

**Article details:** 2023-0006

**Title:** Métis health in Canada: a scoping review of Métis-specific health literature

**Authors:** Krysta-Leigh Gmitroski BSc, Katherine G. Hastings MPH, Gabrielle Legault PhD, Skye Barbic PhD OT

**Reviewer 1:** Jennifer Sedgewick

**Institution:** Department of Community Health & Epidemiology, University of Saskatchewan

General comments (author response in bold)

Page 6, Line 13: Not a revision, just a comment to acknowledge/commend the strengths-based language used by the authors that highlight the strengths of the Métis (“Though endlessly resilient...”) alongside the issues that they experience

**Thank you. However, we did decide to modify this statement based on other reviewer comments to better align with scientific writing guidelines.**

Page 6, Lines 17-19: A primary source should be used as a citation for the sentence about Métis Scrip rather than Fiola’s book, *Rekindling the Sacred Fire*.

**Thank you, given the revisions to the introduction as suggested by the editor, this statement and citation has been removed.**

Page 6, Lines 33-35: “As such, literature suggests that Métis People, like other Indigenous groups, experience poorer health outcomes **in comparison to the general Canadian population**, while also occupying a unique space of feeling caught between mainstream and First Nations-specific services (9).”. Please add something like the bolded part I added to this sentence to clarify that this disparity is with regards to the overall Canadian population

**This has been corrected, thank you.** (Pg 1, lines 92-94)

Page 6, Line 38: Change “breath” to “breadth”

**Omitted while editing**

Page 9, Lines 22-28: Very true and important insight

**Thank you!**

Conclusion: I think it’s worth highlighting among the other take-aways here that further research is needed on Métis in Saskatchewan for the reasons outlined in the results section

**We agree with this comment, and made sure to underscore the importance of this work in the results and have edited the conclusion to reference “the need to continue health research dedicated to and collaborating with diverse Métis communities and Métis sub-populations as discussed” (Page 8 line 317)**

**Reviewer 2:** Paul D. Hasselback

**Institution:** Public Health and Preventive

General comments (author response in bold)

1. The purpose of the scoping review is in the structured determination of the existing literature. There is a disconnect between the stated objective of “understand what is known about health needs of Métis People and identify trends and gaps that may exist” – and the exclusion of all literature which is not strictly Métis specific. A comprehensive

scoping review would embrace any literature that would inform the question of what is known about the health needs. Hence either the methodology is incomplete, or the actual question the researchers set out to answer should be reframed. The authors acknowledge that the main reason the bulk of information on Métis health status is not included is that it is embedded in work that includes First Nations and Inuit populations. (or ensure all reference is made to “Métis specific research”). While the paper is clear that this is what has occurred, it is important to contextualize this within the research question which was posed.

**Thank you for this insightful comment. We agree. As such, we have reframed the question to ensure alignment with our methodology and goals of the article.**

**The new research question is: “What is currently known about Métis health and health services in Canada, and what gaps in knowledge may exist?”. (Page 2)**

2. While the selection of English only literature may be convenient and there are other rationale for making such a selection, as the issue of the health needs of Métis populations is Canadian specific inclusion of French literature would have been logical.

**Thank you for this comment. While we would have liked to include additional literature, including in French, we wanted to follow guidelines and general consistency with other scoping reviews within Indigenous health. As such, we decided to only include English articles.**

3. With small sample sizes (26), the use of percentages becomes confusing. 4% of the sample is only one study, and the precision of any estimate of the representativeness of a proportion is difficult to interpret. While editors may have varying opinions, it would be recommended that the absolute number be presented rather than a proportion for this number of studies.

**We agree, we have revised this throughout – including the abstract and methods.**

4. Caution is recommended to the authors to review their own biases on methodology and approach. While the use of OCAP principles is encouraged, methodological approaches may not limited to just CBPAR – and national surveys may have incorporated in certain principles in their design. Unless a formalized review was undertaken relative to the application of OCAP, CIHR or TCPSII expectations. If this was undertaken, it the manuscript does not identify how such a methodological review was assessed. Moreover, while discussion is occurring, the appropriateness of how such principles is applied has a level of subjectivity which is a worthy discussion, but perhaps not in the context of this paper. Reporting on whether the study utilized CBPAR or not is an objective criterion and can legitimately be reported – it is the interpretation that CBPAR is the only method by which Indigenous principles are accomplished that should be revised.

