



ADMINISTRATIVE REPORT

Report Date: July 4, 2017
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Meeting Date: July 25, 2017

TO: Vancouver City Council
FROM: General Manager of Community Services
SUBJECT: 2017 Aboriginal Healing and Wellness Grants

RECOMMENDATION

THAT Council approve 8 grants totalling \$148,000 to non-profit organizations that provide Elder services¹ and Aboriginal healing and wellness activities, as listed in Appendix A. Source of funding: 2017 City's Innovation Fund the Great Beginnings Fund.

Approval of the grant recommendations in the above Recommendation requires 2/3 affirmative votes of all Council members.

REPORT SUMMARY

This report seeks approval to allocate \$148,000 in grants to 8 non-profit organizations in Vancouver to provide Aboriginal people access to healing and wellness supports such as Elder advice, counsel and traditional healing.

On February 21, 2017, Council approved \$100,000 towards the Aboriginal Healing and Wellness Grants pilot through the Innovation Fund (RTS# 10733), and an additional \$50,000 was approved through the Great Beginnings Fund. The total amount of funding for the pilot, including an evaluation, is \$150,000.

The 2017 "*Aboriginal Health, Healing and Wellness in the DTES Study*" identified the critical role that access to traditional and culturally appropriate health care practices play in supporting the well-being of Aboriginal people (See Appendix D). The study identified key gaps in the DTES:

¹ Elder's services throughout this report refer to programs or services whereby Elders provide advice, counsel, or traditional healing methods for a clientele or organization.

- **Reconciliation and healing initiatives are required** to understand the history of colonization, the impacts of residential schools, and the impacts of the child welfare system on Aboriginal communities;
- **More spaces and places are needed** for Aboriginal health, healing and wellness supports and services;
- **Supports for Elders and traditional healers are needed** to provide traditional, cultural and spiritual health and healing services, especially for Aboriginal women, youth and children; and
- While gaps in services currently exist in Aboriginal-specific programs, it is recommended that all DTES provide access.

The study indicated that the need is greatest among children and youth, women and drug users. While the focus of the research was on the DTES, the study noted that Aboriginal people live across Vancouver, and access to Aboriginal healing and wellness supports is also needed in other Vancouver neighbourhoods.

COUNCIL AUTHORITY/PREVIOUS DECISIONS

In 2012, Council passed a recommendation for the creation of an *Innovation Fund* to create new opportunities to leverage 1:1 third party investments and expertise that align with Council priorities and support transformation and innovation in meeting City goals (See Appendix C).

In 2014, Council passed a motion to reaffirm its commitment to designate Vancouver as a *City of Reconciliation*. The 2017 Aboriginal Healing and Wellness Grants Pilot supporting the framework to build a *City of Reconciliation* by funding programs for Aboriginal peoples.

In 2014, Council approved the *Healthy City Strategy*, which outlines 13 goals, two of which are: Healthy Human Services - Vancouverites have equitable access to high-quality social, community and health services; and Being and Feeling Safe and Included - Vancouver is a safe city in which residents feel secure.

In 2014, Council adopted the *Caring for All Phase I Report* of the Mayor's Task Force on Mental Health and Addictions.

In 2014, Council approved the *Downtown Eastside Local Area Plan*, detailing policies and strategies for fostering relationships between the City and Aboriginal organizations, supporting Aboriginal communities.

In 2016, Council adopted in principle, the City's response to 27 out of the 94 *Truth and Reconciliation Commission Calls to Action* with the identification of 41 City initiatives under 3 themes: Healthy Communities and Wellness; Achieving Indigenous Human Rights and Recognition; and, Advancing Awareness, Knowledge, and Capacity.

In 2017, Council adopted the *Aboriginal Health, Healing and Wellness in the DTES Study* and approved \$100,000 from the Innovation Fund and \$50,000 from the Great Beginnings Fund to pilot the Aboriginal Healing and Wellness Grants initiative.

GENERAL MANAGER'S COMMENTS

The General Manager of Community Services RECOMMENDS approval of the forgoing.

