



Aboriginal Health, Healing, and Wellness in the DTES Study

FINAL REPORT





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SAD SIREN SONG'S CALL TO ACTION

To Whom This All Should Be Concerned:

My name is Tracey Morrison. I am an Anishinaabe woman who resides in the Downtown Eastside in Vancouver, BC. I have volunteered and worked in this very diverse community for 15 years and will continue to do so. I acknowledge that I can live, work, and play on these unceded territories belonging to the Coast Salish Peoples. Having respect for the people on which their territory I live on, is a must. And writing this call to action, it is a must too.

When I hear the sad song of sirens that ring in my neighbourhood every day — all day long — I am dreading the story I will hear if this person has made it or not. This emergency crisis of overdoses and death has taken its toll here, in this city that I love so much. It is inconceivable. So hard to understand why can't this problem be helped or solved? Why isn't what we are doing working? The lights of emergency vehicles aren't what I want to see on every block. At this time of year, I want to see Christmas lights — not those beacons firing off the urgency of their journey.

I believe that the War on the Poor has a lot to do with this. The laws need to change. That is a pipe dream. Instead we as a society, and residents of the DTES, need to ally together to create positive changes in the here and now. I know in writing this call to action, it is not going to change much. But for me, it's a start. First, I am going to send this plea to everyone I know: all organizations and their varying levels of stakeholders, directors, colleagues, and friends.

I want us all to be an active part of the solution, not the problem. I am proud to have taken part in hosting a Naloxone and overdose response public training event at 501 Powell Street with the City of Vancouver and partners like Vancouver Area Network of Drug Users (VANDU), Vancouver Coastal Health (VCH) and the BC Centre for Disease Control Harm Reduction Program, DTES Market and, of course, Western Aboriginal Harm Reduction Society (WAHRS). Over 230 people were trained that day. Again in partnership with VANDU and WAHRS, I joined in on the discussion at the Public Forum on the Fentanyl Overdose Crisis at City Hall on Dec 8th, 2016. A week later, City Council approved the 2017 Budget to add targeted funding to address the fentanyl crisis that is putting a huge strain on City police and fire services. I also do a lot of my own outreach on the street through selling my bannock, usually in the evenings. A warm piece of bannock will do you good.

I want to also acknowledge that all the unsung heroes in our community who are doing their part. And yet, the sirens still call. More must be done. So I ask you to question yourself, "How can I help?" We need everyone, not just the people who reside in the DTES, but all of Greater Vancouver, the province of BC, and right on through across Canada. All levels of government, all non-profits, health authorities like VCH and First Nations Health Authority (FNHA), the Vancouver Police Department, and housing agencies of all kinds, etc., they all must get on board. That is all I truly want for Christmas, for all to ally together. Stop the Drug War. Stop the War on the Poor. We must all work together and help our people who are some of the most criminalized, stigmatized, and marginalized, all living here in the DTES. We have the right to live.

Thank you. *Miigwech*.

All My Relations,

Tracey Morrison
President, Western Aboriginal Harm Reduction Society (WAHRS)
Peer Research Associate, *Aboriginal Health, Healing, and Wellness in the DTES Study*

ABOUT THE PROJECT

The City of Vancouver through the Mayor’s Task Force on Mental Health and Addictions, and its Aboriginal Healing and Wellness Centres Working Group (AHWC) commissioned the research study in order to better understand and document Aboriginal traditional, spiritual, and cultural supports and services being offered in the DTES.

A Research Advisory Committee that included representation from the City, various Health organizations, and Downtown Eastside residents helped guide the research. The research was led by an Indigenous scholar, Kinwa Bluesky. The research team consisted of an additional eight Peer Research Associates, many of whom are Indigenous with lived experience in the Downtown Eastside. City personnel provided additional team support throughout the study.

Over the course of three months, Peer Research Associates conducted face-to-face survey interviews with both organizations and Elders that provide Aboriginal traditional, spiritual, and cultural supports and services in the DTES.

This report outlines key learnings from the research, presents recommendations and options for future engagement and development of culturally appropriate health supports in the DTES.

BEGINNING A JOURNEY

BACKGROUND

In 2015, the City of Vancouver approved the first four-year action plan for the Healthy City Strategy; an inclusive vision for “A Healthy City for All: A City where together we are creating and continually improving the conditions that enable all of us to enjoy the highest level of health and well-being possible.”¹ Reconciliation is an integral part of the Healthy City Strategy’s goals to promote safety, a sense of inclusion, and to build connections between communities and individuals.

The First Nations Health Authority, as part of their Urban Aboriginal Health Strategy, has identified gaps in knowledge about culturally appropriate health supports, specifically traditional, spiritual, and cultural supports in health services for Vancouver’s Urban Aboriginal population.

In order to address the health gaps for urban Aboriginal peoples it has been recommended that there be an integration of traditional, spiritual, and cultural dimensions, activities, and Aboriginal teachings into existing health services and programming.² To date, there remains a significant gap in knowledge on how Aboriginal cultural practices are being offered by organizations and Elders and cultural support workers in the Downtown Eastside (DTES) of Vancouver. This study aims to gather knowledge on what is currently offered and provide recommendations for how to increase integration of Aboriginal health, healing, and wellness practices into services in the DTES to better serve urban Aboriginal residents.

1 See A Healthy City for All: Vancouver’s Healthy City Strategy 2014-2015 | Phase 1 at 10.

2 http://www.fnhc.ca/pdf/Aboriginal_Urban_Health_Plan_Caucus_April_2014.pdf



**HEALING THROUGH THE ARTS,
INCLUDING CARVING, MUSIC,
THEATRE, AND DANCE ARE
INTEGRATED INTO RECOVERY
AND WELLNESS.**

A CITY OF RECONCILIATION

Since 2014, the City of Vancouver has committed to being a City of Reconciliation.

The following year, the City determined its jurisdiction to respond to the Truth and Reconciliation Commission's Calls to Action. The City then assessed each recommendation using the principle of acting "in the spirit of reconciliation" resulting in the adoption of 27 out of 94 the Calls to Action. Recognizing its critical role in the implementation of recommendations, the City identified 41 actions that have been aligned under 3 themes:

- 1. Healthy Communities and Wellness;**
- 2. Achieving Indigenous Human Rights and Recognition; and,**
- 3. Advancing Awareness, Knowledge, and Capacity.**

The City's initiatives that align with the first theme of Healthy Communities and Wellness include the work being supported through the Mayor's Task Force on Mental Health and Addictions.

MAYOR'S TASK FORCE ON MENTAL HEALTH AND ADDICTIONS

From advocacy to direct services, the City is well positioned to support partnerships to help transform existing services and approaches in the areas of mental health and addictions. The creation of the Mayor's Task Force on Mental Health and Addictions has led to a cross-sectoral discussion of ways to address gaps in the continuum of care.

In phase 1, the Mayor's Task Force identified 6 action areas, including the recommended action to focus on wellness for Aboriginal peoples. Part of the Aboriginal Healing and Wellness Strategy included convening an advisory group of partners to create concepts of Aboriginal healing and wellness centres in Vancouver.

Focus on Wellness for Aboriginal Peoples

The action area, Focus on Wellness for Aboriginal Peoples, included three specific priority actions:

PRIORITY ACTION 12

Design an Urban Aboriginal Wellness Strategy

PRIORITY ACTION 13

Formally establish working relationships with Metro Vancouver Aboriginal Executive Council (MVAEC) and First Nations Health Authority (FNHA) through memoranda of understanding and align our work as appropriate to the Vancouver Coastal Health (VCH)/First Nations Health Authority (FNHA) Urban Aboriginal Health Strategy.

PRIORITY ACTION 14

Convene an advisory group to create concepts/models for Aboriginal Healing and Wellness in Vancouver.

The City has taken steps to address each priority action. The creation of the AHC Working Group has led to the commission of this research study on Aboriginal Health, Healing, and Wellness in the DTES. The research is set to support the development of an Urban Aboriginal Health Strategy, an emerging initiative between the First Nations Health Authority, Vancouver Coastal Health, City of Vancouver, Metro Vancouver Aboriginal Executive Council, Aboriginal organizations, and Aboriginal residents.

Guiding Principles and Assumptions

In Phase 1, the Mayor's Task Force defined the following principles and assumptions in focusing on wellness for Aboriginal peoples:

- As a City of Reconciliation, our personal and professional relationships, systems, and built environments are collectively reconciled.
- In defining wellness for the Aboriginal community, the approach is holistic and community-based; the approach values identity, usefulness, and a “whole family” approach reflecting Aboriginal culture.
- Healing through the arts, including carving, music, theatre, and dance are integrated into recovery and wellness.
- Outcome measures and indicators are culturally relevant and demonstrate the value of lived experiences.³

³ See Caring for All: Priority Actions to Address Mental Health and Addictions – Mayor's Task Force on Mental Health and Addictions Phase 1 Report, September 2014 at 30.

Peer-Informed System

The Mayor’s Task Force in its introductory phase set out to have a peer-informed system – Right Faces in the Right Places, Low Barrier Services – by convening a peer leadership table to examine best practices in health care, housing, and community supports.

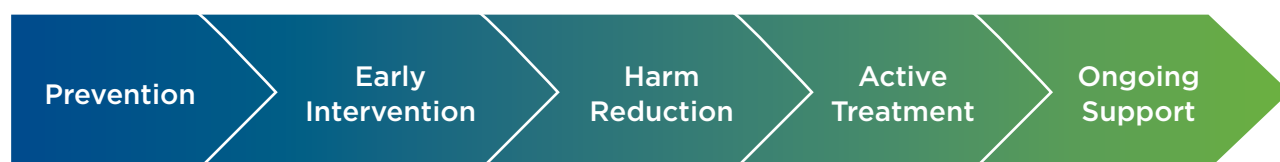
Guiding Principles and Assumptions

The Mayor’s Task Force identified principles and assumptions in a peer-informed system, including:

- People with lived experience have clear and central roles in the recovery of others;
- Increased choices are needed across the continuum of care to offer a wide range of medical and non-medical mental health and addictions interventions; and,
- Peers are trained and professionally valued in formal and informal health care, housing, and support environments.⁴

In further support of this peer approach, the Mayor’s Task Force and its Aboriginal Healing and Wellness Centres Working Group chose to support Aboriginal peoples with lived experience to play a key role in conducting this research in the DTES. The current project utilized peer-based researchers, most of whom have Aboriginal backgrounds, to investigate the current context of Aboriginal traditional, spiritual, and cultural health and healing practices to inform approaches in health policy, service, and delivery in the future.

Addictions Care Continuum with Wellness Approach



Wellness Approach for Aboriginal Peoples



4 Caring for All, at 22.

URBAN ABORIGINAL HEALTH MODELS

As a Research Advisory Committee member, Leslie Bonshor, Executive Advisor of Aboriginal Health for Vancouver Coastal Health, offered to meet with the Research Team prior to conducting interviews. She presented on “Primary Health Care Through An Aboriginal Lens” designed to share and introduce an Aboriginal perspective of Primary Health Care including sharing lessons learned from a recent trip to Urban Aboriginal primary care sites in Ontario.



Definition: Primary Health Care in this model refers to the wide range of first contact services; care for people with complex health needs; coordination of care with other service providers and helping people to get well, stay healthy and to manage their conditions.
 Inner circles = Primary Health Care (front-line processes, relationships, services); Integrated multi-disciplinary teams
 Outer circles = Secondary care (referred through primary care); some hospital-based, some community-based
 INTEGRATION = how services work well WITHIN a cluster and with OTHER clusters and with other service PROVIDERS

Leslie Bonshor spoke about 3 long-standing urban Aboriginal health services in Ottawa and Toronto:

- Wabano Aboriginal Health Centre
- Anishnawbe Health Toronto ('AHT'), Toronto
- De dwa da dehs nye>s Aboriginal Health Centre, Hamilton

Some of the learnings she shared surrounding these culturally appropriate spaces included:

- Space vital to creating a culturally appropriate experience
- "Place of belonging"
- Traditional healer space
- Smell (e.g. cedar, smudge)
- Artwork and photos
- Symbols (e.g. medicine wheel ceiling)
- Round rooms and spaces
- Gathering spaces

Leslie Bonshor also presented on cultural safety frameworks, integration of Elders and healers, and more specifically, the integration of culture within mental wellness and substance use services.

TOWARDS AN URBAN ABORIGINAL HEALTH STRATEGY

The DTES is a vital health service access point for the Aboriginal population who live in and around the DTES. The Research Team was introduced into how current work in primary health care is beginning to align with the Urban Aboriginal Health Strategy (UAHS). The discussion document, *Towards an Urban Aboriginal Health Strategy*, synthesizes engagement feedback and input and develops a set of Key Observations for validation by the community of stakeholders.

From the review, there are 14 key issues that have consistently been raised by the Aboriginal community about their health needs and aspirations:

1. Barriers to access of racism and discrimination
2. Reconciliation initiatives and healing are required
3. Spaces/places are needed for Aboriginal healing and wellness
4. Strong support for Aboriginal-specific services
5. Lack of sustained funding for Aboriginal service providers
6. Contracting and funding needs to incorporate a holistic approach
7. Lack of service integration making access difficult and navigational support a necessity

8. Aboriginal clients are highly mobile and demand for services come from across greater Vancouver and parts of Fraser Region
9. Aboriginal women, children and youth are priority groups
10. Elders are a priority
11. Two-Spirited and the LGBT Aboriginal community are priority groups
12. Key gaps in primary health care, dental, vision and mental wellness and addiction services
13. Gaps in prevention and wellness programs that target the Aboriginal community in a culturally appropriate way
14. Absence of good data about service use (or lack of)

The discussion document addresses the next steps of the engagement process and the proposed implementation process that will be over a 3-phase process in order to work together with partners to shape specific implementation plans and timelines for each of the focus areas. The 6 proposed focus areas include:

1. Relationships
2. Primary Health Care
3. Mental Wellness and Substance Use
4. Wellness Through Prevention of Illness
5. Information About, and Access to, Services
6. Data and Information on Aboriginal Health Outcomes

The discussion document, *Towards an Urban Aboriginal Health Strategy*, was fully reviewed by the Research Team over the course of two weekly meetings. The Research Advisory Committee was given an update surrounding the document including a brief review of the proposed key focus areas and challenges.

URBAN ABORIGINAL PEOPLES STUDY

The Urban Aboriginal Peoples Study was conducted and published by the Environics Institute in 2010-2011. This study was an enquiry into the values, experiences, identities, and aspirations of First Nations peoples, Metis and Inuit living in Canada's 11 of major urban centres, including Vancouver.

The Technical Team reviewed the Urban Aboriginal Peoples Study and Urban Aboriginal Health Strategy in designing the survey questionnaires for both organizations as well as for Elders and cultural support workers. The intent was to build off of previous research results while furthering the discussion of the Urban Aboriginal Health Strategy.



ABORIGINAL HEALTH, HEALING, AND WELLNESS RESEARCH STUDY - RESEARCH TEAM



Kinwa Bluesky – Team Lead

Kinwa Bluesky is Anishinaabe-kwe from the Sandy Lake First Nation and the Kitigan Zibi Anishinaabeg. She moved to the West Coast nearly twenty years ago to pursue her post-secondary education in Law at the University of Victoria and University of British Columbia. She has lived in Vancouver for the past decade. Kinwa knows the importance of health and fitness. Raised traditionally, she practices her teachings daily by returning to Pacific Spirit Park and giving thanks for being able to run the beautiful territory of the Musqueam Peoples. Kinwa is also the mother of three endurance runners in the making.



Elmer Azak – Peer Research Associate

Elmer Azak is Nisga’a Eagle from the Community of Greenville, located in the Naas River, in Northern BC. Since 1992, he has lived, played and volunteered in the DTES. He calls it home.

“I am honoured to be apart of the positive change and hopefully see this Health and Wellness Center be built. We can do the possible, and in a good way. I am praying that before my time, we allow our people to have a place to heal, grow, and share in our First Nations’ ways of health and healing.”

He has also volunteered for the men’s group, The Dudes Club, at Vancouver Native Health Society. He first started out cutting hair when he was living on-reserve on the Nass River. Elmer volunteers because it is his way to give back to the community. “I like to see people happy,” Elmer said.

“When you cut hair, it takes weight off their shoulders. It makes them smile. It gives you time to talk to people.”

Elmer serves on the Western Aboriginal Harm Reduction Society’s Board of Directors.



Sue Belyea – Peer Research Associate

Sue was born and raised here – a 3rd generation Vancouverite. As an adult, she returned to high school and received a GED certification. Sue became a Licensed Practical Nurse, graduating with honours and specializing in palliative care.

She has always had a passion for helping people. Over the years, Sue has struggled off and on with substance abuse and a history of trauma. Today she continues to keep abstinence as a goal. As a Peer Research Associate, she upholds her longstanding commitment to give back and help others in the Downtown Eastside.



Shelda Kastor – Peer Research Associate

Shelda is from the Ochapawace Cree Nation in Saskatchewan. She has lived in Vancouver off and on since 1988. She does outreach support work for women at WISH and SWUAV. Shelda also volunteers for a few Board of Directors in the Downtown Eastside, including serving as the Secretary for the WAHRS Board for the past seven years.

“My passion is to do work that helps empower our people.”



Tracey Morrison – Peer Research Associate

Tracey Morrison is Anishinaabe from Mishkosiminiziibiing (Big Grassy River First Nation), near a small town called Morson, in Northwestern Ontario. For more than a decade she has been community organizer for positive change in the Downtown Eastside. She is actively involved in campaigns for social housing, social justice for Aboriginal people, raised welfare rates, and an end of discrimination, marginalization, and colonialism. Tracey has her own micro-business, Tracey the Bannock Lady, doing outreach for the most vulnerable residents by bring harm reduction practices, and bannock! Over the past four years, Tracey has been the President of WAHRS and an active member of Vancouver Area Network of Drug Users (VANDU).

The Western Aboriginal Harm Reduction Society (WAHRS) recently conducted peer-led, Indigenized research, exploring participants’ experiences with HIV, access to healthcare, and access to addictions treatment.



Candice Norris – Peer Research Associate

Candice Norris, Eagle Spirit Woman, is from Irish, Scottish, Cree, and Dene descent. She has been a Vancouver resident since 1972. Candice has been accessing the Aboriginal resources in the DTES. In hoping to create change in the DTES, Candice leads by example as a peer mentor and prays “we can bring the medicine wheel to our DTES, reaching the ever changing community.”

“Our families were torn apart, our children were stolen, and women’s titles as matriarchs were stripped from us. In doing so, Aboriginal strength was almost lost. It is time to stand tall, lift our children, and reclaim our strength on this good Red Road.”



Florence Ranville – Peer Research Associate

Flo Ranville was born and raised in Vancouver and is the mother of seven children and two grandchildren. She has over 15 years of experience in the anti-violence field, having worked as an Aboriginal outreach worker, fetal alcohol spectrum disorder worker, and a Program Coordinator for a parenting program that reunites families involved in the foster care system. Flo has survived personal experience living in the DTES, substance misuse, violence, homelessness, and sex work. She was diagnosed with HIV in 2000. Flo began in community-based research 10 years ago as a peer on the MAKKA project involving sex workers in the DTES. She has been volunteering at AIDS Vancouver for the past two years, and has worked as a Peer Research Associate (PRA) with the Dr. Peter Study from 2013-2014. As an Interviewer/Outreach Worker with the SHAWNA Project, Flo has been training Peer Research Associates to facilitate and recruit new participants. She is looking forward to working in community-based research with the HIV/AIDS community to help her peers be a part of the solution in the fight against HIV/AIDS. In this study, Flo hopes that in helping to conduct Aboriginal health, healing, and wellness research that more culturally appropriate health supports will be widely offered in the DTES.



Bernice Thompson – Peer Research Associate

Bernice is a Mi'kmaq woman belonging to the Bear Clan. Moving from New Brunswick, she has been a resident of BC since 1995. Through her women's health studies and work with Aboriginal women's organizations, Bernice was called to address the addictions, homelessness, and safety of Aboriginal women and children in the DTES.

Bernice hopes these issues will be addressed through holistic, cultural-based services, operated by skilled Indigenous service providers. She is impressed with the progress and growth of the longstanding Indigenous organizations whose humble beginnings have developed into multifaceted service providers, like the Vancouver Native Health Society, Vancouver Native Friendship Center, and Lu'ma Native Housing Society. For example, the new Lu'ma Medical Center includes culturally safe primary health care by First Nations physicians offering patients the choice to smudge, access to a talking circle lodge, and availability of other Indigenous healing methods like traditional healing plants and medicines. These service provider pioneers have helped our people living in the DTES and could contribute greatly in the development of an Aboriginal Healing Lodge in the DTES.



Karen Ward – Peer Research Associate

Karen works as an artist and is an associate member of Gallery Gachet, a unique artist-run centre built to empower participants, who are marginalized by their mental health experiences, as artists, administrators, and curators. She represented Gallery Gachet on the DTES Local Area Plan Committee. In April 2014, Karen presented a speech to City Council advocating against displacement and called for building and maintaining social housing based on the true costs of living. Involved with tent city, she continues to advocate for social housing in the DTES. Karen lives with a mental illness and enjoys frequent outbursts of creativity.

THE RESEARCH JOURNEY

The Research Team comprised of a Research Team Lead and eight Peer Research Associates. The Research Team was supported and guided by a Research Advisory Committee, who are also AHC Working Group members. The Research Advisory Committee assisted in the design and development of the research, including supporting the research scope and procedures, in analyzing and interpreting the results, and in communicating these results to the larger community.

RESEARCH STUDY RELATIONS	MEMBERS
Project Team Lead	Ginger Gosnell-Myers
Research Team Lead	Kinwa Bluesky
Peer Research Associates	Candice Norris, Sue Belyea, Elmer Azak, Florence Ranville, Karen Ward, Tracey Morrison, Bernice Thompson, and Shelda Kastor
Research Advisory Committee	Victoria Rosebull, Lou Demerais, Susan Tatoosh, Robyn Vermette, Leslie Bonshor, Maureen Lerat, Dalannah Bowen, Mara Andrews, and Mary Clare Zak
Research Team Coordinators	Julianna Torjek and Maureen Lerat
Research Technical Team	Ginger Gosnell-Myers, Kinwa Bluesky, Julianna Torjek, Maureen Lerat, Simon Jay, and Peter Marriott

The Research Team conducted an environmental scan to gain an understanding and articulated importance of traditional, spiritual, and cultural health and healing supports. The Peer Research Associates were familiarized with findings from the Urban Aboriginal Peoples Study, the Urban Aboriginal Health Strategy, and other urban Aboriginal health models.

Survey Questionnaire Design and Development

In reviewing the Urban Aboriginal Peoples Study and Urban Aboriginal Health Strategy, a set of initial survey questions was developed. The Technical Team then reviewed the draft questionnaires developing a set of core questions for both organizations and Elders and cultural workers. Additional questions were developed for organizations taking into account organizational information related to space requirements and resource use. The Elders and cultural support workers' survey questionnaire asked similar questions that took into account the needs of their cultural support activities. Both survey questionnaires are available in the appendices.

