



Taanishi aen tamaashchihooyayhk?*

Métis Population Health Program
Interim Update, 2026

Executive Summary

*How are you feeling?

Cover image: The image on the cover of this report depicts the Métis Nation British Columbia mental wellness and harm reduction sash.

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PUBLISHED BY:



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Territorial Acknowledgement

Métis Nation British Columbia and the Office of the Provincial Health Officer respect the inherent and treaty rights of the 204 First Nations of the land now known as British Columbia. We respectfully acknowledge the traditional, ancestral, and unceded territories of the Semiahmoo, Katzie, Kwikwetlem, Kwantlen, Qayqayt, and Tsawwassen First Nations in Surrey, BC; the X̱w̱sepsəm (Kosapsum or Esquimalt) and Songhees Nations (ləkʷəŋən or Lekwungen) and W̱SÁNEĆ (Saanich) Peoples in Victoria, BC; and the Secwépemc and Syilx/Okanagan Peoples of the southern interior of BC, where the development of this report took place. We recognize and honour their continued stewardship and governance. Our acknowledgment is rooted in humility and we value the opportunity to build relationships grounded in mutual recognition and respect.

Recognition Statement

Métis Nation British Columbia and the Office of the Provincial Health Officer recognize each of the Métis Chartered Communities located across the province. These Métis Chartered Communities provide Métis people with local programming and opportunities for cultural connection and belonging, sometimes after generations of displacement. We celebrate the meaningful contributions of these Communities and of Métis people, both historically and in the present day.

Language Acknowledgement

The Métis were known historically for their facility with language, and Métis people today continue to speak a variety of languages. The language most often associated with Métis people and Communities is Michif. The Métis created three distinct Michif languages: Southern or Heritage Michif, Northern Michif (also known as Cree-Michif), and Michif French. These languages combine elements of First Nations and European languages. The Michif used in this report is primarily Southern or Heritage Michif as written by Elder Norman Fleury of St. Lazare, Manitoba.

Dedication to Naomie Gladue

After Naomie was born, while her family was in Vancouver, they were approached by a medicine man.* He looked at Naomie and told her that she had an eagle totem and said that she would do great work for her people. Naomie embodied this idea throughout her life, and her spirit lives on in this work.

Naomie Gladue, a young Métis woman, was a vibrant, beautiful, fierce protector. Naomie was outspoken and wouldn't stand by when others were being mistreated. She lived her life embracing the spirit of the saying "dance like nobody is watching." She was unapologetically herself.

Naomie's friends and family have described her as a Métis Elder in the making. She often attended the local Friendship Centre, participated in the youth camps, made moccasins with her mom, was an avid jigger, and was learning Cree from her grandparents. She had hopes of furthering her education and working in a supportive field to help others. When she was just 22, Naomie passed away after attending treatment for 10 days. Throughout her life, Naomie struggled with mental health and substance use. She had taken steps toward recovery when she passed. Naomie had been extremely excited for this new chapter in her life when she began treatment. Unfortunately, she was turned away from safe and accessible health care and was neglected when in crisis. Systemic gaps, racism, and the ongoing impacts of colonialism harmed Naomie's healing journey and ultimately resulted in the loss of her life.



Source: Métis Nation British Columbia

Naomie's story is not an isolated experience for the Métis Community. Naomie's journey, like those of other Métis individuals, highlights the systemic gaps in necessary services and supports needed for healing and recovery. We bring voice to this report as Naomie is not the first, and unfortunately will not be the last, to lose her life to the toxic drug crisis and failures of the healthcare system.