CITY MANAGER'S COMMENTS

Vancouver's efforts as a City of Reconciliation, our commitments to the Truth and Reconciliation Commission and the DTES Plan are all enhanced through the recommended funding to support Aboriginal healing and wellness which has been identified as a high priority need. The *Aboriginal Health, Healing and Wellness in the DTES Study* identified a pressing need to increase support for Aboriginal-specific programs in the DTES, with all services moving toward incorporating traditional, cultural and spiritual health and healing supports as part of programming. The need for services is particularly urgent given the over representation of Aboriginal people impacted by the current opioid crisis, and represents another step being taken by the City to support equity and inclusion towards a vision of a healthy city for all people.

REPORT

Background/Context

The City undertook an Aboriginal healing and wellness research project with a researcher which led to the report - *Aboriginal Health, Healing and Wellness in the DTES Study* to better understand and document Aboriginal traditional, cultural, and spiritual supports and services available in the DTES. The study identified the following:

The supports that Elders provide are critical to addressing gaps in mental health and addictions for urban Aboriginal people. The Aboriginal Healing Foundation describes an Elder as "*someone who is considered exceptionally wise in the ways of their culture and the teachings of the Great Spirit. They are recognized for their wisdom, their stability, their humour and their ability to know what is appropriate in a particular situation. The community looks to them for guidance and sound judgment. They are caring and are known to share the fruits of their labours and experience with others in the community...*"

Programs that offer the counsel of Elders are underfunded and over reliant on volunteers. Only 10% of Elders are employed by organizations, less than half are employed on contract or received honoraria. Almost 40% of Elders providing programming volunteer their time and receive no payment. The study interviewed 65 organizations and 20 Elders, and their respective programs in the DTES.

Aboriginal Healing and Wellness grants were established to increase access to the counsel of Elders in the DTES. In February 2017, Council adopted the *Aboriginal Health, Healing and Wellness in the DTES Study* and established the Aboriginal Healing and Wellness Grants pilot to provide urban Aboriginal peoples access to Elder services and Aboriginal healing and wellness activities in the DTES. The report also noted the gaps in access to services in other Vancouver neighbourhoods outside of the DTES.

Despite the need, there is no dedicated funding source or order of government with a clear mandate to provide healing and wellness supports for urban Aboriginal communities. Staff will assess the impact of the pilot over the next 12 months and explore potential for continued and/or expanded funding opportunities in consultation with Vancouver Coastal Health, the First Nations Health Authority and other funding bodies.

Strategic Analysis

The objective of the Aboriginal Healing and Wellness Grants pilot is to provide funding for the counsel of Elders and Aboriginal traditional, cultural, and spiritual supports and services. The goals of the Aboriginal Healing and Wellness Grants pilot are to:

- Increase access to Elder services and Aboriginal traditional, cultural and spiritual services;
- Improve integration of Elder services and Aboriginal healing and wellness activities into mainstream health services; and,
- Improve health and wellbeing outcomes

Council approved \$100,000 towards the pilot through the Innovation Fund on February 21, 2017, (RTS# 10733), and an additional \$50,000 was approved through the Great Beginnings Fund. The total amount of funding for the pilot, including an evaluation, is \$150,000. While staff originally anticipated expending the \$100,000 was intended to be spent over a two year period, the actual amount for each group would be less than \$10,000. Expending the fund more immediately builds capacity and facilitates access to needed services sooner.

An assessment on the impact of the pilot will be conducted over the next 12 months. A portion of the \$50,000 Great Beginnings funding will be utilized for this purpose. Staff will explore possibilities for continued and/or expanded funding opportunities in consultation with Vancouver Coastal Health, the First Nations Health Authority and other funding bodies.

Call for Applications - Process

In April 2017, Social Policy issued a call for proposals for projects up to \$20,000, and the deadline for receipt of applications was Friday, May 12, 2017.

Staff reviewed and evaluated 10 submissions, 8 of which were deemed eligible under program guidelines (See Appendix B). Staff received \$203,000 in requests for funding exceeding the available program budget of \$150,000 (\$100k Innovation Fund and \$50k Great Beginnings).

All eligible applications are being recommended for funding.