Interviewing Process

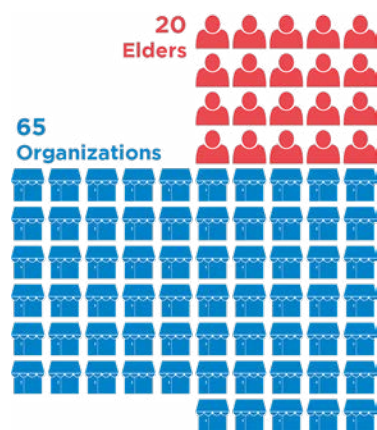
Following the initial design of the survey questionnaires, the Peer Research Associates conducted mock interviews amongst each other to familiarize themselves with the surveys. Peer Research Associates initially worked together in teams of two to conduct one-on-one interviews. The Research Advisory Committee was given the opportunity to provide survey feedback over the course of a month. Feedback was given regarding survey design, set up, and overall flow. A consent form, media release, and backgrounder were finalized.

The Research Team identified an extensive list of organizations and Elders and cultural support workers who provide traditional, spiritual, and cultural health supports in the DTES. Initially Peer Research Associates began conducting interviews with organizations they had close connections to. At weekly meetings, the Peer Research Associates would identify the next organizations and/or Elders and cultural support workers to interview over the coming week. Peer Research Associates would contact the survey participant to arrange for an interview.

Interviews were conducted from August through October 2016. The Research Team worked with local Aboriginal organizations and agencies to build community awareness and support the study, and to identify survey participants providing traditional, spiritual, and cultural health and healing services.

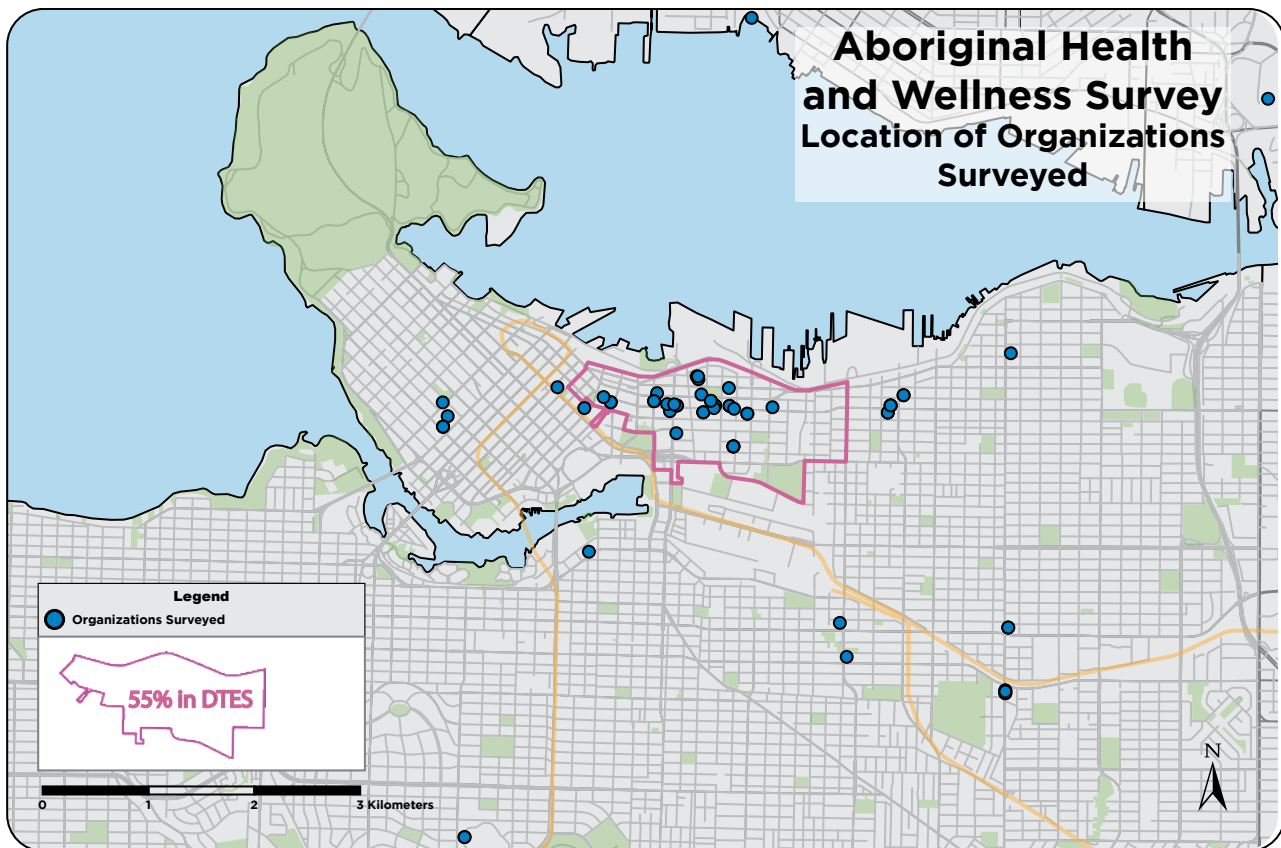
During this data collection phase, the Research Team worked with the City Technical Team and staff in supporting the ongoing data entry and analysis.

Study Participants



In total, the Peer Research Associates interviewed 65 organizations and their respective programs offering traditional, spiritual, and cultural health supports in the DTES. Initially, the Peer Research Associates targeted primary health care and social support-oriented organizations in the DTES. As the study progressed, interviews were conducted with organizations in the DTES that provide services in the areas of housing, education, employment, justice and advocacy collectives, and mental health and addictions. The Peer Research Associates also interviewed youth, women and children organizations, as well as violence prevention and support services. Nearing the conclusion of the study, the Peer Research Associates reached out to organizations outside the DTES who offered these services to residents within the neighbourhood.

The Peer Research Associates also surveyed a total of 20 Elders and cultural support workers who provide services for many of these organizations and/or offer traditional, spiritual, and cultural health and healing supports in the DTES. Some Elders preferred to be called traditional healers, spiritual workers, old people, and knowledge keepers. For the purposes of this report, we have identified the term Elders to represent those participants interviewed who are actively engaged in the delivery of traditional, spiritual, and cultural health and healing supports and services in the DTES.



It is important to clarify that only organizations and Elders who identified as providing some sort of traditional, spiritual, and cultural health and healing support services in the DTES were interviewed. Organizations or individuals who said they did not provide any types of supports or services were not interviewed or included in these study results.

When organizations were asked the extent of traditional, spiritual, and cultural supports being offered, a large majority always (71%) or often (18%) offered traditional, spiritual, and cultural supports with their programs. Some organizations offer their services in partnership and collaboration with other organizations in the DTES.

Data Collection and Analysis

The Technical Team implemented a system to input the data from the questionnaires, compiling the survey data on a weekly basis. Both the Research Team and the Research Advisory Committee were presented the data over the course of several meetings to allow for input and engagement into the analysis for the final report.



OUR VALUES - ABORIGINAL HEALTH, HEALING, AND WELLNESS FINDINGS

WHO IS INVOLVED IN ABORIGINAL TRADITIONAL, SPIRITUAL, AND CULTURAL SUPPORTS?

Organizational Staff Employment Status

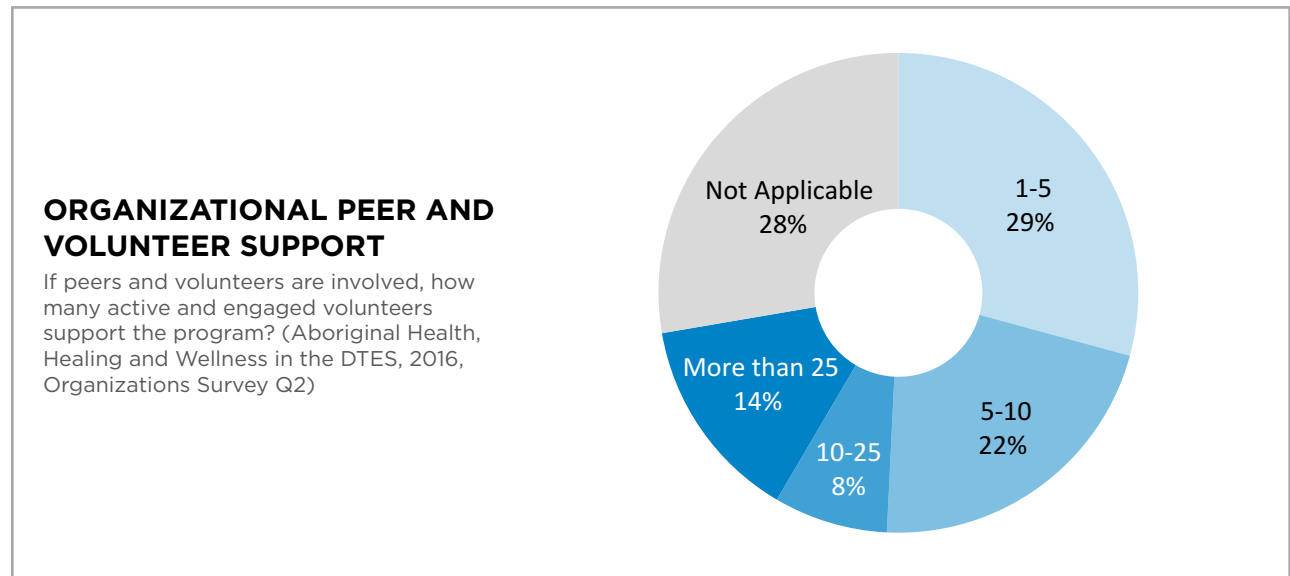
Organizations were asked about how their traditional, spiritual, and cultural programs are operated and maintained by staff. A large majority say they have full-time (80%) and part-time (48%) staff. Almost a quarter of organizations have staff that is on contract (25%) and on a casual basis (22%).



Organizational Peer and Volunteer Support

Half of organizations use between 1-10 peers and volunteers to support the delivery of their traditional, spiritual, and cultural health and healing supported programming.

Many organizations also use the support of volunteers and peers. Almost three in ten organizations use between 1 to 5 (29%), with slightly fewer using 5 to 10 (22%). Two in ten organizations use between 10 to 25 (8%) and more than 25 (14%). Almost a third of the organizations do not use peers or volunteers in their service delivery of their program.

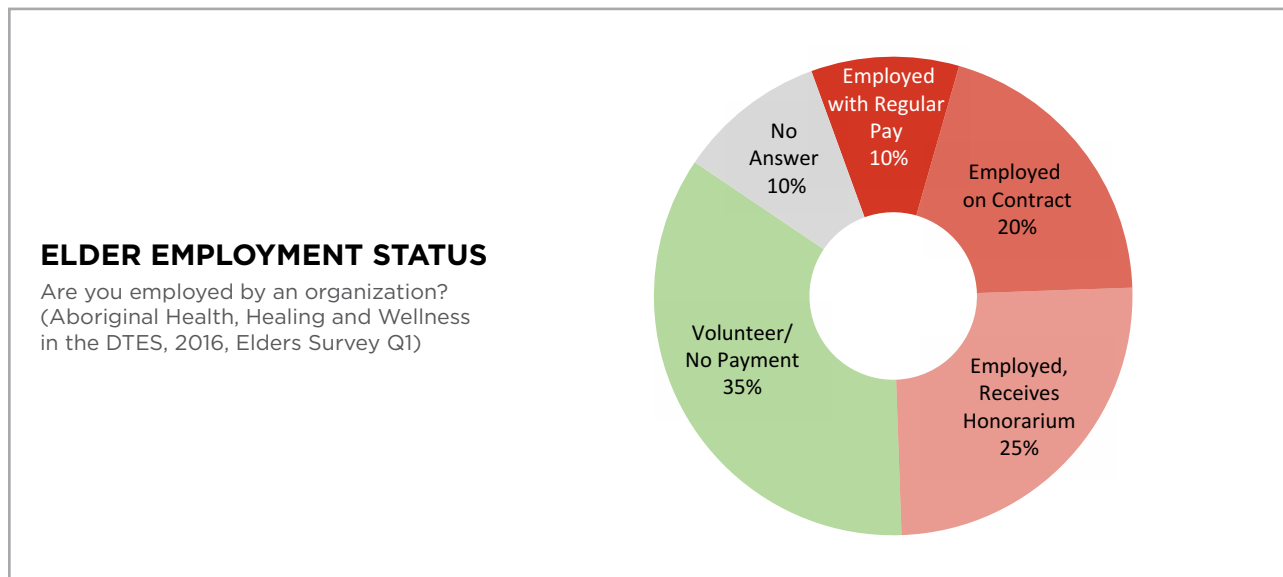


**ALMOST A THIRD
OF THE ORGANIZATIONS DO NOT USE PEERS OR VOLUNTEERS
IN THEIR SERVICE DELIVERY OF THEIR PROGRAM.**

Elder Employment Status

Elders play a vital role in the service delivery of traditional, spiritual, cultural health and healing supports for organizations. Over half are employed in some capacity while nearly four in ten Elders volunteer without pay. Elders work primarily with one-to-three organizations. However, 45% of Elders work with four, five or even more organizations.

Six in ten Elders are employed (10%), on contract (20%) or receive honouraria (25%) for offering their traditional, spiritual, and cultural health and healing supports and services. Almost four in ten Elders volunteer their services and receive no payment for their work.

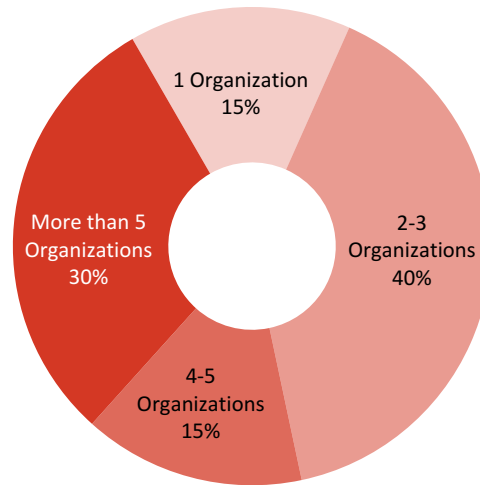


Over half (55%) of Elders say they work for one-organization (15%) or two-to-three (40%) organizations. About 15% of Elders say they work with four to five organizations. Three out of ten (30%) say they offer their services to more than five organizations.

**45% OF ELDERS
WORK WITH FOUR, FIVE OR EVEN MORE ORGANIZATIONS.**

NUMBER OF ORGANIZATIONS ELDERS SUPPORT

Do you volunteer your services and/or offer cultural supports to one organization or more? If more, how many? (Aboriginal Health and Wellness Survey, 2016, Elders Q2)

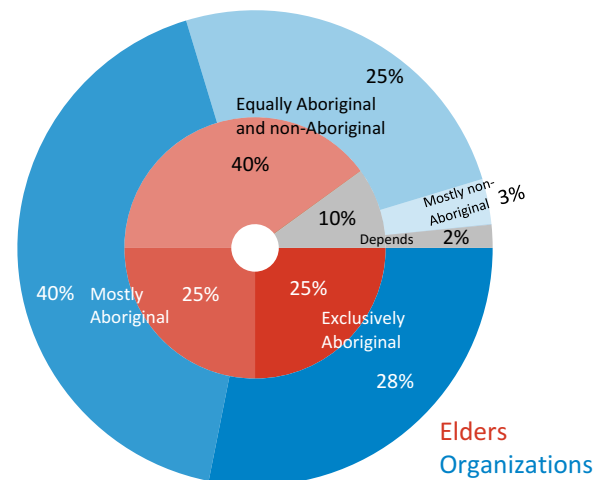


Aim of Cultural Activities to Support the Aboriginal Peoples in the DTES

Over two-thirds of all organizations (68%) and at least half of Elders (50%) aim to service mostly and exclusively Aboriginal peoples in the DTES.

ABORIGINAL SUPPORT

To what extent does the program aim to service the Aboriginal population in the DTES? (Aboriginal Health, Healing and Wellness in the DTES, 2016, Organizations Q4 + Elders Q3)

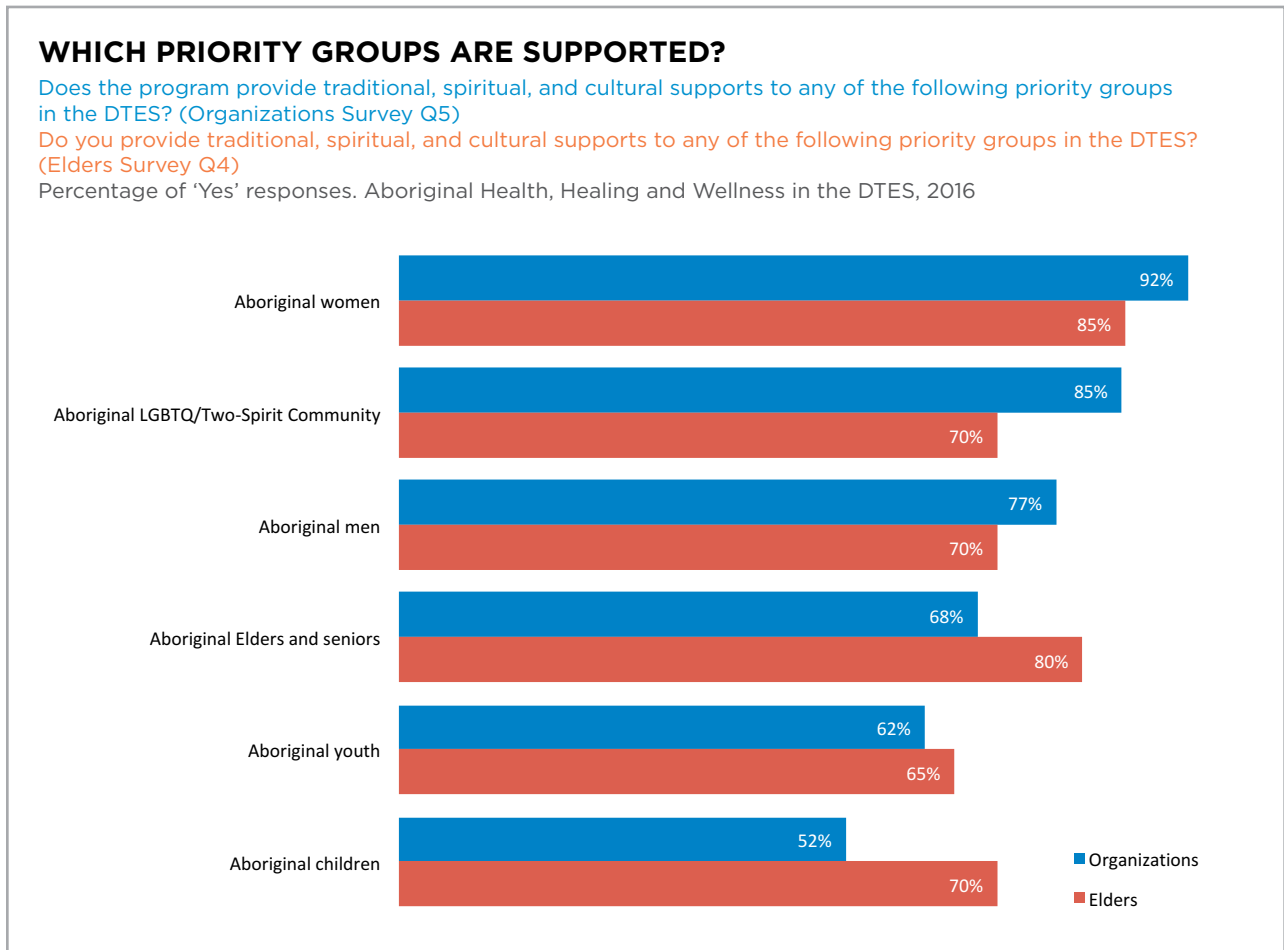


Organizations say their programming aims to service exclusively (28%) and mostly (40%) Aboriginal peoples in the DTES and with a quarter serving equally Aboriginal and non-Aboriginal population (25%).

Elders and cultural support workers say that half of their services aim to support exclusively (25%) and mostly (25%) Aboriginal peoples. Four in ten Elders are supporting both equally Aboriginal and non-Aboriginal peoples (40%) in the DTES.

Who Has Priority for These Cultural Supports in the DTES

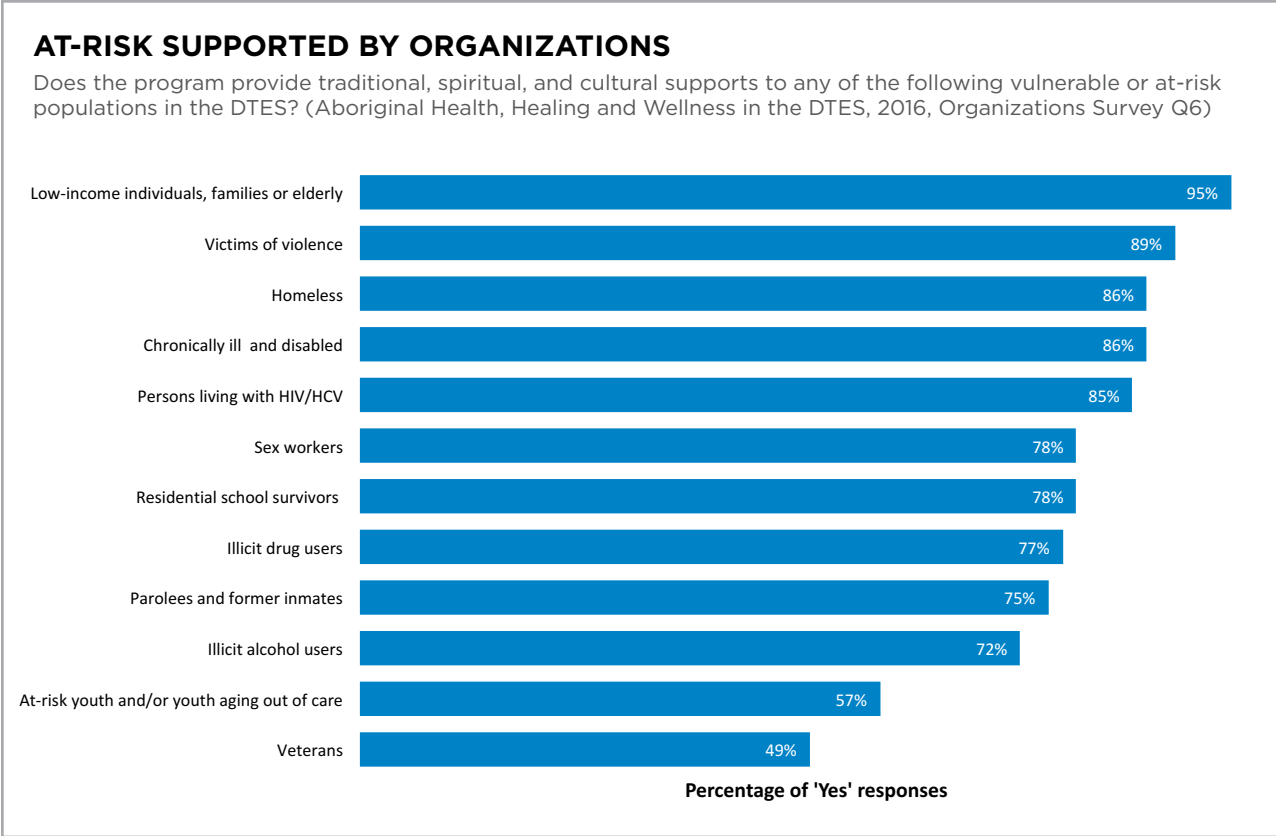
Organizations identify Aboriginal women as their primary priority group (92%), followed by Aboriginal LGBTQ/Two-Spirit Community (85%) and Aboriginal men (77%). Over six in ten organizations provide traditional, spiritual, and cultural supports to Aboriginal Elders and seniors (68%) and Aboriginal youth (62%). Over half (52%) provide these kinds of supports to Aboriginal children.