At 16, Naomie made the decision to become an organ donor—so even in death she could save a person's life. Naomie didn't see it as just helping one individual, she saw how saving one life had a ripple effect. Naomie

* The term "medicine man" is used here to capture the language shared directly by Naomie's family when recounting her story. Within Métis Nation British Columbia, the analogous term "Knowledge Keeper" is used to describe individuals who hold and share cultural, spiritual, and land-based knowledge.

saved four people through the donation of her lungs, kidneys, and liver. Naomie kept her heart, the piece of her that she had selflessly shared with those who had the honour of knowing her. Naomie touched so many people in her short 22 years of life. She will live on through her acts of kindness, the love she brought to her family and friends, and the sharing of her story. As she lived in life, she will live on in spirit, spreading joy, bringing light, and being a voice for her people.

Métis Nation British Columbia (MNBC) has received consent from Naomie's family to share her story, which will be the foundation

to several pieces of work around Naomie's Legacy. Our next steps include creating a case study outlining Naomie's Story and other Métis experiences when accessing health and wellness services in BC. MNBC will develop Naomie's Principle into a policy to empower the healthcare system to deliver Métis-centric care. Naomie's Principle will uphold Métis health sovereignty and ensure equitable and culturally safe access to health, wellness, and harm reduction services that promote wellness and are culturally grounded, accessible, and free from discrimination.

In this report, we share stories and truths focused on community, culture, connection, care, and loss. The topics discussed may be emotionally difficult. We encourage you to explore your wellness goals while reading this report. This might look like taking additional care, spending a little more time in the natural world, being with loved ones, engaging in activities that support your well-being, or anything that can help you feel more physically, mentally, spiritually, and emotionally grounded.

Discussions about mental health, cultural wellness, violence, and substance use can feel heavy.

This doesn't mean that these stories shouldn't be told.

Be mindful of your own boundaries as you take in this content.

If you need to take time to practise self-care and connect with your supports, please do.

If you need crisis support, please call the **Métis Crisis Line** at

1-833-MÉTISBC (1-833-638-4722)

Message from Project Partners

This report is the second in a series that began with *Taanishi kiiya? Miiyayow Métis saantii pi miyooayaan didaan BC: Métis Public Health Surveillance Program—Baseline Report, 2021*. This report series represents the shared commitment of Métis Nation British Columbia (MNBC) and BC's Office of the Provincial Health Officer to support and promote the health and wellness of Métis people in the province. The project partners are committed to monitoring the health and well-being of Métis people in BC and making related health data available for systems

planning and community initiatives. These data will help MNBC and other governments and organizations develop policies and programs that respond to the distinct health and wellness needs of the Métis population in BC.

The data tell a concerning story about the mental health and wellness of the Métis population, especially Métis women, girls, 2SLGBTQQIA+ people, and youth. We have chosen to focus this interim report on the mental health, wellness, and resilience of



Source: Métis Nation British Columbia

Métis people in BC, with particular attention to these priority populations, as well as the interrelated topics of Métis cultural wellness and cultural safety in health and social services; substance use and harm reduction; and gender-based violence. In addition, this report explores the persistent and underlying challenges of systemic racism and discrimination, patriarchy, and intergenerational and colonial trauma. It also examines the overwhelming and ongoing impacts of the unregulated toxic drug emergency, the recent COVID-19 pandemic, and the escalating climate crisis.

Recognizing that Métis people know what is important for their own health and wellness, this report seeks to reflect and uphold Métis worldviews, including the critical roles of

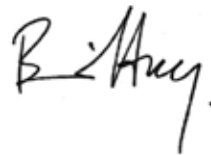
culture, language, and spirituality in wholistic health. Maintaining connections to land, family, and community, and fostering healthy Métis identities, Métis pride, and Métis self-determination, also feed into the health and wellness of Métis people and the strength of the Métis Nation. This report is dedicated to the memory of Naomie Gladue, a young Métis woman whose story connects the data in this report to the lived experiences of Métis people and communities.

Métis strength and resilience, along with an increased commitment to truth and reconciliation, give us reason to be optimistic. We pledge to continue working together to support the bright and healthy futures that Métis people want and deserve.



