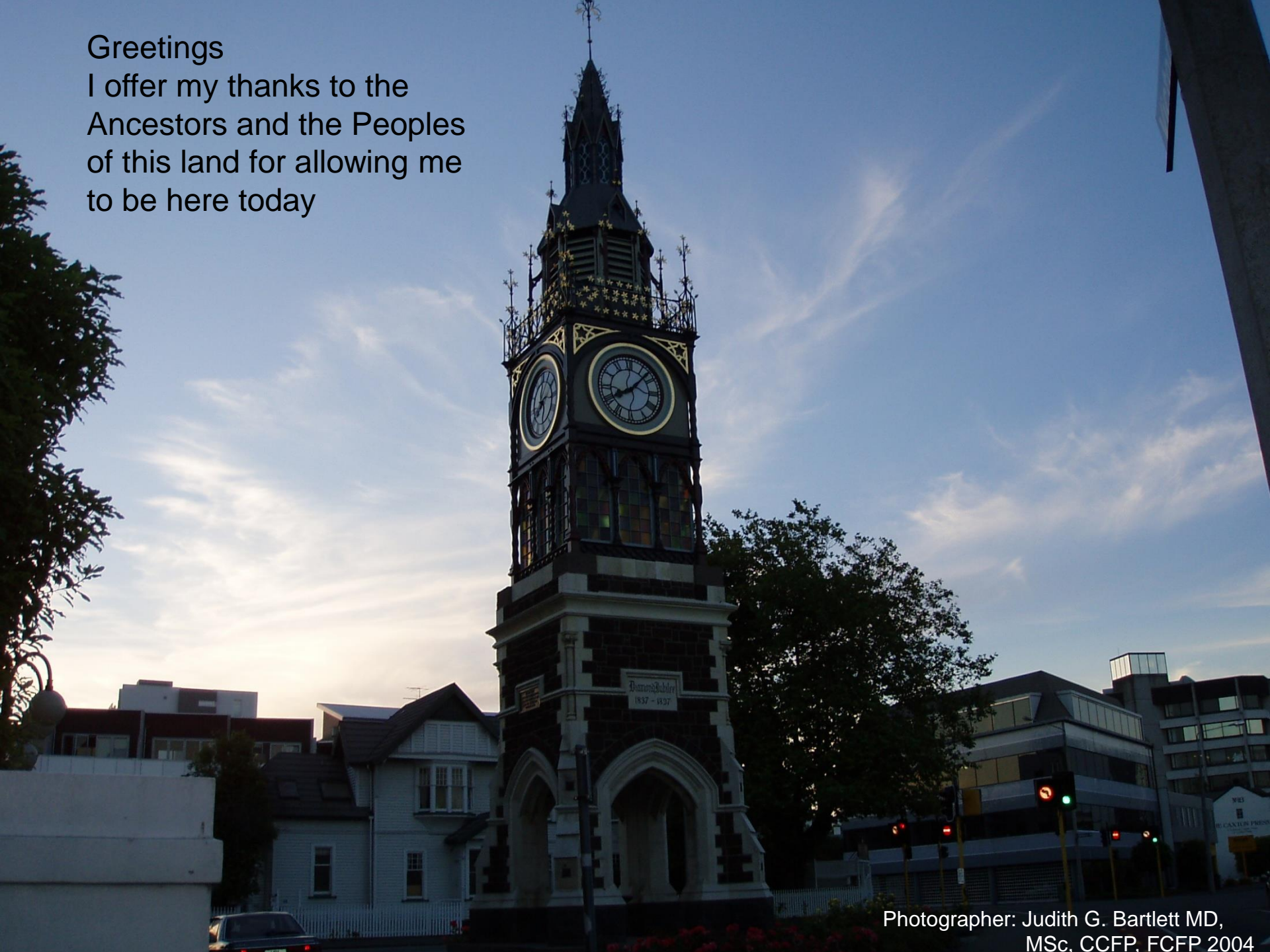


Greetings

I offer my thanks to the
Ancestors and the Peoples
of this land for allowing me
to be here today



Photographer: Judith G. Bartlett MD,
MSc, CCFP, FCFP 2004

Aboriginal People's Wellness Roundtable



“Knowledge Translation in Metis Population Health Research – Is it a process versus a product, or a process to produce a product?”

Judith G. Bartlett MD, MSc, CCFP

Associate Professor, Adjunct Scientist (MCHP)

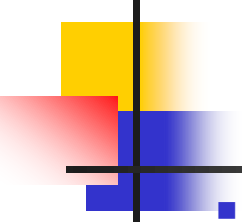
Department of Community Health Science,
Faculty of Medicine, University of Manitoba,

&

Director, Health & Wellness Department
Manitoba Metis Federation

March 4, 2011

A Brief Story of the Metis

- 
- **Unique culture**, collective consciousness and nationhood with a Metis '**Bill of Rights**' (1860's)
 - Metis struggle to hold onto homelands:
 - 1816 **Battle of Seven Oaks**;
 - In 1816, Alexander Mcdonell quote about the Metis as:

“...the new nation under their leaders are coming forward to clear their native soil of intruders and assassins”
 - 1870 Red River Rebellion/Resistance;
 - Manitoba Act, 1870 promised Metis **1.4 million acres of land**; (most lost in poorly planned government land distribution)
 - 1885 Riel Rebellion: thereafter, “**Metis were denied a separate identity and ignored for a century**” (McMillan, 1995)

Recent history

- 82 years later (1967), Manitoba Metis Federation formed
- Metis National Council formed in 1982 by provincial Metis organizations as national voice
- 1982 Constitutional 'recognition of Metis',
 - yet considerable confusion remains on 'Who is Metis'. May stem from differing constructs of *being of mixed ancestry*, and *'acting as a collective'*
- September 2002, MNC adopted definition:

“Métis means a person who self-identifies as Métis, is of historic Métis Nation ancestry, is distinct from other Aboriginal Peoples, and is accepted by the Métis Nation”





Where now?

- Metis have 'Aboriginal Rights' (Canada Constitution 1982), but no specificity
 - but, attempts to act upon 'rights' leads to litigation with Province or Canada
- Louis Riel formally recognized as 'Father of Manitoba'
- New Provincial holiday-Louis Riel Day
- Provincial Manitoba Metis Policy – announced Nov 15, 2011





Metis in Canada Demographics

(Source: Statistics Canada, 2006)

- Metis: 389,785 (34%) (up **91%** in past decade)
 - 90% live from Ontario west, with 69% urban;
 - median age 30 yrs
 - 25% of the Métis aged ≤ 14 ; (17% for other Canadians)
 - 5% Métis seniors aged ≥ 65 ; (13% for other Canadians)



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Research Projects

- **“Metis Health Status & Health Services Use” study**
 - (Co-PIs Martens and Bartlett) (MH/MMF/HC)

- **“Metis Need to Know Too” study**
 - (PI Bartlett) (funded by CIHR)

Metis Health Status & Health Services Utilization: (The Metis Atlas)

PROFILE OF METIS HEALTH STATUS AND HEALTHCARE UTILIZATION IN MANITOBA: A POPULATION-BASED STUDY

June 2010



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Medicine

Community Health Sciences

Manitoba Centre for Health Policy in Collaboration with the Manitoba Metis Federation
Department of Community Health Sciences
Faculty of Medicine, University of Manitoba

