


BMJ Open Landscape of Métis health and wellness: protocol for a scoping review

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ABSTRACT

Introduction In Canada, Métis people are one of three distinct Indigenous peoples whose rights are recognised and affirmed in Section 35 of the federal *Constitution Act, 1982*. In line with Métis people having a unique culture, history, language and way of life, a distinctions-based approach is critical to understand the current landscape of Métis-specific health. In this paper, we present a scoping review protocol to describe this research landscape in Canada led by the Métis Nation of Ontario (MNO).

Methods and analysis This scoping review protocol is reported in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for scoping reviews reporting guidelines and follows Arksey and O'Malley's scoping review methodology. We will search electronic databases (Scopus, MEDLINE, Embase, Web of Science, CINAHL, APA PsycINFO, Anthropology Plus, Bibliography of Indigenous Peoples of North America, Canadian Business and Current Affairs, Indigenous Studies Portal, Informit Indigenous Collection, Collaborative Indigenous Garden, PubMed, ProQuest), grey literature sources and reference lists from selected papers. Two reviewers (HMB and SK) will double-blind screen all titles/abstracts and full-text studies for inclusion. Any health-related study or health report that includes a Métis-specific health, well-being or Métis social determinant of health outcome will be included. Relevant variables will be extracted following an iterative process whereby the data charting will be reviewed and updated.

Ethics and dissemination Findings from this scoping review will be shared back through the MNO's existing community-based communication channels. Traditional academic dissemination will also be pursued. Research ethics board approval is not required, since data are from peer-reviewed publications or publicly shared health reports and knowledge translation products.

BACKGROUND

The Métis are a distinct Indigenous people with a unique history, culture, language and way of life.¹ The Métis are one of three constitutionally recognised and distinct Indigenous peoples in what is now Canada, and account for one-third of the Indigenous population with a self-identifying population of 624 220.² Of the 624 220 who identify as Métis, 179 345 are Métis citizens represented by one of the

STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ The methods, as well as all other parts of this scoping review, were designed in collaboration with Métis Nation of Ontario leadership and staff to ensure the data collected will be relevant to the vision of Métis health and wellness.
- ⇒ The search strategy includes 14 electronic databases, as well as a broad range of grey literature sources, including Métis Nation-related websites to identify health reports and knowledge translation products of relevance to this review.
- ⇒ Due to the nature of scoping reviews, a critical appraisal of the literature will not be included in our analysis and discussion.

five governments of the Canada-Métis Nation Accord across the homeland.² The Métis Nation is comprised of descendants of people born of mixed relations between First Nation women and European men who formed a distinct culture and established communities throughout Canada in Alberta, Ontario, British Columbia, Manitoba and Saskatchewan.^{3 4} Specifically, the Métis Nation of Ontario (MNO) is the provincial governing body representing over 30 000 registered Métis citizens.¹ Currently, the MNO offers a number of programmes and services to its citizens through its various branches.¹ In particular, the Healing and Wellness branch aims to support and advocate for the health needs of the Métis community in Ontario.¹

Although Métis people are recognised as Indigenous people in the Canadian constitution, they are excluded from existing federal Indigenous-specific health policies and programmes.^{5 6} Meanwhile, historical policies such as residential schools and child welfare, notably the Sixties Scoop, attempted to assimilate Métis people in Canada.⁷ Frequent disputes over jurisdiction eliminate Métis people from both mainstream and Indigenous-specific healthcare systems.⁶ These discriminatory colonial practices have

had a negative impact on health, identity and way of life for Métis, including their ties to the land, governance and kinship systems.^{8 9} These political actions have contributed to a lack of Métis-specific research and accessible and accurate data, resulting in health disparities compared with the non-Indigenous population in Canada.^{6 10 11} Due to issues in data collection, pan-Indigenous approaches, which lump First Nations, Inuit and Métis data together, the Métis story of health is often indistinguishable in these datasets.