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Partner Organizations' Commitment to Anti-racist Approaches, Inherent Indigenous Rights and Self-determination, and Truth and Reconciliation

Métis Nation British Columbia (MNBC) and the BC Office of the Provincial Health Officer (OPHO) are committed to upholding anti-racist approaches, Indigenous rights and self-determination, and truth and reconciliation with Indigenous Peoples (First Nations, Métis, and Inuit). This commitment includes upholding the rights of all Indigenous Peoples in BC—including the Métis Nation—to self-determination, health, and wellness. The Métis Population Health Program (MPHP) report series and the MNBC–OPHO partnership embrace the spirit of truth, reconciliation, and relationship-building with the goal of promoting optimal health, wellness, and self-determination for all Métis people, families, and Chartered Communities in BC.

The MPHP report series, including the *Taanishi kiiya?* baseline report (https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/annual-reports/pho_metis_report_2021c_f3.pdf), is an important part of the ongoing work to honour this commitment. As a meaningful and co-governed partnership between MNBC and the OPHO, MPHP reporting supports Métis self-determination. The MPHP and associated reporting also support the right of Métis people to wholistic health and wellness by monitoring and assessing Métis health and wellness with an emphasis on Métis cultural contexts and ways of knowing.

FOUNDATIONAL OBLIGATIONS TO INDIGENOUS PEOPLES, INCLUDING MÉTIS-SPECIFIC OBLIGATIONS

Section 35 of the *Constitution Act, 1982* recognizes and affirms the Aboriginal and treaty rights of three distinct Indigenous Peoples in Canada: First Nations, Métis, and Inuit. This act and other provincial, federal, and international laws, agreements, treaties, and court rulings set out the obligations of colonial governments and systems to uphold the inherent rights of Indigenous Peoples. The *United Nations Declaration on the Rights of Indigenous Peoples* (2007) creates a framework for action, and Indigenous Peoples have provided additional detailed instructions, including through the following documents and initiatives:

- *Truth and Reconciliation Commission of Canada Final Report* (94 calls to action, 2015): https://nctr.ca/wp-content/uploads/2021/01/Calls_to_Action_English2.pdf
- *Draft Principles that Guide the Province of British Columbia's Relationship with Indigenous Peoples* (2018): https://news.gov.bc.ca/files/6118_Reconciliation_Ten_Principles_Final_Draft.pdf
- *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls* (231 calls for justice for Indigenous women, girls, and 2SLGBTQQIA+ people, including 29 Métis-specific calls, 2019): <https://www.mmiwg-ffada.ca/final-report/>
- *Métis Perspectives of Missing and Murdered Indigenous Women, Girls and LGBTQ2S+ People* (62 calls for Miskotahâ [change], 2019): https://www.mnbc.ca/sites/default/files/2022-07/lfmo_mmiwg_report.pdf
- *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care* (24 recommendations, 2020): <https://engage.gov.bc.ca/addressingracism/>
- *Letter of Intent between Métis Nation British Columbia and the Province of BC* (commits to a new whole-of-government partnership between Métis Nation British Columbia and the BC government, 2021): <https://news.gov.bc.ca/releases/2021IRR0066-002101>
- *BC Declaration on the Rights of Indigenous Peoples Act* (DRIPA, 2019) and DRIPA Action Plan (89 actions, 2022–2027): <https://declaration.gov.bc.ca/>
- Canada's *United Nations Declaration on the Rights of Indigenous Peoples Act* (2021) and Action Plan (181 priorities, 2023–2028): <https://www.justice.gc.ca/eng/declaration/ap-pa/index.html>

Individually and as a whole, these foundational obligations define a clear path forward for all people in BC and Canada to co-create a more just and equitable society—one that promotes truth and reconciliation and that honours and respects the rights of Indigenous Peoples. It is our collective responsibility to uphold these foundational obligations in every aspect of our lives and work.



