Barriers to Health and Social Service Delivery for Urban Aboriginal People in the Okanagan Valley

Okanagan Urban Aboriginal Health Research Collective
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Opening Words: **Elder Jessie Nyberg**

My name is Jessie Nyberg and I am an Elder of the Shuswap Nation. I am very honoured to introduce this report and to have participated in this research project.

As you are aware, my people have been researched for years, but this project is very significant to me. The words in the document are the actual words of 50 urban Aboriginal People. Their voice is not being silenced, but heard and recognized. The recommendations are also those of these 50 people. They are not the words of someone else observing them. I am sure that after reading this report you will realize how important it is to acknowledge these barriers exist and the effect they have on the health status of my people.

You will also realize how important cultural safety is. For me, cultural safety is a work environment where I am comfortable, where I am respected and valued, neither discriminated against nor judged for who I am, and the people I provide service to feel respected, valued, comfortable and not discriminated for who they are. They feel the service they receive is safe and equitable.

Cultural safety is easier if you are part of the dominant cultural group where you live and work. Honouring and understanding both my own culture, and how I operate within that culture, provides a space where it is more sensible and often easier to reflect upon the cultural safety of others.

I believe cultural safety must be part of each practitioner – we must value and respect each other's cultural practices, different knowledge, tradition and language and empower the client to make decisions regarding the services they are to receive, and we must impart that to our students. Even more, cultural safety should be a part of each and every relationship, and in all walks of life, whenever there is interaction between 2 people. Secondly, to improve the health status of Aboriginal peoples we must look at each in a holistic manner. Thirdly, we must encourage our young Aboriginal peoples to become part of the health services professions by their recruitment and entry into our colleges and universities and into our health authorities.

I sincerely hope that this research project will help to improve the health status of my people to where it is equal to, and maybe even better than, the mainstream population.

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Introduction

This document provides a summary of the research project entitled: "Barriers to Health and Social Service Delivery for Urban Aboriginal People in the Okanagan Valley." The summary is provided for the information of those who participated in the project by sharing their stories, and with the objective of sharing the results of the research with other stakeholders in the Okanagan Valley. Before discussing the research more fully, it is important to understand the wider context for undertaking such a project. The following consideration of Aboriginal perspectives surrounding the quality and accessibility of health services in the Okanagan Valley must be set against the backdrop of heightened mortality and morbidity rates that are experienced by the Canadian Aboriginal populace. Issues surrounding equitable service provision for Aboriginal citizens occur in the context of a system dominated by colonial structures, which determine the social, psychological, and physical associations that Aboriginal people are able to make with health care facilities and providers. For this reason, comments regarding Aboriginal experiences with health services should not be read as a regular reflection of patient satisfaction with primary health care providers, but rather as an indication of the shortcomings of larger structures which systematically jeopardize the well-being of Aboriginal people, directly relating to lower life expectancies and higher rates of morbidity. Evidence of the discrepancies that exist between the Aboriginal population and the Canadian population at large in regards to health status and mortality rates will highlight the importance of addressing these issues, and the distinct ways in which they relate to Aboriginal peoples.

An important indicator of the well-being of an individual or group is self reported health status. In a study addressing the factors that contribute to positive First Nations' health identification, only 54% of Aboriginal respondents reported thriving health status, compared with 58.4% of the non-Aboriginal population. This figure becomes more significant upon consideration of the fact that the average age of the Aboriginal population in 2001 was 24.7, compared with 36.0 years within the larger Canadian populace, suggesting that this segment of society should, in fact, have fewer health problems (Richmond, Ross & Egeland, 2007). Self reported health status amongst Canada's Aboriginal population has undoubtedly been influenced by such factors as: 1) an increased incidence of heart disease, which is 1.5 times higher within the First Nations population; 2) a risk of type 2 diabetes that is 3 to 5 times as high as that facing the average Canadian citizen; and 3) tuberculosis infection rates that is 8 to 10 times higher than rest of the country (Health Canada, 2007). Additionally, members of the Aboriginal population are more likely to be overweight or obese than Canadians as a whole (Canadian Council on Learning, 2008). Aboriginals presently represent 15% of all new HIV and AIDS infections within the country (Health Canada, 2007) despite comprising just over 4% of the Canadian population (Auer & Andersson, 2001). They exhibit stroke rates that are nearly twice as high as that of the rest of the country (Health Canada, 2007). The increased morbidity rates experienced by Aboriginal peoples may be related to the reality that both rural and urban Aboriginal populations are less likely to make contact with a physician (Newbold 1997). This latter finding may relate to the significant under representation of Aboriginal peoples within

health care professions, with only 0.7% of medical school students representing the Aboriginal population (Dhalla et al., 2002).

We must remember no story has one meaning (Bolton, 2006). There may be some difficulty discussing the statistical representation of qualitative participant responses without losing the depth or significance of the individual and the interwoven impact on their health and wellness. Understanding the lived experiences of Aboriginal people within the historical and societal context is crucial in negotiating health care services (Browne, 2005). Consequently, the underlying reality of ongoing health inequities and disparities faced by Aboriginal people are not clearly evident in the quantitative responses of those who participated in the study. These realities are complex and multidimensional. For example, determinants of health—such as early life experiences, gender, cultural heritage, and Aboriginal status—are influenced by the "quality and quantity of a variety of resources that a society makes available to its members" (Raphael, 2004, p. 1). These resources can range from housing, education and employment opportunities, to the accessibility and quality of health care services. When economic and social challenges — such as poverty, unemployment, low education levels, discrimination, and racism— exist, poor health is common (Benoit & Nuernberger, 2006; Brunen, 2000; Cass, 2004; Flaskerud & Winslow, 1998; Glouberman & Millar, 2003; Smye, Rameka & Willis, 2006). Major discrepancies in health status, morbidity and mortality rates, and access to health services exist between Aboriginal people and the general population of Canada (Dion Stout & Downey, 2006; Shah, 2003; Wardman, Clement & Quantz, 2005).

In 2000, for example, infant mortality rates were 16 per cent higher among the First Nations population, while life expectancy at birth—68.9 years for First Nations males and 76.6 years for First Nations females—was 7.4 years less for men and 5.2 years less for women as compared to the Canadian average (Health Canada, 2000). More recent statistics show that chronic diseases, such as heart disease, among Canadian First Nations and Inuit populations are 1.5 times higher than the national average, while the prevalence of type 2 diabetes is three to five times higher (Health Canada, 2007). Statistics describing life expectancy are commonly used to indicate the overall health of a population by measuring the number of years that a representative of a predefined group is expected to live at the time of birth (Statistics Canada, 2006). In 2001, the life expectancy of the general population was 77.1 years for men and 82.2 years for women in 2001. In the same year, life expectancies of both Aboriginal men and women sat at 70.4 and 75.5 years respectively, 6.7 years below the national averages (Treasury Board of Canada Secretariat, 2005). Furthermore, infant mortality rates were found to be twice as high among the First Nations population as the general Canadian population between the years 1981 and 2000, a conclusion which was consistent in both urban and rural settings (Luo et al. 2004). In light of the heightened mortality rates that the Aboriginal population is facing, it is not surprising that First Nations citizens are at an increased risk of morbidity compared to the rest of Canada.

The poor health status of the Aboriginal population in British Columbia[1] is consistent with that of the Aboriginal population across Canada. According to the British Columbia

[1] The data presented by BC PHO represent an estimated 151,783 Status Indians, or approximately 3.7 per cent of BC's population. As in the 2001 report, we have extrapolated the findings from this population and make the assumption that they are relevant to the Non-Status Aboriginal population in BC.

Provincial Health Officer (BCPHO) Aboriginal infant mortality in British Columbia between 2000 and 2004 was 8.6 per 1000 live births compared to 3.7 for all other residents. As it is difficult to estimate the life expectancy at birth from small population sizes the BCPHO utilizes potential years of life lost standardized rates (PYLL) to describe the negative impact of Aboriginal health status on life expectancy. The primary diseases and injuries resulting in premature death, dying before 75 years, amongst the BC Aboriginal population include: 1) motor vehicle accidents (12.5 PYLL aboriginal population compared to 3.8 PYLL general population); 2) accidental poisoning (11 PYLL aboriginal population compared to 3 PYLL general population); 3) suicide (11 PYLL aboriginal population compared to 3.8 PYLL general population); 4) ischemic heart disease (6 PYLL aboriginal population compared to 3.8 PYLL general population); and 5) chronic liver disease/cirrhosis (5.2 PYLL aboriginal population compared to 0.8 PYLL general population). In British Columbia, Status First Nations live 7 years less than other British Columbians (Provincial Health Officer Annual Report, 2002). Diabetes amongst the Aboriginal population of BC is 1.4 times higher than the general population culminating in 2.1 PYLL compared to 0.8 PYLL amongst the general population of BC. In addition, the number one reason for day surgeries for children in BC is the need for dental treatment. First Nation children are four times more likely to require such treatment than non First Nations children (British Columbia Ministry of Health, 2006).

Inequities also exist within the Aboriginal population: off-reserve Aboriginal people have lower socio-economic status and higher rates of smoking, diabetes, arthritis, and obesity, as compared to those who live on a reserve (Statistics Canada, 2006; Tjepkema, 2002; Young, 2003). Urban Aboriginal communities[2] are among the largest and fastest growing Aboriginal communities in Canada—yet much of the research and health promotion initiatives are aimed at improving the health of Aboriginal Canadians living on a reserve (Royal Commission on Aboriginal Peoples, 1996; Tjepkema, 2002; Young, 2003). Evans, Sookraj, Berg & the Okanagan Urban Aboriginal Health Research Collective (2006) contend that "the provision of services for urban Aboriginal people is impeded by the continuing rural/reservation orientation of many Euro-Canadian and Aboriginal policy makers" (p. 2).

Several health programs and initiatives fail to deal with the root causes and structural issues that contribute to socio-economic disparities experienced by the Aboriginal population (Health Canada, 2007). Health challenges faced by Aboriginal people are not commonly known or understood by the general population of Canada, especially those relating to urban Aboriginal populations (Dion Stout & Downey, 2006; Wardman, Clement & Quantz, 2005).

In response to these inequities, several health initiatives have been implemented with the goal of improving the health of Aboriginal people in Canada (National Aboriginal Health Organization, 2002; Romanow, 2002; Royal Commission on Aboriginal Peoples, 1996). Recently, for example, the federal, provincial and territorial governments developed a national agreement to reduce barriers to health and social service provision and to address the determinants of health that are negatively impacting Aboriginal communities (Patterson, 2006). At a more local level, the Interior Health authority of British Columbia has developed a regional

[2] The term "urban Aboriginal" can be a remarkably open one, and includes not only Métis, Inuit, Status, and non-Status Indians (First Nations), but may also incorporate peri-urban reserve as well as non-reserve communities. Statistics Canada (2006) notes that something on the order of 70% of self-identifying Aboriginal people may fall under this term.

plan for the provision of culturally appropriate and holistic services for Aboriginal people (Interior Health, 2006). In BC, partnerships between the First Nations Health Council, the First Nations Summit, the Union of British Columbia Indian Chiefs and the Province of British Columbia have been formed to address the health disparities. One of their initiatives is the Transformative Change Accord: First Nations Health Plan, which includes a vision to "improve the health and well being of First Nations to close the heath gap between First Nations and other British Columbians" (British Columbia Ministry of Health, 2006). Initiatives like these affect only some Aboriginal communities. However, in spite of these and other similar initiatives which have been developed and implemented over the last several years, major social and economic inequities remain for Aboriginal people in Canada (Kurtz et al., 2008).

Funding

This research is funded with a grant from the Social Sciences and Humanities Research Council of Canada. The funding is held by Dr. Mike Evans (Principal Investigator) and over the course of several years the following co-investigators, collaborators, and research assistants comprise the Okanagan Urban Aboriginal Health Research Collective and include (in alphabetical order): Wendy Antoine, Marcel Aubin, Lawrence Berg, Molly Brewer, Mike Evans, Stephen Foster, Rachelle Hole, Peter Hutchinson, Donna Kurtz, Sheila Lewis, Carmella Alexis, Cam Martin, Cynthia Mathieson, Buffy Mills, Mary-Anne Murphy, Jessie Nyberg, Colin Reid, Veronica Roesler, Dixon Sookraj, Edna Terbasket, and Kasondra White.

Methods

Given the way that urban Aboriginal people are often excluded from large-scale quantitative studies of health and social services, project researchers decided to undertake a qualitative study that provided for extensive discussions with urban Aboriginal people about their experiences in the health and social service system. There were three components to the research: interviews with Aboriginal service users (between Summer 2006 and Fall 2007); interviews with Aboriginal service providers (between Fall 2007 and Spring 2008); and a focus group using a techniques developed from traditional Okanagan Nation research methods (called Enowkinwixw) in Spring of 2007.

1) Fifty members of the urban Aboriginal community having a wide range of affiliations were interviewed in the research project: 10 from Penticton and 20 each from Kelowna and Vernon. Community members were interviewed by two researchers, Molly Brewer and Buffy Mills, who are employed by the Ki-low-na Friendship Centre and the Vernon First Nations Friendship Centre respectively. Molly Brewer interviewed participants from Kelowna, while Buffy Mills interviewed those from Vernon and Penticton. Research participants were recruited into the study using a common qualitative method termed 'snowball sampling'. While this sampling method is not 'random' and thus the findings are not statistically representative of the full population of urban Aboriginal

people, this strategy is often used in situations like this; that is, where potential research participants are difficult to identify and thus under-represented in research that uses quantitative research sampling methods. Interviews were recorded and these recordings were then transcribed into text. Interviews aimed to uncover both positive and negative experiences in the health and social service systems, including experiences with related services operated by the Friendship Centres.

2) In addition to service users, Aboriginal service providers were also interviewed and asked about their experiences and perceptions of Aboriginal and mainstream heath and social services in the Central Okanagan Valley. In total 8 service providers from Vernon, Kelowna and Penticton were interviewed. In interviewing Aboriginal service providers, the researchers were interested in examining the roles and functions of these organizations in delivering services, and in mediating between their service users and other service delivery organizations, including mainstream providers. Of particular importance to us were the challenges that they faced delivering adequate and culturally appropriate services to urban Aboriginals. Our ultimate goal was to identify ways of improving policies, programs, and services to address the complex and diverse needs of the growing urban Aboriginal population.
3) In addition to the interviews conducted with service users and service providers, the research included a focus group session, parts of which were patterned after the traditional Okanagan Nation technique for research and consensus building called Enowkinwixw. This session was lead by an Okanagan Nation graduate student researcher, Ms. Buffy Mills, under the supervision of the well-respected Okanagan educator Dr. Jeannette Armstrong. The methods used were patterned after the traditional Okanagan practice, but with significant modifications (see Armstrong 2000 for a description of the basic method).

Results and Recommendations

Detailed analyses of the research results are offered below. In general terms, it is clear that Aboriginal people in the valley experience significant barriers in accessing both social and health services, that they understand these barriers to be related to their social status, and that on the whole, they would prefer to access services through Aboriginally controlled and oriented institutions. It is also clear that the Aboriginal service delivery organizations that do exist face significant challenges in providing services in ways informed by Aboriginal approaches to health for a variety of reasons. Finally, it is evident that the road forward must include institutions and practices that embrace holistic approaches to health and social services. Since the initial research, positive changes in the structure of healthcare delivery have occurred – for example a Primary Care Clinic and an Outreach Urban Health Clinic have opened in the downtown cores of Vernon and Kelowna respectively; patient navigators have been introduced into the hospital system; and planning for education of healthcare professionals around “cultural safety” for Aboriginal people is underway. All these things are positive, and on the basis of our research we support them. However, we forward six further recommendations.

Recommendations

1) **The development of institutions and practices fostering holistic health care (i.e. health care that addresses physical, mental, emotional, and spiritual aspects of a person**). This idea rejects notions of health care silos and dealing with health in a fractured fragmented way. Holistic health care also addresses social determinants of health and encompasses the whole person, family and community. This approach includes the recognition that health begins in the home within families and communities, and thus services need to be family centered, culturally appropriate, and culturally safe as well.

2) **The development of integrated community centers guided by Aboriginal communities, which have a multitude of resources attached (for example: a recreation center, walk in clinic, mental health, and addictions personnel).** Such centers would provide a one stop shopping type of service, with capacity to function as a triage unit while wrapping services around individuals and family members for stabilization and then further provide support, facilitate shelter and temporary housing attached services, and enhance continuity of care. These would be centrally located institutions easily accessible in terms of location but also for people who require wheelchair access and transportation. Transportation services for community that will enhance accessibility- this could include bus tickets and transportation services based on need - will be an integral part of the integrated services.

3) **The development of funding formulas that reflect service need and community capacity.** By developing funding formulas that are reflective of need there is greater opportunity to effectively address the urban Aboriginal population's needs. This funding should be earmarked for Aboriginal service providers where community capacity is available. In addition, resources should flow through laddering programs that move the service provision for aboriginal people from mainstream services to Aboriginal service providers.

4) **The development of a real or virtual space that allows service providers and service users to interact in an effort to match the holistic mandates and holistic demand.** As there are several service providers delivering different services, this space will foster the collaboration among service providers to meet the service users needs. Integrating mainstream services into this space could also promote the further development of aboriginal service provision.

5) **Develop more flexible funding conditions through which services can be offered to all Aboriginal people without disruptive discrimination between the various legal statuses (e.g. Status under the Indian Act).** At present, services for Urban Aboriginal people are often funded for only specific categories of people – i.e. Status First Nation people, or Métis. This approach to funding may be appropriate sometimes (i.e. because

of culturally specific programming), but at other times it is disruptive to family, community, the provision of holistic services, and continuity of care.

6) **The development of a governance responsive to community needs: i.e. the development of an Aboriginal Authority or Oversight committee with the capacity to go beyond making recommendations and to hold mainstream decision makers accountable for addressing the health disparities, and their causes.** In addition, the development of an Aboriginal Heath Ombudsman may be required.

We recommend the initiatives above in conjunction with continued innovations within the mainstream system designed make that system more accessible and responsive to the Aboriginal communities of the Okanagan Valley.

Part One: Thematic Analyses Interviews with Aboriginal Service Users

We have undertaken an analysis of the interviews, grouping comments according to a number of key themes that arose in the discussions. These categories include:

- Abuse
- Communication
- Confidentiality
- Culture
- Income Security & Equitable Service Provision
- Integrated Continuum of Prevention Treatment & Support Services
- Diagnoses and treatment
- Dignified treatment
- Disability
- Education
- Foster care
- Giving voice
- Housing
- Privacy
- Racism
- Residential Schools
- Sexual Abuse
- Transportation
- User Friendly Services

While there were a significant number of positive comments made by participants — most of which were about Friendship Centres — the majority of comments tended to be negative, indicating that urban Aboriginal people have poor or negative experiences with the 'mainstream' health and social service systems in the Okanagan.

A total of 1492 comments were taken from the 50 interviews completed. These comments were then put into one of the categories above, and if possible, determined to be negative, neutral, or positive. In order to see how people were experiencing social and health services as a whole, we then looked more closely at the numbers of positive and negative comments according to the type of organization (Aboriginal or non-Aboriginal[3]) the person was talking about. The following graphs show the differences in the ways people viewed the types of organizations they dealt with in five key (and most commented on) areas.

- Diagnoses and treatment

[3] The vast majority of the comments referred to one of these types of organizations. A few comments (n=227) referred to either both Aboriginal and non-aboriginal organizations or some other type (i.e. family etc.). For ease of reading, in this report the first graphs in each section do not include these cases.

- Income Security & Equitable Service Provision
- User Friendly Services
- Integrated Continuum of Prevention Treatment & Support Services
- Dignified treatment

For each area we have put in some of the comments people made – this gives some idea of the types of issues people were raising. For each area there are also two graphs. The first shows the percentage of the comments that were positive, negative, and neutral for each type of organization (for each type of organization the positive, negative, and neutral comments add to 100%). The second graph shows the total numbers of comments made. A final table (Table 1) lists the various areas most frequently commented upon. The two graphs are needed because for some of the areas, the comments are really about only one kind of organization. For example, because most health care is delivered by non-Aboriginal organizations almost all of the comments about “Diagnosis and Treatment”, whether positive, negative, or neutral are directed at non-Aboriginal organizations.

Section One: Diagnosis and Treatment

It is clear from the comments people shared that there are some very serious concerns about the ways they access primary health care.

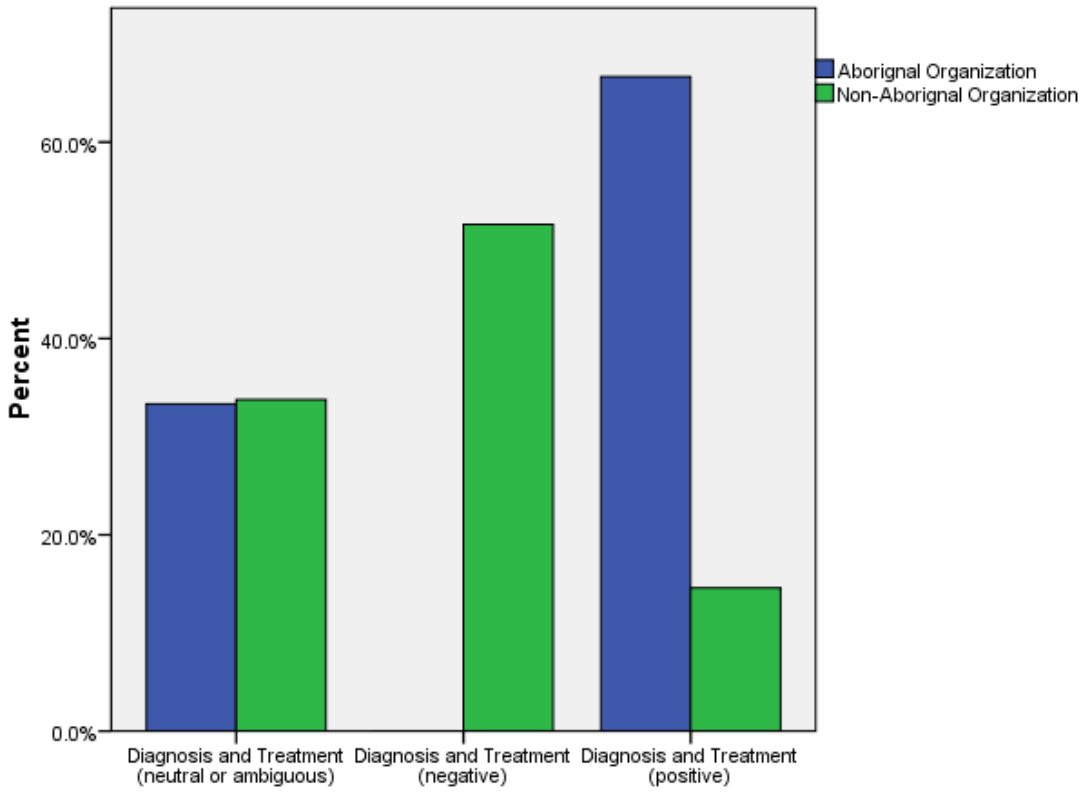

Figure 1 Comments on Diagnosis and Treatment (by Percent)

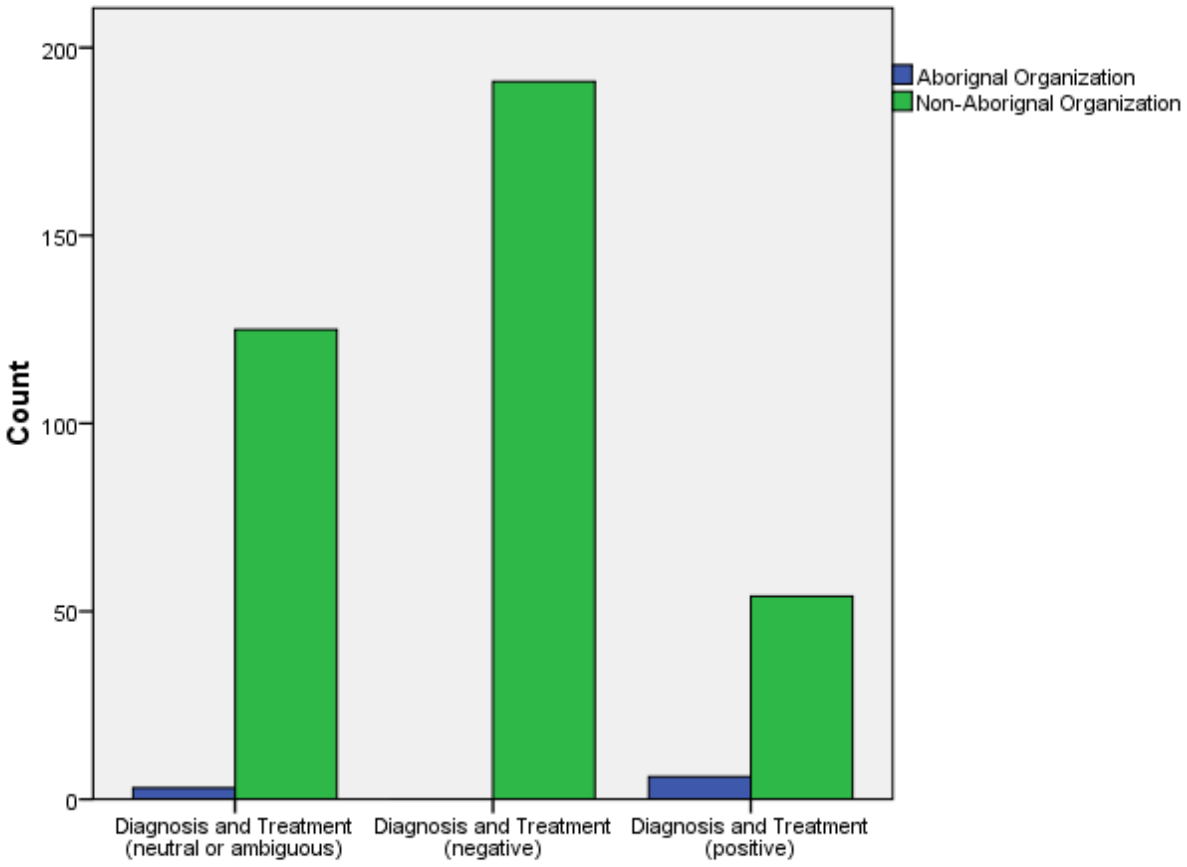

Figure 2 Comments about Diagnosis and Treatment (by Count)

The vast majority of the comments in this area were about non-Aboriginal Organizations, and most of those were negative or neutral, with only 10% of a positive nature.

An example of a positive comment is the following:

My family doctor, his office, it feels very comfortable. I feel welcome and he's always smiling. He always has you know a great sense of humour and you know some doctors are very serious and very formal – "Okay, what's your symptoms," you know. But with my family doctor he understands what the whole circumstances are that day … and he takes it seriously. But he has a soft side no matter what....

The following is an example of a neutral comment:

The staff were very much straight forward, they ask your name, health card number, your family doctor, basically just who you are and just the information that they need. And sometimes there was the odd nurse here and there who was a little bit rude. But you know some people just

slough it off, and a job's a job. Some days our job's rough, some days it's kind of straight forward, it just really depends. And for the doctors, you know, each person has their own feeling that day, have you feeling down. Usually I don't really get much of a negativity, if you want say it in those words...I haven't really had no problem with family doctors or nurses.

More typical though, were negative comments like this:

Every time I go to one of the medical clinics and she asked me if I have a family doctor and I go, "I'm looking for one,"and...then they go, "Well you need to have a family doctor, you can't come here all the time." So you try and find one but then it's difficult to find one, so it's like okay, where do we go then this time? [Interviewer: I thought that was the purpose of having a walk in clinic.] Right exactly, so I don't know what all that's about. [Interviewer: What do you think it's about?] I don't know. I just believe maybe, I always think it's just basically new rules, new policies coming up, stuff like that. I don't know, but that's the only thing I can think of. [Interviewer: Okay, now when you go into the doctor's office, how do you feel when you go there?] If I go to the medical clinic, and I have to kind of argue with them in order to see the doctor and then I'd have to wait in line to go in to see the doctor, so a lot of time I feel like I'm just being a nuisance and yet I need this service.

Or this:

I would try to take care of it myself at home first...before I would [go to] any medical professional. [Interviewer: Okay, can you tell me why?] Just the way I've been treated in the past, and when I speak my truth and say, "This is the way I'm feeling…" or "This is the symptom I'm feeling…" I'm told that it's different. For example, last year, this summer at Aboriginal days, I had pain in my chest and I was told that it was anxiety and then later my doctor told me I had a mini stroke so I would just take care of it myself to the best of my ability. [Interviewer: That's kind of dangerous though when you think, I mean considering you didn't know you had a stroke.] Yeah, I didn't know but it can't be more dangerous than sitting in the waiting room for four hours...you know? And hoping that you're going to get in and then just being told that it's all in my head anyway and get sent home.

Section Two: Income Security & Equitable Service Provision

A similar pattern is evidenced in the theme of income security and equitable service provision: Most of the comments were directed towards non-Aboriginal organizations and were largely neutral or negative in tone.

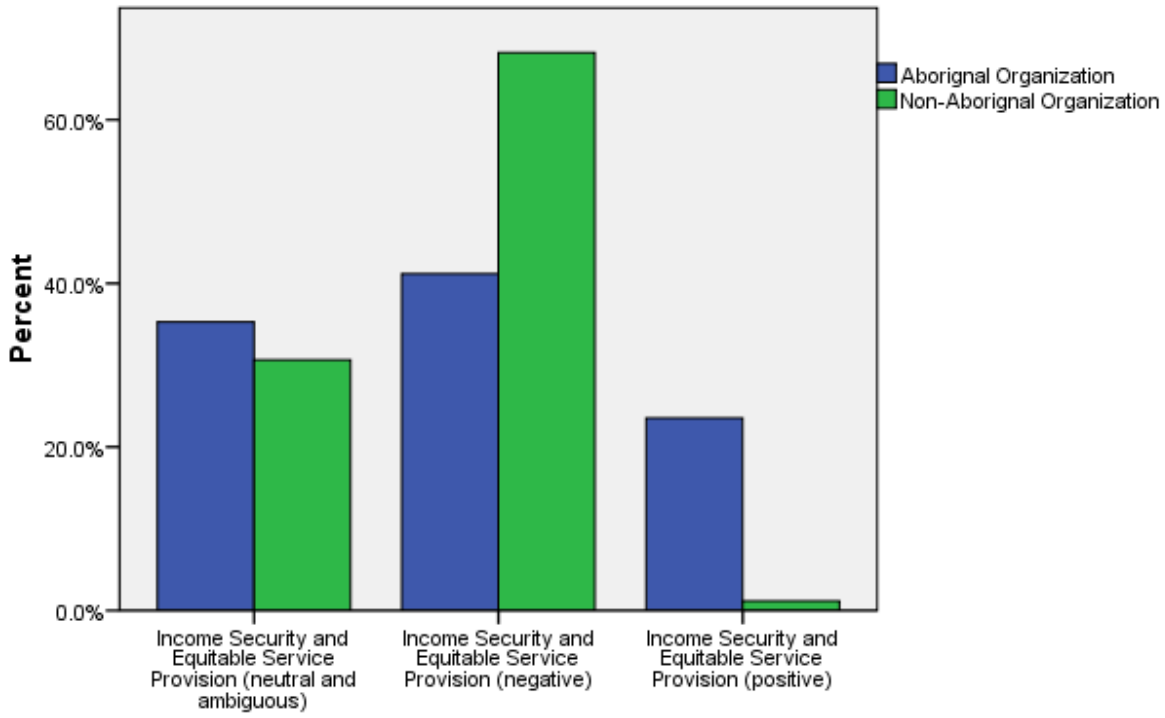

Figure 3 Comments about Income Security & Equitable Service Provision (by Percent)

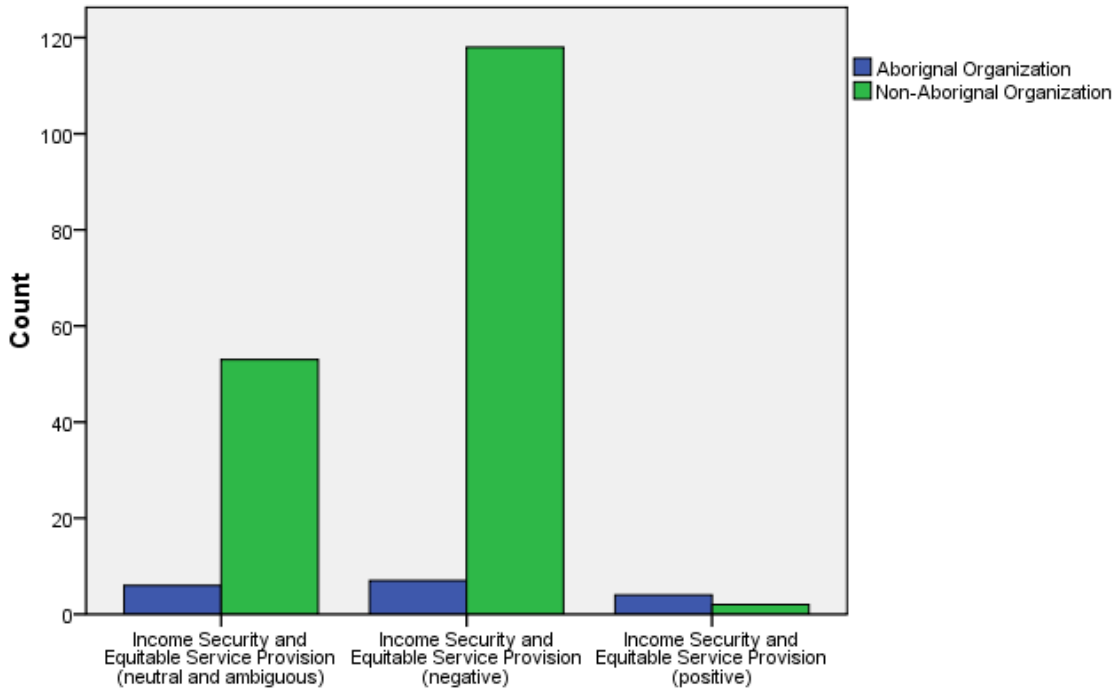

Figure 4 Comments about Income Security & Equitable Service Provision (by Count)

An example of a positive comment is the following:

The Friendship Centre offers a lot of stuff, you know? It's great because, man, I got taught some pretty thrifty things here. Even the lunch in a bag – supper in bag, dinner in a bag, you know? That's the greatest. Sometimes I have to fall back on that and I could make a three dollar pack of hamburger like this go for four meals. A lot of time it's just visual. If the kids see a little bit of that burger in there, "Oh ok its good," you know? But if they don't see any hamburger in there or something it's like, "Well we don't have any meat for supper tonight." So I've learnt that a pack of hamburger, if you just have a little handful just enough to be visual or just enough to have that little more flavor you could usually slide by and get through with that.

A more neutral comment is this:

Like I said, everyone should be treated equal. [Interviewer: And with respect.] And with respect, no matter what culture you are, or colour you are. We all bleed red, we're all put on this earth for goodness, not badness. But there are some bad apples out there, on the other line or in front of you that just don't care. They just want three o'clock to come around and boom they're gone or 4:30, boom they're gone. I need such and such money, who cares about the person I

talk to, they're just a case number that's all. But everyone should be treated equal no matter what, so that's how I look down upon it.

But again, most of the comments have a more negative tone, like this one:

Well actually I have been to the social services office here once and I don't think it was that great, I left really upset. [Interviewer: Okay, can you tell me about that?] Well, before I went to school and even got in contact with the Indian band, I lost my job and I was having trouble paying my rent. So I just thought I would go to social services to see if there was anything they could do to help me while I was trying to get in contact in with the band and seeing if I could go back to school. And there was just so much paperwork that they require, but that I didn't have or that I didn't have access to at this point in time and so I was kind of… yeah, got left. I was broke and I really needed money for my rent and stuff and the lady of the Indian band told me there's emergency help at social services for people who need it, but I guess I wasn't, in their eyes, an emergency help person. So, yeah I left that place crying because they wanted records of employment, tax slips and all this other stuff and I was like, "I don't have that I'm sorry." And so I didn't end up getting any help from them at all. [Interviewer: So what did you do?] So my educational counsellor stepped up then, you know discussed the forms she had to fill out and everything and did it as quick as she could and she got me money to help me pay my rent and live, so I could work on going back to school. [Interviewer: Mm, okay that's great. Is there any place that you might have gone to in the past for help where you don't feel comfortable going now?] Yeah, that social services office. I don't think I'd probably ever go there again.

Section Three: User-friendly Services

Comments regarding user-friendly services were more evenly distributed between non-Aboriginal and Aboriginal organizations. But here again, the non-Aboriginal organizations were mostly commented on in negative ways; Aboriginal Organizations were more positively viewed.

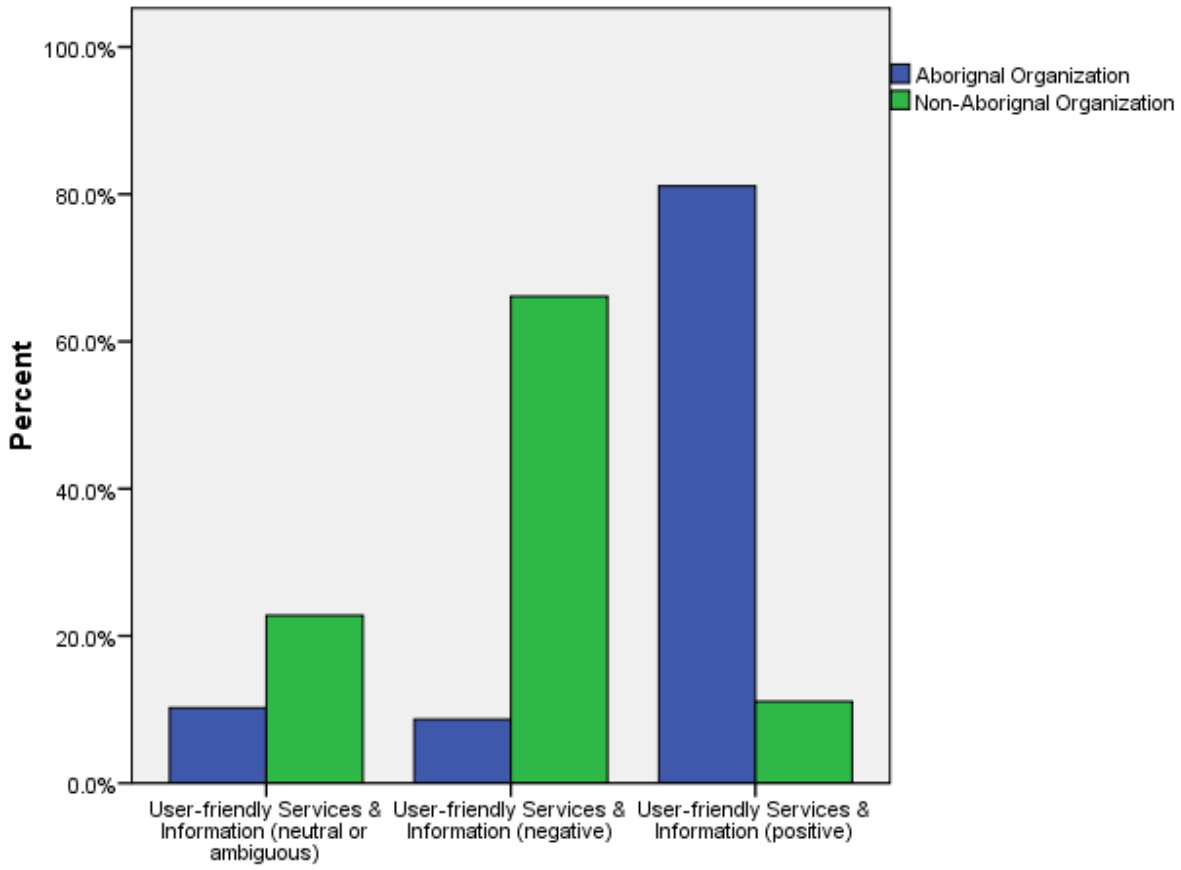

Figure 5 Comments about User-Friendly Services (by Percent)

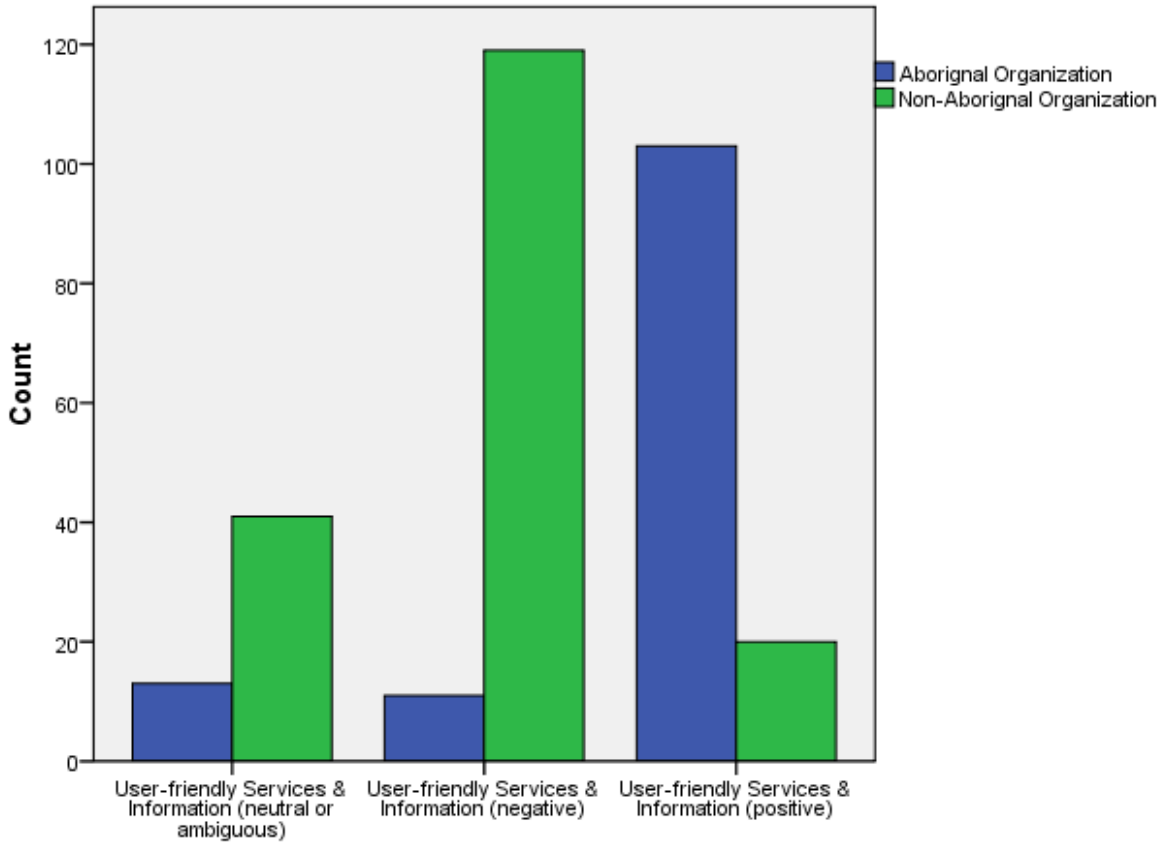

Figure 6 Comments about User-Friendly Services (by Count)

Here is one of the positive things people had to say about some non-Aboriginal organizations:

Well, it's better to take care of yourself. Also outreach works, Interior Health outreach across the street from where we're sitting now on Leon Avenue. They're actually really friendly people. It's easier than going into say a walk in clinic if they're open and available. They're only open during the week, two days a week. I use them for – well before when I was homeless I'd use them to get band aids or to have access to different tools for whatever I was using or needing, like gauze bandages or if I see people on the street that don't have access... [Interviewer: Hmm okay, as far as you're concerned where is the best place to go when you or your family is seeking help or advice in relation to your health care issues, matters or concerns?] Again I would use a walk in clinic or Ridge Health because they have doctor's there that are compassionate to homeless peoples' needs and such. There are outreach nurses that go around the streets and give some people good advice. There's also a street survival guide that's been handed out by different societies in the downtown core that can you can call a 1-800 number to contact BC Health. That's another thing I would do is if I needed to, I would look in the phone book for their health hotline and see if they have any advice that they can give on our needs, specific needs at the time.

And one about one of the Friendship Centres:

Now when I need assistance I phone the Friendship Centre and say, "Well this is the situation, who'd be the best person to talk to?" I've had child advocates, like the Aboriginal advocates, I've phoned them through the school and got them to phone the child welfare and just say, "Okay well no names, but you know this is the situation. How should she handle it? What should she do?" Because then that way I know I've got somebody that can stick up for me if I can't do it all by myself.

Here are other examples of neutral comments:

See, that's the thing, is him finding ways to make it accessible or to have one kind of known place where everybody could go to this one site, say on the computer and then it will give us information about what is all there to be offered. Kind of where to find it.

And:

I don't think it would really matter as long as people knew that they can go as long as – especially Aboriginal people knew, that they could go there or even low income people because they probably have the same problem too. As long as people knew where these resources were, that they can go there whether it be on reserve or off reserve.

There were a few negative comments about Aboriginal organizations - like the following:

I'm not from there so they can't help me unless I am with someone from here. When I very first went there I was never told about the social services on the reserve, and this very last thing, and I had her with me and I finally decided to get out there, I'll go with you. I went in with him and they looked at me and they were like well, the cheque's not going be in your name, the cheque's gonna be in his name. "But we can't really help you because you are not from our band," is what she said to me. Okay, well why I am here then? The first time we tried to get some help we started the paperwork, she said that she could help us, then she said that she would be only helping us with ninety three dollars and then I looked at her. When I came back and she was going, I can't remember, she said they can't help us with ninety two dollars, we sat there and she filled out the paperwork. By the end of the paperwork she said that she could give us twenty-five dollars. By the time we were done signing she couldn't give us anything. We took an appeal form, filled that out to appeal it, and we appealed it and it turned out that they were wrong, that they were supposed to help us. So, I don't know, I'm not too fond of the social development and the band office.

But again the majority of negative comments were directed towards non-Aboriginal organizations:

Yeah, it's difficult if you're treated as a number. You're not treated like a person when you first walk in the office. You have to grab a number, you have to sit there and wait your turn and then

when you do get your turn, you get thirty seconds or less and then they're booking an appointment for three weeks down the road with you. And actually, you get to see a worker, you have to work on computers. It's great for people who know how to use it, but for people who don't know how to use it, it's another big time barrier for people who don't have knowledge or accessible computers to use.

And:

Social services here, I don't know what they have to help families, because a lot of people in there with families and kids, they're on social services, I really see that they're scared to go see them because social services can take your kids away and so they don't like going to them. Because that's all they see, is that they're going to come and take my kids. And so it seems like, I don't know if they do anything to help them.

Section Four: Integrated Continuum of Prevention Treatment & Support Services

Comments tended to be more neutral in the area of integrated continuum of prevention treatment and support services.

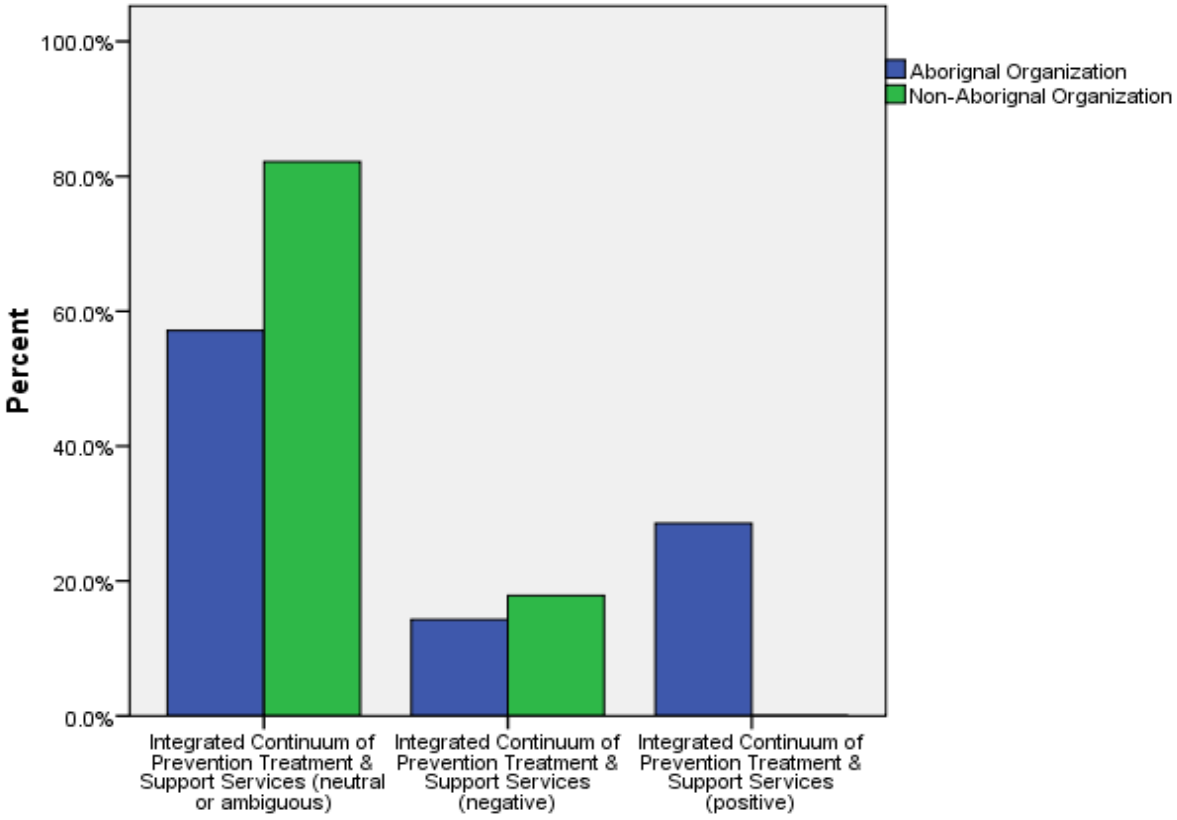

Figure 7 Comments - Integrated Continuum of Prevention Treatment & Support Services (Percent)

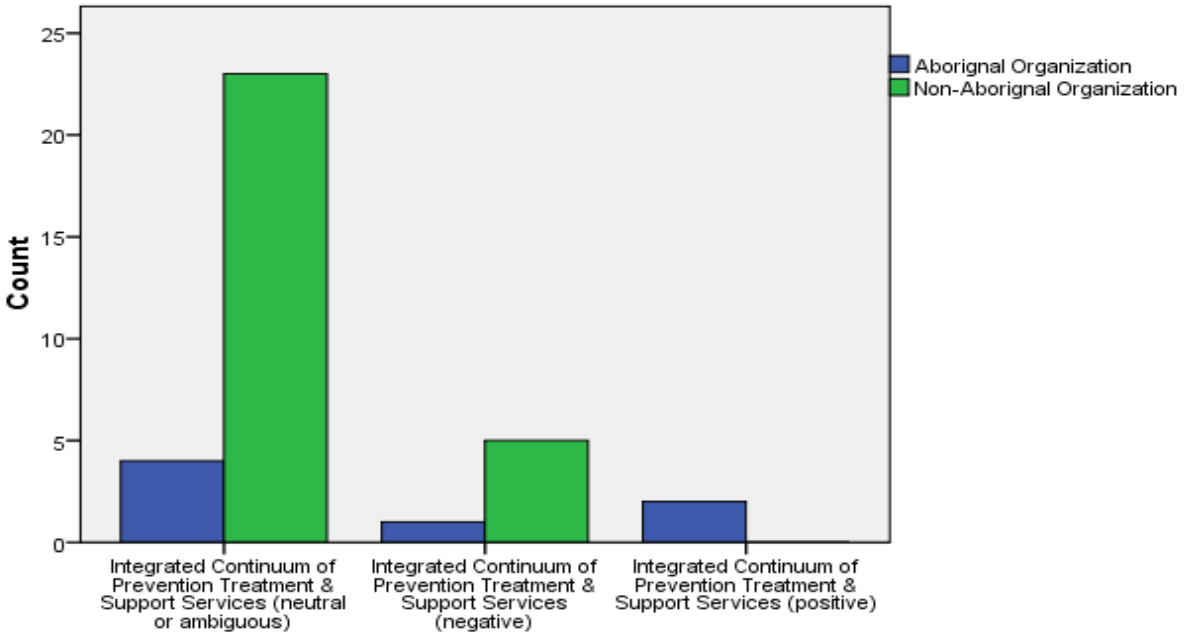

Figure 8 Comments about Integrated Continuum of Prevention Treatment & Support Services (by Count)

Some comments were positive, or offered examples of positive models, like:

Right people, you go into the community. I know Seabird Island has a lot of that. Just one doctor that comes in, right in the community and it's a different atmosphere. [Interviewer: Right so they're non-Aboriginal doctors and dentists?] Mmm. [Interviewer: That come in, but when they come into Seabird, into a different atmosphere, the service is different?] Well people aren't, people are, well it's easy access right? For the people in the community, they don't have to worry so much about transportation, going there, and they're able to follow through. They're able to come make their appointments, get their children's teeth looked after. You know, be it dental or orthodontist, it's as soon as possible.

And:

Well, I don't know. I think you, as a native people's organization, should go visit other native clinics in Edmonton, Saskatoon, kind of get a feel of what it's like. They deal with heavier urban populations. [Interviewer: So have you been experienced with native urban clinics and other centres, like Saskatoon or Edmonton?] Well, seventy thousand natives in Saskatoon and on 20th Street, there's one clinic and they know--they've dealt with natives for the longest time. So they know the process right? So they're getting like hundred, two hundred clinics, eh? They have doctors who jump on board, they come in there once a week like the mental health person

here. You guys don't even have that here. No seriously, Dr. C said he, at coming – well our mental health psychiatrist comes in once a week, go in there and Dr. C...all these services should be all under one.

A number of comments were neutral in tone:

Networking with the Aboriginal side and the non Aboriginal side, to see how they can help each other with the different problems with health or social issues to get out there. If there's a nurse on the reserve, on any given reserve, there should be some listed – what she could do. It could take the ease off of the GP that might be able to do that. You know, because I know up the far north the nurses up there do what a doctor does.

However, Integration of services is an issue, and this is true for both health and social services, as is evident in the following comment:

I think I been noticing that quite a lot lately, that there's a lot of need out there for helping. Well not helping, but I'm getting a little tongue tied again. Give them the help that they need, with MCFD for instance. I think they're bugging people that don't need to be bugged and there's a lot of other cases out there that they need help...and they're not getting it or they're over-looking it. It's just, I know for me, my kids were removed for a reason right, and I'm not saying they didn't take them away for any reason. But I think if stuff was put in place for me, to help me be better a better parent because I didn't get a manual to become a parent. It didn't come with no instruction book you know, so it doesn't stop just at having babies. Even when they get to be teenagers it's a struggle, so just more help for not just single parents, I think all parents need reassurance and more skills or whatever, support. [Interviewer: So during that time in your life when that was happening, you already stated that you were involved with MCFD and then in order to get your kids back, do you feel that you received adequate help from MCFD? To help you with that process of getting them back?] Well pretty much after I went to treatment and everything. I got back and they weren't going to give me rightful visits right away. But then I started getting more and more and it just kind of seemed that they just threw my kids back at me... Said, "Here ya go." No help, nothing, you know? So that's a big barrier. They need to have a plan for when things like that happen.

And:

The doctor won't give you a letter because he's not being paid if you have mental health issues. They look after you as alcoholism. But it's not that. And that's part of homelessness, health and mental health, drunks you know? All of the above, it's you know, but nobody does assessments. Our own people don't even do assessments on us, on our own people.

Section Five: Dignified Treatment

Similarly, in the area of dignified treatment, non-aboriginal organizations received the bulk of the negative comments.

