

Health and Well-Being: Our Voices, Our Vision



Aboriginal Coalition to End Homelessness

2018



Table of Contents

Framing the Project	-----	3
Key Findings	-----	4
Survey Questions	-----	4
Access to Health Support	-----	5
Analysis Highlights	-----	6
Recommendations	-----	7
Appendix	-----	8

Thank You to each person from the Indigenous Street Community who took time to provide input and share their stories.

Thank You to Vancouver Island Health Authority/Aboriginal Health Initiative Program. This work would not be possible without your financial support.



“The water, I left it all out on the water – I didn’t bring anything back with me.”



Framing the Project

This report is
based on the
survey results of

90

Indigenous
individuals
experiencing
homelessness in
Victoria, B.C.

Since 2016, the Aboriginal Coalition to End Homelessness (ACEH) has provided support and services for a disproportionate number of Indigenous people experiencing homelessness in Victoria, B.C. According to the most recent Point-In-Time Count, out of the 1525 survey respondents who were experiencing homelessness within the Greater Victoria Region, 33% self-identified as Indigenous. However, Indigenous people represent only 4.8% of Victoria's general population.

Through talking circles, outreach, community engagement, and cultural events, we have heard that those experiencing homelessness face barriers to health access and overall health and wellness supports, particularly cultural practice. In addition, several individuals have expressed concerns with being released from the hospital back to the streets.

The ACEH embarked on this research to learn more about the barriers experienced by the Indigenous Street Community (ISC) and to determine ways to more effectively support their health and wellness needs.

Between May 2017 – December 2017, 90 people from the ISC were surveyed. The surveys were conducted within the downtown core of Victoria by ACEH Outreach Workers and Nursing Practicum Students from the University of Victoria working with the ACEH.

KEY FINDINGS

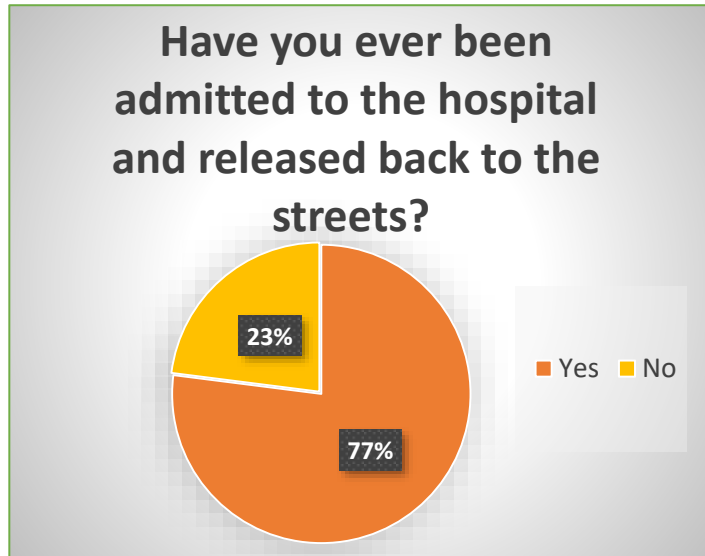
- 90 participants aged 20 – 63 (majority in their 30s)
- 40% of respondents identified as female and 60% identified as male
- Over 85% self-identified as First Nations, 13% as Metis, and 3% as Inuit.
- 55% of respondents identified being from a Vancouver Island Tribal Group

Survey Questions...

1. Do you identify as First Nations, Inuit, Metis?
2. Which Community/Nation are you from?
3. Age?
4. Gender?
5. Do you have a Family Doctor?
6. If so, have you visited your doctor in the past year?
7. How often do you visit the dentist?
8. How often do you visit the optometrist?
9. What are the biggest challenges you face in accessing health-related services?
10. Have you ever been admitted to the hospital and released back to the streets?
11. What would help support you in accessing health-related services?
12. How many times have you required ambulance services over the past year?
13. How many times have you been to one of the local hospital emergency rooms over the past year?
14. Outside of your physical health, what is your biggest health challenge?
15. On a scale of 1 to 5, please rate your overall health.

SURVEY HIGHLIGHTS

ACCESS TO HEALTH SUPPORT:



Question 2: The majority indicated having a family doctor. Of these, 59% reported having visited their doctor within the past year.

Question 3 & 4: 44% indicated they only visit the dentist in cases of emergency. 28% only visit optometrist in cases of emergency.