Executive Summary

Naomie's Principle will uphold Métis health sovereignty and ensure equitable and culturally safe access to health, wellness, and harm reduction services that promote wellness and are culturally grounded, accessible, and free from discrimination.

– Métis Nation British Columbia

This report is dedicated to Naomie Gladue.

The Métis are one of three Indigenous Peoples in Canada (First Nations, Métis, and Inuit). Métis people have their own distinct culture and identity, with a shared history, languages, worldview(s), and kinship networks. Métis Nation British Columbia (MNBC) is the Métis Nation Government in BC, representing more than 31,000 registered MNBC Citizens and all Métis Chartered Communities in BC, and advocating for more than 113,000 self-identified Métis people in the province.

MNBC initiated the Métis Population Health Program (MPHP) in response to the need for robust Métis-specific data to better understand the health status and needs of Métis in BC. MNBC has partnered with BC's Office of the Provincial Health Officer (OPHO) to jointly report on Métis health and wellness in BC. This joint reporting initiative is intended to be strengths-based; wholistic; grounded in Métis culture, community, and social determinants of health; guided by MNBC's seven core cultural values of integrity, kindness, innovation, respect, teamwork, humility, and resilience; and to uphold Métis data governance principles and Métis self-determination in health monitoring and reporting. The goal of this reporting series is to inform Métis-specific policy and programming to support and improve wholistic health and wellness for Métis people.

The first report in the MPHP series was *Taanishi kiiya? Miiyayow Métis saantii pi miyooayaan didaan BC* (2021). That report established baseline data on 15 Métis health and wellness indicators related to mental health, chronic conditions such as diabetes, cultural wellness, lifestyle factors, and rights and governance. The baseline report also set targets for each of these indicators, to be achieved by 2030, and made four recommendations to support and advance Métis health and wellness in BC.

The current publication, *Taanishi aen tamaashchihooyayhk?* (2026), is the first interim update in the MPHP reporting series. It provides updated data for 14 of the 15 core indicators identified in the baseline report and summarizes progress on implementing the four recommendations made in that report. This publication examines the broader context in which mental health has declined among the general population, due in part to factors such as the unregulated toxic drug emergency, the COVID-19 pandemic, and the climate crisis—each of which has had

disproportionate impacts on Métis people and Métis mental health. It also examines the health and wellness of specific populations facing heightened challenges, including Métis women and girls, Métis people who identify as 2SLGBTQQIA+, and Métis youth. Three priority topics are also raised in this report in response to concerning trends identified in the data: Métis cultural wellness and cultural safety in healthcare settings, gender-based violence, and substance use and harm reduction.

Summary of Findings

Métis identity, culture, and connection are sources of strength and resilience for Métis people. Key factors that undermine Métis wholistic health and wellness are associated with the ongoing oppressions of settler colonialism: racism, discrimination, cis-hetero-patriarchy, misogyny, ableism, and systemic white supremacy. "White supremacy" is the standard terminology used by the OPHO to describe race-based systemic oppression.

Updates on Core Indicators from the 2021 Baseline Report

- On track
- ▲ No/minimal change
- Worsening

- **Métis youth who can speak at least a few words of an Indigenous language** increased from 12.9 per cent in 2018 to 19.3 per cent in 2023, nearly reaching its 10-year target of 19.4 per cent.
- **Hospitalization for ambulatory care sensitive conditions** (hospitalizations that are preventable with access to effective and appropriate primary care services) among Métis dropped from 261.1 per 100,000 people in 2017 to 234.2 per 100,000 in 2023, surpassing its 10-year target of 235.0 per 100,000 people.
- **Current smoking (daily or occasional)** among Métis dropped from 27.8 per cent in 2017 to 20.0 per cent in 2022. This decrease surpassed the 10-year target of 20.9 per cent.
- **Chronic Obstructive Pulmonary Disease (COPD) incidence** among Métis declined from 7.8 per 1,000 people in 2017/18 to 4.6 per 1,000 in 2023/24, also surpassing its 10-year target.
- **Meaningful collaboration between MNBC and the BC government in the following key areas:**
 - **Métis data standard policies and procedures:** Despite capacity limitations at MNBC, partnerships are advancing Métis data governance and delivering tangible results.
 - **Through the BC government's Senior Leadership Committee:** Intergovernmental structures have been established and early successes achieved in health governance and ongoing opportunities for collaboration.
 - **Implementation of the BC Declaration on the Rights of Indigenous Peoples Act (DRIPA):** The BC DRIPA Action Plan has catalyzed new relationships and actions expected to lead to future successes in advancing Métis rights and priorities.