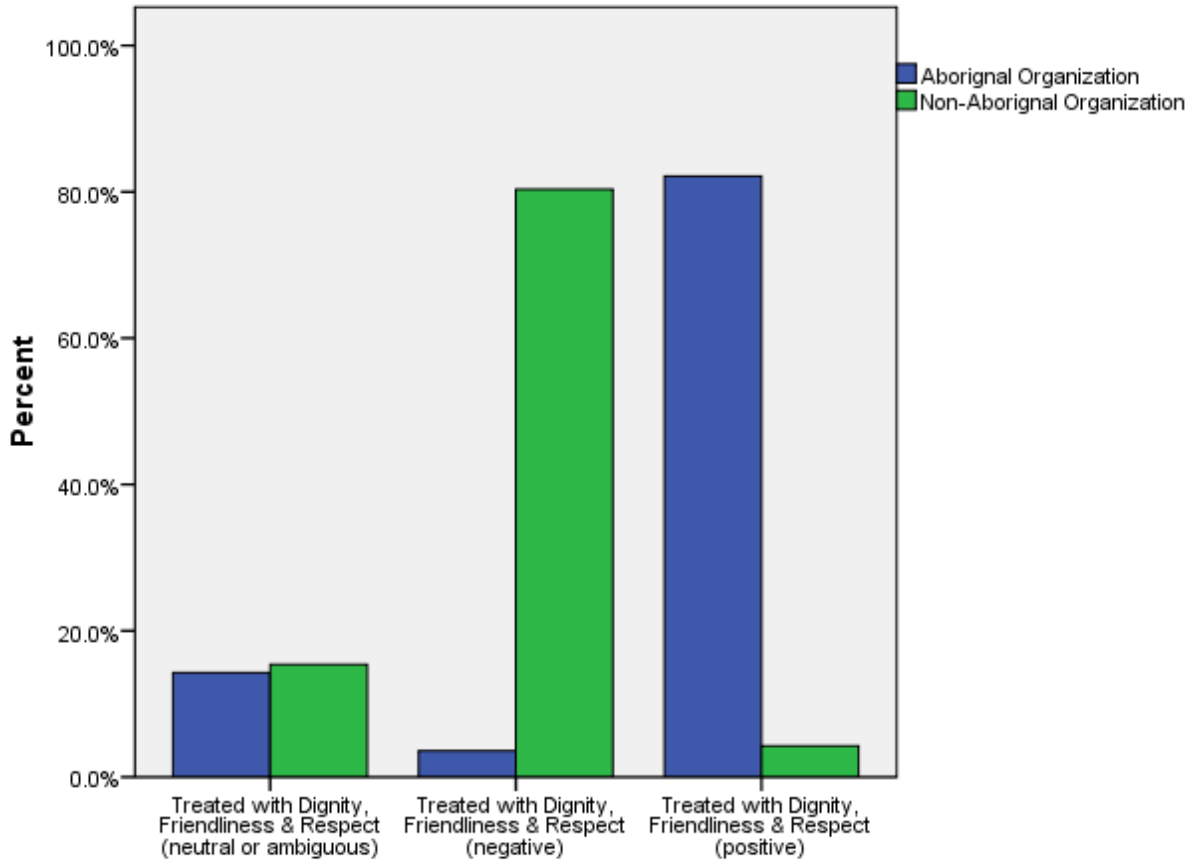

Figure 9 Comments on Dignified Treatment (by Percent)

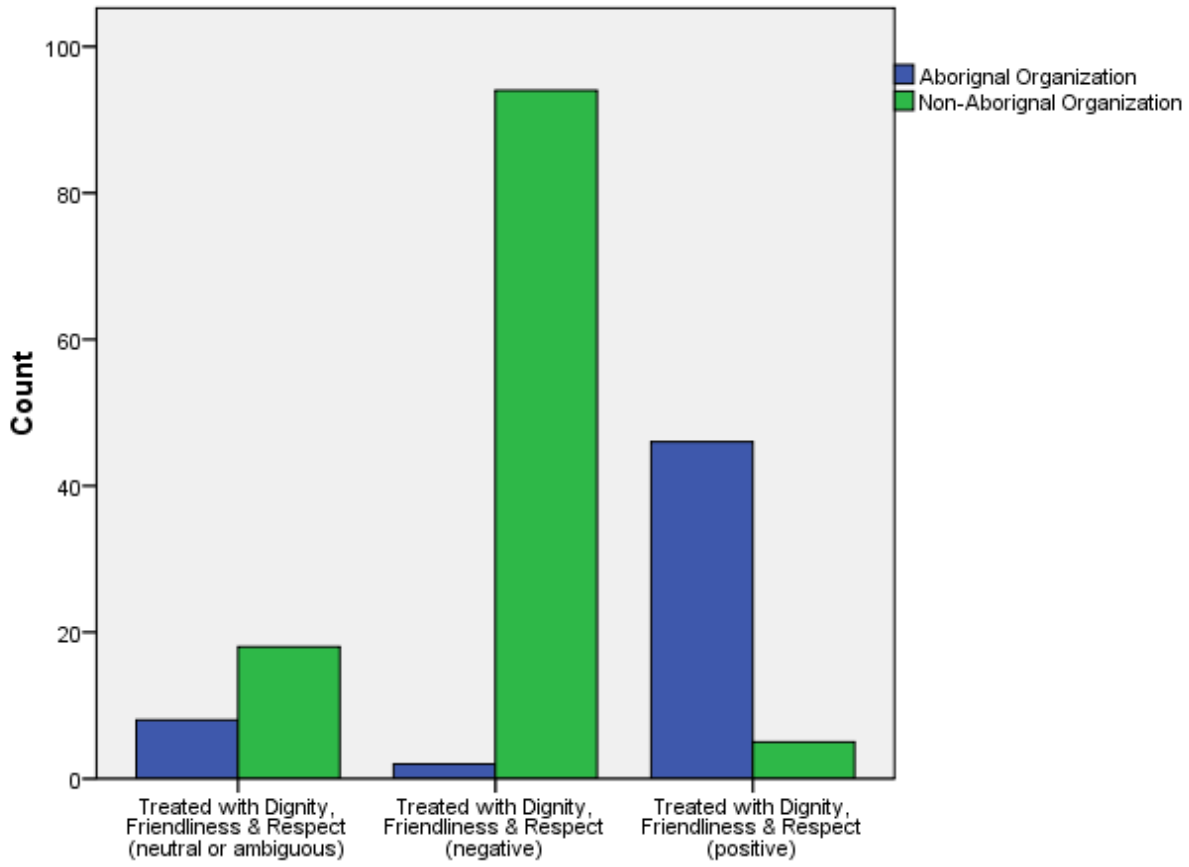

Figure 10 Comments on Dignified Treatment (by Count)

Positive comments are primarily about Aboriginal organizations, for example:

I think native associations are more laid back and friendlier, not that I'm racist or anything. I'm half white, but I think they take things too serious all the time. Too serious and if they don't want to listen to you, they won't. They put their nose up in the air or whatever they do. So just more, I think more open. [Interviewer: You find Aboriginal organizations more open?] Yeah more open, welcome. They welcome people in so you're wanted around, not just shooed out the door.

And:

As far as I'm concerned, the Friendship Centre. [Interviewer: Okay, you like the services you get here?] Yes, I get treated like a person here. I don't get treated like a mental patient. I don't get treated like a mother without her children. I get treated like a person. Here they see me as a person.

On the other hand, many of the negative comments are about mainstream service providers:

It's just a feeling inside that makes you feel comfortable, that you know that you're not, you're going to have less hassles, but questions. Because I guess some society-based structures ask a number of questions. They want to know more about you than you're willing to give up. They don't want to just accept that you're having a hard time in life and offer you something. And in a way they make you feel like you're where you're supposed to be when you really don't feel that way. You feel like you should be more successful at what you're doing in life, or you know that, why is life so hard? Why just struggle when everybody isn't struggling so hard?

And:

I guess so. The greatest difficulty is people that don't trust you. They think you're lying about your need. You know, 'Yeah sure sure,' kind of thing, yeah. [Interviewer: So they're automatically making...] Making assumptions, yeah, assumptions about your situation. Like they think, 'Oh well, yeah sure'.

Conclusion

There are many details that get lost in the analysis of the comments people when you put things into graphs and tables, and there is a lot more we can say about the insights people had into social and health service delivery in the Okanagan Valley. We hope this is a good general summary of things that people said, and the general patterns of what they were telling us. A final table below summarizes in numbers what we have shown in the graphs above.

Table 1 Areas of most common comments (Neutral, Negative and Positive)

Areas of most common comments (Neutral, Negative and Positive)

	Aboriginal Organization			Non-Aboriginal Organization		
	Count	Row N %	Column N %	Count	Row N %	Column N %
Diagnosis and Treatment (neutral or ambiguous)	3	2.3%	1.4%	125	97.7%	14.4%
Diagnosis and Treatment (negative)	0	.0%	.0%	191	100.0%	22.0%
Diagnosis and Treatment (positive)	6	10.0%	2.8%	54	90.0%	6.2%
Income Security and Equitable Service Provision (neutral and ambiguous)	6	10.2%	2.8%	53	89.8%	6.1%
Income Security and Equitable Service Provision (negative)	7	5.6%	3.2%	118	94.4%	13.6%
Income Security and Equitable Service Provision (positive)	4	66.7%	1.9%	2	33.3%	.2%
User-friendly Services & Information (neutral or ambiguous)	13	24.1%	6.0%	41	75.9%	4.7%
User-friendly Services & Information (negative)	11	8.5%	5.1%	119	91.5%	13.7%
User-friendly Services & Information (positive)	103	83.7%	47.7%	20	16.3%	2.3%
Integrated Continuum of Prevention Treatment & Support Services (neutral or ambiguous)	4	14.8%	1.9%	23	85.2%	2.6%
Integrated Continuum of Prevention Treatment & Support Services (negative)	1	16.7%	.5%	5	83.3%	.6%
Integrated Continuum of Prevention Treatment & Support Services (positive)	2	100.0%	.9%	0	.0%	.0%
Treated with Dignity, Friendliness & Respect (neutral or ambiguous)	8	30.8%	3.7%	18	69.2%	2.1%
Treated with Dignity, Friendliness & Respect (negative)	2	2.1%	.9%	94	97.9%	10.8%
Treated with Dignity, Friendliness & Respect (positive)	46	90.2%	21.3%	5	9.8%	.6%

Part Two – Perspective of Aboriginal Services Providers (ASPs)

Methods

In addition to service users, ASPs were also interviewed and asked about their experiences and perceptions of Aboriginal and mainstream heath and social services in the Central Okanagan Valley. In total 8 service providers from Vernon, Kelowna and Penticton were interviewed. In interviewing Aboriginal service providers, we were interested in examining the roles and functions of these organizations in delivering services, and in mediating between their service users and other service delivery organizations, including mainstream providers. Of particular importance to us were the challenges that they faced delivering adequate and culturally appropriate services to urban Aboriginals. Our ultimate goal was to identify ways of improving policies, programs, and services to address the complex and diverse needs of the growing urban Aboriginal population. The themes raised through interviews with ASP's include: accessibility, conflicting mandates, delegated identities, residence and jurisdictional issues.

Aboriginal Health and Social Service Accessibility

Aboriginal People are able to access both mainstream services and services that target Aboriginal People specifically. While mainstream services in the Valley are extensive, many Aboriginal People would rather access health and social services through an ASP. Aboriginal-specific services are often referred to as mirrored services; they are similar to mainstream services, but are provided within a program that is run specifically for, and often by, Aboriginal People. ASPs are developed to address the burdens that many Aboriginal populations confront including: higher mortality rates, higher incidence and prevalence of disease, lower labour force participation and higher unemployment rates compared to the general population. Samples of programs provided by ASPs are presented in Table 1 below. Urban Aboriginal specific services in the Central Okanagan Valley are housed within the Friendship Centres, Métis organizations and program specific venues. For example, the Aboriginal HIV/AIDS programming is affiliated with a mainstream organization and two Aboriginal housing organizations, which have their own infrastructures and deliver programs out of their own offices.

Friendship Centres in the Central Okanagan Valley receive funding from the National Association of Friendship Centres and the British Columbia Association of Aboriginal Friendship Centres. Their revenues cover operational costs and occasional funding for specific programs. Friendship Centres also receive funding from regional, provincial and federal funding agencies to deliver issue or problem specific programs and services, such as diabetes education. Métis organizations access multiple sources of funding for health and social services. Funding opportunities are usually provided through general grant application competitions. When

successful these granting processes carry different reporting and accounting requirements.

Sample of Aboriginal Services in the Central Okanagan Valley

- Addiction Counselling Services
- Métis, & Aboriginal Housing
- Community Advocate
- Outreach Program
- Aboriginal Healing Foundation
- S.A.S.H. Program
- Aboriginal Infant Development Worker
- Family Wellness Program
- CAPC
- Family Preservation Program
- Community Kitchen
- Kelowna Healing Services
- Diabetes Counselling
- Roots
- Employment & Education Services
- Native Court Worker
- Mental Health
- Native Housing
- Home Support Worker
- Cultural and Recreation Programs
- Homelessness Program (Wolfs Den)
- Theatre Program
- Roots are Forever Program
- Family Programs
- Preschool
- Youth Programs
- Social & Recreational Programs
- Elder Programs
- Turtle Huddle
- Communication Programs
- Volunteer Program
- Employment Services
- Youth Services
- Pregnancy Outreach
- Aboriginal HIV/AIDS

Mandates

While ASPs have varying mandates, the scope of service provision is determined by who funds the services. For example, Friendship Centres have broad mandates, which are achieved through several programs while Aboriginal housing providers have specific mandates to house Aboriginal Peoples. Mandates are important because they delineate what services an ASP will provide and to whom. Eligibility rules for receiving funding, or accessing services is partially determined by funding agencies mandates.

The overall mandate of the Ki-Low-Na Friendship Society is to "...promote total well-being for

Aboriginal People in all human dimensions: physical, spiritual, mental and emotional" (Ki-Low-Na Friendship Society, 2007). This mandate is typical of Friendship Centres and other ASP's. These mandates are reflective of holistic concepts of well-being commonly shared among many Aboriginal communities (see Adelson, 2000; Van Uchelen et al, 1997; or Waldram et al, 2006). Friendship Centres, such as the Ki-Low-Na Friendship Society, provide several programs including, addiction counselling, infant development, employment programs, diabetes counselling, education services, mental health services, home support, homelessness programs, cultural programs, and social and recreational programs. Programs and services offered at Friendship Centres are similar in many ways, but there are some differences across centres. Moreover, they pursue funding from the same sources. While most ASPs are mandated to work specifically with the Aboriginal population they will also provide services to anyone who enters their establishment. Some ASPs, even though they are mandated specifically for the Aboriginal population, are also required to serve the low-income population in the same area, stretching meager resources even thinner. Mandates of funding bodies and ASP's often differ, as is evident in the following exchange:

> *Interviewer - How do the external management of government organizations fit or conflict the mandate, policies, goals or objectives of your organization?*
>
> *Service Provider- I guess it just comes back to that whole thing about making them understand how we would like to provide a totally holistic service and … obviously that is not … their government mandate.*

Funding profiles restrict the services that ASPs can provide, often resulting in programs inconsistent with Aboriginal concepts of well-being. In the words of one service provider:

> *Service Provider -… the whole philosophy though for us is that we're trying to not treat clients in isolation. We're looking for ways that will have the most effective impact, both short, medium and long-term. So if somebody who's homeless or has just become homeless, chances are that that person is going to need some other kind of support … it's not {just} finding a place for them. That's not going to do it right, whether that is, job training, mental health services, addictions counseling - there's a good chance it's going to be probably a combination of all those things and maybe more, depending on what's involved and then ongoing support. The Drop-in Centre and our outreach people, I think one of the huge challenges that we face is if you get housing for people, but the outreach workers can't support them seven days a week, and that includes simple things like money management and all kinds of other stuff …these things are all interconnected.*

This perspective on funding challenges is further illuminated by another service provider:

> *Service Provider- I find myself being wary sometimes depending on which agency I'm dealing with…because I don't want to hear somebody saying, 'Oh wel,l you know that should be funded somewhere else'. Yet the people often need several things at the same time, so we combine the delivery of some services for example in terms of health*

prevention. On occasion and sometimes they're separate depending on what makes the most sense, so specific diabetes related stuff might be connected to another program in terms of certain kinds of things they could work together and provide whatever nutritional information and etcetera.

Fulfilling a holistic mandate requires many trained professionals and related infrastructure support. ASP's are faced with such a large demand they are constantly struggling to meet the needs of their constituents.

Service Provider –I think all three Friendship Centres, when I think about the staffing levels and what their mandates are at capacity, not only staffing but they don't even have elbow room, nowhere to go physically. I think they're at max as far as their capability of handling of what they got coming in. They might be able to handle a few more clients but not very many, certainly no more services.

Mandates specific to an Aboriginal population are intimately connected with identity. In the context of many services provided by ASP's self-identification as an Aboriginal person (of whatever type) is often implicit. However, in specific areas, especially children and family services, Aboriginal identity needs to be verified in order to place children in Aboriginal homes. One service provider notes that they must conduct family histories in order to place children in appropriate homes.

Service Provider - We have a contract with the Ministry of Children and Families for providing [placement of children in foster homes] … the intention [is that they have a cultural tie if the family is going to take our children.

Delegated Identities

Delegated identities, whether an Aboriginal person is considered First Nation (Status or non-Status) Métis or Inuit, play a crucial role in determining what services and programs are available for people within the urban Aboriginal population[4]. Delegated identities have served to dispossess Aboriginal People from the land, community (Lawrence, 2003) and, as discussed here, from health and social service provision. While the majority of ASPs do not discriminate based on ethnicity or legal status, the programs they offer occasionally limit the target population, generally as per the instructions of the funding agency. Delegated identities add layers of complexity in providing holistic health services.

Service User - So you have a situation where a person moved from let's say China and spoke only Chinese and suddenly moved to Canada - they have culture shock. So we have a family going through culture shock in our community and we have to deal with that in

[4] See Chartrand 2003 and Lawrence 2003 for a larger discussion of the impacts of external identification regimes on Indigenous communities in Canada.

some way, and try direct them to various agencies that they might be able to use, and the Friendship Centre is good for that because that's the first place we could send them, "Go to the Friendship Centre" … The non-Status are also at a disadvantage because they're Aboriginal. The only thing is they have no access to, to any amenities the Status had, right? But they also don't have any access to anything the Métis have because they're not Métis either. They're just non-status; they're the ones that are falling through the gaps. So here you have this whole group of people who…are looking for some kind of support somewhere, social support, and it's hard for them to obtain.

Service users recognize the complexity of issues that come along with their legal/social/delegated identities and try to access services via institutions that understand the complexity associated with delegated identities and the entitlements associated with those identities.

Interviewer - So if you're sick where is the first place you might go?
Service User- First place I might go? I'm not covered, I guess I'd try to find a doctor who recognized the medical Status, Status rights. So I'd try to find a doctor who understands and knows the policies, which is hard to find.
Interviewer- So if you go to any medical centre out there, like the walk in …
Service User- I go into the walk in clinics I say, 'Yeah I'm not on assistance.' Okay, I do have a number but, I'm not on assistance …

The complexities of identity not only exist between Status-and non-status, Métis and Inuit but also within these identities. Status-Indians have access to First Nations Inuit Health Branch Non-Insured Health Benefits Package while non-status and Métis people do not. The following service users demonstrate the complexity of accessing proper medical care:

Interviewer- You mentioned you {are} Status, so is most of your medication covered…
Service User- Yeah.
Interviewer- Under the status card?
Service User- But status doesn't usually cover medications that they prescribe you. They'll give you a generic kind at the pharmacy.

Multiple issues faced by an individual or family (who may well have different delegated identities/legal statuses as Aboriginal People!) necessitates that service providers be able to provide access to a range of services to even attempt to meet a holistic approach to wellbeing. Current funding bodies restrict this ability by limiting what their program dollars target. For some service users their delegated identities are substantial barriers to a full complement of health services.

Interviewer- Based on your experience what would you define as being the greatest difficulty in accessing or receiving health care services you need? And why is it the greatest difficulty?
Service User- Well, for one, I find that if you're Status in Kelowna, dentists, {and}

pharmac{ies}… Having Status, a lot of dentists now will not accept you as clients. 'Cause they don't want to have to go through Indian Affairs.

Not only do delegated identities impede providing holistic services, but they also play a role in determining who ASP's are allowed to deliver services to within these delegated identities. Different funding agencies define target groups differently, making it difficult to maintain consistent data for demonstrating the need and value of programs.

Service Provider - Just dealing with the different levels of reporting and different expectations… There's a kind of huge administrative requirement that varies from contract to contract quite a bit… So, even in terms of data collection, for example, one organization might define youth as 14-24 and another one 17-29.

The federal government is responsible for status-Indians and for reserves. Many of these responsibilities have been transferred to First Nation communities or to the provincial government. Federal funding can be restricted to those people who reside in a First Nation community and who are identified as a member of that community. Provincial funds are generally more accessible to all Aboriginal People. To a large degree delegated identities determine what services and programs an Aboriginal person may access.

Residence

Further, where Aboriginal People live also determines what programs and services they may access. For First Nations people living on-reserve, access to services is largely determined by the number of services transferred to the First Nation community. Transferred services generally include those services that were previously delivered by First Nations Inuit Health Branch of Health Canada, the Ministry of Children and Family or Income Assistance. Off –reserve status Indians, Métis, Inuit and non-status Indians residing in urban areas are generally not included in these transfer agreements. The result is a large underserved urban population.

The idea that the majority of Aboriginal People live on-reserve or in rural areas is an outdated misconception commonly held by mainstream service providers. The result is that many Aboriginal people living in urban areas are denied services. As told by a service user:

Interviewer- Is there any place that you or your family may have gone to seeking help or advice related to health care issues, matters or concerns in the past that you do not feel comfortable going to today?
Service User- Yeah there's a place, I don't know what it's called but it's near {NAME} in {NAME} where I went in for help and they told me I couldn't go there cause I wasn't living on the reserve and I explain that to them and they told me I couldn't go there because they thought I was a Aboriginal living on the reserve. So, they turn me away and then I went to the {NAME} one and I couldn't get help there. This is way before I was

associated with {NAME} and I couldn't go there for help because I wasn't on reserve. So I kind of had to go back and forth. So I don't think again they actually took the time to actually sit down and listen to what I was trying to tell them. They just kept telling me, no I couldn't, I couldn't go there.

Some service users were confronted by similarly ill-informed medical staff, and sometimes, outright racism:

Interviewer--What do they say? Can you give me an example of when they are rude or prejudiced things they say to you?
Service User--When you show your medical card and identification and then show them you have a status card and they say, "Oh you stinking Indians are all the same, why don't you go back to your reserve? We don't want you in a white man's city."

Aboriginal People recognize that different service providers in different locations will provide services to different people depending on their residence.

Interviewer-Where would you go for your social assistance needs or your social needs? Concerning any help that you might need?
Service User- Like for, for living allowances?
Interviewer- Sure.
Service User- Possibly social services over on {Street Name} because I'm not on reserve so I can't access the financial aid over there that they offer on the {Band Name} First Nations land.

Service providers also experience barriers to providing a full complement of services due to policies that restrict where service may be provided. Program funding is available for specific services in specific places, as noted by a service provider who has seen a demonstrated need for child care services in an urban setting.

Service Provider- One of the things that we really, really would like to see is to get a daycare, a child care facility going, because we found that so many of our young moms are working. I think the last time we checked into it there's like about a 400 name waitlist for daycares in {Place Name}, like there's just no childcare space available…and our early childhood development program did an assessment on that not too long ago because it's something that is really needed and she's got a lot of working moms in her program that I know. Some of them have had to quit their jobs because they can't find childcare. So that's one of the things that we really would like to pursue, and another one is a head start program, and we have never been able to get dollars for head start program. I know they run a lot of them on reserve, but it's really difficult to get funding for off-reserve, for that so, that's a couple of big areas we'd really like to move into.

Service providers have noted that political representation is important for all Aboriginal populations and currently there is little direct political representation for urban Aboriginal

People. Without being able to take part in negotiations, a large number of urban Aboriginal People are not represented at tables where service provision is discussed and determined.

> *Interviewer- What level of government or organization do you think should be facilitating you to achieve those [services]?*
> *Service Provider- Well, there's a number of Aboriginal organizations out there that say they do you know, the Assembly of First Nations, when you hear them publicly speaking they say they speak for all of and negotiate on the behalf of all Aboriginal People. And I know our BC Association of Friendship Centres have met with them at different times… to try to get at least to the table where a lot of these negotiations happen, and that hasn't happened. So you know I think that there needs to be some kind of clarification about the roles that these different organizations, Aboriginal organizations politically play, because the majority of them represent people who live on reserve, and I, other than United Native Nations which isn't very active right now, I don't know of any that really represent urban Aboriginal People at a political level where they can actually lobby for change, cause our BC association is not a political body, it's mandate is to provide support to the member centres, but it has never ever been a political body. So there needs to be some kind of political body that we can network with to do that lobbying for us.*
> *Interviewer- Right, that's interesting…Would that political lobbying be at the federal or the provincial level or…?*
> *Service Provider- It would be at both, it's very difficult for us to get federal funding because the majority of federal funding goes to on reserve … We have to depend on what's available through the province mostly. So it's very, very difficult.*
> *Interviewer- Hmm, it's interesting you say that, given that what 51% of the …*
> *Service Provider- I mean that's always their argument, but you know it's a real hot potato, it really is…I think it's probably more than 51% if you looked right across the board.*

Some First Nations living on-reserve access service from the urban ASP's who are happy to provide services to these populations. This is especially true for ASPs in the Central Okanagan Valley because each city has a First Nation community bordering the city. Due to these shared borders, some ASP's have developed agreements or protocols for specific programs with their neighboring First Nation community.

> *Service provider: There's a lot of federal funding that is for on reserve people that isn't available for the off reserve people with the funding arrangements. I argue with the chiefs all the time, stating that you know, I know most of our people live off the reserve, so why don't we get adequate funding for our people who live off the reserve?*

Residence also becomes a barrier to providing access to a full complement of health services for people in transition from rural to urban health services. The Aboriginal population is very mobile (Distasio et al, 2004) and even though health and social services deliverables are similar from town to town, who delivers them and how they are delivered differ from town to town,

creating difficult transitions for new residents. Mobile populations are difficult to account for when determining funding levels. Delivering holistic programs becomes even more difficult when segments of the population are not included in funding formulas. Many ASPs note that funding does not reflect demographic or need. This results in a shortage of resources to fund comprehensive programs.

> *Service Provider-From our perspective there's a problem in terms of recognizing the needs overall of the urban Aboriginal population just because of numbers. The urban population, I think, is like what? 80% of the Aboriginal population in {Place Name} is urban? Something like that 75% or 80%, I'm not sure off the top of my head. But the on-reserve {Place Name} population is relatively small and this is also true nationally. This has been brought up before the Kelowna Accord last year, right? All that stuff, that there are many, many people who are being left out in terms of programs, program planning and piecemeal {funding}.*

Jurisdictional Issues

Delegated identities, eligibility rules or mandates, and residence boundaries are jurisdictional barriers that fragment health service delivery. Jurisdictional issues are a result of policies that detail what agency is responsible for what program delivery and/or for what population. The most notable jurisdictional issues are those between the federal and provincial government. The Federal government assumes responsibility for reserve lands and status-Indians. Through transfer agreements these responsibilities are often delegated to the provincial government or to First Nation communities and encounter funding related barriers similar to the urban ASPs (Lavoie, Forget, & O'Neil, 2007).

Governments identify ministries or agencies to provide funding for services or populations; in doing so they create policies that delineate what will be delivered and to whom. Jurisdiction becomes problematic when trying to deliver services that are comprehensive to a specific issue or population within a holistic mandate. For instance, funding tends to be program or project specific. Moreover there may be conflict between these two levels of government in determining responsibilities for specific services.

> *Service Provider--… The federal/provincial jurisdictional issues do come into play in terms of the national homelessness initiative. We were talking about the difference between affordable housing, transitional housing, and emergency shelter and the feds say, 'Well, no we don't do affordable housing. So you can't do that, that's the province has to do that.'*

Conclusion

The mandates of urban Aboriginal service providers (ASPs) in the Okanagan Valley include concern for the physical, mental, spiritual, emotional, social and environmental well-being of their communities via a number of different programs. This paper reports the findings of a study conducted with Aboriginal service providers in the Central Okanagan Valley. The data obtained through interviews suggests that efforts to integrate more holistic Aboriginal concepts of well-being into health delivery face a number of barriers that are regularly negotiated by service delivery organizations like Friendship Centres and other service providers working in the areas of HIB/AIDS, housing, and children and family services. Commonly shared challenges reported by ASPs interviewed in the Valley include those arising from differences and cleavages in identity, residence and jurisdiction. Although urban ASPs deliver programs to all Aboriginal Peoples, delegated identities are tied to a complex and varied array of funding sources, many with contradictory eligibility rules and target client groups. People within the urban Aboriginal community may seek medical care via doctors, emergency wards, clinics on reserve, and walk-in clinics, dental care via dentists, and counseling services through the Friendship Centre. This system is inherently fragmented in terms of service providers' ability to address the full complement of issues faced by urban Aboriginal Peoples as individuals and as a whole; ASPs struggle to support a holistic approach to well-being for their communities.

Appendix One: Analysis of Responses to Interview Questions

Mike Evans, Kasondra White, and the Okanagan Aboriginal Urban Aboriginal Health Research Collective

Each of the following tables represents the answers the 50 participants in the research gave to the specific questions asked during the interviews. Unlike the first part of the report, this analysis is structured by the questions asked, not the details of the answers given. Unlike the part one, here answers have been reduced to a finite number of categories. Taken together we hope the two parts give a good sense of what people had to say about the urban Aboriginal experience of barriers and opportunities for health and social services in the Okanagan Valley.

Note: Many of these tables represent “Multiple Response Sets” – or answers to questions where people provided lists of answers rather than just one answer – as a result the total number of answers exceeds the number of respondents, and the percentages reported exceed 100%.

Health Services

Question: When you need help or advice with something to do with you or your family's health, where are you most likely to go?

Places People Go for Health Services	Responses		Percent of Cases
	N	Percent	N
Family Doctor	25	31.3%	50.0%
Walk-in Clinic	26	32.5%	52.0%
Emergency Ward	11	13.8%	22.0%
Friendship Centre	6	7.5%	12.0%
Drop-In Centre	2	2.5%	4.0%
Band	2	2.5%	4.0%
Other - Professional	3	3.8%	6.0%
Other - Personal	5	6.3%	10.0%
Total	80	100.0%	160.0%

Table 2 Places People Go for Health Services

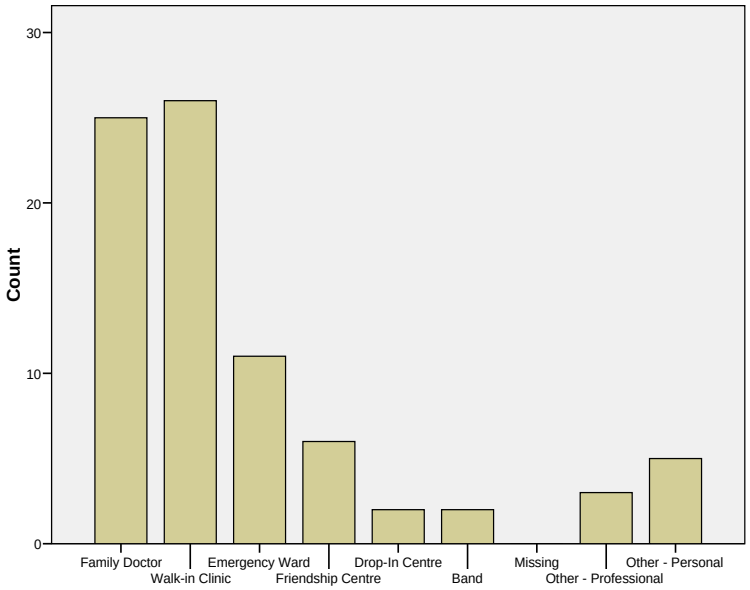

Figure 11 Places People Go for Health Services [Count]

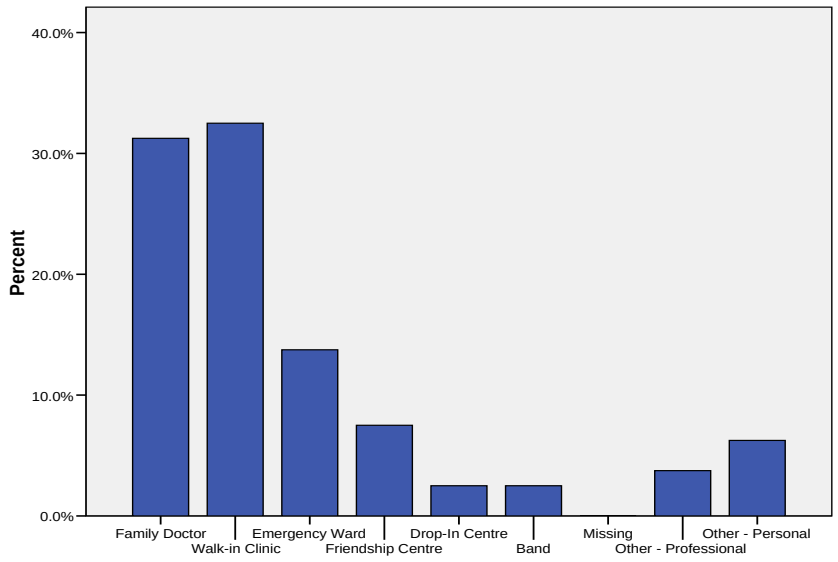

Figure 12 Places People Go for Health Services [Percent]

'Family Doctor' refers to a respondent's dedicated physician, either past or present. The *'Walk-In Clinic'* value was used whenever a respondent specifically mentioned a walk-in clinic, or other clinic that they visited, without having a family doctor practicing at this location. *'Emergency Clinic'* refers to a visit to the hospital, denoted by such comments as 'emergency' or 'the hospital', while a visit to a particular unit of the hospital, such as the psychiatric ward, would not fall under this category. *'Friendship Centre'* was mentioned by a number of respondents less as a place where they actually receive health services, but as a resource for identifying symptoms and finding out where to go for treatment. The *'Drop-In Centre'* that was mentioned refers to a facility that provides a number of core services, such as breakfasts and lunches, showers and washrooms, advocacy, counseling, and referrals. The *'Band'* was cited in reference to the services that respondents receive on reserve. *'Other - Professional'* refers to any other services that people receive from a professional, such as psychiatric services, while *'Other – Personal'* denotes consultation either with friends or family members, or personal research via such mediums as books or the internet regarding the respondent's condition.

Walk-In Clinic - *"Oh when I have to I take my kids to the clinic. [Yeah.] We go to the walk-in clinic."*

Other – Personal – *Hmm, I'd probably go to library look it up myself."*

Question: When you need help or advice with something to do with you or your family's health, where are you most likely to go? Why?

Why People Access Health Services There		Responses		Percent of Cases
		N	Percent	N
	Accessibility	7	9.2%	15.9%
	Atmosphere	1	1.3%	2.3%
	Familiar/Has a History	10	13.2%	22.7%
	Speed of Service	11	14.5%	25.0%
	Quality of Treatment	15	19.7%	34.1%
	Only Option	14	18.4%	31.8%
	Attitude of Employees	4	5.3%	9.1%
	Source of Information	14	18.4%	31.8%
Total		76	100.0%	172.7%

Table 3 Why People Access Health Services There

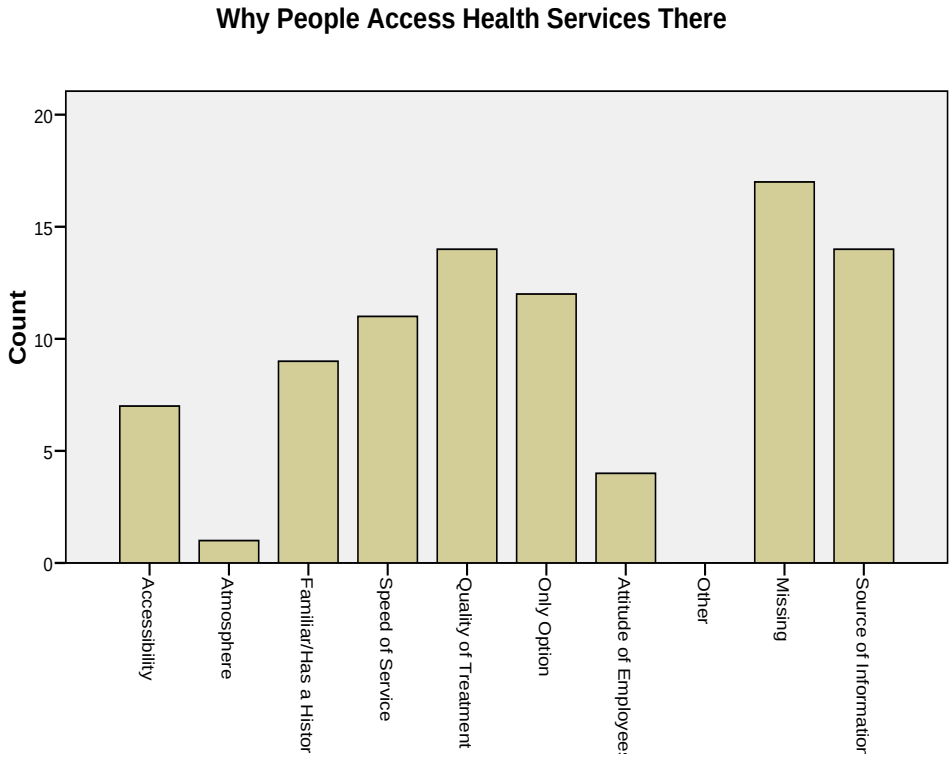

Figure 13 Why People Access Health Services There [Count]

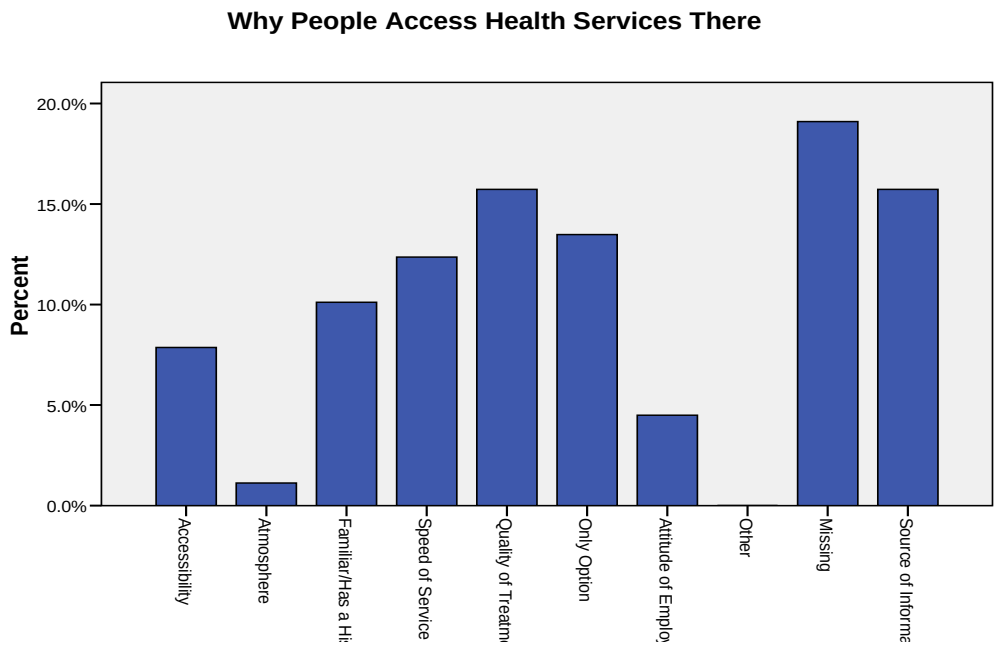

Figure 14 Why People Access Health Services There [Percent]

'Accessibility' refers to the ease with which respondents could physically access the services. *'Atmosphere'* relates to comments regarding the feeling or mood that respondents associated with a place, and could be influenced by such things as art work or the level of casualness. *'Familiar/Has a History'* corresponds with statements indicating that respondents have a history with a certain place or professional. '*Speed of Service'* describes both the amount of time people have to wait once at the place, as well as the amount of time it takes to get an appointment. Respondents mentioned *'Quality of Treatment'* regarding the level of service that they received, and the perceived competency of the health professionals. *'Only Option'* refers to statements suggesting that respondents do not know of any other place to go for health services. The *'Attitude of Employees'* relates to the treatment that respondents receive from health care professionals and support staff. *'Source of Information'* denotes that the place is seen as a good place to go for reliable information, both in regards to health conditions and where to go for treatment.

Source of Information - *"Just to talk about, you know, what's happening in, um, the resources. [Yeah.] Where the best resources out there, what's the…you know."*

Quality of Treatment – *[So you choose to use your family doctor?] Yeah. [Yeah, okay.] I trust his opinion.*

Question: Which place that you or your family goes for help with health matters is the best as far as you are concerned?

Best Places for Health Services	Responses N	Responses Percent	Percent of Cases N
Family Doctor	23	41.8%	47.9%
Walk-in Clinic	10	18.2%	20.8%
Emergency Ward	4	7.3%	8.3%
Friendship Centre	1	1.8%	2.1%
Aboriginal Organization	2	3.6%	4.2%
Drop-In Centre	2	3.6%	4.2%
None	4	7.3%	8.3%
Band	2	3.6%	4.2%
Other - Professional	4	7.3%	8.3%
Other - Personal	3	5.5%	6.3%
Total	55	100.0%	114.6%

Table 4 The Best Places for Accessing Health Services

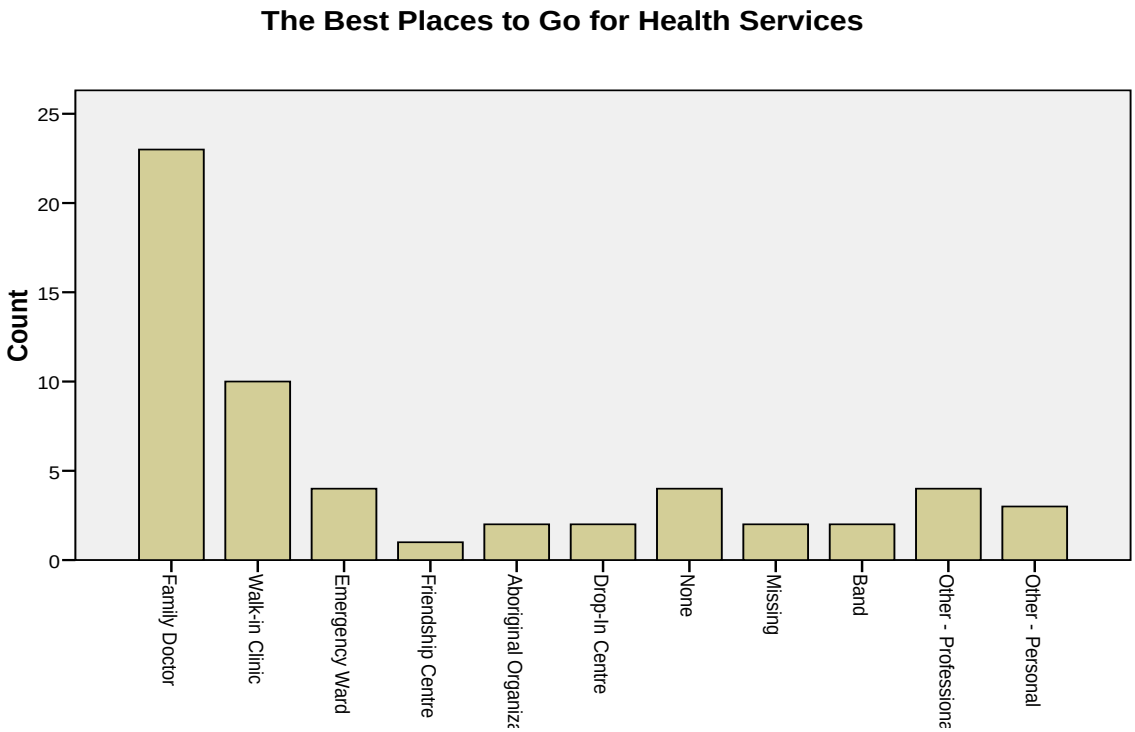

Figure 15 The Best Places to Go for Health Services [Count]

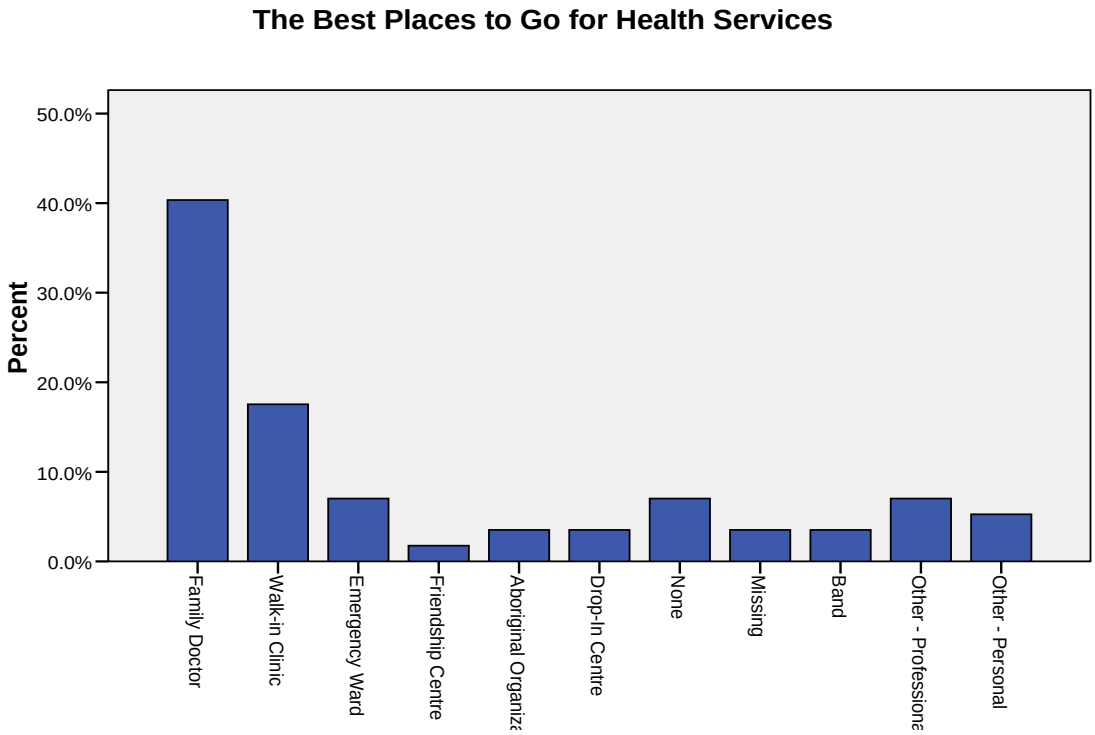

Figure 16 The Best Places to Go for Health Services [Percent]

** See Value descriptions listed under 'Places People Go for Health Services'. The following are not listed above:*

The *'Aboriginal Organization'* label was applied when respondents did not specify which organization, but stated that they would always prefer a place that was Aboriginal operated. *'None'* pertains to the assertion that no health services are perceived of as satisfactory to respondents.

Aboriginal Organization – "*Well, it'd have to be one of our own organizations."*

Family Doctor – "*[Where is the best place to go?] Umm, I would think your family doctor if you have one."*

Question: Which place that you or your family goes for help with health matters is the best as far as you are concerned? Why?

Why Best Places for Health Services	Responses		Percent of Cases
	N	Percent	N
Accessibility	4	6.2%	8.9%
Atmosphere	2	3.1%	4.4%
Familiar/Has a History	7	10.8%	15.6%
Speed of Service	2	3.1%	4.4%
Quality of Treatment	24	36.9%	53.3%
Attitude of Employees	11	16.9%	24.4%
Other	2	3.1%	4.4%
Source of Information	10	15.4%	22.2%
Not Applicable	3	4.6%	6.7%
Total	65	100.0%	144.4%

Table 5 Why These are the Best Places for Accessing Health Services

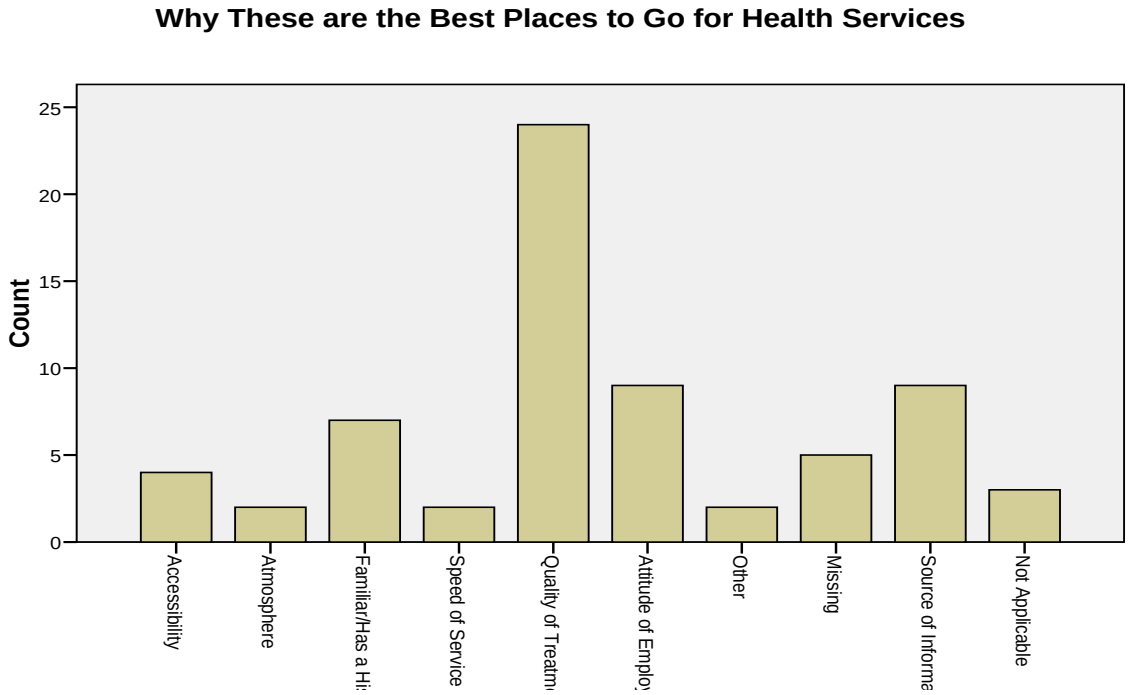

Figure 17 Why these are the Best Places to Go for Health Services [Count]

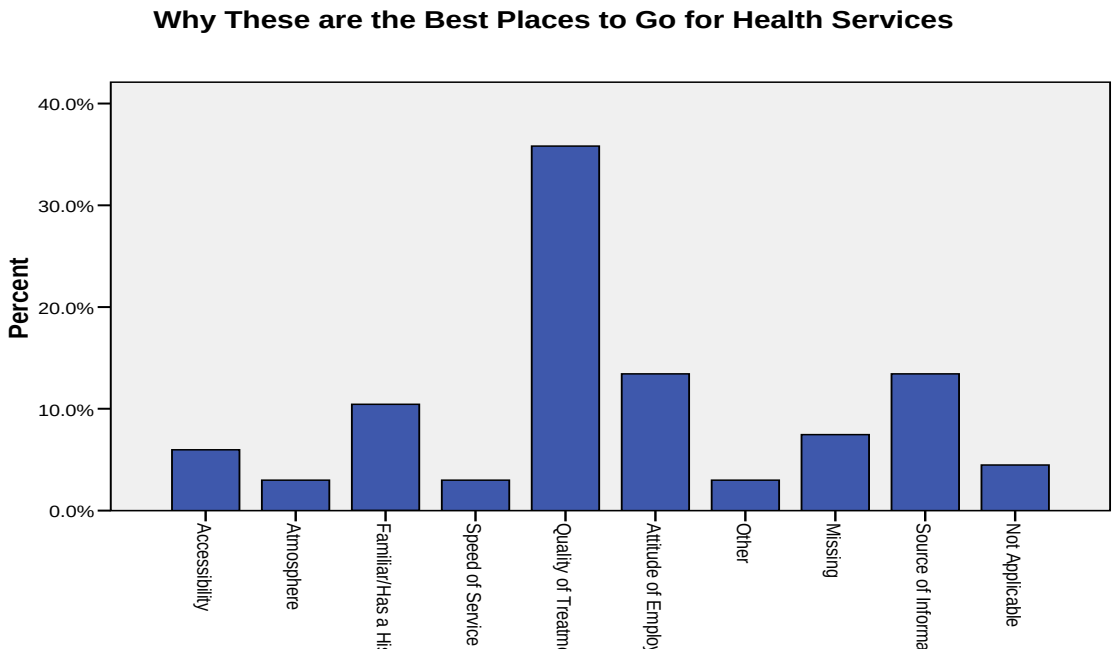

Figure 18 Why these are the Best Places to Go for Health Services [Percent]

** See Value descriptions listed under 'Why People Access Health Services There'. The following are not listed above:*

'Not Applicable' refers to a case where a respondent did not list a 'best' place for accessing health services.

Attitude of Employees – "E*xcellent doctor, he loves Aboriginal people and he travels around the Aboriginal Community."*

Quality of Treatment – *"I've always gone to my GP you know 'cause he knows it all."*

Other – *" I feel more comfortable going there because for pe…people going to the health clinic and I just didn't want them to see me going into that one there. So I went to that one. [Oh okay. So for your own anonymity.]"*

Question: Which place that you or your family goes for help with health matters is the worst as far as you are concerned?

Worst Places for Health Services	Responses		Percent of Cases
	N	Percent	N
Family Doctor	6	10.7%	12.5%
Walk-in Clinic	17	30.4%	35.4%
Emergency Ward	24	42.9%	50.0%
None	5	8.9%	10.4%
Other	1	1.8%	2.1%
Misunderstood Question	2	3.6%	4.2%
MHR	1	1.8%	2.1%
Total	56	100.0%	116.7%

Table 6 The Worst Places for Accessing Health Services

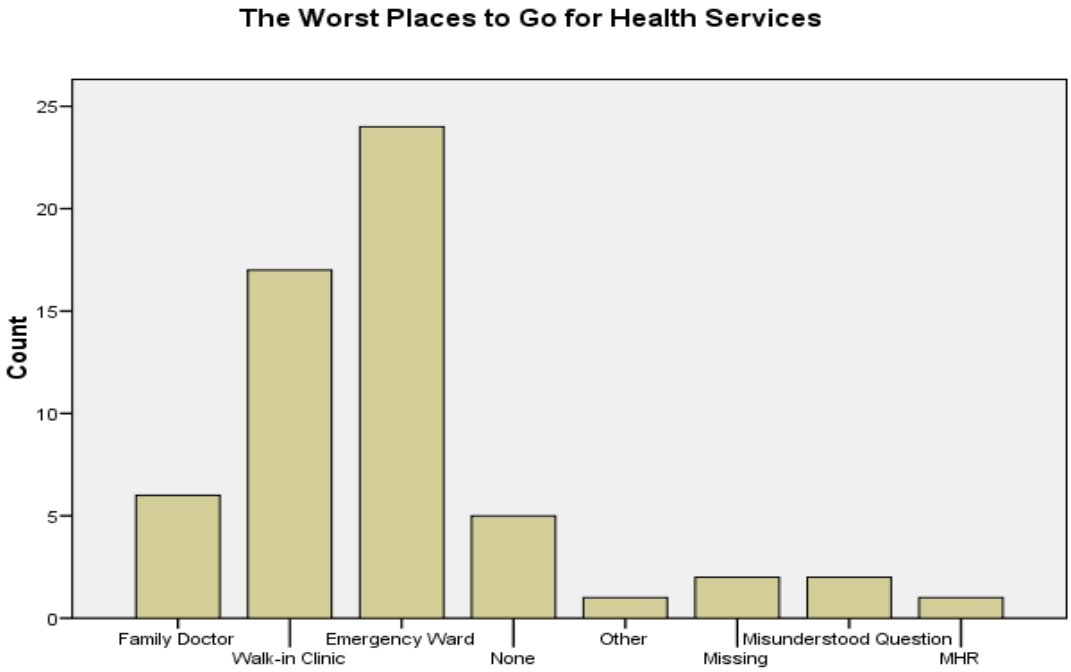

Figure 19 The Worst Places to Go for Health Services [Count]

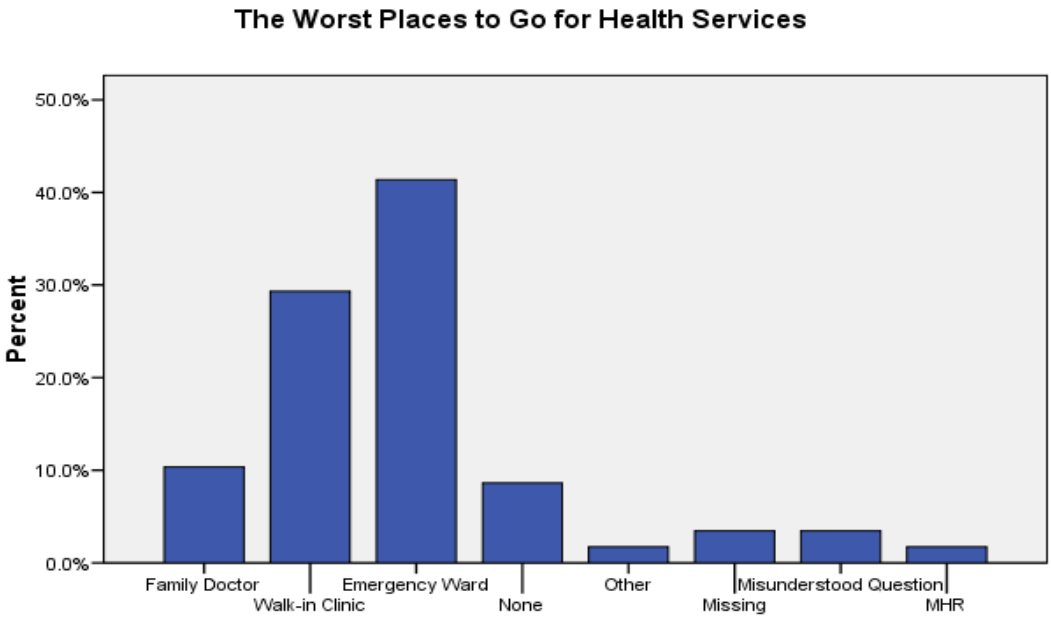

Figure 20 The Worst Places to Go for Health Services [Percent]

** See Value descriptions listed under 'Places People Go for Health Services' and 'The Best Places for Accessing Health Services. The following are not listed above:*

The *'Misunderstood Question'* label was applied when a respondent interpreted the question incorrectly, such as listing specific cities where they have received the best health services.