Question 6: 77% reported being released back onto the streets directly from the hospital.

Question 9: 36% have visited the local emergency room up **four times** in the past year, with 20% visiting over 5 times. 11 respondents required ambulance services 5 or more times within the past year.

BARRIERS TO ACCESSING HEALTH RELATED SERVICES:

remembering appointments **(67%)**

transportation issues **(60%)**

substance use prejudice **(41%)**

discrimination/racism **(27%)**

other barriers: finding a family doctor; lack of trust; past histories; difficulty filling out paperwork; difficulty accessing medical help without identification.

POTENTIAL SUPPORTS FOR ACCESSING HEALTH RELATED SERVICES:

54 respondents

stated the need for an Indigenous nurse or nursing students.

31 respondents

expressed the importance of having someone with them to attend appointments and provide support and advocacy.

OTHER POTENTIAL SUPPORTS IDENTIFIED:

- weekly Indigenous clinics
- follow-up support after release from hospital
- peers/mentors to help support recovery
- transportation (bus tickets/rides)
- being treated with respect



ANALYSIS HIGHLIGHTS

55% of respondents identified being from a

Nation on Vancouver Island. This points to the need for the ACEH to actively seek partnerships and alliances with the three tribal groups on Vancouver Island to work together to align priorities and find ways to better support the ISC in their health and wellbeing. **65% of respondents indicated substance use as their biggest health challenge** outside of physical health, 59% identified **emotional health**, and 56% indicated **spiritual health** as their biggest health challenges. These findings indicate that the needs of the ISC, in this regard, are not being fully met, and there is a need to Indigenize Harm Reduction practices. Lastly, **77% of respondents reported that they have been released from the hospitals directly back to the streets.**

Recommendations

Based on previous health related research conducted by the ACEH and these findings, the survey participants pointed to spiritual health, emotional health, and substance use as their biggest health challenges. These findings support new directions that the ACEH is undertaking to decolonize harm reduction practice for the ISC. Based on the 90 survey results, the following are three priorities the ACEH recommends for moving forward:

- 1** Provide comprehensive advocacy and support for individuals being released from the hospital towards transition to shelter/housing.
- 2** Increase opportunities for Indigenous pathways to healing and recovery, particularly through traditional, land-based, and spiritual teachings for those struggling with addictions and substance-use.
- 3** Develop strong networking opportunities with the Vancouver Island Tribal Groups to better address the high number of individuals who identify as having Vancouver-Island ancestry.

Appendix – Survey Answers

1. First Nations 85.56% (or 77); Inuit 3.33% (or 3); Metis 13.33% (or 12).
2. Vancouver Island Tribal Groups: 5 from Kwakwaka'wakw, 20 from Nuu-Chah-Nulth, and 23 from Coast Salish. 9 from other communities in BC, 28 from communities outside of BC, 2 with Metis ancestry, and 3 skipped the question.
3. Age: 20s (20); 30s (31); 40s (16); 50s (17); 60s (6)
4. Gender: 36 females; 54 males
5. Yes 63.33%; No 32.22%; Don't Know 4.44%
6. Yes 59.04%; No 32.53%; Don't Know 8.43%
7. Once a year 32.18%; Once every 2 years 11.49%; Once every 5 years 9.20%; Once every 10 years 3.45%; Only for emergency 43.68%
8. Once a year 14.81%; Once every 2 years 24.69%; Once every 5 years 20.99%; Once every 10 years 11.11%; Only for emergency 28.40%
9. Transportation barriers 60.47%; Remembering Appointments 67.44%; Discrimination/racism 26.74%; Substance use prejudices 40.70%; Other 20.93%
10. Yes 77.01%; No 22.99%
11. An Aboriginal nurse or Aboriginal nursing student 63.53%; Weekly Indigenous clinics 45.88%; A person to support and accompany you to appointments 60%; Other 24.71%
12. Not at all 30.34%; 1 time 26.97%; 2-4 times 30.34%; 5 or more times 12.36%
13. Not at all 21.11%; 1 time 22.22%; 2-4 times 36.67%; 5 or more times 20%
14. Spiritual Health 55.81%; Mental Health 51.16%; Substance use 65.12%; Emotional Health 59.30%
15. Very bad 7.78%; Bad 13.33%; Okay 54.44%; Good 15.56%; Excellent 8.89%