- ▲ **Métis youth who eat foods traditional to their background** changed by less than one percentage point.
- ▲ **Diabetes incidence** remained essentially unchanged.
- ▲ **Registered, professionally active Métis healthcare providers:**
 - The number of physicians registered with the College of Physicians and Surgeons of BC who self-identified as Métis increased somewhat, but the proportion remains far below the target of 2.0 per cent.
 - Data from the BC College of Nurses and Midwives (BCCNM) was added to this report for the first time, so no baseline data are available for comparison. The proportion of nurses registered with BCCNM who self-identified as Métis is 1.8 per cent.
 - The project partners are hopeful that Métis data will soon be available from additional health profession regulatory colleges.
- **Hypertension incidence** has increased dramatically, from 18.4 per 1,000 people in 2017/18 to 37.4 per 1,000 in 2023/24. While the rise may be partially attributed to changes in administrative coding practices, the project partners will monitor this indicator closely going forward.
- **Métis adults who rate their mental health positively** declined from 49.3 per cent in 2017 to 35.8 per cent in 2022.
- **Female Métis youth who rate their mental health positively** declined from 49.0 per cent in 2018 to 32.7 per cent in 2023.
- **Female Métis youth who reported having self-harmed in the previous year** increased from 36.7 per cent in 2018 to 45.9 per cent in 2023.

Additional Data on Populations and Topics Highlighted in this Report

As demonstrated in this report, many Métis people experience mental health challenges—particularly women and girls, youth, and 2SLGBTQQIA+ people. Mental health challenges may be associated with a variety of factors, including racism, discrimination, and other impacts of ongoing settler colonialism; broader issues such as the unregulated toxic drug emergency, the COVID-19 pandemic, and the climate crisis; and priority topics identified in this report, including gender-based violence, substance use, and the need for increased Métis cultural wellness and cultural safety in healthcare and other settings.

- In 2022, 40.2 per cent of Métis people in BC reported worse mental health compared to before the COVID-19 pandemic.
- Among Métis people in BC who experienced discrimination based on their Indigenous identity, 48.6 per cent rated their mental health as fair or poor in 2022, compared to 23.0 per cent who reported their mental health as very good or excellent.
- Métis women and men in BC both experience high and rising rates of mood and anxiety disorders. In 2023/24, the rate among female Métis (25.8 per cent) was nearly twice that of male Métis (13.2 per cent).
- In 2023, 74 per cent of Métis 2SLGBTQQIA+ people in BC who responded to an online survey reported having been diagnosed or treated for a mental health condition.
- In 2022, 58.1 per cent of Métis people in BC who identified as “non-heterosexual” reported fair or poor mental health in 2022, compared to 28.4 per cent of their heterosexual peers.
- Positive self-rated mental health among Métis youth in BC declined from 71 per cent in 2013 to 46 per cent in 2023.
- Nearly three decades after the last residential school in Canada was shut down, the effects of the residential school system continue to be felt. Residential school attendance is associated with a wide variety of harms for survivors, including intergenerational impacts. In 2023, 48 per cent of Métis youth with a relative who attended residential school reported anxiety disorders or panic attacks, compared to 31 per cent of Métis youth without a family history of residential school attendance.
- In 2023, 70.8 per cent of female Métis youth in BC reported experiencing sexual harassment in the previous year.
- Between 2017/18 and 2023/24, the prevalence of substance use disorders among Métis adults in BC increased for all age groups 18 and older. The largest increase was among adults age 50 to 69, rising from 1.5 to 2.6 per cent.
- Seeking support when one needs it demonstrates self-efficacy and resilience. From February 2021 through June 2025, more than 1,200 Métis people in BC accessed counselling services through MNBC’s Métis Counselling Connection program, including more than 100 who were seeking support for issues linked to intergenerational trauma.
- Métis culture remains a source of strength and pride. In 2022, 78.0 per cent of Métis people in BC reported feeling good about their Métis identity.

