



CITY OF VANCOUVER - Healthy City Dashboard

Urban Indigenous Indicators



Kāhui Tautoko Consulting Ltd acknowledges the Coast Salish peoples and the unceded Homelands of the xʷməθkʷəy̍əm (Musqueam), Skwxwú7mesh (Squamish), and səlilwataʔ (Tsleil-Waututh) Nations.

JULY 2021

ACKNOWLEDGEMENTS

Kāhui Tautoko Consulting Ltd would like to thank and acknowledge the First Nations and Aboriginal participants for sharing their knowledge and wisdom, their time, honesty, willingness, support and for their overall contribution to this very important work. All participants were thankful to be involved in the project and hold their hands up to the City of Vancouver for taking a leadership role and for accepting the challenge to make a difference in the community.

Kāhui Tautoko Consulting Ltd would also like to thank and acknowledge the City of Vancouver and the Advisory committee who commissioned and guided this project. The project has been funded by the Partnership for Healthy Cities, supported by Bloomberg Philanthropies in partnership with the World Health Organization and Vital Strategies of which we extend our thanks.

We would also like to thank those who supplied information and data for this report including the First Nations Aboriginal Primary Care Network who supplied health data and the data analysts who were interviewed to support the measurement components of the project.

No reira, ngā mihi māhana ki a koutou te whānau.

Tēnā koutou, tēnā koutou, tēnā koutou katoa. (Thank you to everyone)

DISCLAIMER

This report was prepared by Kāhui Tautoko Consulting Ltd (KTCL), for the City of Vancouver. The information contained in the report is primarily intended for the use of the City of Vancouver and associated Advisory Committee. While every effort has been made to ensure the accuracy of this document, KTCL gives no indemnity as to the correctness of the information or data supplied by third parties.

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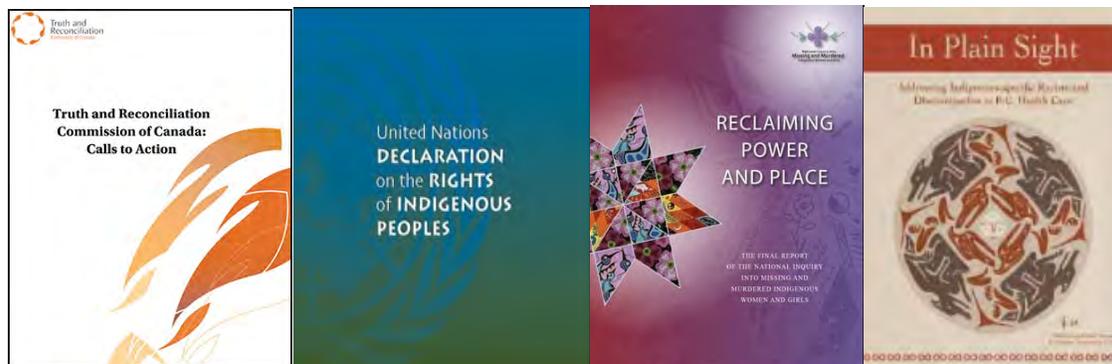
1. BACKGROUND INFORMATION

1.1 Background to the City of Vancouver Healthy City Dashboard

Vancouver City Council approved the Healthy City Strategy (HCS) as Vancouver’s overall social sustainability plan in 2014. The HCS includes commitments to action across a number of goals relating to the social determinants of health, to track population health indicators to monitor progress toward these goals and to understand health inequities across different population groups and neighbourhoods. Through the HCS, indicators tracked for First Nations and Aboriginal populations, aimed to build health equity without stigmatizing, reinforcing colonial concepts or perpetuating a deficit-based approach to understanding health.



In August 2019, the City of Vancouver (COV), working closely with Vancouver Coastal Health (VCH), joined the Partnership for Healthy Cities (PHC), a network of cities supported by Bloomberg Philanthropies in partnership with the World Health Organization and Vital Strategies. The PHC supports cities to take action on the social determinants of health, and the COV is working to enhance its data and monitoring systems by creating a centralized Healthy City Dashboard (HCD) compiling a range of available health, social and wellbeing data sets at the neighbourhood level. The aim was to make existing population datasets accessible to more communities in the city, and to develop a prototype for how community-generated data can inform public policy, with a focus on Urban Indigenous populations. This focus recognizes both that First Nations and Aboriginal populations in Vancouver experience some of the greatest systemic inequities in health and well-being—but also that the systems, methods, concepts, and indicators used to understand these inequities must themselves be created and grounded in the knowledge within First Nations and Aboriginal communities, rather than being imposed from outside. Given the imperatives in many recent reports, including the Truth and Reconciliation Commission (TRC) 94 calls to action, United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) 46 articles, the Declaration of the Rights of Indigenous Peoples Act (DRIPA), the calls for justice in the report of the National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG), and the most recently published 11 key findings and 24 recommendations of the In Plain Sight - Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care Report, there is a clear need to engage with Indigenous concepts of health and to recognize the limits of existing concepts, definitions and understandings of health to achieving this.



Amongst other key initiatives guided by the City of Vancouver’s PHC Advisory Committee, Kāhui Tautoko Consulting Ltd was contracted by the City of Vancouver to facilitate and coordinate a process for engagement with urban Indigenous groups and organizations to inform the refreshed Healthy City

Dashboard – one that places Indigenous communities at the centre and empowers their voices to be heard – a self-determining model that is guided WITH Indigenous people FOR Indigenous people. The process encouraged innovative ideas, techniques, and approaches that centre and support First Nations and Aboriginal communities and promote more decolonized, democratized, decentralized, empowering and strength-based ways of collecting evidence to inform policy toward a healthier, more equitable and more engaged city.

1.2 Demographics for First Nations and Aboriginal Communities in Vancouver

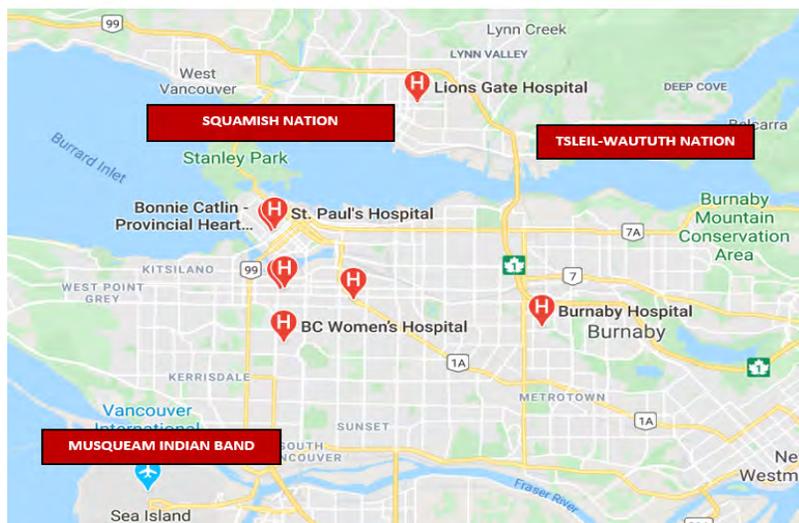
First Nations Population

According to the May 2021 AANDC First Nations profile data, there are an estimated 6,436 First Nations community members of the three sovereign First Nations communities (Musqueam Indian Band, Squamish Nation & Tsleil-Waututh Nation) whose unceded homelands include the City of Vancouver:

- 3,180 living on-reserve
- 3,256 living off-reserve

Each of the communities are unique in their culture, traditions, and geography.

First Nations community	On community reserve	On other Reserves and off Reserves	TOTAL
Musqueam	678	793	1,471
Squamish	2,212	2,133	4,345
Tsleil – Waututh	290	330	620
TOTALS	3,180	3,256	6,436



Urban Vancouver Aboriginal Population

The 2016 census estimated 61,455 Indigenous people (self-identifying as Aboriginal) living in Metro Vancouver, of whom nearly 58,000 live outside of reserve communities. As many do not self-identify as Aboriginal, we expect that this number undercounts the true number of Aboriginal people living in urban Vancouver. The City of Vancouver has the largest urban Aboriginal population in the region, with nearly

14,000 people counted in the census. Within the City of Vancouver, the largest numbers of Aboriginal residents live in central and north-eastern neighbourhoods. Strathcona and Grandview-Woodland have the largest percentage of population identifying as Aboriginal.

Table by local area:

	Estimated Aboriginal population census 2016	Percentage of area population
Grandview-Woodland	2,265	7.8%
Downtown	1,430	2.4%
Hastings-Sunrise	1,100	3.2%
West End	1,070	2.3%
Kensington-Cedar Cottage	1,005	2.1%
Strathcona	990	10.0%
Mount Pleasant	980	3.0%
Renfrew-Collingwood	870	1.7%
Kitsilano	735	1.7%
Fairview	585	1.8%

Sunset	530	1.5%
Killarney	425	1.5%
Riley Park	420	1.9%
Victoria-Fraserview	385	1.3%
Marpole	370	1.5%
West Point Grey	170	1.3%
Arbutus-Ridge	140	0.9%
South Cambie	120	1.6%
Oakridge	90	0.7%
Dunbar-Southlands (not including Musqueam reserve community)	85	0.4%
Shaughnessy	65	0.8%
Kerrisdale	65	0.5%
Total City of Vancouver	13,895	2.2%



There are a number of Aboriginal service providers (Vancouver Aboriginal Health Society, Kilala Lelum Health Centre, Lu'ma Native Housing and Medical Centre, Urban Native Youth Association, Metro Vancouver Indigenous Services) and other Aboriginal organizations who provide a wide range of employment, education, social, cultural, Justice-related and child and family support services. A significant number of these organizations are members of the Metro Vancouver Aboriginal Executive Council (MVAEC) who help members, private and Government partners to coordinate Vancouver-wide mobilization of strategies aimed at supporting the Aboriginal community.

2. METHODOLOGY

2.1 Project Scope

Kāhui Tautoko Consulting Ltd (KTCL) was contracted by the City of Vancouver (COV) in January 2021 to engage and gather perspectives from urban Indigenous Groups to inform the Healthy City Dashboard. Of important note, the project was not a comprehensive exploration, but more so a project that could be undertaken in a short time at a small scale and building on any existing work that could complement the project. KTCL was encouraged to engage groups allowing an open space and flexibility for participants to determine the scope and substance for which areas they were most interested in exploring. The COV did however, propose the following guidelines in their scope of requirements:

- Identify gaps in current frameworks and/or to propose new indicators.
- Different and broader framing of health beyond the social determinants understood in current City policies and practices.
- Presentation of current health indicators, their context and needed responses.
- New ways to conceptualize health concepts, indicators and/or populations in ways that are more valid and appropriate for Indigenous communities.
- Mapping a process for ongoing community governance of Healthy City goals and indicators.
- Different methods of data collection within Indigenous communities including Community-led or co-created analysis of data, mixing quantitative and qualitative approaches; tools or techniques for interpretation and contextualization of data.
- Considerations or criteria for selecting indicators to track over time or to compare across populations.
- Community-led approaches to data visualization in ways that are accessible, engaging, meaningful and safe for Indigenous communities.
- Demonstration of different ways to present indicators to Indigenous and non-Indigenous audiences.
- Recommendations for action and accountability that responds to health data.

Given the context of this work, the City of Vancouver established an advisory committee to provide guidance and advice. A Terms of Reference (TOR) was developed which incorporated the purpose, principles, and objectives of the members. KTCL were fortunate to seek guidance from this group.

