

GRIPP2 Short Form

Section and Topic	Item	Page No.
1. Aim	The objective of this community-based participatory pilot study was to explore links between health, spirituality, and wellbeing within the Métis Nation of Alberta (MNA)-Region 3.	2
2. Methods	<p>Patient-Oriented Research</p> <p>MNA – Region 3 members are emailed invitations to monthly mixers (social events). At the October 2018 mixer, those attending were invited to participate in focus groups for the purpose of qualitative structured survey development. Focus groups occurred in November 2018 and January 2019; with participant cross-over between focus groups, 9 participants in total contributed to survey development. A community member and research team member took notes while participants discussed areas of importance regarding health, spirituality, and wellbeing for survey development. All ideas identified were included in a qualitative structured survey draft, approved by the leadership of the MNA-Region 3 in early February 2019. Data collection occurred face-to-face at two MNA-Region 3 mixers in February and March 2019, in a manner recommended by community leaders. The first 2 authors introduced the study, and interested members picked up surveys off a table at the back of the room. Surveys were completed in groups at tables, or individually, scattered throughout the room. 31 participants requested and 29 participants completed surveys (response rate 94%). The qualitative structured survey was revised by a survey design expert and has subsequently been approved by MNA – Region 3 leadership. See Figure 2.</p>	3
3. Study results	Participants ranged in age from 28 to 80 years. An overarching theme of Connection and four corresponding themes were identified: (1) Connection to Métis ancestry; (2) Connection to community; (3) Connection to land; and (4) Connection to tradition. See Table 1.	4
4. Discussion and conclusions	In this community-based participatory pilot study we co-developed and piloted a qualitative structured survey to explore health, spirituality, and wellbeing within the MNA-Region 3. Health, spirituality, and wellbeing occurs in community, and although individual and community wholeness and healing	6-8

	<p>were described, so were effects of trauma, and the need to break intergenerational cycles of addiction/abuse. Community pilgrimages to sacred sites and cultural tours to historical sites were confirmed as contributing to individual, family, and community wellbeing and healing. Meeting together regularly to participate in meaningful community activities was also recommended.</p> <p>Participants talked about the importance of telling their stories. Managing intergenerational trauma, resultant health disparities, and ongoing structural violence requires protective buffers: (1) decolonizing strategies such as self-determination and self-governance; (2) identity formation such as cultural engagement, healing practices, and spiritual ceremonies; and (3) culturally-adapted interventions such as incorporating information on acculturation, colonization, and historical trauma. For Métis people, moving forward toward healing and wellbeing includes recognition of the intergenerational effects of trauma, and the essential place of family and community.</p>	
<p>5. Reflections/critical perspective</p>	<p>Lessons learned in our patient-oriented community-based pilot study included the following. Participants described the importance of telling their stories, of sharing who they are, and persisting in pursuing wellbeing for themselves and their communities. Engaging the MNA – Region 3 community in co-developing, distributing, and analysing a qualitative structured survey presented opportunity for: (1) increased individual and community knowledge regarding Métis identity/ancestry and health, spirituality, and wellbeing; (2) increased research capacity within the MNA – Region 3; (3) increased collaboration in community-led identification of priorities for community-initiated funding and policy development; and (4) contributing to increased understanding regarding individual, family, and community wellbeing within the MNA – Region 3 and beyond. We recommend engaging in Métis-guided community-based research across the 11 remaining MNA-Region 3 communities, 5 regions in the MNA and other provincial bodies in the Métis Nation.</p>	<p>8,9</p>