Elders similarly identify Aboriginal women (85%) as their main priority group, followed closely by Aboriginal Elders and seniors (80%) in the DTES. Seven in ten (70%) identify Aboriginal men, Aboriginal LGBTQ/Two-Spirit Community, and Aboriginal children as equal priority groups to offer traditional, spiritual, and cultural supports to. Elders identify Aboriginal youth (65%) similarly to organizations' response (65%). In both cases, Aboriginal youth and children are identified last.

Cultural Supports for Vulnerable or At-Risk Populations in the DTES

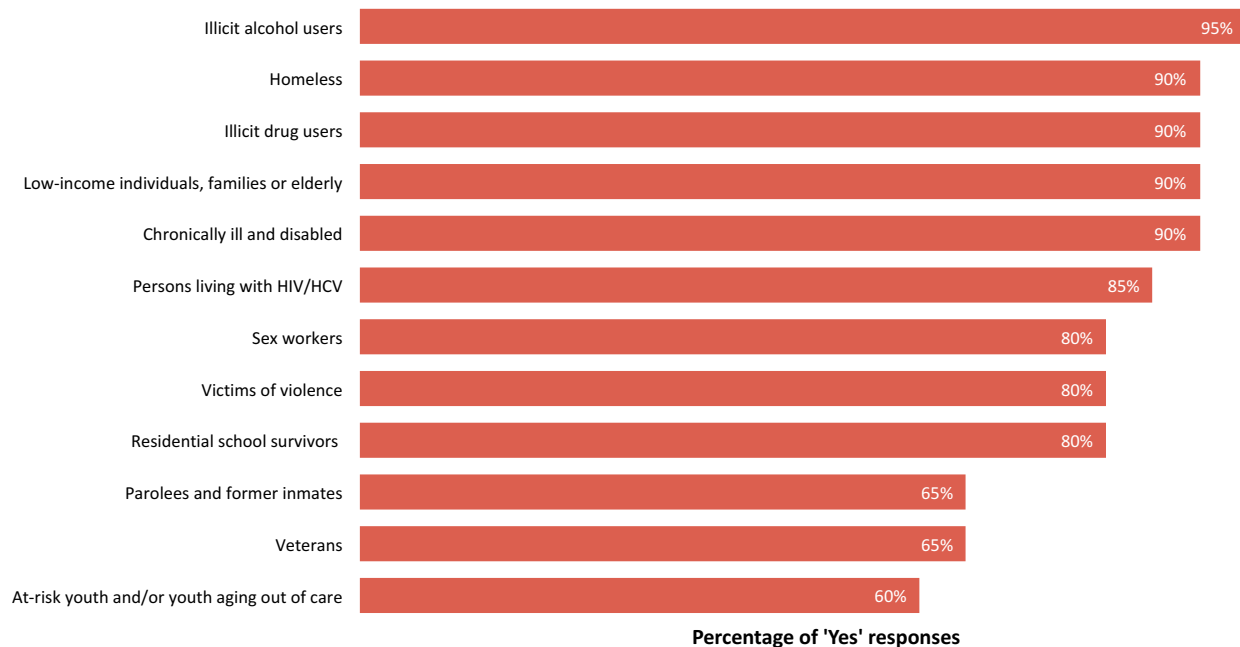
When organizations were asked whether their programs provided traditional, spiritual, and cultural supports to any vulnerable or at-risk populations in the DTES, they identified low-income individuals, families or the elderly (95%). Next, victims of violence (89%), homeless (86%), chronically ill and disabled (86%), and persons living with HIV/HCV (85%) are mentioned. Slightly fewer, but still more than three quarters identify former and current sex workers (78%), residential school survivors (78%), illicit drug users (77%), and parolees and former inmates (75%). Significantly fewer organizations identified at-risk youth and youth aging out of care (57%) and veterans (49%).



Elders and cultural workers identify illicit alcohol users (95%) as the primary vulnerable or at-risk population in the DTES that their work supports. Similar to organizations, low-income individuals, families or the elderly (90%), homeless (90%), and chronically ill and disabled (90%) remain high priorities. Although Elders appear to provide traditional, spiritual, and cultural supports to a greater degree of illicit drug users (90%). Overall, Elders provide supports in relative comparison to organizations with persons living with HIV/HCV (85%), sex workers (80%), victims of violence (80%), and residential school survivors (80%). Similarly, lower categories include parolees and former inmates (65%), veterans (65%), and at-risk youth and/or youth aging out of care (60%).

AT-RISK SUPPORTED BY ELDERS

Does your traditional, spiritual, and cultural work support any of the following vulnerable or at-risk populations in the DTES? (Aboriginal Health, Healing and Wellness in the DTES, 2016, Elders Survey Q5)



Where Do They Take Place?

The *Aboriginal Health, Healing, and Wellness in the DTES* research study set out to identify organizations that offered traditional, spiritual, and cultural health and healing supports in the DTES. All organizations that participated agreed they offered some kind of traditional, spiritual, and cultural activity within their programming. Almost seven in ten organizations aim to service mostly (40%) and exclusively (28%) the Aboriginal population in the DTES. The research team interviewed Elders who provide service to these organizations and/or offer traditional, spiritual, and cultural health and healing supports in the DTES. The intention was to gain an understanding of the nature of the health, healing, and wellness supports currently being offered in the DTES.



What is Offered?

Both organizations and Elders were asked about the kinds of traditional, spiritual, and cultural activities that are being offered in the DTES.



Organizations identify smudge (85%), prayer (85%), healing, talking or sharing circles (82%), drumming, songs, and dancing (78%) and Elders’ teachings (77%) as the most prevalent activities. Over half of the organizations also mention artistic activities and craft workshops (74%), traditional food cooking (66%), storytelling (63%), and feasts (54%).

AWARDS OF
EXCELLENCE

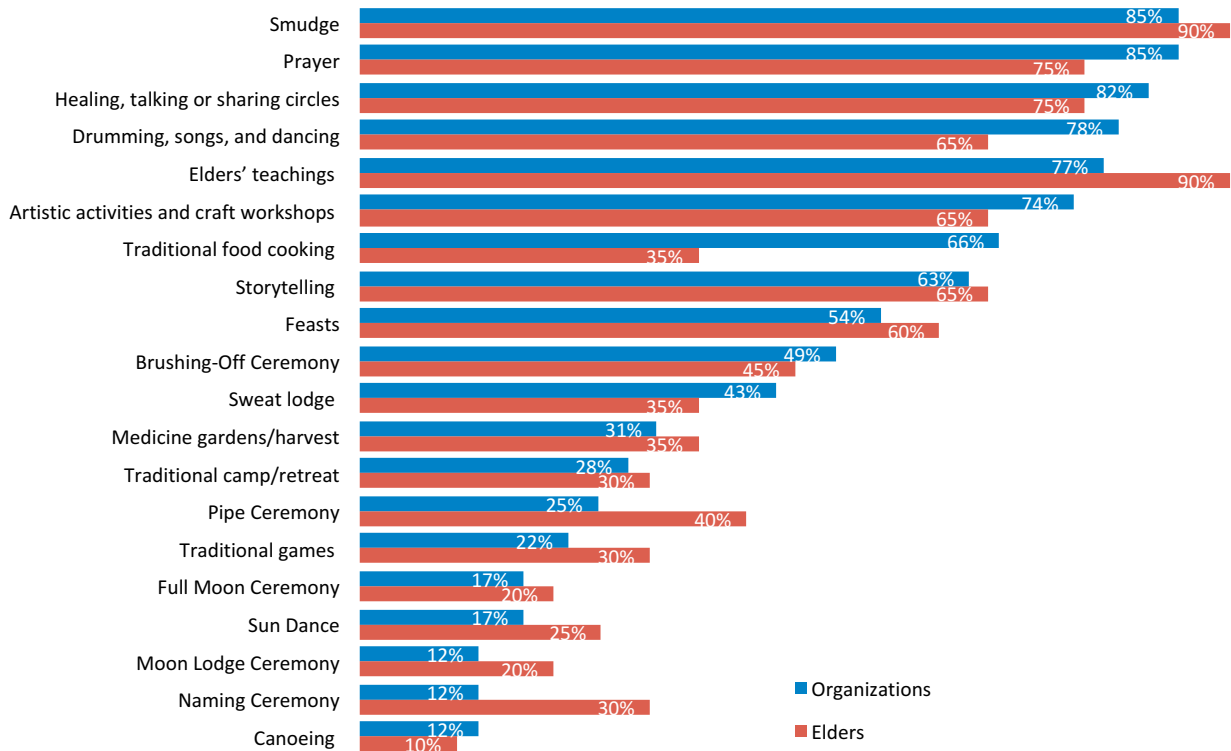
AWARDS OF
CONGRATULATIONS

Steven East



DTES TRADITIONAL, CULTURAL, AND SPIRITUAL SUPPORTS

What kinds of traditional, spiritual, and cultural activities are offered in the DTES?
(Aboriginal Health, Healing and Wellness in the DTES, 2016, Organizations Q17 + Elders Q8)

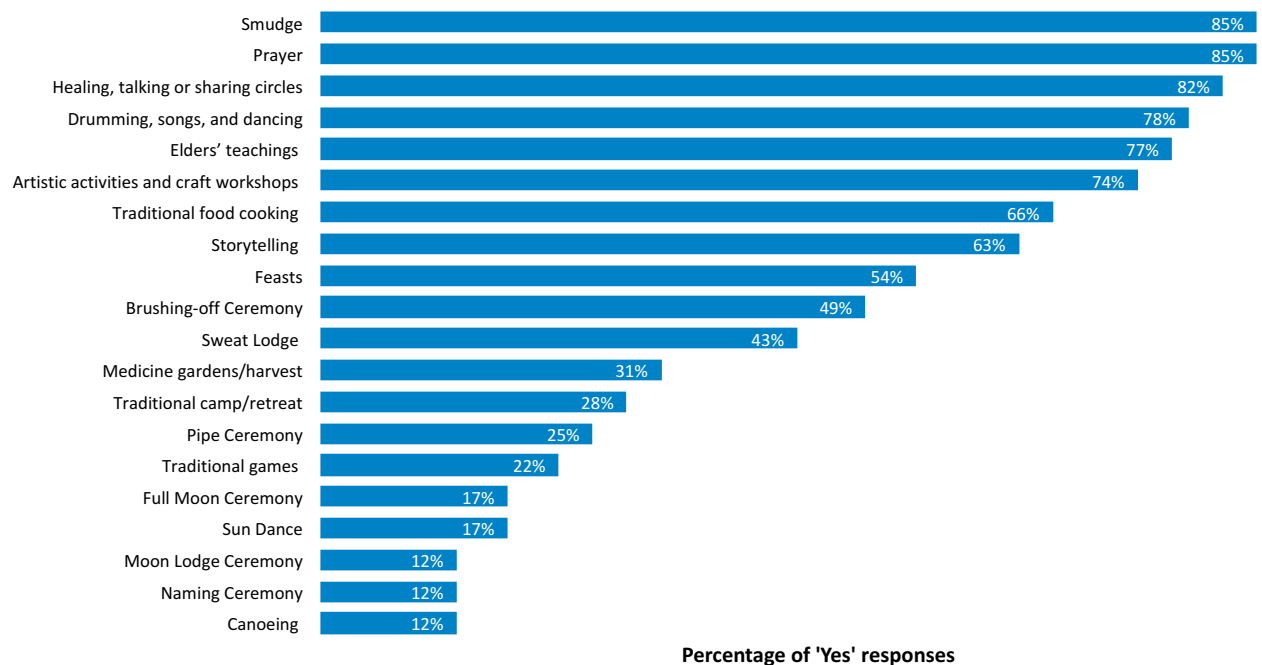


Less than half of the organizations offer more ceremonial-oriented activities, such as Brushing-off Ceremony (49%), Sweat Lodge (43%), Pipe Ceremony (25%), Full Moon (17%), Sun Dance (17%), Moon Lodge (12%), and Naming Ceremony (12%). Both organizations and Elders identified some other traditional, cultural, and spiritual activities. The activities listed are by no means a conclusive and definitive list.

**LESS THAN HALF
OF THE ORGANIZATIONS OFFER MORE
CEREMONIAL-ORIENTED ACTIVITIES.**

DTES TRADITIONAL, CULTURAL, AND SPIRITUAL SUPPORTS BY ORGANIZATIONS

What kinds of traditional, spiritual, and cultural activities are offered in the DTES?
(Aboriginal Health, Healing and Wellness in the DTES, 2016, Organizations Survey Q17)



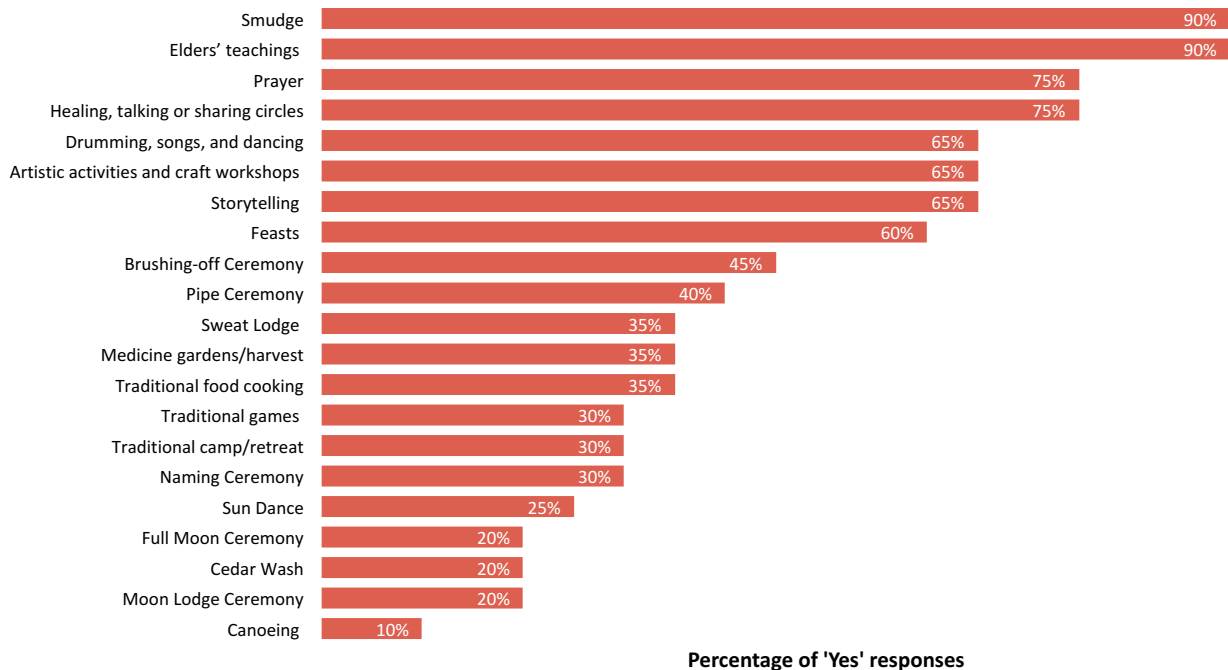
Elders and cultural support workers report that smudging (90%) and offering Elders' teachings (90%) are offered most in the DTES. Second, Elders offer prayer (75%) and healing, talking or sharing circles (75%). Similar to organizations, drumming, songs and dancing (65%), artistic activities and craft workshops (65%), storytelling (65%), and feasts (60%) come in above the mid-range of supports provided.

Between two and four Elders out of ten (20-45%) offer more ceremonial-oriented activities. Elders offer Pipe (40%) and Brushing-off (45%) ceremonies with lower percentages involving Full Moon (20%), Cedar Wash (20%), and Moon Lodge ceremonies.

ELDERS AND CULTURAL SUPPORT WORKERS REPORT THAT SMUDGING (90%) AND OFFERING ELDERS' TEACHINGS (90%) ARE OFFERED MOST IN THE DTES.

DTES TRADITIONAL, CULTURAL, AND SPIRITUAL SUPPORTS BY ELDER

What kinds of traditional, cultural, and spiritual supports do you offer in the DTES?
(Aboriginal Health, Healing and Wellness in the DTES, 2016, Elders Survey Q8)



Both organizations and Elders offer a variety of traditional, spiritual, and cultural activities, such as smudging, healing circles, and Elders' teachings. In each case, less than half of organizations and Elders offer ceremonial focused activities. Some organizations do offer traditional food cooking (66%) in comparison to Elders who identify offering this activity significantly less so (35%). Overall, organizations and Elders offer relatively the same kind of traditional, spiritual, and cultural supports in the DTES.

WHERE DO THEY TAKE PLACE?

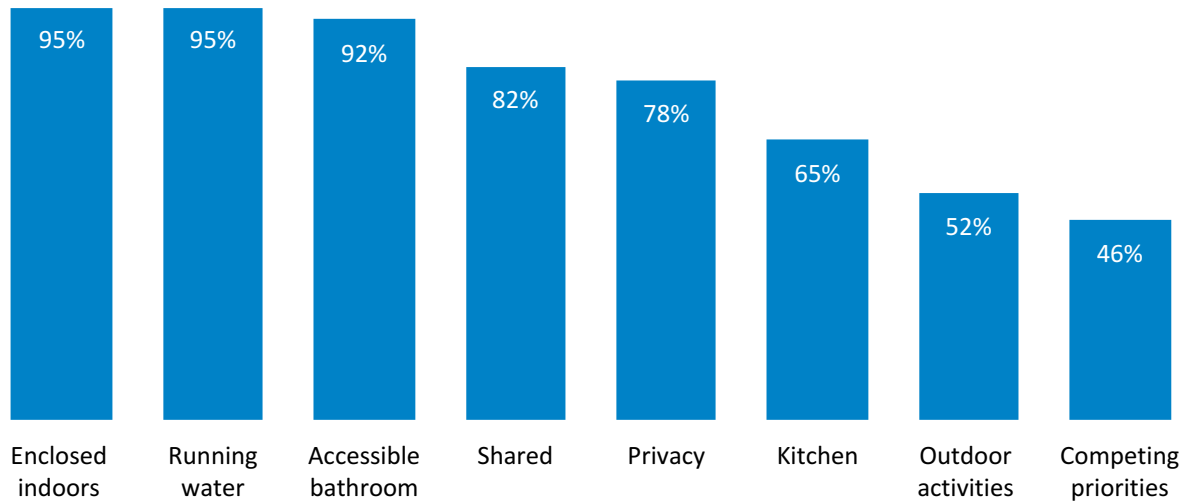
Traditional, Spiritual, and Cultural Health and Healing Spaces

Organizations were asked about the spaces where their programming offered traditional, spiritual, and cultural health and healing supports. The vast majority identifies the space as being enclosed indoors (95%), able to provide for privacy (78%), and with over half (52%) being able to provide access to outdoor activities. Almost all spaces provide access to running water (95%), and bathroom facilities (92%). Access to bathroom facilities for usage by participants however was not specified. Two-thirds (65%) of the spaces have access to a kitchen.

TRADITIONAL, CULTURAL, AND SPIRITUAL PROGRAMMING SPACES

Is the space/Does the space have ...?

(Aboriginal Health and Wellness in the DTES, 2016, Organizations Survey Questions 8-15)

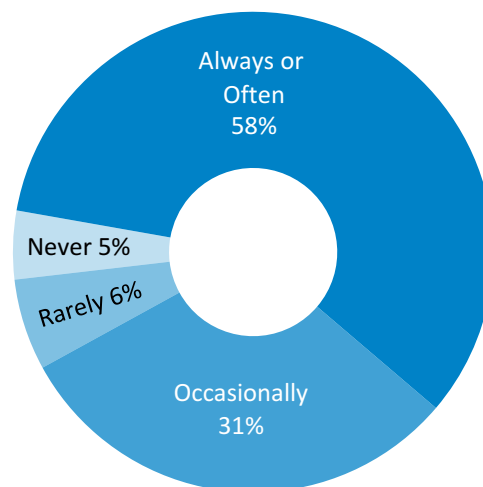


Percentage of 'Yes' responses

A majority of the spaces are shared (82%). Nearly half (46%) acknowledge these spaces did not face competing priorities. Finally, 58% of spaces always or often meet the needs for offering traditional, spiritual, and cultural health and healing supports. Only one third (31%) of spaces will occasionally meet the need. While one in ten (11%) spaces fail to meet the needs of providing traditional, spiritual, and cultural health and healing support services.

ADEQUATE SPACE FOR HEALTH AND HEALING SUPPORT

To what extent does the program's space meet the needs for offering traditional, spiritual, and cultural health and healing supports? (Aboriginal Health, Healing and Wellness in the DTES, 2016, Organizations Survey Q16)



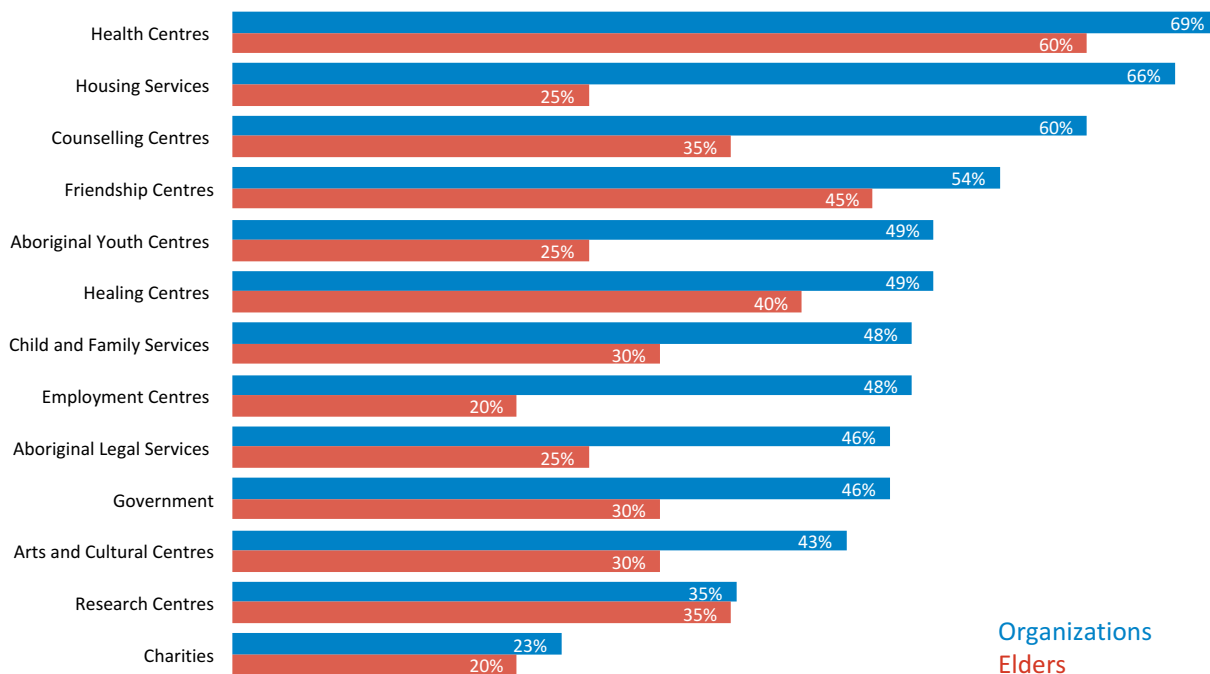
Partnerships and Collaborations

PARTNERSHIPS AND COLLABORATIONS

What kind of services or organizations have you been asked to collaborate or partner with? (Organization Survey Q24)

What kinds of organizations do you provide traditional, spiritual, and cultural supports for? (Elders Survey Q7)

Percentage of 'Yes' responses. Aboriginal Health, Healing and Wellness in the DTES, 2016



Over half of programs offering traditional, spiritual, and cultural supports are being asked to partner with health centres (69%), housing services (66%), counselling centres (60%) and friendship centres (54%).