Staff determined that all applications showed similar strength in their program activities and outcomes, so the available funding was allocated equally. All 8 grants met Innovation fund criteria matching grant with equal third party and in-kind cash contributions. **The City's \$148,000 investment leverages \$313,488 by external private and government partners, and project in-kind support.** Two of the applications had lower requested amounts and so were prorated accordingly. Staff do not recommend two applications as they did not meet the program criteria.

The chart below identifies the recommended Innovation Fund amount and amount that will be augmented with the \$50,000 from the Great Beginnings Fund. The remaining \$2,000 from Great Beginnings will be allocated to the pilot assessment. If additional funds are required, staff will seek support from other funding sources or within the forthcoming 2018 operating budget.

No.	Organization	Grant Request	Recommended Funding from City Innovation Fund (\$100k)	Great Beginnings Funding (\$50k)	Total Recommended Grant
1	Battered Women's Support Services	20,000	13,514	6,486	20,000
2	Downtown Eastside Women's Centre	20,000	13,514	6,486	20,000
3	PHS Community Services Society	20,000	13,514	6,486	20,000
4	RainCity Housing Support Society	20,000	13,514	6,486	20,000
5	Urban Native Youth Association	15,000	10,132	4,868	15,000
6	Vancouver Native Health Services	75,000 *	13,514	6,486	20,000
7	Vancouver Venture for Diversity	20,000	13,514	6,486	20,000
8	Women Against Violence Against Women	13,000	8,784	4,216	13,000
Total		203,000	100,000	48,000	148,000
* Max allowable grant request \$20,000					

Note: Total funding provided is \$148,000 with \$100,000 from the Innovation Fund as grants and \$48,000 from the Great Beginnings funding program.

Implications/Related Issues/Risk (if applicable)

Financial

This report recommends 8 grants totalling \$148,000 with \$100,000 be allocated from the City's Innovation Fund and \$48,000 from the Great Beginnings Fund. As outlined in Appendix C, these projects align fully with the guidelines for the Innovation Fund. Information about the City of Vancouver Innovation Fund, including the guidelines for accessing this funding, is contained in Appendix C.

As noted earlier in the report, given the timeline, staff will assess the impact of the pilot over the next several months, and explore possibilities for continued and/or expanded funding opportunities in consultation with Vancouver Coastal Health, the First Nations Health Authority and other funding bodies.

CONCLUSION

The grants recommended in this report provide an important contribution to the delivery of Elder services and Aboriginal traditional, cultural and spiritual activities for Aboriginal peoples in the DTES of Vancouver.

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1.1 Summary of Recommended Aboriginal Healing and Wellness Programs

- 1. Battered Women's Support Services Society - Indigenous Women's Program**

The Society will hire 2 part-time Elders and provide honorariums to Elders for their Healing Ourselves, Healing Our Communities program. The program connects women and girls to Elders who offer traditional teachings and women-specific ceremonies. The Elders will provide: workshops; talking circles; sweat lodge ceremonies; full moon ceremonies; drum making; medicine making; water ceremonies; smudging; and 1:1 counselling. The Elders will also participate in the delivery of educational and violence intervention community training initiatives.
- 2. Downtown Eastside Women's Centre - Aboriginal Elders Council**

The Elders Council Program provides culturally sensitive practices including traditional healing and celebrations and activities such as: healing and talking circles, traditional crafts; 1:1 counselling; smudging; sweat lodge ceremony; cultural programming and workshops; gathering traditional medicines; and training in cultural protocols.
- 3. PHS Community Services Society - Aboriginal Health Services, Culture Saves Lives**

The Society will provide honorariums for 3 part-time Elders to create access to culture for all Aboriginal peoples in the DTES in group settings and in 1:1 sessions. The Elders will facilitate: talking, healing and medicine circles; drum making workshops; singing and drumming circles; and 1:1 counselling.
- 4. RainCity Housing Support Society - Aboriginal Elders Program**

The Society will provide honorariums for Elders to provide supports to clients through: talking circles; sweat lodge ceremonies; cultural sharing; Indigenous crafts; drumming; medicine picking; and 1:1 counselling.
- 5. Urban Native Youth Association - Wisdom of Elders Program**