2.2 Methods

Kāhui Tautoko Consulting Ltd (KTCL) was contracted to identify, engage, facilitate, and gather perspectives and information from various urban Indigenous groups to inform the Healthy City Dashboard. The methods for the project included the following activities:

- Initial meeting with the COV Project Manager on 20 January 2021 to clarify scope, obtain background information and to confirm expectations of the contract.
- KTCL attended, presented, and participated in the COV Advisory Committee meeting on 26 January 2021 to provide further context to the project and to clarify expectations.
- KTCL identified and contacted potential candidates in December 2020 and early January 2021 to seek early interest and to provide as much notice as possible for engagement.
- Initial introductory zoom meetings or phone calls were held in January and February 2021 with 10 potential organizations of which the following 8 members agreed to participate in the workshops. KTCL were very humbled and grateful to be able to have such a wide array of community representatives participating as follows:

NAME	NATION / ORGANIZATION	WISDOM
Coreen Paul	Musqueam Indian Band	Health Director – born and raised on reserve and involved in health for 30+ years. Extensive knowledge of both on-reserve and off-reserve Musqueam community members and a broad knowledge of needs. Board Member for the First Nations Health Directors Association.
Candice Sparkes	Musqueam Indian Band	Executive Assistant and on-reserve Musqueam Indian Band community member. Heavily involved in cultural programs, youth programs and education programming in addition to health.
Dr Georgia Kyba	Squamish Nation and Tsleil-Waututh Nation	Naturopathic Physician, Northern Tutchone from Selkirk First Nation in the Yukon however grown up on Coast Salish (Vancouver) lands. Worked in both Squamish and Tsleil-Waututh Nations for close to 10 years devoted to the betterment of Aboriginal peoples in BC.
Andrea Aleck	Tsleil-Waututh Nation	Health Director and Nation community member. Originally the Community Health Nurse approximately 20 years ago, completed studies and corporate work until returned to the community as the Health Director. Significant amount of knowledge and vested interest in environmental impacts, traditional medicines and healing and health priorities.
Dr Raymond Chaboyer	Squamish Nation and Tsleil-Waututh Nation	Family physician and a member of York Factory Cree Nation. Worked as an ER physician in Winnipeg and a fly-in physician in northern Cree communities before relocating to BC. Special focus on improving the health status of First Nations individuals. Dr Chaboyer is the Chair of the North Shore Division of Family Practice.
Dr Michael Dumont	Musqueam Indian Band and Lu'ma Medical Centre (including Lu'ma Native Housing)	Anishinaabe Family physician and Medical Director at Lu'ma Medical Centre. Strong advocate for integration of Traditional Indigenous and Western Medical approaches to healthcare. Clinical instructor in UBC's Faculty of Medicine. Excellent knowledge of Aboriginal social determinants, cultural integration, and equitable outcomes.
Michelle George	Metro Vancouver Aboriginal Executive Council	CEO for MVAEC – comprising of 25 urban Aboriginal organization members. Michelle is a Tsleil-Waututh Nation community member who was formally the Health Director. With ties to Squamish Nation, she also was the Administrator (similar to an Executive Director) for Squamish Nation (in Upper Squamish Valley). Her knowledge of urban Aboriginal needs is extensive.
Lucas Riedl	Urban Native Youth Association	Director of Youth Engagement. Lucas brings extensive knowledge across all socio-economic factors targeted specifically for youth. He has a strong understanding of the most vulnerable Aboriginal youth population in Vancouver.

- Four x Two-hour facilitated workshops were held on the following dates which included PowerPoint presentations; interactive sessions, open forum discussions and note taking:
 - 1) 23 February 2021
 - 2) 16 March 2021 (City of Vancouver in attendance)
 - 3) 6 April 2021
 - 4) 27 April 2021 (City of Vancouver in attendance)

2.3 Document Review

The COV encouraged KTCL to utilize any existing expertise in relation to Indigenous data sets that would help inform the Healthy City Dashboard and ultimately reduce any duplication of work that was already completed or underway. KTCL were fortunate to be involved in the development of the following strategic documents to inform this report (but not limited to):

- Urban Aboriginal Health Strategy (on behalf of VCH and FNHA)
- BC Transformative Change Accord (FNHA)
- First Nations Community Health Plans
- First Nations Aboriginal Primary Care Network Disease and Wellness Indicator Framework (consisting of 4 on-reserve and 4 urban primary care clinics)
- New Zealand's Government endorsed Whanau Ora Strategy – supported the development of the holistic framework
- First Nations and Aboriginal Health Needs Assessment (GPSC and 3 Divisions of Family Practice)
- Transcare BC service needs assessment (including Two Spirit populations)
- Mental Wellness needs and gap analysis across the 14 BC First Nations
- My Health My Community First Nations Indicator Framework (although not implemented due to COVID)

2.4 Analysis, Reporting & Validation

All engagement workshop notes were compiled by early May 2021. Analysis of the qualitative information and document review was undertaken, highlighting key themes, rationale, and identification of proposed goals and adaptations to existing indicators. The COV provided the draft dashboard indicator framework on the 8th of April 2021 and therefore the findings from the analysis have been aligned as much as possible to this initial framework.

A draft report was presented to the City of Vancouver on 31 May 2021. Comments and feedback were provided to KTCL on 30 June 2021, and the final report after edits was provided on 5 July 2021.

2.5 Limitations

Identifying, accessing, or collecting robust Aboriginal data across the sector is largely absent so utilization, gaps, inequities, and access will continue to be a challenge until the Aboriginal identifier is collected (with associated cultural training for staff who are asking for this information). This is an issue across the entire sector and therefore the data source and measurement components will be limited.

KTCL were contracted on the 13th of January 2021 to undertake urban Indigenous engagement to inform the Health City Strategy. The original submission of the final report was scheduled for 31 March 2021, however the following situations impacted this deliverable and extension was sought and approved by the City of Vancouver:

- Contract delay – Executed in January however originally scheduled for December 2020.
- COVID vaccine rollout – this impacted nearly all First Nations and Aboriginal groups and understandably therefore limited engagement could not be initiated until late February 2021.
- EOY financials – Participants requested an extension due to their own End of Year financial responsibilities.

The COV was very accommodating to extend the deadline until 31 May 2021 based on these priorities.

3. INDIGENOUS INDICATOR FINDINGS

For ease of alignment, Kāhui Tautoko Consulting Ltd (KTCL) utilized the “draft” Healthy City Dashboard launched in April 2021. This dashboard organizes indicators across 12 goals approved by Vancouver City Council in 2014. The following section describes the First Nations and Aboriginal engagement additions and feedback across the 12 goal areas. There is one additional goal / indicator identified as a common theme that will need approval and consideration which has been added as a 13th goal. Participants considered key goals and indicators from the perspective of who stands to receive the resulting services (or outcomes). This ultimately increasing the chances of success and relevancy.

3.1 HCD Goal 1: A Good Start

Overall participants agreed that it was critically important that all children should have a good start in their life including that “no child will go hungry, and every child will have a home.” All participants acknowledged that children are the future generations and leaders of tomorrow and therefore a strong investment in developing children and youth is required.

During the course of the facilitated engagement process, there were many consistent comments received about the importance of having culturally safe and culturally appropriate education from the outset. Participants expressed their concern about children being raised typically through a western model of education and curriculum rather than centralizing culture and celebrating the value of traditional teachings and pedagogies. There were also overwhelming comments in relation to First Nations children losing their sense of culture and identity with some children not wanting to declare they are First Nations in fear of being treated differently – “this must change! Children have a right to know who they are, who they belong to, where they come from and how they relate to each other and feeling safe about doing so.” Including breakfast or lunch programs in education environments was also seen as an essential part to a child’s growth and development.

Investing in Indigenous midwifery and traditional birthing practices was also considered crucial. Prior to colonization, parenting in an Indigenous society occurred within the context of the extended family, which often comprised of multiple generations – the care of children was a collective responsibility. Indigenous birthing practices were handed down by oral tradition and storytelling with many having cultural ways of birthing. Today there are very few Indigenous midwives in Vancouver who understand Indigenous birthing practices and much focus is required in this area.

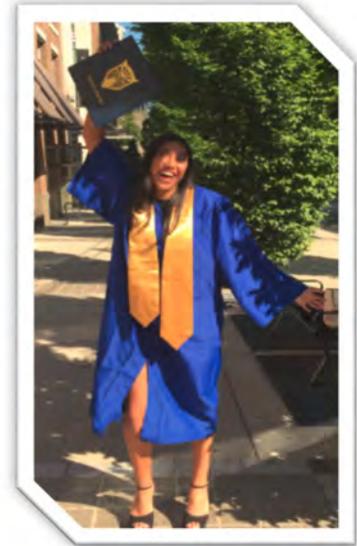


The absence and limited Indigenous-led Daycares was a major concern with one person noting that there are only three (3) Indigenous-led Daycares with sixty (60) spots in Vancouver. The importance of having Indigenous led means they are more culturally responsive, and teachings are connected to the continuum of life passed down from ancestry through storytelling. First Nations have been using stories as a way of



teaching ever since time began and is essential for the proper growth and development and a valuable means of transferring cultural knowledge, traditional teachings, and values. Some participants commented that they have been challenged enrolling their own children in mainstream daycares - let alone an Indigenous-Led operation – and the cost of accessing these daycares is extremely expensive. One participant commented that “we need to have more daycare subsidies offered to Indigenous families” and another saying that “this does not mean putting a daycare in Downtown Eastside – they should be spread across the traditional territories in Vancouver”.

Immersing, teaching, and reinstating First Nations pedagogy through the integration of traditional teachings, cultural supports and concepts in mainstream schools was another key theme highlighted through the engagement process. Some participants endorsed the need for more cultural peer supports and youth mentorship programs in schools where their role would focus on supporting First Nations and Aboriginal children and youth's identity, culture, and language. One of the participants noted that their organization currently delivers a Federally funded Canada Summer Jobs Program that is specifically designed for First Nations and Aboriginal youth. The youth gain employment experience through on-the-job mentoring and it was expressed that the City of Vancouver (or similar organizations) could offer a similar program to promote work experience and increase the opportunities for Indigenous youth employment. Other ideas included more resourcing and investment in Indigenous programs (such as land based extracurricular activities that have connections to the land and its meanings) in schools; mandatory Indigenous cultural safety and anti-racism training for teachers and educators; more inclusion of language (potentially a staged rollout in curriculum); urban Indigenous children undertaking educational assessments following pre-school; Elder/Grandparent reciprocal wisdom sharing programs; and education in conducting land acknowledgement teachings. It was further agreed amongst participants that more education is required about the understanding and appreciation of the purpose and context of the Truth and Reconciliation Declaration. One participant noting that "We cannot have reconciliation unless we have truth." This being more prevalent with the recent discovery in Kamloops and how more can be done in terms of education, recognition, and honouring.



Encouraging the recruitment and retention of Indigenous teachers and educators was also recommended, where a "train the trainer" approach could occur within schools. Overall, it was acknowledged that the transformation required to include more Indigenous ways of knowing and worldviews in curriculum development is complex but not unachievable. It requires sharing and supporting resources such as the preparation of teachers and educational leaders and increasing access to cultural and traditional practices, programs, and resources.

Through the document review, there were also rationale that supported the above feedback. The experiences, worldviews, and histories of Indigenous Peoples have been excluded in education systems, because they were seen as less valuable or relevant¹. Statistics published in 2016² (for BC) indicate that First Nation people are less likely to attain post-secondary qualifications when compared with non-aboriginal people. Factors such as the trauma experienced through residential schools continues to negatively impact the engagement of First Nations people within mainstream educational systems and institutions. It was noted that the endorsement of a more culturally based education and curriculum would not only create alternative methods to learning for First Nations and Aboriginal children, but it would also have a direct correlation and acknowledgement of implementing the government's commitment to the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and the Truth and Reconciliation (TRC) Declaration:

- UNDRIP Article 11 – Indigenous peoples have the right to practise and revitalize their cultural traditions and customs. This includes the right to maintain, protect and develop the past, present and future manifestations of their cultures.
- UNDRIP Article 13 – Indigenous peoples have the right to revitalize, use, develop and transmit to future generations their histories, languages, oral traditions, philosophies, writing systems and literatures.

¹ BC Campus: Pulling together: The need to Indigenize

² <https://www150.statcan.gc.ca/n1/pub/89-656-x/89-656-x2016011-eng.htm>

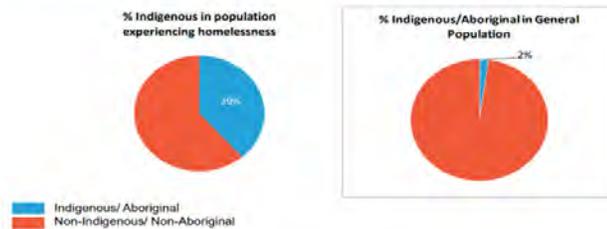
- UNDRIP Article 14 – Indigenous peoples have the right to establish and control their educational systems and institutions providing education in their own languages, in a manner appropriate to their cultural methods of teaching and learning.
- TRC Education Call to Actions 6 through to 12 – All calls to action apply, however action 10 specifically notes the following: We call on the federal government to draft new Aboriginal education legislation with the full participation and informed consent of Aboriginal peoples including developing culturally appropriate curricula; protecting the right to Aboriginal languages including the teaching of Aboriginal languages as credit courses. Action 12 calls upon the federal, provincial, territorial, and Aboriginal governments to develop culturally appropriate early childhood education programs for Aboriginal families.

