pop-Up Health Clinic' learning opportunities:

- Establishing partnerships with appropriate health care service providers;
- Limited operational space for health service provision;
- Multiple co-occurring events; &
- Mobility concerns.



# Conclusions

- Colonialist and paternalistic approaches to directing health programming amongst historically disenfranchised populations do not work.
- Community-based, culturally-appropriate health interventions have been proven to increase service uptake.
- Initiatives led by the MNA, such as the 'Pop-Up Health Clinic', reaffirm these findings.



# Ongoing and Future Projects

- **Opioid Crisis Management and Action Plan (O-CMAP)**
  - Community-based, culturally-appropriate opioid awareness training and Take Home Naloxone Kit (THNK) Distribution.
  - MNA staff travelling to 70+ Métis communities across the province.
- **Opioid Navigation Services (ONS)**
  - Opioid overdose emergency department discharge service navigation.
- **MNA Comprehensive Health and Wellness Centre (CHWC)**
  - Business plan in development; seeking capital and operational funding.



# References

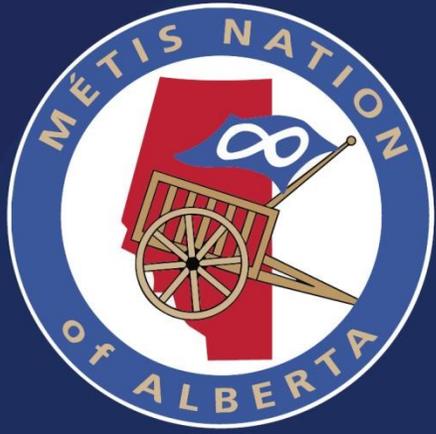
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# Questions?

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