UNYA will provide honorariums for Elders as part of the Wisdom of Elders Program creates opportunities for Elders to share their spiritual and cultural teachings with Aboriginal youth through: group sessions; 1:1 support for spiritual and cultural direction; medicine picking and salve making; drum making and drumming; Rattle making and painting; teachings from oral history and storytelling; and Cedar Brushing ceremony.
- 6. Vancouver Native Health Services - Phil Bouvier Centre for Children and Families Elders Program**

VNHS will hire an Elder on contract to work with the staff, families and children of the Phil Bouvier Centre. This grant will provide partial funding for this position. The Elder will provide: cultural and spiritual teachings; 1:1 counselling; ceremonies such as smudging; modeling traditional ways; and teaching language.
- 7. Vancouver Venture for Diversity - Elders Services Program**

The Society will hire a part-time Elder on contract and Elder honorariums to provide services for families, foster children and youth through: 1:1 counselling; workshops; cultural gatherings and traditional ceremonies such as smudging; drum making, drumming and dance; weaving, carving and beading; storytelling; and historical, traditional and nature based and field trips.

8. Women Against Violence Against Women - Aboriginal Outreach Program

The Society will provide honorariums for Elders for the Aboriginal Outreach program to work closely with family members of missing and murdered indigenous women and girls by providing support and counselling. The Aboriginal Outreach Program Elders: provide 1:1 counselling; lead traditional ceremonies; provide knowledge and spiritual guidance; storytelling; and talking circles.

1.2 2017 Aboriginal Healing and Wellness Grants Not Recommended

1. Mother's Day Trout lake Powwow - Application did not meet program eligibility criteria
2. Pacific Association of First Nation Women - Application did not meet program eligibility criteria

Aboriginal Healing and Wellness Grants Eligibility Criteria

To be eligible for this grant, organizations must meet all of the following criteria:

- Must be at least one of the following: Registered non-profit society; Community service co-op; Registrar of Companies; Registered charity with the Canadian Revenue Agency (CRA);
- Must have an independent, active governing body composed of volunteers, no Board director can be remunerated for being a director and staff members cannot be voting members of the Board or Executive;
- Must have the demonstrated functional capacity and sufficient resources to deliver the services and programs to which the City is being asked to contribute;
- Must not exclude anyone by reason of religion, ethnicity, gender identity, age, sexual orientation, language, disability or income; except in instances where it can be proven that exclusion of some group is required for effective targeting of another group to occur;
- Must achieve a minimum of 1:1 leverage from other sources, which can include funding from other funders and/or institutions, as well as staff time, space and material donated or provided by other organizations to support the project;
- Must utilize City funding for Elder honorariums, contracts or salaries; compensation for Elder services must be reasonable and on par with other similar programs;
- Elder Services Program must have been in existence for a minimum of 18 months prior to the application; and
- Elder Services Program must be located in Vancouver.

Project Alignment to Innovation Fund Guidelines

Innovation Fund Guidelines	Project Alignment
<p>Aligns with Council Priorities</p> <p>Supports transformation and innovation in meeting City goals</p>	<ul style="list-style-type: none"> ✓ City of Reconciliation ✓ Healthy City Strategy ✓ Task Force on Mental Health and Addictions ✓ Downtown Eastside Local Area Plan ✓ Truth and Reconciliation Calls to Action
<p>Leverage 1:1 third party investment</p>	<ul style="list-style-type: none"> ✓ \$100,000 City investment leverages \$313,488 by external private and government partners, and project in-kind support (1:3 leverage)
<p>One-time opportunity (2 year maximum/year \$250,000 maximum/year)</p>	<ul style="list-style-type: none"> ✓ 1 year projects ✓ \$100,000
<p>Demonstrates clear outcomes and transformation toward City of Vancouver goals</p>	<ul style="list-style-type: none"> ✓ Projects will achieve goals set out in the City of Reconciliation ✓ Projects meet urgent need for culturally responsive, accessible space for Aboriginal residents to improve health and wellness outcomes ✓ City staff will initiate an evaluation of the funded projects over the next several months

Aboriginal Health, Healing, and Wellness in the DTES Research Study

Final Report - Executive Summary

Prepared by Kinwa Bluesky for the City of Vancouver

Submitted by Kinwa Bluesky
2017/02/01

WHY RESEARCH TRADITIONAL, CULTURAL, AND SPIRITUAL ACTIVITIES IN THE DTES?