3.2 HCD Goal 2: A Home for Everyone

Unequivocally, homelessness remains a significant and persistent challenge for First Nations and Aboriginal peoples in Vancouver according to all participants. All participants confirmed that they wanted a firm commitment that every child will have a home – potentially implementing some type of red alert system that reports and monitors how long it takes for a child to be housed. One participant commenting that “having a home builds stability where lives can be turned around”.

According to the City of Vancouver’s 2020 Homeless Count Report, Indigenous people continue to be over-represented with 39% Indigenous experiencing homelessness. Participants were concerned that while 39% make up the Indigenous homeless counts, they were not confident that the same Indigenous housing investment or funding percentage is reflected in housing interventions, resourcing or supports.

2020 HOMELESS COUNT: INDIGENOUS PEOPLE ARE OVER-REPRESENTED



Participants would like to see an evaluation of the percentage of Indigenous in SRO’s (Single Room Occupancy) or homeless shelters versus the percentage of funding allocated to supporting Indigenous homeless initiatives. Furthermore, it was perceived that First Nations and Aboriginal representatives are only involved in the engagement or planning tables for housing but very little or no involvement was allotted to representation at the development or decision-making tables. This is where participants proposed that opportunities could be discussed such as advocating for a % allocated for Indigenous housing (proportioned housing) for all new buildings, working in partnership with COV regarding land contribution; housing investments that are not solely the responsibility of BC Housing and Rent to Own solutions (not just in DTES). On-reserve Nations could also support strategies surrounding “bringing people home”; creating safe camping sites; solutions to keeping families together, community centred housing or creating outreach services that are linked to Aboriginal services and resources. The 2020 Homeless Count report states that “we need to do this together” and that a collaborative and united approach is required to address this crisis and that is what participants are truly looking for.

There were a number of key concerns raised about housing challenges for targeted age groups. This included the barriers and rules associated to allocated and transition housing, with one participant providing an example that “you have to be clean for 3 days in order to be eligible – could there not be an option to provide wrap-around supports in order to reduce or remove such barriers for the Indigenous population?” Again, a point of discussion was whether there was First Nations or Aboriginal representation at the right decision-making tables to guide such topics. Participants expressed concern and strongly supported increased access to safe and appropriate Assisted Living, Senior Housing, or Long-Term Care spaces for the First Nations and Aboriginal Elderly population which tends to be very limited. Elders are seen as



the holders and carriers of wisdom and their presence and knowledge can never be underestimated. Participants felt the responsibility to prioritize their housing needs which deserves a much wider recognition than potentially other age groups. Another area of concern is the number of children in single person homes who may require additional targeted supports and youth who need more access to safe and secure housing. The lack of dedicated Mental Health supportive housing (for homeless individuals who require regular medication management) or limited access to rehabilitation or treatment centres was another key concern for First Nation and Aboriginal populations.

3.3 HCD Goal 3: Feeding Ourselves Well

Like the previous goals and indicators, all participants again endorsed that “No child will go hungry” and that a family focused program should be initiated if this situation arises. There was unanimous agreement that a child should never be in a situation that they do not have access to the basic living needs including food (and a roof over their head). While participants mentioned that there are various breakfast and lunch programs offered to low-income families, participants were unsure if any of the initiatives were targeted for First Nation and Aboriginal communities. One participant also raised concern about one of their Foodbank programs which is currently exploding with close to 250 Indigenous youth (aged 11-30 years) from across Vancouver accessing the foodbank each week. There are intentions to incorporate traditional and nutritious foods in the Foodbank program if there is sufficient funding and sponsorship to do so. Monitoring the increase or decrease in numbers of First Nations and Aboriginal youth who are accessing Foodbanks will guide where priorities need to be allocated.



Prioritizing food security and food sovereignty can bring about positive changes according to participants however statistics continue to highlight the ongoing challenges. Since 2008 -2010, there has been a decline in the percentage of households on reserve who reported food insecurity and in 2015-2017, 43.5% of First Nations communities experienced food insecurity. While participants also commented that there is increased interest in food security activities, the funding or investment are typically short-term fixes rather than sustainable solutions or insufficient resources to meet the desired needs. There has also been a strong interest in establishing vegetable greenhouses through hydroponics for First Nation and Aboriginal communities, however sourcing financial funding to support such ventures is again limited. Monitoring food initiatives will be critical over the coming years. With the United Nations global prioritization and response to the threat of Climate Change, participants believe that Climate Change will inevitably affect food production and food security so being able to monitor trends now will allow effective strategies and policies to be put in place before it's too late.

Another continual growing concern for First Nations and Aboriginal communities is childhood obesity and diabetes according to recent data and numerous studies. Across seven (7) Indigenous Primary Care clinics located in Vancouver, diabetes is in the Top 3 disease diagnosis for all sites. A physician survey also undertaken in 2020 (with 50+ physicians in Vancouver completing the survey) revealed that diabetes (plus mental health and hypertension) was one of the top conditions they supported for Indigenous patients. The FNHA and the Office of the Provincial Health Officer developed indicators to monitor the health of First Nations people in BC and according to results in 2018, less than a third of First Nations children on reserve had a healthy BMI and diabetes-related drugs was one of the common prescriptions under the FNHA pharmacy benefit. Unfortunately, there is overwhelming data in Vancouver that highlights diabetes is a common issue for First Nations and Aboriginal populations. In fact, Indigenous peoples are 3-8 times more likely to have diabetes compared to non-Indigenous Canadians. It is unfortunate to produce these results, as participants (particularly the physicians) noted that prior to colonization, Indigenous populations ate some of the most nutritious foods such as fish and fruit as a normal part of their historical diet. It is for this reason that all participants would like to see the revitalization of traditional foods, medicines, and

community gardens both on and off reserve including education on planting, growing, and harvesting and generally giving back to society. It was however noted that this was not an invitation for the general public to go foraging in forests or on-reserve lands and depleting the resources that exist on traditional territories but more so about focusing on the establishment and maintenance of community gardens both on and off reserve. Participants believe that monitoring the number of First Nations and Aboriginal community gardens being established across Vancouver in alignment with monitoring diabetes diagnosis would demonstrate if this is having a positive impact on population.

3.4 HCD Goal 4: Healthy Human Services

An extensive First Nations and Aboriginal Health Needs Assessment was undertaken in late 2020. All participants of the COV workshops participated in some form of engagement or capacity to inform this assessment. Rather than duplicate the process, this information was validated by the participants, rather than being re-invented. The needs assessment drew upon a variety of sources including the following:

- Health priorities from previous engagements with the Aboriginal community such as Community Health Plans
- ICD9 Data from eight First Nations Aboriginal Primary Care clinics (both on and off reserve/urban)
- Health Benefits Data and Health Matrix analysis from the First Nations Health Authority
- Information from the Provincial Health Officer's Report on Indigenous Health and Wellbeing
- Vancouver urban Aboriginal studies and reports
- Service Mapping Data and Information from Vancouver Coastal Health
- Data Information from local physicians serving Aboriginal patients

The three First Nations in the greater Vancouver area represent a total membership of 6,436 (May 2021) and have identified a number of health priorities through their own engagement processes and community health plans. These priorities include elder care, infant / child health, mental health, and substance use services (including counselling) and a greater focus on prevention including access to cultural practices which are seen as both protective and empowering. The need for improved access to cultural practices was further borne out by a VCH community health care gaps analysis project.

The First Nations Aboriginal Primary Care Network has 8 Indigenous member clinics, 7 of whom operate in the greater Vancouver area. Between them, they have approximately 6,500 patients enrolled as of March 2021, of whom 85% were Aboriginal. This number of patients represents about 30% of the total Aboriginal population of 21,315. The primary diagnoses of the FNAPCN's patients captured through the Electronic Medical Records are drug and alcohol dependency, anxiety, depressive disorders, and diabetes.

ON-RESERVE

MUSQUEAM INDIAN BAND

CONDITION (ICD9)	N (% POP)
Asthma (493)	223 (15)
Ess. Hypertension (401)	141 (9)
Diabetes Mellitus (250)	115 (8)

SQUAMISH NATION

CONDITION (ICD9)	N (% POP)
Diabetes (250)	62 (9)
Anxiety / Dissociative Dx (300)	60 (8)
Alcohol Dependence (303)	61 (8)

TSLEIL-WAUTUTH NATION

CONDITION (ICD9)	N (% POP)
Diabetes (250)	<20 (<5)
Ess. Hypertension (401)	<20 (<5)
Depressive Disorder (311)	<20 (<5)

URBAN

KILALA LELUM HEALTH CENTRE

CONDITION (ICD9)	N (% POP)
Drug Dependence (304)	223 (15)
HIV (042)	141 (9)
Viral Hepatitis (070)	115 (8)

LU'MA MEDICAL CENTRE

CONDITION (ICD9)	N (% POP)
Anxiety / Dissociative Dx (300)	479 (16)
Depressive Disorder (311)	379 (13)
Alcohol Dependence (303)	174 (6)

VANCOUVER ABORIGINAL HEALTH SOCIETY PRIMARY CARE CLINIC

CONDITION (ICD9)	N (% POP)
Drug Dependence (304)	538 (19)
HIV (042)	257 (9)
Diabetes (250)	192 (7)

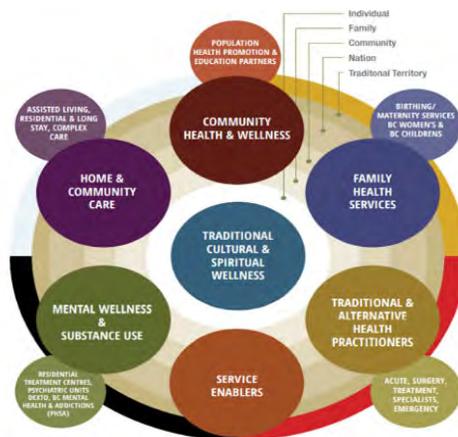
URBAN NATIVE YOUTH ASSOCIATION

CONDITION (ICD9)

Depression (311)

Anxiety (300)

Cannabis use/alcohol use disorder (303/304)



Eligible on-reserve First Nations are entitled to claim from six health benefit programs operated by the First Nations Health Authority. Analysis of this data revealed that through the pharmacy benefit, the main claims are for hypertension, antidepressants, diabetes-related drugs, asthma/COPD and Opioid (OAT). In addition, within the medical supplies and equipment claims, the highest number were for diabetic supplies, audiology (hearing aids and hearing tests) and foot orthotics. Under the Mental Health Counselling Benefit most claims were for the Indian Residential School Survivor health support program, and claims were higher for off-reserve members. While beneficial for advocacy and measuring health outcomes, it should be noted that extraction of this data requires explicit approval from the Chiefs and Councils of each Nation and therefore producing and monitoring the health benefit program will need to take this into consideration.

The Provincial Health Officer's Report on Indigenous Health (2018) identified that there has been slow progress in reaching projected targets against a number of wellness-related indicators determined in 2005 for the Indigenous population. Bridging the equity gap for life expectancy, mortality rates and infant

mortality did not meet targets, along with suicide rate reductions. The diabetes prevalence rate has continued to increase, but the rate of increase has decelerated, resulting in a reduction in the gap. Additionally, the Provincial Health Officer also worked with the FNHA Office of the Chief Medical Officer and produced a suite of indicators to continue monitoring the health of First Nations people in BC.