Patricia Martens, PhD
Judith Bartlett, MD, MSc, CCFP, FCFP
Elaine Burland, MSc
Heather Prior, MSc
Charles Burchill, MSc
Shamima Huq, MSc
Linda Romphf
Julianne Sanguins, RN, PhD
Sheila Carter
Angela Bailly, MA



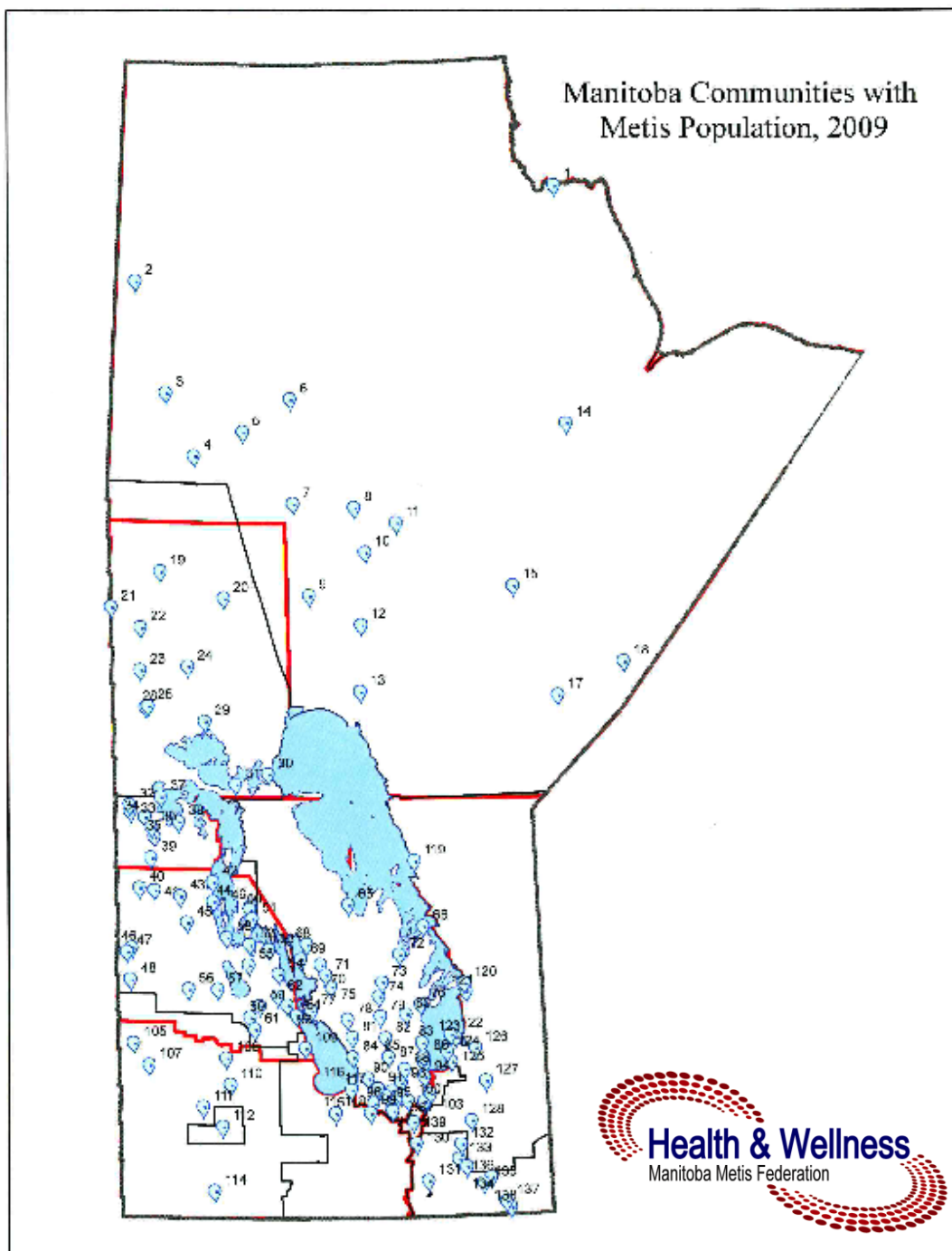
- Joint project by MMF and MCHP (Martens P. & Bartlett J. et al, 2010)
- Permanent 'anonymized' Metis Population Data-Base (91,000 aged from birth to 75+) has provided base for future Metis studies
- MMF - MCHP data sharing agreement (MCHP 'houses' the Metis database)
- MMF Ownership, Control, Access and Stewardship (OCAS)
- Extensive culturally grounded holistic KT process