When Elders were asked about the kind of organizations they provide traditional, spiritual, and cultural supports for, a majority of six in ten Elders identify health centres (60%) as the primary type of service organization. Slightly fewer mention friendship centres (45%), healing centres (40%), counselling centres (35%), and research centres (35%).

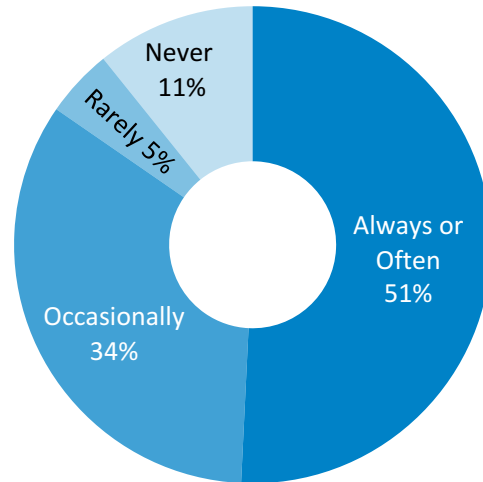
Participation in Cultural Activities Outside the DTES

Many Aboriginal cultural activities are more widely available outside of the DTES. Organizations were asked about supporting the participation of its members in traditional, spiritual, and cultural activities outside of the DTES.

Half of all organizations always or often (51%) provide support of its members to participate in traditional, spiritual, and cultural activities outside of the DTES. Three in ten organizations will occasionally (34%) support participation in these activities, compared to those who rarely (5%) or never (11%).

ORGANIZATIONS' SUPPORT OF ACTIVITIES OUTSIDE DTES

To what extent does the program support participation of its members to attend any of these traditional, spiritual, and cultural activities outside the DTES? (Aboriginal Health, Healing and Wellness in the DTES, 2016, Organizations Survey Q18)



WHEN DO THEY TAKE PLACE?

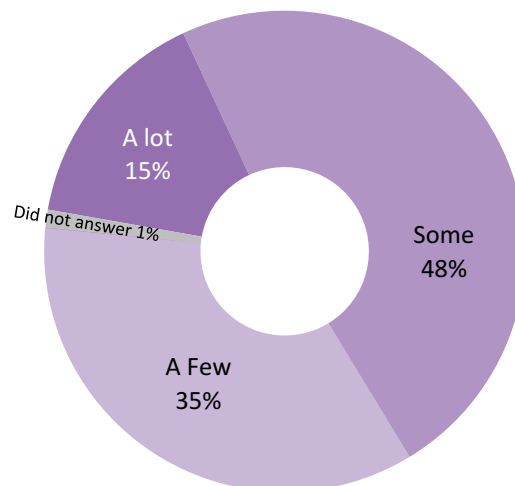
Aboriginal Cultural Activities Available in the DTES

Almost half of both organizations and Elders agree there are some (48%) Aboriginal activities being offered in the DTES in comparison to 15% who agree there are a lot. To a lesser degree, organizations and Elders find only a few (35%) cultural activities are available.

Overall six in ten feel more optimistically about the availability of Aboriginal cultural activities in the DTES.

AVAILABILITY OF ABORIGINAL CULTURAL ACTIVITIES

Are there a lot, some, a few or no Aboriginal cultural activities available in the DTES community? (Aboriginal Health, Healing and Wellness in the DTES, 2016, Organizations Q30 + Elders Q17)

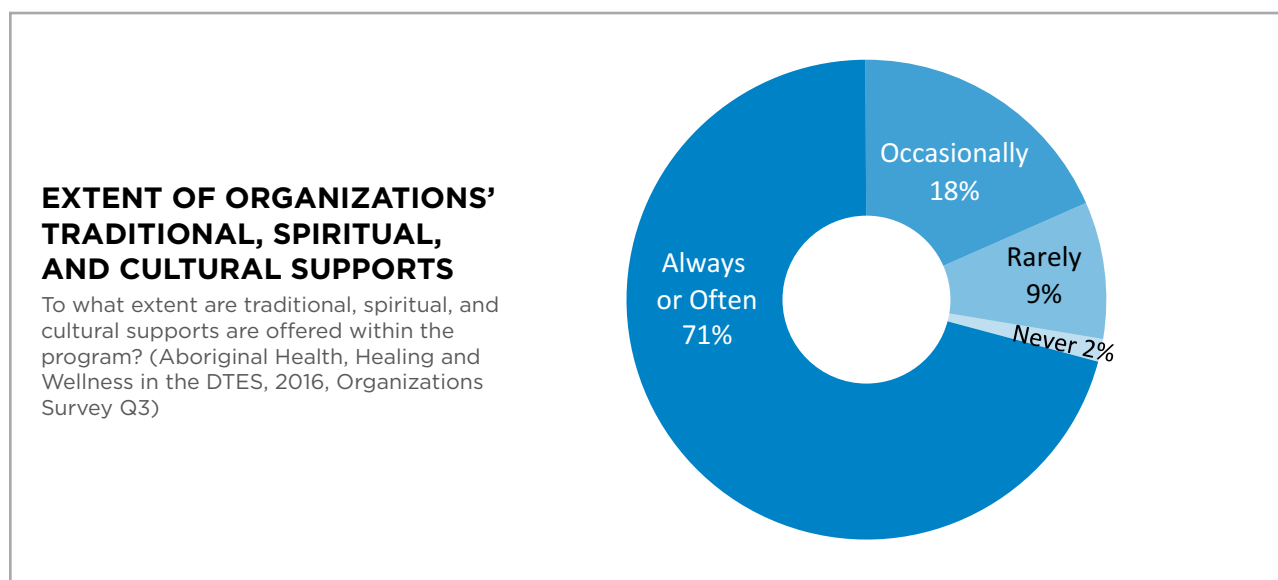




Frequency of Traditional, Spiritual, and Cultural Supports in Organizations

It is important to clarify that only organizations and Elders who identified as providing some sort of traditional, spiritual, and cultural health and healing support services in the DTES were interviewed. Organizations or individuals who said they did not provide any types of supports or services were not interviewed or included in these study results.

Most organizations always or often (71%) offer traditional, spiritual, and cultural health and healing supports in their programs.



Organizations were asked the extent traditional, spiritual, and cultural supports are offered within their programs. Seven in ten (71%) organizations, always or often offer traditional, spiritual, and cultural supports and activities to their members. Significantly fewer organizations will occasionally (18%) offer these kinds of supports, and some rarely (9%) and never (2%) fully incorporate traditional, spiritual, and cultural supports into their programming.

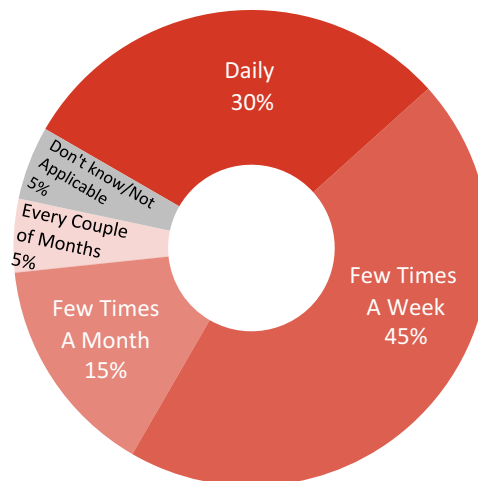
Frequency of Traditional, Spiritual, and Cultural Supports by Elders

A majority of Elders (75%) offer traditional, spiritual, and cultural supports for organizations on a weekly basis.

More than seven in ten Elders say they offer weekly traditional, spiritual, and cultural supports from daily (30%) to a few times a week (45%) to organizations in the DTES. Others say a few times a month (15%) to every couple of months (5%).

SUPPORT FOR ORGANIZATIONS IN THE DTES

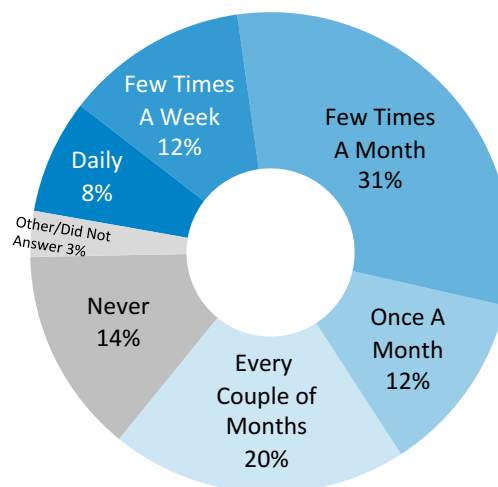
How often do you provide traditional, spiritual and cultural supports for organizations in DTES? (Aboriginal Health, Healing and Wellness in the DTES, 2016, Elders Survey Q6)



Frequency of Partnerships with Other DTES Organizations

FREQUENCY OF ORGANIZATIONS' PARTNERSHIPS

How often does your traditional, spiritual, and cultural program get asked to partner with other organizations in DTES? (Aboriginal Health, Healing and Wellness in the DTES, 2016, Organizations Survey Q23)



Organizations were asked “how often do their traditional, spiritual, and cultural programs get asked to partner with other DTES organizations?”

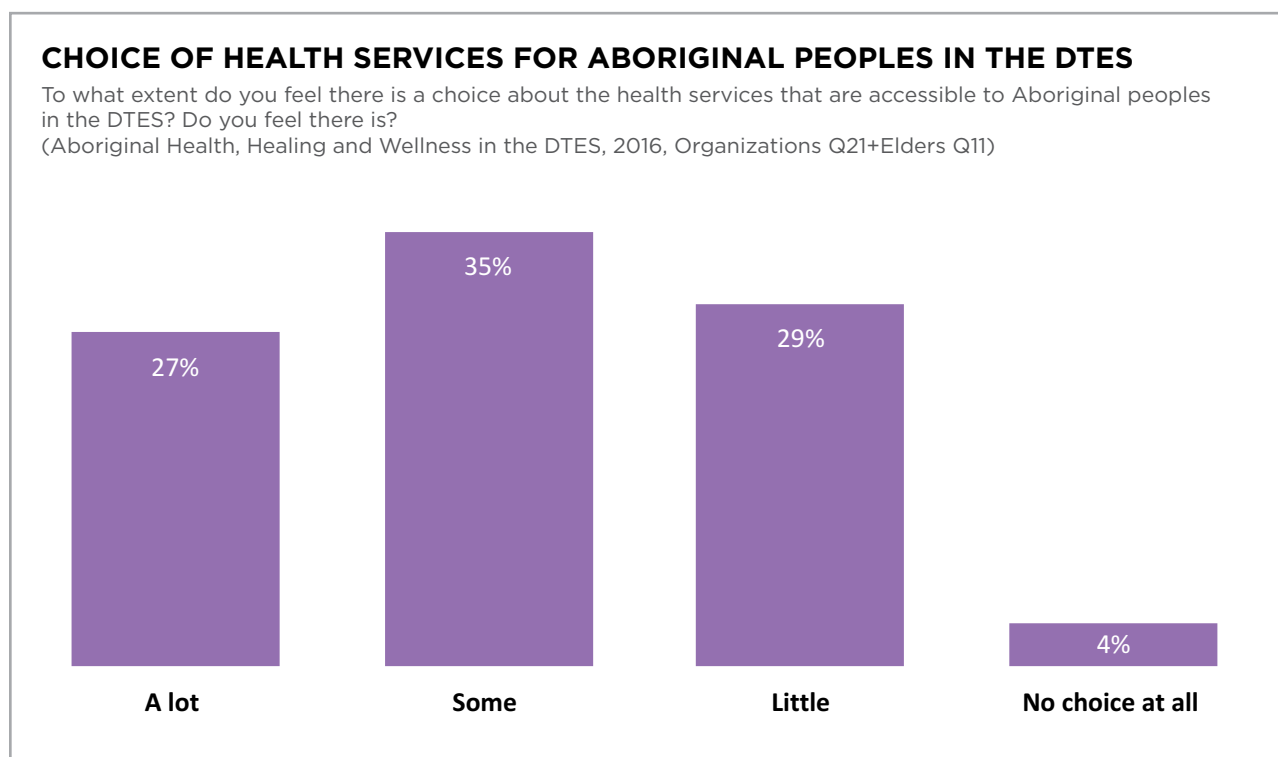
Some organizations are engaged in daily (8%) or weekly (12%) requests. Three in ten organizations say a few times a month (31%) and with slightly fewer saying every couple of months (20%) or never (14%).

Almost two-thirds (63%) of organizations are actively engaged with other DTES organizations throughout the month.

WHY ARE TRADITIONAL, SPIRITUAL, AND CULTURAL HEALTH AND HEALING SUPPORTS IMPORTANT?

Extent of Choice of Health Services in DTES

To what extent do you feel there is a about the health services that are accessible to Aboriginal peoples in the DTES?



When asked directly, both organizations and Elders feel there is either a lot (27%) or some (35%) choice about accessing health services in the DTES, compared to those who feel there is either a little (29%) or no choice at all (4%).

Over six in ten (62%) feel more positively about the extent of choice of health services available to the Aboriginal population in the DTES. However, the overall level of satisfaction is marginally low.

Traditional Healing Practices vs. Mainstream Care

In 2011, the Urban Aboriginal Peoples Study report found access to traditional healing practices is as, if not more, important than access to mainstream health care for majorities of urban Aboriginal peoples.⁵

In this study, organizations and Elders were also asked, “Is having access to traditional healing practices more important, less important or equally important to you as access to non-Aboriginal or mainstream health care services?”

More than half agree and say access to traditional healing practices are more important to them than access to non-Aboriginal or mainstream health care services with more than six in ten (66%) organizations and more than five (55%) Elders believe so.

The view that access to traditional healing practices is equally important than access to mainstream health care services is more evident among Elders (35%) than among organizations (28%). Only 5% of organizations and Elders consider traditional healing to be less important than access to mainstream health care.

A significant majority say access to traditional and culturally appropriate health care practices is at least equally, if not more, important to Elders (90%) and organizations (94%) than access to mainstream health care.

Importance of Aboriginal Services in Addition to Non-Aboriginal Services

Large majority of participants believe it is very important to also have Aboriginal-specific services in the DTES.

In 2011, the Urban Aboriginal Peoples Study found there is a strong consensus among Aboriginal peoples in Vancouver that it is important for Aboriginal services to exist in addition to non-Aboriginal ones. The Urban Aboriginal Peoples Study’s Vancouver report identified nine in ten or more said it is very important to have Aboriginal child and family services (95%), addiction program (92%), and housing services (91%).⁶

ORGANIZATIONS AND ELDERS ARE CONVINCED THAT IT IS VERY IMPORTANT FOR ABORIGINAL SERVICES TO EXIST IN ADDITION TO NON-ABORIGINAL ONES IN THE DTES.

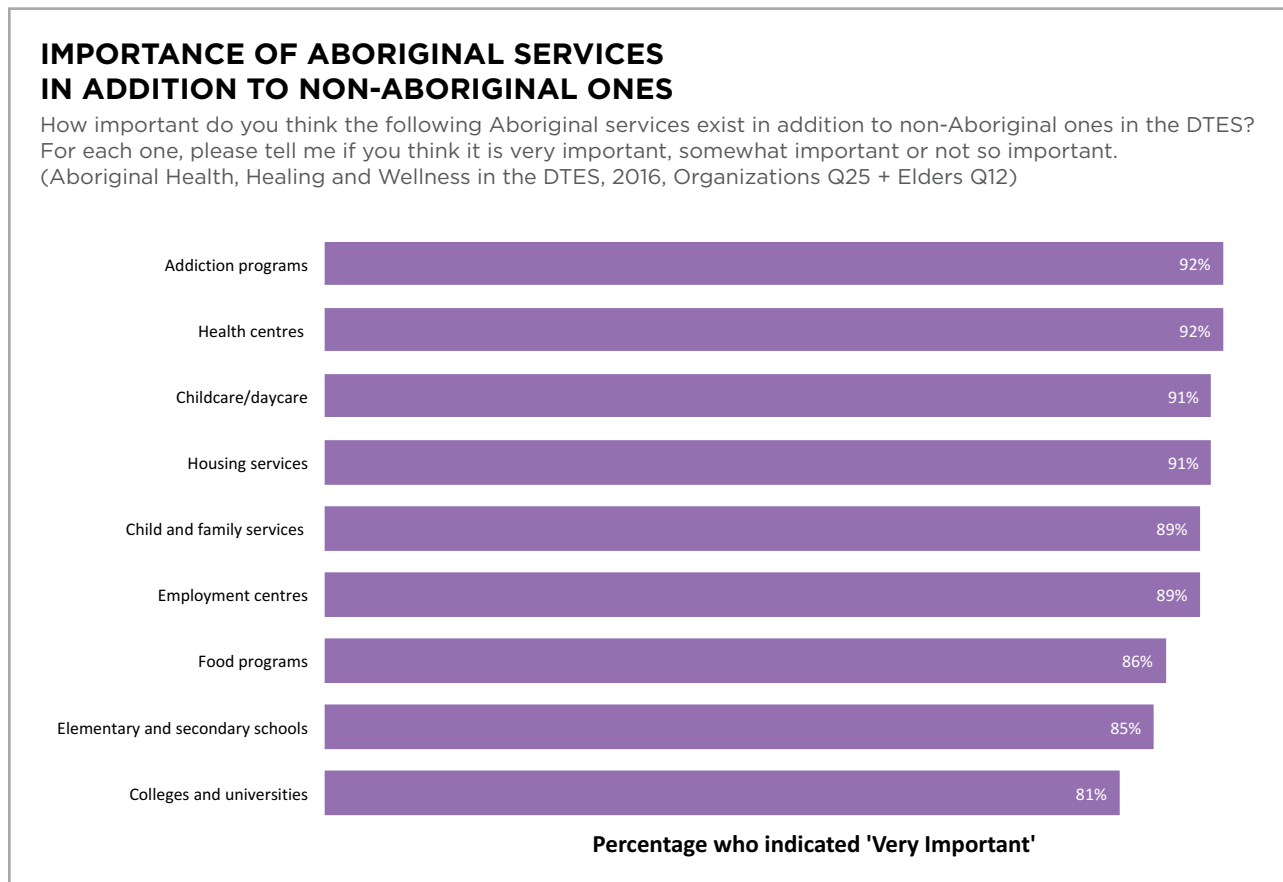
Now more than nine in ten organizations and Elders also identify Aboriginal addictions program (92%), health centres (92%), housing services (91%), and Aboriginal child care or daycares (91%), as being very important. Slightly fewer identify Aboriginal child and family services (89%), Aboriginal employment centres (89%), and Aboriginal food programs (86%). More than eight in ten say Aboriginal elementary and secondary schools (85%), and

5 See Urban Aboriginal Peoples Study: Main Report at 116.

6 See Urban Aboriginal Peoples Study: Vancouver Report at 48.

Aboriginal colleges and universities (81%) are very important Aboriginal services that should exist in addition to non-Aboriginal ones in the DTES.

Organizations and Elders are convinced that it is very important for Aboriginal services to exist in addition to non-Aboriginal ones in the DTES.



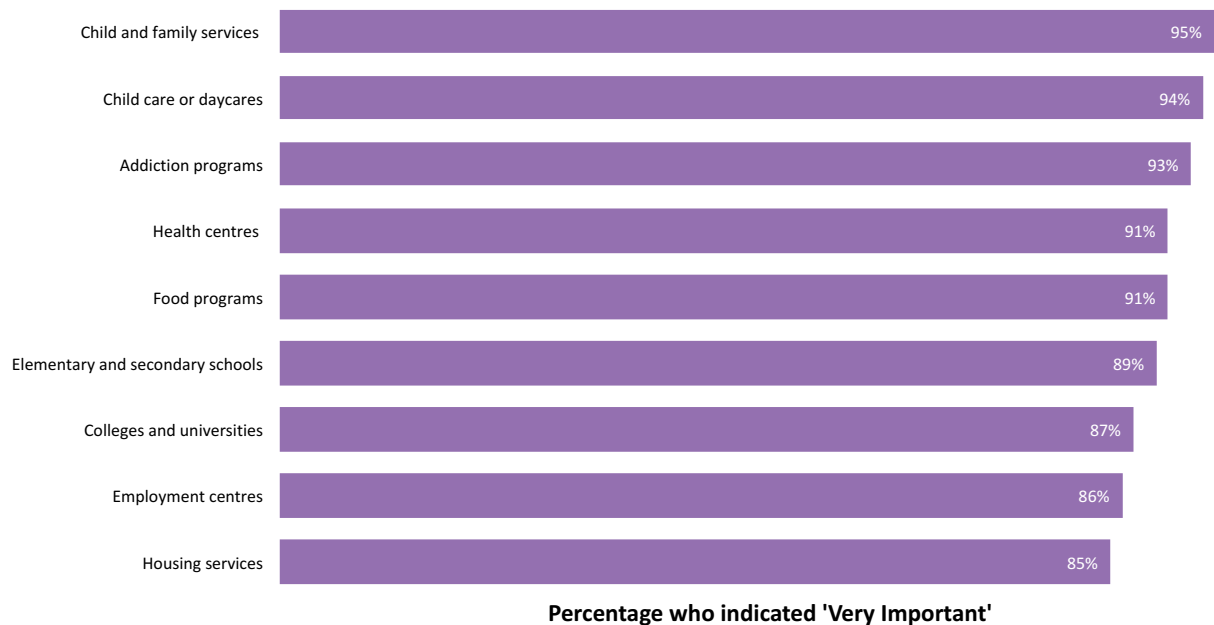
Importance of Services Providing Traditional, Spiritual, and Cultural Health and Healing Supports in the DTES

Organizations and Elders were asked how important various services provide traditional, spiritual, and cultural health and healing supports in the DTES.

Organizations and Elders place a greater importance on child and family services (95%) and child care or daycares (94%) than any other service in providing traditional, spiritual, and cultural health and healing supports in the DTES. Other services include addiction programs (93%), health centres (91%) and food programs (91%). Slightly fewer mention elementary and secondary schools (89%), colleges and universities (87%), employment centres (86%), and housing services (85%).

IMPORTANCE OF PROVIDING TRADITIONAL, SPIRITUAL, & CULTURAL HEALTH & HEALING

How important do you think the following services provide traditional, spiritual, and cultural health and healing supports in the DTES? For each one, please tell me if you think it is very important, somewhat important or not so important. (Aboriginal Health, Healing and Wellness in the DTES, 2016, Organizations Q26 + Elders Q13)



Overall there is a strong consensus among organizations and Elders that it is very important for all services to provide traditional, spiritual, and cultural health and healing supports in the DTES.