The *Aboriginal Health, Healing, and Wellness in the DTES* research study is a snapshot of an enquiry into the Aboriginal traditional, spiritual, and cultural supports and services being offered in the Downtown Eastside (DTES).

The City of Vancouver through the Mayor's Task Force on Mental Health and Addictions, and its Aboriginal Healing and Wellness Centres Working Group, set out to understand and identify existing activities and opportunities for Aboriginal traditional methods of health, healing, and wellness in the DTES. This research study explores the Aboriginal traditional, spiritual, and cultural supports and services being offered in the DTES.

HOW WAS THE RESEARCH DONE?

With input from the Research Advisory Committee and the Peer Research Associates, individual questions were organized around:

- Who is involved in Aboriginal traditional, spiritual, and cultural supports?
- What kinds of Aboriginal traditional, spiritual, and cultural activities occur?
- Where do Aboriginal traditional, spiritual, and cultural activities occur?
- When do Aboriginal traditional, spiritual, and cultural health and healing supports occur?
- Why are Aboriginal traditional, spiritual, and cultural supports important?
- How do Aboriginal traditional, spiritual, and cultural health and healing supports serve the DTES?

The Aboriginal Healing and Wellness Centres Working Group also wanted to know about the interest of creating an Aboriginal Health, Healing, and Wellness Centre in the DTES. Additional questions were asked about its potential function, purpose, and impact in addressing Aboriginal health services in a culturally appropriate way.

There were two surveys used for this research. One survey was administered to organizations that did offer traditional, spiritual, cultural activities. The second was administered to Elders or cultural support staff who contributed their time, wisdom, and knowledge in providing the traditional spiritual and cultural activities for healing and wellness in the DTES. The Peer Research Associates conducted in-person survey interviews, thirty minutes to an hour in length, with sixty-five organizations and twenty Elders and cultural support workers, who service the DTES.

In the organization questionnaire, Peer Research Associates asked organizations questions on the places and spaces where their programs offered traditional, spiritual, and cultural activities. Organizations were also asked questions regarding how these supports are funded.

Elders and cultural support workers were asked about the ease or difficulty in both offering and accessing traditional, spiritual, and cultural health and healing practices. Questions were asked about their needs in being able to offer their services, as well as some of the barriers they face in doing so.

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.

WHAT DID THE RESEARCH FIND?

What is being offered?

- **Types of Aboriginal Traditional, Spiritual, and Cultural Activities:** More than 75% of organizations offer smudge, prayer, healing, talking or sharing circles, drumming, songs, dancing, and Elders' teachings. Less than half of the organizations offer more ceremonial-oriented activities. Elders say smudging (90%) and offering Elders' teachings (90%) are most offered in the DTES. Less than four Elders out of ten offer more ceremonial activities.

More than 75% of organizations surveyed offer smudging, prayer healing, talking or sharing circles, drumming, songs, dancing and Elders' teachings.

The people and organizations providing support

- **Organizational Staff Employment Status:** About eight in ten (80%) say their traditional, spiritual, and cultural programs are operated and maintained by full-time staff. Nearly half employ part-time staff (48%). A quarter of organizations do employ on a contractual (25%) and casual (22%) basis.
- **Organizational Peer and Volunteer Support:** More than half (51%) of organizations rely on the support of 1-10 peers and volunteers.
- **Elder Employment Status:** Only 10% of Elders are employed by an organization and receive a regular pay cheque. Less than half are employed on contract (20%) and receive honouraria (25%). Nearly four in ten Elders volunteer their services and receive no payment. Over half (55%) of Elders say they provide services for one-to-three organizations.