Emergency Ward – *"Hmm, the worst place like to go would be the emergency room."*

None – *"For health…um, I would say the worst, nowhere right now. [No, no experiences, bad experiences?] No."*

Family Doctor – *"Hmm, the worst place to go? I would have to say it would be the doctor's office."*

Question: Which place that you or your family goes for help with health matters is the worst as far as you are concerned? Why?

Why Worst Places for Health Services		Responses		Percent of Cases
		N	Percent	N
	Accessibility	2	2.4%	4.3%
	Unfamiliar/Lack of History	3	3.7%	6.4%
	Speed of Service	24	29.3%	51.1%
	Quality of Treatment	26	31.7%	55.3%
	Attitude of Employees	11	13.4%	23.4%
	Discriminatory	6	7.3%	12.8%
	Other	1	1.2%	2.1%
	'Just a Number'	3	3.7%	6.4%
	Not Applicable	6	7.3%	12.8%
Total		82	100.0%	174.5%

Table 7 Why These are the Worst Places for Accessing Health Services

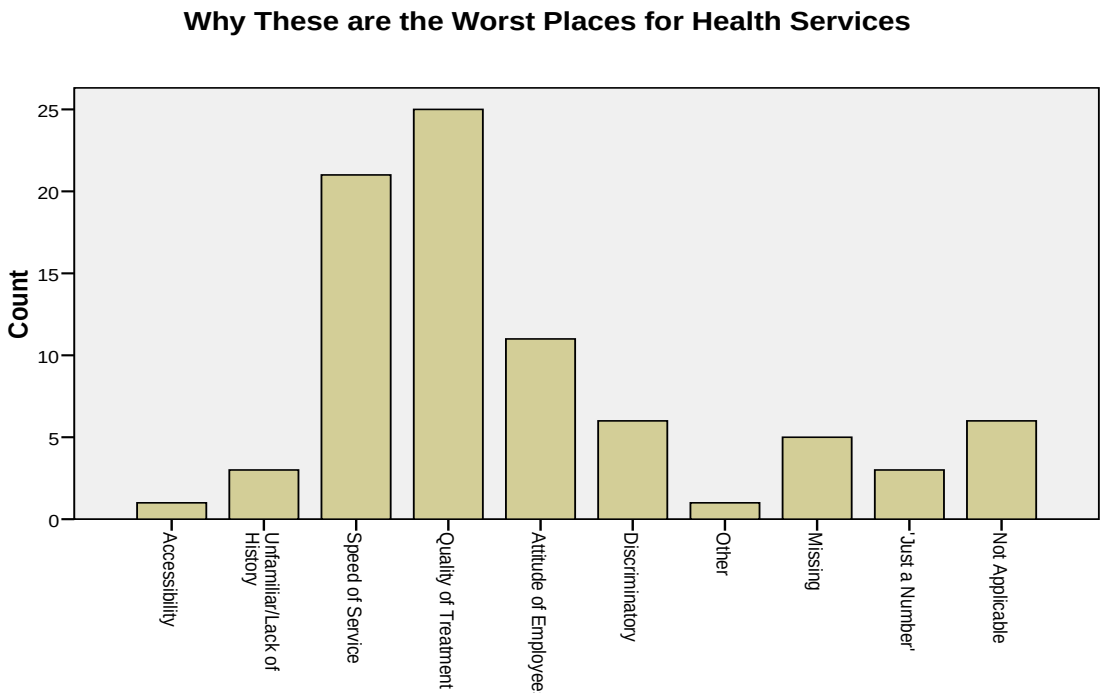

Figure 21 Why these are the Worst Places for Health Services [Count]

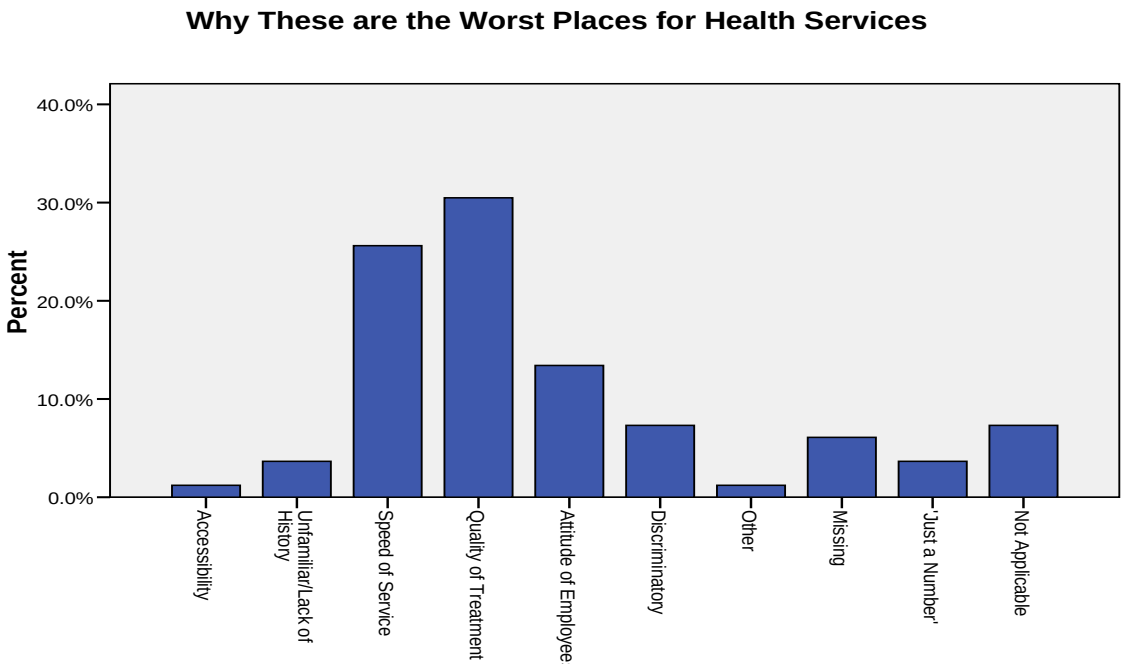

Figure 22 Why These are the Worst Places for Health Service [Percent]

** See Value descriptions listed under 'Why People Access Health Services There' and 'Why These are the Best Places to Go for Accessing Health Services.' The following are not listed above:*

'Discriminatory' reflects a statement that suggests that the respondent feels that they have been treated poorly due to either their Aboriginal background or their social status. *'Just a Number'* refers to specific comments made by respondents suggesting that they were made to feel unimportant, that there was a lack of concern about their problems, and that they were essentially just a number.

Speed of Service and Attitude of Employees – *"You can wait for hours and hours and hours… And it yeah… No, some of them nurses need to be like re-evaluated for their, I don't know what you call it… [Hmm.] attitude adjustment or something."*

Discriminatory – *"I notice that I've been sitting there and other clients or other people have come in of lighter skin or different culture. If I've been already sitting while they can get in ahead of me."*

Question: Is there any place that you might have gone to in the past for help that you don't feel comfortable going now?

Places Uncomfortable Returning for Health		Responses		Percent of Cases
		N	Percent	N
	Family Doctor	11	22.0%	22.9%
	Walk-in Clinic	8	16.0%	16.7%
	Emergency Ward	7	14.0%	14.6%
	Aboriginal Organization	3	6.0%	6.3%
	None	11	22.0%	22.9%
	Other - Professional	8	16.0%	16.7%
	Other - Personal	1	2.0%	2.1%
	Misunderstood Question	1	2.0%	2.1%
Total		50	100.0%	104.2%

Table 8 Places People are Uncomfortable Returning to for Health Services

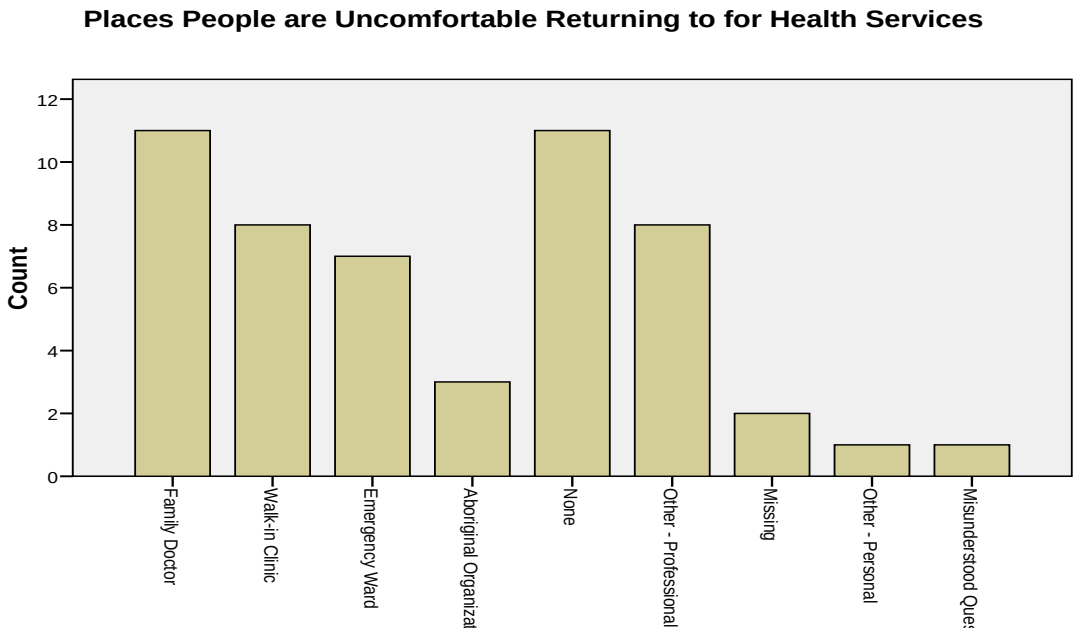

Figure 23 Places People are Uncomfortable Returning to for Health Services [Count]

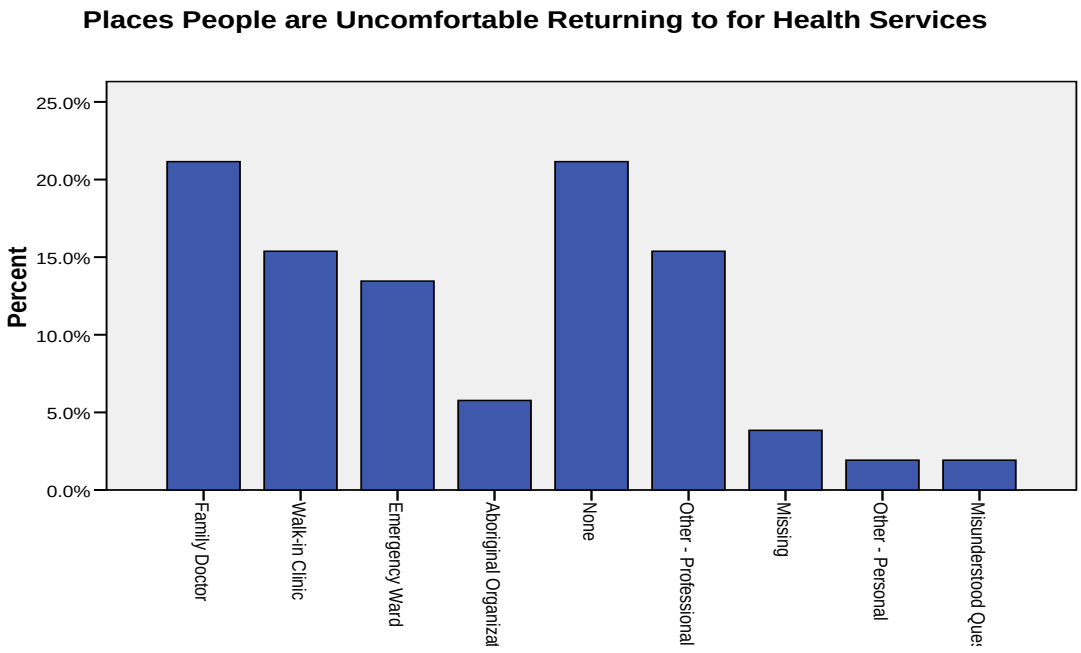

Figure 24 Places People are Uncomfortable Returning to for Health Services [Percent]

** See Value descriptions listed under 'Places People Go for Health Services', 'The Best Places for Accessing Health Services' and 'The Worst Places to Go for Health Services.'*

Other – Professional – *"Hmm, probably the dentist I'd say. [You don't feel comfortable at the dentist?] No.*

Family Doctor – *"That would be my own doctor."*

Walk-In Clinic – *"Just the walk in clinic. [Hmm. Right. At one time you were comfortable and now to go back there you wouldn't be comfortable to go? Or?] Well I guess not really I…I…I know better now."*

Question: Is there any place that you might have gone to in the past for help that you don't feel comfortable going now? Why?

Why Uncomfortable Returning for Health		Responses		Percent of Cases
		N	Percent	N
	Accessibility	3	4.4%	6.3%
	Atmosphere	1	1.5%	2.1%
	Discriminatory	5	7.4%	10.4%
	Speed of Service	1	1.5%	2.1%
	Quality of Service	23	33.8%	47.9%
	Don't Trust	10	14.7%	20.8%
	Attitude of Employees	13	19.1%	27.1%
	Not Applicable	12	17.6%	25.0%
Total		68	100.0%	141.7%

Table 9 Why People are Uncomfortable Returning for Health Services

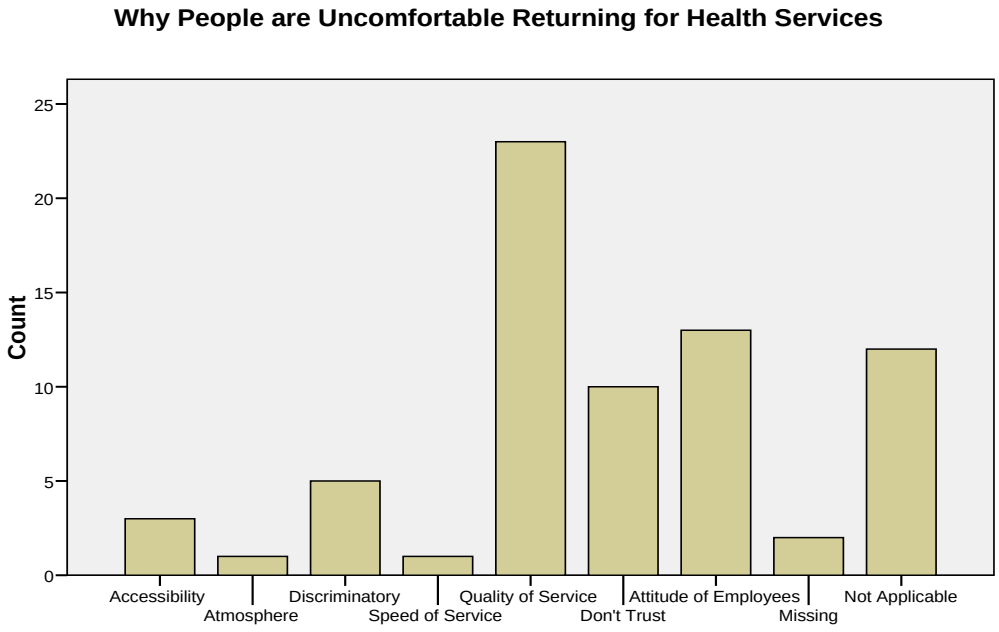

Figure 25 Why People are Uncomfortable Returning for Health Services [Count]

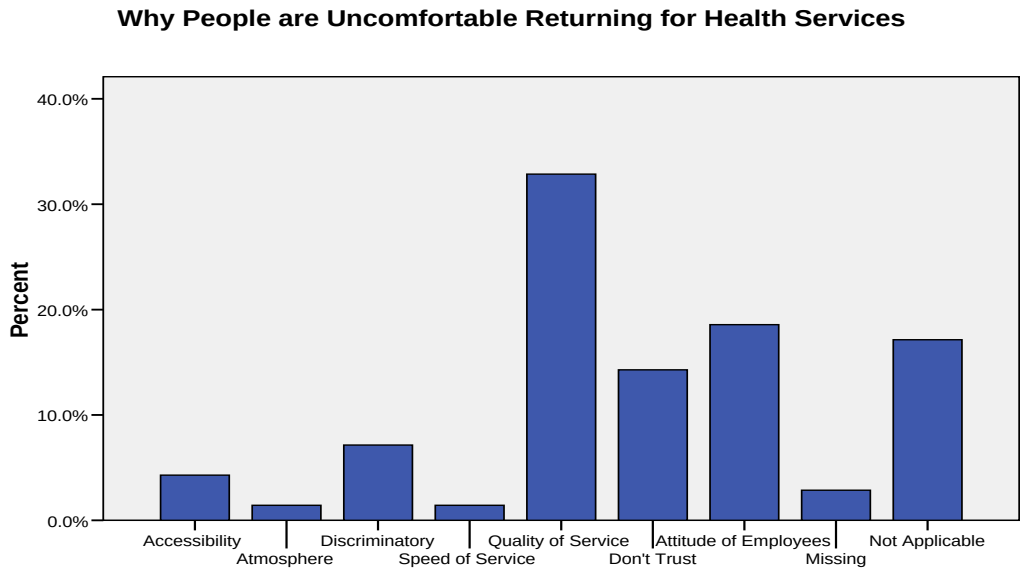

Figure 26 Why People are Uncomfortable Returning for Health Services [Percent]

** See Value descriptions listed under 'Why People Access Health Services There', 'Why These are the Best Places to Go for Accessing Health Services' and 'Why These are the Worst Places for Accessing Health Services.' The following are not listed above:*

'Don't Trust' refers to respondents' feeling as though they could not put faith in the professional opinions of health care workers, or that they would not be a reliable source of information.

Quality of Treatment – *"I said, 'These pills didn't work.' They said, 'Well, you're gonna have to pay the money again,' you know? So I didn't think that was very good there."*

Don't Trust – *"I get nervous when I'm ready to see any doctor 'cause I don't know what to expect out of it."*

Atmosphere – *"The hospitals is the worst. [Okay why?] I'm scared, I'm scared. [Is there a reason why you're scared of them? Was there something that happened that…] Mmm. […made you scared?] I just don't like 'em. [Okay.] Needles…everything. [Sick people.] Sick people.*

Question: What is your biggest difficulty in getting the health services you need?

Difficulties Accessing Health Services	Responses		Percent of Cases
	N	Percent	N
Accessibility	8	9.5%	16.3%
Health Benefits	21	25.0%	42.9%
Lack of Family Doctor	3	3.6%	6.1%
Speed of Service	10	11.9%	20.4%
Bureaucracy	3	3.6%	6.1%
Discrimination	6	7.1%	12.2%
None	6	7.1%	12.2%
Other	3	3.6%	6.1%
Communication	11	13.1%	22.4%
Lack of Identification	4	4.8%	8.2%
Unaware of Service Options	4	4.8%	8.2%
Quality of Service	5	6.0%	10.2%
Total	84	100.0%	171.4%

Table 10 Biggest Difficulties Accessing Health Services

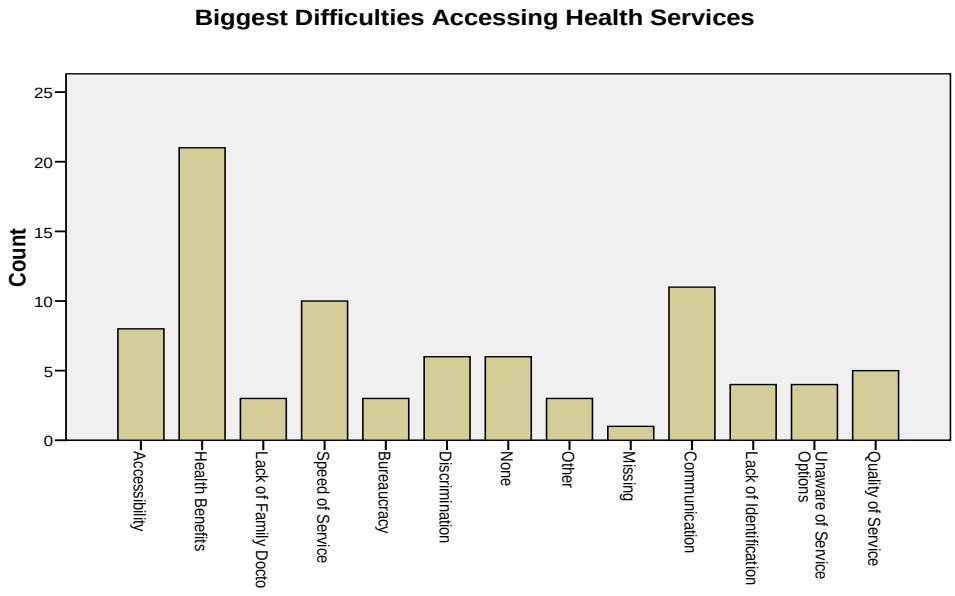

Figure 27 Biggest Difficulties Accessing Health Services [Count]

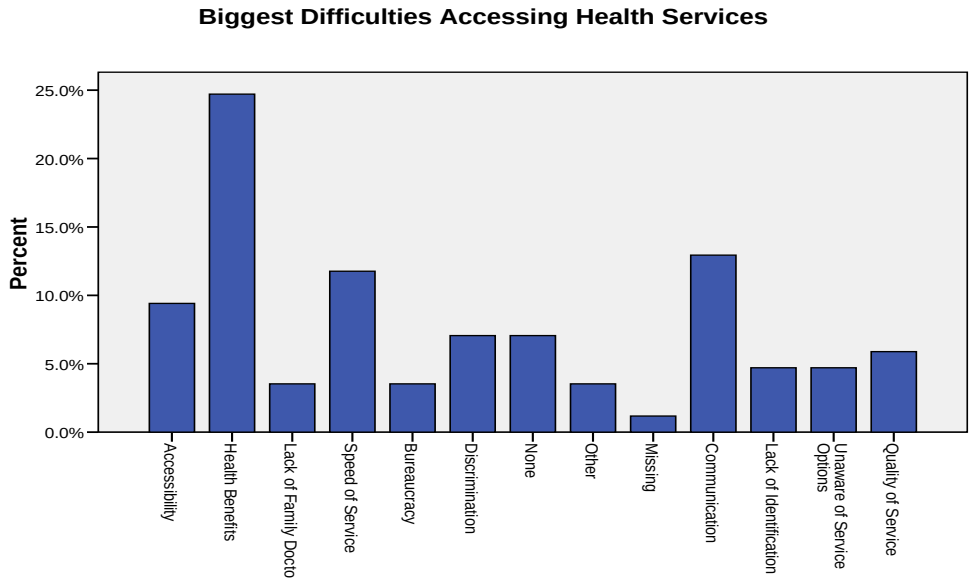

Figure 28 Biggest Difficulties Accessing Health Services [Percent]

** See Value descriptions listed under 'Why People Access Health Services There', 'Why These are the Best Places to Go for Accessing Health Services' and 'Why These are the Worst Places for Accessing Health Services' for descriptions of 'Accessibility', 'Speed of Service', 'Discrimination' and 'Quality of Service'. The following are not listed above:*

'Health Benefits' refers to statements suggesting that the benefits received under the Non-Insured Health Benefits program are insufficient, particularly for dental and optometry services, as well as prescriptions, and that this makes it difficult to receive treatment. The *'Lack of Family Doctor'* value addresses the challenge of finding a family doctor in the Okanagan. *'Bureaucracy'* refers to the different steps that respondents have to go through in order to receive services, including difficulties relating to filing paperwork, or having to visit multiple locations. *'Communication'* relates to the feeling that it is difficult to relay an idea to health care professionals who may not always listen to what people are saying, and that these professionals do not clearly explain the patients' conditions or treatment options. *'Lack of Identification'* was cited in reference to the fact that respondents could not receive services due to a lack of identification, and that obtaining this is often difficult. *'Unaware of Service Options'* refers to the concern that it is difficult to get the best treatment because of a lack of knowledge about the options that are available.

Accessibility – *"[What is the biggest problem that you see in getting access to service?] A ride probably. [Transportation?] Yeah. [That's one of your biggest problems?] Yeah."*

Health Benefits – *"Unfortunately, there is better medication that can be given to me and to my family but our status card doesn't cover those, we'll just get the generic stuff. [Hmm.] And sometimes that just is not good enough. The doctor will recommend something that is good and then we'll go to the pharmacy to get it. But then they'll say we can't give you this because it's not covered. [Okay.] So we don't get the medication that we actually need because it's not covered."*

Question: If you got to make one suggestion about how to improve health services to your community, what would it be?

Suggestions to Improve Health Services		Responses		Percent of Cases
		N	Percent	N
	Accessibility	7	9.5%	14.9%
	Aboriginal Health Professionals/Liaison	11	14.9%	23.4%
	Family Doctors/Long-term Relationships	4	5.4%	8.5%
	Wait Times Reduced	6	8.1%	12.8%
	Health Benefits Improved	7	9.5%	14.9%
	Listening/Greater Empathy	15	20.3%	31.9%
	Other	3	4.1%	6.4%
	Cultural Education	2	2.7%	4.3%
	More Services/Information	16	21.6%	34.0%
	Standardized Procedures for Everyone	1	1.4%	2.1%
	Communication	1	1.4%	2.1%
	Satisfied with Current System	1	1.4%	2.1%
Total		74	100.0%	157.4%

Table 11 Suggestions to Improve Health Services

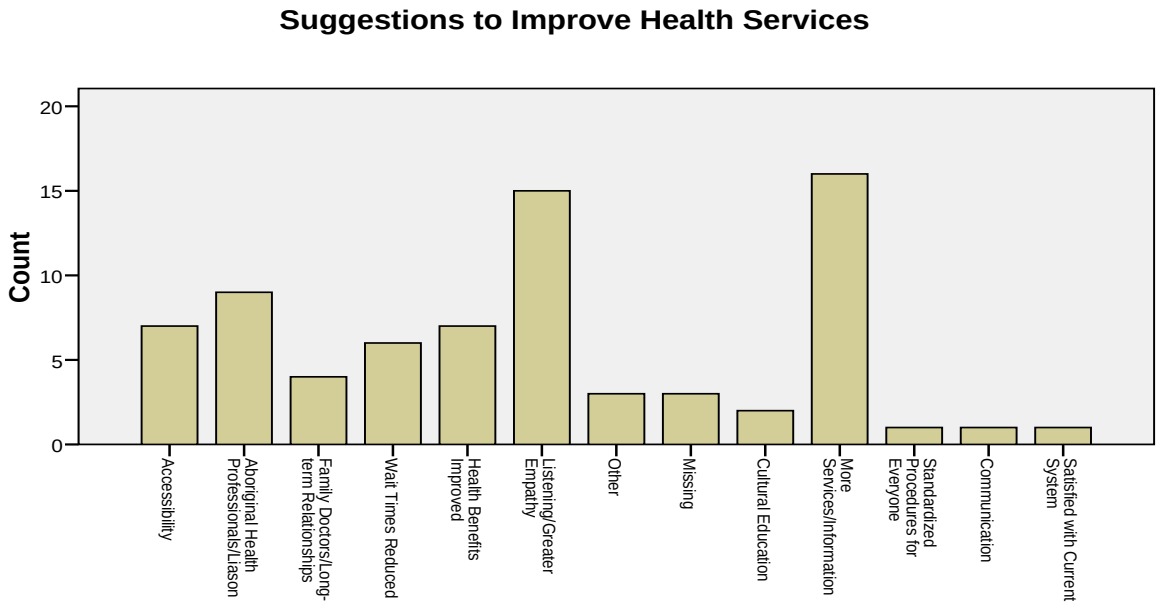

Figure 29 Suggestions to Improve Health Services [Count]

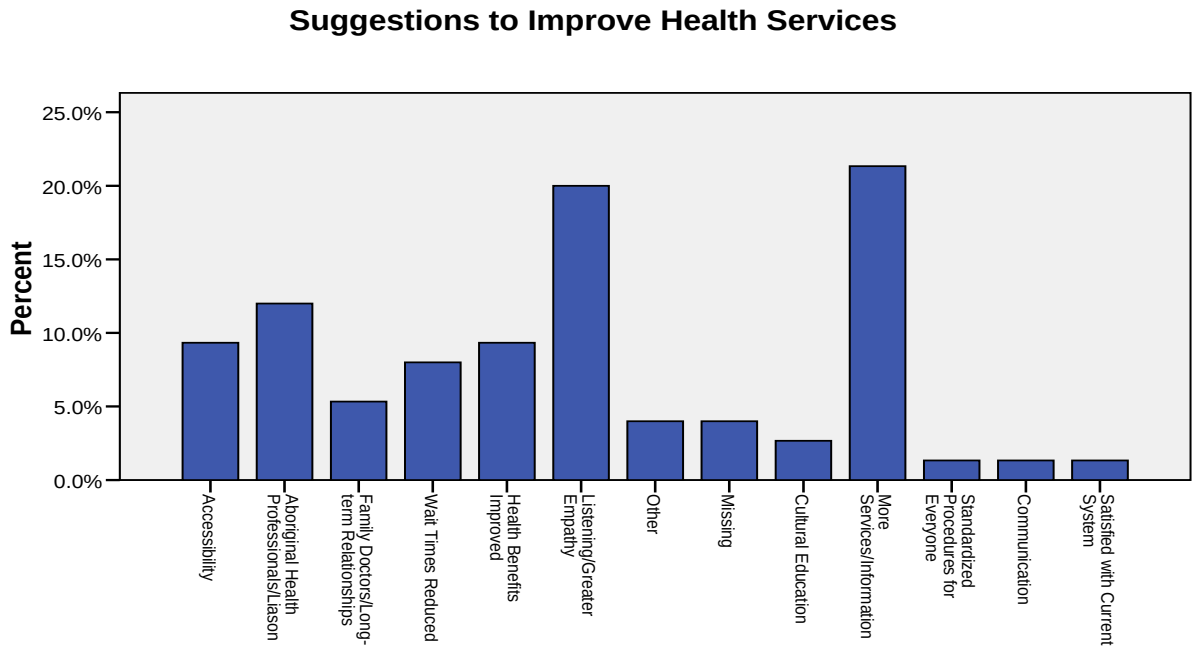

Figure 30 Suggestions to Improve Health Services [Percent]

'Accessibility' refers to improved access to services. *'Aboriginal Health Professionals/Liaison'* addresses the suggestion that both Aboriginal health professionals and liaison workers would be better suited to help people of Aboriginal descent. *'Family Doctor/Long Term Relationship'* relates to there being more doctors who are taking patients in the Okanagan so people can establish long term relationships. *'Wait Times Reduced'* relates to the need to be able to receive treatment more promptly. *'Health Benefits Improved'* refers to enhancing the benefits received under the Non-Insured Health Benefits Program. *'Cultural Education'* was cited as a means of fostering a higher level of understanding from health care professionals. *'More Services/Information'* represents comments suggesting that more facilities, programs, or information are needed within the health care system. *'Listening/Greater Empathy'* deals with the suggestion that health care professionals should pay more attention to what it is that their patients are saying, and treat them respectfully and with care. *'Standardized Procedures for Everyone'* was mentioned as a way of ensuring that the health system is non-discriminatory. *'Communication'* relates to the idea that doctors and nurses should be clearer about a patient's condition and treatment options. *'Satisfied with Current System'* refers to the assertion that a suggestion could not be made for improvements because respondents are happy with the system as it is.

Listening/Greater Empathy – *"I would like to see, like the walk-in clinics, like the doctors and stuff show, like, a little more care."*

More Services/Information – *"To have more outreach workers mostly. Like say, to have some at night or have a van that could be there to serve the needs of homeless people, like provide them with fresh water or if they're using a list of drugs or something, maybe provide them with some instruments so they can keep that health."*

Question: Do you think there is any important difference between Aboriginal run health delivery organizations and those run by others?

Difference Between Health Organizations		Responses N	Responses Percent	Percent of Cases N
	Treatment Techniques	6	6.6%	12.0%
	Atmosphere	12	13.2%	24.0%
	Familiarity	11	12.1%	22.0%
	Quality of Treatment	14	15.4%	28.0%
	Greater Respect for Confidentiality	3	3.3%	6.0%
	Don't Know	5	5.5%	10.0%
	No Difference	8	8.8%	16.0%
	Attitude of Employees	17	18.7%	34.0%
	Inclusive/Non-Discriminatory	12	13.2%	24.0%
	Not as Accepting	3	3.3%	6.0%
Total		91	100.0%	182.0%

Table 12 Differences between Aboriginal and Non-Aboriginal Health Service Organizations

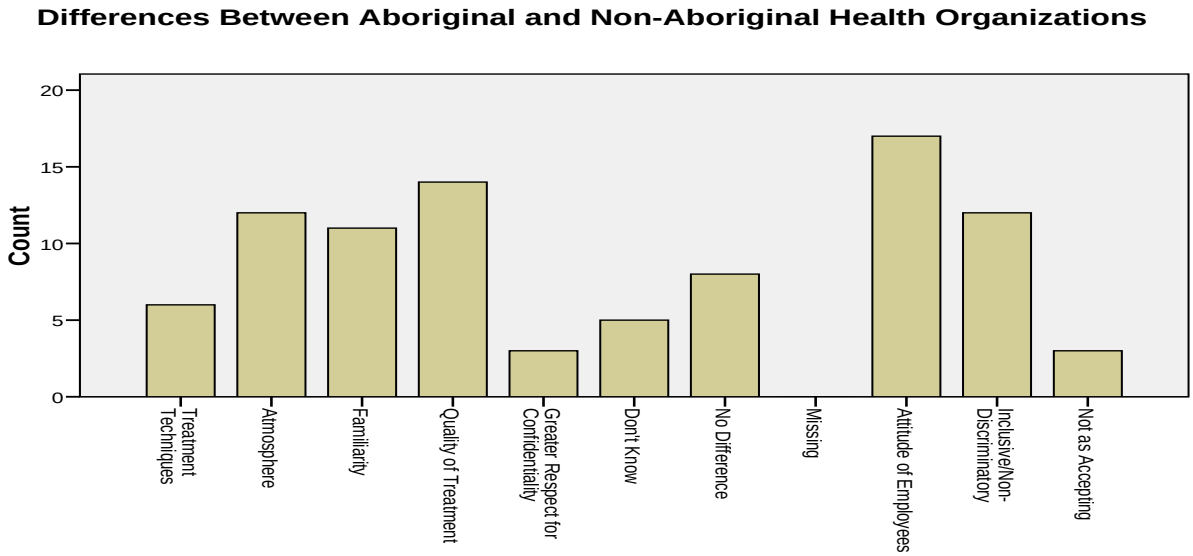

Figure 31 Differences between Aboriginal and Non-Aboriginal Health Organizations [Count]

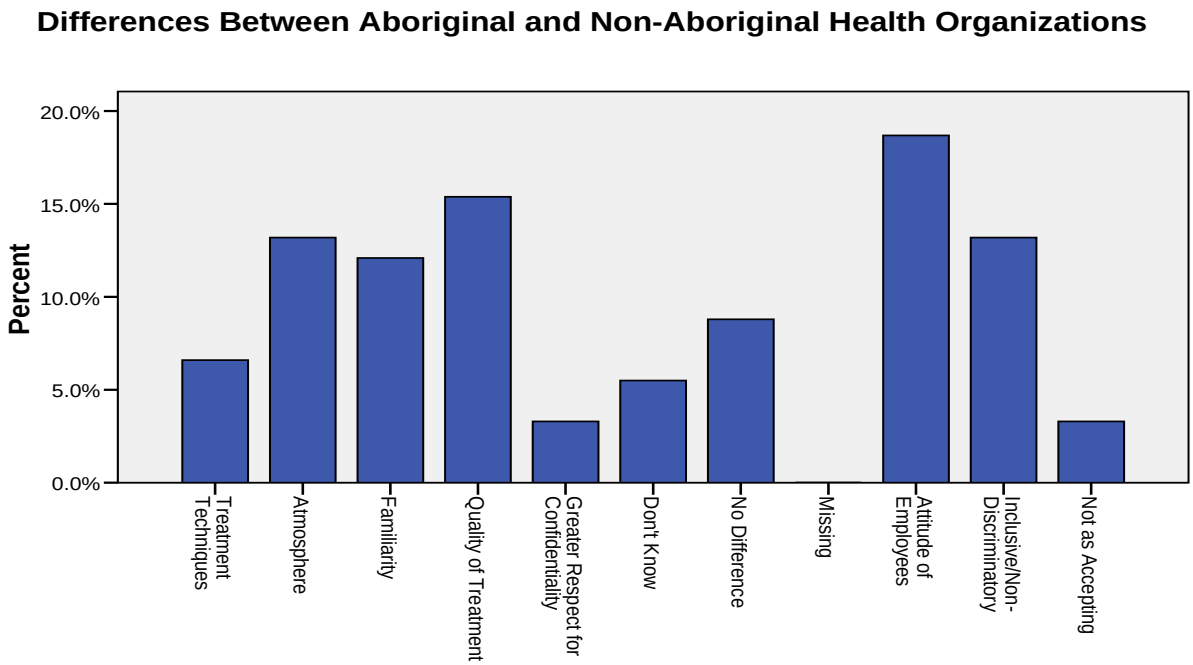

Figure 32 Differences between Aboriginal and Non-Aboriginal Health Organizations [Percent]

** See Value descriptions listed under 'Why People Access Health Services There', 'Why These are the Best Places to Go for Accessing Health Services' and 'Why These are the Worst Places for Accessing Health Services' for explanations of 'Atmosphere', 'Quality of Treatment', and 'Attitude of Employees'. The following are not listed above:*

'Treatment Techniques' refers to the way that the different organizations provide care, and the role that traditional techniques have in Aboriginal operations. *'Familiarity'* relates both to the level of comfort that respondents feel in Aboriginal care facilities due to the shared background, as well as the way that Aboriginal professionals are more familiar with the conditions facing Aboriginal patients. *'Greater Respect for Confidentiality'* was mentioned in reference to respondents' perceptions that their personal information will be more secure with an Aboriginal organization. *'Inclusive/Non-Discriminatory'* refers to the assertion that Aboriginal agencies are more accepting and less judgmental. *'Not as Accepting'* relates to the idea that Aboriginal agencies would be less likely to help a person who was not visibly Aboriginal.

Attitude of Employees – *"Yeah, because I don't know, Aboriginal people care, not that anybody else doesn't. But I dunno, it's just my personal experience that they tend to care a little bit more."*

Inclusive/Non-Discriminatory – *"A large amount of staff that are Aboriginals they're more compassionate to how you are and where you're coming from and what kind of situation you're in a…at moment. Um, that sorta answers the why to doesn't it? [A little bit, yeah.] And then non- First Nations groups they operate through a western idealism. They, you know, it's cut and packaged and this is how you have to do certain things."*

Treatment Techniques – *"They go with Mother Earth. They take everything from Mother Earth, like herbals, plants that will heal you."*

Barriers – Responses to Health Service Questions by Gender

	Places People Go for Health Services							
	Family Doctor	Walk-in Clinic	Emergency Ward	Friendship Centre	Drop-In Centre	Band	Other - Professional	Other - Personal
Female	14	16	5	4	1	2	3	2
Male	11	10	6	2	1			3

Table 13 Places People Go for Health Services

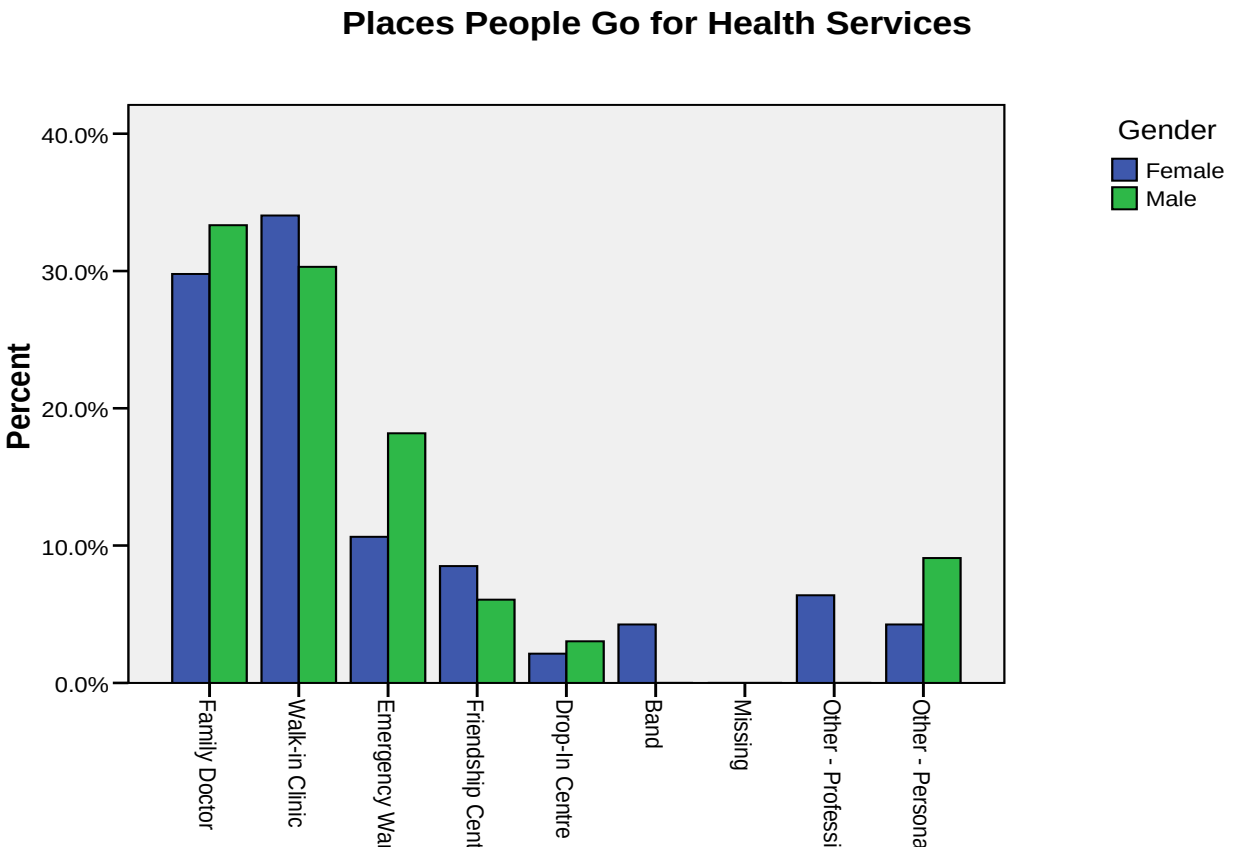

Figure 33 Places People Go for Health Services [Percent]

	Why People Access Health Services There							
	Accessibility	Atmosphere	Familiar/Has a History	Speed of Service	Quality of Treatment	Only Option	Attitude of Employees	Source of Information
Female	3	1	5	7	13	6	3	11
Male	4		5	4	2	8	1	3

Table 14 Why People Access Health Services There

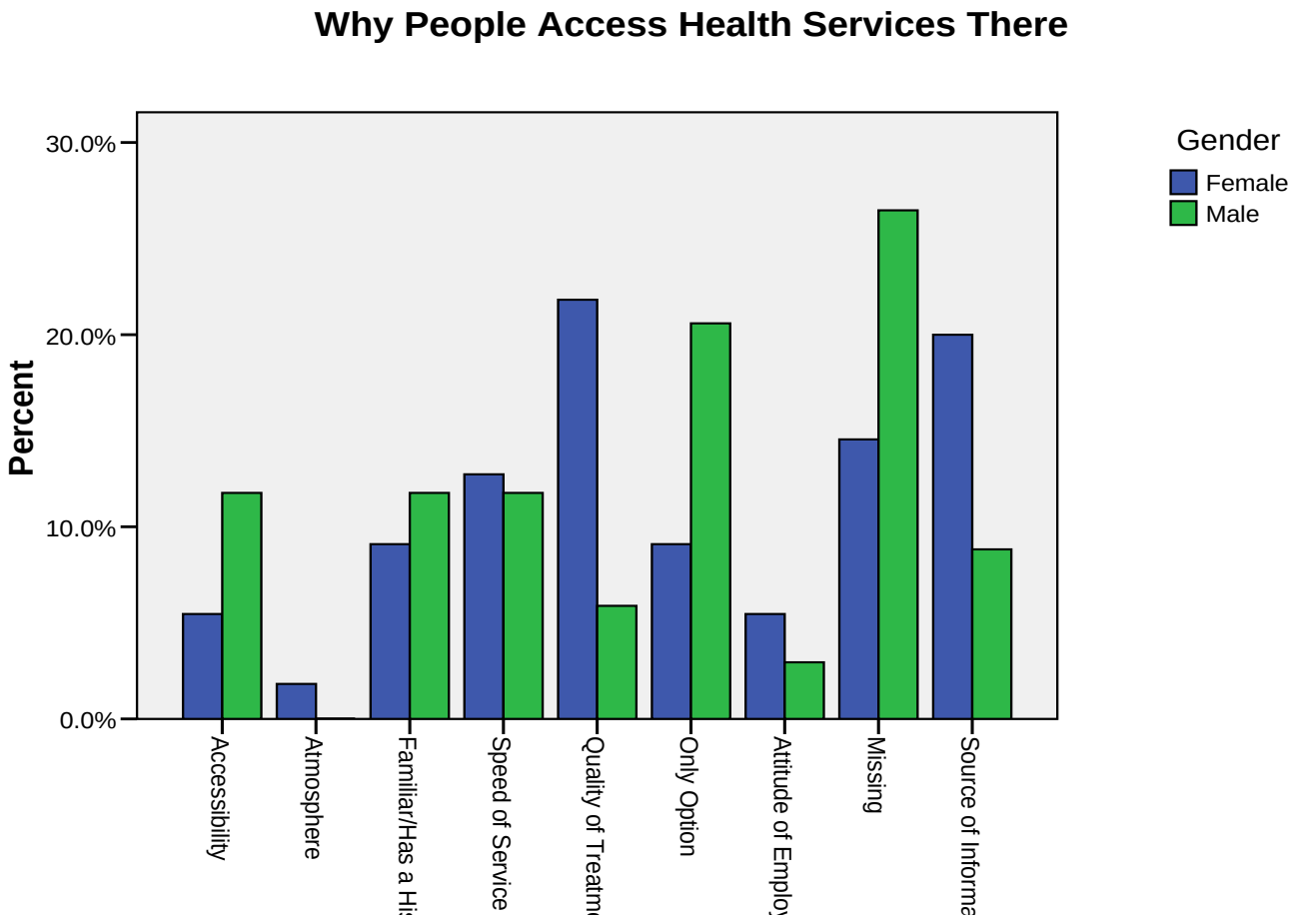

Figure 34 Why People Access Health Services There [Percent]

	The Best Places to Go for Health Services									
	Family Doctor	Walk-in Clinic	Emergency Ward	Friendship Centre	Aboriginal Organization	Drop-In Centre	None	Band	Other - Professional	Other - Personal
Female	16	5	2		2	2		2	3	2
Male	7	5	2	1			4		1	1

Table 15 The Best Places to Go for Health Services

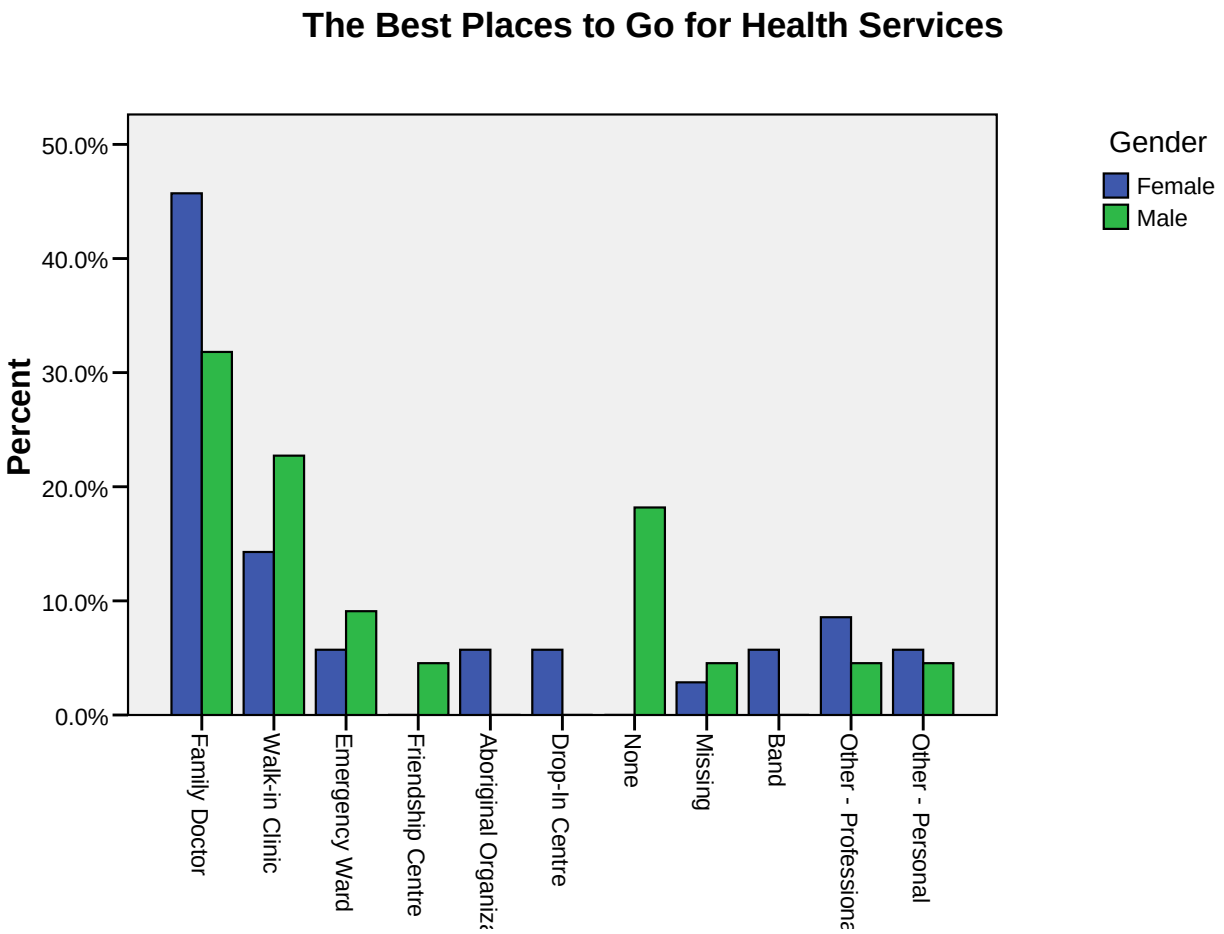

Figure 35 The Best Places to Go for Health Services [Percent]

	Why These are the Best Places to Go for Health Services								
	Accessibility	Atmosphere	Familiar/ Has a History	Speed of Service	Quality of Treatment	Attitude of Employees	Other	Source of Information	Not Applicable
Female	4	1	4	2	16	5	1	7	
Male		1	3		8	6	1	3	3

Table 16 Why These are the Best Places to Go for Health Services

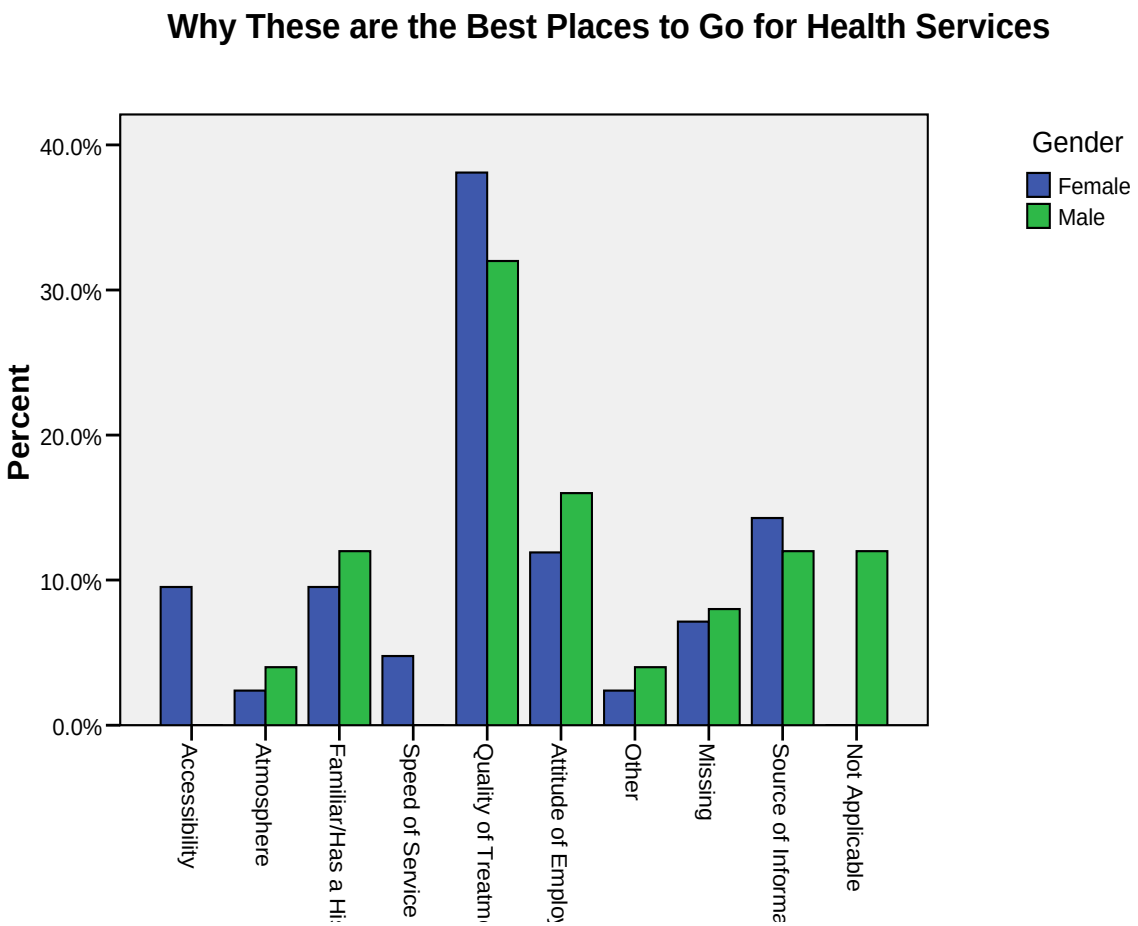

Figure 36 Why these are the Best Places to Go for Health Services [Percent]

	The Worst Places for Health Services						
	Family Doctor	Walk-in Clinic	Emergency Ward	None	Other	Misunderstood Question	MHR
Female	4	12	14	2	1	2	1
Male	2	5	10	3			