Impact of Offering Traditional, Spiritual, and Cultural Supports in the DTES

With a strong sense of empowerment, organizations and Elders are very confident that they can make the DTES a better place to live by offering traditional, spiritual, and cultural supports.

Most organizations and Elders say by offering their respective traditional, spiritual, and cultural supports that they can have a big impact (80%) in making the DTES be a better place to live. By comparison, Elders say their traditional, spiritual, and cultural supports can have moderate impact (20%) while organizations feel their supports will make a moderate (14%) impact in making the DTES be a better place to live.



MAKING THE DTES A BETTER PLACE TO LIVE THROUGH CULTURAL ACTIVITIES

Overall, how much impact do you think traditional, spiritual, and cultural supports like yours can have in making the DTES be a better place to live?

(Aboriginal Health, Healing and Wellness in the DTES, 2016, Organizations Q22 + Elders Q11)



Strength of Aboriginal Culture

In 2011, the Urban Aboriginal Peoples Study found Aboriginal peoples in Vancouver display a very strong sense of cultural vitality with seven in ten (70%) thinking that Aboriginal culture in the city has become stronger in the last five years.⁷

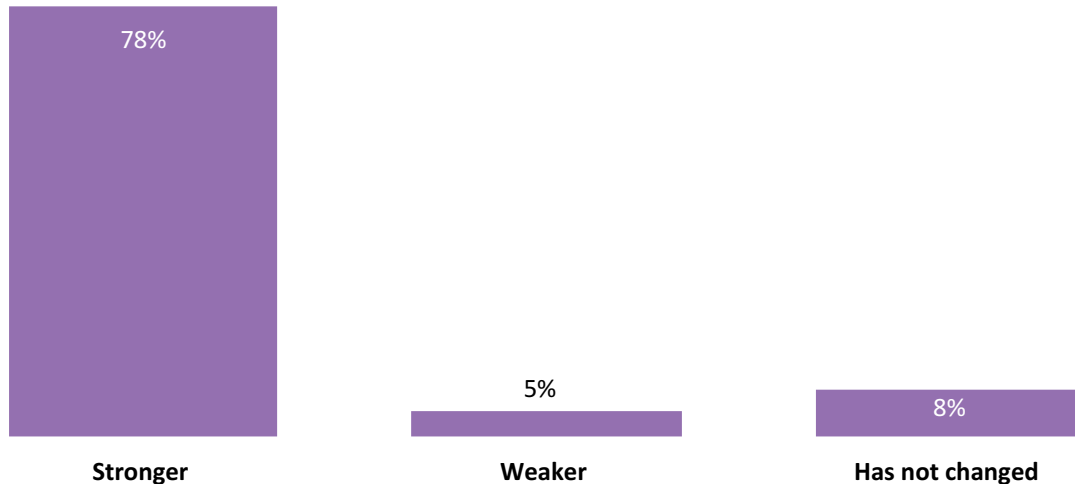
Today in the DTES, there is still a strong sense of optimism about the direction of Aboriginal culture in recent years.

Overall, more than seven in ten (78%) think that Aboriginal culture in the DTES has become stronger in the last five years, while only five percent say it has become weaker. Another eight percent say it has not changed.

⁷ See Urban Aboriginal Peoples Study: Vancouver Report at 31.

STRENGTH OF ABORIGINAL CULTURE

In the last five years, do you think that Aboriginal culture in the DTES has become stronger, become weaker, or has not changed? (Aboriginal Health, Healing and Wellness in the DTES, 2016, Organizations Q31 + Elders Q18)



Maintaining Aboriginal Cultural Identity

The 2011 Urban Aboriginal Peoples Study found Aboriginal peoples in Vancouver feel language is the most important aspect of Aboriginal culture to be passed on to future generations, but also place a high value on customs and traditions, family values, ceremonies, art and spirituality.⁸

Today Elders are the most important aspect of Aboriginal culture to be passed on to future generations. Participants place a high value on Elders' teachings, knowledge, and wisdom.

When organizations and Elders are asked what aspects of Aboriginal culture are most important to be passed on to their children or grandchildren, they say Elders (99%), followed by customs/traditions (98%), art (98%), music (98%), food (98%), and family values (98%). Slightly fewer say celebrations (96%), ceremonies (96%), ethics (96%), land/space (96%), and spirituality (96%). Language (94%), leadership (94%), and history (93%) are lower ranked cultural priorities to be passed on to the next generation.

This set of cultural priorities is similar found among urban Aboriginal peoples with the Urban Aboriginal Peoples Study's Vancouver survey findings identifying language (72%), followed by Aboriginal customs and traditions (67%), family values (63%), Aboriginal ceremonies (62%), art (62%) and spirituality (61%).⁹

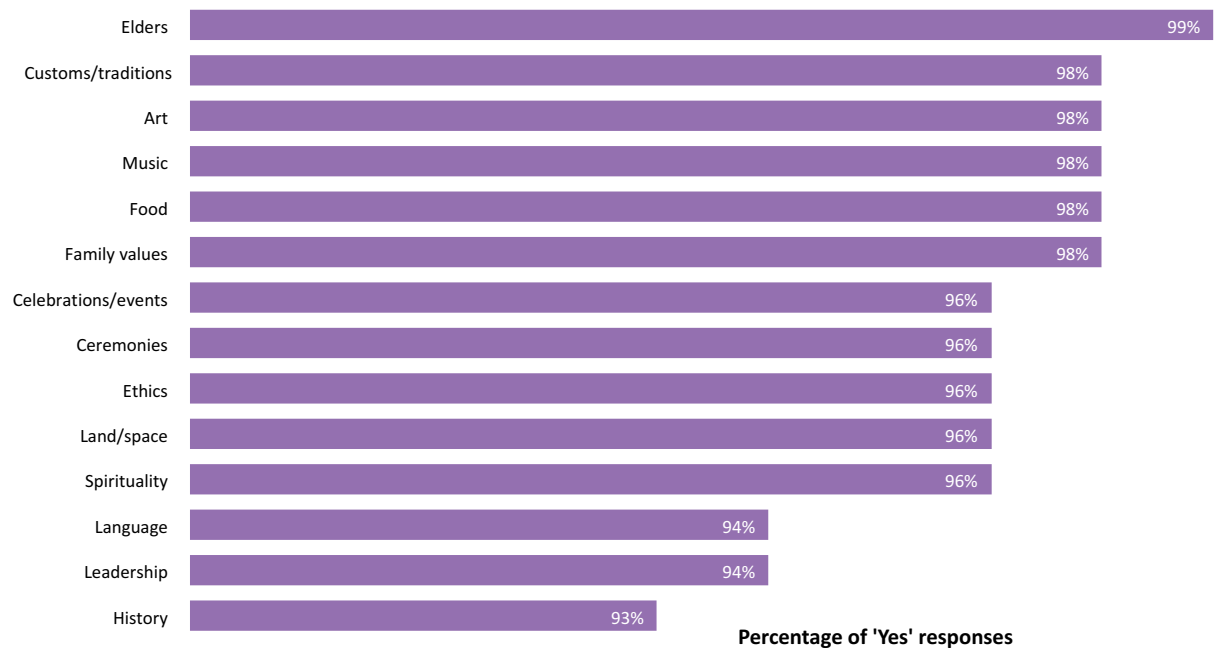
⁸ See Urban Aboriginal Peoples Study: Vancouver Report at 32.

⁹ See Urban Aboriginal Peoples Study: Vancouver Report at 32.



ABORIGINAL CULTURE

In your opinion, what aspects of Aboriginal culture are most important to pass on for the next generations?
(Aboriginal Health, Healing and Wellness in the DTES, 2016, Organizations Q32 + Elders Q19)



HOW DO ABORIGINAL TRADITIONAL, SPIRITUAL, AND CULTURAL HEALTH AND HEALING SUPPORTS SERVE THE DTES?

Ease of Access to Traditional, Spiritual, and Cultural Health and Healing Practices

In the Urban Aboriginal Peoples Study findings, six in ten urban Aboriginal peoples said it was easy to access traditional healing practices.¹⁰ In this study, organizations were asked a similar question: “How easy or difficult is it for your participants to access traditional, spiritual, and cultural health and healing practices, such as natural medicines, healing circles and other ceremonies, and the counsel of Elders in the DTES?”

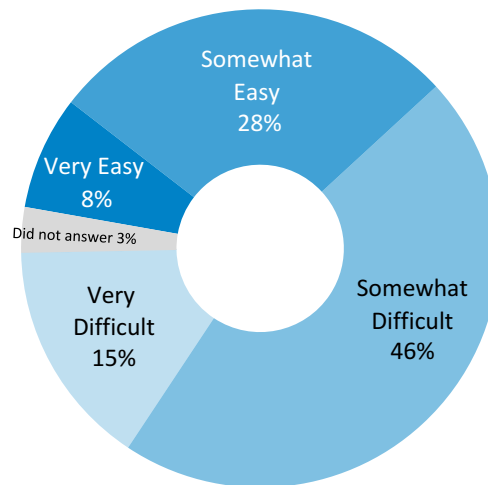
Almost half of the organizations (46%) feel that their program’s participants find it somewhat difficult, with an additional 15% finding it very difficulty to access cultural health and healing practices in the DTES. Almost three in ten (28%) disagree and find participants’ access to cultural health services to be somewhat easy or even very easy (8%).

Overall, six in ten (61%) organizations perceive participants to experience an extent of difficulty in accessing traditional, spiritual, and cultural health and healing supports in the DTES.

¹⁰ See Urban Aboriginal Peoples Study: Main Report at 116.

EASE OF ACCESS TO CULTURAL HEALTH AND HEALING

How easy or difficult is it for your participants to access traditional, spiritual, and cultural health and healing practices, such as natural medicines, healing circles and other ceremonies, and the counsel of Elders in the DTES? (Aboriginal Health, Healing and Wellness in the DTES, 2016, Organizations Survey Q33)



Elders and cultural workers were asked whether they experience ease or difficulty in offering traditional, spiritual, and health and healing practices. More than five in ten (55%) Elders experience difficulty, with some finding it very difficult (10%) and others somewhat difficult (45%).

Barriers for Participants in Accessing Cultural Activities

Organizations and Elders were asked about known barriers for participants in accessing any traditional, spiritual, and cultural activities. Lack of transportation and limited availability of services appear to be two main barriers.

Eight in ten Elders identify limited availability of services (85%), cost of participation (85%), and lack of space (80%). Slightly fewer mention protocols (75%), lack of awareness/communication (70%), child care (70%), and high demands and cannot meet the community's needs (60%). Around half of the Elders interviewed say harm reduction reasons (55%), lack of a food program (50%), and lack of safety (50%).

Beyond transportation (75%) and limited availability of services (62%), organizations say child care (58%), lack of awareness/communication (57%), the high demand to meet community's needs (55%) and costs of participation (52%) continue to be barriers to access traditional cultural activities. Half of organizations or less identify harm reduction reasons (51%), lack of a food program (45%), physical space (45%), protocols (34%), and lack of safety (33%).

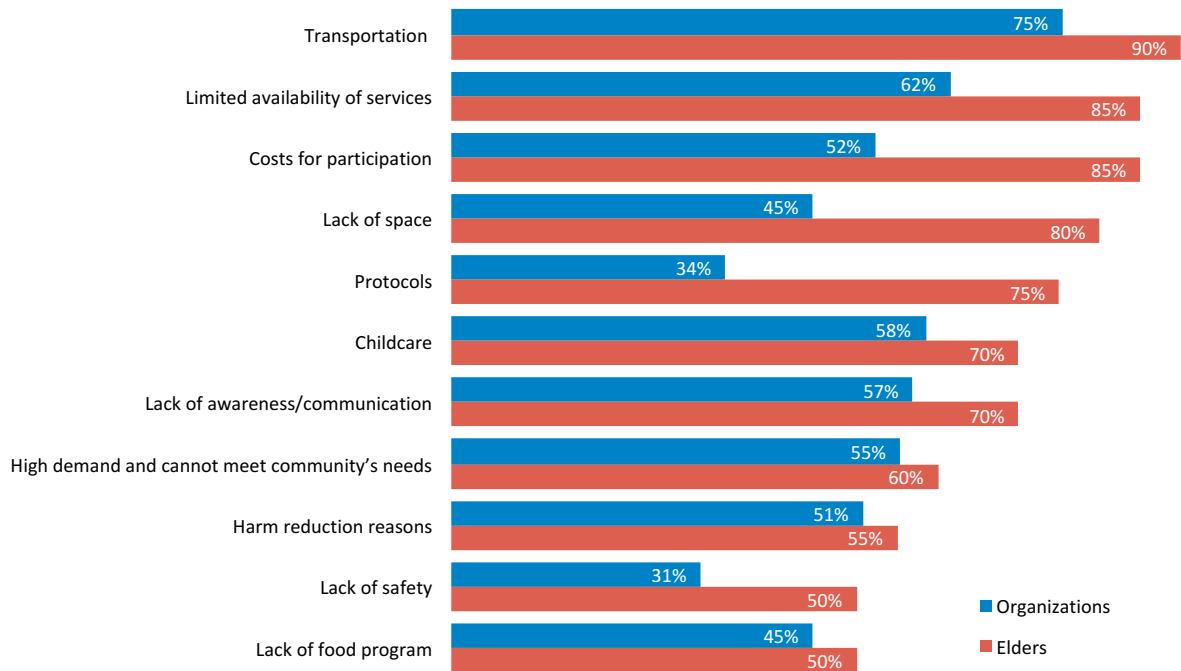
In contrast, lack of space and protocols appear to be viewed as higher barriers for Elders than organizations.

BARRIERS FOR PARTICIPANTS IN ACCESSING CULTURAL SERVICES

Has this program's participants faced any known barriers in accessing any traditional, spiritual, and cultural activities? (Organizations Survey Q20)

Have there been known barriers for participants in accessing any traditional, spiritual, and cultural activities in the DTES? (Elders Survey Q9)

Percentage of 'Yes' responses. Aboriginal Health, Healing and Wellness in the DTES, 2016

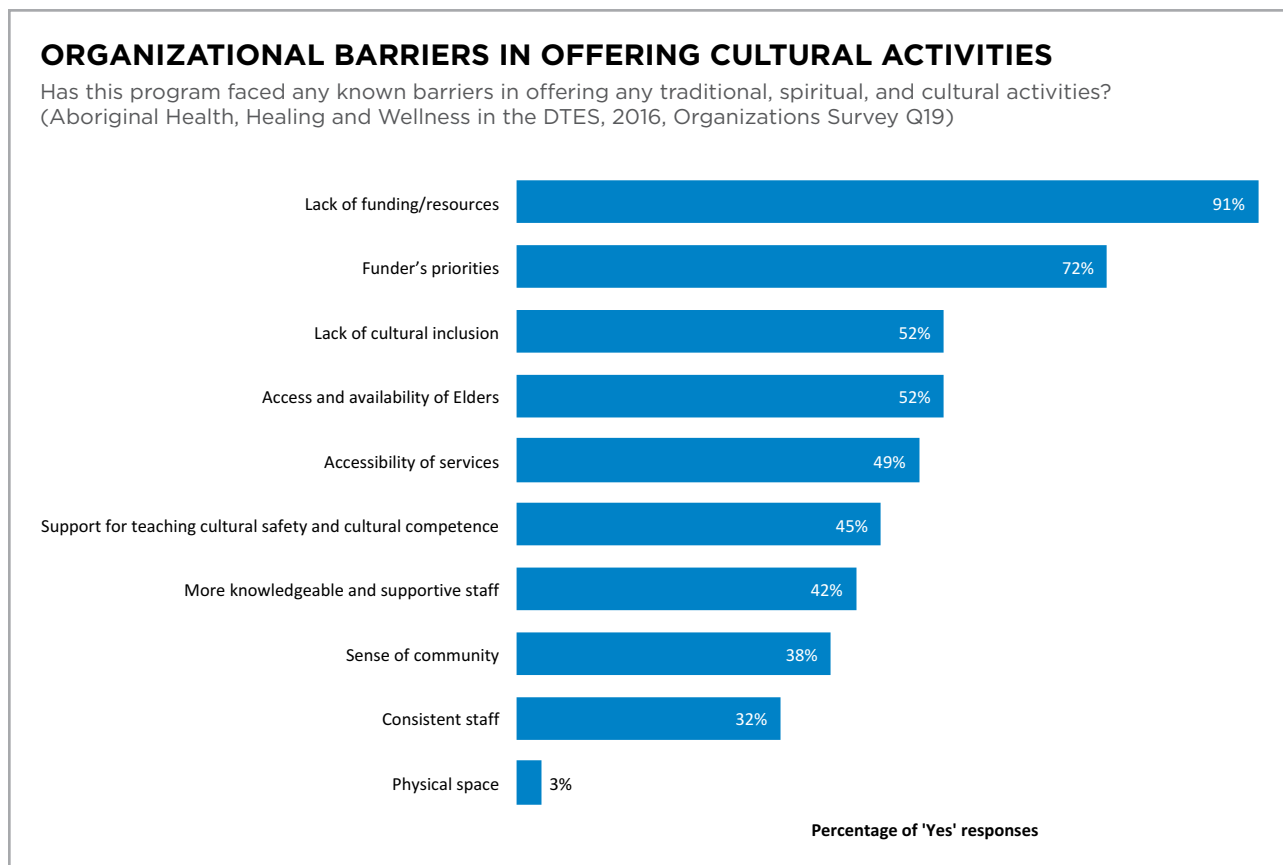


**LACK OF TRANSPORTATION
AND LIMITED AVAILABILITY OF SERVICES
APPEAR TO BE TWO MAIN BARRIERS.**

Organizational Barriers in Offering Cultural Activities

Nine in ten organizations say lack of funding and resources (91%) is the primary barrier in offering any traditional, spiritual, and cultural activities.

Slightly fewer identify funder's priorities (72%), followed by half saying access and availability of Elders (52%) and lack of cultural inclusion (52%), such as in practicing culture within services. Other known barriers include accessibility of services (49%), support for teaching cultural safety and competence (45%), more knowledgeable and supportive staff (42%), sense of community (38%), and consistent staff (32%). Only 3% of organizations site physical space as a barrier.

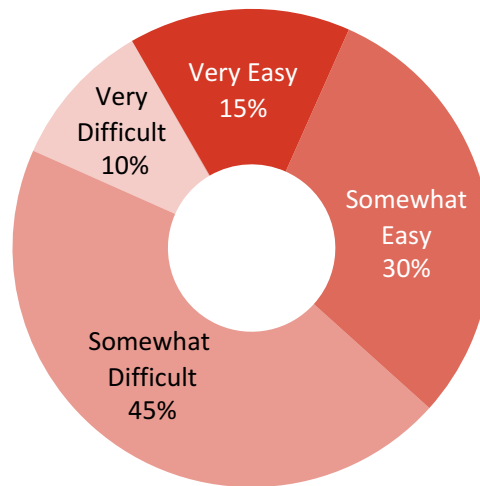


Ease for Elders in Offering Traditional, Spiritual, and Cultural Health and Healing Practices

More than five in ten Elders say it is very (10%) or somewhat (45%) difficult to offer traditional, spiritual, and cultural health and healing practices, such as natural medicines, healing circles and other ceremonies, and the counsel of Elders. Over four in ten say it is somewhat (30%) or very (15%) easy to access these practices.

EASE FOR ELDERS OF OFFERING HEALTH AND HEALING

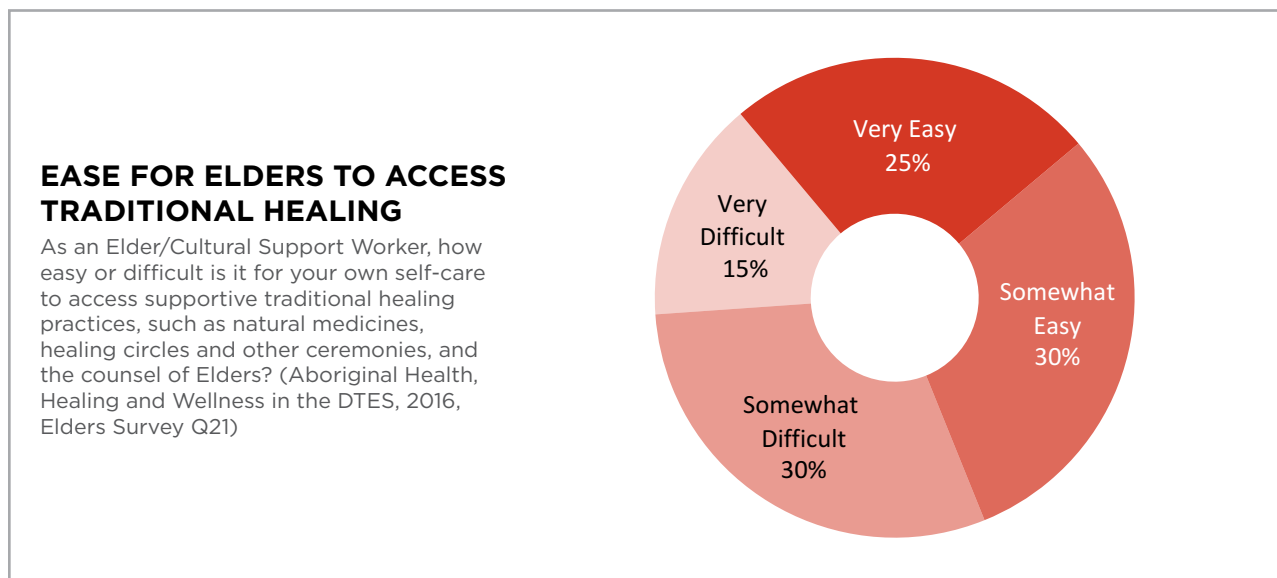
As an Elder/Cultural Support Worker, how easy or difficult is it for you to offer traditional, spiritual and cultural health and healing practices, such as natural medicines, healing circles and other ceremonies, and your counsel [of elders] in the DTES? (Aboriginal Health, Healing and Wellness in the DTES, 2016, Elders Survey Q20)



MORE THAN FIVE IN TEN ELDERS SAY IT IS VERY (10%) OR SOMEWHAT (45%) DIFFICULT TO OFFER TRADITIONAL, SPIRITUAL, AND CULTURAL HEALTH AND HEALING PRACTICES.