- **Aim of Cultural Activities to Support the Aboriginal Peoples in the DTES:** About two-thirds of organizations say their programming aims to service exclusively (28%) and mostly (40%) Aboriginal peoples in the DTES. Elders say that half of their services aim to support exclusively (25%) and mostly (25%) Aboriginal peoples.
- **Cultural Supports Serving DTES Priority Groups:** Organizations identify Aboriginal women as their primary priority group (92%), followed by the Aboriginal LGBTQ/Two-Spirit Community (85%), and Aboriginal men (77%). Elders similarly identify Aboriginal women (85%) as their primary group, followed closely by Aboriginal Elders and seniors (80%). In both cases, Aboriginal youth and children are identified last with ranges between 52%-70% of organizations and Elders providing service.
- **Cultural Supports Serving Vulnerable or At-Risk Populations in the DTES:** Organizations identify low-income individuals, families or the elderly (95%) as the primary vulnerable or at-risk population being offered traditional, spiritual, and culturally supports. While Elders identify illicit alcohol users (95%), followed by low-income individuals, families or the elderly (90%), as the main vulnerable or at-risk population. 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%). Just over half of organizations and Elders are providing services to veterans and at-risk youth and/or youth aging out of care.

Where do they take place?

- **Traditional, Spiritual, and Cultural Health and Healing Spaces:** The vast majority of spaces are indoors (95%), able to provide for privacy (78%), and with over half (52%) being able to provide access to outdoor activities. Nearly all spaces have access to running water and bathroom facilities. Two-thirds (65%) of spaces have access to a kitchen. Although the majority of spaces are shared (82%), nearly half (46%) acknowledging these spaces did not face competing priorities. One third (31%) of spaces occasionally meet the needs for offering traditional, spiritual, and cultural health and healing supports, while one in ten (11%) spaces fail to do so.
- **Kinds of Partnerships and Collaborations:** 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%). A majority of six in ten Elders identify health centres (60%) as the primary type of service organization that they assist.
- **Participation in Cultural Activities Outside the DTES:** Half of all organizations always or often (50%) provide support of its members to participate in traditional, spiritual, and cultural activities outside the DTES.

60% of Elders identify health centres as the primary type of service organizations that they assist.

How often do these activities 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. Overall six in ten feel more optimistically about the availability of Aboriginal cultural activities in the DTES.
- **Frequency of Traditional, Spiritual, and Cultural Supports in Organizations:** Most organizations always or often (71%) offer traditional, spiritual, and cultural supports in their programs.
- **Frequency of Traditional, Spiritual, and Cultural Supports by Elders:** A majority (75%) of Elders offer traditional, spiritual, and cultural supports for organizations on a weekly basis.
- **Frequency of Partnerships with Other DTES Organizations:** Almost two-thirds (63%) of organizations are actively engaged with other DTES organizations throughout the month.

Why are Aboriginal Traditional, Spiritual, and Cultural Health and Healing Supports Important?

- **Extent of Choice of Health Services in DTES:** Over six in ten (62%) feel more positively about the extent of choice of health services available to the Aboriginal population in the DTES. The level of satisfaction is marginally low.
- **Traditional Healing Practices vs. Mainstream Care:** A significant majority say access to traditional and culturally appropriate health care practices is at least equally, if not more, important to organizations (94%) and Elders than access to mainstream non-Aboriginal health care.
- **Importance of Aboriginal Services in Addition to Non-Aboriginal Services:** Large majority (+81%) of organizations and Elders believe it is very important to also have Aboriginal-specific programs in the DTES.
- **Importance of Services Providing Traditional, Spiritual, and Cultural Health and Healing Supports in the DTES:** Organizations and Elders place a greater importance on providing these services to child and family services (95%) and child care and daycares (94%). Overall there is a strong consensus among organizations and Elders that it is very important for all services to provide these Aboriginal health and healing supports.

- **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 have a big impact (80%) and make the DTES be a better place to live by offering traditional, spiritual, and cultural supports.
- **Strength of Aboriginal Culture:** Almost eight in ten (78%) think that Aboriginal culture in the DTES has become stronger in the last five years.
- **Maintaining Aboriginal Cultural Identity:** Elders were identified as the most important aspect of Aboriginal culture in being able to pass on to future generations.