THEME	INDICATOR	SOURCE	LEAD
SOCIAL CULTURAL ECONOMIC ENVIRONMENTAL	Education (Graduation rates)	MEd	PHO
	Food security (Affordability of balanced diet)	CCHS+RHS	FNHA
	Adequacy of housing	Census	FNHA
	Cultural Wellness (Composite measure: language; traditional foods; medicine/healing; community belonging; traditional spirituality)	RHS	FNHA
HEALTH SYSTEMS	Experience of cultural safety and humility in receiving health services	PREMS	PHO
	Avoidable hospitalizations	DAD/FNCF	PHO
LAND FAMILY NATIONS COMMUNITY	Community strength and resilience	(TBD)	(TBD)
	Ecological health	(TBD)	FNHA
MENTAL PHYSICAL SPIRITUAL EMOTIONAL	Level of physical activity	CCHS+RHS	FNHA
	Children with healthy teeth	MoH Dental Survey	PHO
	Smoking rates of commercial tobacco	CCHS+RHS	FNHA
HEALTH & WELLNESS OUTCOMES	Infants born at a healthy birth weight	VSA/FNCF	PHO
	Alcohol-related deaths	VSA/FNCF	PHO
	Serious injuries requiring hospitalization	DAD/FNCF	PHO
	Self-reported mental well-being	CCHS+RHS	FNHA
TRANSFORMATIVE CHANGE ACCORD FN HEALTH PLAN	Infant mortality	VSA/FNCF	PHO
	Children with healthy Body Mass Index (BMI)	CCHS	FNHA
	Youth suicide	VSA/FNCF	PHO
	Diabetes prevalence	DAD/FNCF	PHO
	Age-standardized mortality rate	VSA/FNCF	PHO
	Life expectancy	VSA/FNCF	PHO
	Number of practising, certified FN Health Care Providers	(TBD)	(TBD)

Acronyms:
 CCHS = Canadian Community Health Survey
 DAD = Discharge Abstract Database
 FNCF = First Nations Client File
 FNHA = First Nations Health Authority
 MEd = Ministry of Education
 MoH = Ministry of Health
 PHO = Provincial Health Officer
 PREMS = Patient Reported Experience Measures
 RHS = First Nations Regional Health Survey
 VSA = Vital Statistics Agency

The latest report of results from application of this First Nations Health and Wellness Indicator Framework³ are summarized below:

THEME	INDICATOR	STATUS
SOCIAL, CULTURAL, ECONOMIC, ENVIRONMENTAL	Education (graduation rates)	The percentage of Indigenous students graduating within 8 years of entry into Grade 8 has been steadily

³ FIRST NATIONS POPULATION HEALTH & WELLNESS AGENDA: SUMMARY OF FINDINGS (2019)

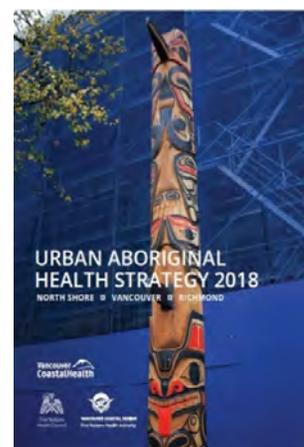
THEME	INDICATOR	STATUS
		increasing over time reaching a high of 69.4% in 2016-2017.
	Food insecurity (affordability of balanced diet)	Since 2008 – 2010, there has been a decline in the percentage of households on reserve who reported food insecurity. In 2008 – 2010, 46.7% experienced food insecurity, and this dropped to 43.5% in 2015 – 2017. 75% ate 3+ types of traditional food at least a few times
	Adequacy of housing	The proportion of Status First Nations living off-reserve with acceptable housing has been improving. In 2006, 47.2% had acceptable housing, and this increased to 54.3% in 2016 Adequacy of housing is a greater challenge for Status First Nations on-reserve, and about 1/3 live in homes that require major repairs
	Cultural wellness	85% had some knowledge of a First Nations language 79% reported that traditional spirituality was important to them Less than half of First Nations adults used traditional medicines in the previous year First Nations adults in BC report a high level of cultural wellness (3.5 out of 5) in 2015-2017
HEALTH SYSTEMS	Experience of cultural safety and humility in receiving health services	Over 2/3 of Status First Nations reported receiving care that was respectful of their culture and traditions in both acute care facilities and the emergency department. It would be interesting to revisit this with updated survey results.
	Avoidable hospitalizations	The rate of avoidable hospitalizations for Status First Nations has decreased slightly. In 2005, the rate was 89.1 per 10,000 population, and this dropped to 78.0 per 10,000 population in 2017. Despite this improvement, the rate is still almost twice that of other residents in BC.
LAND, FAMILY, NATIONS, COMMUNITY	Community strength and resilience	70% reported a strong or somewhat strong sense of belonging in their local community
	Ecological health	Connection to territory, land and water is a key determinant of health for Indigenous peoples, while dispossession, displacement and

THEME	INDICATOR	STATUS
		disconnection from land can have devastating impacts. A measure is to be defined by 2022.
MENTAL, PHYSICAL, SPIRITUAL, EMOTIONAL	Level of physical activity	In 2015 – 2017, over half (55.3%) of First Nations children and youth, and more than three quarters (77.2%) of adults living on-reserve met the national guidelines for physical activity.
	Children with healthy teeth	The share of Indigenous kindergarteners with no cavities rose from 39.3% in 2009-2010 to 45.7% in 2015-2016
	Smoking rates	There has been a steady decline in commercial tobacco smoking among First Nations youth and adults living on-reserve, down to 40.5% of adults (from 48.5% in 2002-2003) and 12.9% of youth (from 27.2% in 2002-2003) in 2015 – 2017.
HEALTH AND WELLNESS OUTCOMES	Infants born at a healthy birth weight	Most (73.4%) Status First Nations infants are born at a healthy weight for gestational age and sex, but they are not experiencing the same increase in this percentage as other residents have.
	Alcohol-related deaths	The rate of deaths attributed to alcohol among Status First Nations has been increasing since 2011, up to 14.2 per 10,000 in 2015, a rate three times higher than the rate for other residents.
	Serious injuries requiring hospitalization	There has been no marked change in the rate of serious injuries requiring hospitalization for Status First Nations over the last 12 years. The rate in 2017 was 59.3 per 10,000 population although this varied by age and region.
	Self-reported mental well-being	Just over half (53.4%) of First Nations adults on-reserve reported feeling in balance, spiritually, physically, emotionally, and mentally.
TRANSFORMATIVE CHANGE ACCORD: FN HEALTH PLAN	Infant mortality	In 2013 – 2017, there were 5.8 Status First Nations infant deaths per 1,000 live births (61 deaths in total)
	Children with healthy BMI	Less than 1/3 of First Nations children on reserve had a healthy BMI in 2015 – 2017.
	Youth suicide	While there has been an overall decline in this rate over the last 20 years, it has started to increase since

THEME	INDICATOR	STATUS
		2011 – 2015. In 2013 – 2017 there were 45 deaths by suicide among Status First Nations youth / young adults, which is a rate 3.3 per 10,000 population, and this rate is four times higher than the rate of other youth / young adult residents.
	Diabetes prevalence	In 2017 – 2018 Status First Nations people had an age-standardized diabetes incidence rate of 7.7 per 1,000 population and a prevalence rate of 106.4 per 1,000 population.
	Age-standardized mortality rate (ASMR)	The all-causes ASMR and per years life lost for Status First Nations have been increasing since 2013, up to 116.2 per 10,000 population for ASMR and 244.8 years lost per 1,000 population in 2017. Some of this increase is due to the ongoing overdose crisis in BC.
	Life expectancy	Life expectancy for Status First Nations decreased from 75.9 years in 2011 to 73.4 years in 2017. The decrease is in part due to the ongoing overdose crisis in BC.
	Number of practicing, certified FN health care providers	First Nations represent less than 1% (0.32%) of licensed physicians in BC. There were 43 practicing, certified First Nations physicians in BC in 2019.

The Urban Aboriginal Health Strategy (UAHS) released by Vancouver Coastal Health and the First Nations Health Authority in May 2018 also identified a number of priorities including the need to address racism and discrimination while increasing opportunities for reconciliation and healing. Healing should include access to healers, healing spaces and cultural practices. The Aboriginal community also advocated for more Aboriginal-specific services being funded appropriately to reflect holistic approaches. Aboriginal women, elders, children, and youth are priority groups, along with meeting the needs of Two-Spirit and the LGBTQ2S community. Participants identified key service gaps as primary health care, dental, vision and mental wellness and addiction services, as well as prevention and wellness programs. It is understood that there are a number of contributing stakeholders (e.g. FNHA, VCH, Municipalities, COV) who will be invited to determine the activities, outcomes, responsibilities, and reporting achievements aligned to the six (6) strategies identified in the UAHS as a collaborative approach. The six strategies include:

- Strengthen relationship in the urban community
- Strengthen access to culturally appropriate health care
- Strengthen access to culturally appropriate Mental Wellness and Substance use services
- Promote Wellness and Prevention of Illness
- Information about, and access to services
- Improve data and information on Aboriginal Health outcomes



A survey of local physicians attracted 50 responses (29 from North Shore, 13 from Vancouver and 8 from Richmond), did reveal patterns between all of the respondents. Over 82% do not collect an Aboriginal identifier so are unable to accurately report the number of Aboriginal patients that they have in their panels. The health conditions most seen by the physicians among their Aboriginal patients were diabetes, mental health, and hypertension. As a result, physicians mostly prescribed Metformin, antidepressants and antihypertensives. Physicians were asked what they believed the main challenges were facing the Aboriginal population and these were identified generally as the social determinants of health (e.g. housing, poverty, systemic racism, and colonization).

Establishing the routine collection of robust Aboriginal data should be a priority. This will allow for more transparency and better utilisation, gaps, and inequities to be identified, measured, and reported. This is an issue across the entire sector including at Vancouver Coastal Health as well as in community based primary care.

The needs assessment reveals that from a community perspective, there is a strong call for more preventive health programming for all age groups and genders, including exercise, nutrition, alcohol and drug prevention, suicide and injury prevention and counselling. There is also a strong call for increased access to cultural practices, cultural / spiritual healing spaces, healers, counselling, and healing initiatives. There is acknowledgment of the historical and intergenerational trauma experienced by Aboriginal people and the impacts they are still feeling today in terms of racism and discrimination in the health system. It was further proposed by one participant if embedding a racism and discrimination clause in employment agreements for employees who deliver services and programs to First Nations and Aboriginal peoples could be considered.

Clearly the First Nations and Aboriginal community are aligned in what they see as priorities, impacts, and needs for the population. Continuing to work together to address these needs collectively, is the way forward to improve First Nations and Aboriginal health status and to reduce persistent inequities. The tables below identify common findings from the different sources that were reviewed to show patterns of health conditions and priorities plus the relevant recommendations proposed.

ABORIGINAL HEALTH NEEDS ASSESSMENT – ALIGNMENT OF KEY FINDINGS					
FIRST NATION (Community Health Plan) PRIORITIES	FNAPCN DATA	DIVISIONS: PHYSICIAN SURVEY	FIRST NATIONS HEALTH BENEFITS	PHO / FNHA REPORT	URBAN ABORIGINAL HEALTH STRATEGY & STUDIES
MAIN HEALTH DIAGNOSES / NEEDS	MAIN HEALTH DIAGNOSES (ICD9)	MAIN HEALTH CONDITIONS SEEN & PRESCRIPTIONS	PHARMACY & MENTAL HEALTH BENEFIT CLAIMS	BC FN HEALTH PRIORITIES	PRIORITIES FROM ABORIGINAL ENGAGEMENT
ALLERGIES	ANXIETY, DEPRESSION	ANTIHISTAMINES	ANTIHISTAMINES	INFANT MORTALITY RATES	INJURY PREVENTION
ASTHMA	DRUG & ALCOHOL DEPENDENCY	INHALERS	ASTHMA / COPD	DIABETES	MORE COUNSELLING / HEALING
ARTHRITIS, BACK PAIN	DIABETES	ANTIDEPRESSANTS	ANTIDEPRESSANTS & COUNSELLING SESSIONS	LIFE EXPECTANCY / MORTALITY RATES	ALCOHOL & DRUG PREVENTION
MENTAL HEALTH	WELLNESS REGISTRY	ALCOHOL & DRUG DISORDERS	OPIOID (OAT)	WELLNESS INDICATORS	EXERCISE / NUTRITION
SUBSTANCE USE		DIABETES / METFORMIN	METFORMIN		MORE PREVENTIVE / WELLNESS PROGRAMS
ELDER CARE, CHILD / INFANT		HYPERTENSION / ANTIHYPERTENSIVES	ANTIHYPERTENSIVES		INTERGENERATIONAL TRAUMA, RACISM, DISCRIMINATION.
INCREASE ACCESS TO CULTURAL PRACTICES		SOCIAL DETERMINANTS OF HEALTH			A NEED TO INCREASE ACCESS TO CULTURAL PRACTICES & SUPPORTS

#	RECOMMENDATIONS
1	Note the major patterns and trends in health conditions for First Nations and Aboriginal people support the continued focus on the social determinants of health; impacts of historical trauma; and the shift to a wellness focus at provincial and local level: <ul style="list-style-type: none"> ▪ Mental Health: anxiety, depression ▪ Alcohol and Substance Use disorders ▪ Diabetes ▪ Chronic pain, arthritis, and allergies
2	Identify opportunities for Patient Medical Homes across the region to capture an ethnicity / Aboriginal identifier through their EMRs (e.g. using dormant or unused fields in EMRs) aligned to the provincial Administrative Aboriginal Data Standard and Census definitions [until such time as EMR developers routinely embed this field into all EMRs]
3	As a priority, run the Vancouver Community Analytics Tool (VCAT) across First Nations and Aboriginal Primary Care panels to assess the number of, and reasons for, First Nations & Aboriginal patients using emergency room (ER), acute and community services at VCH so that strategies can be developed for avoidable hospitalization or ER use
4	Continue collaboration efforts to promote, educate and refer to cultural support services that can be accessed by Indigenous patients
5	Note the high priority placed by the First Nations and Aboriginal population on access to cultural practices and supports for their wellness (also a protective factor) and the need to continue to resource and advocate for more investment in this area
6	Consider a workshop of key stakeholders to develop joint implementation strategies for the Urban Aboriginal Health Strategy (2018)

3.5 HCD Goal 5: Making Ends Meet and Working Well

The initial reaction to “making ends meet” from participants was that it insinuates that the COV is just aiming for the bare minimum – or having enough money just to get by with a specific comment noting “it sounds like we are just surviving”. The question was asked “Why are we not aspiring to build wealth and not focusing on poverty?”. While participants agreed that income is essential to meeting everyday living costs, concerns were raised as to why the goal aimed so low. The group felt that it was timely to look at changing this narrative and talking more about how to empower First Nations and Aboriginal individuals to take ownership of their own journeys through ventures such as entrepreneurship, savings, wealth creation and capacity building. One participant providing an example to “develop hands on curriculum for trade apprenticeships”.