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Community Health Sciences

Where Metis Live

139 villages, towns,
cities, & unorganized
territory in Manitoba



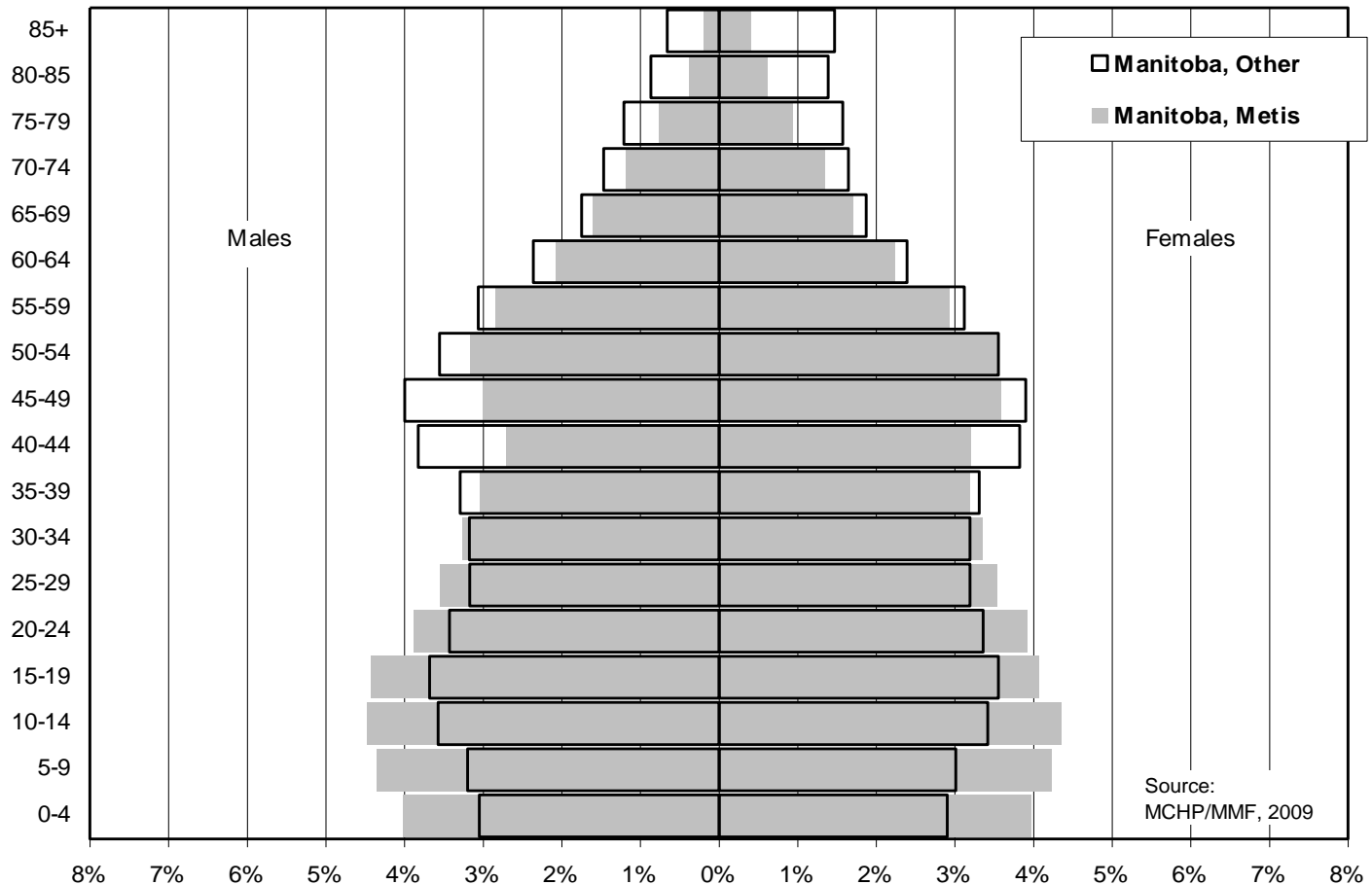


Manitoba Metis Population Profile

Figure X.X.X: Age Profile of Manitoba, 2006

Metis Population: 73,016

All Other Manitobans Population: 1,104,672



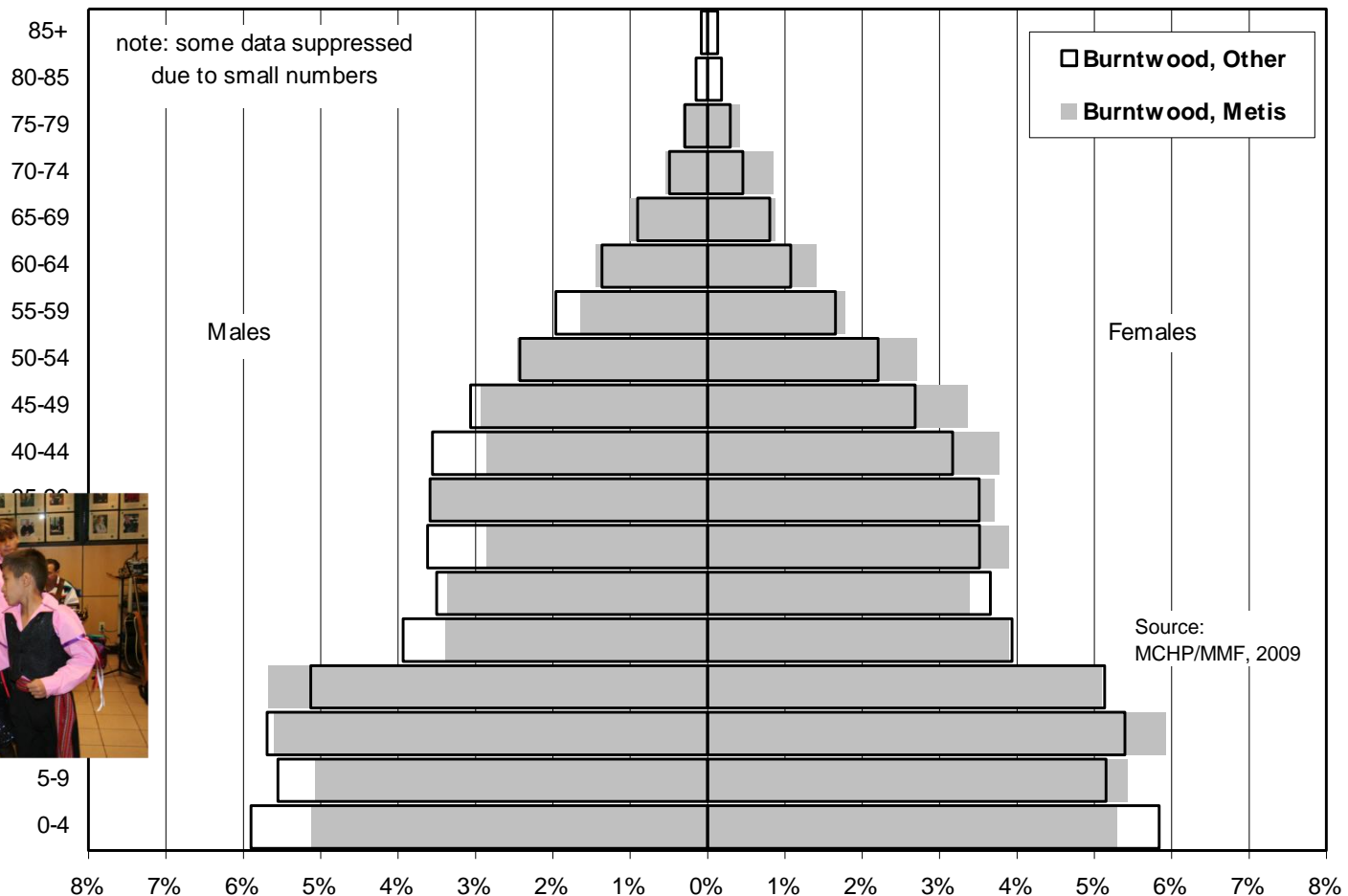


Manitoba Metis Population Profile (northern region)