Métis-specific health data are limited. The most recent literature review on Métis health only included publications up to 2009 and identified several gaps in Métis-specific health research.¹² Similar conclusions were drawn from a narrative review contextualising Métis health and well-being and a recently published scoping review.^{13 14} Our planned scoping review to describe the current landscape of Métis-specific health research builds on this existing work by expanding the search strategy to include additional search terms and academic databases. We also include grey literature and pan-Indigenous studies that included disaggregated Métis data, which was a noted limitation of the most recent scoping review on Métis health.¹⁴ Additionally, this scoping review puts recommendations in practice as it engaged MNO leadership, staff, citizens and senators throughout the process.¹⁴ Through these conversations, and conversations held between Métis researchers and staff of other Métis governing bodies, more context can be given to the results' concerned trends in Métis health and wellness research. The proposed scoping review protocol also expands the data extraction elements from existing research studies. An updated and expanded review of the landscape of Métis health will confirm the growth of Métis-specific research and support research, programme and policy development, which in turn has the potential to support the overall health and wellness of Métis people.

SCOPING REVIEW OBJECTIVES

The primary objective of this scoping review is to describe the current landscape of Métis-specific health research in what is now known as Canada. Secondary objectives include identifying the proportion of studies that (a) were Métis led or incorporated principles of ethical Métis research and (b) incorporated Métis determinants of health.¹⁵ For the purpose of this scoping review, these objectives will be exploratory in nature.

METHODS AND ANALYSIS

A scoping review will be used to explore the current landscape of Métis health and wellness research.¹⁶ This approach was chosen as it allowed us to take a broader look at Métis health and wellness as opposed to focusing on select outcomes.¹⁷ Conducting a scoping review, since it is a form of knowledge synthesis, will capture developments in Métis health research across disciplines.¹⁷ This scoping

review will be fundamentally informed and supported by the MNO. The research relationship with the MNO is prioritised throughout this work to ensure the scoping review is relevant to the interests of the MNO.^{15 18 19} Ultimately, our goal is to capture more recently published Métis health and wellness research which can be used to inform future MNO-led research projects.²⁰

Protocol design

This scoping review followed Arksey and O'Malley's scoping review methodology.¹⁶ According to this methodology, there are six different stages in developing a scoping review: (1) identifying the research question; (2) identifying relevant studies; (3) selecting studies; (4) charting the data; (5) collating, summarising and reporting the results; and (6) consulting with relevant stakeholders. In our case, we will be consulting with our relevant stakeholder, the MNO, throughout the scoping review process. The Preferred Reporting Items for Systematic Reviews and Meta-Analysis will be used to report the search results.²¹

Stage 1: identifying the research question

Through consultation with the MNO and the research team, the primary research question was co-conceived as: 'What is the current landscape of Métis-specific health research in Canada?'

Stage 2: identifying relevant studies—search strategy and information sources

This stage will be iterative and will include reviewing the literature, refining the search strategy and including further sources of evidence identified in reference lists from selected papers. Title and abstract review will precede the full-text review of the selected studies. The search strategy and inclusion and exclusion criteria have been co-developed and agreed on by the MNO and the research team. This study will be conducted between April 2023 and December 2023.

Identification of studies relevant to this review will be achieved by a structured search in the following electronic databases: Scopus, MEDLINE, Embase, Web of Science, CINAHL, APA PsycINFO, Anthropology Plus, Bibliography of Indigenous Peoples of North America, Canadian Business and Current Affairs, Indigenous Studies Portal, Informit Indigenous Collection, Collaborative Indigenous Garden, PubMed, ProQuest. The search strategy will be based on a systemic combination of keywords and Boolean operators AND/OR applied to each database. Keywords for searches are as follows: ("Métis*" OR "Métis Nation" OR "metis" OR "Métis-specific" OR "metis-specific" OR "mixed blood" OR "half-breed" OR "half breed" OR "voyageur") AND ("health*" OR "healthcare*" OR "healthcare" OR "health services" OR "well being" OR "wellbeing*" OR "well-being" OR "wellness*" OR "mental health" OR "medic*" OR "illness" OR "disease*" OR "condition" OR "healthy behaviours" OR "community wellbeing" OR "community well-being" OR