It was felt by some that often the First Nations and Aboriginal population had become reliant on programs such as Income Assistance and Income benefits and little emphasis was on what strengths lay within individuals already and how these could be applied to various opportunities to gain new skills and knowledge. The participants expressed a desire to implement activities that will ultimately produce a highly skilled future workforce to meet the labour market demands but also to respond to the needs of the economy including targeting the most in demand jobs (e.g. as per ‘Indeed’ table source). This will require upskilling, training, job analysis research and information gathering, however if implemented effectively as an empowering initiative, then this could lead to a thriving population who reap increased income opportunities. Monitoring Indigenous Income Assistance beneficiaries against increased First Nations and Aboriginal workforce overtime could highlight the transformation of the population in terms of wealth creation.

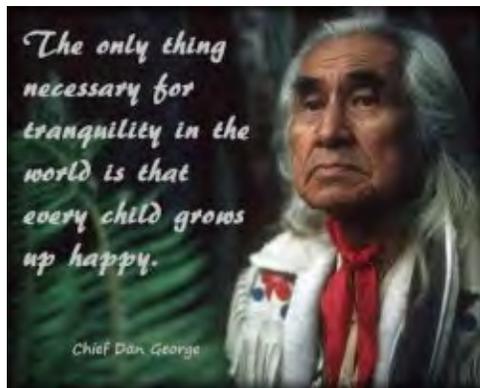
The Top 10 Highest Paying Jobs in Vancouver Right Now	
Job Title	Median Salary Adjusted to Yearly
Planner	\$110,739.20
Software architect	\$110,000.00
Dental hygienist	\$98,800.00
Pharmacist	\$88,400.00
Registered nurse	\$85,467.20
Physiotherapist	\$85,155.20
Social worker	\$81,671.20
Developer	\$81,194.75
Journeyman plumber	\$73,840.00
Medical technologist	\$70,803.20

Furthermore, participants identified that there should be a stronger focus on educating youth on lifeskills, such as budgeting, savings, investments, tax proficiency etc., so that individuals would have a better sense of what to expect when entering into the workforce. It was also noted that many First Nations or Aboriginal peoples do not have access to transport and therefore this caused employment barriers. It was felt that rather than focusing on public transport barriers, there could be an opportunity to work with organizations who provide subsidized or free drivers licence education for the First Nations and Aboriginal populations to improve their chances of securing employment. Some on-reserve communities offer this service for their own membership which can be easily monitored however it may require working with ICBC for the urban Aboriginal community.

Participants shared that Education is a key element to securing employment. Being able to learn in an environment that is culturally safe and sensitive as well as flexible enough to adapt the educational curriculum and programming was deemed essential for First Nations and Aboriginal learners. It was shared that First Nations and Aboriginal populations tend to learn better through interactive or hands-on experiential teachings. First Nations and Aboriginal people have fewer opportunities for experiential learning models in education programs and yet these closer align to the traditional methods of knowledge dissemination in First Nations and Aboriginal communities. It was proposed that there be more First Nations and Aboriginal focused education programming and curriculum to enable them to better succeed.

3.6 HCD Goal 6: Being and Feeling Safe and Included

When discussing this goal, the First Nation participants felt a sense of sadness and isolation as there is an ongoing challenge around feeling safe, included, and ‘acknowledged’ as First Nations peoples. The Indian Act (first introduced in 1876), was developed with the intention to eradicate First Nations’ culture in favour of assimilation into Euro-Canadian society and according to group participants, it feels as though this same intention still exists today. In order to change this sense of exclusion, participants of the group proposed to implement a number of goals and indicators that may turn the tide on this narrative. One of these includes the proposition to incorporate mandatory land acknowledgements across the entire sector in Vancouver including media announcements (also aligns to our new HCD Goal #13). Historically (pre-contact) each of the local sovereign First Nations (Musqueam, Squamish and Tsleil-Waututh Nations) reminded us that they would have welcomed visitors to their territories, hosted them and cared for them in order to uphold the pride of the Nation and express their status as ‘respectful hosts’. Conceptually then – the province should act as ‘agents’ of the sovereign First Nations and provide a welcoming, caring and respectful service for people who visit within their traditional territories – as if the Nation itself was delivering the acknowledgement. This expression of acknowledgment is a practical and respectful way for honouring the sovereign host Nation(s) and demonstrating the quasi-host role that each other plays on their behalf bringing a sense of inclusion and acknowledgement.



Another contentious area of discussion was the limited visual Indigenous presence and acknowledgement of Indigenous artifacts, monuments, totem poles/houseposts, streets and signs (place names in local sovereign language such as Squamish including maps), billboards, ancestral acknowledgements and honouring Indigenous leaders such as Chief Dan George (All participants agreed that it is sad that he is not acknowledged as a well-respected local leader and the legacy he left). Although there were a few comments stating that there are small steps in this reconciliation process in this regard (such as Vancouver airport and Stanley Park), there is still much to do to give a sense of pride and belonging as sovereign Nations. One

member commented that visitors arrive at Vancouver airport and get this real sense of Indigenous culture and then once they walk out of the airport doors, it disappeared very quickly – “Indigenous presence shouldn’t stop at the airport”. It was proposed that Indigenous displays or murals have designated spots of acknowledgement e.g. City Hall, Art Gallery, Library, and other prominent Vancouver buildings. Another

participant proposed that bus stop signs and public transport had some type of display that youth could look at, to give them a sense of inclusion as an Indigenous person. As described earlier, further education on the history and reconciliation efforts is essential in the healing process, particularly with the recent events in Kamloops.

In terms of inclusion, participants believed that a sense of worthiness and belonging is reflected in First Nations and Aboriginal peoples being able to vote, acquire a birth certificate, a driver's licence, and a passport. Each of these supported them feeling they are part of the one society. And while this is aspirational, it was also proposed that the COV look at exploring reserved Indigenous seats on Council whereby only First Nations and Aboriginal individuals could vote for this candidate, similar to that of other Indigenous populations around the world. This would allow a more targeted strategy for candidates of what was important to local First Nations and Aboriginal people.

Participants would like to see a reduction in crime by First Nations and Aboriginal people and associated changes within the Justice system. The impact that crime has on the wider community is a loss of engagement or civic participation and a diminished contribution to building an inclusive and vibrant community. Participants wanted to change this narrative and explore the feasibility of implementing strategies that would contribute to the lessening of crime related acts through strength-based models. This could include integrating more resilience based cultural programs in partnership with BC Corrections that reduce the likelihood of re-offending and ultimately creating a safer city for all. Another idea is to advocate for more Aboriginal liaisons, First Nations community policing and local Native court workers.

3.7 HCD Goal 7: Cultivating Connections

This was an important goal for the participant group who provided numerous comments on cultivating connections, so much so that it generated a lengthy discussion around the establishment of a separate goal altogether (refer 3.13). Cultivating connections with local First Nations and the Indigenous community is recognizing the centrality of relationships and building a high trust model. Positive engagement is about starting the conversations early – well before the topic requires First Nations' support or permission to proceed within their community. In the very early days, a two-way conversation was open, honest, and forthright. Participants noted that it is important to understand it takes time to build assurances, bridge cultural differences and to gain trust. This does not happen with one conversation – it happens over many conversations. It was noted that there are many guidelines about how to respectfully engage with First Nations and Aboriginal communities that could be incorporated into policy development.

Successful First Nations and Aboriginal community engagement incorporates goals of respecting land and resources, and conducting activities in economically, socially, and environmentally responsible ways to ensure long term sustainability. There is no partner that is more powerful than the support and interest of local Aboriginal leaders and communities. Building positive, respectful, and trusting relationships with First Nations and Aboriginal peoples boosts government and public support. Those entities that have engaged in a respectful manner and have secured the support of local First Nations and Aboriginal community members are more likely to gain support and can expect benefits for their commitment and efforts. Reaching a decision to move forward requires keeping an open mind, carefully listening to the community, and having a commitment to explore what can and cannot be done. Organizations must be patient, respectful, honest, and trustworthy in their discussions, meetings and negotiations with First Nations and Aboriginal communities. It is proposed that the City of Vancouver establish a Memorandum of Understanding (MOU) with the three (3) local First Nations that are aligned to UNDRIP and TRC and that incorporates Indigenous representation at key decision making tables. Within



the recent release of the In Plain Sight report (in addition to the UNDRIP and TRC declarations), it was mentioned that it was timely to implement such an agreement and look to repair or enhance the relationships that may exist today. The MOU could then be reviewed to determine how each party believes the agreement has been fulfilled.

As identified earlier in relation to Capital development, it was again perceived that there is minimal First Nations and Aboriginal representation in regional or government organizations. The question was specifically asked of the City of Vancouver on how many Indigenous leadership roles exist within the organization. It was noted that there is the potential to have some form of equitable employment solution whereby dedicated strategies and policies are implemented to promote or advocate for Indigenous leadership roles. This way the COV could start to build a workforce and leadership structure that respects a diverse and wide array of voices.

Cultivating connections was just as important within the Indigenous population itself. It was identified that there is a strong desire from the urban Indigenous populations (who reside off-reserve) to reconnect with their homelands / on-reserve communities. Urban Indigenous peoples are expressing more and more interest in learning more about their heritage, genealogy, ancestral history, and cultural teachings. Like many tribal Nations, this is encouraged as there is always a desire for Nation members to eventually return home or to at least be able to learn the traditions first-hand and pass the knowledge on to the next generation.

3.8 HCD Goal 8: Active Living and Getting Outside

A positive discussion was held regarding First Nations and Aboriginal peoples living active lives. Increasing physical activity, enhancing social interactions, making new friendships, growth in confidence, and reducing obesity (to name a few) were all seen as important goals and benefits for the population. Participants commented that First Nations and Aboriginal peoples thrive in outdoor activities, which some associated to the nature of Coast Salish peoples who regularly participate in traditional outdoor activities.

One of these traditional activities and one that has significant importance to the Coast Salish peoples is the Tribal Canoe Journeys – an annual celebratory event for Indigenous peoples with paddlers from as far as the coast of Alaska, British Columbia, Oregon, and Washington State. Participants commented that it would be phenomenal if such an Indigenous event could be celebrated and recognized as part of Vancouver’s annual calendar of events. It is hoped that if one major event is dedicated to the Indigenous peoples - exercised similar to that of the World Indigenous Games or the annual Dragonboat event hosted at False Creek – then this would go a long way towards reconciliation. Other major



events were also mentioned such as the Indigenous games, the three (3) host Nation Soccer tournament, and cross-cultural exchanges. It was also proposed that the canoe journeys (or similar event) could be an event that is led by the sovereign Nations in partnership with the COV which would bring about so many relationship and reconciliation benefits. This is only one example, but participants believe that there is real opportunity for bridging urban and on-reserve connections and relationships for major events.