Ease for Elders to Access Supportive Traditional Healing Practices

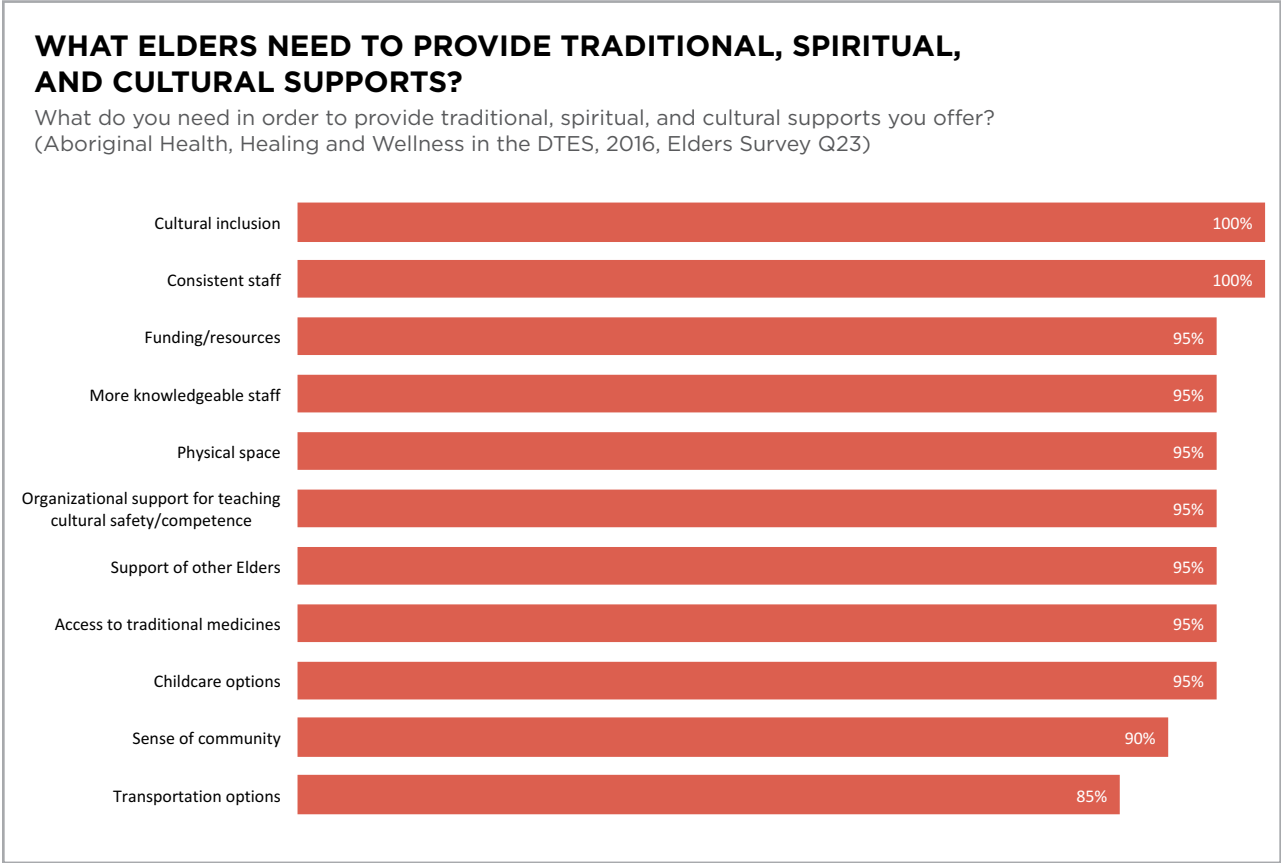
Actual access to traditional healing practices by Elders appears to be slightly on the easier side. Five in ten Elders say it is very (25%) and somewhat (30%) easy for their self-care to access supportive traditional healing practices, such as natural medicines, healing circles, and the counsel of other Elders. Slightly fewer say it is somewhat (30%) and very (15%) hard to access these practices.



FIVE IN TEN ELDERS SAY IT IS VERY (25%) AND SOMEWHAT (30%) EASY FOR THEIR SELF-CARE TO ACCESS SUPPORTIVE TRADITIONAL HEALING PRACTICES.

Elders Needs to Provide Traditional, Spiritual, and Cultural Supports

Elders and cultural support workers say they need cultural inclusion and consistent staff to provide traditional, spiritual, and cultural supports.

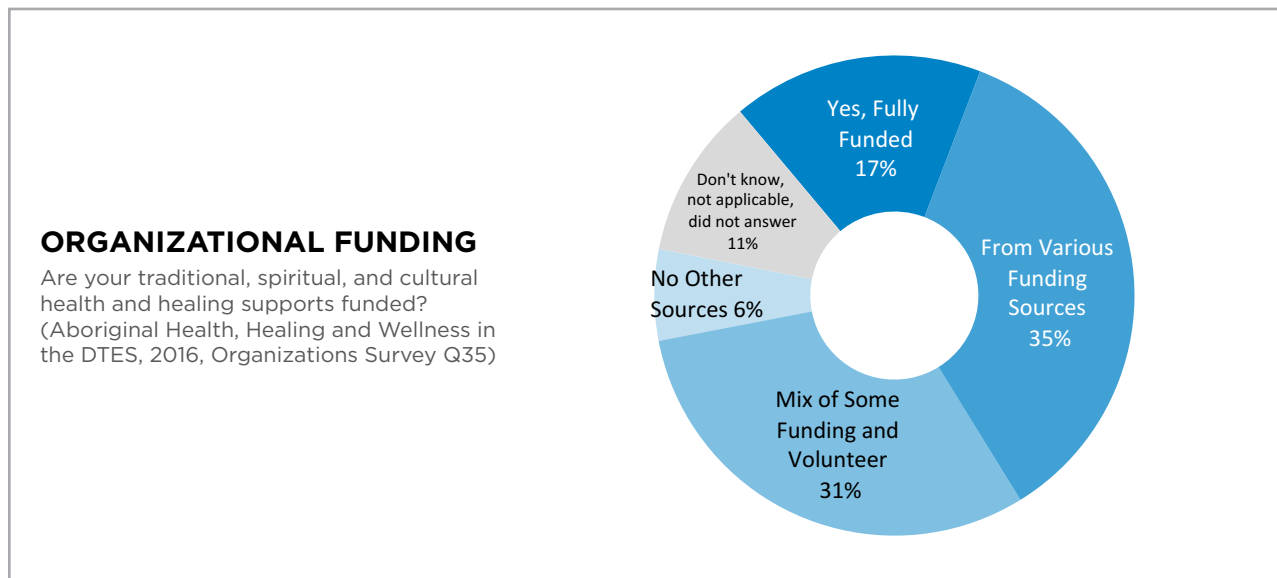


All Elders and cultural support workers identified cultural inclusion (100%), such as the space and acceptance in including culture within organizational services, as a necessity in doing their work. Furthermore, they say having a consistent staff (100%) plays a significant role in the provision of their services too. When collaborating with organizations, more than nine in ten Elders also place a high need on having a more knowledgeable and supportive staff (95%), as well as providing organizational support for teaching cultural safety and cultural competence (95%), and funding and resources (95%) to support their work.

Elders also addressed the need to support other Elders and cultural support workers (95%), have access to traditional medicines (95%), supportive spaces (95%), and childcare options (95%). A sense of community (90%), such as the community’s capacity for health promotion and prevention, along with transportation options (85%) were prioritized after.

Funding Traditional, Spiritual, and Cultural Supports

Around two-thirds of organizations fund traditional, spiritual, and cultural health and healing supports from various funding sources (35%) and a mix of some funding and volunteer (31%). Only 17% of cultural activities are fully funded. Significantly fewer organizations receive no other sources (6%) of funding for their traditional, spiritual, or cultural supported programs.



ONLY 17%
OF CULTURAL ACTIVITIES ARE FULLY FUNDED.

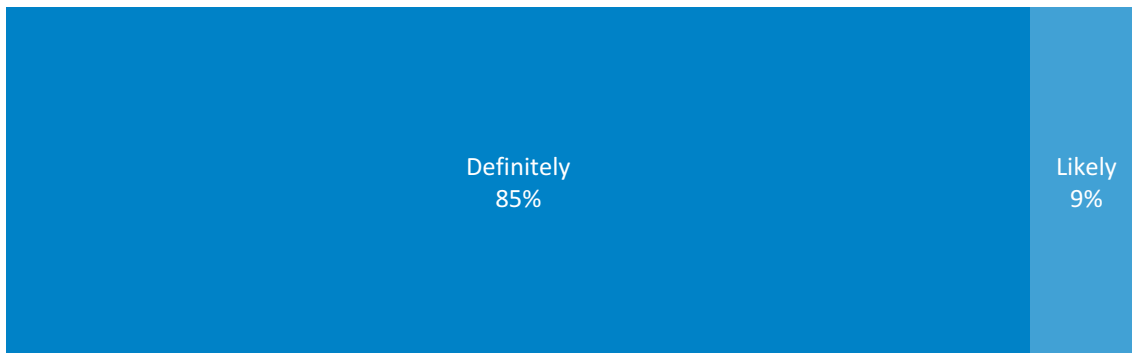


Organizations' Interest in Designated Funding for Cultural Health and Healing

A significant majority of organizations would definitely (85%) and likely (9%) be interested in applying for funding specifically designated for traditional, spiritual, and cultural health and healing supports.

ORGANIZATIONS' INTEREST IN DESIGNATED FUNDING FOR CULTURAL HEALTH AND HEALING

To what extent would you be interested in applying for funding specifically designated for traditional, spiritual, and cultural health and healing supports?
(Aboriginal Health, Healing and Wellness in the DTES, 2016, Organizations Survey Q36)



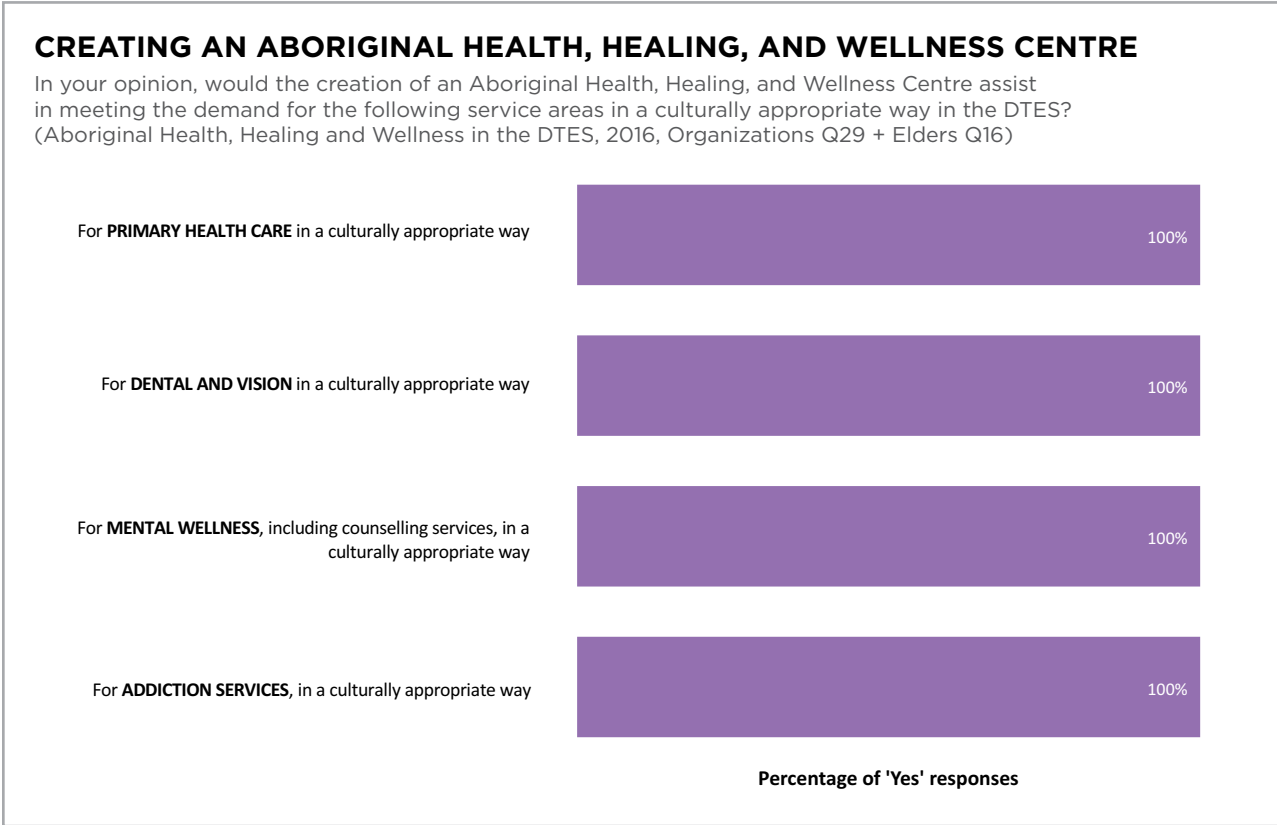
**85% OF ORGANIZATIONS
WOULD DEFINITELY BE INTERESTED IN APPLYING FOR FUNDING
SPECIFICALLY DESIGNATED FOR TRADITIONAL, SPIRITUAL,
AND CULTURAL HEALTH AND HEALING SUPPORTS.**

CREATION OF AN ABORIGINAL HEALTH, HEALING, AND WELLNESS CENTRE

Meeting the Demand for Health Services in a Culturally Appropriate Way

The DTES has many primary health care services although faces an insufficient capacity to meet the needs due in part to the additional Aboriginal population accessing these services.¹¹ Furthermore there are major gaps in providing culturally competent care in primary health, dental, vision and mental wellness and addiction services.

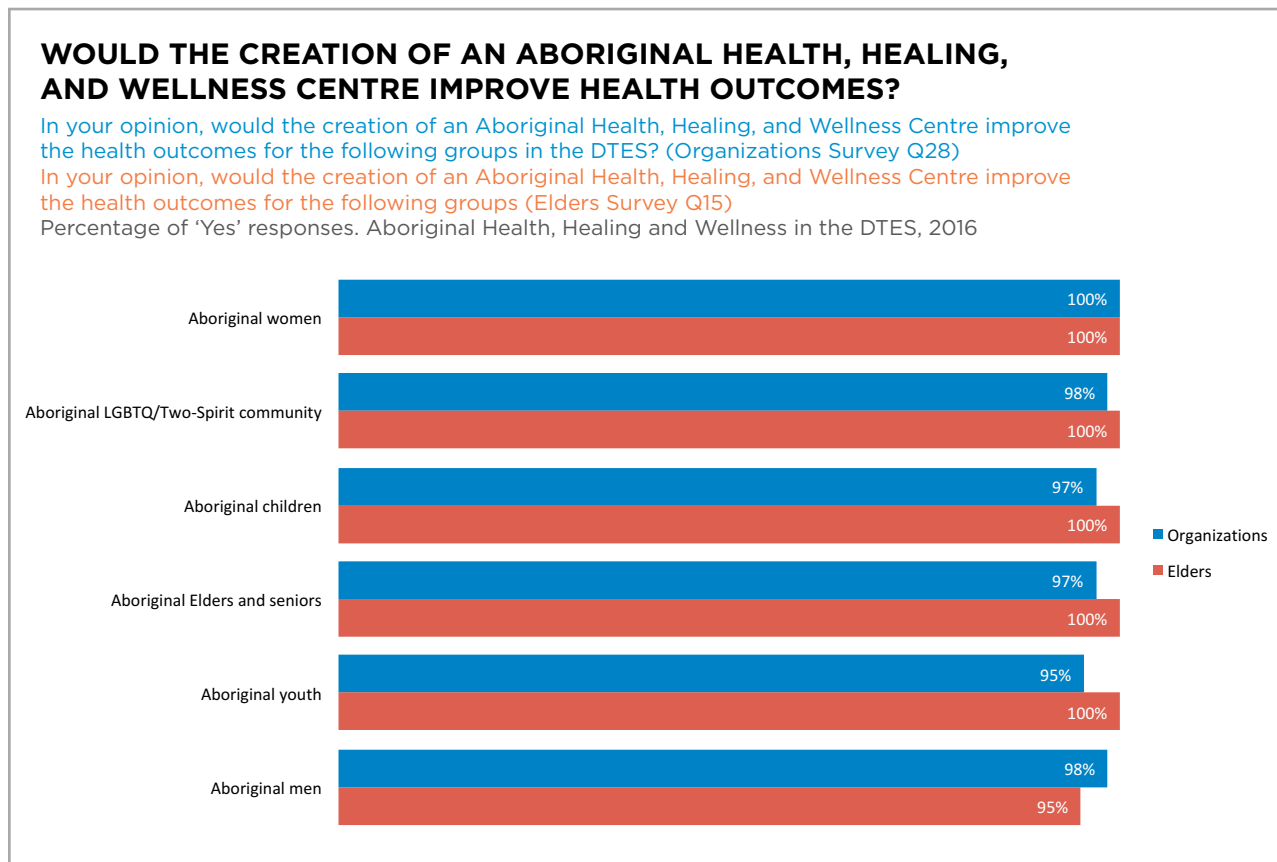
Organizations and Elders were asked whether the creation of an Aboriginal Health, Healing, and Wellness Centre would assist in meeting the demand for primary health care, dental and vision, mental wellness, and addiction services in a culturally appropriate way in the DTES. Astoundingly, everyone responded affirmatively resulting in 100% consensus and agreement in each of the service areas.



¹¹ See VCH FNHA Urban Aboriginal Health Strategy at 20.

Improving Health Outcomes for Priority Groups in the DTES

Organizations and Elders shared their opinion on whether the creation of an Aboriginal Health, Healing, and Wellness Centre would improve the health outcomes for priority groups in the DTES.



Together organizations and Elders feel Aboriginal women (100%) and their health outcomes would benefit most, but also place a high value on the Aboriginal LGBTQ/Two-Spirit Community (98% and 100%, respectively). In fact, Elders identify all groups' health benefitting, with the exception of men (95%). Organizations mention men (98%) followed by Aboriginal children (97%), Elders and seniors (97%), and youth (95%).

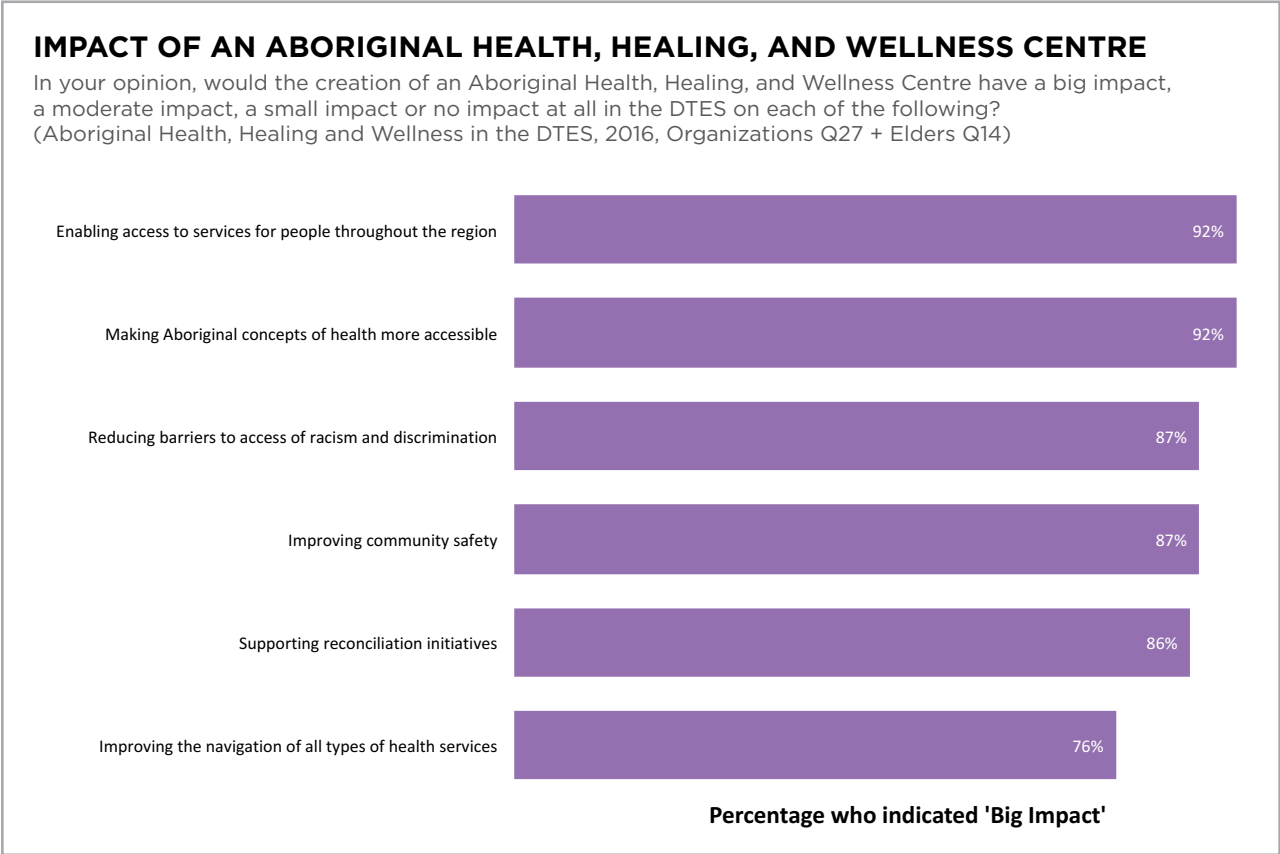
In general, there is an overwhelming consensus that all Aboriginal priority groups and their health outcomes would benefit from the creation of an Aboriginal Health, Healing, and Wellness Centre.

Impact on Key Issues and Challenges in Aboriginal Health

Organizations and Elders think the creation of an Aboriginal Health, Healing, and Wellness Centre will have the biggest impact on enabling access to services throughout the DTES (92%) and making Aboriginal concepts of health more accessible (92%).

Organizations and Elders agree an Aboriginal Health, Healing, and Wellness Centre would have a big impact on the following:

- Enabling access to services for people throughout the region (92%);
- Making Aboriginal concepts of health more accessible (92%);
- Reducing barriers to access of racism and discrimination (87%);
- Improving community safety (87%);
- Supporting reconciliation initiatives (86%); and,
- Improving the navigation of all types of health services (76%).



KEY RESEARCH THEMES

THEME 1: OUR HEALTH

What We Know

Racism and discriminatory practices and policies continue to marginalize many Aboriginal peoples in the mainstream health care system. Urban Aboriginal peoples are further marginalized by experiences of racism while navigating health care, justice, and housing systems.

The Truth and Reconciliation Commission calls for the recognition and implementation of health care rights for Aboriginal peoples, including the recognition, respect, and address of the distinct health needs of the Metis, Inuit, and off-reserve Aboriginal peoples. In Recommendation 23, all levels of government are called upon to:

- i. Increase the number of Aboriginal professionals working in the health-care field.
- ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
- iii. Provide cultural competency training for all health-care professionals.¹²

There is a need to reduce barriers of racism and discrimination, enable access to health services, and improve the navigation of all types of health services, including primary health care, dental and vision, mental wellness and addiction services.

Impacts on the DTES

The DTES is one of Vancouver's oldest neighbourhoods and home to many of the city's most vulnerable populations. The 2014 City of Vancouver's Social Impact Assessment on the DTES noted "High rates of mental illness and addiction persist and are difficult to treat – a problem exacerbated by poverty, homelessness, poor housing conditions, histories of trauma and the lack of a continuum of care that emphasizes choice and client-centred care."

What We Heard

Two-thirds of the organizations surveyed say their cultural programming aims to service primarily Aboriginal women, LGBTQ/Two-Spirit Community, and men, with low-income individuals, families or the elderly being identified as their primary vulnerable or at-risk population being served.