“community well being” OR “community wellness”). The full search strategy across all databases is provided in this protocol’s online supplemental material. The search will be limited to articles published in the English language studies from 1980 to present date. Search results will be downloaded as ris files and imported into Covidence to store and manage papers.²²

To ensure that relevant information is captured for the landscape of Métis health, a variety of literature sources (eg, Indigenous Studies Portal and Collaborative Indigenous Garden), as well as Google (first 100 hits), will be searched to identify published articles and reports that are relevant to this scoping review. Furthermore, a hand search will be conducted on all Métis Nation-related websites to identify health reports and health deliverables of relevance to this review. Forward and backward citation searches of all included documents will be conducted to identify additional studies that also meet the scoping review’s inclusion criteria.

Similar to the academic literature search, the grey literature search terms will be determined by the MNO and the research team. The search strategy for databases and grey literature will also be developed by the research team with iterative input from the MNO collaborators.

Stage 3: study selection

The review process will consist of two levels of screening: (1) a title and abstract review and (2) full-text review. Two researchers (HMB and SK) will double-blind screen the title and abstract of all imported citations and assess whether to include them, based on the set inclusion and exclusion criteria. Duplicates will be removed by Covidence prior to starting title/abstract screening and screeners will manually remove duplicates if appropriate. All studies that were included by both reviewers will undergo full-text review. In the second step, the two reviewers will independently review the full texts against the inclusion and exclusion criteria. At this point, any discordant full-text studies will be reviewed again, in which both researchers will verbally be discussing their rationale for including or excluding these studies and resolving discordant votes on Covidence. If full consensus is not obtained regarding study inclusion and exclusion, a third reviewer (AJS) will resolve any disagreement.

Inclusion criteria

- ▶ Published in the English language between 1980 and to present date.
- ▶ Include an identified Métis population (ie, can include self-identified, registered Métis, disaggregated reporting if pan-Indigenous and absence of Métis-specific health outcomes) across any age group.
- ▶ Examine a health, well-being or Métis social determinant of health outcome.

Exclusion criteria

- ▶ Pan-Indigenous (ie, data are not disaggregated) or non-Métis population.

- ▶ Not a health-related study (eg, language or legal paper).
- ▶ Published in languages other than English due to the limited resources for translation.
- ▶ Published earlier than 1980.

Stage 4: data collection

Study characteristics, as determined by the MNO and research team, will be extracted and summarised in a charting table for full-text studies, relevant forward and backward citations of full-text studies (snowballed studies), as well as hand-searched Métis Nation-related health reports and other deliverables. The team will follow an iterative process (through monthly meetings and email correspondence) whereby the data charting will be reviewed, refined and continually updated on an Excel spreadsheet document. Relevant variables will be extracted, including, but not limited to: author(s), year of publication, journal of publication, the peer-review article being published open or closed access, year of data collected, aims/purpose, study population and size, methodology (eg, quantitative, qualitative, Métis methodologies), observation or intervention study, health context (eg, primary healthcare setting, community setting, etc), health outcome(s) studies, Métis-led/collaborative partnership/use of ethical principles of Métis research (eg, the extent that research is Métis led as opposed to led by government, for instance), description of Métis identity (eg, self-identified or citizenship), Métis authorship (eg, the observance of one or more Métis authors in the literature), the presence of strength-based versus deficit-based approaches, incorporation of Métis social determinants of health and Métis vision of health (eg, how literature is defining health, how these determinants are described in the literature and how they resonate across nations, irrespective of the formal document), and gaps and trajectories in the research.

With respect to grey literature, study characteristics extracted will include, but may not be limited to, hit result number, title and health outcome. Data extraction will be conducted by one researcher and data will be compiled in Microsoft Excel spreadsheet for coding.