Figure X.X.X: Age Profile of Burntwood RHA, 2006

Metis Population: 4,104

All Other Manitobans Population: 42,422





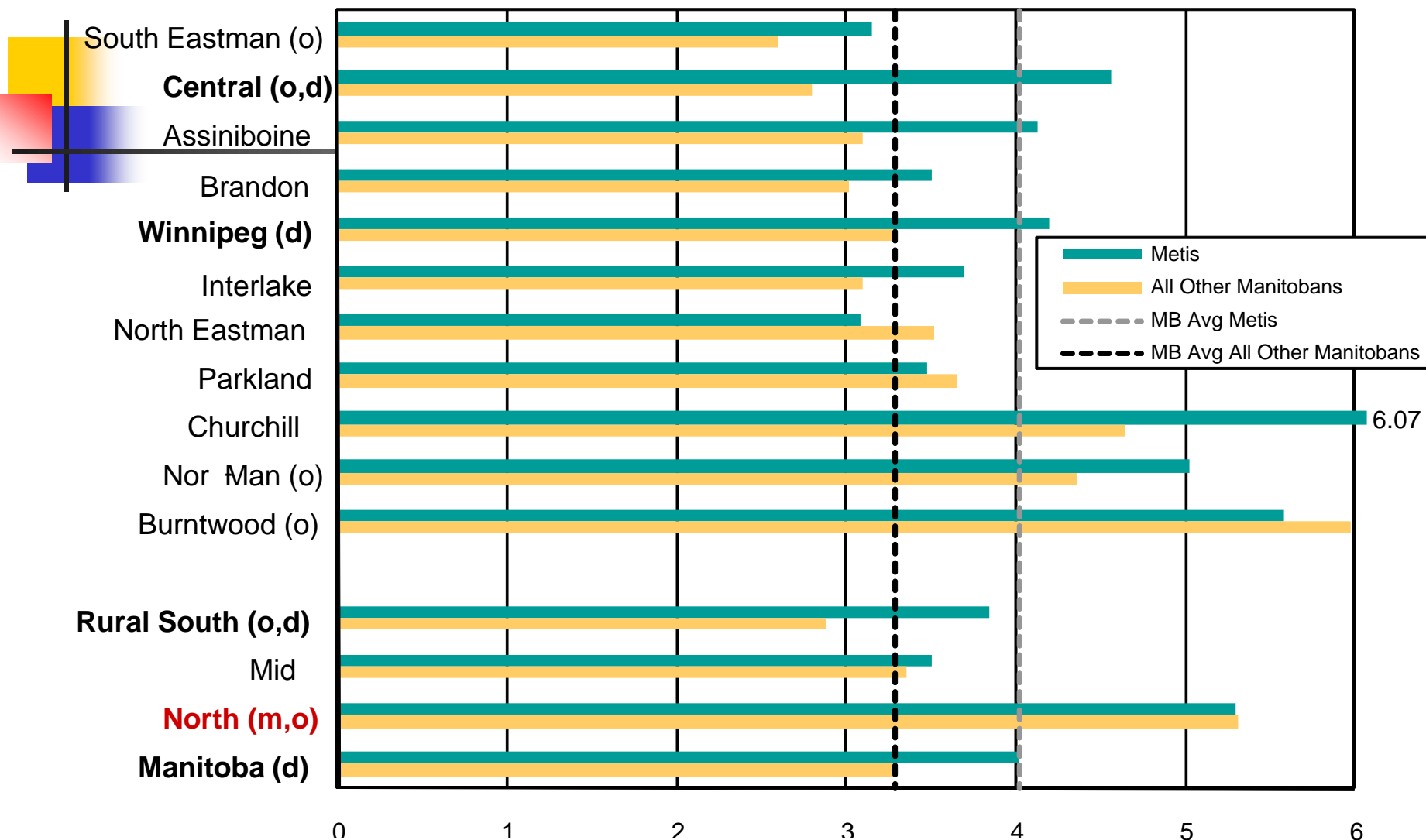
Highlights

- Proportion of Manitoba Population
 - MPDB Cohort ($n = 73,016$) 6.2%
 - 2006 Census ($n = 71,805$) 6.3%
- Key mortality indicator is PMR (premature mortality rate)
 - a lot of variability across the province



Premature Mortality Rate by RHA, 2002-06

Age & sex -adjusted annual rate per 1,000 residents aged 0 - 74 years

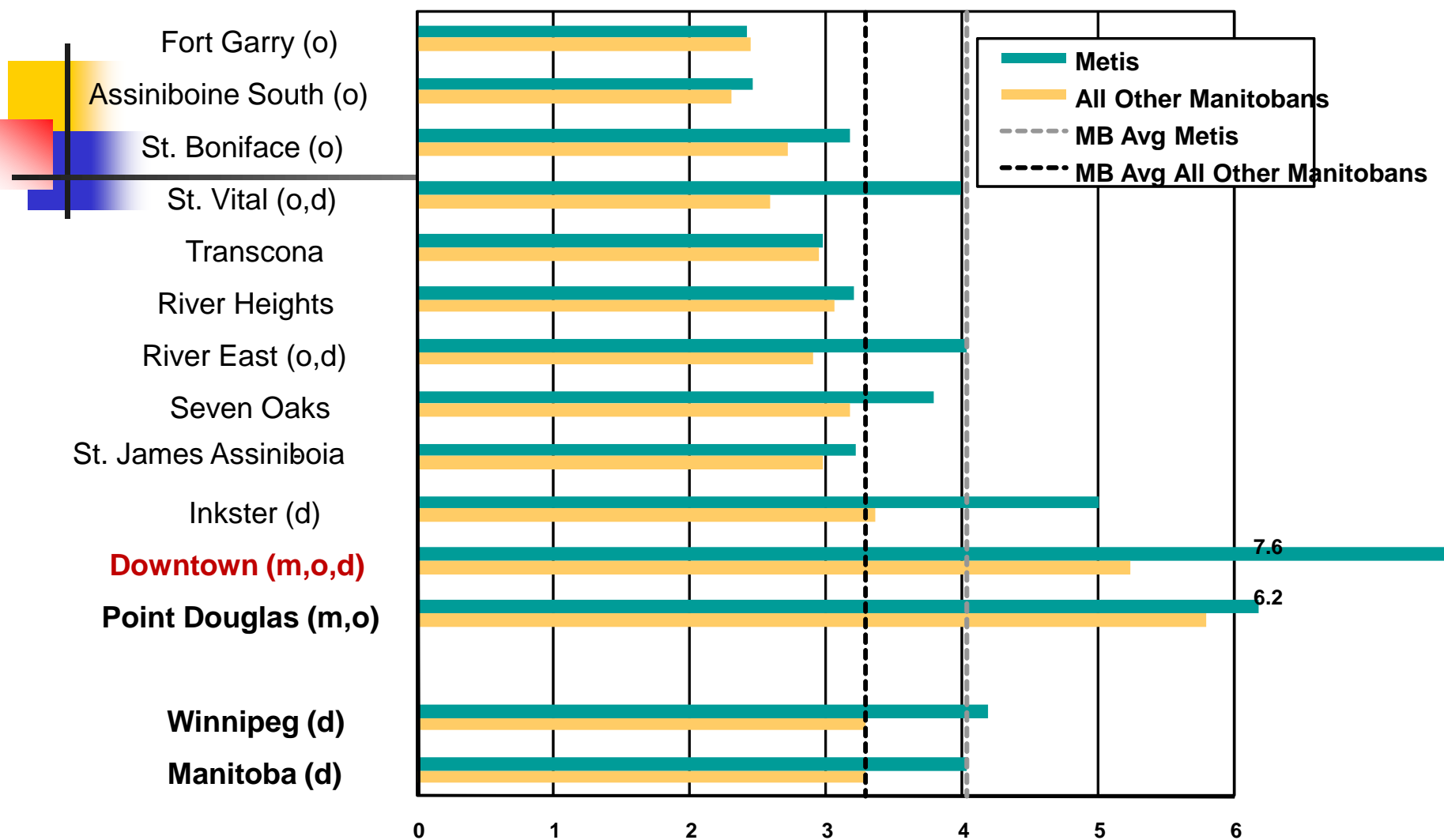


For Metis vs. all other Manitobans, premature death is 21% higher PMR = 4.0 vs. 3.3 per 1000; RR=1.21



PMR by Winnipeg Community Area, 2002-06

Age- & sex-adjusted annual rate per 1,000 residents aged 0 - 74 years



***Downtown CA in Winnipeg extremely elevated compared to others;
Also very high for Metis (and others) in Point Douglas.***



Population health status & mortality

Indicator (age- and sex-adjusted unless otherwise indicated)	Provincial difference between Metis and all others
Premature Mortality Rate (PMR – death before the age of 75 years)	4.0 vs. 3.3 per 1000; RR=1.21
Total Mortality Rate	9.7 vs. 8.4 per 1000; RR=1.15
Injury Mortality Rate	0.58 vs. 0.51 per 1000; RR=1.14
Life Expectancy for Females	81.0 vs. 81.8 years; RR=0.99, NS
Life Expectancy for Males	75.0 vs. 76.8 years; RR=0.98
Potential Years of Life Lost (age 1-75)	64.6 vs. 54.6 per 1000; RR=1.18
Suicide Rate	0.17 vs. 0.15 per 1000; RR=1.13, NS
Suicide or Suicide Attempt Prevalence	0.11% vs. 0.08%; RR=1.38

RR=1.21 means
21% higher

NS means not
statistically
significantly
different

Metis vs. all other Manitobans, basic mortality indicators are 14% to 21% higher. Percent (prevalence) of suicide or suicide attempts 38% higher.



