Aboriginal Health, Healing, and Wellness in the DTES Study

EXECUTIVE SUMMARY
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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.
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 paycheque. 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.
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 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.

» Frequency of Traditional, Spiritual, and Cultural Supports in Organizations: Most organizations always or often (71%) offer traditional, spiritual, and cultural supports in their programs.
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.

» 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.

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**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

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