Stage 5: data summary and synthesis of results

Since a scoping review aims to map key concepts and clarify conceptual boundaries of a topic or field, this scoping review will not be critically appraising the studies included.^{16 17} Rather, this scoping review will provide an overview of all included studies.^{16 17} Data will be conceptualised and condensed from data extraction tables for a narrative report of available data on the following themes: Métis populations studied, if the eligibility criterion was based on self-identification or Métis citizenship, if studies are Métis specific or pan-Indigenous, health outcomes studied, region of study, study design, the extent to which studies were Métis led or incorporated principles of ethical Métis research and incorporated Métis determinants of health. Results of full-text, snowballed results,

hand-searched health reports and grey literature will be aggregated together and reported.¹⁶

Stage 6: consultation

The MNO has a data-sharing agreement with ICES (formerly the Institute for Clinical Evaluative Sciences) where ICES staff are seconded to the MNO and work exclusively on MNO health and wellness research at the direction of the MNO. This scoping review was co-conceived within this partnership. The research team includes MNO staff members, MNO citizens and non-Métis ICES researchers seconded to support Métis-driven research. To address the landscape of Métis health, the research team iteratively developed the research question, objectives and search strategy, and will co-interpret the results throughout the entire research process; this will ensure that the research is strengths based and for the collective benefit of Métis people and communities.

ETHICS AND DISSEMINATION

The MNO secretariat approved the study prior to commencement. Research ethics board approval is not required since data are from peer-reviewed publications or publicly shared reports and health deliverables. Findings from this scoping review will be shared back through the MNO's existing communication channels including their website, social media accounts, MNO Voyageur newspaper and community gatherings. The research team will work closely with the MNO's communications team to develop knowledge products targeted to MNO citizens. Results will be shared across governing members of the Métis Nation and the Métis National Council as well as through existing collaborative health tables hosted by Métis government, who may choose to share it with their citizens. Traditional academic dissemination will also be pursued including peer-review publication and conference presentations, in line with the MNO's desire to contribute to closing the current gap in Métis health research. Findings from this scoping review will support strategic planning on health research across the Métis Nation.

Collaborators Métis Nation of Ontario (MNO)

Contributors HMB wrote and prepared the first draft of the scoping review protocol; reviewed, provided feedback and approved the scoping review design, approach, search strategy and data extraction tables; read and approved the manuscript. SK reviewed, provided feedback and approved the scoping review design, approach, search strategy and data extraction tables; read and approved the manuscript. AJS co-developed the idea for the scoping review; reviewed, provided feedback, and approved the scoping review design, approach, search strategy and data extraction tables; read and approved the manuscript. NT co-developed the idea for the scoping review; reviewed, provided feedback and approved the scoping review design, approach, search strategy and data extraction tables; read and approved the manuscript. R-AB co-developed the idea for the scoping review; reviewed, provided feedback, and approved the scoping review design, approach, search strategy and data extraction tables; read and approved the manuscript. JH reviewed, provided feedback and approved the scoping review design, approach, search strategy and data extraction tables; read and approved the manuscript. MR reviewed, provided feedback, and approved the scoping review design, approach, search strategy and data extraction tables; read and

approved the manuscript. SS reviewed, provided feedback, and approved the scoping review design, approach, search strategy and data extraction tables; read and approved the manuscript. SC co-developed the idea for the scoping review; reviewed, provided feedback, and approved the scoping review design, approach, search strategy and data extraction tables; read and approved the manuscript. SAE co-developed the idea for the scoping review; reviewed, provided feedback, and approved the scoping review design, approach, search strategy and data extraction tables; read and approved the manuscript. Métis Nation of Ontario co-developed the idea for the scoping review; reviewed, provided feedback, and approved the scoping review design, approach, search strategy and data extraction tables; read and approved the manuscript.

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Author note SC, SK, AJS, JH, MR and SS are citizens of the Métis Nation of Ontario, or are in the process of obtaining citizenship, and provided a Métis lens for the scoping review protocol.

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