Table 17 The Worst Places for Health Services

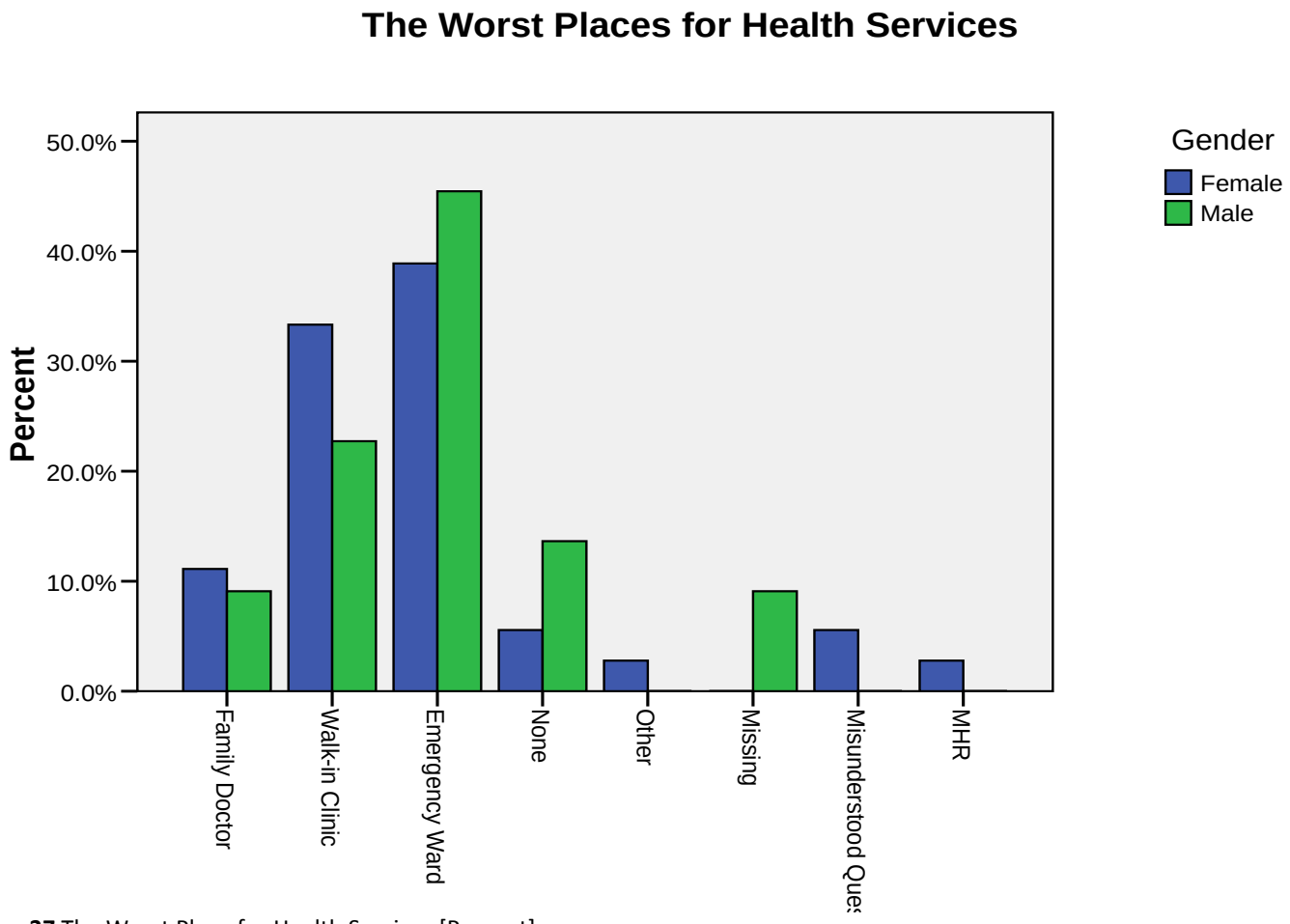

Figure 37 The Worst Place for Health Services [Percent]

	Why These are the Worst Places for Health Services								
	Accessibility	Unfamiliar/Lack of History	Speed of Service	Quality of Treatment	Attitude of Employees	Discriminatory	Other	'Just a Number'	Not Applicable
Female		2	14	17	8	2	1	2	3
Male	2	1	10	9	3	4		1	3

Table 18 Why These are the Worst Places for Health Services

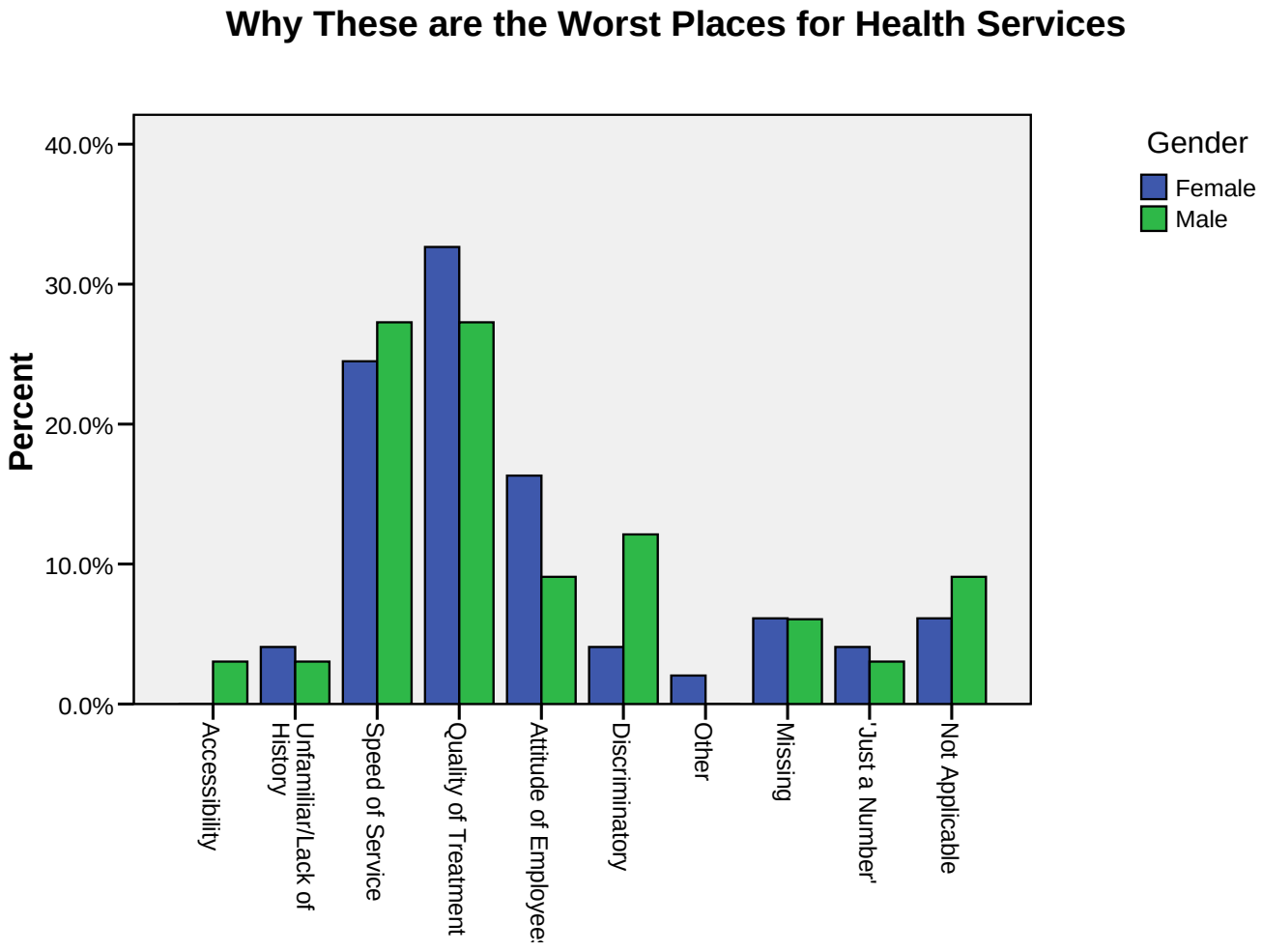

Figure 38 Why these are the Worst Places for Health Services [Percent

	Places People are Uncomfortable Returning to for Health							
	Family Doctor	Walk-in Clinic	Emergency Ward	Aboriginal Organization	None	Other - Professional	Other - Personal	Misunderstood Question
Female	8	7	5	2	5	5		
Male	3	1	2	1	6	3	1	1

Table 19 Places People are Uncomfortable Returning to for Health

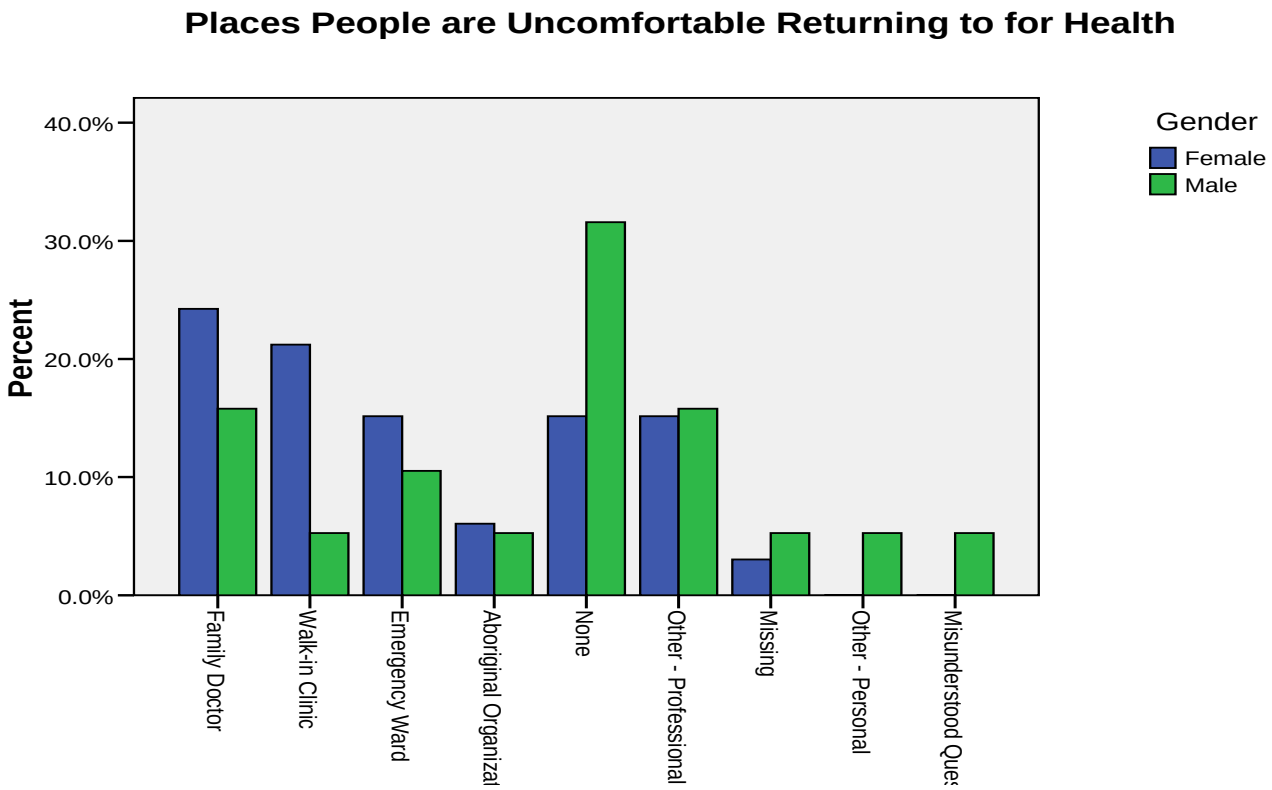

Figure 39 Places People are Uncomfortable Returning to for Health [Percent]

	Why People are Uncomfortable Returning for Health Services							
	Accessibility	Atmosphere	Discriminatory	Speed of Service	Quality of Service	Don't Trust	Attitude of Employees	Not Applicable
Female	3		2	1	17	6	10	5
Male		1	3		6	4	3	7

Table 20 Why People are Uncomfortable Returning for Health Services

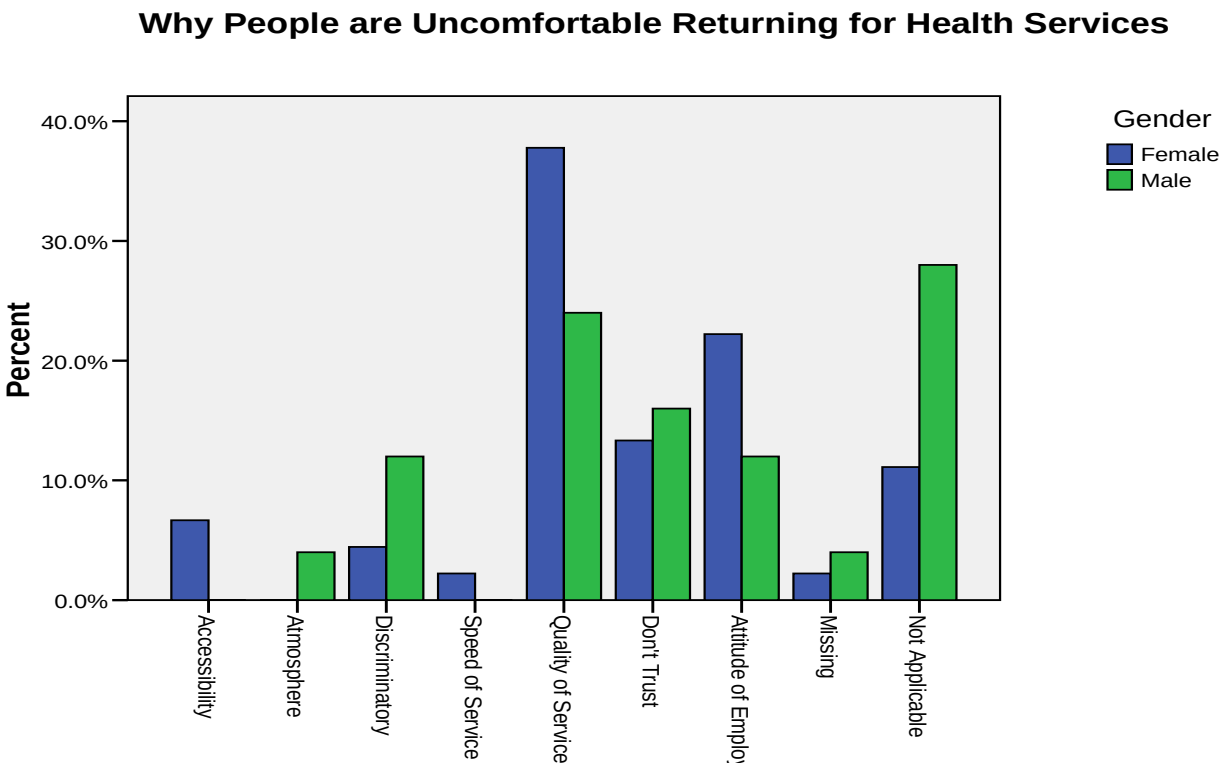

Figure 40 Why People are Uncomfortable Returning for Health Services [Percent]

	Biggest Difficulties Accessing Health Services											
	Accessibility	Health Benefits	Lack of Family Doctor	Speed of Service	Bureaucracy	Discrimination	None	Other	Communication	Lack of Identification	Unaware of Service Options	Quality of Service
Female	4	15	3	8	3	4	3	2	7		3	3
Male	4	6		2		2	3	1	4	4	1	2

Table 21 Biggest Difficulties Accessing Health Services

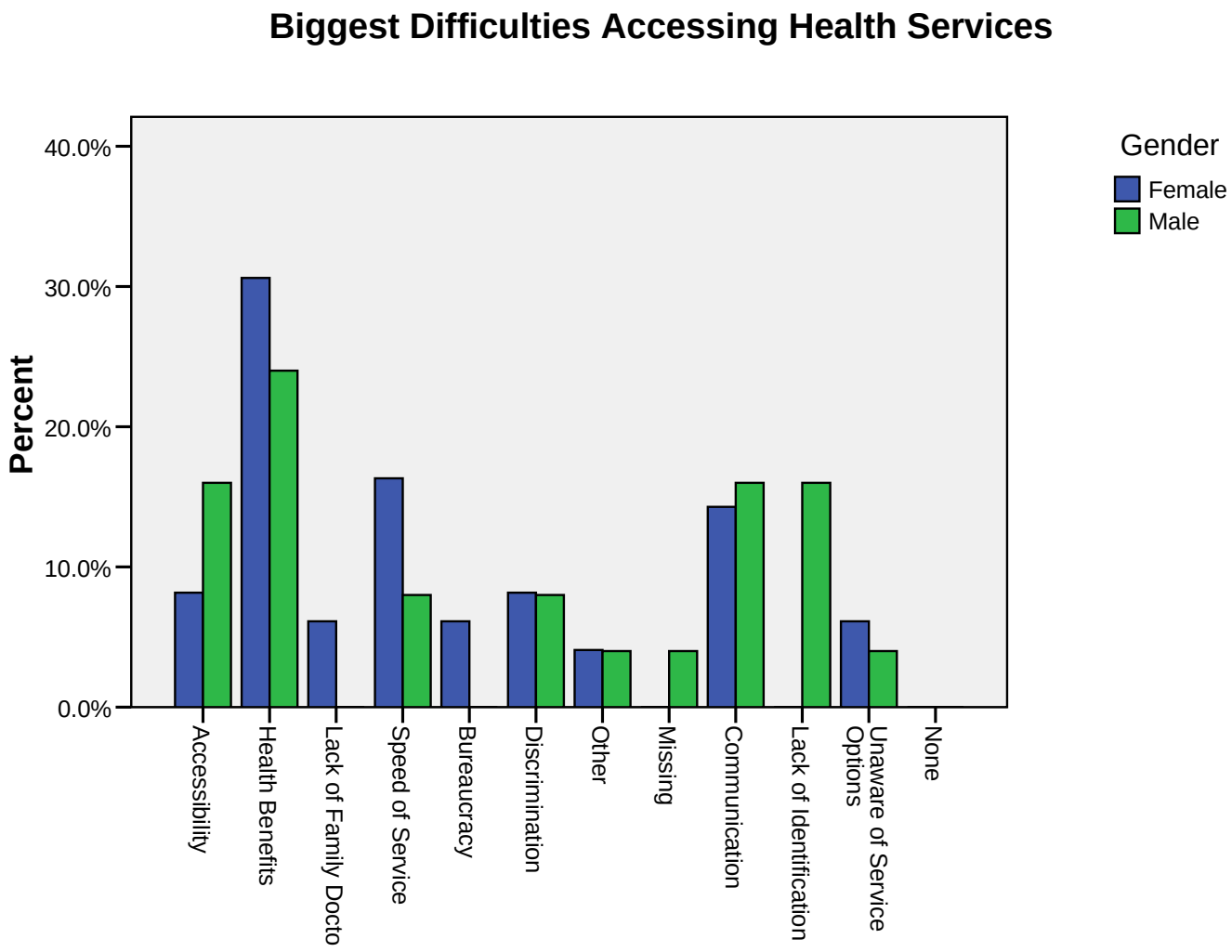

Figure 41 Biggest Difficulties Accessing Health Services [Percent]

	Suggestions to Improve Health Services											
	Accessibility	Aboriginal Health Professionals/Liaison	Family Doctors /Long-term Relationships	Wait Times Reduced	Health Benefits Improved	Listening/Greater Empathy	Other	Cultural Education	More Services/Information	Standardized Procedures for Everyone	Communication	Satisfied with Current System
Female	5	8	3	3	6	12		1	9			1
Male	2	3	1	3	1	3	3	1	7	1	1	

Table 22 Suggestions to Improve Health Services

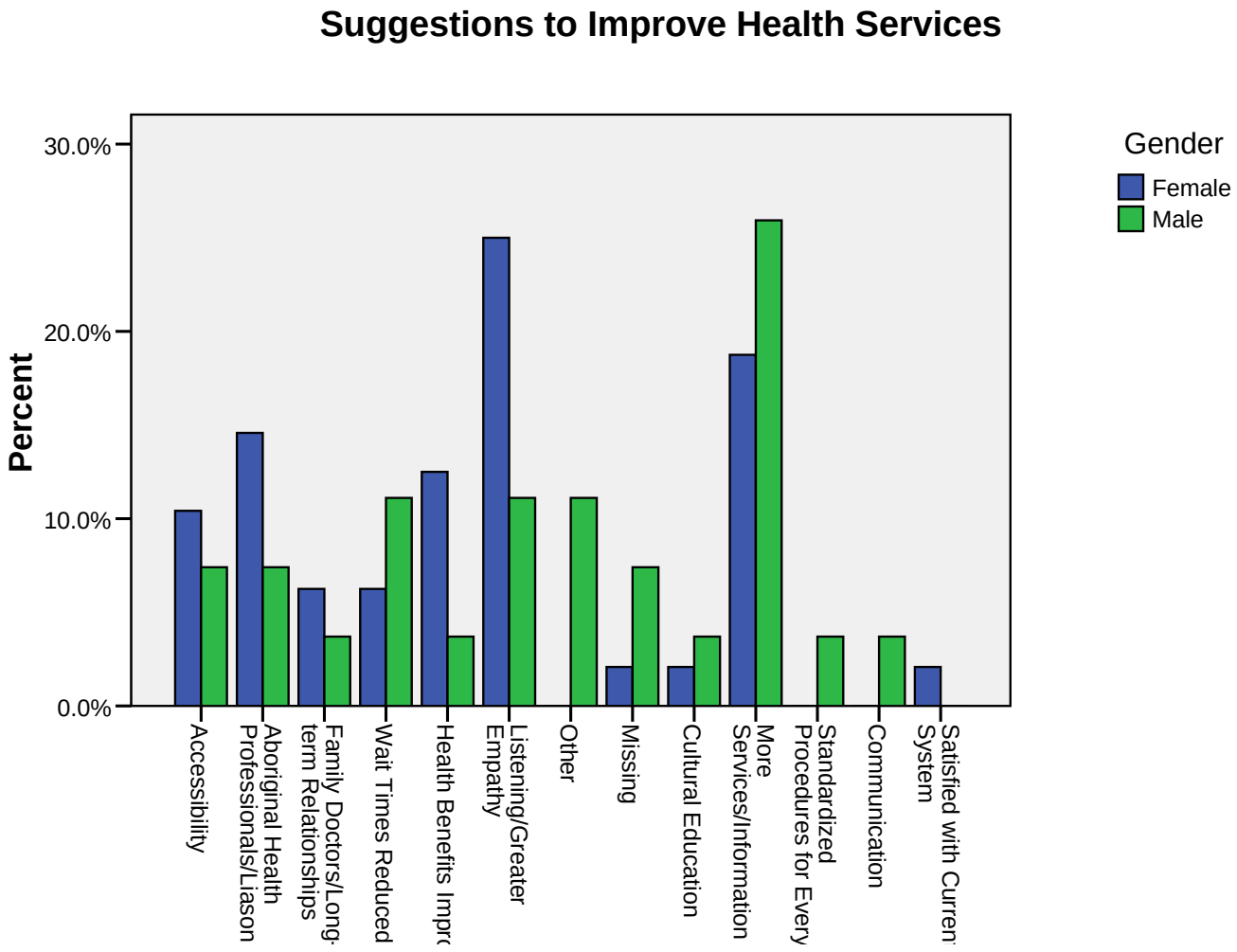

Figure 42 Suggestions to Improve Health Services [Percent]

	Differences Between Aboriginal and Non-Aboriginal Health Organizations									
	Treatment Techniques	Atmosphere	Familiarity	Quality of Treatment	Greater Respect for Confidentiality	Don't Know	No Difference	Attitude of Employees	Inclusive/Non-Discriminatory	Not as Accepting
Female	2	7	7	10	2	2	4	11	8	3
Male	4	5	4	4	1	3	4	6	4	

Table 23 Differences between Aboriginal and Non-Aboriginal Health Organizations

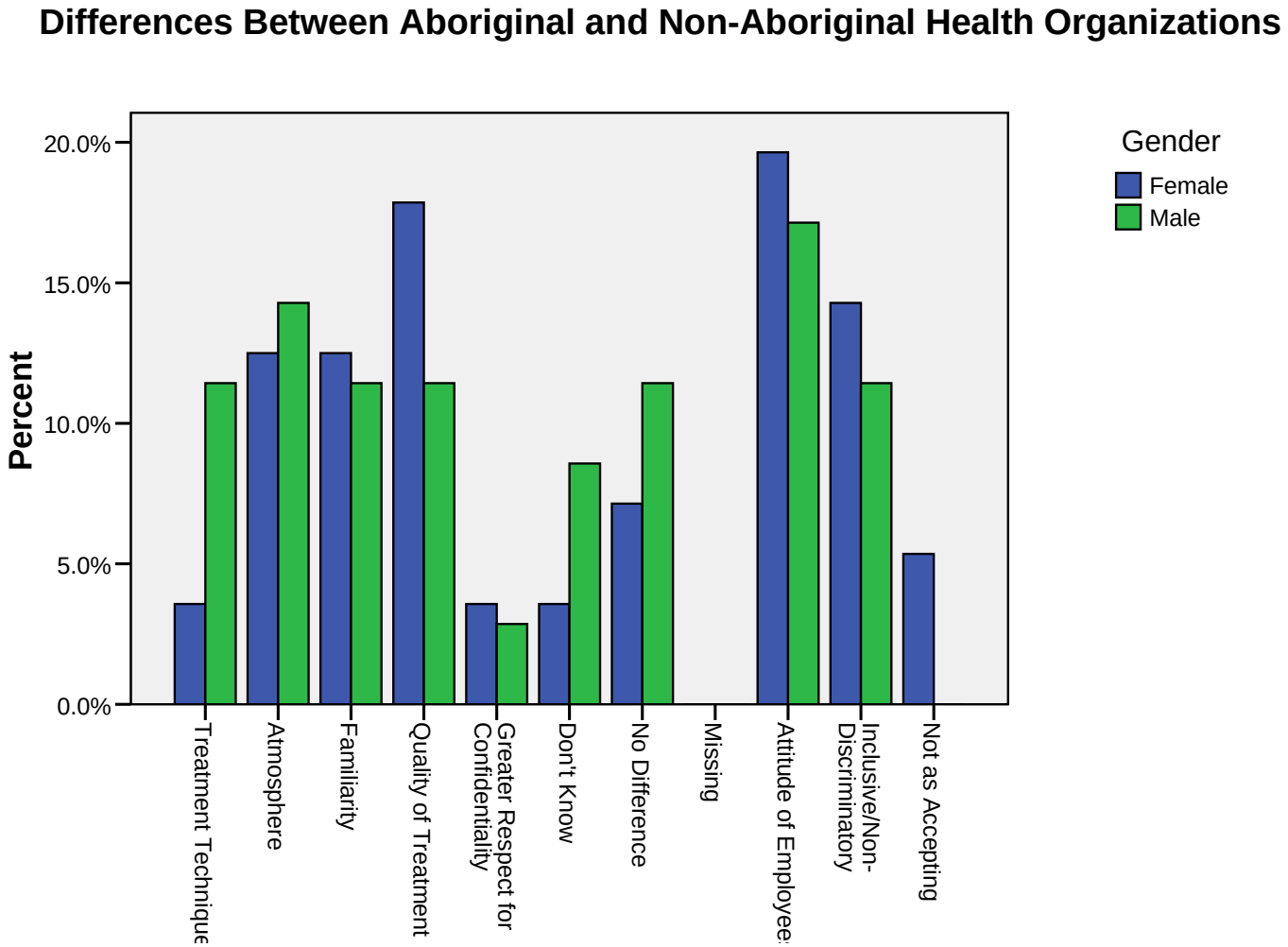

Figure 43 Differences between Aboriginal and Non-Aboriginal Health Organizations [Percent]

Barriers – Responses to Health Service Questions by Age

	Places People Go for Health Services							
	Family Doctor	Walk-in Clinic	Emergency Ward	Friendship Centre	Drop-In Centre	Band	Other - Professional	Other - Personal
18-30	13	13	4	2		2	2	2
31-45	7	9	5	2	2		1	2
46-	5	4	2	2				1

Table 24 Places People Go for Health Services

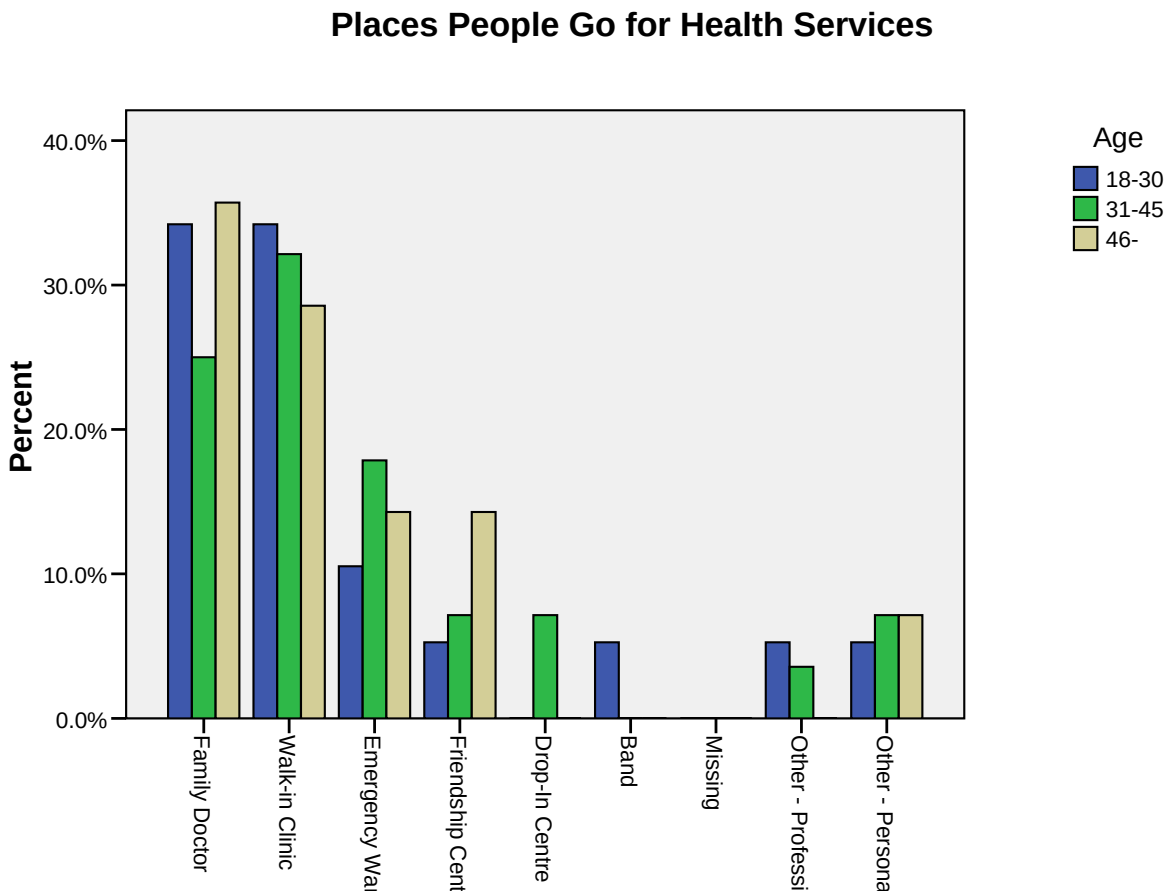

Figure 44 Places People Go for Health Services [Percent]

	Why People Access Health Services There							
	Accessibility	Atmosphere	Familiar/Has a History	Speed of Service	Quality of Treatment	Only Option	Attitude of Employees	Source of Information
18-30	4	1	7	9	10	2	1	4
31-45	2		2	2	2	8	3	7
46-	1		1		3	4		3

Table 25 Why People Access Health Services There

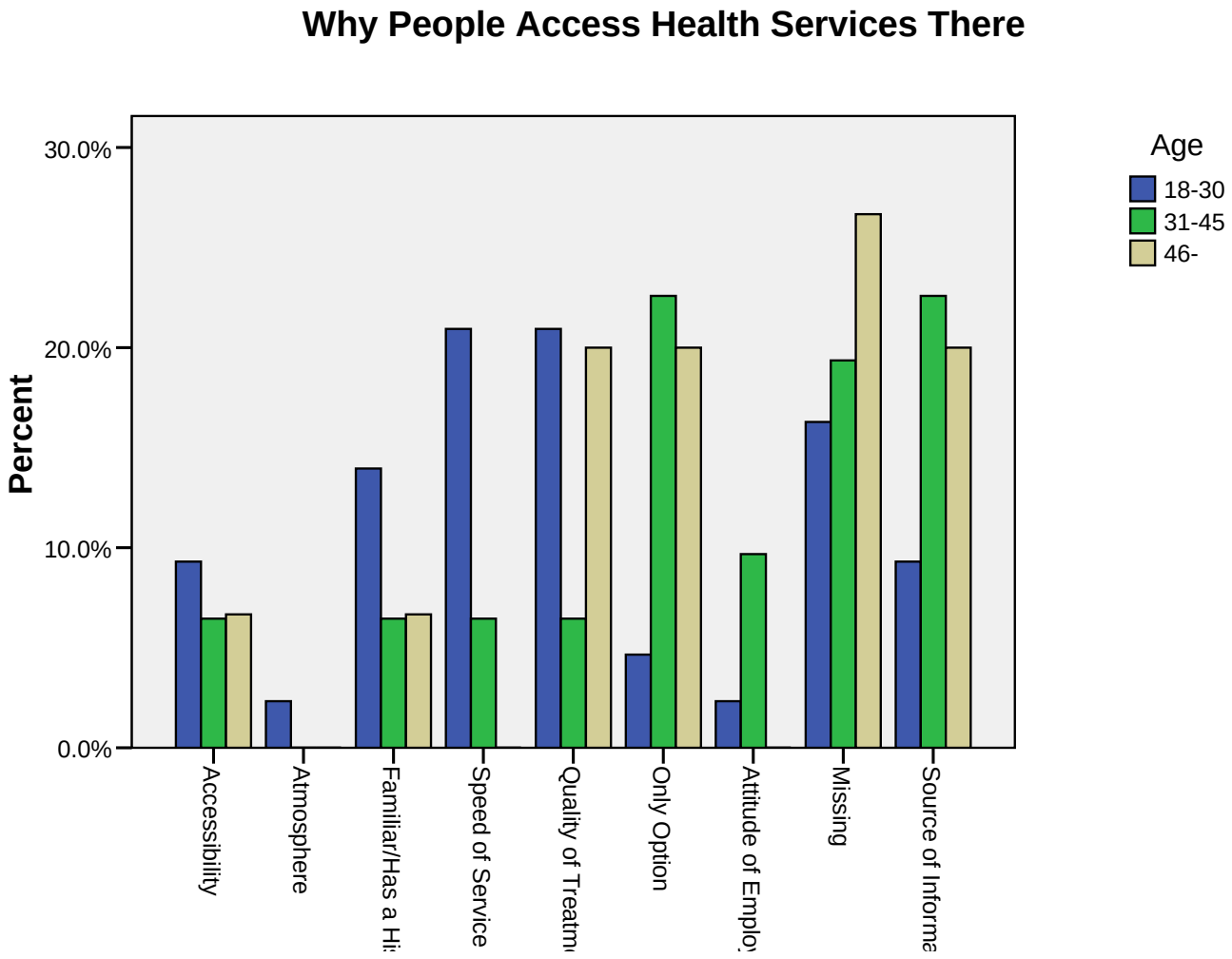

Figure 45 Why People Access Health Services There [Percent]

	The Best Places to Go for Health Services									
	Family Doctor	Walk-in Clinic	Emergency Ward	Friendship Centre	Aboriginal Organization	Drop-In Centre	None	Band	Other - Professional	Other - Personal
18-30	13	3	1					2	1	2
31-45	5	6	2	1		2	3		2	1
46-	5	1	1		2		1		1	

Table 26 The Best Places to Go for Health Services

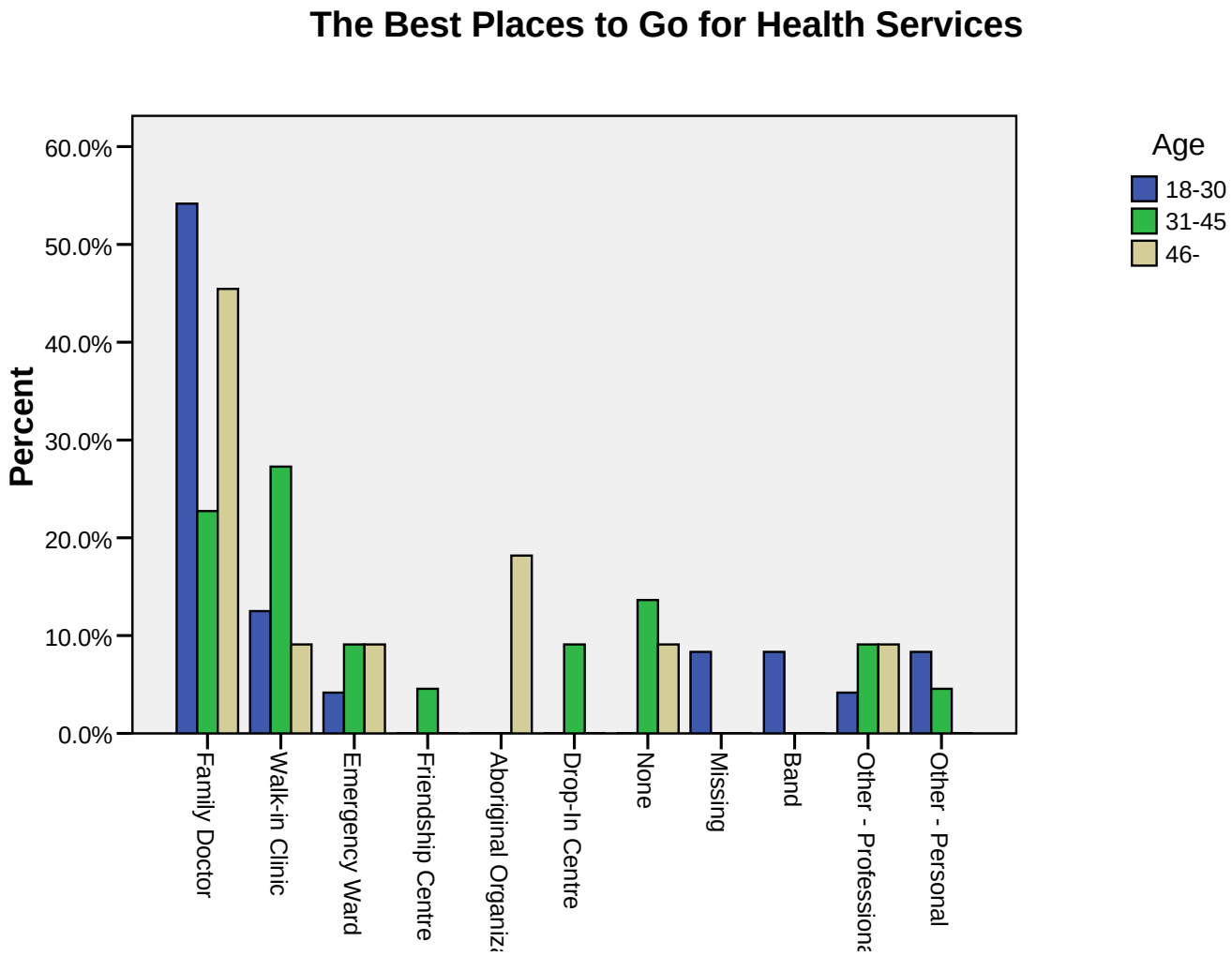

Figure 46 The Best Places to Go for Health Services [Percent]

	Why These are the Best Places to Go for Health Services								
	Accessibility	Atmosphere	Familiar/Has a History	Speed of Service	Quality of Treatment	Attitude of Employees	Other	Source of Information	Not Applicable
18-30	3	1	4	2	8	5		4	
31-45	1	1	2		8	5	2	3	2
46-			1		8	1		3	1

Table 27 Why These are the Best Places to Go for Health Services

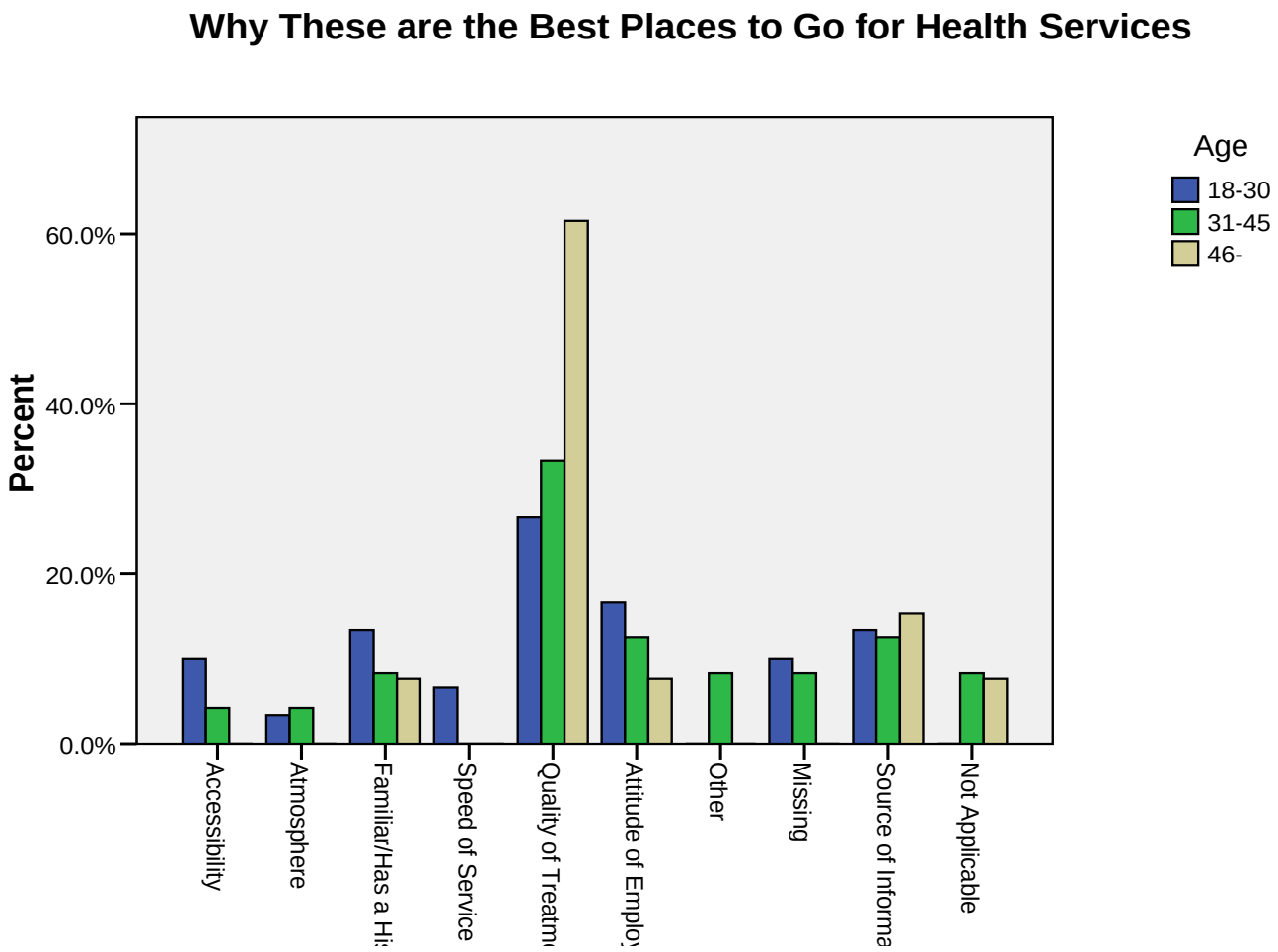

Figure 47 Why these are the Best Places to Go for Health Services [Percent]

	The Worst Places to Go for Health Services						
	Family Doctor	Walk-in Clinic	Emergency Ward	None	Other	Misunderstood Question	MHR
18-30	3	9	8	3		2	
31-45	2	6	10	2	1		
46-	1	2	6				1

Table 28 The Worst Places to Go for Health Services

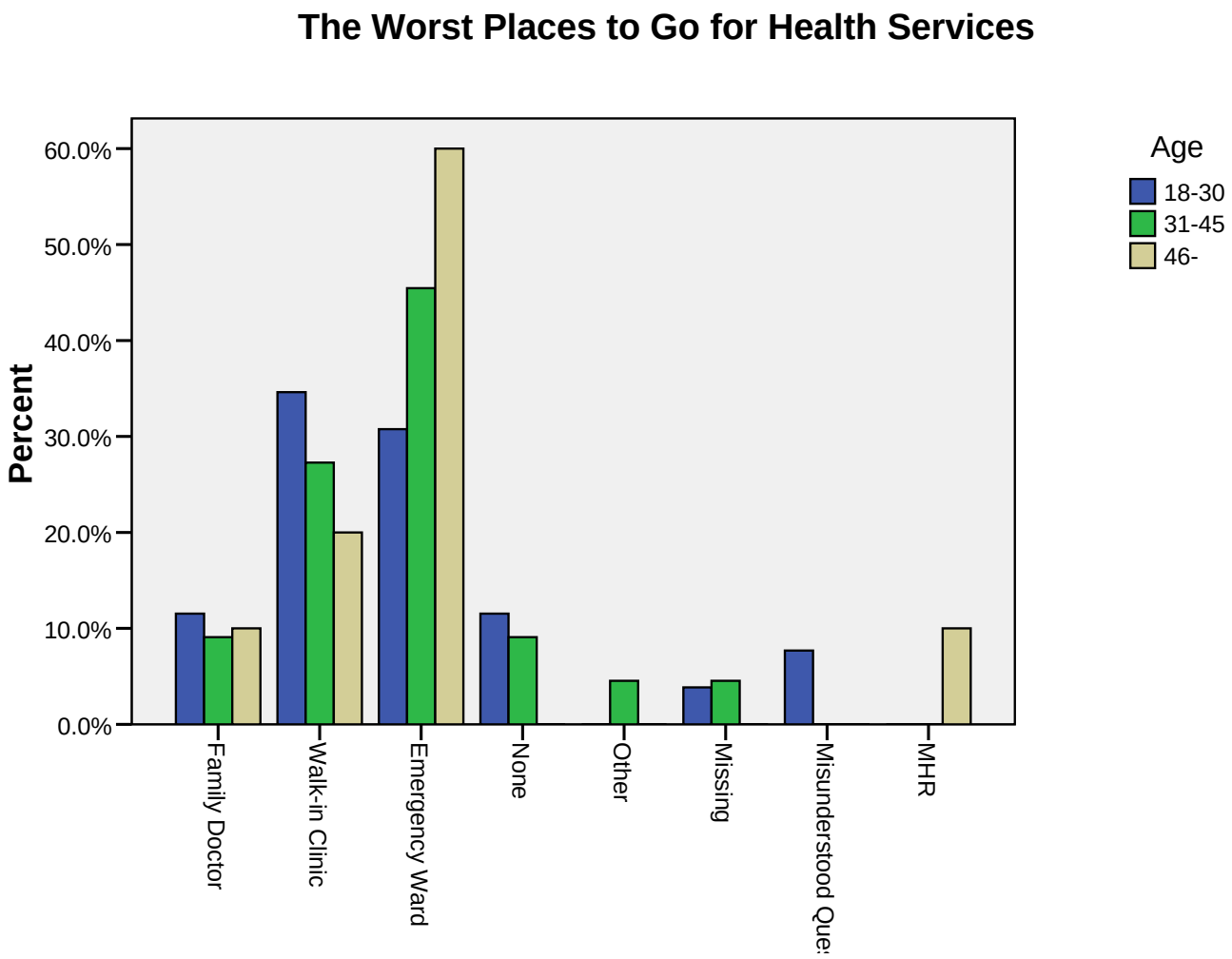

Figure 48 The Worst Places to Go for Health Services [Percent]

	Why These are the Worst Places to Go for Health Services								
	Accessibility	Unfamiliar/Lack of History	Speed of Service	Quality of Treatment	Attitude of Employees	Discriminatory	Other	'Just a Number'	Not Applicable
18-30		2	8	12	2	3		1	4
31-45		1	11	7	6	1		2	2
46-	2		5	7	3	2	1		

Table 29 Why These are the Worst Places to Go for Health Services

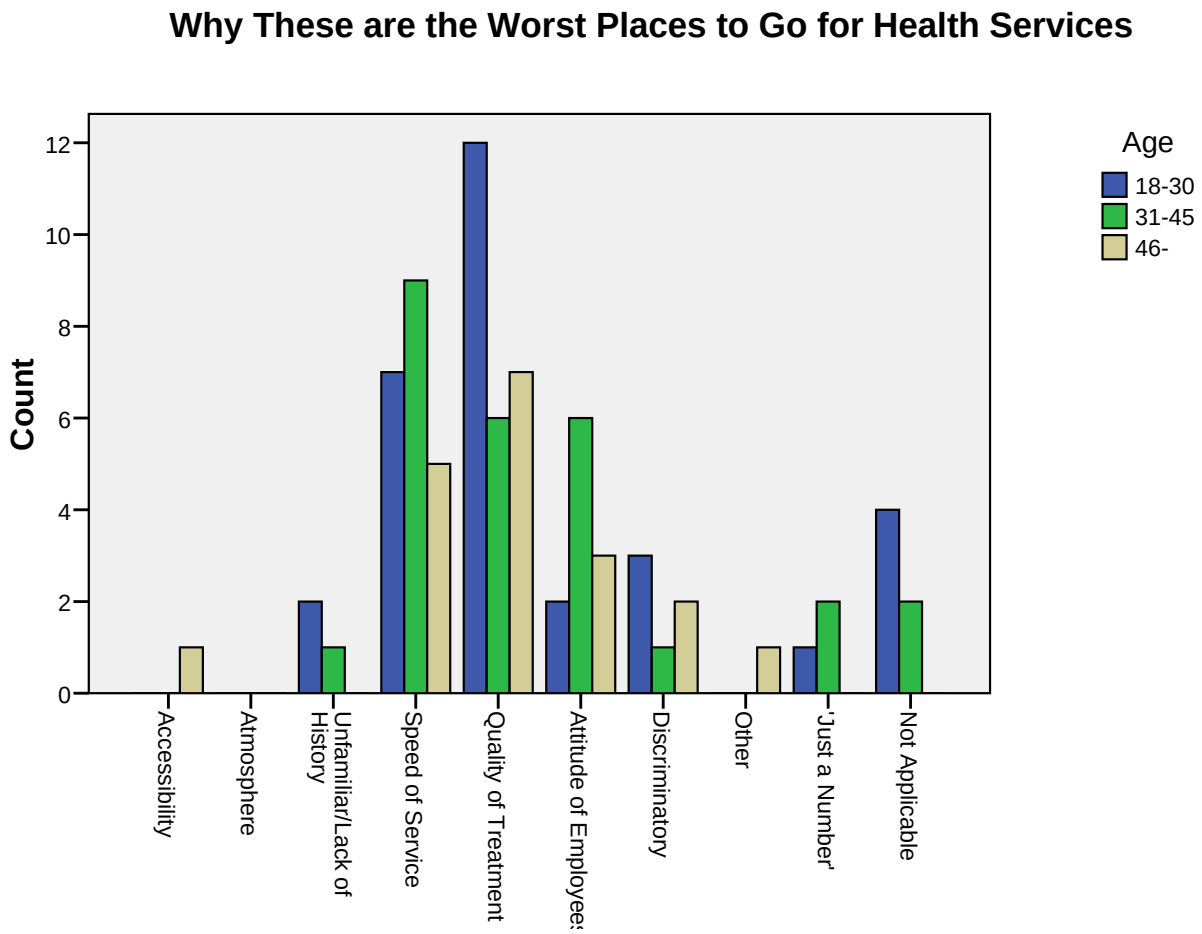

Figure 49 Why these are the Worst Places to Go for Health Services [Percent]

	Places People are Uncomfortable Returning to for Health Services							
	Family Doctor	Walk-in Clinic	Emergency Ward	Aboriginal Organization	None	Other - Professional	Other - Personal	Misunderstood Question
18-30	6	3	3	1	7	2		
31-45	3	5	3		1	6	1	
46-	2		1	2	3			1

Table 30 Places People are Uncomfortable Returning to for Health Services

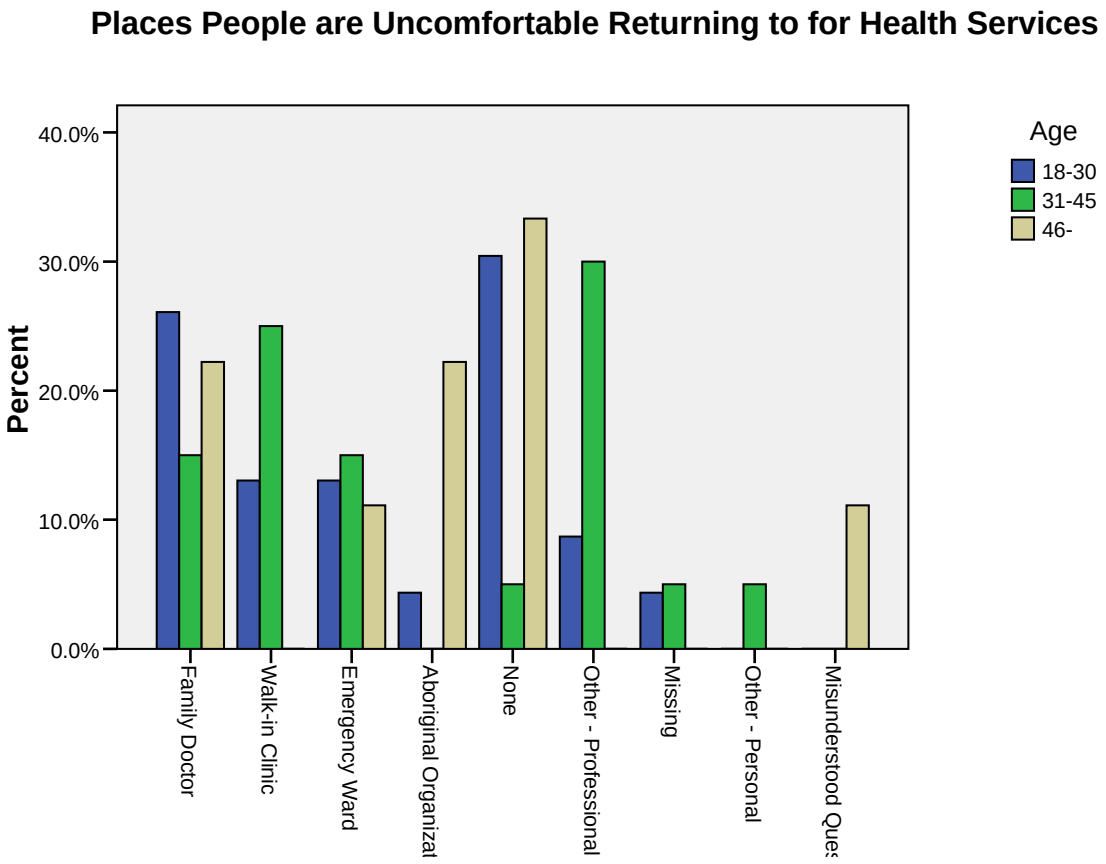

Figure 50 Places People are Uncomfortable Returning to for Health Services [Percent]

	Why People are Uncomfortable Returning for Health Services							
	Accessibility	Atmosphere	Discriminatory	Speed of Service	Quality of Service	Don't Trust	Attitude of Employees	Not Applicable
18-30		1	2		9	5	7	7
31-45	2			1	12	4	5	1
46-	1		3		2	1	1	4

Table 31 Why People are Uncomfortable Returning for Health Services

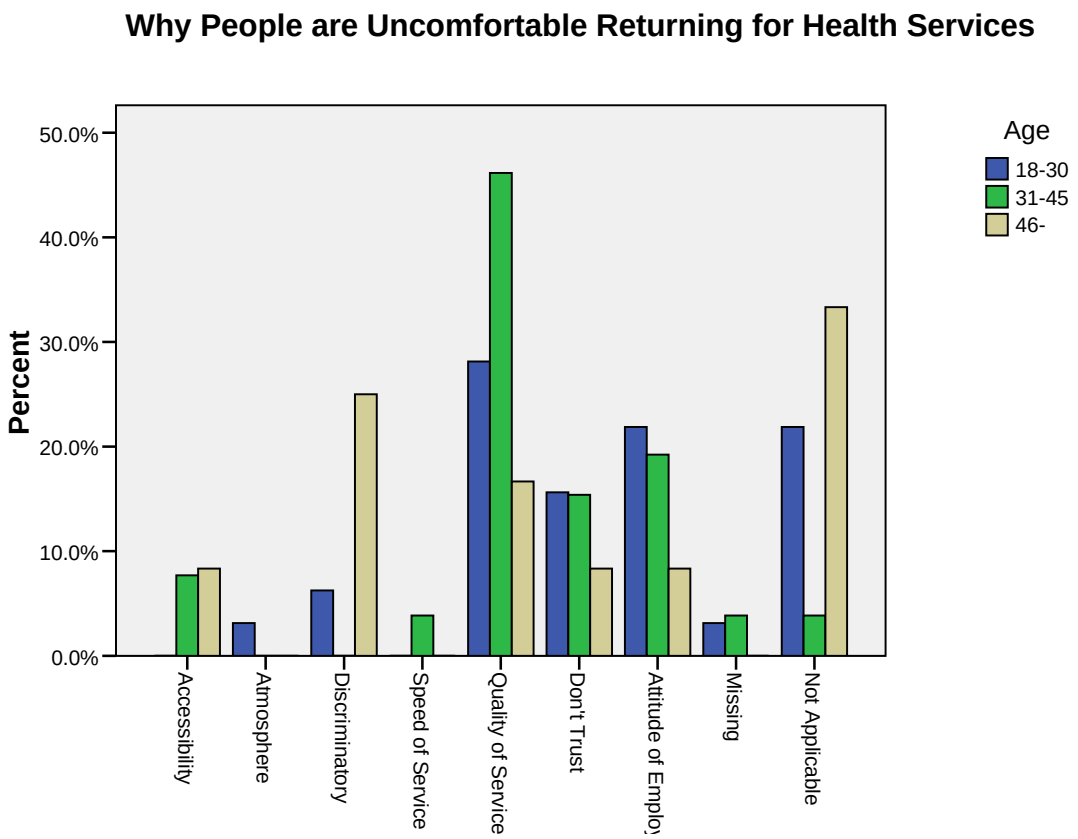

Figure 51 Why People are Uncomfortable Returning for Health Services [Percent]