Participants would like to see more promotion, access, and involvement in community gardens (traditional foods) and land-based activities for First Nations and Aboriginal peoples. These initiatives would create spaces to become more active and involved in society – particularly the youth population who are becoming more and more absorbed in social media, rather than being outside.

Participants noted that there are many young First Nation and Aboriginal peoples who demonstrate exceptional sporting skills in a variety of sporting codes that unfortunately do not get the opportunity to

reach their potential. Many of these individuals experience financial challenges and therefore cannot afford to participate in elite designed programs or some who experience barriers such as transportation or inability to pay for costs associated to the sport (e.g. merchandise, travel costs) and therefore rather than exposing themselves to the embarrassment of not being able to afford such items, they simply drop out. Comments endorsed the need for more opportunities to address these barriers through Indigenous elite programs and increased funding and investment into Indigenous sports organizations. One participant proposed the establishment of Indigenous resident cards – similar to that in other countries - where a discount is applied to accessing swimming pools, parks, community centres, and sporting facilities to encourage more active participation while removing some of the financial barriers.

3.9 HCD Goal 9: Lifelong Learning

Participants stated that Indigenous ways of knowing, and learning are as diverse as Indigenous peoples, and each First Nation is unique in its culture, language, and worldview. Comments were made that Indigenous teachings acknowledge that every learner is unique in his or her learning capacities, learning styles, and knowledge bases. A First Nations or Aboriginal lifelong learning system is one that is grounded in the wisdom of Indigenous language and culture - programs that are delivered FOR First Nations BY First Nations. What was highlighted as a key concern however is the risk of losing the local Indigenous language – namely Hənq̓emínem and Squamish. Participants are aware that there are a number of revitalization strategies underway and UBC offers a Squamish Nation language course however there is still much more to do. Therefore, participants were keen to explore opportunities that could support the revival of the local Indigenous languages. Furthermore, and as described earlier, it would be a significant milestone if the local Indigenous language could be offered in schools as a potential staged approach or elective subject.

Building Indigenous leaders of tomorrow was commonly referenced throughout all of the COV Indigenous engagement workshops. Finding alternative ways to increase educational achievements is and will continue to be a priority as indicated by all participants. There are many components that will support increasing educational achievements such as adapting academic delivery to a more traditional hands-on approach, embedding cultural practices into programming, offering alternative programming, and finding ways that resonate best with engaging Indigenous students. There is no one answer (or indicator) to this, but more so a multi-sector approach. What participants do want to see is opportunities to build on successful existing pathways for First Nations and Aboriginal communities.

3.10 HCD Goal 10: Expressing Ourselves

As described earlier, it is proposed that there be an increase in Indigenous displays or murals and having designated spots of acknowledgement e.g. City Hall, Art Gallery, Library, street signage, wayfinding posts and other prominent Vancouver buildings.

There was a lengthy discussion surrounding the increase of Indigenous artist exposure. Many participants validated that First Nations and Indigenous peoples should be given every opportunity to unleash their creative potential including artwork. It was stated that lately, there have been more and more requests for Indigenous art however many displays are not from Coast Salish artists. It was proposed that a policy be developed that focuses on the recruitment of Coast Salish artists – most commenting that they are unsure of the current selection, criteria, or procurement process. One participant noted that it would be ideal to have an RFP process that is exclusive to Indigenous artists and more specifically Coast Salish artists.



Participants spoke of the inclusivity of all binary and non-binary populations including LGBTQ2S+ and Two-Spirit. Based on an existing study, Indigenous people, prior to colonization, believed in the existence of cross gender roles, the male-female, and the female-male. ‘Two-Spirit’ referred to an ancient teaching where individuals who were seen as carrying two spirits, that of male and female, who were honoured and revered within Indigenous communities. Participants advocated for ongoing support to be provided to First

Nations communities to enable them to explore their own cultural Two-Spirit teachings and to identify appropriate gender diverse integration and education methods within today's environment. Participants encouraged an increase in the awareness and acceptance of Two-Spirit people. Vancouver hosts a very diverse population and participants would like to see the promotion of acceptance regardless of any person's perceived social position through increasing access to resources and creating safe and inclusive spaces.



3.11 HCD Goal 11: Getting Around

The biggest transportation challenges identified by participants was the location and affordability of transport for First Nations and Aboriginal peoples. For those living on reserve, many community members needed to walk to the closest public transport system and in some cases, this was a good 15-20 minute walk which is not ideal for the disabled or Elderly populations. It was noted that the First Nations Health Authority does provide a small amount of funding to support those most in need and some shuttle services are available on reserve. Furthermore, one participant commented that the closest public transport stop to their reserve operated on an hourly schedule, as opposed to main schedules which operated more frequently. It is acknowledged that the Federal system is typically responsible for those living on-reserve however when trying to find suitable solutions to the above barriers, this requires the Federal and provincial transport systems to collaborate and work together to create suitable and equitable TransLink or transport solutions. It was acknowledged that some conversations have been held in this regard, but no changes have been witnessed in terms of the transportation challenges experienced on reserve.



For the urban Indigenous populations, it was identified that due to the increase in cost of living, many First Nations and Aboriginal people now reside further away from central Vancouver and therefore now fall into the 3-zone transport bracket, adding to the financial pressures of families. One participant noted however that there some pockets of available subsidized public transport options, but these are not commonly known about and therefore more education may be required to educate people on what is available.

For those living in central Vancouver, one participant would like to see the provision of alternative methods for easy cost solutions for accessing public transport. It was noted that many First Nations people do not hold a credit card, and this seems to be the primary source of acquiring compass cards. As detailed earlier, it was also encouraged to incorporate more safe Indigenous signage at public transport stops (e.g. bus stops and train stations).

It was recommended that an Indigenous representative sit on the Federal and provincial transportation tables to guide and bring forth these types of challenges in an effort to find alternative methods for improving transport access for First Nations and Aboriginal communities (if this is not already in existence).

3.12 HCD Goal 12: Environments to Thrive In

This goal was of most concern to participants, with all commenting in some regard about the increasing risks to the land, waterways, and overall environment. It was stated that increasing numbers of corporations are acquiring land or using the environment for their own profitable aspirations without considering the longer-term impacts. As one participant recalls, it is not uncommon for First Nations or Aboriginal communities to protest more or stand up and take action to protect the lands and environment. Communities are no longer standing by idly. It was recommended that the community as a whole needed to educate, involve, monitor and ultimately “enjoy what the great creator has given us” including being responsible keepers, guardians and stewards of the environment and taking pride in the local environment. The following are a sample of the comments shared by participants that demonstrates their concerns:

Clean oceans and waterways	<p>“We must do more to have cleaner water”</p> <p>“If you look at our harbour, it is full of tankers and boat traffic”</p> <p>“Can you imagine the damage that is happening to the seafloor”</p> <p>“Are there inspections done on facility sites or containers/ships to ensure they are regularly maintained – they look like they are really old”</p> <p>“We need to ensure the quality of the tankers to prevent spills”</p> <p>“We can no longer swim in the inlet due to the high levels of sewage”</p> <p>“I wonder what the COLI levels are”</p> <p>“We need to prohibit raw sewage in our waterways”</p> <p>“We must protect our streams”</p> <p>“We must protect our streams so that our salmon can spawn”</p> <p>“I notice the erosion of the shoreline more and more”</p>
Protection of Spiritual places	<p>“We need to limit access to our spiritual baths”</p> <p>“Our historical streams are becoming highly populated”</p> <p>“Many of our people have organized their own monitoring systems to evict intruders”</p>
Clean Air	<p>“We are seeing more patients presenting with respiratory conditions – is this to do with our air?”</p> <p>“I see pollution coming from the industrial buildings every day – it’s disheartening”</p> <p>“The positive outcome from COVID is we started to see less pollution”</p>
Protection of lands	<p>“We need to pay homage to our traditional and sacred spaces”</p> <p>“I understand we want to promote getting outside, but this shouldn’t be at the detriment of our lands”</p> <p>“We need to protect our traditional foods (e.g. berries and salmon)”</p> <p>“I would like to measure the archeology impacts”</p> <p>“It would be great to have a garbage free environment”</p> <p>“We need to increase protection signage”</p>

It was agreed that there is no one action or indicator that would address all of these concerns, however there was a strong desire to seek commitment from those authorized in the environmental impact space (such as Park Boards) to involve First Nation and Aboriginal voices in planning and decision-making tables. One participant commenting that environmental parties visit our Nation to inform planning designs, but they never send the decision makers and therefore our voices are not reflected at the right ends of the spectrum. As the original peoples of this territory, the hope of collaborating on this important matter would bring about more significant change. The ultimate aim of fulfilling our responsibilities and obligations as responsible stewards.

3.13 Proposed New Goal 13: Building Vancouver's Cultural Brand & Identity

This goal is not currently in the scope of goals within the Healthy City Dashboard, however the comments expressed by participants were so vast, consistent, and impassioned that participants advocated strongly for its inclusion. At the heart of the concerns is a perceived failure to acknowledge and honour the Sovereign Nations of Vancouver – Musqueam Indian Band, Squamish Nation and Tsleil-Waututh Nations with one participant saying, “Actually being sincere in acknowledging us”. Throughout this report, there have been multiple suggestions to include Indigenous voices at decision making tables and a concerted effort to recruit Indigenous peoples into public sector and leadership roles (such as City of Vancouver, BC Hydro, Translink). It was stated that there have been little or no significant changes to Indigenous socio-economic outcomes, and this could be as a result of the structure and system remaining the same. Participants believe that a significant evolution could occur with a cultural brand identity shift – it could extend the picturesque look that exists at Vancouver airport into all facets across Vancouver. All participants agree that this is an ambitious indicator, but one that could reverse the narrative on Indigenous people experiencing ongoing discrimination and racism. It has the potential to convert the city into a place known to be culturally and spiritually rich. In fact, it could be said that the time is right to do this with the publications and declarations of DRIPA, UNDRIP, TRC, MMIWG, Jordans Principle and In Plain Sight reports. It could be seen as a turning point for demonstrating the City's commitment to healing and reconciliation for and with Indigenous peoples. Participants also shared that the declarations and publications and associated actions, articles, and recommendations of these important and essential documents (many signed by provincial and federal governments) are valued, however the question was asked if they are actually being implemented. That is “not just saying but doing”. One participant asked if there are accountability measures in place for provincial government entities to align their strategies to each of these reports?” and another quoted as saying “is there actually a concerted effort to make the government enforce these actions and recommendations?”.

As noted earlier, it is proposed that land acknowledgements become mandatory across the entire sector. At the beginning of any interaction, meeting, or announcement (including media), an acknowledgement to the territory and local First Nations is essential. This recognition affirms the nature of the local Sovereign Nation's connection to their land or traditional territories as the original land holders. It pays homage to the ancestors who have passed and shows recognition of and respect for Sovereign Nations and First Nations peoples both in the past and the present. A land acknowledgement should also become a pre-requisite for welcoming visitors to the territory and for major events hosted by Vancouver. It can also acknowledge the historic trauma bestowed upon First Nations and Aboriginal peoples in an effort towards reconciliation. Participants also stated that acknowledging the territory is only the *beginning* of cultivating a strong relationship with First Nations people.

A common theme identified across participants was the need for implementing mandatory Indigenous Cultural Safety (ICS) and Anti-racism and Discrimination training or similar education – at a bare minimum. It is the belief that ICS training is primarily targeted for the health and education sectors and is currently voluntary however participants felt that this should extend to all public sectors (e.g. Police, RCMP, Justice, Government services, professional colleges, private employers – to name a few) and become a specific mandatory strategy for all provincial and private organization. Further to this, participants would like to see a policy developed on how to best encourage people speaking up about any perceived or validated acts of racism and discrimination.

In addition to the earlier proposed inclusion of a major Indigenous event that is dedicated and led by local sovereign First Nations, participants also suggested increased acknowledgement and celebration of National Indigenous Peoples Day (formally known as Aboriginal Day). This is the official day of celebration to recognize and honour the achievements, history and rich cultures of First Nations, Inuit, and Métis peoples in Canada and yet it isn't given the same recognition or support as Canada Day. One participant noting that Indigenous Peoples Day is currently organized and primarily funded by independent Indigenous organizations. Another option was to hold a Mural Festival exposing Indigenous art and artists which could be supported by the three (3) local Sovereign Nations.