Recommendations

This report reaffirms the four priorities and recommendations identified in the baseline report and adds 15 new recommendations to improve Métis health and wellness in BC.

PRIORITY #1: IMPROVED MÉTIS HEALTH AND WELLNESS THROUGH UPHOLDING MÉTIS SELF-DETERMINATION

Baseline Report Recommendation 1: Create accountabilities to Métis health and wellness within the MNBC–Province of British Columbia Métis Relations Working Table by establishing a Health and Wellness sub-Working Table.

Baseline Report Recommendation 1 Status Update: The Métis Health and Wellness sub-table has been established and meets every two months, or more often if needed.

Additional recommendations

1.1 Advance the inclusion of Métis rights to self-determination, Métis sovereignty, and Métis Section 35 rights in BC provincial systems planning, policies, and services—including health system planning and service design—by prioritizing implementation of *BC DRIPA Action Plan 2022–2027* actions 1.2, 1.3, 1.4, and 4.26 (see <https://declaration.gov.bc.ca/>).

1.2 Provide flexible, sustainable, and progressively growing funding to Métis Nation British Columbia (MNBC) to support the design, delivery, and expansion of health services, including a Métis primary care strategy, grounded in Métis culture and Métis ways of knowing. This funding must clearly uphold MNBC's rights to self-determination, enabling the Nation to develop and lead services that advance the cultural, mental, emotional, physical, financial, environmental, social, and spiritual wellness of Métis care recipients.

PRIORITY #2: FULLY REALIZED MENTAL HEALTH AND WELLNESS FOR MÉTIS PEOPLE

Baseline Report Recommendation 2: Develop a Métis Mental Health and Wellness Action Plan to improve mental wellness, reduce problematic substance use, and address the harmful effects of colonialism, assimilation attempts, and the residential school system.

Baseline Report Recommendation 2 Status Update: A standalone Métis Mental Health and Wellness Action Plan has not yet been developed. In the interim, MNBC is working to integrate its newly developed Métis Mental Health and Harm Reduction Framework into healthcare standards and practices across the province.

Additional recommendations

2.1 That the Province of BC work with MNBC to develop a Métis Mental Health and Wellness Action Plan as set out in Baseline Report Recommendation #2.

2.2 Honour the legacy of Naomie's Story by increasing timely access for Métis people in BC to provincially funded, culturally safe, and Métis-grounded treatment and recovery supports, including the establishment of Métis-specific beds and wellness facilities. This must include formal mechanisms that empower MNBC to intervene on behalf of, advocate for, and support MNBC Citizens and self-identified Métis within treatment and recovery pathways, ensuring that care is culturally safe and responsive to Métis wellness needs.

2.3 Fund MNBC to design and implement Métis-led, trauma-informed mental wellness, substance use, and harm reduction services that draw directly on the cultural teachings, practices, and knowledge shared by MNBC Citizens and Communities, in alignment with *BC DRIPA Action Plan 2022–2027* actions 4.11 and 4.12.

2.4 Fulfil existing provincial commitments under *In Plain Sight* and the *BC DRIPA Action Plan 2022–2027* by requiring all health professionals to complete MNBC-led and -delivered Métis cultural wellness education as part of mandatory Indigenous Cultural Safety (ICS) training (e.g., the UBC-accredited Miyo-pimâtisowin: Métis Cultural Wellness Education for Healthcare Professionals course).