	Biggest Difficulties Accessing Health Services											
	Accessibility	Health Benefits	Lack of Family Doctor	Speed of Service	Bureaucracy	Discrimination	None	Other	Communication	Lack of Identification	Unaware of Service Options	Quality of Service
18-30	3	6	1	4	1	2	4	1	6		2	2
31-45	3	11	2	4	1	3		1	2	4	1	2
46-	2	4		2	1	1	2	1	3		1	1

Table 32 Biggest Difficulties Accessing Health Services

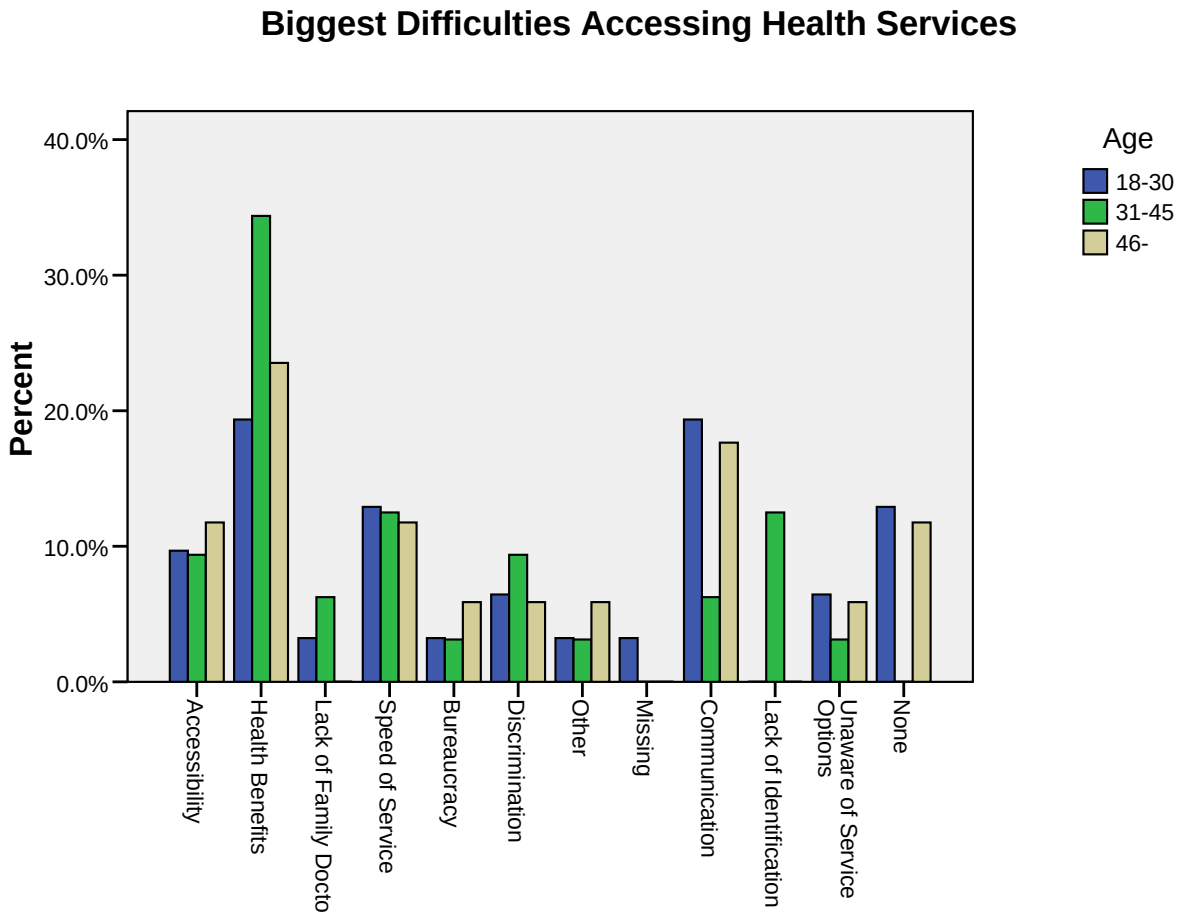

Figure 52 Biggest Difficulties Accessing Health Services [Percent]

	Suggestions to Improve Health Services											
	Accessibility	Aboriginal Health Professionals/ Liaison	Family Doctors/ Long-term Relationships	Wait Times Reduced	Health Benefits Improved	Listening /Greater Empathy	Other	Cultural Education	More Services /Information	Standardized Procedures for Everyone	Communication	Satisfied with Current System
18-30	2	1	3	4	4	6	2		9	1	1	
31-45	2	7	1	1	2	4		2	5			1
46-	3	3		1	1	5	1		2			

Table 33 Suggestions to Improve Health Services

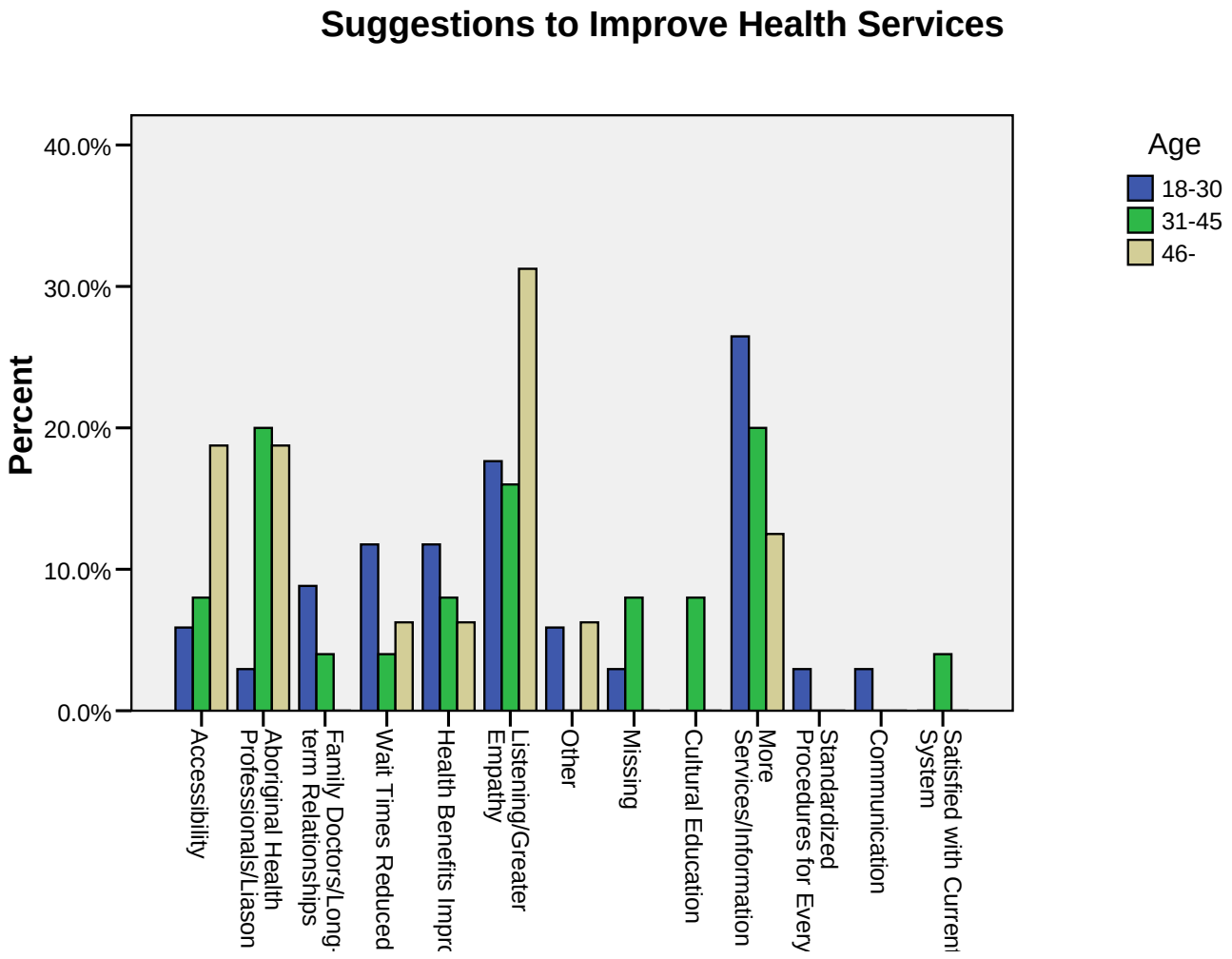

Figure 53 Suggestions to Improve Health Services [Percent]

	Differences Between Aboriginal and Non-Aboriginal Health Organizations									
	Treatment Techniques	Atmosphere	Familiarity	Quality of Treatment	Greater Respect for Confidentiality	Don't Know	No Difference	Attitude of Employees	Inclusive/Non-Discriminatory	Not as Accepting
18-30		8	4	10	1	1	4	10	5	1
31-45	4	1	4	3	1	4	1	4	6	2
46-	2	3	3	1	1		3	3	1	

Table 34 Differences between Aboriginal and Non-Aboriginal Health Organizations

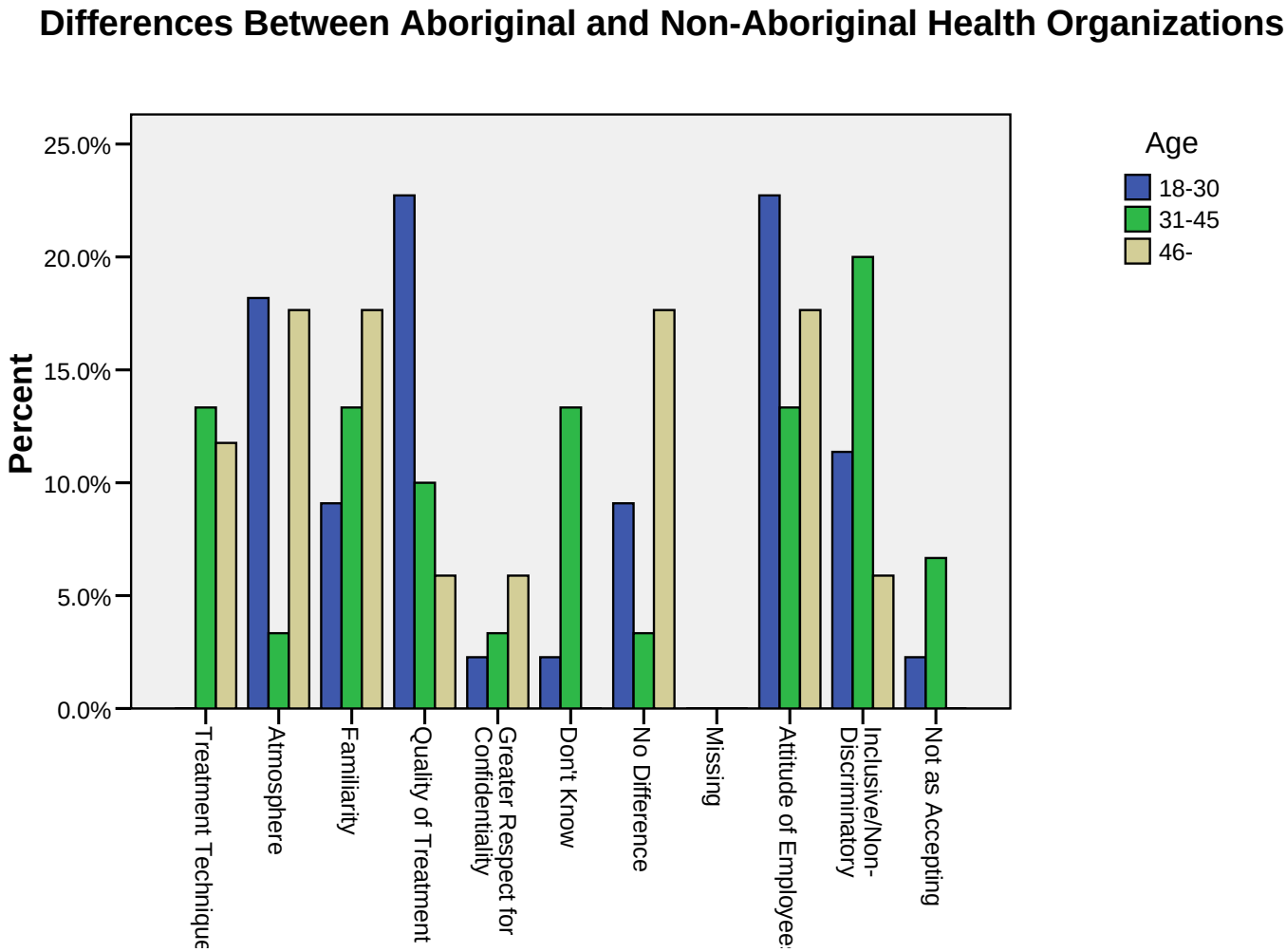

Figure 54 Differences between Aboriginal and Non-Aboriginal Health Organizations [Percent]

Barriers - Responses to Health Questions by Location

	Places People Go for Health Services							
	Family Doctor	Walk-in Clinic	Emergency Ward	Friendship Centre	Drop-In Centre	Band	Other - Professional	Other - Personal
K	9	10	4	3	2	2	1	2
P	6	2	2	1			1	
V	10	14	5	2			1	3

Table 35 Places People Go for Health Services

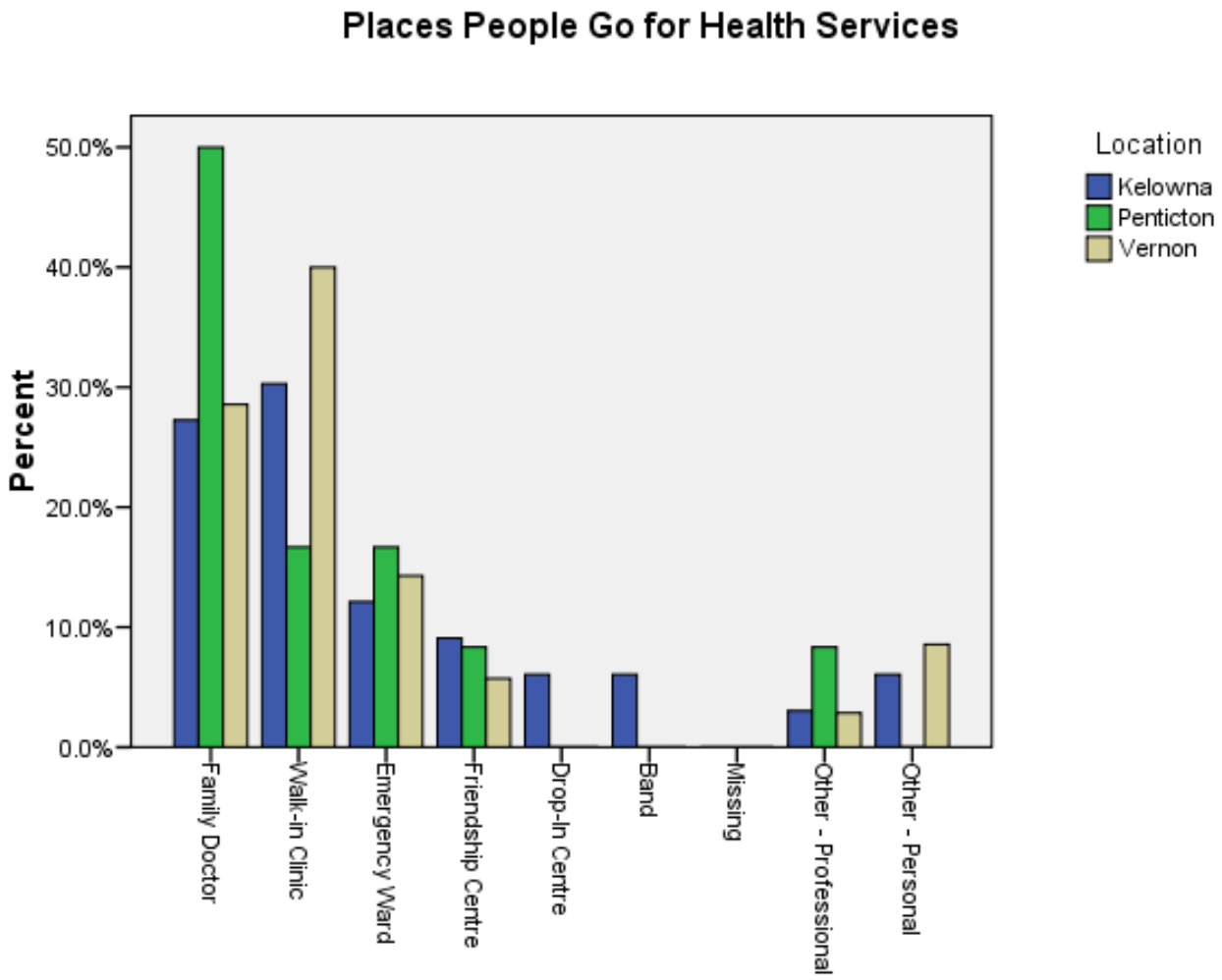

Figure 55 Places People Go for Health Services [Percent]

	Why People Access Health Services There							
	Accessibility	Atmosphere	Familiar/Has a History	Speed of Service	Quality of Treatment	Only Option	Attitude of Employees	Source of Information
k	2		1	3	4	9	4	8
p	1		1		2	2		3
v	4	1	8	8	9	3		3

Table 36 Why People Access Health Services There

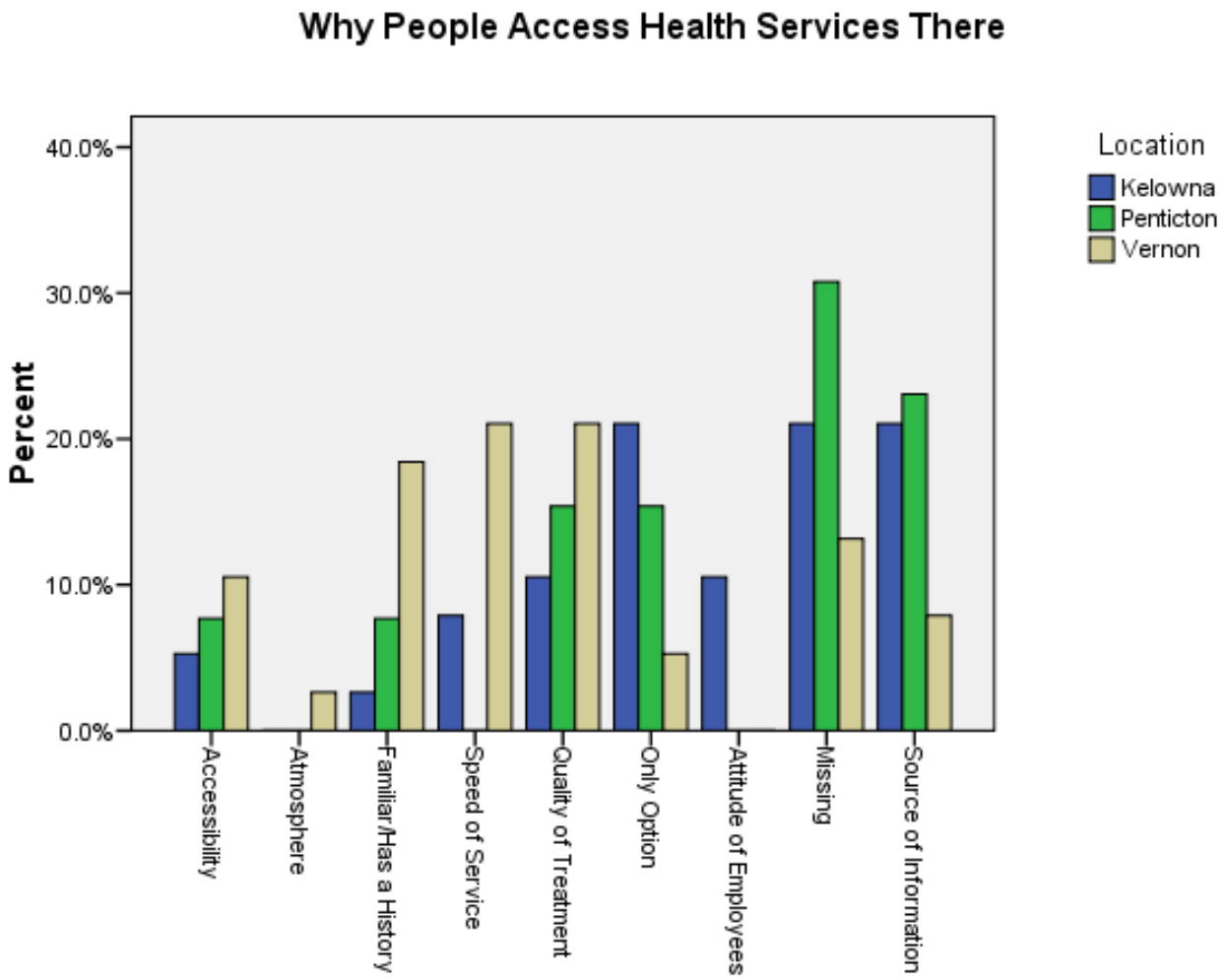

Figure 56 Why People Access Health Services There [Percent]

	The Best Places to Go for Health Services									
	Family Doctor	Walk-in Clinic	Emergency Ward	Friendship Centre	Aboriginal Organization	Drop-In Centre	None	Band	Other - Professional	Other - Personal
k	6	5	2	1	2	2	2	2	2	1
p	5	1	1				2		1	
v	12	4	1						1	2

Table 37 The Best Places to Go for Health Services

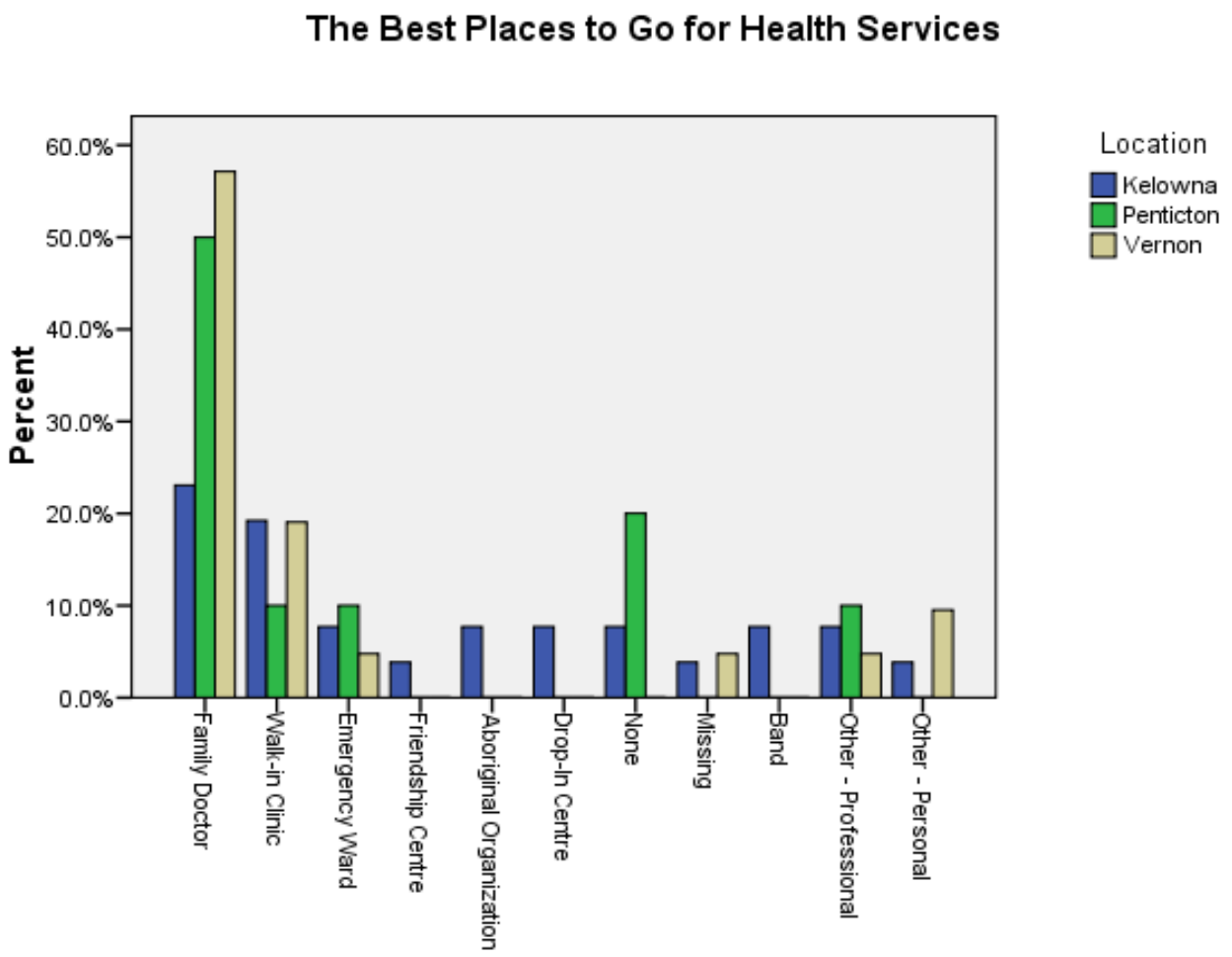

Figure 57 The Best Places to Go for Health Services [Percent]

	Why These are the Best Places to Go for Health Services								
	Accessibility	Atmosphere	Familiar/Has a History	Speed of Service	Quality of Treatment	Attitude of Employees	Other	Source of Information	Not Applicable
k	3	1	3	1	10	6	1	5	1
p			1		3	1		2	2
v	1	1	3	1	11	4	1	3	

Table 38 Why These are the best Places to Go for Health Services

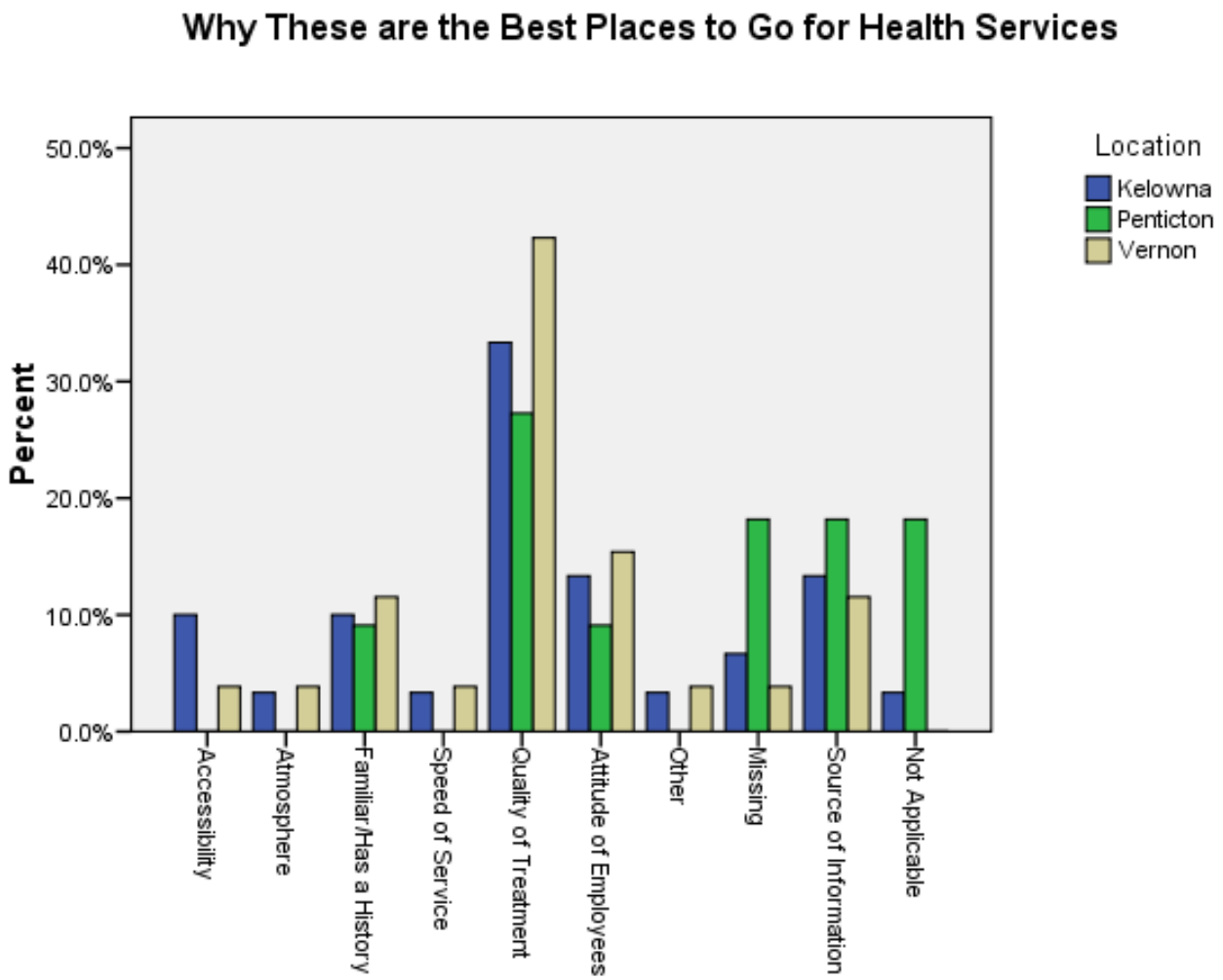

Figure 58 Why these are the Best Places to Go for Health Services [Percent]

	The Worst Places for Health Services						
	Family Doctor	Walk-in Clinic	Emergency Ward	None	Other	Misunderstood Question	MHR
k	3	6	8	2	1		
p	2	3	6	1			
v	1	8	10	2		2	1

Table 39 The Worst Places for Health Services

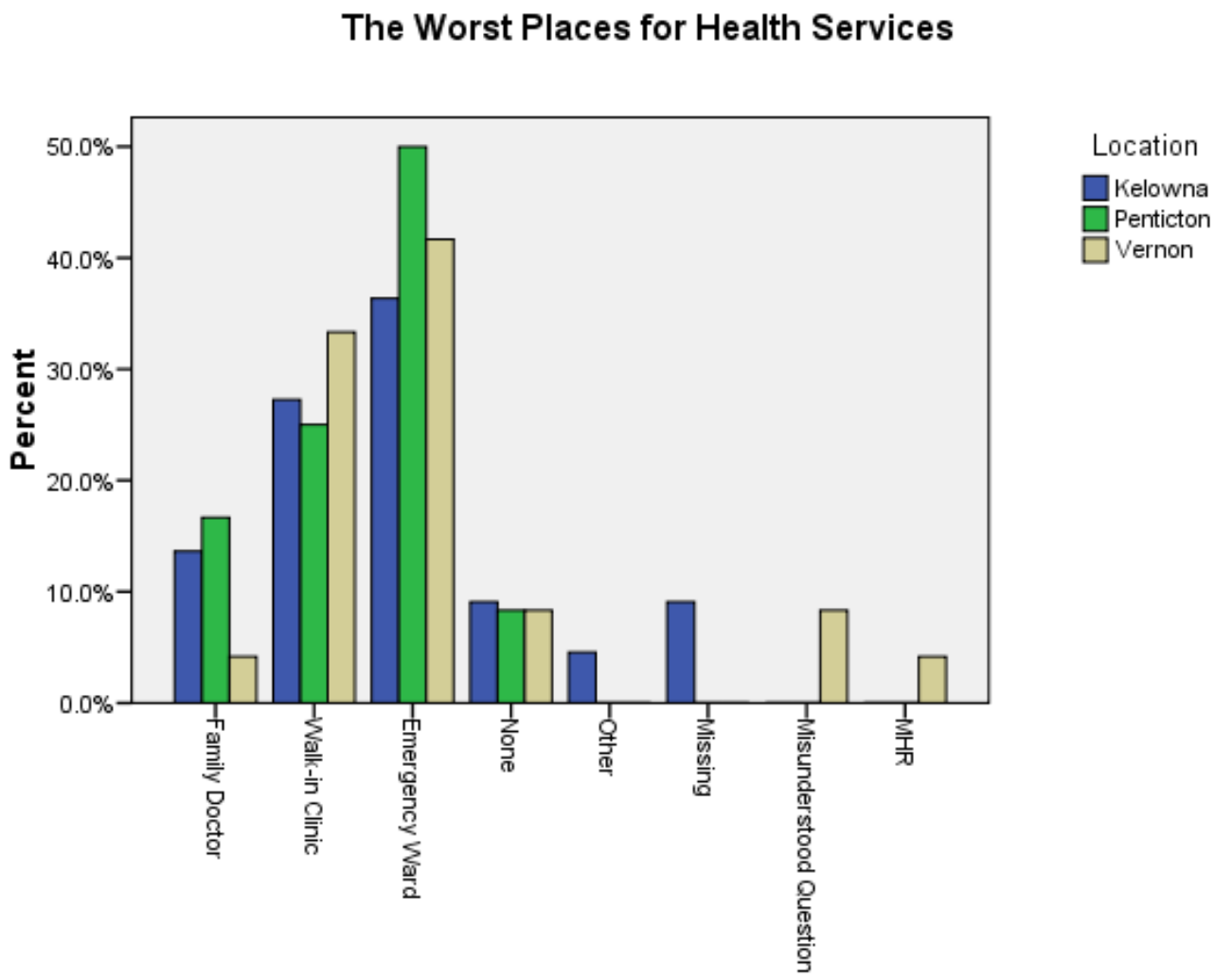

Figure 59 The Worst Places for Health Services [Percent]

	Why These are the Worst Places to Go for Health Services								
	Accessibility	Unfamiliar/Lack of History	Speed of Service	Quality of Treatment	Attitude of Employees	Discriminatory	Other	'Just a Number'	Not Applicable
k		1	9	10	4	1		3	1
p	2	1	3	7	4	1			1
v		1	12	9	3	4	1		4

Table 40 Why These are the Worst Places to Go for Health Services

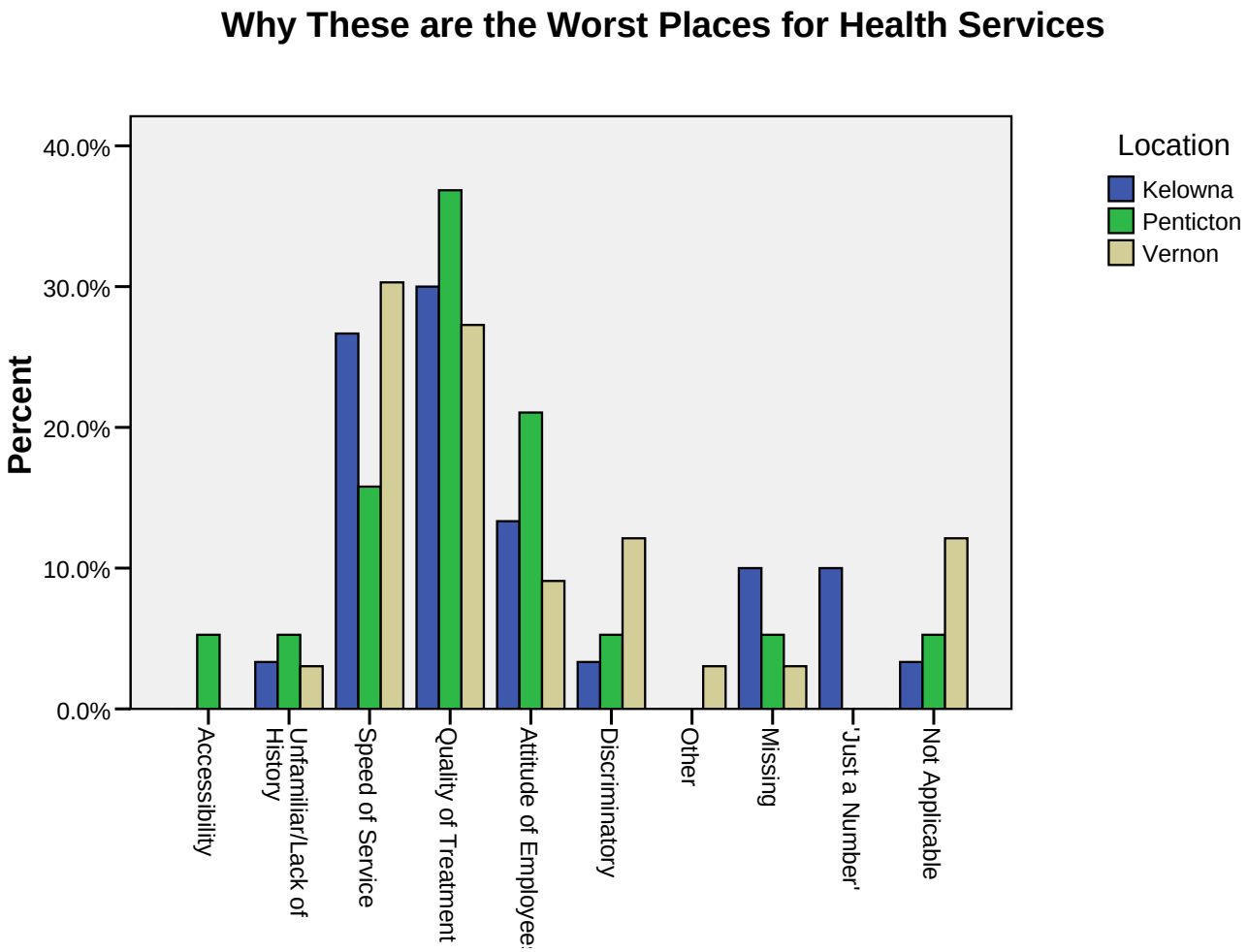

Figure 60 Why these are the Worst Places for Health Services [Percent]

	Places People are Uncomfortable Returning to for Health							
	Family Doctor	Walk-in Clinic	Emergency Ward	Aboriginal Organization	None	Other - Professional	Other - Personal	Misunderstood Question
k	6	6	2		2	4	1	
p		1	4	1	3	1		
v	5	1	1	2	6	3		1

Table 41 Places People are Uncomfortable Returning to for Health

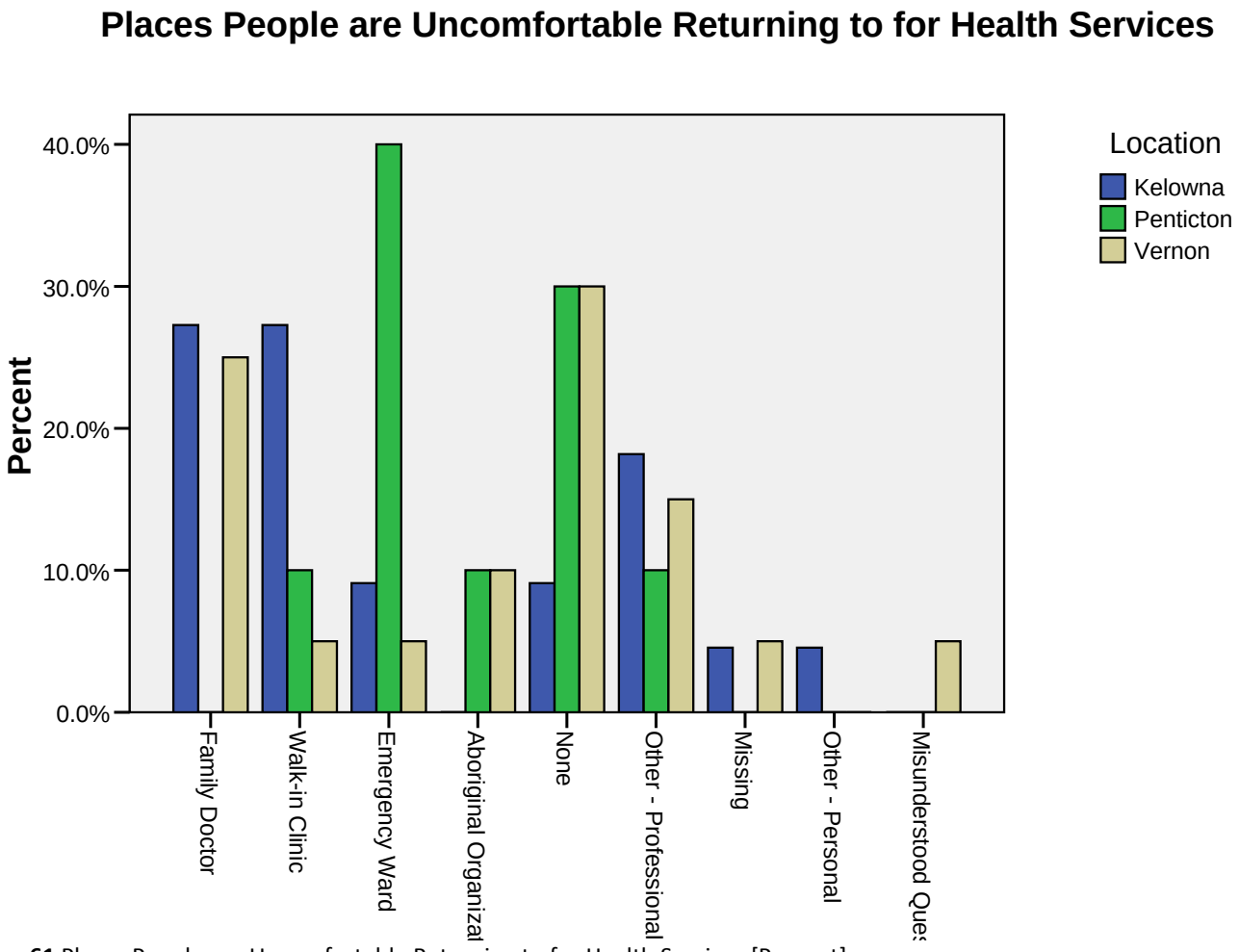

Figure 61 Places People are Uncomfortable Returning to for Health Services [Percent]

	Why People are Uncomfortable Returning for Health Services							
	Accessibility	Atmosphere	Discriminatory	Speed of Service	Quality of Service	Don't Trust	Attitude of Employees	Not Applicable
k	1			1	13	5	5	2
p		1	1		4	2	2	3
v	2		4		6	3	6	7

Table 42 Why People are Uncomfortable Returning for Health Services

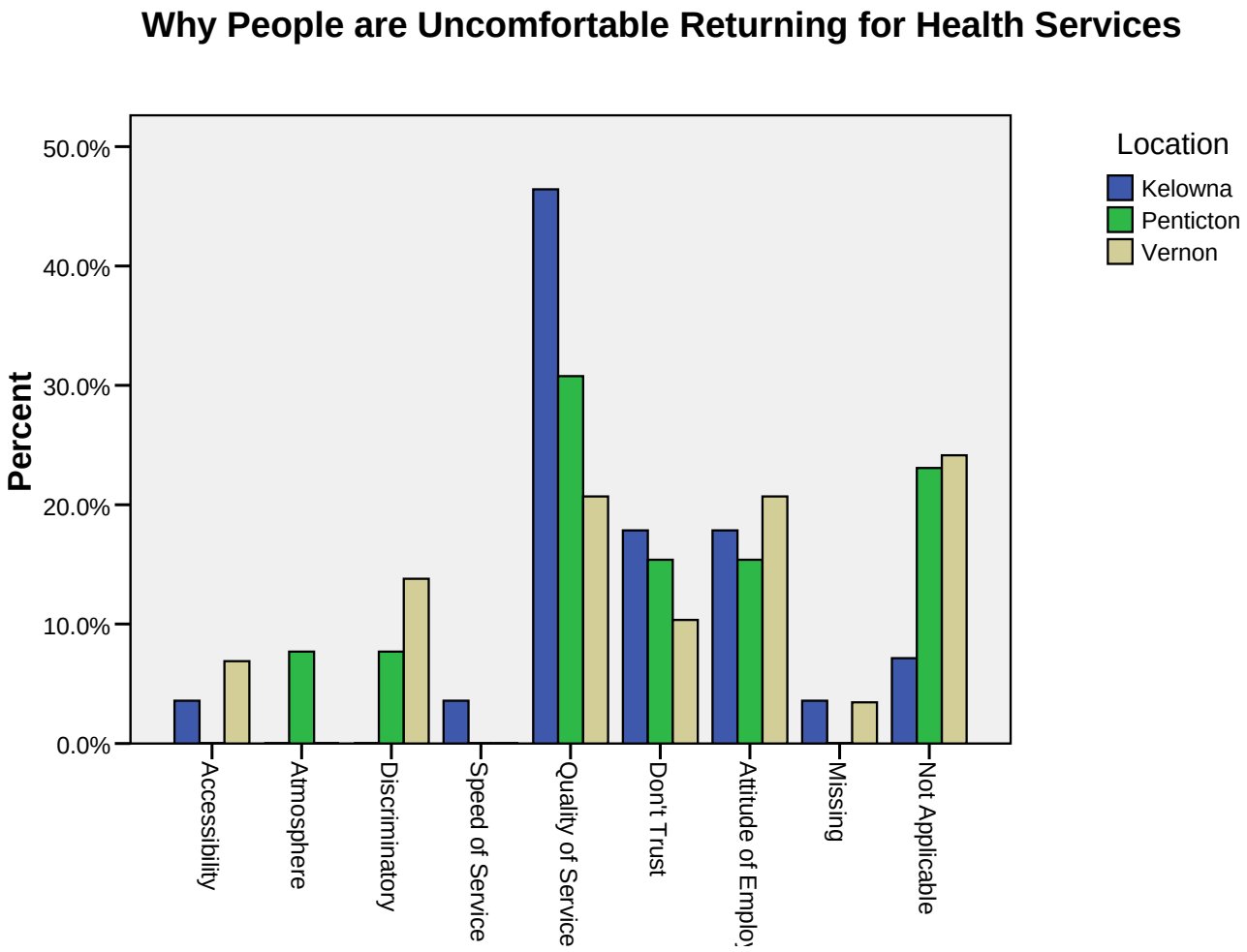

Figure 62 Why People are Uncomfortable Returning for Health Services [Percent]

	Biggest Difficulties Accessing Health Services											
	Accessibility	Health Benefits	Lack of Family Doctor	Speed of Service	Bureaucracy	Discrimination	None	Other	Communication	Lack of Identification	Unaware of Service Options	Quality of Service
k	3	13	1	5		1		2	3	4	1	1
p	2	2		1	1	2	3		2		2	3
v	3	6	2	4	2	3	3	1	6		1	1

Table 43 Biggest Difficulties Accessing Health Services

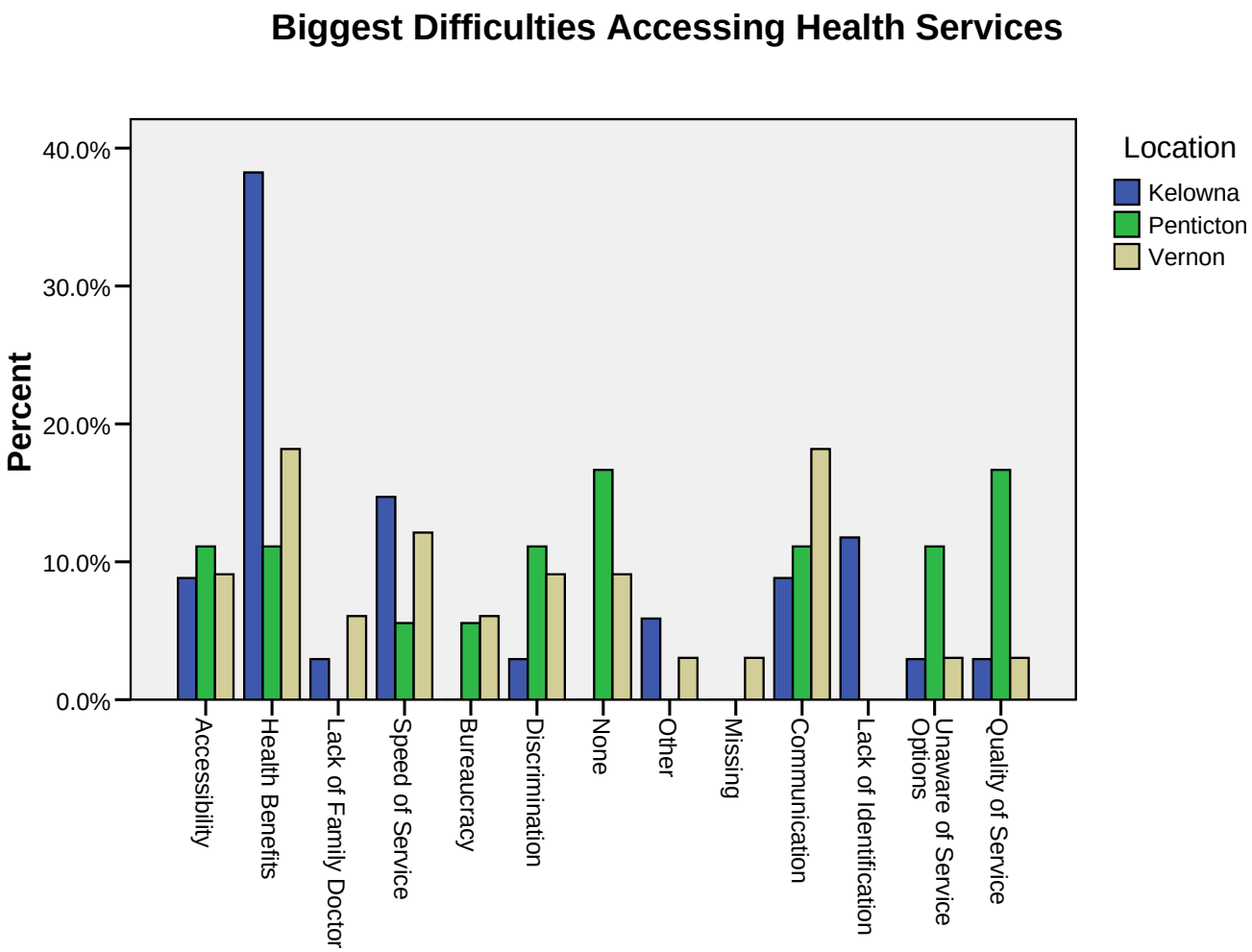

Figure 63 Biggest Difficulties Accessing Health Services [Percent]

	Suggestions to Improve Health Services											
	Accessibility	Aboriginal Health Professionals/ Liaison	Family Doctors/ Long-term Relationships	Wait Times Reduced	Health Benefits Improved	Listening /Greater Empathy	Other	Cultural Education	More Services/ Information	Standardized Procedures for Everyone	Communication	Satisfied with Current System
k	5	9	1	2	3	5		2	8			
p	1	1		2		3	1		3			
v	1	1	3	2	4	7	2		5	1	1	1

Table 44 Suggestions to Improve Health Services

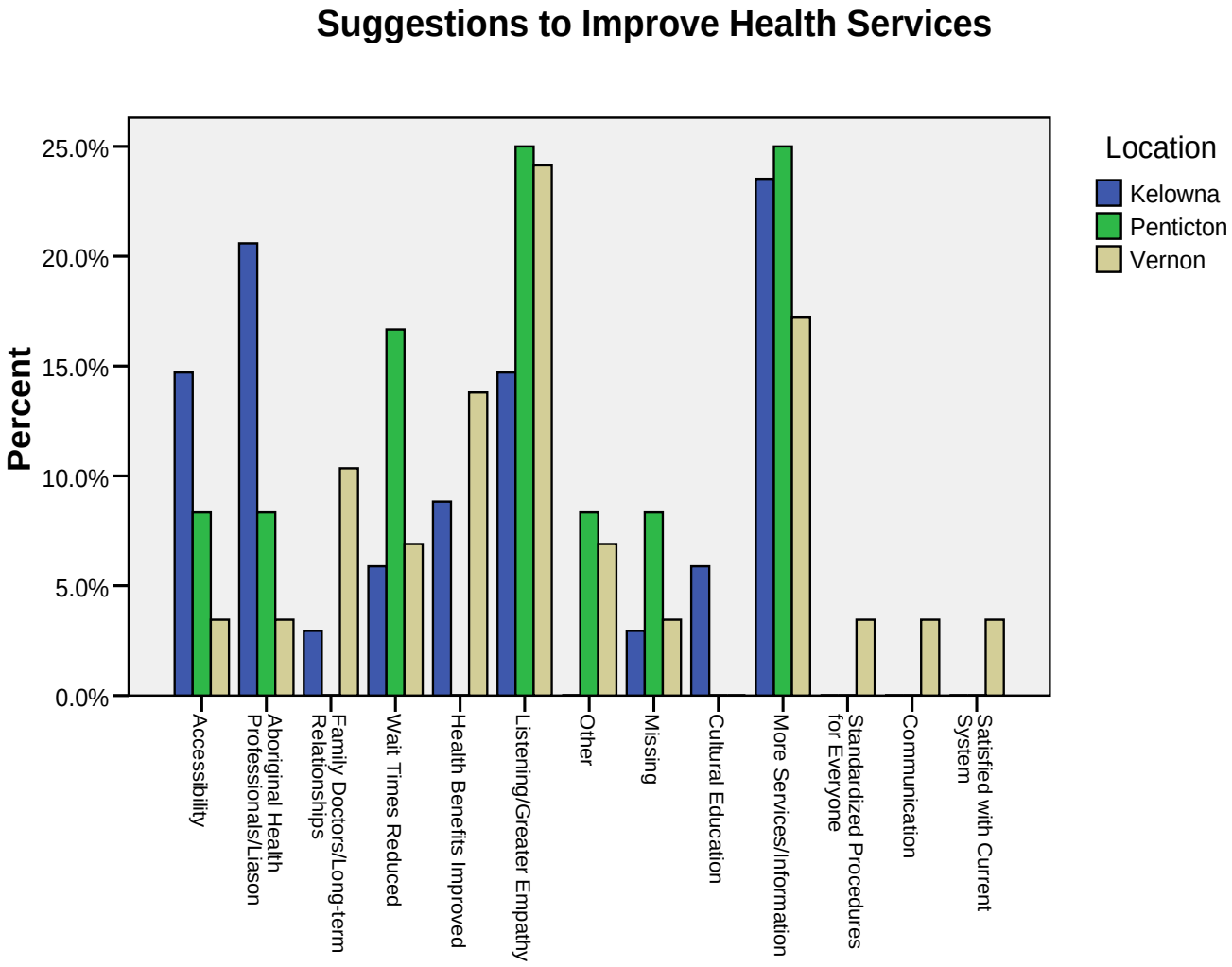

Figure 64 Suggestions to Improve Health Services [Percent]

	Differences Between Aboriginal and Non-Aboriginal Health Organizations									
	Treatment Techniques	Atmosphere	Familiarity	Quality of Treatment	Greater Respect for Confidentiality	Don't Know	No Difference	Attitude of Employees	Inclusive/Non-Discriminatory	Not as Accepting
k	4	3	6	6	1	3	3	2	5	2
p	1	1	1			1	2	5	3	1
v	1	8	4	8	2	1	3	10	4	