As described earlier, other goals contributing to this indicator could include the development of a formal MOU between Government and Chiefs and Councils; increased displays of Indigenous signage, art, place names; embedding Indigenous language classes, land based learnings and cultural supports into the school curriculum and creating spaces for knowledge keepers, Elders and traditional healers to become specialized practitioners – all contributing to a cultural brand for the City whilst building and maintaining a cultural sense of pride and worth for First Nations and Aboriginal communities.

Participants felt that there be a specific strategy to train, recruit and retain an Indigenous workforce where First Nations and Aboriginal people access services the most. All too often First Nations or Aboriginal peoples do not access services and programs in fear of being treated unfairly or exposed to discriminatory behaviours, however if there was a more equitable workforce (and Indigenous faces) then individuals may be more susceptible and comfortable accessing services. A further recommendation was also to explore the feasibility of an equal employment model whereby a certain percentage of public sector recruitment is allocated to Aboriginal thus building the First Nations and Aboriginal workforce.

Ambitious goals also included the feasibility of allocating one (1) voting seat on Council for First Nations or Aboriginal candidates or ensuring that there is an Indigenous representative within the Governor Generals office, Trustees or Park Board as examples. It was also proposed to develop an Indigenous procurement policy (e.g. construction) that honours the traditional territories. One participant commenting that Indigenous organizations could earn more points under the weighting criteria in the RFP/bidding process if they reside on-reserve or have Aboriginal connections. Alternatively, you could earn more points if an Aboriginal workforce or Aboriginal youth mentoring component is incorporated into the submission. It could also extend to First Nations or Aboriginal being allocated a certain percentage to all procurement submissions and/or acceptance so that it not only builds capacity (and jobs) for the Aboriginal communities but also contributes to entrepreneurship and leadership opportunities.

4. CENTRALIZED HEALTHY CITY DASHBOARD – INDIGENOUS GOALS & INDICATORS

Upon reviewing and compiling all of the narrative shared by participants, and relevant qualitative and quantitative information from existing projects and data experts, participants worked together to develop and validate the following suite of urban Indigenous goals, indicators, measures, and proposed data sources. The aim of the following dashboard was to make the goals and indicators meaningful to the City of Vancouver and First Nations and Aboriginal communities in BC. This was accomplished by building upon the draft City of Vancouver Healthy City Dashboard and incorporating a First Nations and Aboriginal perspective on a healthy city.

Throughout the discussions and as guided by the existing work completed by the City of Vancouver, participants were conscious to move away from deficit thinking data collection and move towards a more decolonized approach to data, including developing more asset-based and strength-based goals and indicators. For this reason, ideas have been put forward for possible names changes for each Healthy City Dashboard goal – it is not essential to utilize these suggestions, but more to generate discussion about strengthening language use.

While existing projects and data experts supported the measurement and data source information, there are areas that the group require further support to determine the feasibility of measuring some of the indicators identified.

It is acknowledged that there is a significant number of indicators and associated measures proposed within the following table, however the logic applied is that by documenting all of the suggestions, it will create spaces for ongoing dialogue. It allows for the opportunities to be discussed and determine if areas will make positive impacts and transformative change for First Nations and Aboriginal peoples in Vancouver. The areas highlighted in green were however the indicators that participants would like prioritized.



COV INDICATOR	PROPOSED NAME CHANGE	INDIGENOUS INDICATORS	MEASUREMENT	SOURCE
A GOOD START	ACHIEVING AS COAST SALISH – CHILDREN FIRST	<ul style="list-style-type: none"> Affordable education for children Establishment and access to Indigenous Led Cultural / Traditional Daycares 	# of Indigenous enrolled in daycare % of Indigenous graduation rates increasing over time # of Indigenous daycares in Vancouver	MEd
	CREATING CONFIDENT LEADERS	<ul style="list-style-type: none"> Culturally safe births Recruitment of Indigenous and Traditional Midwifery Promote and encourage Indigenous Birthing practices 	# of safe and traditional births for Indigenous # of Indigenous or Traditional midwives	BC Womens Midwives Assn Also http://www.perinatalservicesbc.ca/health-professionals/professional-resources/indigenous-resources/doula-services
	BUILDING LEADERS OF TOMORROW	<ul style="list-style-type: none"> Culturally confident students Cultural Peer Supports and Youth mentorship in Mainstream Schools Supporting children’s identity, culture, and language as Indigenous Land Based reconnection education in schools (extracurricular excursions such as Traditional medicine gardens; history of Stanley Park; What is unceded Territory) Staged rollout of local Nation language classes (including land acknowledgements) 	# of Cultural Peer Support and Youth Mentor Programs hired and teaching in schools # and % of Indigenous School Teachers # of total immersion or bi-lingual schools % who declare they regularly participate in cultural education in schools and are culturally strong % increase in students who speak the local language	MEd Community survey
		<ul style="list-style-type: none"> No Child will go hungry 	# of breakfast and lunch programs in schools (with high Indigenous enrolments) # decrease in Child Poverty rate Red alert monitoring* (Child Health Indicator included in EDI metrics)	MEd COV
		<ul style="list-style-type: none"> Culturally respectful educators Mandatory cultural safety and anti-racism training for Educators and Teachers 	# of Educators completed ICS and anti-racism training (40% target by 2023)	MEd
		<ul style="list-style-type: none"> Indigenous focus funded programs for children and youth 	% of funding for children accessing Indigenous educational support services	VCH/FNHA
			<ul style="list-style-type: none"> Equitable Rights on decision making 	# of Indigenous representation at COV capital development/procurement tables

A HOME FOR EVERYONE	A SAFE & STABLE HOME FOR EVERYONE	<ul style="list-style-type: none"> Indigenous representation and authority at Housing/Capital and Building development and decision-making tables 		
	SAFE & WARM COMMUNITY CENTRED HOMES	<ul style="list-style-type: none"> Financial investment allocated to need Review and/or evaluation of % of Indigenous in SRO's and Homeless shelters versus % of funding or investment Funding and investment for housing is allocated by Indigenous numbers and percentage (not population percentage) 	Evaluation Findings - equitable allocation of Housing solutions for Indigenous	COV*
		<ul style="list-style-type: none"> Access to affordable, safe, and stable housing Every new building (not just BC Housing) has a % allocated for Indigenous housing (proportioned housing) Increased BC Housing solutions Housing barriers/rules reviewed and adapted to meet Indigenous Housing needs – solutions to keeping families together and cohesive Safe and secure housing for youth Rent to own solutions – not just in DTES 	% of Indigenous housing allocated to all new capital developments % decrease in Indigenous homeless or in unstable housing (over time) # of Indigenous who own their own home or % increase owning own home	COV Federal census BC Housing Nation housing reports
		<ul style="list-style-type: none"> Firm commitment that every child has a home 	Child poverty rate # and % decrease in Indigenous children in foster care (by carer) Red alert monitoring*	COV MCFD https://mcfcd.gov.bc.ca/reporting/services/child-protection/permanency-for-children-and-youth/performance-indicators/children-in-care
		<ul style="list-style-type: none"> Elders living safe and independent Allocated Assisted Living, Senior Housing and/or Long-Term Care spaces for Indigenous Elders. 	# of Indigenous Elders living in Senior Housing	VCH*
		<ul style="list-style-type: none"> State of wellbeing Increased access to Mental Health Supportive Housing and Rehabilitation Treatment Centres 	% of Indigenous homeless accessing Mental Health supportive housing or rehabilitation treatment centres	VCH* BC Housing*
		<ul style="list-style-type: none"> Indigenous led Housing Increase access to Transition Housing for Indigenous Youth and Abused Indigenous 	# of Indigenous Youth and Abused Women in Transition Housing % of children involved with MCFD reduces over time	Transition Housing* MCFD

		Women (MMIWG report and Lu'ma Native Housing Model)		
FEEDING OURSELVES WELL	EAT WELL, LIVE WELL	<ul style="list-style-type: none"> No child will go hungry - Family focused initiatives Food Security and Foodbank funded programs for Indigenous including traditional food gathering initiatives Access to Traditional and nutritional foods Promotion and access to traditional community gardens and foods (on and off reserve) Increased access and involvement in community gardens Nutritious Traditional Food Solutions – Land Based education in schools (e.g. hunting, gathering, berry picking, cooking traditional feasts) 	% increase in funded food security and foodbank programs for Indigenous % decrease in accessing Foodbanks* % increase of funded or sponsored Indigenous breakfast/lunch programs Red alert monitoring*	ISC/FNHA Med
	A HEALTHY PLATE FOR ALL		# of established community gardens (incorporating traditional foods) # of Indigenous peoples accessing or cultivating community gardens % decrease in diabetes and childhood obesity	COV Community survey FNHA
			% who declare they regularly participate in cultural education in schools	Community survey
HEALTHY HUMAN SERVICES	THRIVING & HEALTHY COMMUNITY EMPOWERING HEALTH & WELLBEING FOR ALL LIVING A HEALTHY LIFESTYLE	As guided by the 2020 Needs assessment: <ul style="list-style-type: none"> Avoidable Hospitalizations: Assess the number of, and reasons for, First Nations & Aboriginal patients using emergency room (ER), acute and community services at VCH so that strategies can be developed within the network for avoidable hospitalization or ER use Access to cultural supports: Promote available cultural support services that can be accessed by Indigenous patients. High priority placed by the First Nations and Aboriginal population on access to cultural practices and supports for their wellness (also a protective factor) and the need to continue to resource and advocate for more investment in this area On-reserve Nation members have access to federal program funding: Monitor FNHA Health Benefits that demonstrates gaps in services Better health outcomes for Indigenous: Consider a workshop of all three PCNs and FNAPCN with Vancouver Coastal Health & FNHA and the 	Priority: Identify opportunities for the region to capture an ethnicity / Aboriginal identifier through their EMRs aligned to the provincial Administrative Aboriginal Data Standard and Census definitions # of avoidable hospitalizations # attached to a family doctor or primary health care provider % increase in PCN attachments to a Family physician, Elder, Traditional Healer Cultural Wellness Indicators – in pilot phase	FNHA regional health survey VCH Discharge Abstract database PHSA data (BC Children's) MoH FNCF MoH/VCH attachment PCN

		<p>MVAEC roundtable health leads to develop joint implementation strategies for the Urban Aboriginal Health Strategy (2018). Empower communities to lead their own solutions that brings the system together</p> <ul style="list-style-type: none"> Consider an anti-racism/discrimination clause within all government and public sector employment agreement as a principle and value for delivering services. 		
		<ul style="list-style-type: none"> Access to holistic care that is free of racism and discrimination Develop Strategies and Frameworks that are based on strength based, resilience building and holistic models of care – not operate in silo of western and traditional systems (two-eyed seeing model of practice) Culturally safe and supported health & wellness journeys Communities access culturally safe health and wellness services Increased knowledge and skills of public sector in culturally safe practices through mandatory Indigenous cultural safety training Elders, Healers and Knowledge Keepers are recognized as essential specialized Indigenous practitioners 	<p>% increase in satisfaction of services and experience in receiving culturally safe care</p> <p># of Acute and PMH staff who have completed ICS and anti-racism training (40% target by 2023)</p> <p>% increase in traditional practitioners and Indigenous practitioners</p>	<p>FNHA – RHS VCH – MHMC Community surveys</p> <p>MoH/VCH PCN</p>
		<ul style="list-style-type: none"> Good access to prevention programs Increased investment in prevention activities to turn the tables on resourcing at the crisis stage Communities are vaccinated for preventable diseases Cancer screening rates meet regional standards - targeted resources and funding allocated to Cancer screening Diabetes prevention and Chronic conditions Overall reduction in Indigenous Opioid deaths 	<p>% of increase in prevention funding</p> <p>% of eligible Indigenous communities who complete vaccinations and immunizations</p> <p>% increase in cancer screenings (target for equitable screening rates)</p> <p>% decrease in cancer, diabetes, and chronic disease diagnosis</p> <p># and % decrease in Indigenous Opioid mortalities</p>	<p>FNHA/VCH – PHO</p>