Physical & Mental Illness Indicators

Hypertension, 19+	27.9% vs. 24.8%; RR=1.13
Arthritis, 19+	24.2% vs. 19.9%; RR=1.22
Total Respiratory Morbidity, all ages	13.6% vs. 10.6%; RR=1.28
Diabetes, 19+	11.8% vs. 8.8%; RR=1.34
Rate of Lower Limb Amputations in Diabetics, 19+	24.1 vs. 16.2 per 1000; RR=1.49
Ischemic Heart Disease, 19+	12.2% vs. 8.7%; RR 1.40
Osteoporosis, 50+	11.8% vs. 12.0%, NS* (RR=0.98)
Dialysis Initiation, 19+	0.46% vs. 0.34%; RR=1.35
Rate of Acute Myocardial Infarction, 40+	5.4 vs. 4.3 per 1000; RR=1.26
Rate of Stroke Incidence, 40+	3.6 vs. 2.9 per 1000; RR=1.24
Cumulative Mental Health	28.0% vs. 23.4%; RR=1.20

Metis vs. all other Manitobans, physical and mental illness are 13% to 49% higher.



Prevention

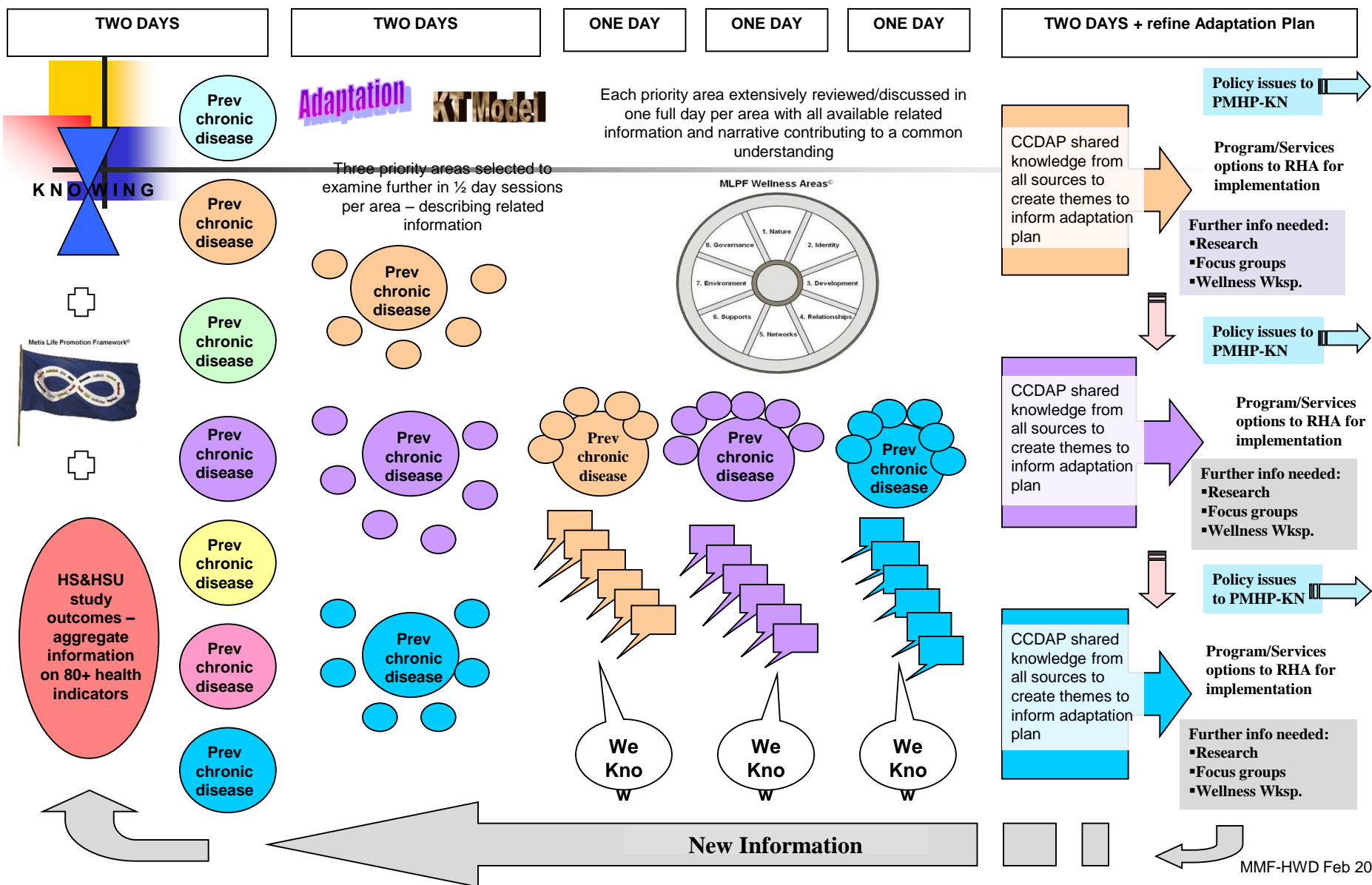
- After considering income, geography, etc., Metis children 28% *more likely* to be fully immunized by age two years (province-wide)
 - In Winnipeg's least healthy neighborhoods and in north - *less likely* to be fully immunized by age 2
- Adult preventive /screening rates (flu shot, cervical screening) similar for Metis and all others
 - BUT if you take into consideration income, geography Metis have *better rates*



Knowledge Networks

- Understanding of knowledge development
- Seeking Metis knowledge
- Demystifying research
- Reclaiming Metis meaning
- Understanding & negotiating influence & action-KT study
- Developing a plan to influence health services

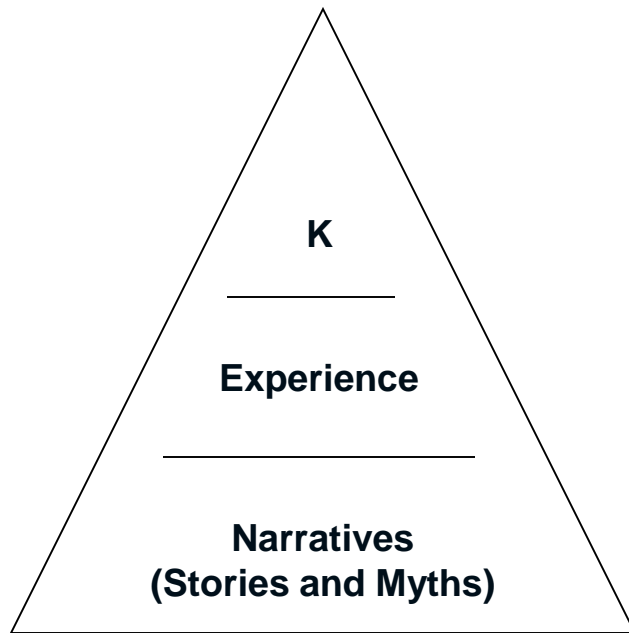
HS&HSU Outcomes Disseminated to Region Knowledge Networks