Table 45 Differences between Aboriginal and Non-Aboriginal Health Organizations

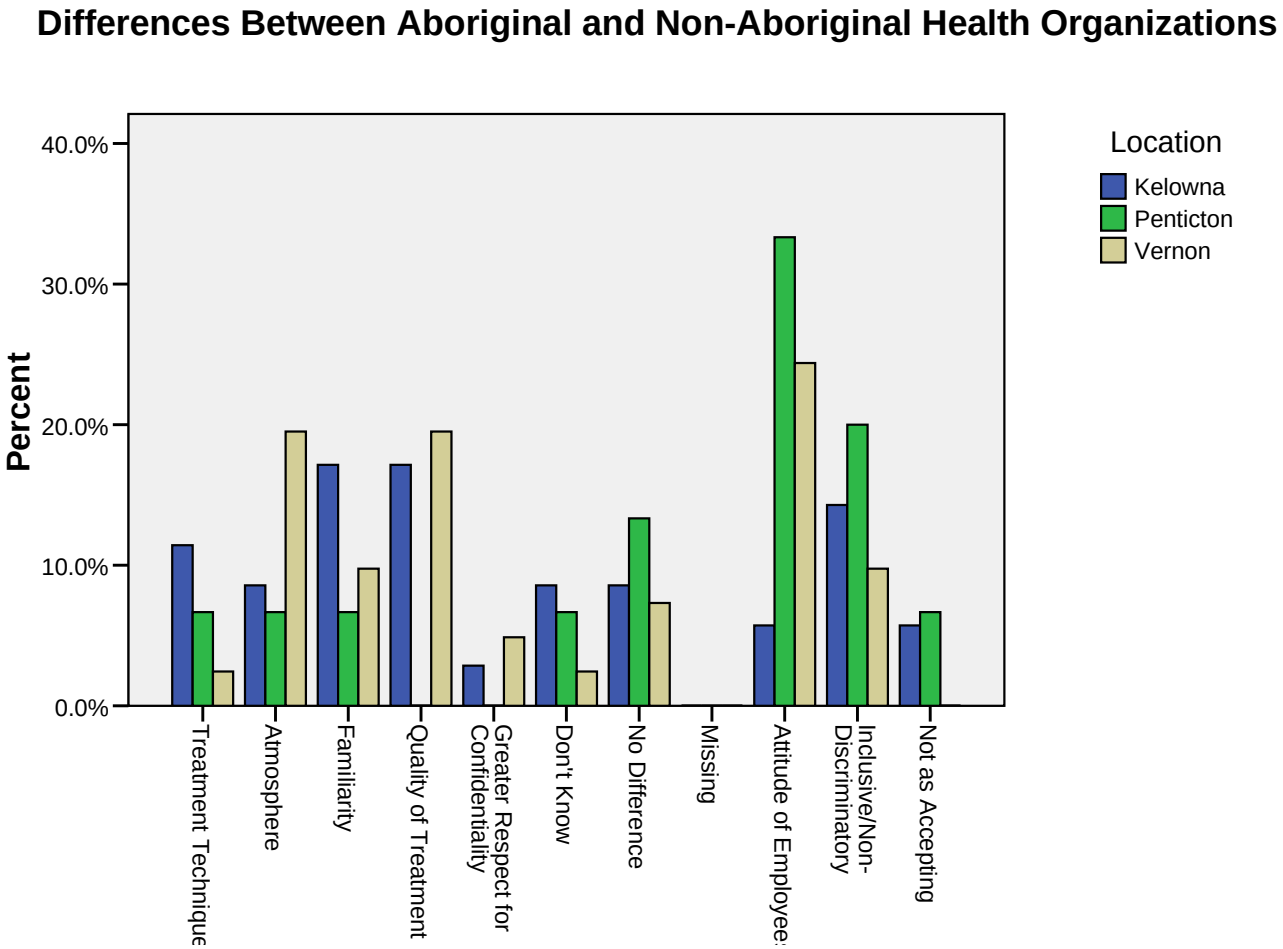

Figure 65 Differences between Aboriginal and Non-Aboriginal Health Organizations [Percent]

Barriers - Responses to Health Questions by Appearance

	Places People Go for Health Services							
	Family Doctor	Walk-in Clinic	Emergency Ward	Friendship Centre	Drop-In Centre	Band	Other - Professional	Other - Personal
Visibly Aboriginal	19	20	9	4	2	2	1	5
Passes	6	6	2	2			2	

Table 46 Places People Go for Health Services

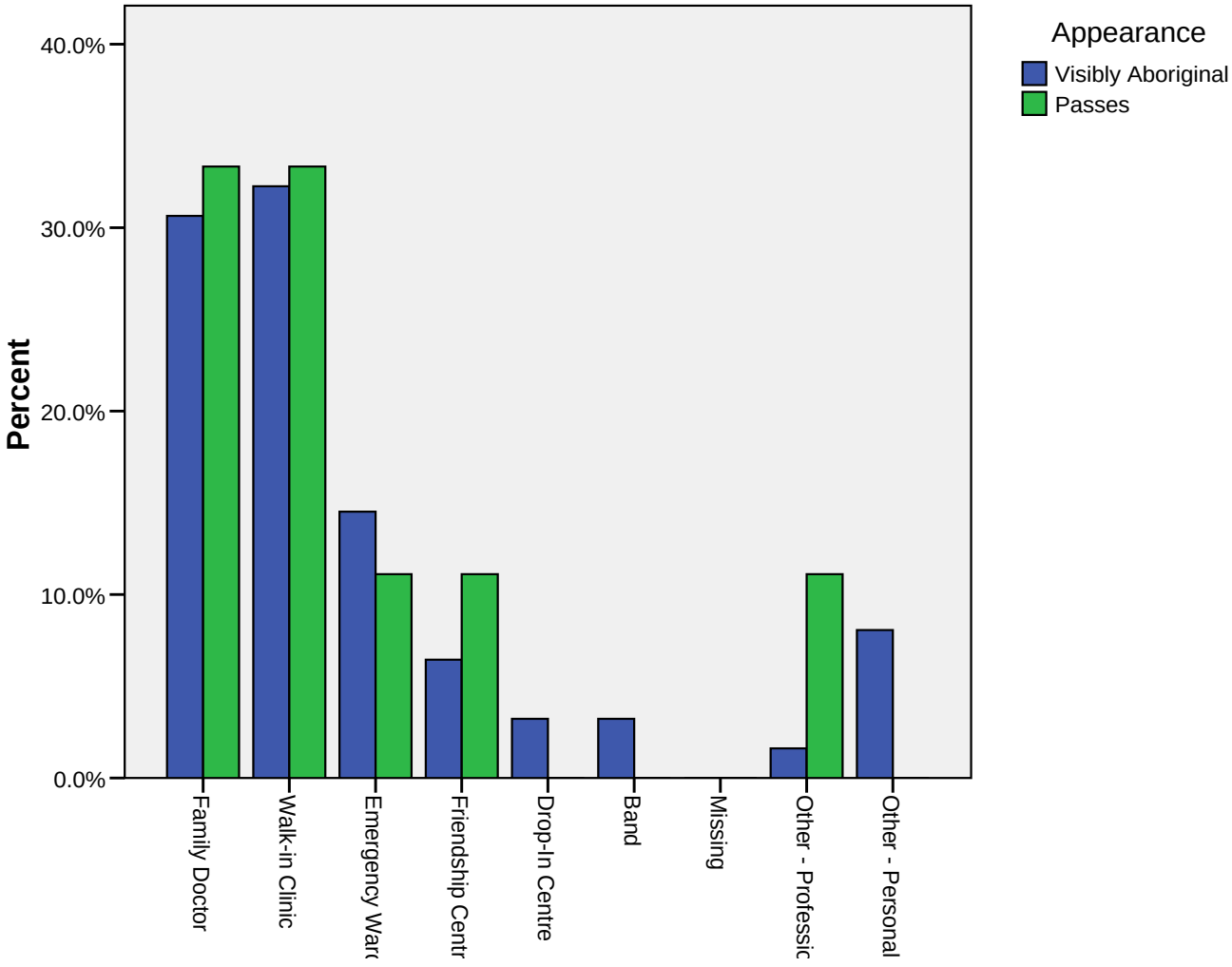

Figure 66 Places People Go for Health Services [Percent]

	Why People Access Health Services There							
	Accessibility	Atmosphere	Familiar/Has a History	Speed of Service	Quality of Treatment	Only Option	Attitude of Employees	Source of Information
Visibly Aboriginal	5	1	6	8	14	10	4	9
Passes	2		4	3	1	4		5

Table 47 Why People Access Health Services There

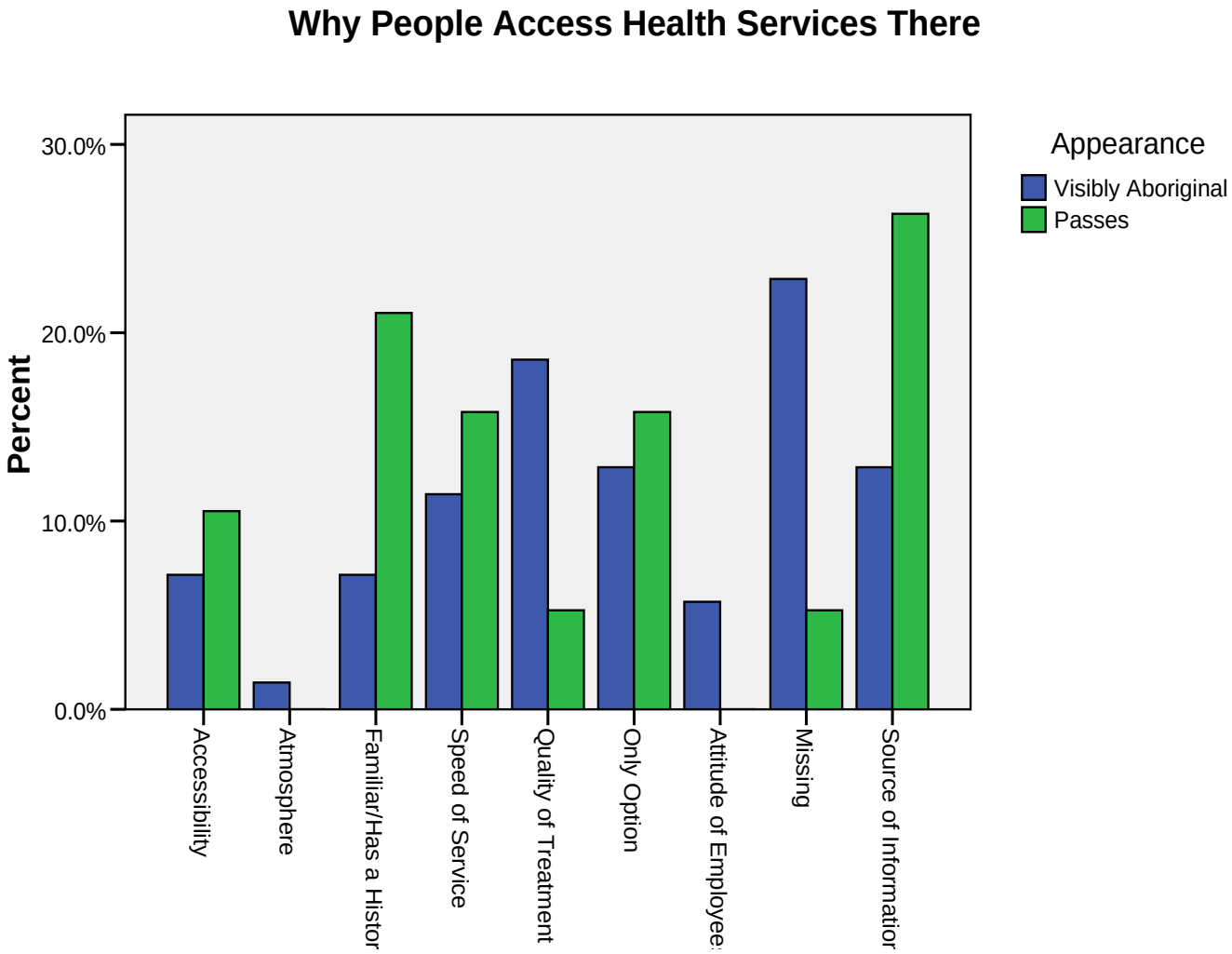

Figure 67 Why People Access Health Services There [Percent]

	The Best Places to Go for Health Services									
	Family Doctor	Walk-in Clinic	Emergency Ward	Friendship Centre	Aboriginal Organization	Drop-In Centre	None	Band	Other - Professional	Other - Personal
Visibly Aboriginal	18	8	3	1	2	1	1	2	2	3
Passes	5	2	1			1	3		2	

Table 48 The Best Places to Go for Health Services

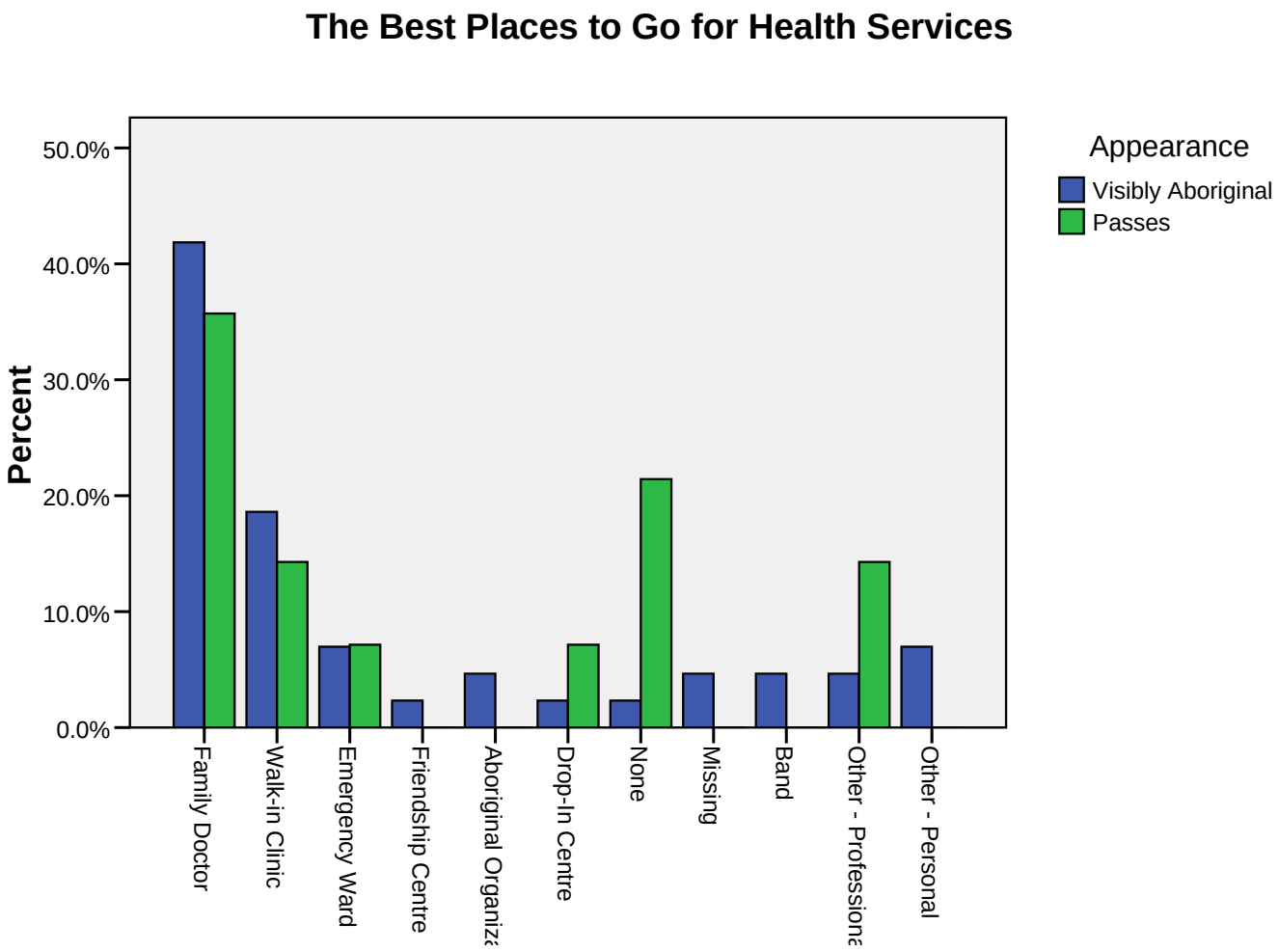

Figure 68 The Best Places to Go for Health Services [Percent]

	Why These are the Best Places to Go for Health Services								
	Accessibility	Atmosphere	Familiar/Has a History	Speed of Service	Quality of Treatment	Attitude of Employees	Other	Source of Information	Not Applicable
Visibly Aboriginal	4	2	4	1	19	10	2	8	1
Passes			3	1	5	1		2	2

Table 49 Why These are the Best Places to Go for Health Services

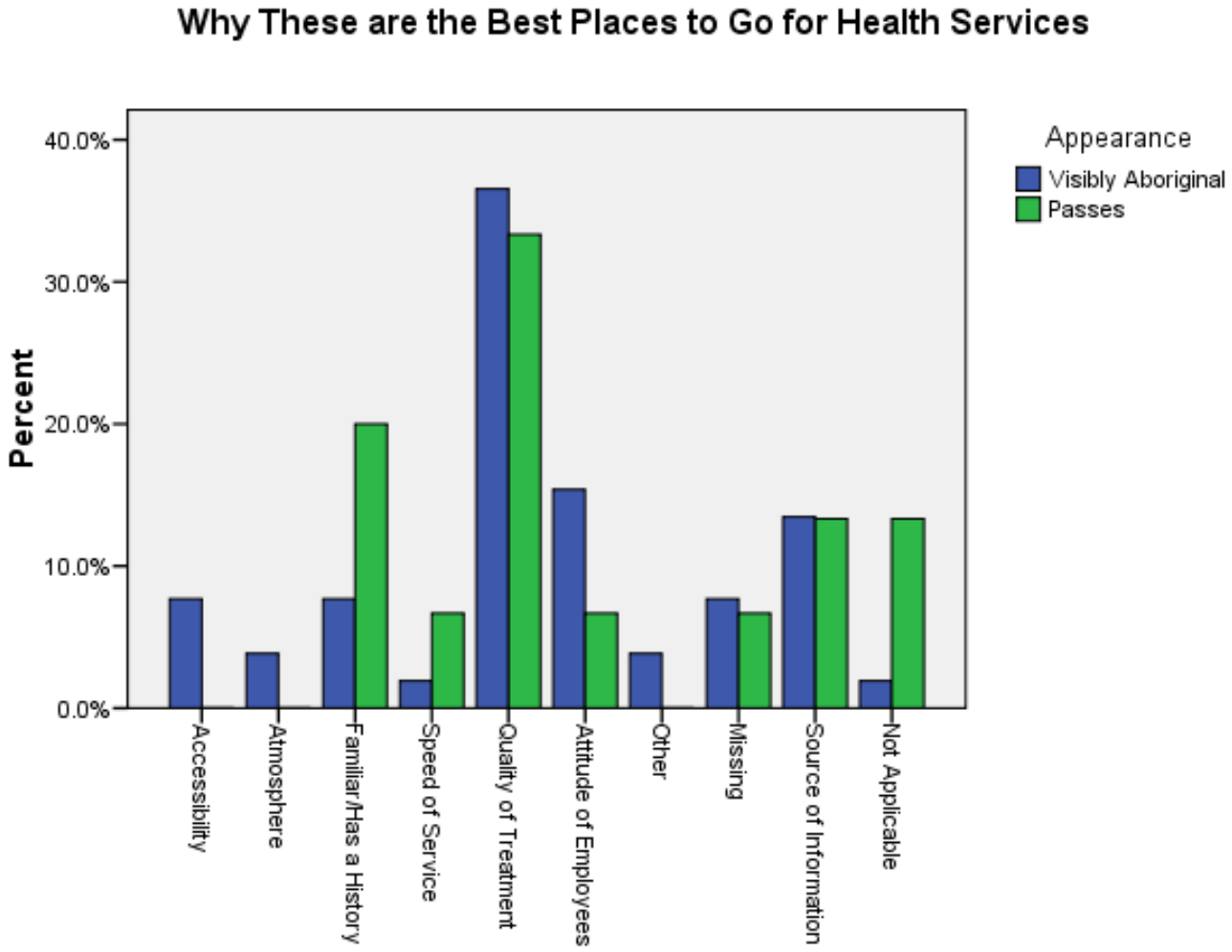

Figure 69 Why these are the Best Places to Go for Health Services [Percent]

	The Worst Places to Go for Health Services						
	Family Doctor	Walk-in Clinic	Emergency Ward	None	Other	Misunderstood Question	MHR
Visibly Aboriginal	4	16	16	3	1	1	1
Passes	2	1	8	2		1	

Table 50 The Worst Places to Go for Health Services

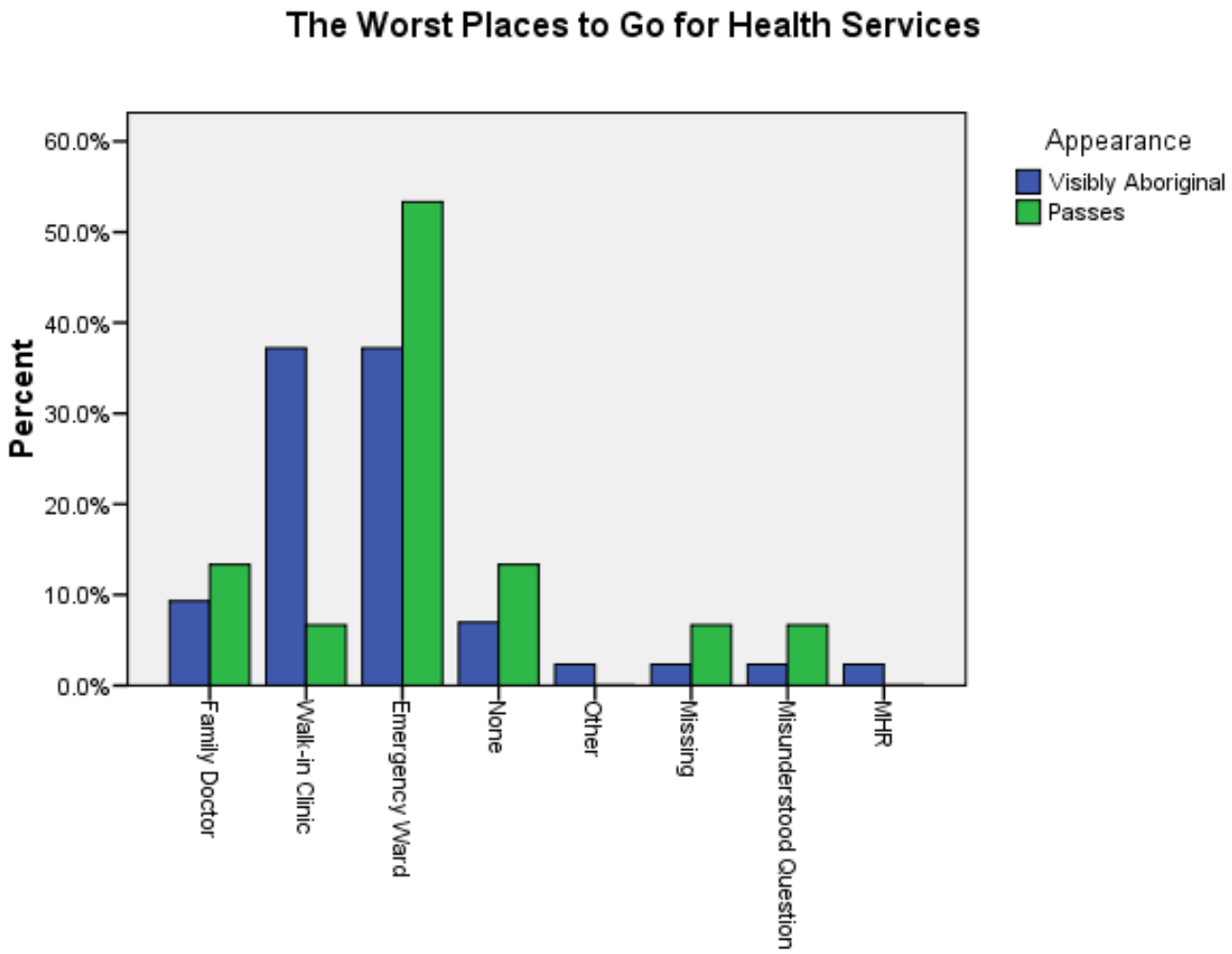

Figure 70 The Worst Places to Go for Health Services [Percent]

	Why These are the Worst Places for Health Services								
	Accessibility	Unfamiliar/Lack of History	Speed of Service	Quality of Treatment	Attitude of Employees	Discriminatory	Other	'Just a Number'	Not Applicable
Visibly Aboriginal	3	19	21	8	5	1	2	3	2
Passes	5	5	3	1		1	3		

Table 51 Why These are the Worst Places for Health Services

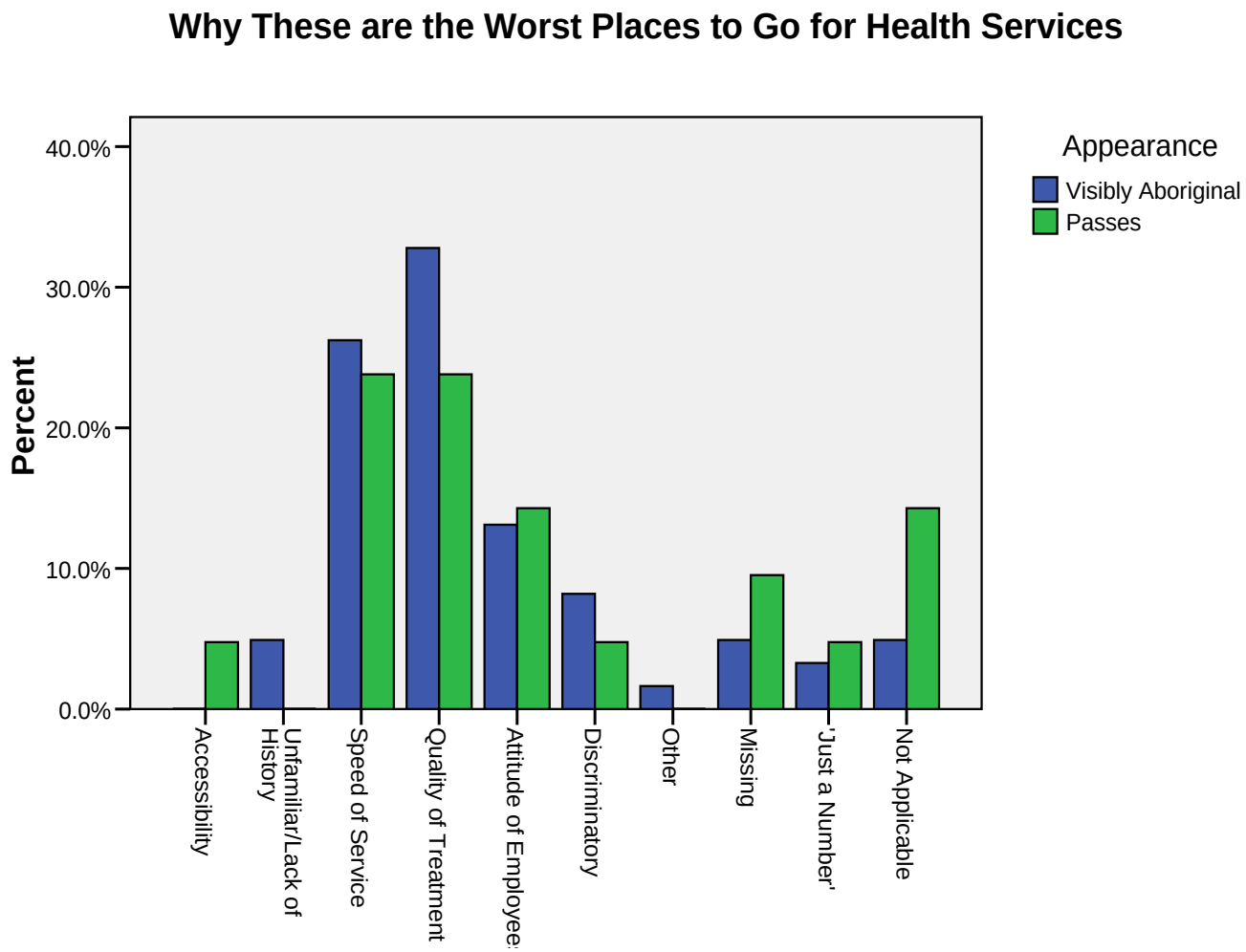

Figure 71 Why these are the Worst Places to Go for Health Services [Percent]

	Places People are Uncomfortable Returning to for Health Services							
	Family Doctor	Walk-in Clinic	Emergency Ward	Aboriginal Organization	None	Other - Professional	Other - Personal	Misunderstood Question
Visibly Aboriginal	10	6	5	2	8	5	1	1
Passes	1	2	2	1	3	3		

Table 52 Places People are Uncomfortable Returning to for Health Services

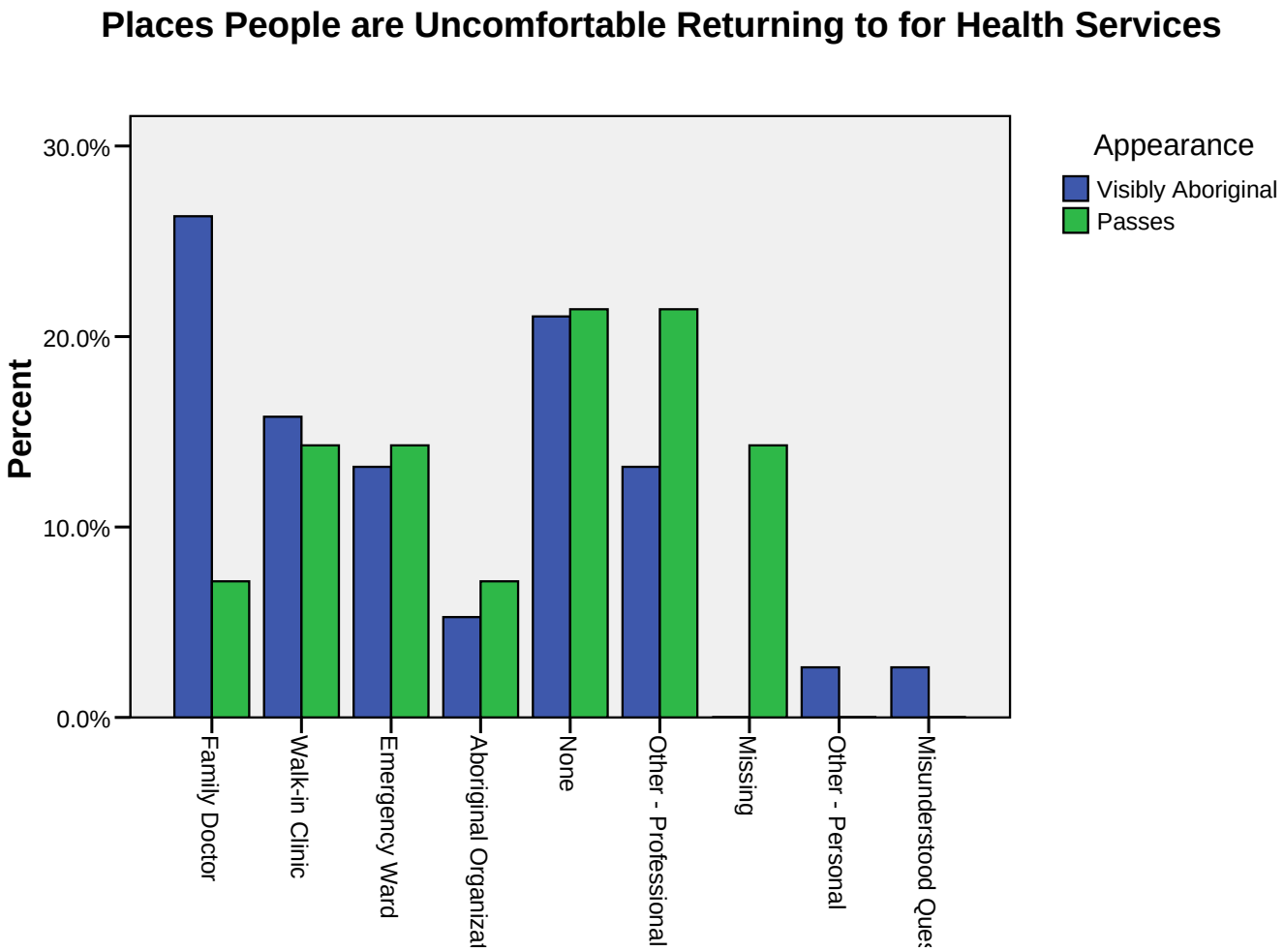

Figure 72 Places People are Uncomfortable Returning to for Health Services [Percent]

	Why People are Uncomfortable Returning for Health Services							
	Accessibility	Atmosphere	Discrimin atory	Speed of Service	Quality of Service	Don't Trust	Attitude of Employees	Not Applicable
Visibly Aboriginal	2		4	1	19	9	10	9
Passes	1	1	1		4	1	3	3

Table 53 Why People are Uncomfortable Returning for Health Services

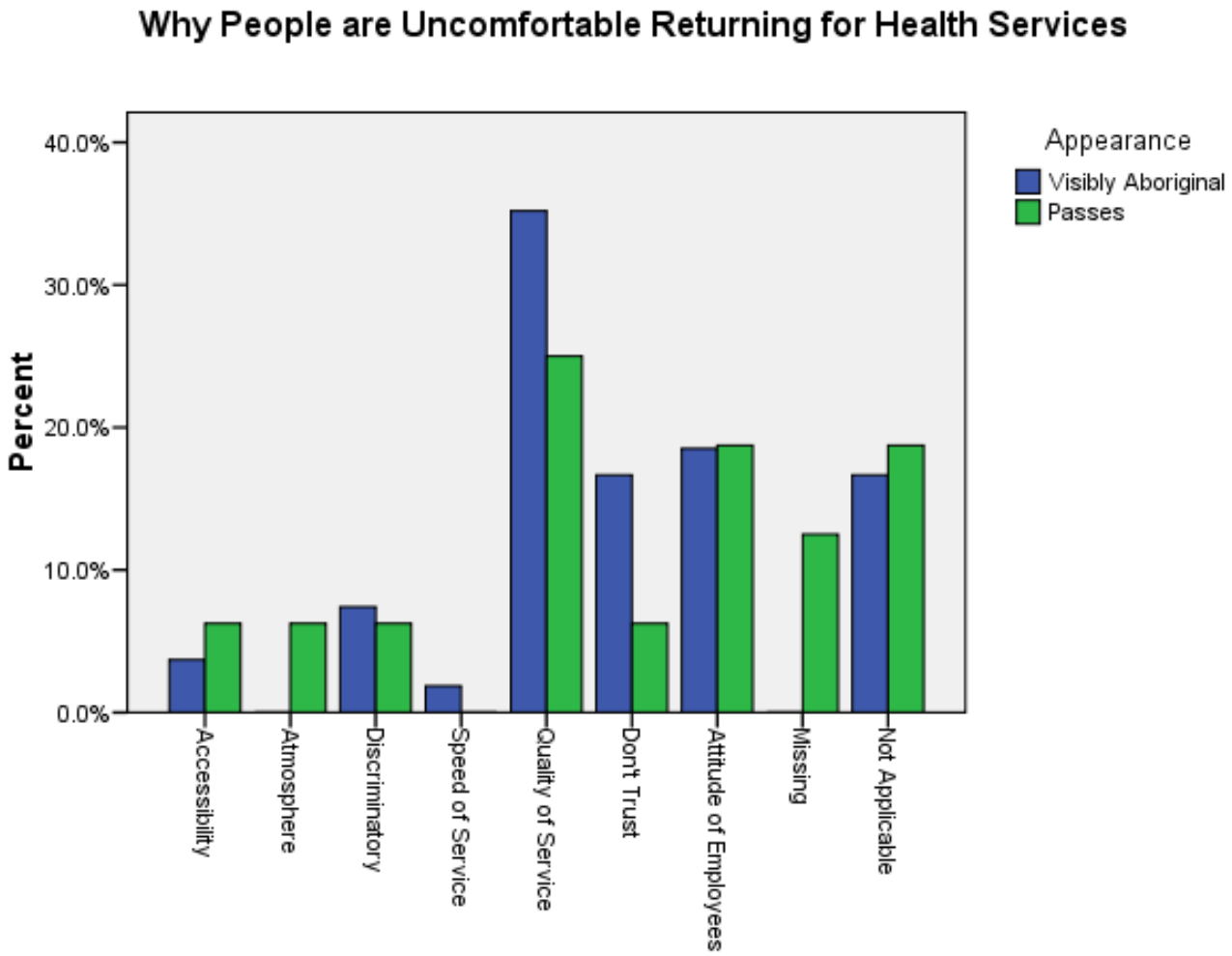

Figure 73 Why People are Uncomfortable Retuning for Health Services [Percent]

	Biggest Difficulties Accessing Health Services											
	Accessibility	Health Benefits	Lack of Family Doctor	Speed of Service	Bureaucracy	Discrimination	None	Other	Communication	Lack of Identification	Unaware of Service Options	Quality of Service
Visibly Aboriginal	4	15	3	6	2	6	5	3	8	2	2	2
Passes	4	6		4	1		1		3	2	2	3

Table 54 Biggest Difficulties Accessing Health Services

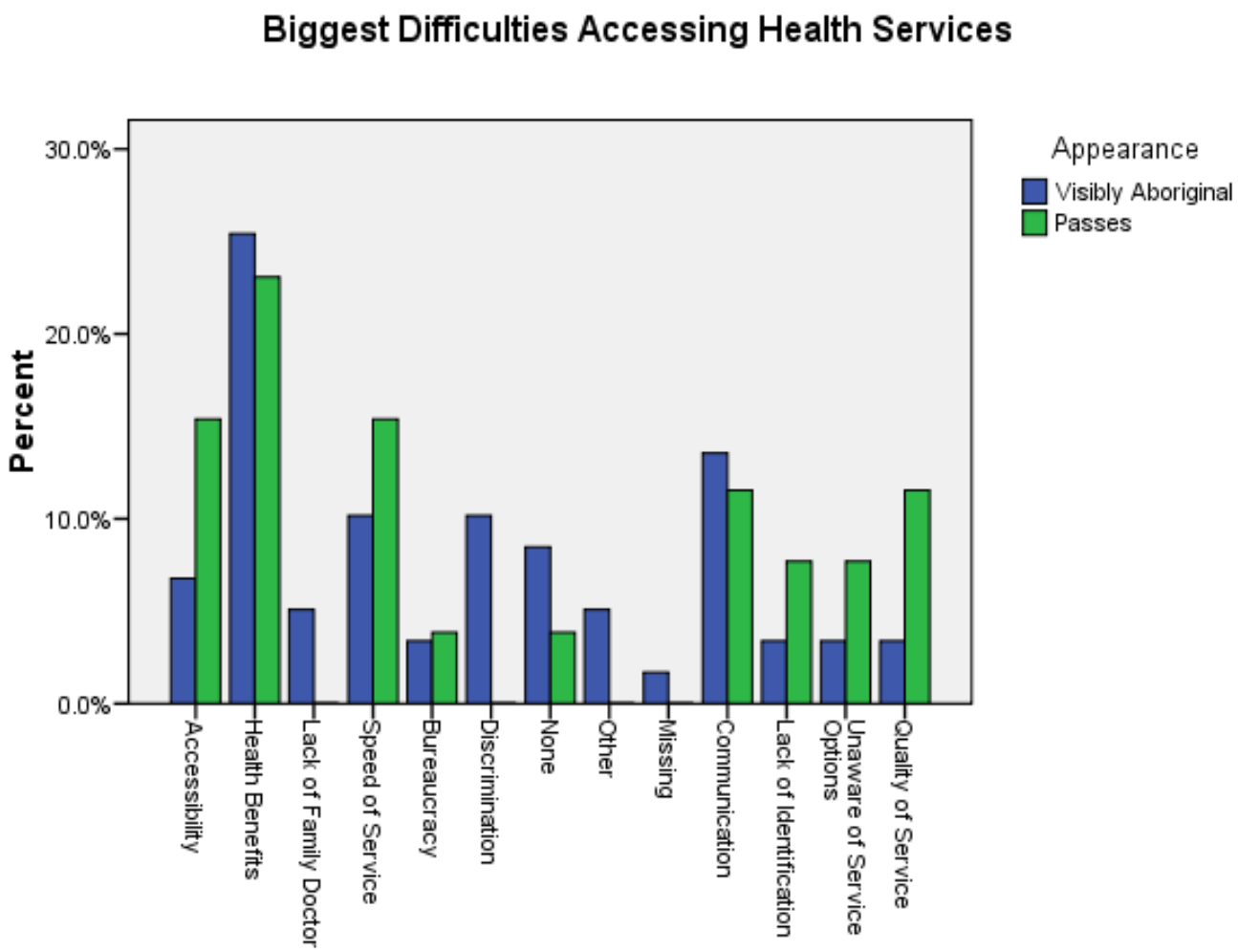

Figure 74 Biggest Difficulties Accessing Health Services [Percent]

	Suggestions to Improve Health Services											
	Accessibility	Aboriginal Health Professionals/Liaison	Family Doctors/ Long-term Relationships	Wait Times Reduced	Health Benefits Improved	Listening/Greater Empathy	Other	Cultural Education	More Services/Information	Standardized Procedures for Everyone	Communication	Satisfied with Current System
Visibly Aboriginal	5	9	3	4	4	11	2	1	12	1	1	1
Passes	2	2	1	2	3	4	1	1	4			

Table 55 Suggestions to Improve Health Services

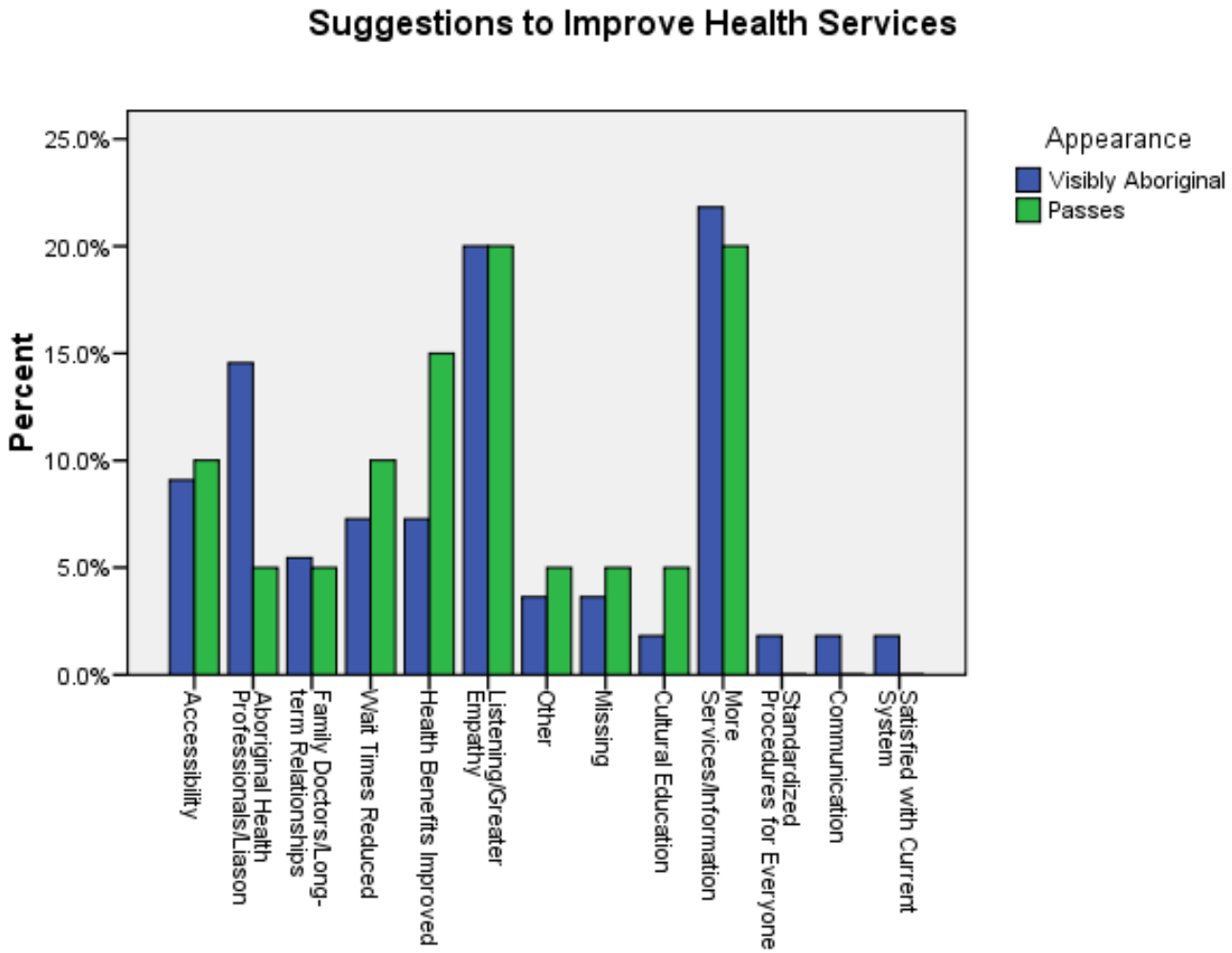

Figure 75 Suggestions to Improve Health Services [Percent]

Treatment Techniques	Differences Between Aboriginal and Non-Aboriginal Health Organizations									
		Atmosphere	Familiarity	Quality of Treatment	Greater Respect for Confidentiality	Don't Know	No Difference	Attitude of Employees	Inclusive/Non-Discriminatory	Not as Accepting
Visibly Aboriginal	4	9	11	11	3	4	5	12	9	1
Passes	2	3		3		1	3	5	3	2

Table 56 Differences between Aboriginal and Non-Aboriginal Health Organizations

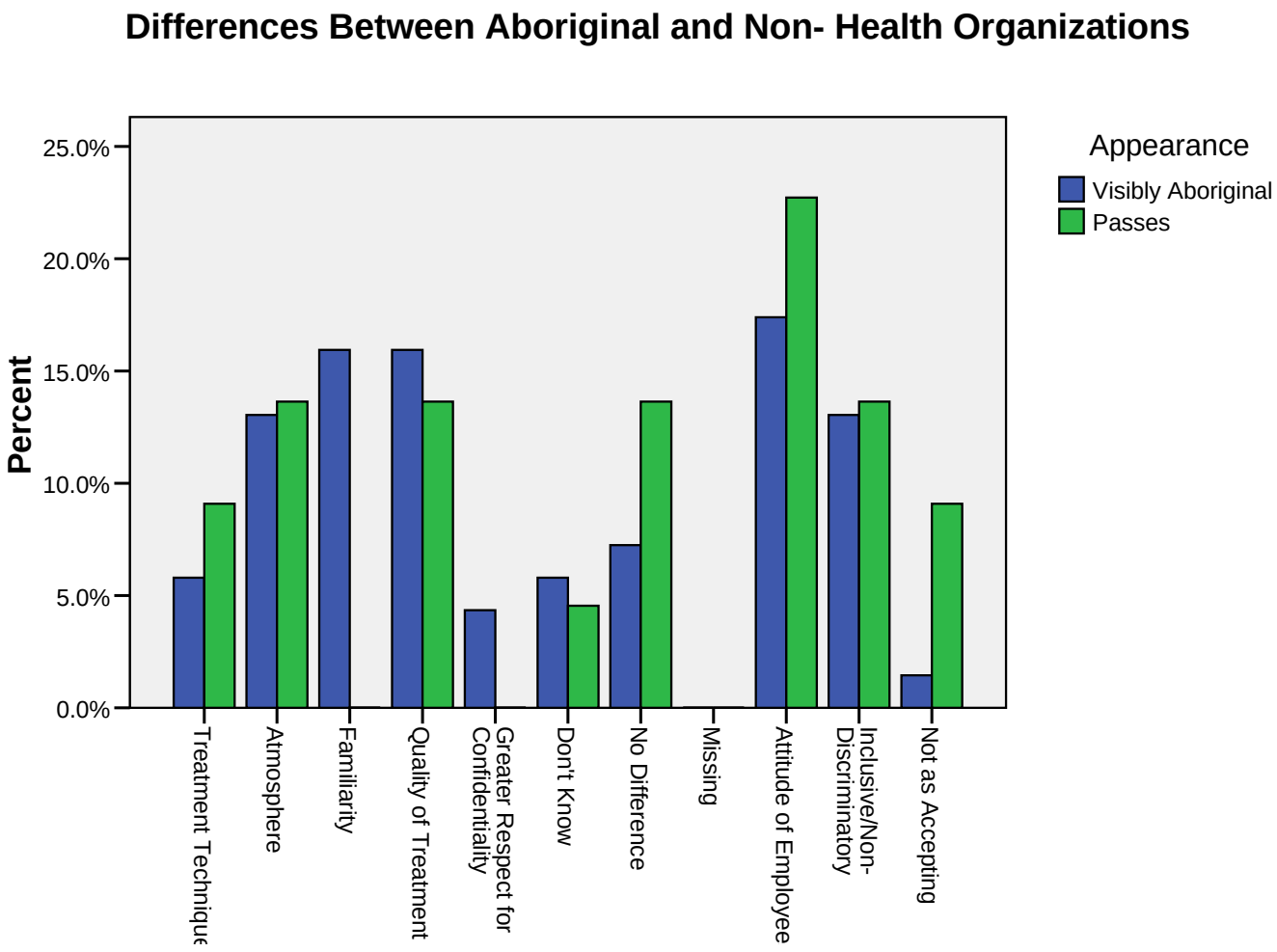

Figure 76 Differences Between Aboriginal and Non- Aboriginal Health Organizations [Percent]

Social Services

Question: When you need help or advice with something to do with you or your family's housing, social, or employment situation, where are you most likely to go? Why?

Places People Go for Social Services		Responses		Percent of Cases
		N	Percent	N
	Friendship Centre	30	38.5%	62.5%
	Other - Governmental Organization	2	2.6%	4.2%
	Band	9	11.5%	18.8%
	Ministry	11	14.1%	22.9%
	Other - NGO	4	5.1%	8.3%
	Friends/Family/Acquaintance	7	9.0%	14.6%
	Newspapers/Internet	10	12.8%	20.8%
	Okanagan Metis/Aboriginal Housing	5	6.4%	10.4%
Total		78	100.0%	162.5%

Table 57 Places People Go for Social Services

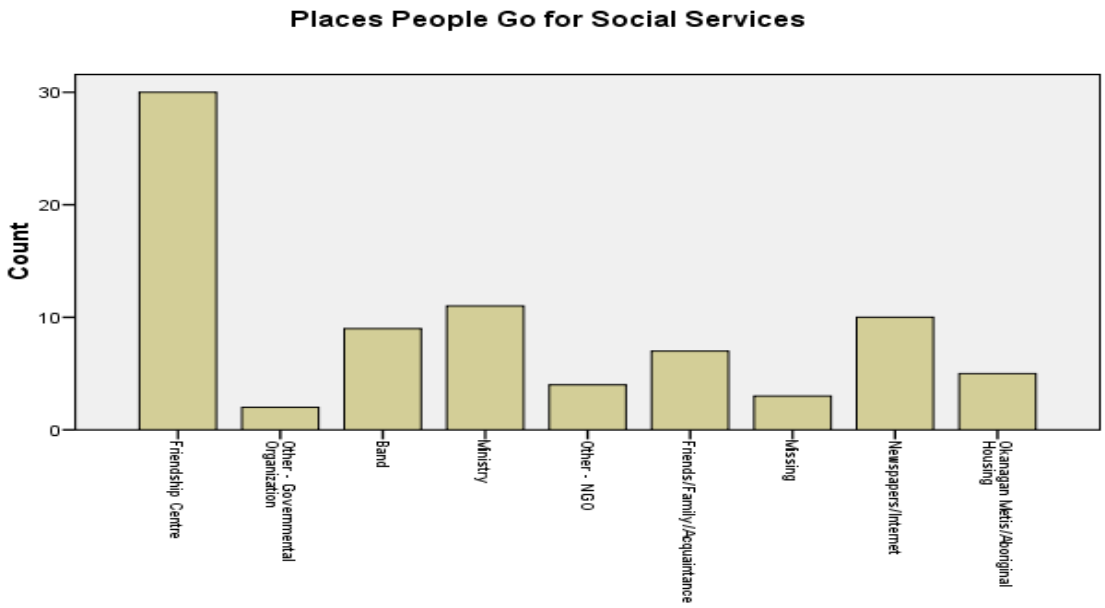

Figure 77 Places People Go for Social Services [Count]

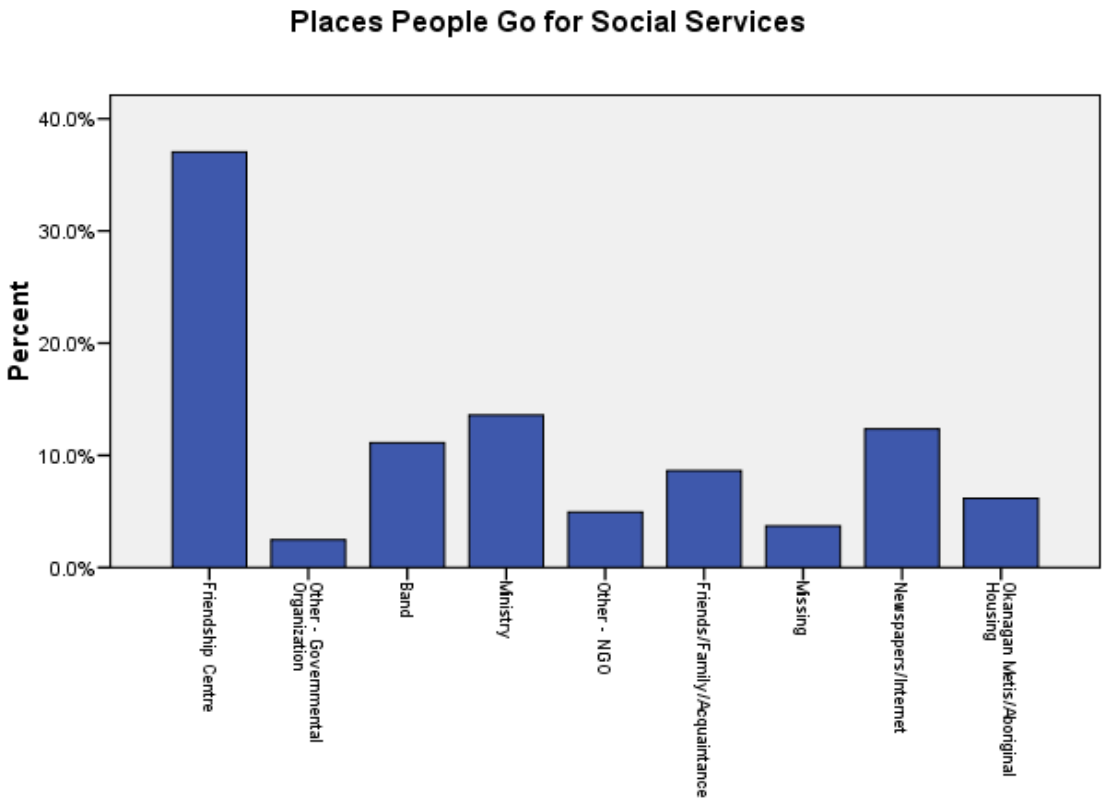

Figure 78 Places People Go for Social Services [Percent]

'Friendship Centre' refers to any of the centres in Kelowna, Penticton, and Vernon. *'Other – Governmental Organization'* was applied to responses concerning an organization that is affiliated with the government, aside from the ministries. *'Band'* relates to services respondents received on reserve. The *'Ministry'* label was applied when respondents mentioned the Ministry of Children and Family Development, the Ministry of Employment and Income Assistance, or any general comments about 'the ministry'. *'Other – NGO'* refers to anomalous comments relating to organizations that are not affiliated with the government. *'Friends/Family/Acquaintance'* refers to people that respondents know and may seek advice from, but who are not affiliated with any particular organization. *'Newspapers/Internet'* was cited by respondents as a place to search for information relating to social services. *'Okanagan Métis/Aboriginal Housing'* refers to an organization aimed at providing affordable housing to low income families of Aboriginal ancestry.

Friendship Centre – *"[Where are you most likely to go?] Friendship Centre."*
Newspapers/Internet and Friendship Centre – *"Pretty well the newspaper. [Hmm.] Yeah. [Okay.] And I did come here to the Friendship Centre."*

Question: When you need help or advice with something to do with you or your family's housing, social, or employment situation, where are you most likely to go? Why?