MAKING ENDS MEET AND WORKING WELL	ECONOMIC SECURITY FOR ALL FAMILIES SUSTAINABLE SUCCESS FOR ALL A THRIVING & PROSPEROUS COMMUNITY	<ul style="list-style-type: none"> Indigenous Families are economically secure Indigenous communities are well informed of income opportunities Promoting wealth creation opportunities Building entrepreneurship capacity Attract and retain Indigenous Labour force in key positions Reduce Income Assistance dependence Increase Indigenous Trades workforce Indigenous focused education programs Build Indigenous workforce where Indigenous access service 	% of Indigenous families who feel their income meets their desired standard of living % increase of Indigenous employment across sector % of Indigenous moving from Income Assistance to Employment (decreasing over time) # of Indigenous owned/governed private businesses or social enterprises in the community*	Community survey VCH – MHMC FNHA – RHS ISC reporting
		<ul style="list-style-type: none"> Empowering Employment Opportunities Building resiliency by providing Lifeskills (Adult & Youth) including Driver's license programs, WHIMS programs, Social Insurance, and tax education, voting process Preparing Indigenous for workforce and general living Building capacity of Indigenous workers 	# who declare they are understand and are confident with income responsibilities # of Indigenous who hold a current driver's license	Community survey ICBC*
BEING AND FEELING SAFE AND INCLUDED	RESPECTING AND ACKNOWLEDGING THE PAST, PRESENT AND FUTURE CREATING A WELCOMING, INCLUSIVE AND SAFE CITY	<ul style="list-style-type: none"> Measurement of TRC & UNDRIP Acknowledge Sovereign Nations through mandatory Land Acknowledgement across the entire sector and media Promote and acknowledges local territories and Coast Salish peoples as the original land holders 	Guidance on potential data sources*	
	FAMILIES FEEL SAFE AND INCLUDED IN THE COMMUNITY	<ul style="list-style-type: none"> Indigenous people have a sense of acknowledgement Increase visual Indigenous presence across Vancouver bringing a cultural sense of pride and worth Increase Indigenous exposure of honoring Indigenous leaders (e.g. Chief Dan George) and displaying Indigenous artifacts, monuments, signs in prominent areas Increase local Nation language use on all signage 	# of Indigenous visual displays in Vancouver # of designated spots acknowledging sovereign Nations and Indigenous leaders	COV

		<ul style="list-style-type: none"> Indigenous Communities are fully participating in all aspects of society Indigenous help inform regional planning for safety and inclusion 	<p>% of Indigenous enrolled to vote % of Indigenous with a birth certificate, driver license and Passport*</p> <p>% of Indigenous on regional planning tables</p>	<p>Census ICBC FNCF/VSA/Passport Canada COV</p>
		<ul style="list-style-type: none"> Offenders successfully re-integrated into society Reduction in Indigenous crime Integration of resilience based Indigenous cultural programs within the Justice system / Correctional facilities 	<p>% decrease in Indigenous (including youth) crime rates involved in Justice system (reducing over time)</p> <p>% Increase in resilience based cultural programs across the Justice system for Indigenous</p>	<p>BC Corrections</p>
CULTIVATING CONNECTIONS	GENERALLY, AGREE WITH TITLE OF INDICATOR BUT COULD INCLUDE: EVERYDAY CULTURE AND SPIRIT OF GENEROSITY, KINDNESS AND RECIPROCITY	<ul style="list-style-type: none"> Building Indigenous Collective partnerships Building cross cultural partnerships through the establishment of a Memorandum of Understanding (MOU) between local First Nations Chief & Councils and government Including Indigenous representation at decision making tables (not only at planning and engagement tables) 	<p># of MOU agreements in place between local FN's and Government agencies</p> <p># of Indigenous representation at regional tables</p>	<p>COV</p>
		<ul style="list-style-type: none"> Indigenous involved in leadership roles in regional or government organizations Promote Indigenous success and innovation 	<p># of Indigenous in Leaderships roles (Government, Council, Boards, Senior leadership positions)</p>	<p>Guidance on potential data sources*</p>
		<ul style="list-style-type: none"> Indigenous are reconnecting to home Connecting urban Indigenous members with on-reserve members – partnership between urban organizations and local Nations Implement Indigenous home connection / connecting family's strategy 	<p># of Indigenous connecting to home Nations</p>	<p>VCH/ANOS FNHA</p>
ACTIVE LIVING AND GETTING OUTSIDE	HEALTHY ACTION, HEALTHY LIVES LIVING A HEALTHY LIFESTYLE	<ul style="list-style-type: none"> People are learning the significance of traditional events Recognition of Indigenous events (e.g. canoe race and launch area, cross cultural exchanges) Sovereign Nations lead, coordinate, and participate in events 	<p># of major Indigenous led events*</p>	<p>COV*</p>
		<ul style="list-style-type: none"> Indigenous are contributing to community gardens Promotion and access to community gardens and traditional foods (on and off reserve) 	<p># of established community gardens (incorporating traditional foods)</p> <p>% who declare they regularly participate in cultural education in schools</p>	<p>COV VCH - MHMC</p>

		<ul style="list-style-type: none"> Promotion of land-based programs – reignite traditional land programs including planting, growing, and harvesting 		
		<ul style="list-style-type: none"> Elite athlete development Increase access and support the development of Indigenous Elite athletes experiencing income challenges Increase funding investment for ISPARC and IACTIVE and other Indigenous targeted initiatives 	<ul style="list-style-type: none"> % of Indigenous enrolled in sports and recreation groups* # of supported Indigenous Elite Athletes succeeding in their chose sport or activity % increase in Indigenous sport funding 	Community survey ISPARC
LIFELONG LEARNING	BELONGING AND PARTICIPATION BUILDING LEADERS	<ul style="list-style-type: none"> Indigenous participate in language programs Support local Nation language revitalization strategies to increase Indigenous language participation Staged rollout of local Nation language classes in schools 	<ul style="list-style-type: none"> % who declare they regularly participate in cultural education and language % increase over time of First Nations who can speak and converse in their native tongue # of total immersion or bi-lingual schools 	Community survey MEd
		<ul style="list-style-type: none"> Indigenous academic achievements Indigenous succeeding as Indigenous and acknowledging and celebrating success Building Positive Indigenous pathways Prioritizing youth need as tomorrow's leaders Creating an environment that builds and strengthens Family connections and connectedness 	<ul style="list-style-type: none"> % increase of Indigenous educational achievements across all age groups (certification, graduation etc) Introduction of Aboriginal achievement awards (monitored increase over time) 	MEd
EXPRESSING OURSELVES	CONFIDENT & VIBRANT COMMUNITY ACKNOWLEDGED AND ACCEPTED	<ul style="list-style-type: none"> Making generational change of acceptance Showcase sovereign Nation identity and vibrancy (visual acknowledgements) Inclusivity regardless of perceived social position (e.g. Two Spirit, LGBTQ2S+) 	<ul style="list-style-type: none"> # of Indigenous visual displays in Vancouver* Guidance on potential data sources* 	COV MHMC
		<ul style="list-style-type: none"> Indigenous artists in the workforce Create a policy for recruitment of Indigenous artists including acknowledgement of Coast Salish artists Reflect Indigenous design principles 	<ul style="list-style-type: none"> % of investment in Indigenous artists* % of Coast Salish art displayed in Vancouver* 	COV
GETTING AROUND	SAFE & EASY JOURNEYS	<ul style="list-style-type: none"> First Nations have equitable access to public transport Encourage the Federal and Provincial transport systems to collaborate and identify equitable 	<ul style="list-style-type: none"> Guidance on potential data sources* # of Compass card users that apply for and receive Indigenous discounts 	Translink

	TRAVELLING WELL	transport schedules for those First Nation communities living on-reserve	Proportion of Compass Card machines that accept cash and credit card/debit card.	
		<ul style="list-style-type: none"> • Access to safe and affordable transport (inclusive of Indigenous visual signage at bus stops and train stations) • Implement alternative methods for transport payment • Increase education on available subsidized transport solutions 	% increase in Indigenous accessing public transport (guidance on potential data sources)*	
ENVIRONMENTS TO THRIVE IN	RESPONSIBLE GUARDIANS OF THE ENVIRONMENT AND LAND	<ul style="list-style-type: none"> • People breath clean air, have access to clean oceans and waterways • Protection of lands and spiritual places 	Recorded air quality meets regional standards* Recorded water quality (from Council tests of local waterways)* # of protected sites*	Guidance on potential data sources*
NEW PROPOSED INDICATOR: BUILDING VANCOUVER'S CULTURAL BRAND & IDENTITY	BEING CULTURALLY PROUD	<ul style="list-style-type: none"> • First Nations and Aboriginal peoples feel acknowledged • Acknowledge Sovereign Nations through mandatory Land Acknowledgement across the entire sector and media • Promote and acknowledges local territories and Coast Salish peoples as the original land holders • Reciprocal obligations and commitment to Indigenous peoples as the original land owners • Demonstrated commitment to the signed TRC, DRIPA and UNDRIP declarations – Accountability measures for implementation of TRC & UNDRIP • Services are delivered and aligned to the TRC Calls to Action and UNDRIP Articles • UNDRIP embedded in all ethic frameworks • Sovereign Nation presence at all major events and welcoming leaders / groups • Anti-racism strategy in place aligned to the findings of the In Plain Sight report - Addressing Indigenous Racism and Discrimination • Implement an Indigenous Recruitment and Retention Strategy across the sector 	Guidance on potential data sources* - potentially self-declaration	COV

		<ul style="list-style-type: none"> • Intentional hiring of Indigenous staff in public sector • Elders, Healers and Knowledge Keepers are recognized as essential specialized Indigenous practitioners • Increase visual Indigenous presence across Vancouver bringing a cultural sense of pride and worth (e.g. both in terms of recruitment, art, and visual structures) • Increase Indigenous exposure of honoring Indigenous leaders (e.g. Chief Dan George) and displaying Indigenous artifacts, monuments, signs in prominent areas • Increase local Nation language use on all signage • Building Indigenous Collective partnerships • Building cross cultural partnerships through the establishment of a Memorandum of Understanding (MOU) between local First Nations Chief & Councils and government • Including Indigenous representation at decision making tables (not only at planning and engagement tables) – consulting with First Nations in planning, decision making, implementation, and evaluation (reflection) 		
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*Data sources not identified.

5. DASHBOARD PUBLICATION

Participants involved in the COV workshops were asked how best they would like the goals and indicators presented and shared publicly. There was unanimous agreement that the dashboard be designed honouring the First Nations medicine wheel – the medicine wheel is a reminder to balance all four aspects of being – spiritual, emotional, physical, and mental and embodies the Four Directions. Having good balance and a healthy life aligns with the vision of the Healthy City Strategy. We understand the City of Vancouver have utilized this model in previous iterations as per the diagram below. It was suggested that the inclusion of the Hənq̓em̓inəm and Squamish language translations and local Nation symbols could be included within the medicine wheel diagram (i.e. the centre could have a Hənq̓em̓inəm and Squamish translation for A Healthy City for All) which pays homage and acknowledgement to the First Nations communities and alignment to the new Goal #13. Musqueam, Squamish and Tsleil-Waututh Nations all have a culture and/or language department who could support this suggestion through some type of formal agreement, engagement, and acknowledgement.



6. NEXT STEPS

All participants were thankful to be involved in the project and hold their hands up to the City of Vancouver (COV) for taking a leadership role and for accepting the challenge to make a difference in the community. While the scope of this project was not a comprehensive exploration, it is expected that there will be more participatory engagement required to finalize the dashboard or to add further context. The COV representatives who attended two of the workshops also proposed further meetings, of which most of the participants were willing to contribute, subject to their availability and timelines. This could be in the form of a reference or advisory group capacity. KTCL would propose an additional honorarium for participants if they are required to attend further meetings over and above the scope of this project.

If the City of Vancouver develops new public facing tools, goals and indicators based upon the findings and goal/indicator recommendations contained within this report, it is recommended, as a sign of respect and recognition to also seek validation on the final product with participants who have shared their wisdom (and gifts). It also supports the development of relationship and increases success with engagement in the future.

Participants reviewed the final draft report and either provided edits or validated that it is a good reflection of their voices. The COV also provided edits and/or data source guidance to the final draft report. Where practical, both sets of edits have been incorporated into this final report.

Next steps:

- COV to identify near-term opportunities for adding indicators into the Healthy City dashboard as it develops through 2021 and beyond, focusing on the priority indicators identified by participants.
- COV to develop options for ongoing Indigenous participatory engagement for further implementation of these goals and indicators and integration into broader policy and governance practices.
- COV to engage in broad consultation, including further Indigenous indicators, as part of the overall update and renewal of the Healthy City Strategy.
- COV to convene a review or evaluation by the end of 2022 to identify any adaptations, successes, or opportunities for improvement. This may include identifying partners needed to move indicators forward beyond the City's jurisdiction.