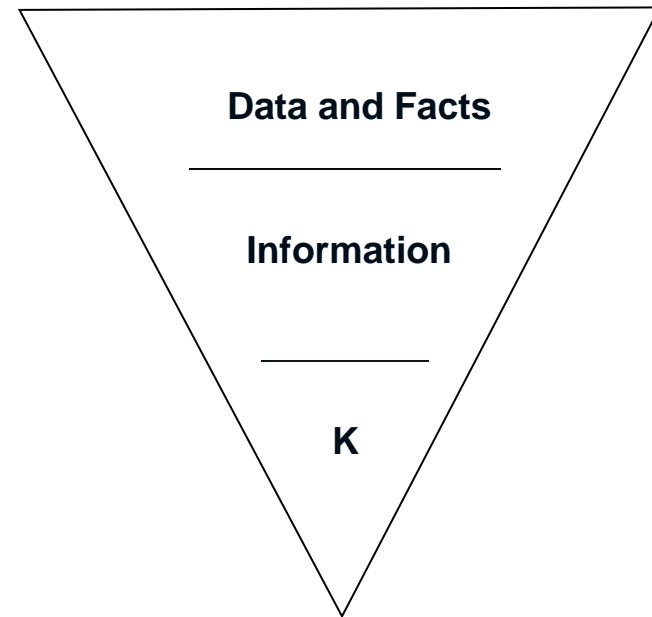
Approach to KT based on adapting work of others

Indigenous & Western Knowledge Development

Adapted from Burton-Jones (1999)

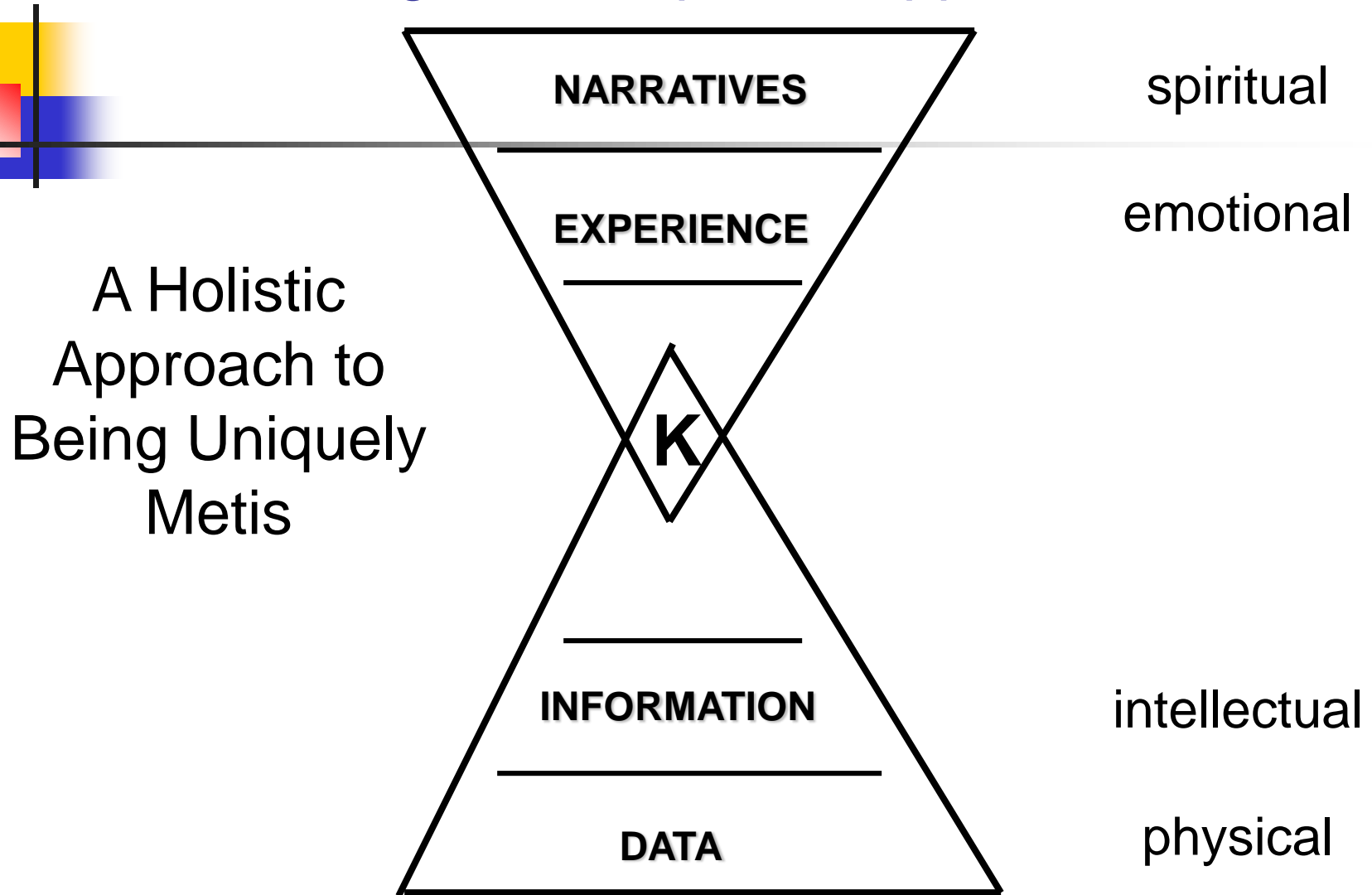


Indigenous Knowledge (K)
Development



Western Knowledge (K)
Development

Combining Indigenous & Western Knowledge Development Approaches



Holistic Metis Research Model



Quantitative
Research

Our Information
intellectual

Our Data
physical

EPISTOMOLOGY
Our
Way of Knowing

Our Story
spiritual

Our Experience
emotional

Qualitative
Research



Reclaiming Metis Holistic Health & Wellbeing

Director: Judith G. Bartlett, MD, MSc, CCFP, FCFP;
Assistant Director: Sheila Carter