Why People Go There for Social Services		Responses		Percent of Cases
		N	Percent	N
	Only Place Known	5	5.8%	12.5%
	Atmosphere	1	1.2%	2.5%
	Understanding/Shared Experiences	6	7.0%	15.0%
	Level of Assistance	23	26.7%	57.5%
	Familiar	18	20.9%	45.0%
	Attitude of Employees	5	5.8%	12.5%
	Source of Information	27	31.4%	67.5%
	Other	1	1.2%	2.5%
Total		86	100.0%	215.0%

Table 58 Why People Access Social Services at These Places

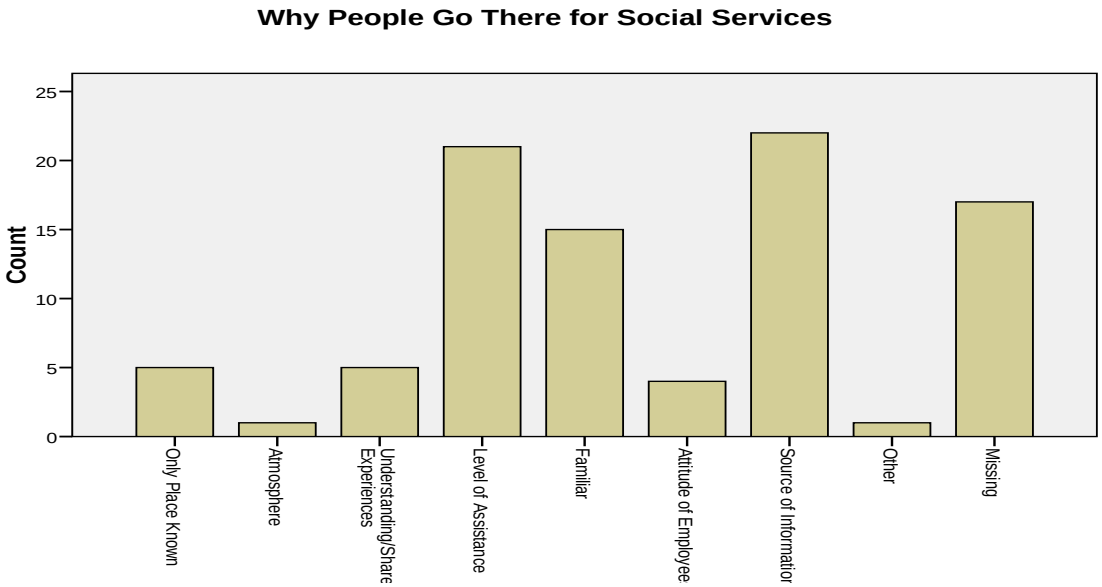

Figure 79 Why People Go There for Social Services [Count]

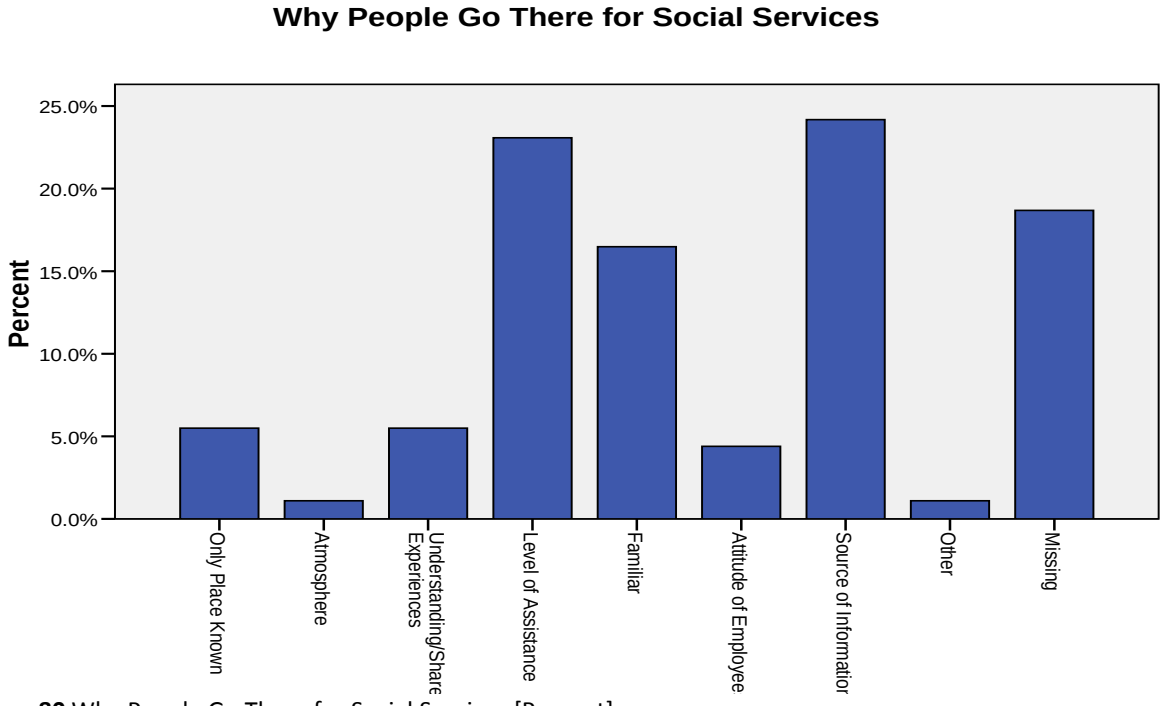

Figure 80 Why People Go There for Social Services [Percent]

'Only Place Known' refers to statements suggesting that respondents do not know of any other place to go for social services. *'Atmosphere'* relates to comments regarding the feeling or mood

that respondents associated with a place, and could be influenced by such things as art work or the level of casualness. *'Understanding/Shared Experience'* represents the assertion that employees at an agency are able to sympathize with respondents, and have an understanding of their situations. *'Level of Assistance'* pertains to the amount of help that is provided by a given organization. *'Familiar'* relates to comments that an agency is operated and designed in such a way as to feel well-known and comfortable to respondents. *'Attitude of Employees'* relates to the treatment that respondents receive from social service professionals and support staff. *'Source of Information'* signifies responses suggesting that a particular organization is a good place to go for reliable information in regards to social service concerns.

Level of Assistance – "*Because they provide a number of services and information and they have uh, counseling, counselors there."*

Familiar and Only Place Known – *"I don't want I…have a lot of friends here and I know people here and, uh, this is one of the places I know of to come to and don't know too many other places."*

Question: Which place that you or your family goes for help with social services is the best as far as you are concerned?

Best Places for Social Services		Responses		Percent of Cases
		N	Percent	N
	Friendship Centre	26	44.1%	53.1%
	Other-Governmental Organization	3	5.1%	6.1%
	Band	5	8.5%	10.2%
	Ministry	8	13.6%	16.3%
	Friends/Family/Acquaintance	2	3.4%	4.1%
	Other-NGO	6	10.2%	12.2%
	Newspapers/Internet	2	3.4%	4.1%
	Drop-In Centre	1	1.7%	2.0%
	None	3	5.1%	6.1%
	Women's Resource Centre	1	1.7%	2.0%
	Don't Know	2	3.4%	4.1%
	Misunderstood Question	2	3.4%	4.1%
Total		59	100.0%	120.4%

Table 59 The Best Places for Accessing Social Services

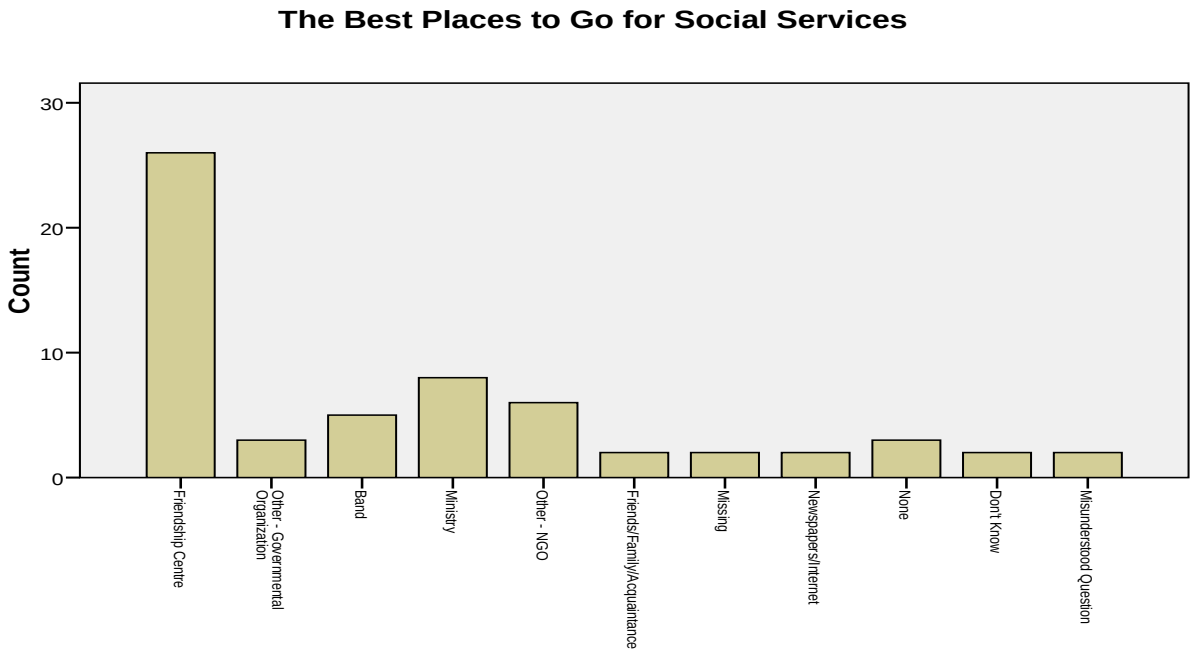

Figure 81 The Best Places to Go for Social Services [Count]

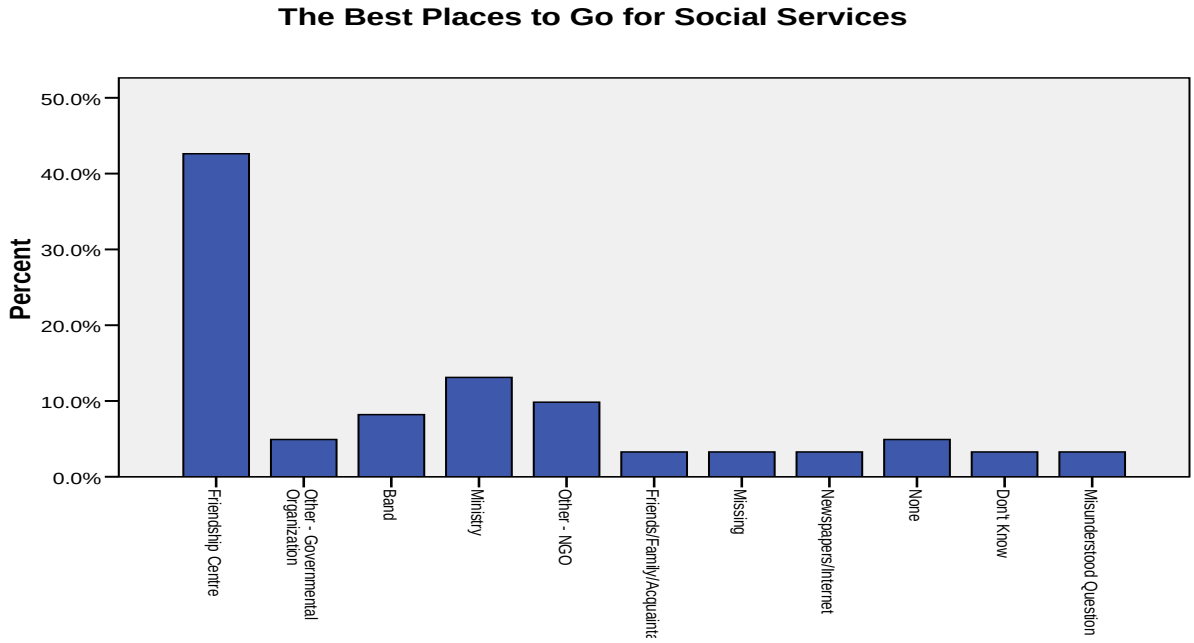

Figure 82 The Best Places to Go for Social Service [Percent]

** See Value descriptions listed under 'Places People Go for Social Services'. The following are not listed above:*

'Don't Know' was applied when respondents did not know of any places that they would classify as the 'best'. The *'Misunderstood Question'* label was applied when a respondent interpreted the question incorrectly, such as listing specific cities where they have received the best social services.

Friendship Centre – *"[Which place that you or your family goes to for help with Social Services is the best as far as you're concerned?] As far as I'm concerned…the Friendship Centre."*

Band – *"Yeah, actually when I first arrived here um, I was in the women's shelter for a while on the reserve and um, the band helped us there. [Hmm.] And they were very supportive, even checked into what little extras we could receive. [Hmm.]You know, so yeah, that would say probably a band office."*

Friends/Family/Acquaintance – *"I'd start with my friends that have been through that situation. [Hmm.] Needed help from social services. So I'd probably go through them first. [Hmm.] That's about it, the [Hmm.] … best I could do right there."*

Question: Which place that you or your family goes for help with social services is the best as far as you are concerned? Why?

Why the Best Places for Social Services	Responses		Percent of Cases
	N	Percent	N
Non-Discriminatory	3	3.8%	6.3%
Atmosphere	5	6.3%	10.4%
Understanding/Shared Experiences	13	16.5%	27.1%
Level of Assistance	29	36.7%	60.4%
Attitude of Employees	7	8.9%	14.6%
Only Place Known	3	3.8%	6.3%
Accessibility	1	1.3%	2.1%
Available Resources	11	13.9%	22.9%
Not Applicable	7	8.9%	14.6%
Total	79	100.0%	164.6%

Table 60 Why These are the Best Places for Accessing Social Services

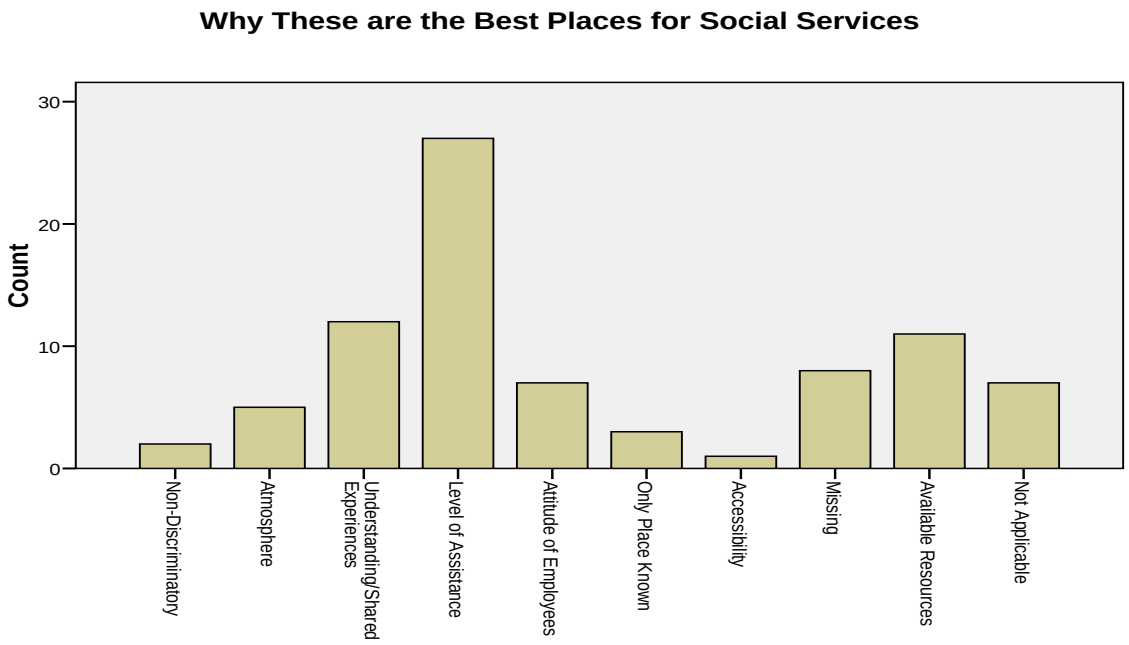

Figure 83 Why These are the Best Places for Social Services [Count]

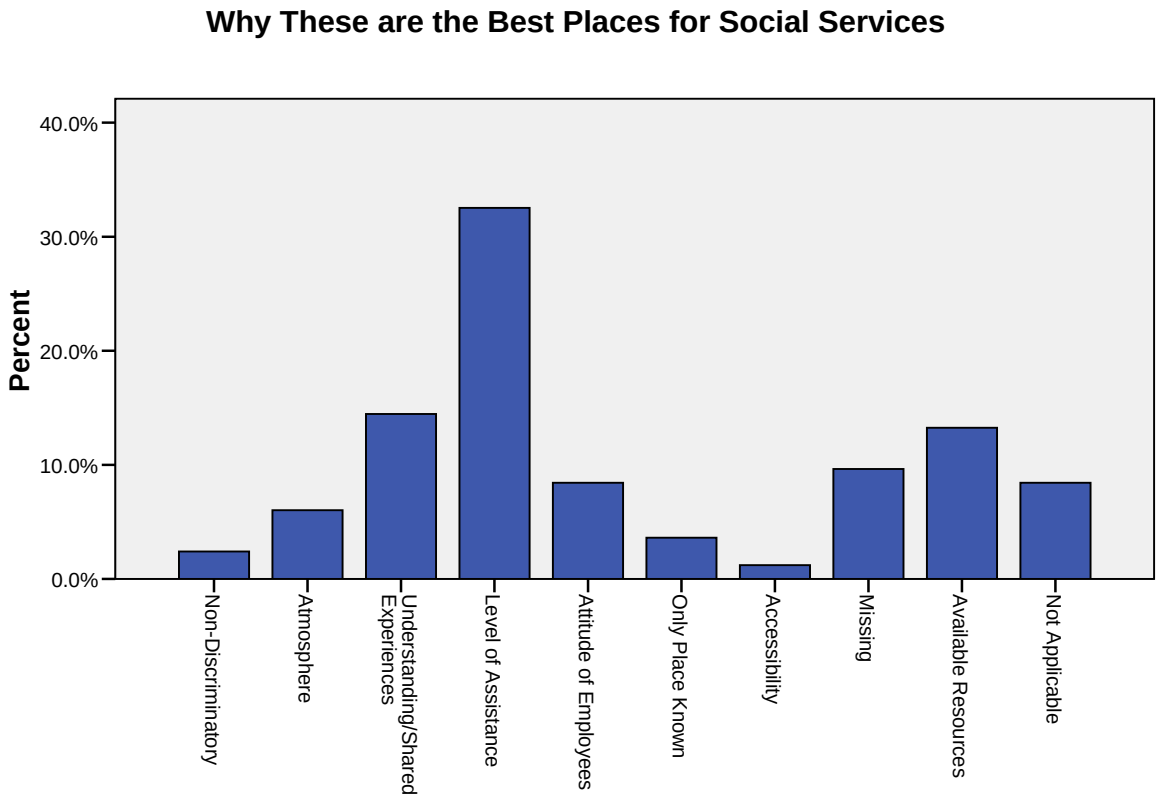

Figure 84 Why these are the Best Places for Social Services [Percent]

** See Value descriptions listed under 'Why People Go There for Social Services'. The following are not listed above:*

'Non-Discriminatory' relates to the claim that a given organization does not discriminate between patrons based on race or social status. *'Accessibility'* relates to the ease of access to an agency, generally determined by its physical location. *'Available Resources'* refers to the amount of programs or information that an organization has to offer. *'Not Applicable'* was applied in instances when a respondent could not think of a 'best' place for social services.

Attitude of Employees – *"[And your treatment, in terms of being treated…?] It's good, everyone is smiling and, like, happy face, and you know."*

Level of Assistance – *"Because of all different issues alcoholism, MCFD um employment used it all and I feel that… that… it's um. I feel ful…fulfilled, you know? Like… [Hmm.] I'm happy with what I received."*

Question: Which place that you or your family goes for help with social services is the worst as far as you are concerned?

Worst Places for Social Services		Responses		Percent of Cases
		N	Percent	N
	Other-Governmental	1	2.1%	2.2%
	Band	3	6.4%	6.5%
	Ministry	35	74.5%	76.1%
	Friends/Family/Acquaintance	1	2.1%	2.2%
	Other-NGO	1	2.1%	2.2%
	None	3	6.4%	6.5%
	Don't Know	2	4.3%	4.3%
	Misunderstood Question	1	2.1%	2.1%
Total		47	100.0%	102.2%

Table 61 The Worst Places for Accessing Social Services

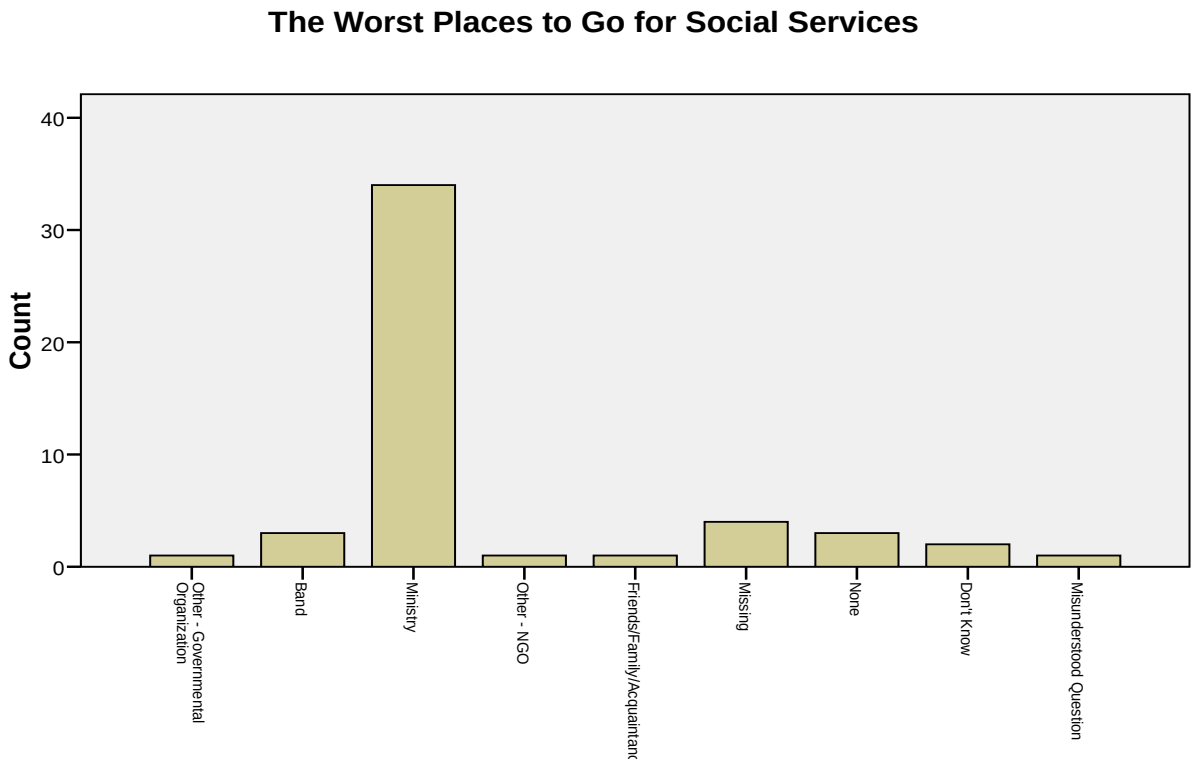

Figure 85 The Worst Places to Go for Social Services [Count]

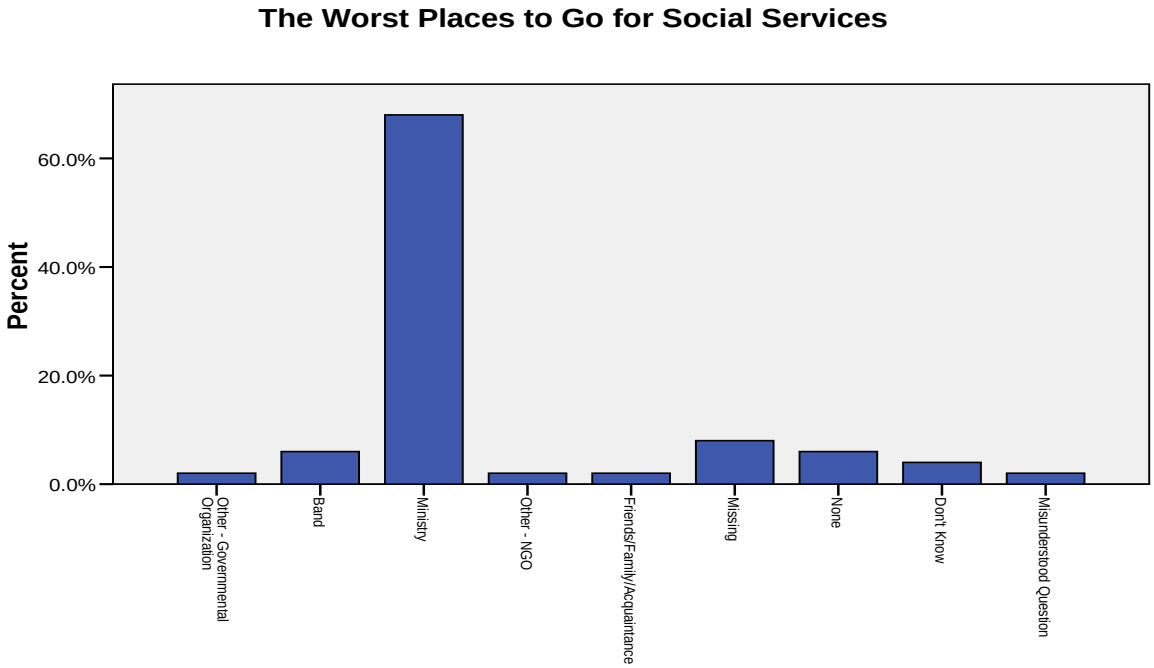

Figure 86 The Worst Places to Go for Social Services [Percent]

** See Value descriptions listed under 'Places People Go for Social Services' and 'The Best Places to Go for Social Services'.*

Ministry - *"[Where is the worst place to go when you or your family is seeking help or advice in relation to social service issues, matters or concerns and why?] Probably the Ministry."*

Band - Respondent- *"Your own band. [Your own band?] Yeah. [(Okay, so you would you contact your own band if you had some problems?] No. [Like are there situations where you might contact them?] No, I wouldn't. They wouldn't help anyway."*

Question: Which place that you or your family goes for help with social services is the worst as far as you are concerned? Why?

	Responses		Percent of Cases
Why the Worst Places for Social Services	N	Percent	N
Atmosphere	1	1.3%	2.2%
Bureaucracy	14	17.9%	31.1%
Wait Times	4	5.1%	8.9%
Attitude of Employees	13	16.7%	28.9%
Discriminatory	3	3.8%	6.7%
Level of Assistance	26	33.3%	57.8%
Other	1	1.3%	2.2%
Lack of Understanding/Unfamiliar	11	14.1%	24.4%
Not Applicable	5	6.4%	11.1%
Total	78	100.0%	173.3%

Table 62 Why These are the Worst Places for Accessing Social Services

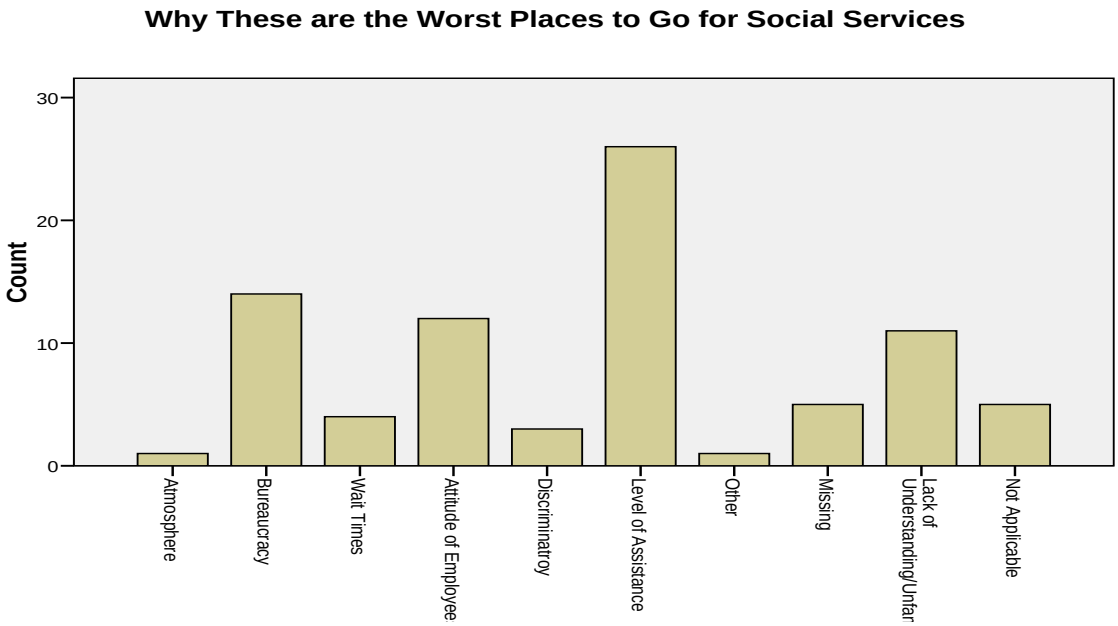

Figure 87 Why these are the Worst Places to Go for Social Services [Count]

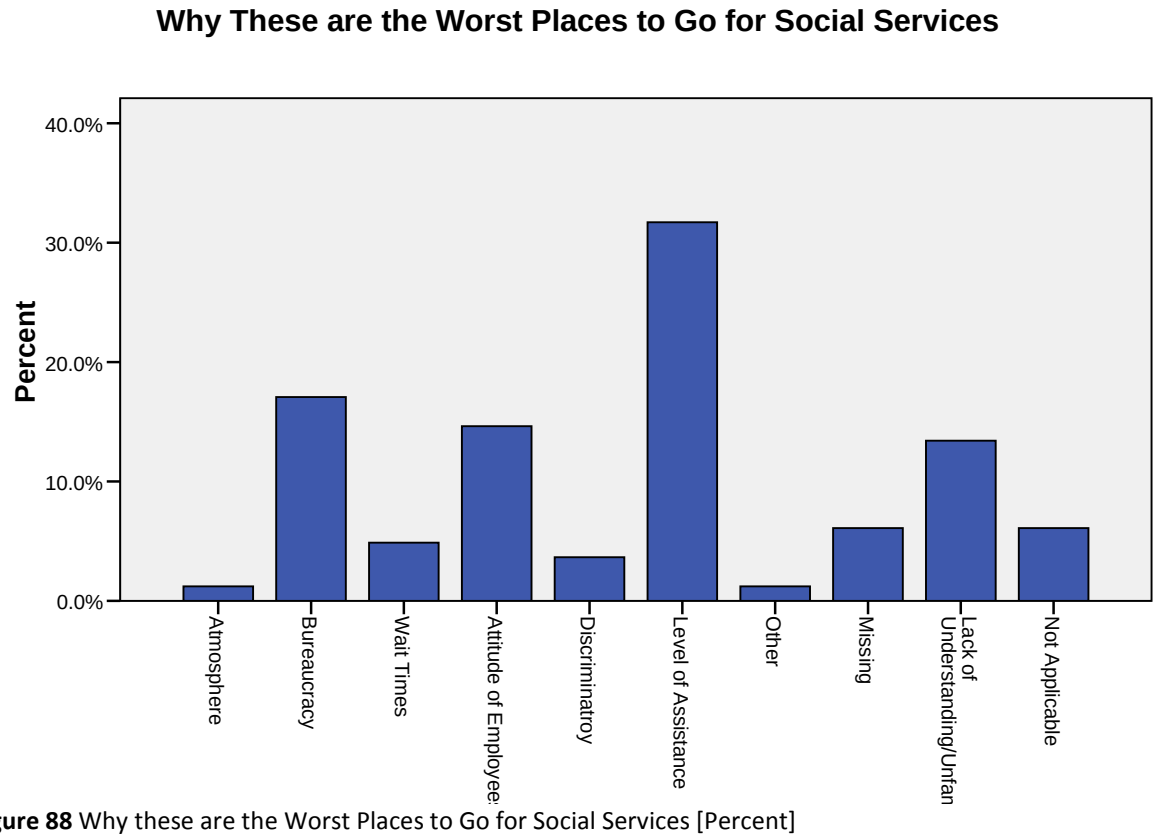

Figure 88 Why these are the Worst Places to Go for Social Services [Percent]

** See Value descriptions listed under 'Why People Go There for Social Services' and 'Why These are the Best Places to Go for Social Services'. The following are not listed above:*

'Bureaucracy' refers to the different steps that respondents have to go through in order to receive services, including difficulties relating to filing paperwork, or having to visit multiple locations. *'Wait Times'* describes the amount of time it takes to receive the services that respondents seek. *'Discriminatory'* reflects a statement that suggests that the respondent feels that they have been treated poorly due to either their Aboriginal background or their social status. *'Lack of Understanding/Unfamiliar'* relates to the perception that employees do not understand the conditions facing respondents, and that they are unfamiliar with both their heritage and their specific needs.

Lack of Understanding/Unfamiliar – *"A non-native organization that doesn't understand first nation's issues. [Hm.]) Yup, that's probably, a different kind of place to go. [Hmm.] A non-native agency that doesn't have cultural awareness or cultural sensitivity."*

Bureaucracy - *"Well, if you go to the Welfare office without any support from anywhere else, they will immediately give you a whole bunch of paperwork. [Okay.] And you have to get all that paperwork done, and usually if you have, find yourself having to go to a Welfare office, a lot of times you don't have the information they want."*

Question: Is there any place that you might have gone to in the past for help that you don't feel comfortable going now?

Uncomfortable Places for Social Services		Responses		Percent of Cases
		N	Percent	N
	Friendship Centre	1	2.0%	2.2%
	Public Schools/Daycare	2	3.9%	4.3%
	Band	4	7.8%	8.7%
	Ministry	20	39.2%	43.5%
	Friends/Family/Acquaintance	1	2.0%	2.2%
	Other	5	9.8%	10.9%
	None	16	31.4%	34.8%
	Drop-In Centre	1	2.0%	2.2%
	Misunderstood Question	1	2.0%	2.2%
Total		51	100.0%	110.9%

Table 63 Places People are Uncomfortable returning to for Social Services

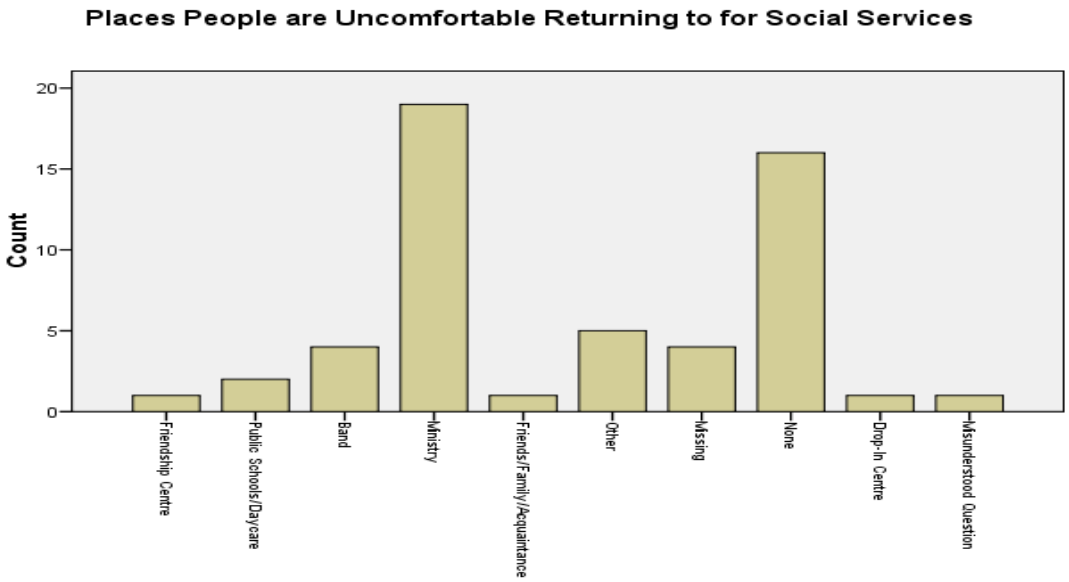

Figure 89 Places People are Uncomfortable Returning to for Social Services [Count]

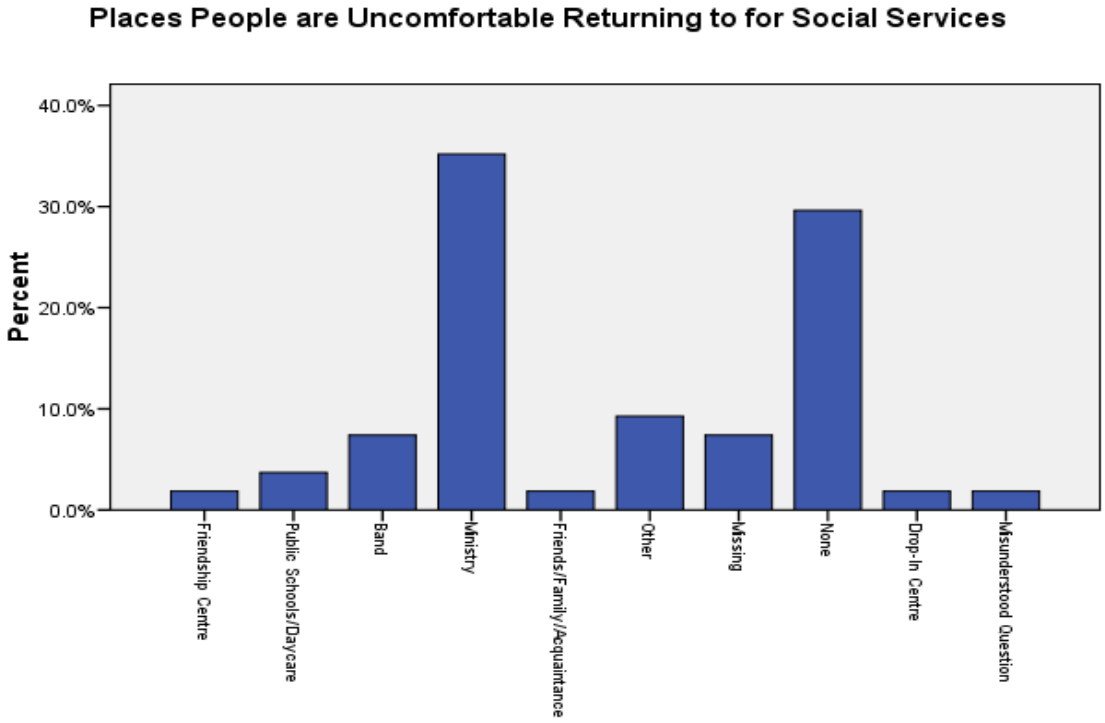

Figure 90 Places People are Uncomfortable Returning to for Social Services [Percent]

** See Value descriptions listed under 'Places People Go for Social Services' and 'The Best Places to Go for Social Services'. The following are not listed above:*

'Public Schools/Day Care' refers to the public education system or other child care institutions. *'None'* denotes a response that respondents do not have any places that they are uncomfortable returning to. The *'Drop-In Centre'* refers to a facility that provides a number of core services, such as breakfasts and lunches, showers and washrooms, advocacy, counseling, and referrals.

Ministry – *"[Is there any place that you might have gone to in the past for help where you don't feel comfortable going now?] Yeah, that social services office. I don't think I'd probably ever go there again."*

Public Schools/Day Care – *"I used to go to the daycare that I brought my kids too and I found problems where my, like, there wasn't enough attention spent with the kids, like, I felt like they were being neglected a little bit… [Hmm.] And um, I took them out of there and there was a school the same thing. My daughter got locked in the washroom. [Hmm.] And I took them out of there, I never sent my daughter back to the school."*

Question: Is there any place that you might have gone to in the past for help that you don't feel comfortable going now? Why?

	Responses		Percent of Cases
Why Uncomfortable for Social Services	N	Percent	N
Discriminatory	3	4.7%	6.5%
Atmosphere	2	3.1%	4.3%
Level of Assistance	15	23.4%	32.6%
Bureaucracy	3	4.7%	6.5%
Attitude of Employees	4	6.3%	8.7%
Distrust	10	15.6%	21.7%
Unfamiliar	2	3.1%	4.3%
Other	5	7.8%	10.9%
Wait Times	1	1.6%	2.2%
Just a Number	1	1.6%	2.2%
Not Applicable	18	28.1%	39.1%
Total	64	100.0%	139.1%

Table 64 Why People are Uncomfortable Returning for Social Services

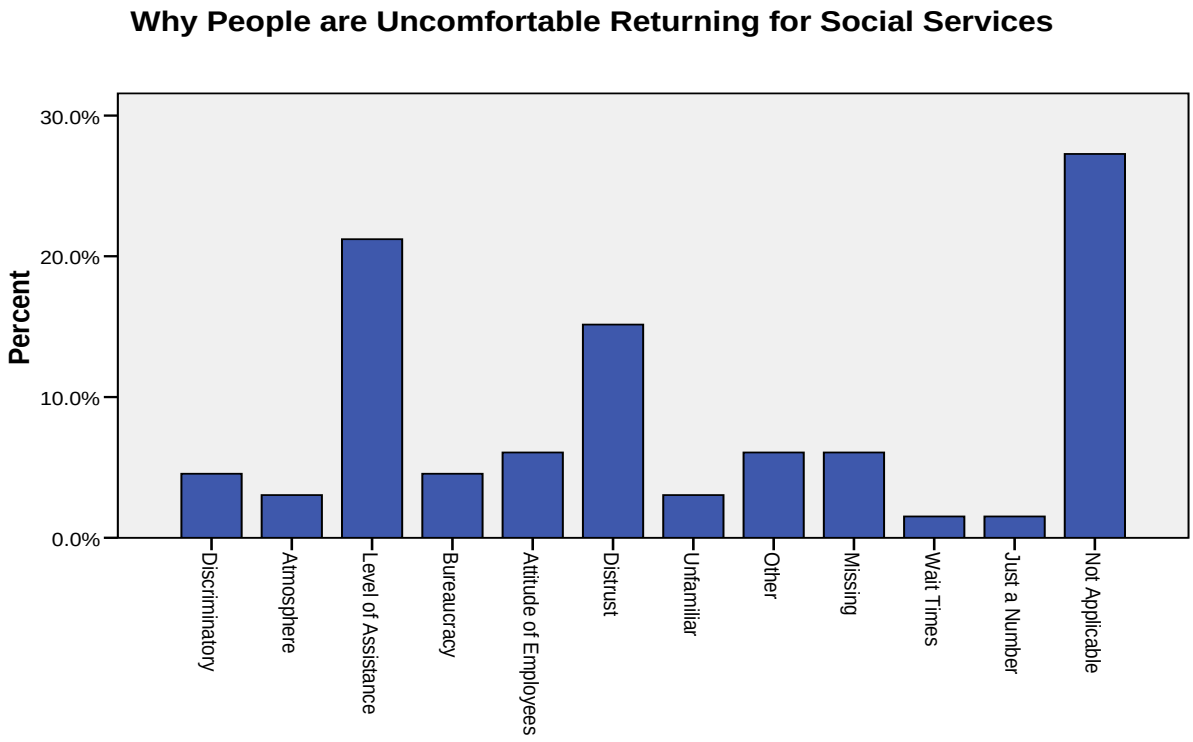

Figure 91 Why People are Uncomfortable Returning for Social Services [Percent]

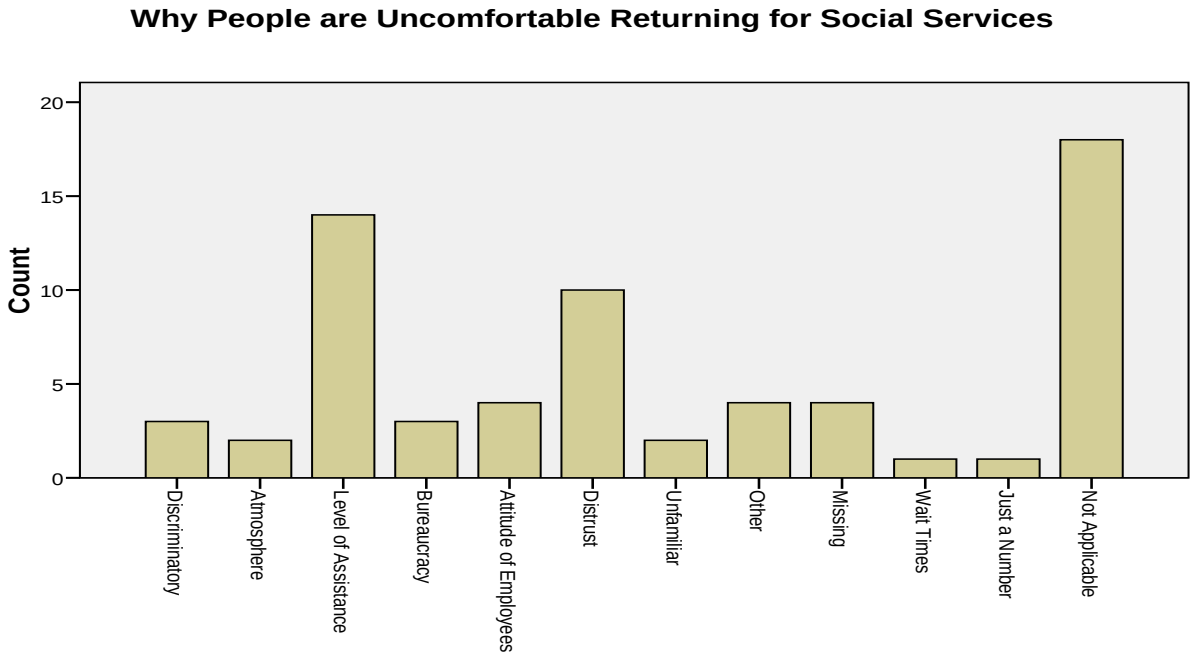

Figure 92 Why People are Uncomfortable Returning for Social Services [Count]

** See Value descriptions listed under 'Why People Go There for Social Services', 'Why These are the Best Places to Go for Social Services' and 'Why These are the Worst Places to Go for Social Services'. The following are not listed above:*

'Distrust' refers to respondents feeling as though they could not put faith in the professional opinions of social service workers, or that they would not be a reliable source of information. *'Just a Number'* relates to specific comments made by respondents that they were made to feel unimportant, that there was a lack of concern about their problems, and that they were essentially just a number.

Level of Assistance – *"The situation that I had to go there was really embarrassing. And then they made it that much worse by saying, "Well no, we can't help you," even though you know, you're gonna be kicked out on the street and stuff."*

Distrust – *"Children and Family is a big one. Stay the hell away from them. Anything you tell them they use against you."*

Question: What is your biggest difficulty in getting the social services you need?

	Responses		Percent of Cases
Difficulties Accessing Social Services	N	Percent	N
Accessibility	7	9.9%	17.9%
Discrimination	4	5.6%	10.3%
Assumptions	6	8.5%	15.4%
Bureaucracy	13	18.3%	33.3%
Lack of Understanding	11	15.5%	28.2%
Unaware of Service Options	5	7.0%	12.8%
Wait Times	7	9.9%	17.9%
Other	8	11.3%	20.5%
Attitude of Employees	4	5.6%	10.3%
'Just a Number'	3	4.2%	7.7%
None	2	2.8%	5.1%
Misunderstood Question	1	1.4%	2.6%
Total	71	100.0%	182.1%

Table 65 Biggest Difficulties Accessing Social Services

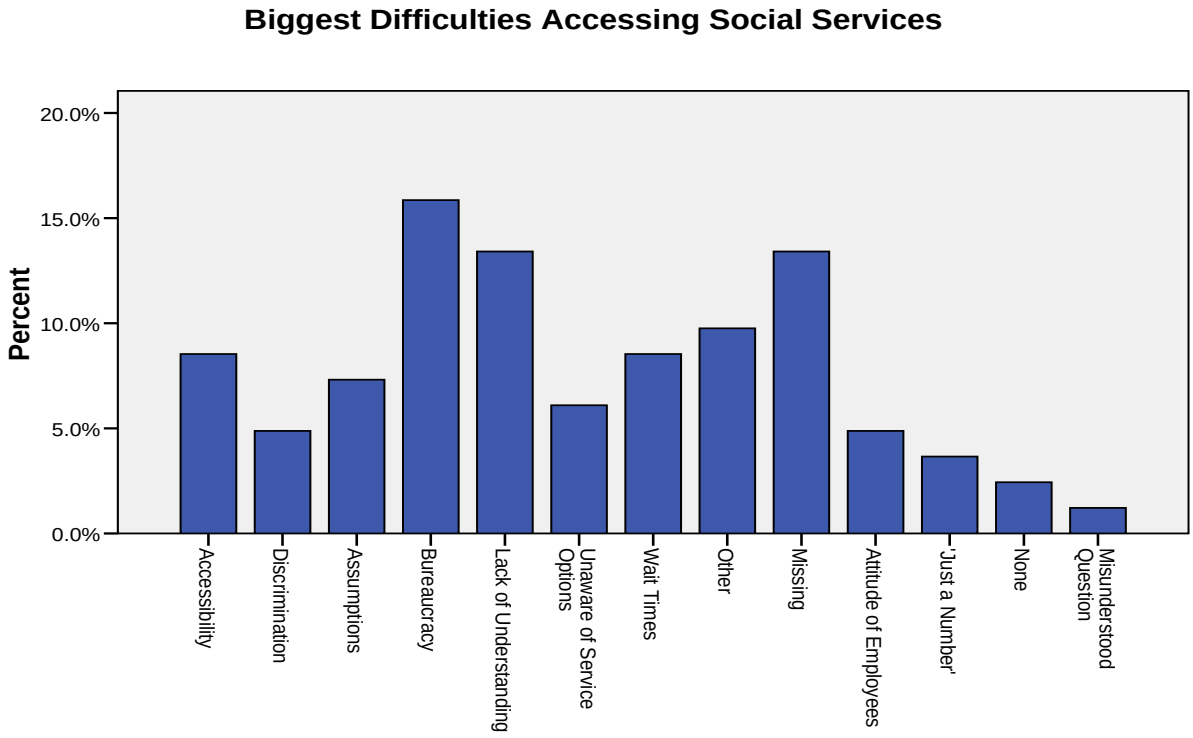

Figure 93 Biggest Difficulties Accessing Social Services [Percent]

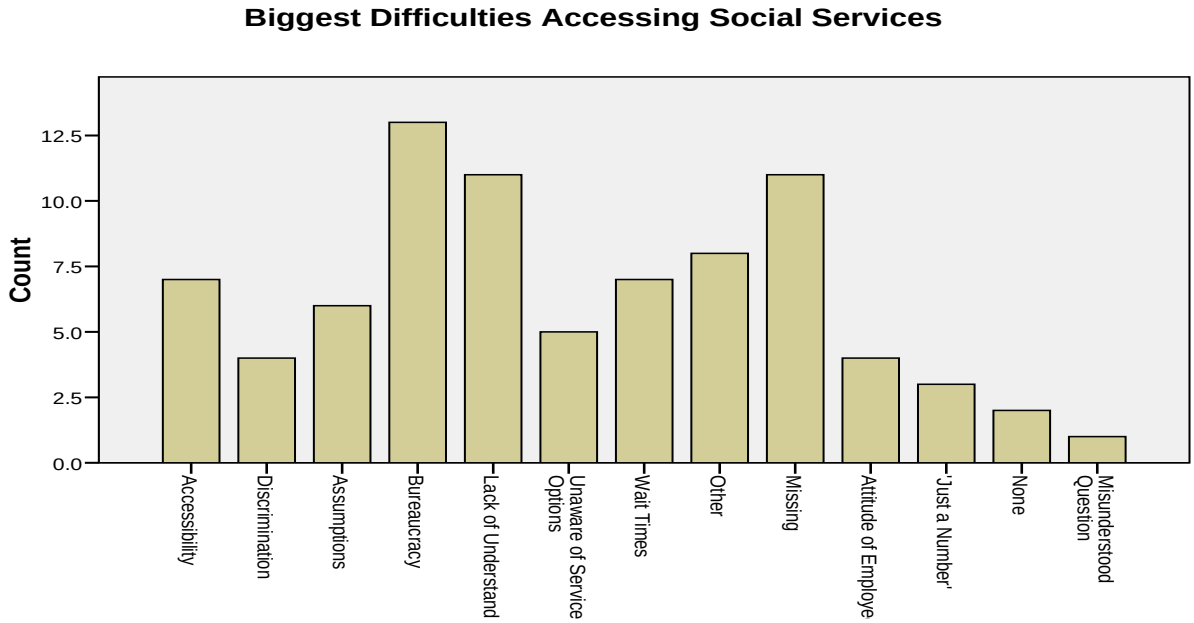

Figure 94 Biggest Difficulties Accessing Social Services [Count]

** See Value descriptions listed under 'Why People Go There for Social Services', 'Why These are the Best Places to Go for Social Services' and 'Why These are the Worst Places to Go for Social Services'. The following are not listed above:*

'Assumptions' relates to the sentiment that social service workers are passing judgment on clients, and treating them according to these assumptions. *'Unaware of Service Options'* refers to the concern that it is difficult to receive the best services because of a lack of knowledge about the options that are available.

Bureaucracy – *"[What would you say is the biggest difficulty in getting social services that you would need?] Just going through the whole process, 'cause I mean, to get anything you have to do a job search and you have to do this, you have to do that. Then it takes three weeks to hear back from them."*

Unaware of Service Options – *"It's like they, almost like they expect you to know what to do sometimes in situations. [Hmm.] Like, even for me, it's like I leave from a community where everybody's community and we work together and everybody's okay. And then I moved out here and you're all by yourself and you don't have all the questions, like you have so many questions and you do things wrong and they give you penalties and it's like you don't even know why you're doing things wrong."*

Question: If you got to make one suggestion about how to improve social services to your community, what would it be?

Suggestions to Improve Social Services		Responses		Percent of Cases
		N	Percent	N
	Improved Accessibility	7	9.7%	14.3%
	Options Explained	6	8.3%	12.2%
	Cultural Education	5	6.9%	10.2%
	Speed of Service Provision	2	2.8%	4.1%
	Aboriginal Representatives	8	11.1%	16.3%
	More Services/Information	17	23.6%	34.7%
	Greater Sensitivity/Respect from Service Providers	13	18.1%	26.5%
	Other	5	6.9%	10.2%
	Feedback from Service Users	3	4.2%	6.1%
	Satisfied with Current System	3	4.2%	6.1%
	Careful Screening of Disability/Welfare Recipients	2	2.8%	4.1%
	More Communication Between Agencies	1	1.4%	2.0%
Total		72	100.0%	146.9%

Table 66 Suggestions to Improve Social Services

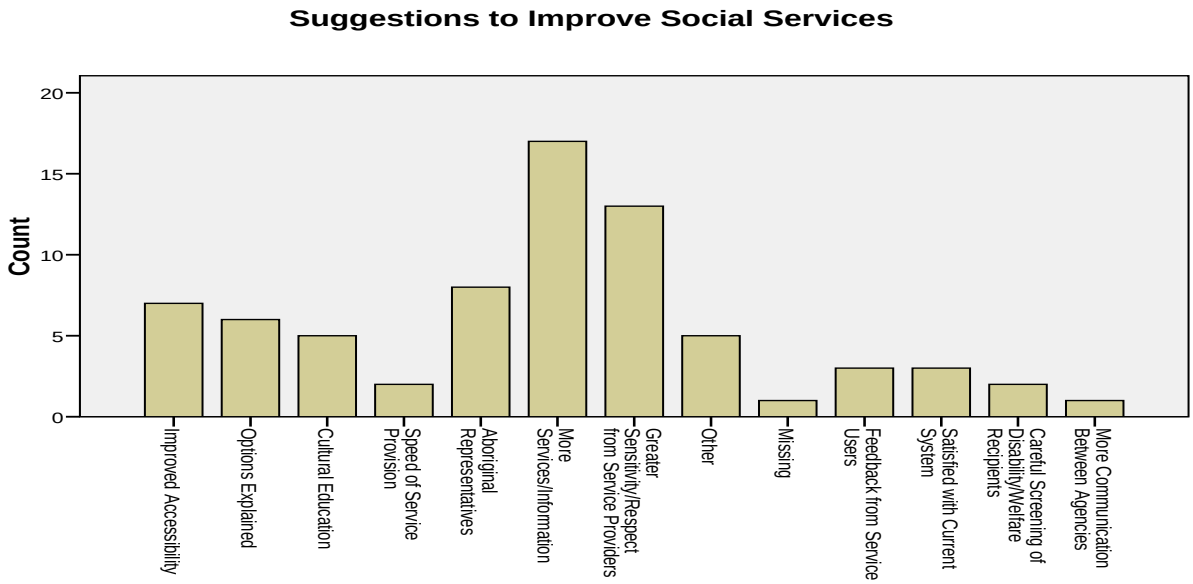

Figure 95 Suggestions to Improve Social Services [Count]

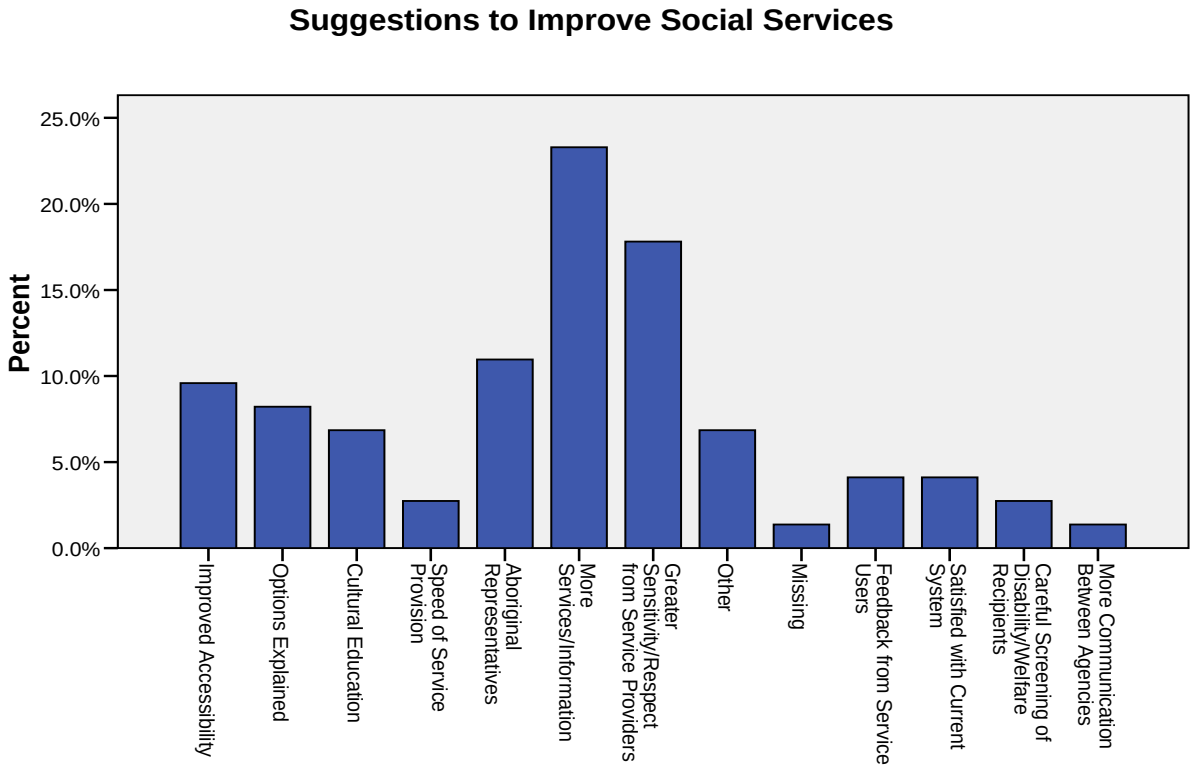

Figure 96 Suggestions to Improve Social Services [Percent]

'Improved Accessibility' refers to improved access to services. *'Options Explained'* relates to the idea that respondents would like to be fully informed about service options and how to access them. *'Cultural Education'* was cited as a means of fostering a higher level of understanding from social service professionals. *'Speed of Service Provision'* relates to the need to be able to receive services more promptly, particularly in crisis situations. *'Aboriginal Representatives'* addresses the suggestion that Aboriginal representatives and social service workers would be better suited to help people of Aboriginal decent. *'More Services/Information'* represents comments suggesting that more facilities, programs, or information are needed within the social service system. *'Greater Sensitivity/Respect from Service Providers'* refers to the desire to be heard by service providers, and to be treated with care. *'Feedback from Service Users'* was suggested as a way of monitoring and improving the social service system. *'Satisfied with Current System'* denotes a level of approval of the current system whereby no improvements are seen as necessary. *'Careful Screening of Disability/Welfare Recipients'* was mentioned by respondents who felt the current screening process is too weak, and that this results in a stigma being placed on legitimate users of these services. *'More Communication Between Agencies'* refers to the suggestion that would be able to operate more efficiently if they worked together.