2.5 Adopt, implement, and embed the MNBC Métis Mental Health and Harm Reduction Framework into healthcare standards of practice and the joint work plans with regional health authorities and the BC Ministry of Health.

PRIORITY #3: LIFESTYLE AS MEDICINE FOR MÉTIS PEOPLE

Baseline Report Recommendation 3: Develop and action a Métis “Lifestyle as Medicine” Health and Wellness Strategy that recognizes and reflects Métis cultural traditions and values.

Baseline Report Recommendation 3 Status Update: An overarching strategy is yet to be developed, though Métis Health and Wellness Plans are in place or being advanced through partnerships between MNBC and four of BC’s five regional health authorities, as well as with the Provincial Health Services Authority and the BC Ministry of Health.

Additional recommendations

3.1 Establish a standardized, predictable model for sustainable funding to MNBC to increase the viability of Métis Community gatherings in all Métis Chartered Communities to promote continuous access to culture, care, connection, and community.

3.2 Establish a system-wide commitment for regional health authorities and the BC Ministry of Health to collaborate with MNBC in the co-design and implementation of the BC Cultural Safety and Humility Standard (BC CSH Standard). This must entail the inclusion of MNBC’s Executive Director, Health and Wellness, as a standing member of all provincial health system tables that guide the implementation and response to the BC CSH Standard and *In Plain Sight* report recommendations, such as the Vice Presidents’ Table for Indigenous Health.

3.3 Formally recognize significant cultural days for Métis people to increase broader public awareness of Métis history and culture (e.g., Louis Riel Day). This commitment must be grounded in co-developed Métis-specific content that increases awareness of how colonial systems, racism, and discrimination shape Métis worldviews, history, culture, and health outcomes.

PRIORITY #4: COLLABORATIVE, ROBUST, SELF-DETERMINED MÉTIS HEALTH INFORMATION SYSTEMS

Baseline Report Recommendation 4: Develop and implement culturally safe, self-determined processes that facilitate robust data collection to monitor the health and wellness of all Métis people living in BC. This must include upholding Métis data governance standards, and accurate identification of registered MNBC Citizens and self-identified Métis people within provincially held datasets.

Baseline Report Recommendation 4 Status Update: Progress to date includes MNBC engagement on the Indigenous Administrative Data Standard soon to be released by the Province of BC.

Additional recommendations

4.1 Establish a Métis identifier in provincial datasets that is governed by the Métis Data Governance Committee (MDGC). The MDGC must have authority to ensure that data access and use are appropriate, culturally safe, and accountable to MNBC governance.

4.2 That the BC Coroners Service engage with MNBC and the MDGC to immediately begin work on a Métis data governance protocol, include MNBC on death review panels, ensure culturally safe and appropriate interactions with Métis populations, improve Métis identification, and provide MNBC with timely access to data on MNBC Citizens.

4.3 Remove barriers to Métis-specific data access, governance, and use, by
(i) immediately establishing BC government policy and practice directives that recognize MNBC's role in the governance and oversight of all Métis data held by the Province, and
(ii) granting MNBC Indigenous Governing Body Stewardship Custodian status in provincial data legislation.

4.4 Require health authorities to co-develop Métis Population Profiles with MNBC and to use the data to advance Métis health and wellness priorities.

4.5 Incorporate the MDGC into research processes within Health Research BC to establish a research ethics board that ensures Métis worldviews, values, and cultural wellness are considered in research ethics.

Métis Nation British Columbia and the Office of the Provincial Health Officer have produced this report in the spirit of true partnership, reconciliation, and a commitment to moving forward together. Partnerships like these will continue advancing the rights of Métis people in BC to be fully supported in their wholistic health and wellness journeys.



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