Elders are primarily serving Aboriginal women, Elders and seniors, with illicit alcohol users emerging above low-income individuals, families or the elderly, as their vulnerable population. In both cases, Aboriginal children and youth, including at-risk youth and/or youth aging out of care, are being offered cultural supports by just over half of organizations and Elders in the DTES. Yet both place a greater importance on providing traditional, spiritual, and cultural health and healing supports to child and family services (95%) and child care and daycares (94%) than any other services.

¹² See Truth and Reconciliation Commission of Canada: Calls to Action, at 3.

There is a strong consensus among organizations and Elders that it is important for Aboriginal health services to exist in addition to non-Aboriginal health services.

Key Issues/Gaps on Health Care in the DTES

- Child and family services and child care and daycares are the most important services in providing traditional, spiritual, and cultural health and healing supports in the DTES
- Strong support for Aboriginal-specific services in addition to non-Aboriginal ones
- Recognize the value of Aboriginal healing practices and use them in treatment of Aboriginal patients in collaboration with Aboriginal Elders and healers
- Lack of sustained funding for Aboriginal service providers
- Contracting and funding need to incorporate a holistic approach to health, healing, and wellness
- Lack of service integration making access to available services difficult and navigational support into and through services is a necessity
- Aboriginal clients are highly mobile and the demand for Aboriginal services in the DTES comes from across greater Vancouver and parts of the Fraser Region
- Key gaps in primary health care, dental, vision, and mental wellness and addiction services
- Absence of good data about service use (or lack of) needed to establish measurable goals to identify and close the gaps in health outcomes for Aboriginal peoples





THEME 2: OUR HEALING

What We Know

Greater efforts are needed to support reconciliation and healing initiatives. The Truth and Reconciliation Commission called for greater efforts to support reconciliation and healing:

22) We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.

Recommendation 21 calls for sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools.¹³

Impacts on the DTES

Over the years in Vancouver, there have been many calls for Aboriginal healing centres that would include cultural approaches to healing and wellness. These supports must be accessible, improve community safety, and support reconciliation efforts in the DTES.

What We Heard

For organizations, the large majority of traditional, spiritual, and cultural health and healing spaces are shared, with over half facing competing priorities for use. Three in ten spaces will only occasionally meet the needs for offering traditional, spiritual, and cultural health and healing supports, while one in ten spaces fail to do so completely. For Elders, 80% identify a lack of space as one of the top barriers for access to cultural activities.

Key Issues/Gaps on Healing in the DTES

- Reconciliation and healing initiatives are required to understand of the history of colonization, the impacts residential schools, and the impacts of child welfare on Aboriginal peoples
- More spaces and places are needed for Aboriginal health, healing, and wellness supports and services
- Support for Elders and traditional healers is needed to provide traditional, spiritual, and cultural health and healing services, especially to Aboriginal women, youth, and children

¹³ See Truth and Reconciliation, Volume 6, at 233.

THEME 3: OUR WELLNESS

What We Know

The Mayor’s Task Force on Mental Health and Addictions identified a Focus on Youth – Better Transitions and Outcomes – as one of the six action areas. The ongoing issues surrounding youth transitioning into adulthood, especially those with mental health and addiction issues, particularly those at highest risk who are leaving foster care, remain an important priority from prevention to recovery.

In May 2015, the BC Representative for Children and Youth issued the report “Paige’s Story: Abuse, Indifference and a Young Life Discarded” with key recommendations that the Ministry of Children and Family Development, the Ministry of Health, Vancouver Coast Health Authority, BC Housing, and the City of Vancouver to review services – including child protection, housing, health care and substance use treatment – to vulnerable children in the DTES. Recommendations 2 and 5 suggest services to review include sexual and reproductive health and education, after-care planning and follow-up services, follow-up doctor appointments for female children after pregnancy termination, intensive drug and alcohol services with an Aboriginal trauma lens and a family-centred model, and Aboriginal youth addiction services, including secure short-term care, with strong after-care, and a focus on education and resilience.¹⁴

Connections to culturally appropriate systems of care and adult mentors are needed at an early age for children at high risk to prevent more serious mental health and addiction issues. A high value is placed on the overall culture of wellness for youth, including supportive peer relationships, family, youth workers, adult allies, and service providers.

Impacts on the DTES

Urgent action and meaningful improvement is needed in the DTES in the areas of child welfare, adequate housing, early care and childhood development and learning, early intervention in mental health and addictions, income support and other family support services.

In response to *Paige’s Story*, the Province completed a review of all files and safety plans for children and youth in care or receiving reviewable services, who reside or frequent the DTES. In April 2015, out of a sample of 124 children and youth in care, over the age of 12 years old:

- About 50% are Aboriginal youth
- About 60% are females
- Average age of sample was 17 years old

¹⁴ See BC Representative for Children and Youth, *Paige’s Story*, at 64.

The Province estimates about 50 of these youth are considered in elevated high-risk situations in the DTES:

- 87% of you had substance misuse
- 78% had mental health concerns
- 54% were a victim of sexual exploitation
- 66% had youth justice involvement¹⁵

Since then the City has endorsed the Youth Matters community accountability pledge and principles. The City and collaborating partners are working to deliver some critical ongoing and one-time responses to the needs of at-risk children, youth, and families in the DTES. Place-based youth services and other specialized youth services are being integrated to provide the greatest amount of choice, including safe places for youth in the DTES, low-barrier services, treatment, and detox.

What We Heard

Overall there is a strong consensus that it is very important for all services, like addiction programs and health centres, to provide traditional, spiritual, and cultural health and healing supports in the DTES. In providing these services, Aboriginal women are a primary priority group for both organizations and Elders. Although Aboriginal children and youth are seen as the most important priority group to receive traditional, spiritual, and cultural health and healing supports, only about half of organizations are providing these cultural services to them. Furthermore almost all of the Elders we spoke with are working with illicit alcohol users. Because of this, organizations and Elders say it is very important that there be Aboriginal-specific addiction programs, health centres, child care/day care and housing services.

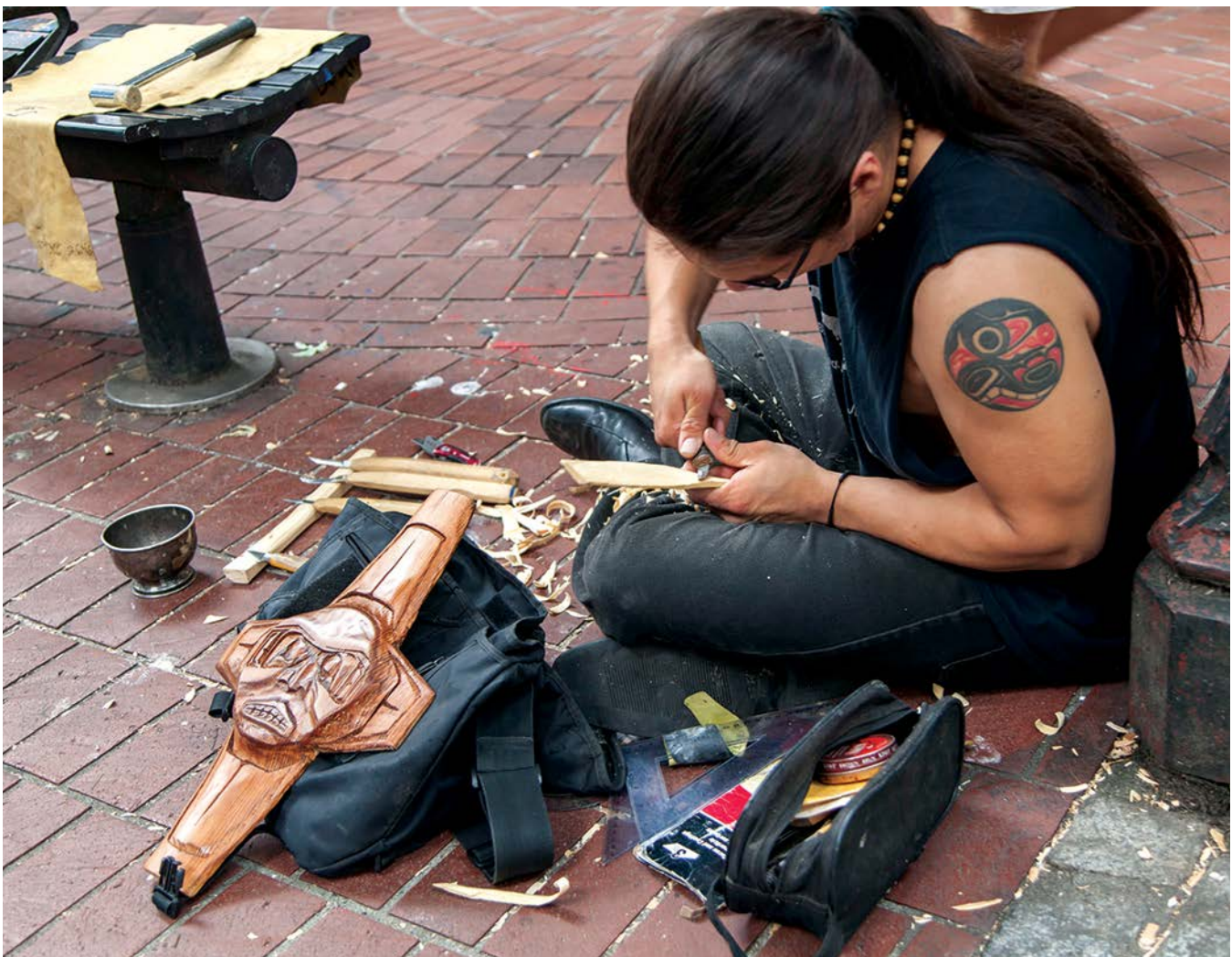
IT IS VERY IMPORTANT FOR ALL SERVICES, LIKE ADDICTION PROGRAMS AND HEALTH CENTRES, TO PROVIDE TRADITIONAL, SPIRITUAL, AND CULTURAL HEALTH AND HEALING SUPPORTS IN THE DTES.

The creation of an Aboriginal Health, Healing, and Wellness Centre would have the greatest impact on enabling access to services throughout the DTES and make Aboriginal concepts of health and wellness more accessible while improving the health outcomes of all Aboriginal priority groups: women, LGBTQ/Two-Spirit community, men, Elders and seniors, children and youth. This kind of centre would assist in addressing the gaps for major gaps in providing culturally competent care in primary health, dental, vision, and mental health and wellness, and addiction services.

¹⁵ City of Vancouver, "Youth Homelessness and Challenges for Vulnerable Youth: City Response to the B.C. Representative for Children and Youth Report recommendations for City of Vancouver on "Paige's Story: Abuse, Indifference and a Young Life Discarded" September 6, 2016. Vancouver, BC: author.

Key Issues/Gaps on Wellness in the DTES

- Aboriginal children, and youth are underserved groups for any cultural, traditional, or spiritual activities provided in the DTES
- Elders are a priority group and seen as the most important aspect of Aboriginal culture in being able to pass on to future generations
- There are gaps in culturally appropriate prevention and wellness programs for the Aboriginal community, and supports for children, youth, women, men, two-spirited, and Elders needs are different with unique needs based on where they are in their life's journey
- Invest in wellness programs that promote health and wellness through prevention of illness, particularly for Aboriginal children and youth
- Identify opportunities for Aboriginal service providers to deliver health promotion and prevention programs in the DTES



CREATING HEALTH, HEALING, AND WELLNESS

FOCUS ON WELLNESS FOR ABORIGINAL PEOPLES – A CITY OF RECONCILIATION

The Mayor’s Task Force on Mental Health and Addiction identified Focus on Wellness for Aboriginal Peoples as one of six priority action areas with identified next steps on how to provide care and address key service gaps.

Priority Actions/Recommendations

1. Design an Urban Aboriginal Wellness Strategy

- Support Aboriginal service agencies wishing to enhance mental health and addictions training for front-line staff at Aboriginal shelters.
- Explore the expansion of peer navigator roles in formal and informal health care, with a focus on Elders and Aboriginal youth.
- Enhance public education on Aboriginal culture by building on and integrating existing modules and programs.
- Promote and support the expansion of the Provincial Health Services Authority’s cultural training program into formal health care, including primary care and treatment.

2. Formally establishing working relationships with Metro Vancouver Aboriginal Executive Council (MVAEC) and First Nations Health Authority (FNHA) through memoranda of understanding and align City of Vancouver’s work as appropriate to the Vancouver Coastal Health (VCH)/FNHA Urban Aboriginal Health Strategy.

- A MOU was signed with MVAEC to better understand, support, and respond to matters affecting the urban Aboriginal population.

3. Convene an advisory group to create concepts/models for Aboriginal Healing and Wellness in Vancouver

- Through the Mayor’s Task Force on Mental Health and Addictions, convene the Aboriginal Healing and Wellness Centres Working Group (AHWC)

In seeking to support the Mayor’s Task Force’s Action Area of Wellness for Aboriginal Peoples, the Aboriginal Health, Healing, and Wellness in the DTES study aimed to support the priority action of an Urban Aboriginal Health Strategy in collaboration with Vancouver Coastal Health, First Nations Health Authority, Metro Vancouver Executive Aboriginal Council, and other Aboriginal organizations and residents.

Under the guidance of the Aboriginal Healing and Wellness Centres Working Group, the Research Team set out to address the gaps of knowledge surrounding traditional, spiritual, and cultural supports in the DTES.

Strengthening Relations

The City of Vancouver is not mandated to deliver health services. The City, however, is active in the housing and public safety sectors, and provides many services to the public through programs, and supports various social agencies. Moving forward, the City's key role will be to continue fostering meaningful relationships with the Musqueam, Squamish, and Tseil-Waututh First Nations, the City's Urban Aboriginal People's Advisory Committee, Metro Vancouver Aboriginal Executive Council, the First Nations Health Authority, Vancouver Coastal Health, urban Aboriginal agencies, and with local residents.

FUTURE DIRECTIONS AND REFLECTIONS

CALLS TO ACTION TO ENHANCE ABORIGINAL HEALTH, HEALING, AND WELLNESS IN THE DTES

The Aboriginal Healing and Wellness Centres Working Group can continue on this research path and engage community members who are participating in Aboriginal traditional, spiritual, and cultural health and healing practices in the DTES. Under the guidance, leadership, and work of an Aboriginal Peer Council, the research can be used to understand and identify innovative practices that are truly working for participants who are accessing these cultural health and healing supportive services.

Peer-Informed System

Convene an Aboriginal Peer Council to continue to examine best practices in health, healing, and wellness in the DTES. The City has recognized the value of peer supports. Peers with lived experience have acted as navigators and advocates, specifically in helping to increase the ability for people in crisis to access mental health and addiction services. In this study, Peer Research Associates gained experience as peer researchers and workers. A peer approach that encourages mentorship and leadership in the areas of health, healing, and wellness can continue to be a strong vehicle to build capacity within the health care system and community in the DTES.

Urban Aboriginal Health Strategy

The City can support the engagement and implementation process of an Urban Aboriginal Health Strategy, along with Metro Vancouver Aboriginal Executive Council, the First Nations Health Authority, Vancouver Coastal Health, urban Aboriginal agencies, and local residents.

Healthy City Strategy

The City of Reconciliation's objectives also align with and reinforce the Healthy City Strategy's objectives, which promote safety, inclusion, and building connections between communities and individuals. The City is also working in partnership with Reconciliation Canada to further the City's efforts as a City of Reconciliation. There are health-related calls to action, which should continue to guide the strategic directions, implementation, and actions in support of health, healing, and wellness initiatives.

Traditional and Culturally Appropriate Health Care

Access to traditional and culturally appropriate health care practices is equally, if not more important, than access to mainstream non-Aboriginal health care. There is a need for Aboriginal-specific programs in the DTES, with all services being able to provide traditional, spiritual, and cultural health and healing supports. Cultural competency should remain a key component in guiding principles, actions, and goals in the provision of supports and services, in which providing, cultural competency training is essential. Funders and Aboriginal service providers, especially those in primary health care, need to integrate culturally competent approaches into service design and delivery.

Mental Health and Addictions

Develop culturally responsive and sustainable contracts with Aboriginal service providers to support cultural integration and culturally competent approaches to working with the Aboriginal community. Recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal Elders and healers. Support Aboriginal health and healing initiatives that honour Aboriginal traditional, spiritual, and cultural health and healing supports and services. Elders and traditional healers will require substantial support in leading the holistic health of the Aboriginal community.

Funding

Provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools. Sustainable funding will support building capacity and offer long term sustainable delivery of services, as opposed to one off, short-term funding for Aboriginal service providers.

Within this research, organizations identified an inability to access funding for cultural supports simply because they were not viewed as acceptable activities to cover under any funding program. Other barriers associated with a lack of funding include transportation supports, limited availability of services, and child care needs. All barriers faced by organizations and Elders in providing cultural activities should be taken into account by funders.

Contract and funding agreements need to be guided by the recognition of Aboriginal holistic approaches to health, healing, and wellness service delivery. Traditional, spiritual, and cultural health and healing activities, like healing circles, Elders' teachings and ceremonies, need to be recognized and supported as part of funding agreements. Opportunities to sponsor collaborations where service providers can partner to deliver shared service models are encouraged while minimizing undue hardship in program and service delivery.

FINAL REMARKS

The *Aboriginal Health, Healing, and Wellness in the DTES* research study aimed to identify gaps in knowledge surrounding culturally appropriate health supports for Vancouver urban Aboriginal peoples. In conducting research on the current practices, the primary goal was to optimize urban Aboriginal health through the integration of traditional, spiritual, and cultural supports in health services in the DTES. The creation of an Aboriginal Health, Healing, and Wellness Centre in the DTES is believed to one day improve the health outcomes for the DTES Aboriginal community while meeting the demand for health services in a culturally appropriate way.

The research findings are public information that can be used:

- To guide Aboriginal health and healing policy and project initiatives;
- To highlight the landscape of Aboriginal traditional, cultural, and spiritual activities in the DTES;
- To support the development and engagement of an Aboriginal peer-informed system; and,
- To assist planning activities on how these traditional health and healing supports can be accessible and available to residents in a culturally supportive and relevant manner.

ACKNOWLEDGEMENTS

The Research Team would like to thank the Aboriginal Healing and Wellness Centres Working Group, the Research Advisory Committee, and City of Vancouver staff who gave invaluable guidance and support throughout the study. Thank you to everyone who generously shared their thoughts, stories, and experiences during their interviews.



APPENDIX 1 – ORGANIZATION SURVEY

Aboriginal Health, Healing, and Wellness
in the DTES – Organization Questionnaire

PROGRAM INFORMATION

I'd like to start with a few questions about this program that offers traditional, spiritual, and cultural supports in the DTES.

1. Is your program operated and maintained by staff? (Circle all that apply)
 - a. Full-time staff
 - b. Part-time staff
 - c. Contract
 - d. Casual

2. If peers and volunteers are involved, how many active and engaged volunteers support the program?
 - a. 1-5
 - b. 5-10
 - c. 10-25
 - d. More than 25
 - e. Don't Know/Not Applicable

3. To what extent are traditional, spiritual, and cultural supports offered within the program?
 - a. Always or often
 - b. Occasionally
 - c. Rarely
 - d. Never

4. To what extent does the program aim to service the Aboriginal population in the DTES?
 - a. Exclusively Aboriginal
 - b. Mostly Aboriginal
 - c. Equally Aboriginal and non-Aboriginal
 - d. Mostly non-Aboriginal
 - e. Exclusively non-Aboriginal

- f. Depends
 - g. Don't Know/Not Applicable
5. Does the program provide traditional, spiritual, and cultural supports to any of the following priority groups in the DTES? (Circle all that apply)
- a. Aboriginal women
 - b. Aboriginal men
 - c. Aboriginal children
 - d. Aboriginal youth
 - e. Aboriginal Elders and seniors
 - f. Aboriginal LGBTQ/Two-Spirit Community
6. More specifically, does the program provide traditional, spiritual, and cultural supports to any of the following vulnerable or at-risk populations in the DTES? (Circle all that apply)
- a. Homeless
 - b. Low-income individuals, families or elderly (i.e., economically disadvantaged)
 - c. Illicit drug users
 - d. Illicit alcohol users
 - e. Chronically ill and disabled (i.e., chronic health conditions, mental illness, etc.)
 - f. Persons living with HIV/HCV
 - g. Sex workers (former and/or current)
 - h. Victims of violence
 - i. Residential school survivors
 - j. At-risk youth and/or youth aging out of care
 - k. Parolees and former inmates
 - l. Veterans

SPACE

We will now move on to some questions about where this program primarily offers traditional, spiritual, and cultural health and healing supports.

7. Could you tell us the address of the primary location of where this programming takes place?
- Location Address _____

When you think of this location where traditional, spiritual, and cultural health and healing supports are offered (Circle all that apply):

8. Is the space enclosed indoors?
- Yes
 - No
 - Don't Know/Not Applicable
9. Does the space provide access for outdoor activities?
- Yes
 - No
 - Don't Know/Not Applicable
10. Does the space provide for privacy?
- Yes
 - No
 - Don't Know/Not Applicable
11. Does the space have access to a kitchen?
- Yes
 - No
 - Don't Know/Not Applicable
12. Does the space have access to running water?
- Yes
 - No
 - Don't Know/Not Applicable
13. Are there accessible bathroom facilities?
- Yes
 - No

c. Don't Know/Not Applicable

14. Is the space shared?

a. Yes

b. No

c. Don't Know/Not Applicable

15. Does the space face competing priorities for its use?

a. Yes

b. No

c. Don't Know/Not Applicable

16. To what extent does the program's space meet the needs for offering traditional, spiritual, and cultural health and healing supports?

a. Always or often

b. Occasionally

c. Rarely

d. Never

TRADITIONAL, SPIRITUAL, AND CULTURAL ACTIVITIES

Next are some questions about traditional, spiritual, and cultural activities in the DTES.

17. What kinds of traditional, spiritual, and cultural activities are offered in the DTES? (Circle all that apply)

a. Smudge

b. Prayer

c. Drumming, songs, and dancing

d. Medicine gardens/harvest

e. Traditional food cooking

f. Feasts

g. Canoeing

h. Traditional games

i. Elders' teachings

j. Healing, talking or sharing circles

k. Artistic activities and craft workshops

l. Storytelling

m. Traditional camp/retreat

n. Traditional ceremonies:

i. Brushing-off Ceremony

ii. Sweat Lodge

iii. Full Moon Ceremony (i.e., for welcoming the full moon)

iv. Moon Lodge Ceremony (i.e., Women's ceremony)

v. Naming Ceremony

vi. Pipe Ceremony

vii. Sun Dance

viii. Other: _____

18. To what extent does the program support participation of its members to attend any of these traditional, spiritual, and cultural activities outside the DTES?

a. Always or often

b. Occasionally

c. Rarely

d. Never

19. Has this program faced any known barriers in offering any traditional, spiritual, and cultural activities? (Circle all that apply)

a. Lack of funding/resources

b. Lack of cultural inclusion (i.e., lack of space and acceptance in including or practicing culture within services, protocols, etc.)

c. Accessibility of services (i.e., location)

d. Sense of community

(i.e., community capacity for health promotion and prevention)

e. More knowledgeable and supportive staff

f. Consistent staff

g. Funder's priorities

h. Physical space

i. Support for teaching cultural safety and cultural competence

j. Access and availability of Elders or cultural workers

20. Has this program's participants faced any known barriers in accessing any traditional, spiritual, and cultural activities? (Circle all that apply)

a. Lack of space

- b. Costs for participation
- c. Childcare
- d. Transportation
- e. Limited availability of services
(i.e., hours of service, availability of elders, etc.)
- f. High demand and cannot meet community's needs
- g. Lack of awareness/communication
- h. Harm reduction reasons
- i. Protocols
- j. Lack of safety (i.e., fear of violence, location, etc.)
- k. Lack of food program

PLACE

Next we will move to questions about the DTES neighbourhood.