**Thank you for this comment. We have revised the language to better reflect a broader range of community consultation, compared to just CBPAR in isolation. We have better defined what was considered consultation with communities in the methods. (Methods- page 3 line 166, and throughout the paper.)**

5. The key findings of the scoping review are the final paragraph of the results section. This should be main foundation for the interpretation section.

**Thank you for this comment. Our interpretation section has been revised.**

6. The authors have taken the liberty to deviate from the basis of the scoping review in understanding what is known about the health needs of Métis populations to focus the

discussion on the interpretation of the literature biases that they have noted. Notably the section works through:

- a. The potential non-adherence to OCAP principles
- b. Self-identification as a bias in identifying Métis persons
- c. Disproportionate geographic representation

**Thank you for this feedback! In this revision, we have taken time to carefully reflect and review on the alignment of our question, methodology, and interpretation. With that, we have made substantial changes to all sections to reflect alignment with our research question. Our interpretation follows a more consistent structure as suggested by another reviewer as well. (Page 6-7)**

7. Caution is also suggested against overinterpretation of the cancer incidence trends based on the two studies as being conflicting.

**Thank you for this comment! We agree, and in light of revising the interpretation section and being mindful of word count, we actually opted to remove this entirely.**

8. The authors would be encouraged to revise the sections on which the determination is made that certain subpopulations are underrepresented. The thesis of the paper seems to be about the general underrepresentation of Métis research – as such the unstructured selection of subpopulations (Youth and 2SLGBTQIA+ persons) appears random and not based on a structured review (although likely justified). Two other groups that appears underrepresented are a lack of senior specific and those with disabilities, I am sure other readers would identify a variety of other subpopulations which have not been considered. The point here is not that the identified groups are underrepresented in the research literature on Métis populations, but it is likely the bias of the authors to have extracted just these two groups. Unless a structured approach was undertaken to assess the literature in relation to specific subpopulations this section has limited value. To build credibility in the manuscript, elimination of subjectivity is encouraged.

**Thank you for this comment, we have revised our language to reflect a broader group of Métis folks who are under-represented. (Page 7 Lines 278-280)**

9. Conclusions – this section should link to the original question which was what is known about the health needs of Métis people (unless the question is revised). The conclusions tend towards reinforcing the biases which are noted in this manuscript – that the literature and research currently does not adequately address Métis specific health – rather than focusing on the purpose of a scoping review which is to determine what is known. While some comments in this section are in keeping with the principle of the scoping review, the authors are encouraged to review the structure and wording.

**Thank you for this insightful comment, we have revised the conclusion section to better reflect the suggested structure and wording. (Page 8 Line 309-318)**

10. Table 2 requires some formatting work prior to publication

**We have updated our Table 2 to be clearer and more informative.**

11. The intent of a scoping review is predominately in the comprehensive assessment of what is known about a topic. There is a challenge in using such an approach where so much is not known in relation to Métis specific health needs. This can be addressed through thoughtful review of wording of specific points that have been flagged. This being said, the intent in providing such comments is to allow the authors to reflect on

their current submission to improve the quality of the product for publication, not to undermine the excellent work that was undertaken. The authors are commended again for the work they have undertaken and posing such an important question.

**We agree, and are very appreciative of all of the constructive feedback that has substantially improved our manuscript. We look forward to submitting the improved version.**

**Reviewer 3:** Monique Auger

**Institution:** Human & Social Development, University of Victoria

General comments (author response in bold)

1. Introduction Paragraph 1 – The first sentence should be reworded as it is a little awkward.

**Thank you for your comment, we have revised.** (Page 1 line 79)

2. Paragraph 2 – You mention that Métis People are “endlessly resilient”, and I am not sure about the use of the word “endlessly” here. While I wouldn’t call it hyperbolic it does hint toward exaggeration in writing. Perhaps it would be stronger to simply say “While resilient”. It would also be wonderful to include some context around what this resilience (or resistance!) looks like for our people.

**Thank you for this suggestion, we have revised this statement.** (Pg. 1, line 82)

3. Paragraph 2 – I am also cautious about the narrative that compares what Métis people are offered compared to First Nations people. I do not disagree with what is said here but would consider massaging the language to make sure that it does not add to the narrative that First Nations people receive quality health care (and that their health outcomes often tend to be worse when compared to ours). You touch on this at the end of the paragraph, with a clear and strong closing sentence, but it would be helpful to slightly revise the comparative sentences above.