Metis Life Promotion Framework

Determinants of Life



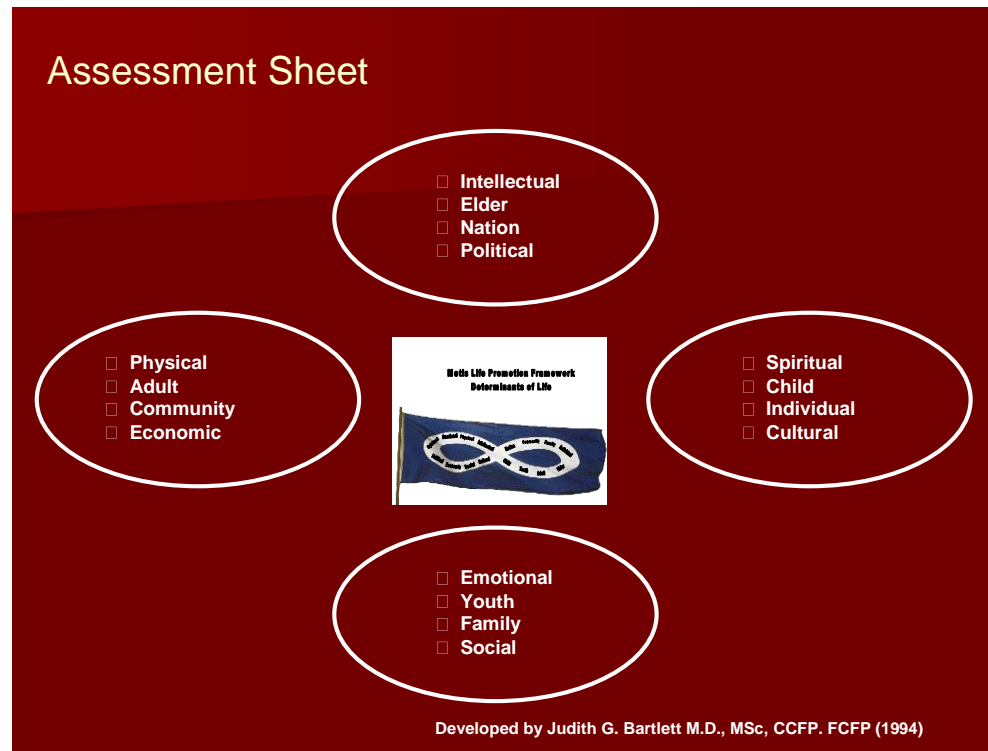
Using A Wellness Workshop Approach

- Individual

- Define and self-assess each of the 16 elements

- Group

- Discuss 16 elements and share general definitions
- Create group meanings (respecting diversity)




Extending MLPF[©] from Assessment to Action

- Using 16 sixteen areas important for personal and group assessment, but too complex for health planning
- At the same time, critical to 'trace back' to 16 elements

Method For Developing Wellness Areas[©]

WELLNESS AREAS				
	SPIRITUAL	EMOTIONAL	PHYSICAL	INTELLECTUAL
	CHILD	YOUTH	ADULT	ELDER
	INDIVIDUAL	FAMILY	COMMUNITY	NATION
	CULTURAL	SOCIAL	ECONOMIC	POLITICAL

METHOD FOR DEVELOPING WELLNESS AREAS®



WELLNESS STANDARD AREAS	2-IDENTITY	4-RELATION- SHIPS	6-SUPPORTS	8-GOVER NANCE
1-NATURE	SPIRITUAL	EMOTIONAL	PHYSICAL	INTELLECTUAL
3-DEVELOP MENT	CHILD	YOUTH	ADULT	ELDER
5-NETWORKS	INDIVIDUAL	FAMILY	COMMUNITY	NATION
7-ENVIRON MENT	CULTURAL	SOCIAL	ECONOMIC	POLITICAL

1- NATURE - Who we really are; the real self

2- IDENTITY - Who we are to others; the created self

3- DEVELOPMENT - Our age; and qualities or characteristics

4- RELATIONSHIPS - How we respect and care for one another

5- NETWORKS - How we interact with others to meet goals

6- SUPPORTS - What helps us to be or become what we want to be (our nature)

7- ENVIRONMENT - What we're influenced by & what we can influence

8- GOVERNANCE - What authority do we have in our life; do we live our nature

	SPIRITUAL	EMOTIONAL	PHYSICAL	
	CHILD	YOUTH	ADULT	
	INDIVIDUAL	FAMILY	COMMUNITY	
	CULTURAL	SOCIAL	ECONOMIC	

Health & Wellness

Manitoba Metis Federation

NATURE

holistic
Focused
Sustained
resources
Database
professional
reputation
THE
METIS
HEALTH PARTNERS
programs
developed/
implemented
Metis
Health
Clinic
Metis
research
authority
metris
research
chair
nucleus
of
information
students
researchers
etc...
Enduring
adaptable
effective
defined
tools
Supportive
credible
All of
the above
Reliable
source
of
info
Receptive
research
driven by
Metis
Citizens
link &
be seen as
a link
benchmark
Metis
specific
relevant
leader
pioneer
Knowledge
brokers
Influence
ideologies
(RtAs)
Confident
equal
partners
Competant
mature
balanced
(available)
productive
well
embedded
in health
system
progressive
know
the
language
Go to
dept
establish
policy/procedure
Take
charge
wellness
based
trust
unifying
strengthened
expanding
beneficial
respect
Visible
maintainance
socialist
diversifying
technically
mature
engaging
mentors
wellness
based
unifying
strengthened
expanding
beneficial
respect
role
modelling
complementary
relationships
well
established
expanding
Productive
holistic
respect
Sustainable
broadening
horizons
need
for
new
complementary
relationships
well
established
expanding
respect
caring
Sustainable
broadening
horizons
need
for
new
complementary
relationships
well
established
expanding
respect

10 YEAR VISION

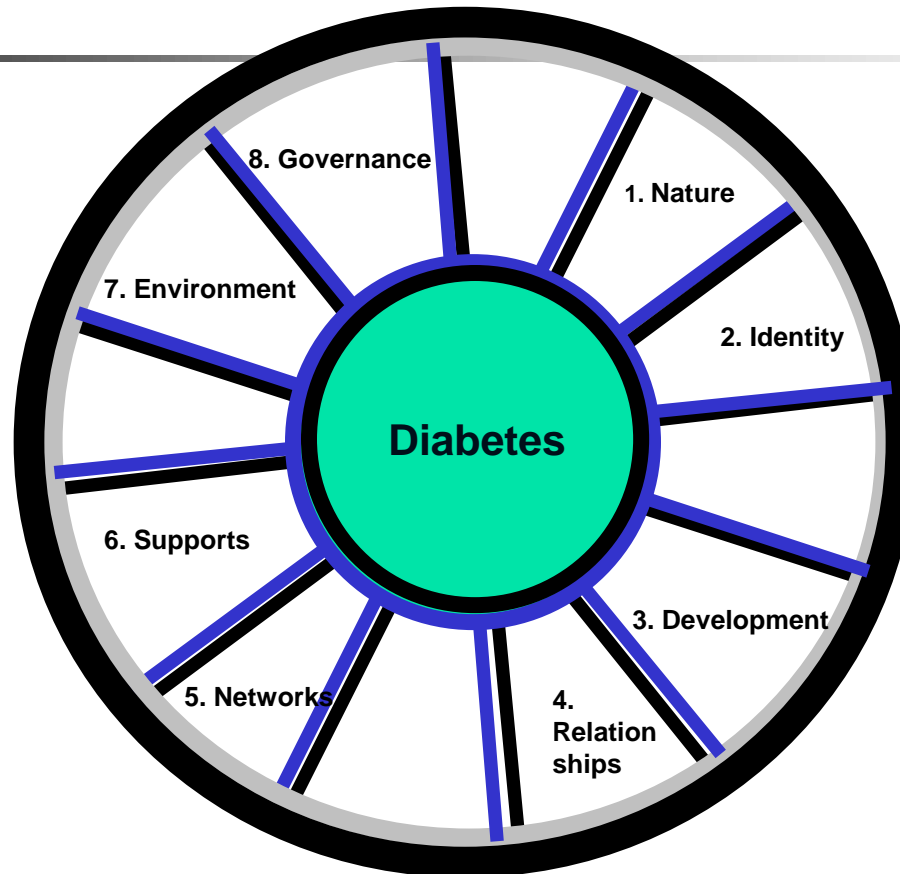
ENVIRONMENT
Metis
Prime
Minister
influence
research
delivering
services
influence
national policy
Community
wellness
programs
(national)
improved
positive
wellness
change of
government
All points
across
cultural
education
influence
economic
education
on traditional
floods
influence
pro. health
programs
influence
hunting
rights
Culturally
Socially
Diversity
wellness
Improved
health
status
Influence
Fiduciary
role
Social
system
influence
now others
see Metis
as a
Metis
in
dictionary
Influence
Ind's to
make informed
choices
Improved
health
status
Compatible
Metis
specific
educational
modules
Integral
part of
big picture
Health
wellness
Building
Site for
developing
Metis research
responsible
&
accountable
good
investment
teachers
prominent
All of
the above
Reliable
source
of
info
Receptive
research
driven by
Metis
Citizens
link &
be seen as
a link
benchmark
Metis
specific
relevant
leader
pioneer
Knowledge
brokers
Influence
ideologies
(RtAs)
Confident
equal
partners
Competant
mature
balanced
(available)
productive
well
embedded
in health
system
progressive
know
the
language
Go to
dept
establish
policy/procedure
Take
charge
wellness
based
trust
unifying
strengthened
expanding
beneficial
respect
Sustainable
broadening
horizons
need
for
new
complementary
relationships
well
established
expanding
respect