78% think that Aboriginal culture in the DTES has become stronger in the last five years.

What are some of the barriers in providing these activities?

- **Ease of Access to Traditional, Spiritual, Health and Healing Practices:** Six in ten (61%) organizations feel participants experience difficulty, to an extent, in accessing traditional, spiritual, and cultural health and healing supports in the DTES.
- **Barriers for Participants in Accessing Cultural Activities:** Lack of transportation and limited availability of services appear to be two main barriers. In addition, Elders view lack of space (80%) and protocols (75%) as higher known barriers for participants than organizations.
- **Organizational Barriers in Offering Cultural Activities:** Nine in ten organizations say a lack of funding and resources (91%) is the primary barrier in offering any traditional, spiritual, and cultural activities. A funder's priorities (72%) came in second.
- **Ease for Elders in Offering Traditional, Spiritual, and Cultural Health and Healing Practices:** More than half (55%) of Elders experience difficulty in offering traditional, spiritual, and cultural health and healing practices, such as natural medicines, healing circles and other ceremonies.
- **Ease for Elders to Access Supportive Traditional Healing Practices:** More than half of Elders (55%) find it somewhat (30%) or very easy (25%) to access their own self-care of supportive traditional healing practices.
- **Elder Needs to Provide Traditional, Spiritual, and Cultural Supports:** All Elders identified cultural inclusion and consistent staff as their primary necessities in doing their work.
- **Funding Traditional, Spiritual, and Cultural Supports:** Less than two in ten (17%) organizations are fully funded to support their traditional, spiritual, and

- cultural health and healing supports. Around two-thirds of organizations fund them from various sources (35%) and a mix of some funding and volunteer (31%).
- Organizations' Interest in Designated Funding for Cultural Health and Healing: Nearly all organizations (94%) would be interested in applying for funding specifically designated for traditional, spiritual, and cultural health and healing supports.

Lack of Transportation and limited availability of services appear to be two main barriers for participants in accessing cultural activities.

The need for an Aboriginal Health, Healing, and Wellness Centre

Organizations and Elders were asked to share their opinion on whether the creation of an Aboriginal Health, Healing, and Wellness Centre would meet the demand for health services in a culturally appropriate way and improve health outcomes in the DTES.

- Meeting the Demand for Health Services in a Culturally Appropriate Way: Organizations and Elders agreed 100% that 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.
- Improving Health Outcomes for Priority Groups in the DTES: Organizations and Elders agree that Aboriginal women (100%) and their health outcomes would benefit most, but also place a high value on Aboriginal LGBTQ/Two-Spirit Community (98% and 100%, respectively). Overall, there is an overwhelming consensus that all Aboriginal priority groups and their health 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 on making Aboriginal concepts of health more accessible (92%).

The research is intended to support the development of an Urban Aboriginal Health Strategy, an emerging initiative between a number of organizations: First Nations Health Authority (FNHA), Vancouver Coastal Health (VCH), City of Vancouver, Metro Vancouver Aboriginal Executive Council (MVAEC), Aboriginal organizations, and Aboriginal residents. An Urban Aboriginal Health Strategy will guide future opportunities for support and implementation of Aboriginal health, healing, and wellness activities in the DTES.

Aboriginal Health, Healing and Wellness Research Study - Research Team

Research Study Relations	Members
Project Team Lead	Ginger Gosnell-Myers
Research Team Lead	Kinwa Bluesky
Research Peer Associates	Candice Norris, Sue Belyea, Elmer Azak, Tracey Morrison, Bernice Thompson, Shelda Kastor, Florence Ranville, Karen Ward
Research Advisory Committee	Delannah Bowen, Lou Demerais, Robyn Vermette, Susan Tatoosh, Victoria Rose Bull, Mara Andrews, Leslie Bonshor, MaryClare Zak, Maureen Lerat
Research Team Coordinators	Julianna Torjek, Maureen Lerat
Research Technical Team	Ginger Gosnell-Myers, Kinwa Bluesky, Maureen Lerat, Simon Jay, Peter Marriott