**Thank you for this point! We agree and have clarified in statements we think contribute to this mis-communication, we have revised it to state: “As such, literature suggests that Métis People, like other Indigenous groups, experience poorer health outcomes in comparison to the general Canadian population” and “Métis are also facing federal exclusion from Non-Insured Health Benefits (NIHB), a federal government program that entitles registered First Nations and Inuit Peoples with some health benefits regarding prescription drugs, counselling, medical equipment, and dental care (7,8).”** (Page 1 line 89-92 and 92-94)

4. Introduction Paragraph 3 – I appreciate the clear language around the need for disaggregated data. I would add here that disaggregating data can also be important at a Nation-based level (looking beyond “each group” as we know there is incredible diversity across and within communities).

**Thank you for this comment, we agree! We added a clarification in this sentence.** (Page 1 line 96-97)

5. Introduction Paragraph 3 – I would also add a sentence about the uniqueness of this scoping review here, noting that Métis people are often excluded from research in addition to health services.

**Thank you for this point, we have revised.** (Page 1 line 102-103)

6. Methods Paragraph 1 – Please be sure to distinguish between using “methods” and “methodology”. The two read as interchangeable here.

**This has been corrected.**

7. Methods Paragraph 3 – Did your search include the grey literature? I don’t see this noted in the methods, there are some Métis health reports published that may have not come up through the noted databases. I would love to see you discuss the decision to include or exclude these forms of knowledge.

**Thank you for this suggestion, this also came up in another reviewer comment as well. We did not include grey literature, focusing only on peer-reviewed publications for quality and consistency of findings. We included additional details and rationale about search criteria in the Methods. (Page 2)**

8. Results – Overall, I caution the authors to think about the use of the term “studies” when describing papers. There are some cases where multiple papers included come from a singular study (e.g., Auger, 2019, 2021; Monchalin, 2019, 2020), so it would only be accurate to count the number of articles, rather than the number of studies in these cases.

**Thank you so much for this suggestion, we have revised our language to use the term “articles” rather than studies throughout.**

9. Interpretation Paragraph 1 – I would love to see the authors bring in some discussion about the utilization of Indigenous methodologies and quantitative methods, particularly considering their critique of the use of the APS survey data. It is perhaps beyond the scope of this paper, but I also wonder about the prominence of the 2006 APS survey; knowing that the transition to the 2010 National Household Survey had some limitations, is there any connection to the lack of publications for Métis health for the other census years? Additionally, I wonder if there is any opportunity to discuss how we might consider forming a Métis version of the First Nations Information Governance Centre and their Regional Health Surveys. This is particularly relevant given the discussion of OCAP in this section.

**Thank you for this suggestion, we really appreciate additional feedback on content for the discussion section. We have revised according to several reviewer comments and have updated the language and structure/context of this section. We hope this addresses these concerns and suggestions. (Page 6-7)**

10. Interpretation Paragraph 2 – I am curious how many articles you found that “engaged in meaningful CBPAR with Métis community members, incorporated Métis values, had Métis investigators, and followed Indigenous-based methodology” – is this an all-or-none measure? I would love to see an added table that indicates the presence of each of these pieces (if known) for each article. It also speaks to the importance of self-location statements in research.

**Thank you for this question, you make an excellent point! We have clarified the language in our methods and throughout the article and better described how this metric was tracked. Entirely agree that it speaks to the importance of self-location statements in research. (Page 3 line 166-170)**

11. Limitations – Please explain why two reviewers would be ideal, and the possible implication for using one reviewer here would be. As well, why were critical appraisal tools not used? Perhaps there is a comment that could be made here about their appropriateness or alignment with the studies selected?

**We have revised this section, as we included a second reviewer to our search strategy. We also included other limitations of relevance, including strengths.**  
(Page 7-8)

12. Conclusion – While out of the scope of your review, I would love to see some comment made about whether the authors have noted if Métis specific health research has increased over time, if it has decreased, etc. The National Collaborating Centre for Indigenous Health has done environmental scans that, in part, have commented on the disproportionate lack of Métis health research but if you compare these scans over time, the research is increasing slightly. Rather than summarizing some of the findings in this section, I would love to see the authors drive home the significance of this review, and what readers should take away from it. Perhaps taking a slight advocacy approach would be appropriate--as Métis authors writing about the need for Métis health research. As a Métis reviewer, it would be so welcomed! Maarsii!

**We certainly agree with these comments! Thank you for these suggestions, we have revised this section to include more action-oriented steps, takeaways, and implications for future research. We hope to have sufficiently addressed these concerns.** (Page 8, lines 310-312)