21. To what extent do you feel there is a choice about the health services that are accessible to Aboriginal peoples in the DTES? Do you feel there is?
- a. A lot
 - b. Some
 - c. Little, or
 - d. No choice at all
 - e. Don't Know/Not Applicable
22. Overall, how much impact do you think an organization offering traditional, spiritual, and cultural supports like yours can have in making the DTES be a better place to live?
- a. A big impact
 - b. A moderate impact
 - c. A small impact
 - d. Or, no impact at all
 - e. Don't Know/Not Applicable
23. How often does your traditional, spiritual, and cultural program get asked to partner with other organizations in DTES?
- a. Daily
 - b. A few times a week

- c. A few times a month
- d. Once a month
- e. Every couple of months
- f. Never

24. For your program, what kind of services or organizations have you been asked to collaborate or partner with?

- a. Friendship Centres
- b. Counselling Centres
- c. Health Centres
- d. Housing Services
- e. Child and Family Services
- f. Aboriginal Legal Services
- g. Employment Centres
- h. Aboriginal Youth Centres
- i. Healing Centres
- j. Research Centres
- k. Arts and Cultural Centres
- l. Charities
- m. Government
- n. Don't Know/Not Applicable

25. How important do you think the following Aboriginal services exist in addition to non-Aboriginal ones in the DTES? For each one, please tell me if you think it is very important, somewhat important or not so important. (Circle all that apply)

[Ask: "How important do you think that _____ exist in addition to non-_____ in DTES?"]

	Very Important	Somewhat Important	Not So Important	Don't Know / Not Applicable
a. Aboriginal child and family services	01	02	03	04
b. Aboriginal addiction programs	01	02	03	04
c. Aboriginal elementary and secondary schools	01	02	03	04
d. Aboriginal colleges and universities	01	02	03	04

	Very Important	Somewhat Important	Not So Important	Don't Know / Not Applicable
e. Aboriginal child care or daycares	01	02	03	04
f. Aboriginal employment centres	01	02	03	04
g. Aboriginal health centres	01	02	03	04
h. Aboriginal housing services	01	02	03	04
i. Aboriginal food programs	01	02	03	04

26. How important do you think the following services provide traditional, spiritual, and cultural health and healing supports in the DTES? For each one, please tell me if you think it is very important, somewhat important or not so important. (Circle all that apply)

[Ask: “How important do you think that _____ offer traditional, spiritual, and cultural health and healing supports in the DTES?”]

	Very Important	Somewhat Important	Not So Important	Don't Know / Not Applicable
a. Child and family services	01	02	03	04
b. Addiction programs	01	02	03	04
c. Elementary and secondary schools	01	02	03	04
d. Colleges and universities	01	02	03	04
e. Child care or daycares	01	02	03	04
f. Employment centres	01	02	03	04
g. Health centres	01	02	03	04
h. Housing services	01	02	03	04
i. Food programs	01	02	03	04

27. In your opinion, would the creation of an Aboriginal Health, Healing, and Wellness Centre have a big impact, a moderate impact, a small impact or no impact at all in the DTES on each of the following...? (Circle all that apply)

[Ask: “Would the creation of an Aboriginal Health, Healing, and Wellness Centre have a big impact, a moderate impact, a small impact or no impact at all in the DTES on _____?”]

	Big Impact	Moderate Impact	Small Impact	No Impact	Don't Know / NotApplicable
a. Reducing barriers to access of racism and discrimination	01	02	03	04	05
b. Supporting reconciliation initiatives	01	02	03	04	05
c. Improving the navigation of all types of health services	01	02	03	04	05
d. Enabling access to services for people throughout the region	01	02	03	04	05
e. Improving community safety	01	02	03	04	05
f. Making Aboriginal concepts of health more accessible (such as healing circles, etc.)	01	02	03	04	05

28. In your opinion, would the creation of an Aboriginal Health, Healing, and Wellness Centre improve the health outcomes for the following groups in the DTES? (Circle all that apply)

a. Aboriginal women:

1. Yes
2. No
3. Don't Know/Not Applicable

b. Aboriginal children:

1. Yes
2. No
3. Don't Know/Not Applicable

c. Aboriginal youth:

1. Yes
2. No
3. Don't Know/Not Applicable

d. Aboriginal Elders and seniors:

1. Yes
2. No
3. Don't Know/Not Applicable

e. Aboriginal men:

1. Yes
2. No
3. Don't Know/Not Applicable

f. Aboriginal LGBTQ and Two-Spirit Community:

1. Yes
2. No
3. Don't Know/Not Applicable

29. In your opinion, would the creation of an Aboriginal Health, Healing, and Wellness Centre assist in meeting the demand for the following service areas in a culturally appropriate way in the DTES? (Circle all that apply)

a. For primary health care in a culturally appropriate way:

1. Yes
2. No
3. Don't Know/Not Applicable

b. For dental and vision in a culturally appropriate way:

1. Yes
2. No
3. Don't Know/Not Applicable

c. For mental wellness, including counselling services, in a culturally appropriate way:

1. Yes
2. No
3. Don't Know/Not Applicable

d. For addiction services, in a culturally appropriate way:

1. Yes
2. No
3. Don't Know/Not Applicable

CULTURE

The next few questions are about Aboriginal culture, by which we mean the ways of life that are passed from generation to generation.

30. Are there a lot, some, a few or no Aboriginal cultural activities available in the DTES community?

- a. A lot
- b. Some
- c. A few
- d. None
- e. Don't Know/Not Applicable

31. In the last five years, do you think that Aboriginal culture in the DTES has become stronger, become weaker, or has not changed?

- a. Become stronger
- b. Become weaker
- c. Has not changed
- d. Don't Know/Not Applicable

32. In your opinion, what aspects of Aboriginal culture are most important to pass on for the next generations? (Circle all that apply)

- a. Language
- b. Customs/traditions
- c. History
- d. Art
- e. Music
- f. Food
- g. Elders
- h. Celebrations/events
- i. Ceremonies
- j. Leadership
- k. Ethics
- l. Land/space
- m. Spirituality
- n. Family values

o. Don't Know/Not Applicable

33. How easy or difficult is it for your participants to access traditional, spiritual, and cultural health and healing practices, such as natural medicines, healing circles and other ceremonies, and the counsel of Elders in the DTES?

- a. Very easy
- b. Somewhat easy
- c. Somewhat difficult
- d. Very difficult
- e. Don't Know/Not Applicable

34. Given your organization's work, is having access to traditional, spiritual, and cultural health and healing practices more important, less important or equally important to you as access to non-Aboriginal or mainstream health care services?

- a. More important
- b. Less important
- c. Equally important
- d. Don't Know/Not Applicable

FUNDING

35. Are your traditional, spiritual, and cultural health and healing supports funded?

- a. Yes, fully funded
- b. From various funding sources
- c. Mix of some funding and volunteer
- d. None/No other sources
- e. Don't Know/Not Applicable

36. To what extent would you be interested in applying for funding specifically designated for traditional, spiritual, and cultural health and healing supports?

- a. Definitely
- b. Likely
- c. Unlikely
- d. Definitely not
- e. Don't Know/Not Applicable

THANK AND END INTERVIEW

37. The Aboriginal Health and Healing Research Project may publically profile several organizations' stories as part of the final research report. Would you be interested in participating in a follow-up interview?
- Yes
 - No
 - Don't Know/Not Applicable

These research findings will become public information that can be used:

- To guide policy and project initiatives;
- To highlight the landscape of Aboriginal traditional, cultural, and spiritual activities in the DTES; and,
- To assist planning activities on how these traditional supports can be accessible and available to residents in a culturally supportive and relevant manner.

38. Once this research study is complete, there will also be a local event or meeting(s) held to present the findings. These events will be open to the public. Would you like to be contacted with information about when and where these events will be held?
- Yes
 - No
 - Don't Know/Not Applicable

APPENDIX 2 – ELDERS AND CULTURAL SUPPORT WORKERS SURVEY

Aboriginal Health, Healing, and Wellness in the DTES – Elders and Cultural Support Workers Questionnaire

I'd like to start with a few questions about the traditional, spiritual, and cultural supports you offer in the DTES.

1. Are you employed by an organization?
 - a. Employed, and receive regular paycheque
 - b. Employed, and on contract for a certain amount of time
 - c. Employed, and receive monetary honourarium (vs. gifts)
 - d. Receive no payment and volunteer

2. Do you volunteer your services and/or offer cultural supports to one organization or more? If more, how many?
 - a. 1
 - b. 2-3
 - c. 4-5
 - d. More than 5
 - e. Don't Know/Not Applicable

3. To what extent do you provide supports aimed to service the Aboriginal population in the DTES?
 - a. Exclusively Aboriginal
 - b. Mostly Aboriginal
 - c. Equally Aboriginal and non-Aboriginal
 - d. Mostly non-Aboriginal
 - e. Exclusively non-Aboriginal
 - f. Depends
 - g. Don't Know/Not Applicable

4. Do you provide traditional, spiritual, and cultural supports to any of the following priority groups in the DTES? (Circle all that apply)
 - a. Aboriginal women
 - b. Aboriginal men
 - c. Aboriginal children

- d. Aboriginal youth
 - e. Aboriginal Elders and seniors
 - f. Aboriginal LGBTQ/Two-Spirit Community
5. More specifically, does your traditional, spiritual, and cultural work support any of the following vulnerable or at-risk populations in the DTES?
(Circle all that apply)
- a. Homeless
 - b. Low-income individuals, families or elderly (i.e., economically disadvantaged)
 - c. Illicit drug users
 - d. Illicit alcohol users
 - e. Chronically ill and disabled (i.e., chronic health conditions, mental illness, etc.)
 - f. Persons living with HIV/HCV
 - g. Sex workers (former and/or current)
 - h. Victims of violence
 - i. Residential school survivors
 - j. At-risk youth and/or youth aging out of care
 - k. Parolees and former inmates
 - l. Veterans
 - m. Don't Know/Not Applicable
6. How often do you provide traditional, spiritual and cultural supports for organizations in DTES?
- a. Daily
 - b. A few times a week
 - c. A few times a month
 - d. Once a month
 - e. Every couple of months
 - f. Don't Know/Not Applicable
7. What kinds of organizations do you provide traditional, spiritual, and cultural supports for? (Circle all that apply)
- a. Friendship Centres
 - b. Community Centres
 - c. Counselling Centres
 - d. Health Centres

- e. Housing Services
 - f. Child and Family Services
 - g. Aboriginal Legal Services
 - h. Employment Centres
 - i. Aboriginal Youth Centres
 - j. Healing Centres
 - k. Research Centres
 - l. Arts and Cultural Centres
 - m. Charities
 - n. Government
 - o. Don't Know/Not Applicable
8. What kinds of traditional, cultural, and spiritual supports do you offer in the DTES? (Circle all that apply)
- a. Smudge
 - b. Prayer
 - c. Drumming, songs, and dancing
 - d. Medicine gardens/harvest
 - e. Traditional food cooking
 - f. Feasts
 - g. Canoeing
 - h. Traditional games
 - i. Elders' teachings
 - j. Healing, talking or sharing circles
 - k. Artistic activities and craft workshops
 - l. Storytelling
 - m. Traditional camp/retreat
 - n. Traditional ceremonies:
 - i. Brushing-off Ceremony
 - ii. Cedar Wash
 - iii. Sweat Lodge
 - iv. Full Moon Ceremony (i.e., for welcoming the full moon)
 - v. Moon Lodge Ceremony (i.e., Women's ceremony)

- vi. Naming Ceremony
- vii. Pipe Ceremony
- viii. Sun Dance
- ix. Other: _____

9. Have there been known barriers for participants in accessing any traditional, spiritual, and cultural activities in the DTES?
- a. Lack of space
 - b. Costs for participation
 - c. Childcare
 - d. Transportation
 - e. Limited availability of services (i.e., hours of service, availability of Elders, etc.)
 - f. High demand and cannot meet community's needs
 - g. Lack of awareness/communication
 - h. Harm reduction reasons
 - i. Protocols
 - j. Lack of safety (i.e., fear of violence, location, etc.)
 - k. Lack of food program

PLACE

Next we will move to questions about the DTES neighbourhood.

10. To what extent do you feel there is a choice about the health services that are accessible to Aboriginal peoples in the DTES? Do you feel there is?
- a. A lot
 - b. Some
 - c. Little, or
 - d. No choice at all
 - e. Don't Know/Not Applicable
11. Overall, how much impact do you think traditional, spiritual, and cultural supports like yours can have in making the DTES be a better place to live?
- a. Big impact
 - b. A moderate impact
 - c. A small impact

- d. Or, no impact at all
- e. Don't Know/Not Applicable

12. How important do you think the following Aboriginal services exist in addition to non-Aboriginal ones in the DTES? For each one, please tell me if you think it is very important, somewhat important or not so important. (Circle all that apply)

[Ask: "How important do you think that _____ exist in addition to non-_____ in the DTES?"]

	Very Important	Somewhat Important	Not So Important	Don't Know / Not Applicable
a. Aboriginal child and family services	01	02	03	04
b. Aboriginal addiction programs	01	02	03	04
c. Aboriginal elementary and secondary schools	01	02	03	04
d. Aboriginal colleges and universities	01	02	03	04
e. Aboriginal child care or daycares	01	02	03	04
f. Aboriginal employment centres	01	02	03	04
g. Aboriginal health centres	01	02	03	04
h. Aboriginal housing services	01	02	03	04
i. Aboriginal food programs	01	02	03	04

13. How important do you think the following Aboriginal services provide traditional, spiritual, and cultural health and healing supports in the DTES? For each one, please tell me if you think it is very important, somewhat important or not so important. (Circle all that apply)

[Ask: "How important do you think that _____ offer traditional, spiritual, and cultural health and healing supports in DTES?"]

	Very Important	Somewhat Important	Not So Important	Don't Know / Not Applicable
a. Child and family services	01	02	03	04
b. Addiction programs	01	02	03	04

	Very Important	Somewhat Important	Not So Important	Don't Know / Not Applicable
c. Elementary and secondary schools	01	02	03	04
d. Colleges and universities	01	02	03	04
e. Child care or daycares	01	02	03	04
f. Employment centres	01	02	03	04
g. Health centres	01	02	03	04
h. Housing services	01	02	03	04
i. Food programs	01	02	03	04

14. In your opinion, would the creation of an Aboriginal Health, Healing, and Wellness Centre have a big impact, a moderate impact, a small impact or no impact at all in the DTES on each of the following...? (Circle all that apply)

[Ask: "Would the creation of an Aboriginal Health, Healing, and Wellness Centre have a big impact, a moderate impact, a small impact or no impact at all in the DTES on _____?"]

	Big Impact	Moderate Impact	Small Impact	No Impact	Don't Know / Not Applicable
a. Reducing barriers to access of racism and discrimination	01	02	03	04	05
b. Supporting reconciliation initiatives	01	02	03	04	05
c. Improving the navigation of all types of health services	01	02	03	04	05
d. Enabling access to services for people throughout the region	01	02	03	04	05
e. Improving community safety	01	02	03	04	05

	Big Impact	Moderate Impact	Small Impact	No Impact	Don't Know / Not Applicable
f. Making Aboriginal concepts of health more accessible (such as healing circles, etc.)	01	02	03	04	05

15. In your opinion, would the creation of an Aboriginal Health, Healing, and Wellness Centre improve the health outcomes for the following groups? (Circle all that apply)

a. Aboriginal women

1. Yes
2. No
3. Don't Know/Not Applicable

b. Aboriginal children

1. Yes
2. No
3. Don't Know/Not Applicable

c. Aboriginal youth

1. Yes
2. No
3. Don't Know/Not Applicable

d. Aboriginal Elders and seniors

1. Yes
2. No
3. Don't Know/Not Applicable

e. Aboriginal men

1. Yes
2. No
3. Don't Know/Not Applicable

f. Aboriginal LGBTQ and Two-Spirit Community

1. Yes
2. No
3. Don't Know/Not Applicable

16. In your opinion, would the creation of an Aboriginal Health, Healing, and Wellness Centre assist in meeting the demand for the following service areas in a culturally appropriate way in the DTES? (Circle all that apply)

a. For primary health care in a culturally appropriate way?

1. Yes
2. No
3. Don't Know/Not Applicable

b. For dental and vision in a culturally appropriate way?

1. Yes
2. No
3. Don't Know/Not Applicable

c. For mental wellness, including counselling services, in a culturally appropriate way?

1. Yes
2. No
3. Don't Know/Not Applicable

d. For addiction services, in a culturally appropriate way?

1. Yes
2. No
3. Don't Know/Not Applicable

CULTURE

The next few questions are about Aboriginal culture, by which we mean the ways of life that are passed from generation to generation.

17. Are there a lot, some, a few or no Aboriginal cultural activities available in your DTES community?

- a. A lot
- b. Some

- c. A few
 - d. None
 - e. Don't Know/Not Applicable
18. In the last five years, do you think that Aboriginal culture in the DTES community has become stronger, become weaker, or has not changed?
- a. Become stronger
 - b. Become weaker
 - c. Has not changed
 - d. Don't Know/Not Applicable
19. In your opinion, what aspects of Aboriginal culture are most important to pass on for the next generations? (Circle all that apply)
- a. Language
 - b. Customs/traditions
 - c. History
 - d. Art
 - e. Music
 - f. Food
 - g. Elders
 - h. Celebrations/events
 - i. Ceremonies
 - j. Leadership
 - k. Ethics
 - l. Land/space
 - m. Spirituality
 - n. Family values
 - o. DK/NA
20. As an Elder/Cultural Support Worker, how easy or difficult is it for you to offer traditional, spiritual, and cultural health and healing practices, such as natural medicines, healing circles and other ceremonies, and your counsel [of Elders] in the DTES?
- a. Very easy
 - b. Somewhat easy
 - c. Somewhat difficult

- d. Very difficult
 - e. Don't Know/Not Applicable
21. As an Elder/Cultural Support Worker, how easy or difficult is it for your own self-care to access supportive traditional healing practices, such as natural medicines, healing circles and other ceremonies, and the counsel of Elders?
- a. Very easy
 - b. Somewhat easy
 - c. Somewhat difficult
 - d. Very difficult
 - e. Don't Know/Not Applicable
22. Is having access to traditional, spiritual, and cultural health and healing practices more important, less important or equally important to you as access to non-Aboriginal or mainstream health care services?
- a. More important
 - b. Less important
 - c. Equally important
 - d. Don't Know/Not Applicable
23. What do you need in order to provide traditional, spiritual, and cultural supports you offer? (Circle all that apply)
- a. Funding/resources
 - b. Cultural inclusion (i.e., space and acceptance in including or practicing culture within organizational services, protocols, etc.)
 - c. Sense of community (i.e., community capacity for health promotion and prevention)
 - d. More knowledgeable and supportive staff, if collaborating with organizations
 - e. Consistent staff, if collaborating with organizations
 - f. Physical space
 - g. Organizational support for teaching cultural safety and cultural competence
 - h. Support of other Elders or cultural workers
 - i. Access to traditional medicines
 - j. Childcare options
 - k. Transportation options

THANK AND END INTERVIEW

24. The Aboriginal Health and Healing Research Project may publically profile several Elders/Cultural Worker stories as part of the final research report. Would you be interested in participating in a follow-up interview?
- Yes
 - No
 - Don't Know/Not Applicable

These research findings will become public information that can be used:

- To guide policy and project initiatives;
 - To highlight the landscape of Aboriginal traditional, cultural, and spiritual activities in the DTES; and,
 - To assist planning activities on how these traditional supports can be accessible and available to residents in a culturally supportive and relevant manner.
25. Once this research study is complete, there will also be a local event or meeting(s) held to present the findings. These events will be open to the public. Would you like to be contacted with information about when and where these events will be held?
- Yes
 - No
 - Don't Know/Not Applicable

APPENDIX 3 – REFERENCES

British Columbia Provincial Health Officer. (2009). *Pathways to Health and Healing: 2nd Report on the Health and Well-being of Aboriginal People in British Columbia*. Victoria, BC: Ministry of Health Planning. Retrieved 19 January 2017 from Government of British Columbia website: <http://www2.gov.bc.ca/assets/gov/government/ministries-organizations/ministries/health/aboriginal-health-directorate/abohlth11-var7.pdf>

City of Vancouver. (2016) *Youth Homelessness and Challenges for Vulnerable Youth: City Response to the B.C. Representative for 5 Children and Youth Report recommendations for City of Vancouver "Paige's Story: Abuse, Indifference and a Young Life Discarded" – RTS 11055* Vancouver, BC: Author.

Environics Institute. (2010). *Urban Aboriginal Peoples Study: Main Report*. Toronto, ON: Author.

Environics Institute. (2011). *Urban Aboriginal Peoples Study: Vancouver Report*. Toronto, ON: Author.

First Nations Health Authority (website). #itstartswithme *FNHA's Policy Statement on Cultural Safety and Humility*. Retrieved 19 January 2017 from <http://www.fnha.ca/Documents/FNHA-Policy-Statement-Cultural-Safety-and-Humility.pdf>

First Nations Health Society. (2010). *First Nations Traditional Models of Wellness: Environmental Scan in British Columbia*. Retrieved 19 January 2017 from First Nations Health Authority website: http://www.fnha.ca/wellnessContent/Documents/Traditional_Models_of_Wellness_Report_2010.pdf

Representative for Children and Youth. (2015). *Paige's Story: Abuse, Indifference and a Young Life Discarded*. Victoria, BC: Author. Retrieved 30 January 2017 from website:

https://www.rcybc.ca/sites/default/files/documents/pdf/reports_publications/rcy-pg-report-final.pdf

Truth and Reconciliation Commission of Canada. (2015). *Canada's Residential Schools: Reconciliation – The Final Report of the Truth and Reconciliation Commission of Canada, Vol. 6*. Montreal, QB: McGill-Queen's University Press. Retrieved on 30 January 2017 from Truth and Reconciliation Commission website: <http://www.trc.ca/websites/trcinstitution/index.php?p=890>

Vancouver/Richmond Health Board. (1999). *Healing Ways: Aboriginal Health and Service Review*. Vancouver, BC: Author.

Vancouver Coastal Health. (2014). *Development of the Urban Vancouver Aboriginal Health Strategy, Vancouver Coastal Health Open Board Meeting*. Retrieved 19 January 2017 from: [https://www.vch.ca/media/Board_Presentation_Urban_Aboriginal_Strategy_Report_October_9_2014\(1\).pdf](https://www.vch.ca/media/Board_Presentation_Urban_Aboriginal_Strategy_Report_October_9_2014(1).pdf)

Vancouver Coastal Health Authority. (2015). *VCH Toward Aboriginal Cultural Competency*. Retrieved 19 January 2017 from: <http://vchblogs.ca/wp-content/uploads/2015/07/VCH-Aboriginal-Cultural-Competency-Communique.pdf>