SUPPORTS
Wellness
in
workplace
Constructive
criticism
Leadership
feedback
mechanisms
Metis
shield
Metis
research
Centre
well
Metis
workplace
Sustainability
plan
Metis
Health
Wellness
Centre
Metis health
workers or
others interest
in understanding
Metis health
47%
of
NMF Budget
Wellness
program
(well established)
Multi-
level
Capacity
Community
engaged
Metis
citizenship
Quality
praised
recognition
Supportive
work
environment
Establish
student
mentoring
network
website
Locals
who engage
each other
Well established
Metis Health
Workers Network
Locals
region
based
Expanded
networking
process
(Locals)
Sustainable
established
wellness
network
Visible
maintainance
socialist
diversifying
technically
mature
engaging
mentors
wellness
based
unifying
strengthened
expanding
beneficial
respect
Sustainable
broadening
horizons
need
for
new
complementary
relationships
well
established
expanding
respect

THREE
SPEECH
Metis
agenda
Established
other
media
Community
well-delivered
Specific
goals
in networking
well versed
established
Metis research
Network
accessible
maintainance
socialist
diversifying
technically
mature
engaging
mentors
wellness
based
unifying
strengthened
expanding
beneficial
respect
Sustainable
broadening
horizons
need
for
new
complementary
relationships
well
established
expanding
respect

NETWORKS
Supportive
influencing
restructuring
family
networks
Portal of
linking
train the
trainer
Facilitators
establishing
to

WELLNESS MODEL (MLPF ©)



Approaching
diseases from
a wellness
perspective

Needs to occur
at both policy &
program levels



NTKT-Knowledge Translation Research Study

■ Objectives

- implement & evaluate a novel KT model to accelerate use of 'Metis health status study'
- facilitate capacity, through establishing & sustaining 2 KNs to use 'Metis health status study' results
- use outcomes from 'Metis health status study' to identify service gaps, develop a plan & identify required future research

■ Methods

- qualitative participatory action applied research involving:
 - MMF, its Region offices & its Health & Wellness Department;
 - Manitoba Health & its Regional Health Authorities; Univ. of Manitoba.
- test KT model as systematic user-friendly approach to *honest brokering of common ground* between community, university and health entities.



Understanding and Negotiating Influence & Action

“Metis Need to Know Too” Study

Influence → Partner ↓	INFORM keep one another informed	CONSULT obtain feedback & acknowledge concerns	INVOLVE reflect concerns/ issues in work	COLLABORATE incorporate advice to the maximum extent possible	EMPOWER make decision on relevance to project
COMMUNITY [MMF Regions]	MMF Region would like to be informed by RHA on... MMF Region can inform RHA on...	MMF Region would like to be consulted by RHA on... MMF Region can consult RHA on...	MMF Region would like to be involved with RHA on... MMF Region can involve RHA on...	MMF Region would like to collaborate with RHA on... MMF Region can collaborate with RHA on...	MMF Region would like to be empowered with RHA on... MMF Region can empower RHA on...
PROGRAM DELIVERER [RHAs]	RHA would like to be informed by MMF on... RHA can inform MMF on...	RHA would like to be consulted by MMF on... RHA can consult MMF on...	RHA would like to be involved with MMF on... RHA can involve MMF on...	RHA would like to collaborate with MMF on... RHA can collaborate with MMF on...	RHA would like to be empowered with MMF on... RHA can empower MMF on...

- partners determine where they would like to ‘inform’, ‘consult’, ‘involve’, ‘collaborate with’, and ‘empower’ one another



What are Knowledge Network goals?

- to increase involvement of Metis in design, delivery and evaluation of health programs and services
- to improve Metis access to Manitoba Health programs & services
- to ensure Manitoba Health programs and services reflect the health & wellness needs of Metis population
- to use Metis-specific holistic approach for:
 - chronic disease treatment, prevention, surveillance
 - health (life) promotion, and
 - wellness development



What Do Knowledge Networks Do?

- Negotiate MMF / RHA partnership role and relationship, including a ten year vision;
- Identify health priorities (3-4 chronic diseases based on prevalence and other factors) for each region;
- Develop and implement achievable plan for adapting health services to better meet Metis needs for each region;
- Identify barriers / gaps in access to programs and services;
- Assess quantity / quality of existing programs and services;
- Identify new research areas.



How do KNs Build and Enhance Expertise

- Training for Knowledge Network participants
 - Holistic Wellness Framework Workshop; Cultural Orientation; Research Concepts; Data Management; Chronic Diseases Surveillance
- Negotiating a productive win-win relationship
- Examining and interpreting Metis Health Status & Health Services Use study outcomes
- Reviewing Metis citizen's perspective on CDs, the literature and each other's programs
- By developing a plan for informing RHA strategies



NTKT-Outcomes

- KNs Networks implemented in all seven MMF Regions
- KNs are currently working with 11 or 13 RHAs (either completed first plan, or some stage of planning)
- KNs will soon be moving to examining the next cycle of data for the health status report (children's health), thus understand KNs as an ongoing process for working with Metis
- Data collection in study sites is almost completed i.e. post-interviews
- Two KNs are in the beginning process of doing their own local C-B research projects



Knowledge Translation Question

- Is it a process versus a product, or a process to produce a product?
 - process is engagement
 - product is health and wellness
 - health and wellness brings meaningful productive lives

Resurgence of Metis Youth Pride in Northern Manitoba





Metis Health Status and Health Services Utilization Study

- www.mmf.mb.ca
 - Select: Health & Wellness Department takes you directly into the MCHP Deliverables

- www.umanitoba.ca/medicine/units/mchp
 - Select: Publications
 - Select: Deliverables