Greater Sensitivity/Respect from Service Providers – *"Everyone should be treated equal, you know? [And with respect.] And with respect. No matter what culture you are, or colour you are, we all bleed red. We're all put on this earth for goodness, not badness. But there is some bad apples out there, on the other line or in front of you, that just don't care, you know? They just want three o'clock to come around and boom they're gone or 4:30, boom they're gone. I need such and such a money, who cares about the person I talk to, they're just a case number."*

Accessibility – *"[If you had to make one suggestion about how to improve social services what would it be? That they move more central or 'til they're easier to access."*

Aboriginal Representatives – *"Have more staffing that was rather than Caucasian."*

Question: Do you think there are any important differences between Aboriginal run social service delivery organizations and those run by others?

Differences Between Social Organizations		Responses		Percent of Cases
		N	Percent	N
	Atmosphere	12	14.0%	26.1%
	Inclusive/Non-Discriminatory	11	12.8%	23.9%
	Level of Assistance	20	23.3%	43.5%
	Familiarity	19	22.1%	41.3%
	Attitude of Employees	19	22.1%	41.3%
	Less Able to Help	1	1.2%	2.2%
	No Difference	3	3.5%	6.5%
	Other	1	1.2%	2.2%
Total		86	100.0%	187.0%

Table 67 Differences between Aboriginal and Non-Aboriginal Social Service Organizations

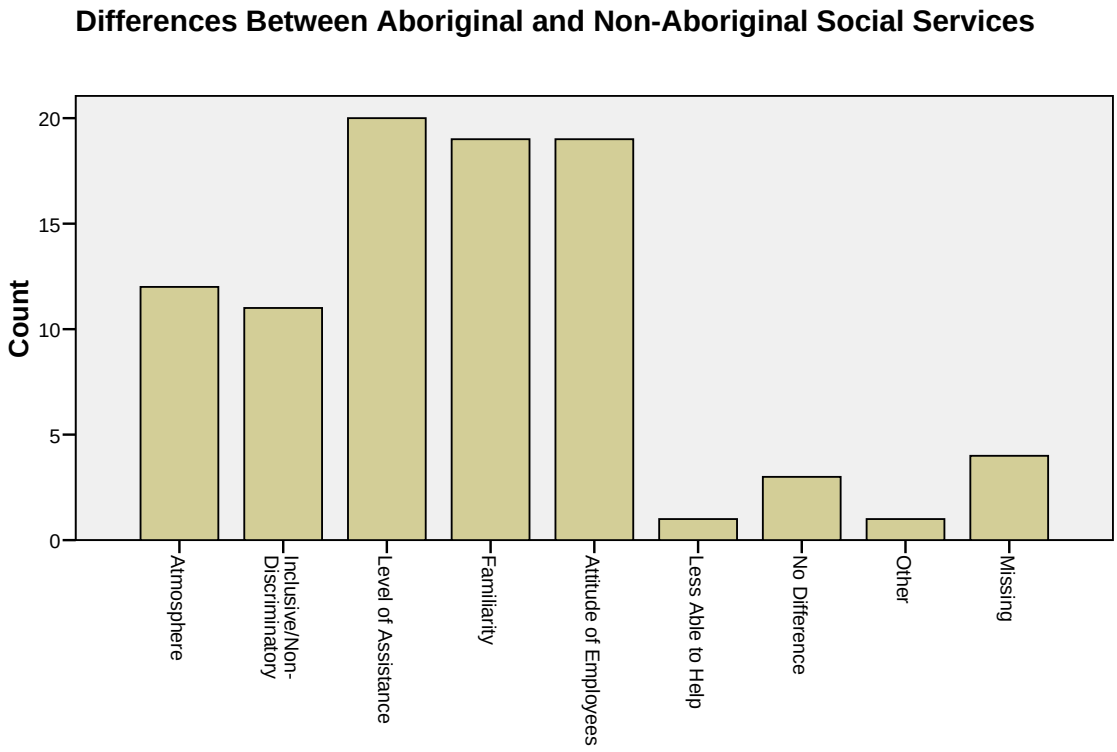

Figure 97 Differences between Aboriginal and Non-Aboriginal Social Services [Count]

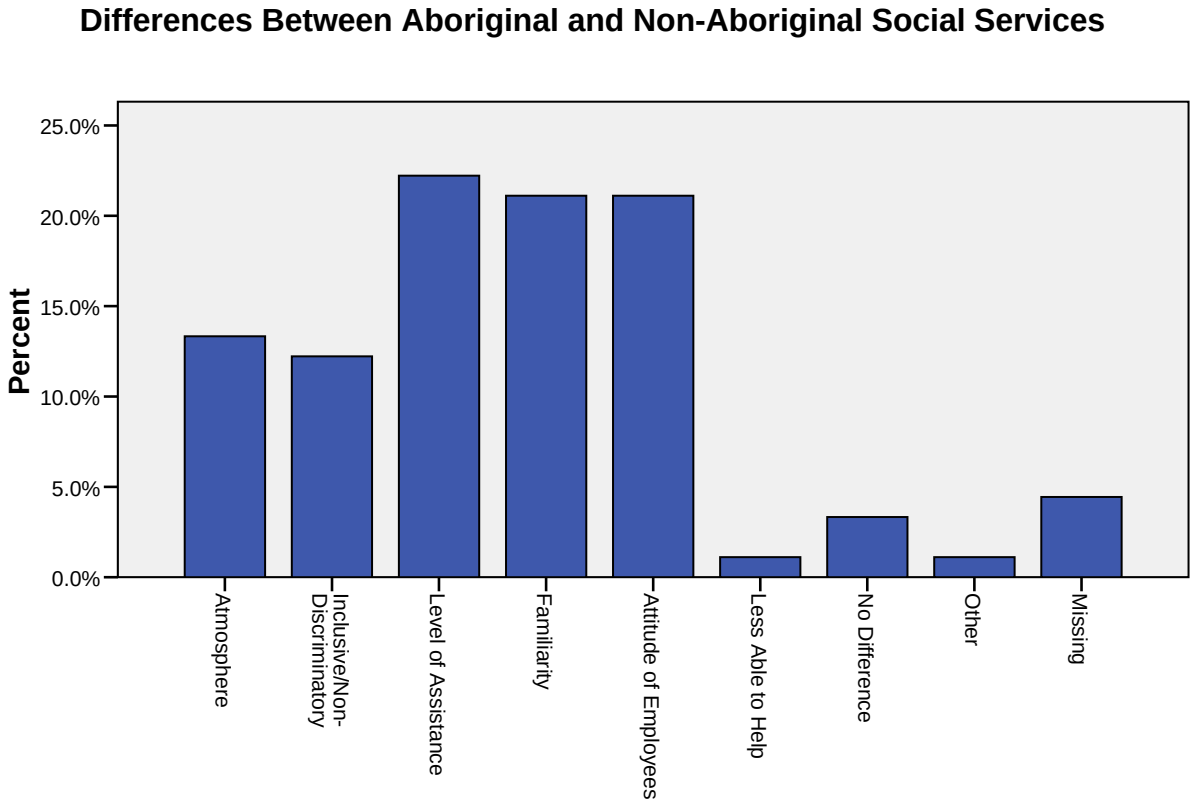

Figure 98 Differences between Aboriginal and Non-Aboriginal Social Services [Percent]

** See Value descriptions listed under 'Why People Go There for Social Services', 'Why These are the Best Places to Go for Social Services' and 'Why These are the Worst Places to Go for Social Services'. The following are not listed above:*

'Less Able to Help' refers to the sentiment that Aboriginal agencies do not have the degree of funding or resources available to them as non-Aboriginal organizations, and therefore are less capable of providing assistance. *'No Difference'* represents the idea that there is not a major difference between the organizations.

Familiarity – *"I think that an Aboriginal establishment would have more compassion and more understanding because of the upbringing on how Aboriginal families are brought up."*

Attitude of Employees – *"I would definitely say so. Like I said before, the Aboriginal, uh, side of things. They're just more compassionate, caring, understanding than the non-Aboriginals."*

Atmosphere – *"You feel comfort when you come through an Aboriginal organization whether it's profit or non profit. [Hmm.] Or… on the non-Aboriginal side, there's glass, [Hmm.] or little walls, invisible walls that you see. Where when you walk into an Aboriginal organization, you don't see that at all. Glass or, not. Cold, warm, warm. [Hmm.] Totally different."*

Barriers – Responses to Social Service Questions by Gender

	Places People Go for Social Services							
	Friendship Centre	Other - Governmental Organization	Band	Ministry	Other - NGO	Friends/Family/Acquaintance	Newspapers/Internet	Okanagan Metis/Aboriginal Housing
Female	18	1	8	5	2	3	7	5
Male	12	1	1	6	2	4	3	

Table 68 Places People Go for Social Services

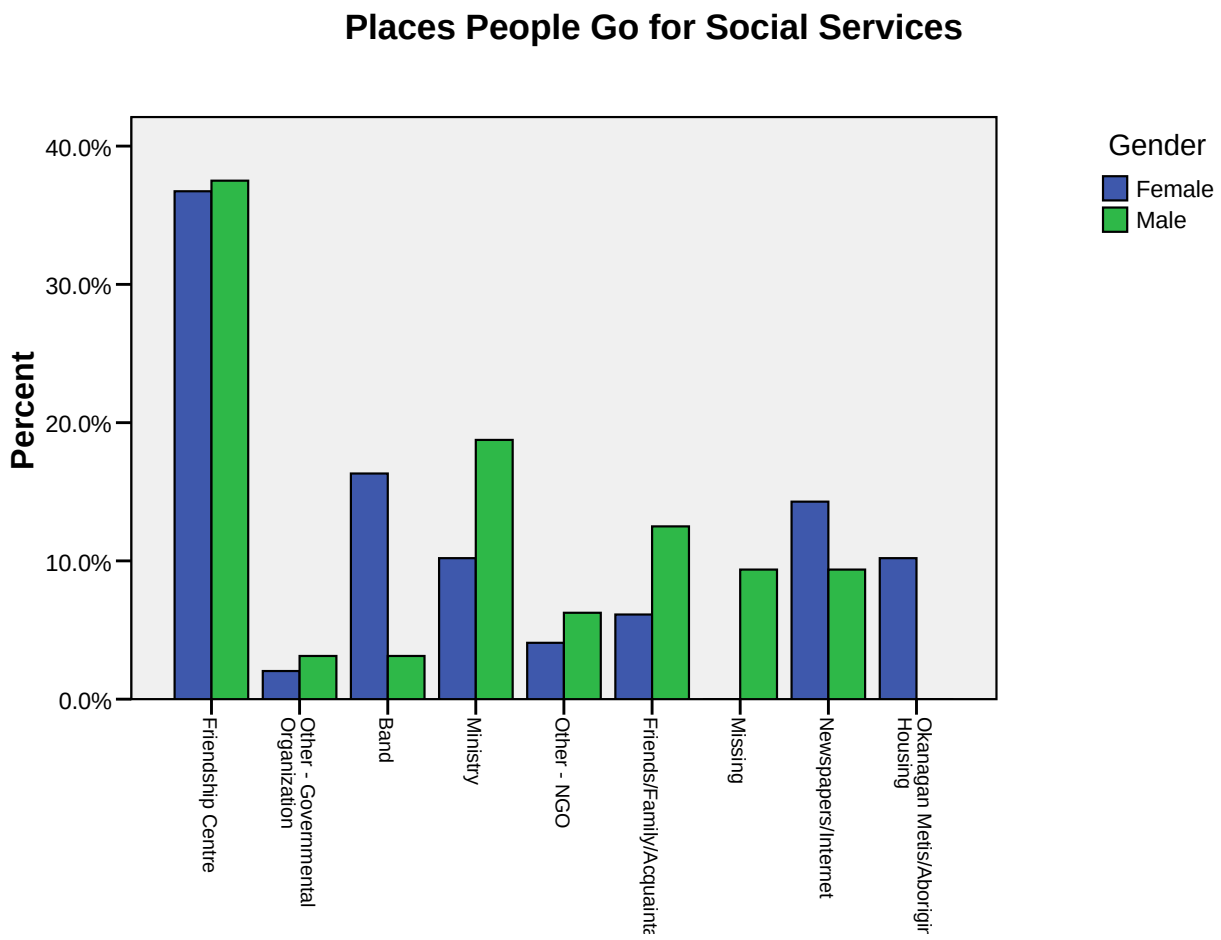

Figure 99 **Places People Go for Social Services [Percent]**

	Why People Go There for Social Services							
	Only Place Known	Atmosphere	Understanding/Shared Experiences	Level of Assistance	Familiar	Attitude of Employees	Source of Information	Other
Female	3	1	4	14	15	5	19	
Male	2		2	9	3		8	1

Table 69 Why People Go There for Social Services

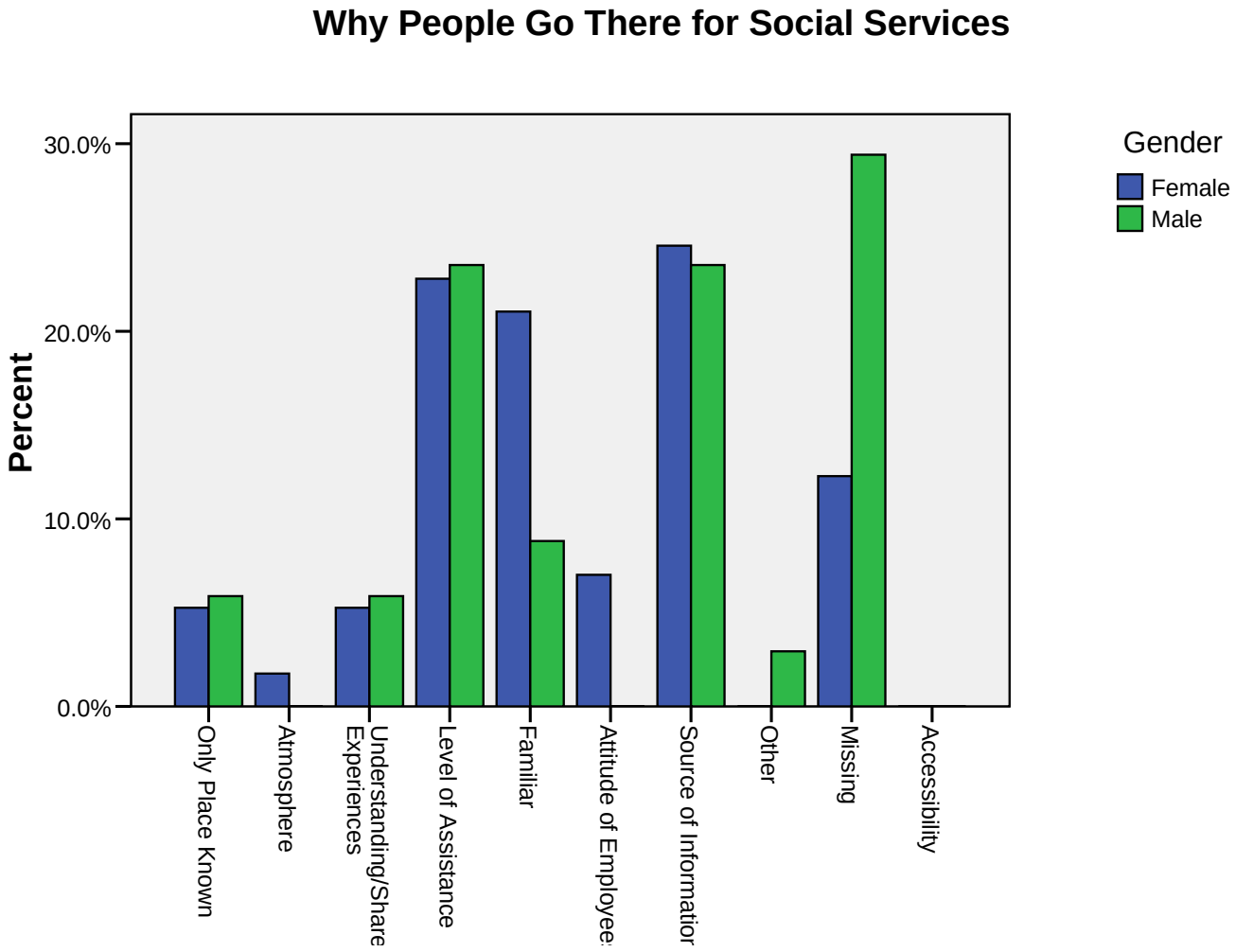

Figure 100 Why People Go There for Social Services [Percent]

	The Best Places to Go for Social Services									
	Friendship Centre	Other - Governmental Organization	Band	Ministry	Other - NGO	Friends/Family/Acquaintance	Newspapers/Internet	None	Don't Know	Misunderstood Question
Female	18	1	5	2	4	1	2	1	2	1
Male	8	2		6	2	1		2		1

Table 70 The Best Places to Go for Social Services

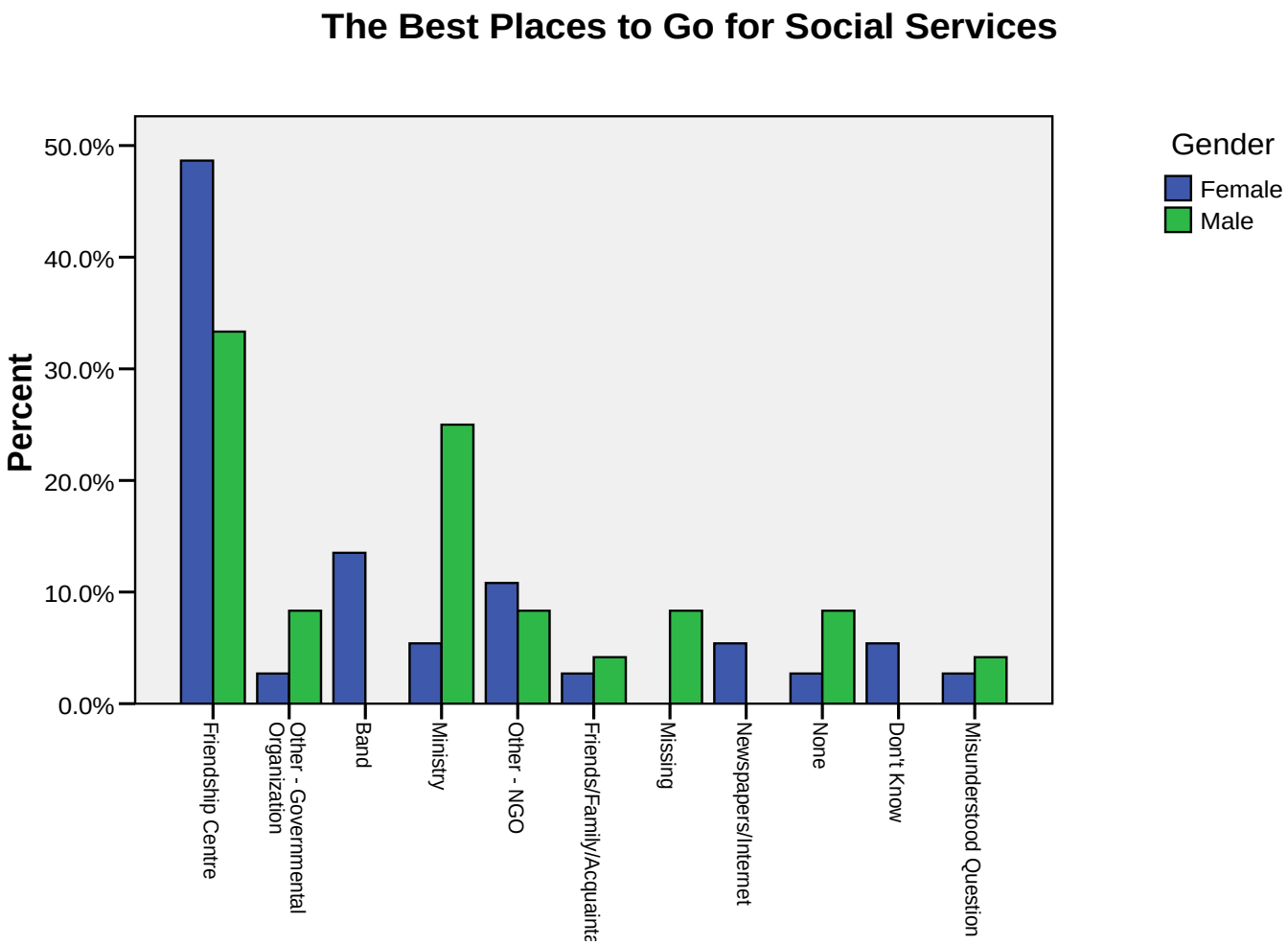

Figure 101 The Best Places to Go for Social Services [Percent]

	Why These are the Best Places to Go for Social Services								
	Non-Discriminatory	Atmosphere	Understanding/Shared Experiences	Level of Assistance	Attitude of Employees	Only Place Known	Accessibility	Available Resources	Not Applicable
Female	1	2	5	19	5	2		8	4
Male	2	3	8	10	2	1	1	3	3

Table 71 Why These are the Best Places to Go for Social Services

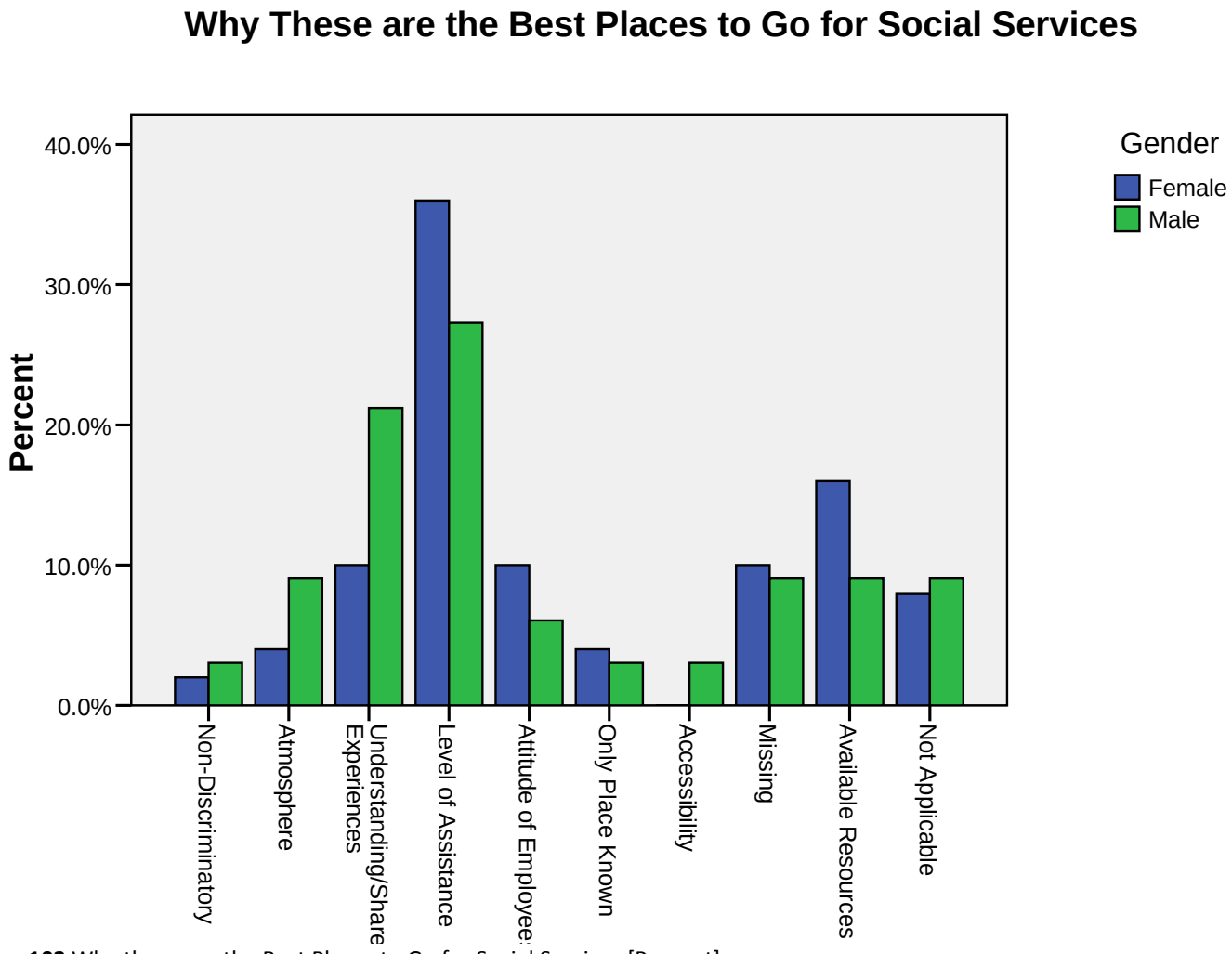

Figure 102 Why these are the Best Places to Go for Social Services [Percent]

	The Worst Places to Go for Social Services							
	Other - Governmental Organization	Band	Ministry	Other - NGO	Friends/Family /Acquaintance	None	Don't Know	Misunderstood Question
Female	1	3	23			2	1	
Male			12	1	1	1	1	1

Table 72 The Worst Places to Go for Social Services

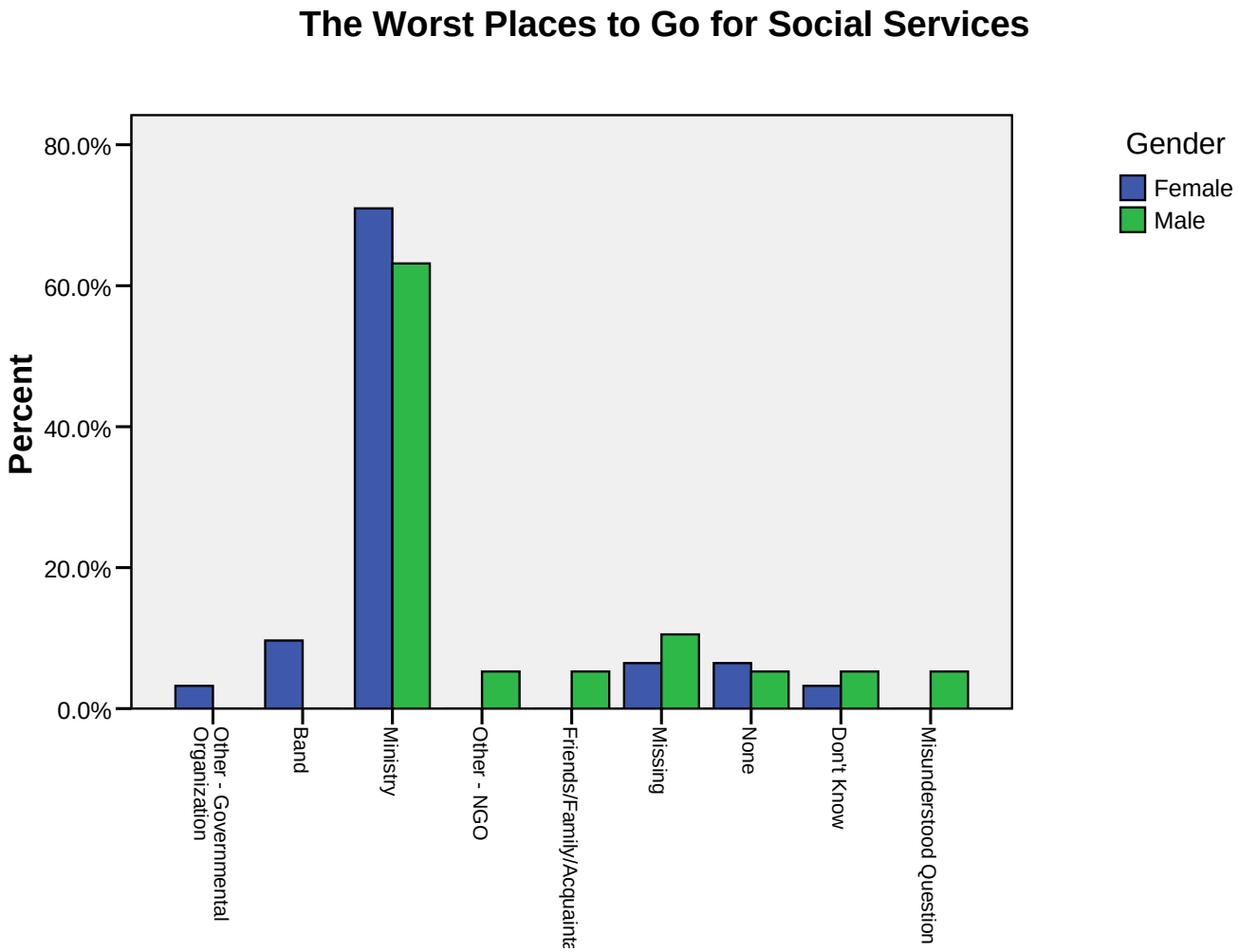

Figure 103 The Worst Places to Go for Social Services [Percent]

	Why These are the Worst Places to Go for Social Services								
	Atmosphere	Bureaucracy	Wait Times	Attitude of Employees	Discriminatory	Level of Assistance	Other	Lack of Understanding/Unfamiliar	Not Applicable
Female		10	3	9	3	19		7	2
Male	1	4	1	4		7	1	4	3

Table 73 Why These are the Worst Places to Go for Social Services

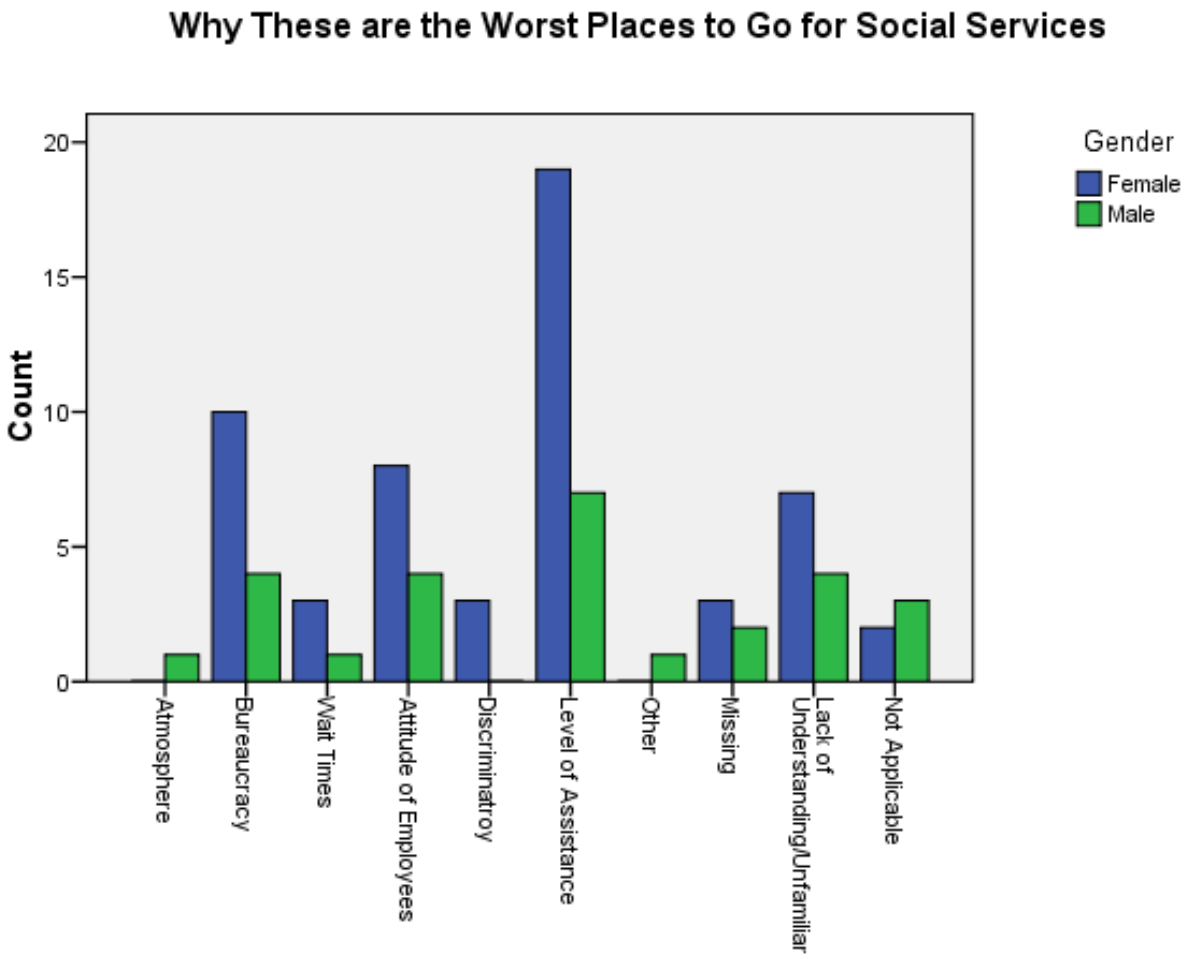

Figure 104 Why these are the Worst Places to Go for Social Services [Percent]

	Places People are Uncomfortable Returning to for Social Services								
	Friendship Centre	Public Schools/Day care	Band	Ministry	Friends/Family/Acquaintance	Other	None	Drop-In Centre	Misunderstood Question
Female		2	4	14		4	8		
Male	1			6	1	1	8	1	1

Table 74 Places People are Uncomfortable Returning to for Social Services

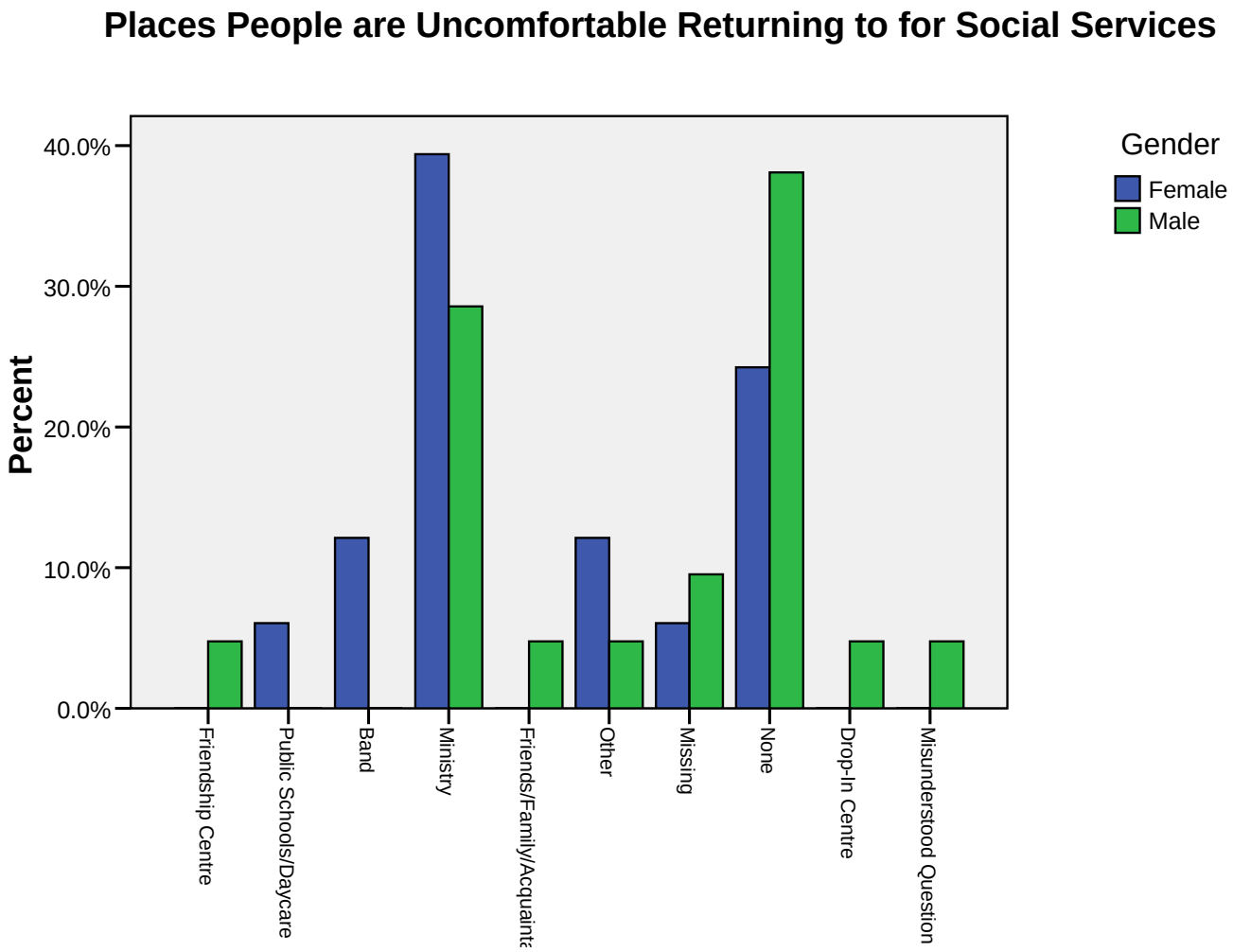

Figure 105 Places People are Uncomfortable Returning to for Social Services [Percent]

	Why People are Uncomfortable Returning for Social Services										
	Discriminatory	Atmosphere	Level of Assistance	Bureaucracy	Attitude of Employees	Distrust	Unfamiliar	Other	Wait Times	Just a Number	Not Applicable
Female	2	2	12	2	3	9	2	1	1		9
Male	1		3	1	1	1		4		1	9

Table 75 Why People are Uncomfortable Returning for Social Services

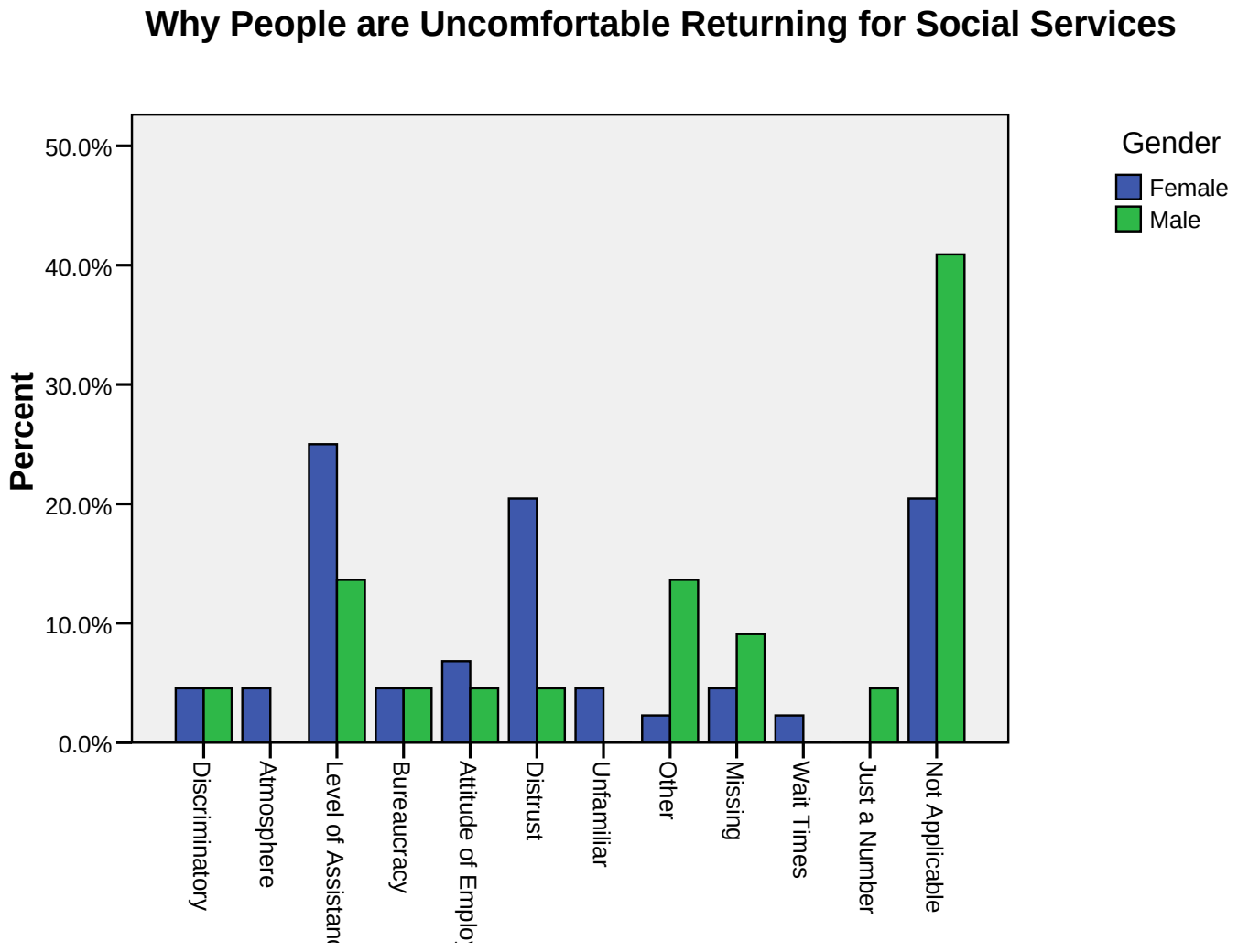

Figure 106 Why People are Uncomfortable Returning for Social Services [Percent]

	Biggest Difficulties Accessing Social Services											
	Accessibility	Discrimination	Assumptions	Bureaucracy	Lack of Understanding	Unaware of Service Options	Wait Times	Other	Attitude of Employees	'Just a Number'	None	Misunderstood Question
Female	5	3	4	10	7	5	4	5	2	2	1	
Male	2	1	2	3	4		3	3	2	1	1	1

Table 76 Biggest Difficulties Accessing Social Services

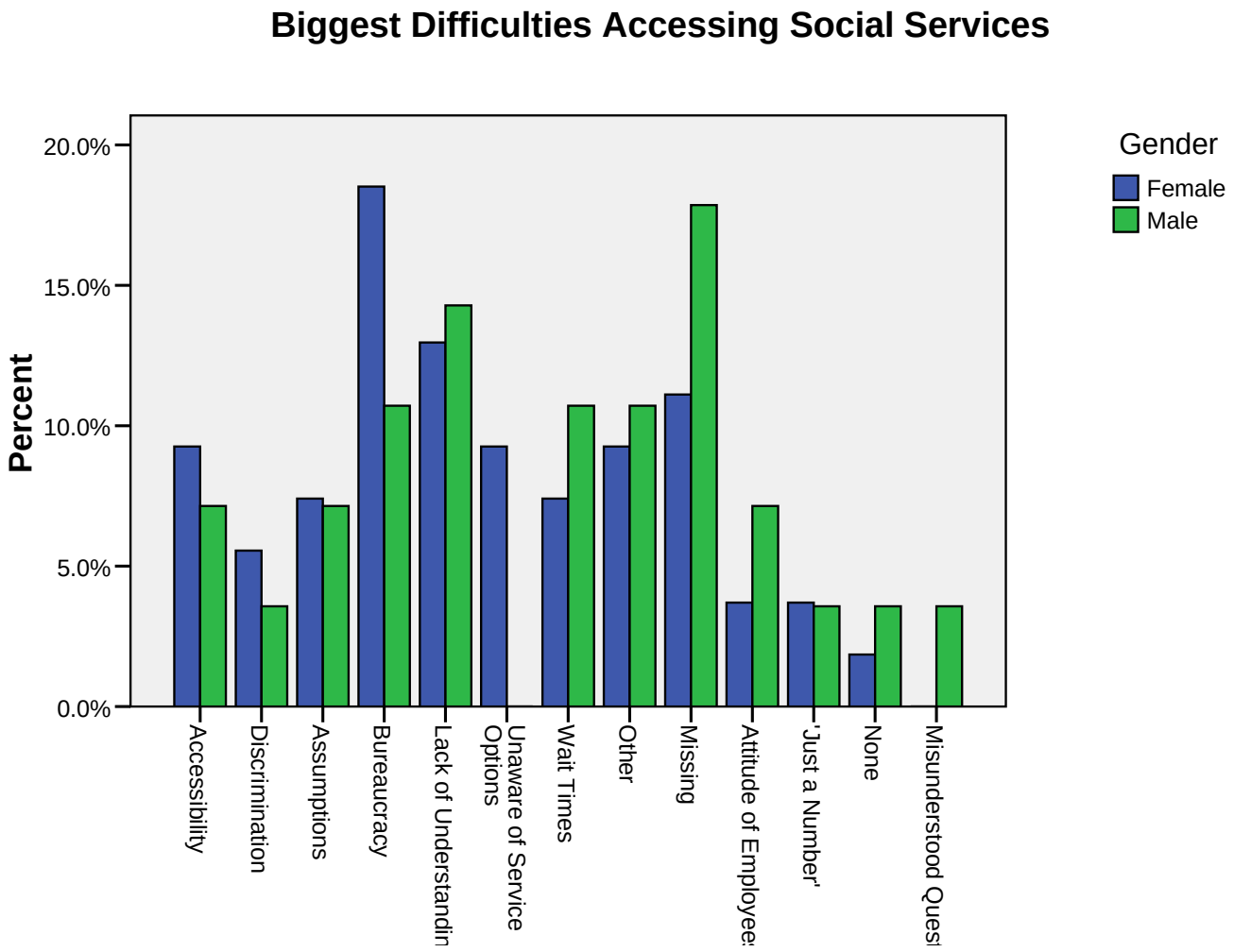

Figure 107 Biggest Difficulties Accessing Social Services [Percent]

	Suggestions to Improve Social Services											
	Improved Accessibility	Options Explained	Cultural Education	Speed of Service Provision	Aboriginal Representatives	More Services/Information	Greater Sensitivity/Respect from Service Providers	Other	Feedback from Service Users	Satisfied with Current System	Careful Screening of Disability/Welfare Recipients	More Communication Between Agencies
Female	6	3	2	2	5	9	9	3	1	1		1
Male	1	3	3		3	8	4	2	2	2	2	

Table 77 Suggestions to Improve Social Services

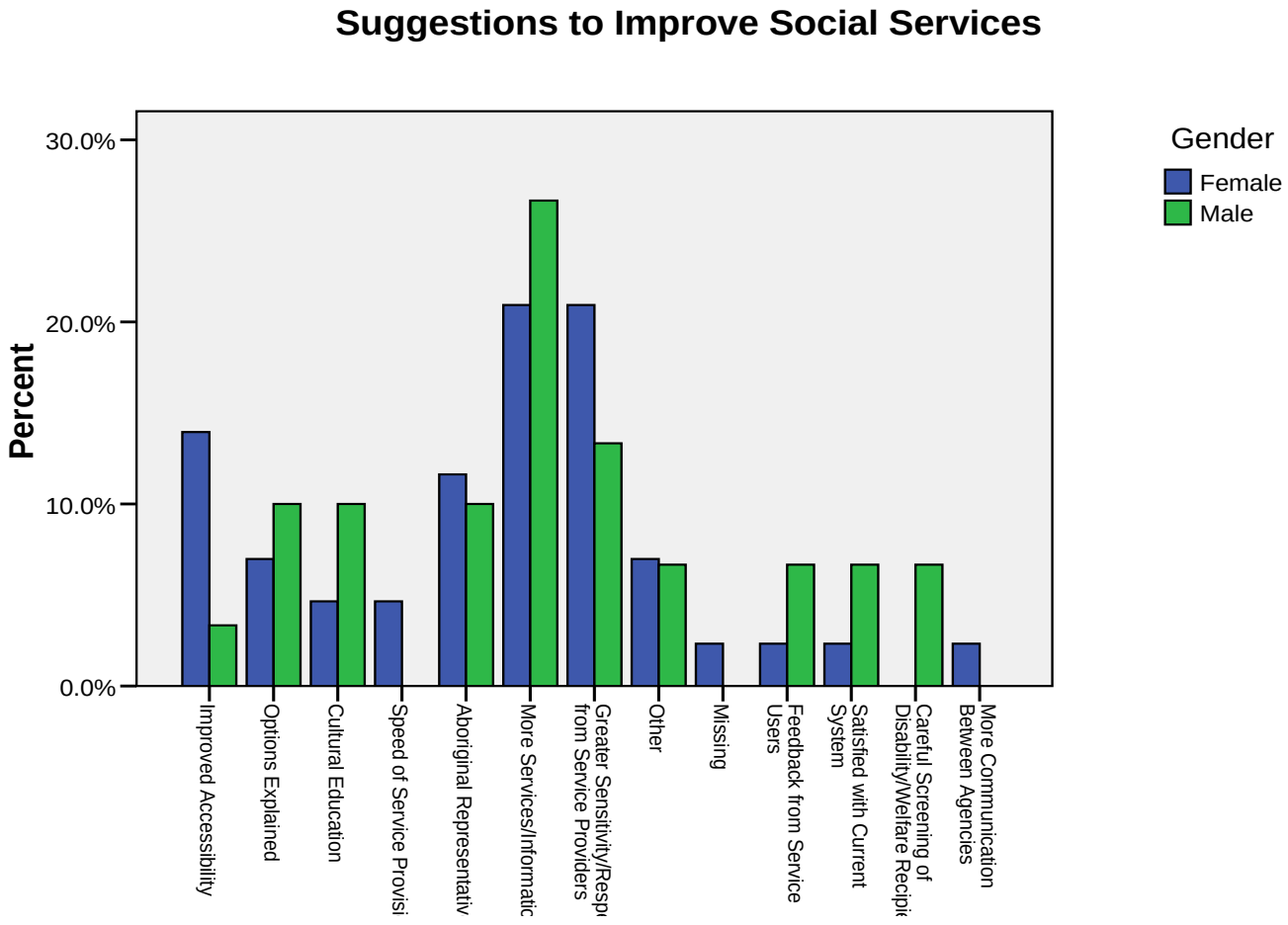

Figure 108 Suggestions to Improve Social Services [Percent]

	Differences Between Aboriginal and Non-Aboriginal Social Services							
	Atmosphere	Inclusive/ Non-Discriminatory	Level of Assistance	Familiarity	Attitude of Employees	Less Able to Help	No Difference	Other
Female	9	8	13	15	13	1	2	
Male	3	3	7	4	6		1	1

Table 78 Differences between Aboriginal and Non-Aboriginal Social Services

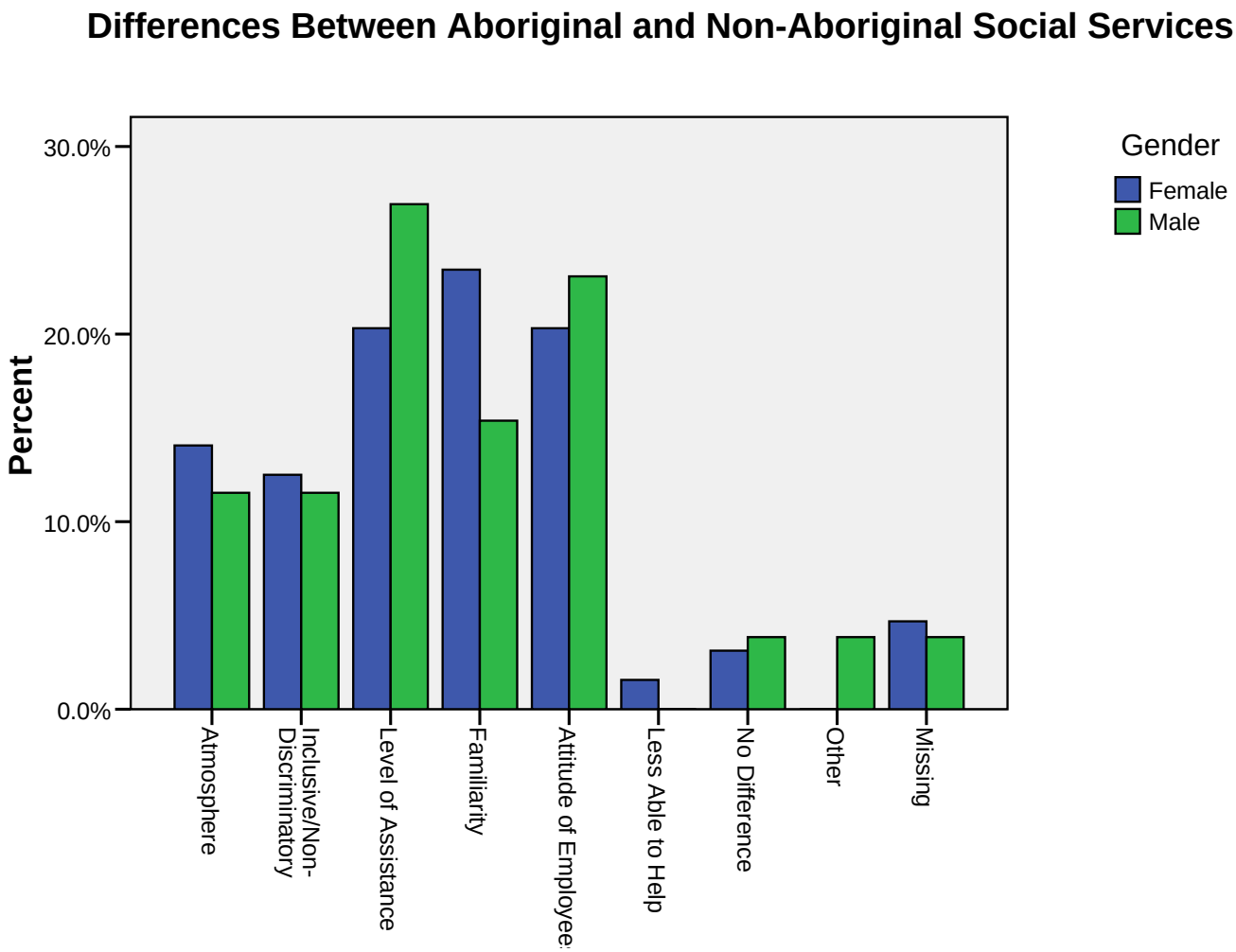

Figure 109 Differences between Aboriginal and Non-Aboriginal Social Services [Percent]

Barriers – Responses to Social Service Questions by Age

	Places People Go for Social Services							
	Friendship Centre	Other - Governmental Organization	Band	Ministry	Other - NGO	Friends/Family/ Acquaintance	Newspapers/Internet	Okanagan Metis/Aboriginal Housing
18-30	9	1	6	5	2	2	2	3
31-45	16		3	3	1	4	7	1
46-	5	1		3	1	1	1	1

Table 79 Places People Go for Social Services

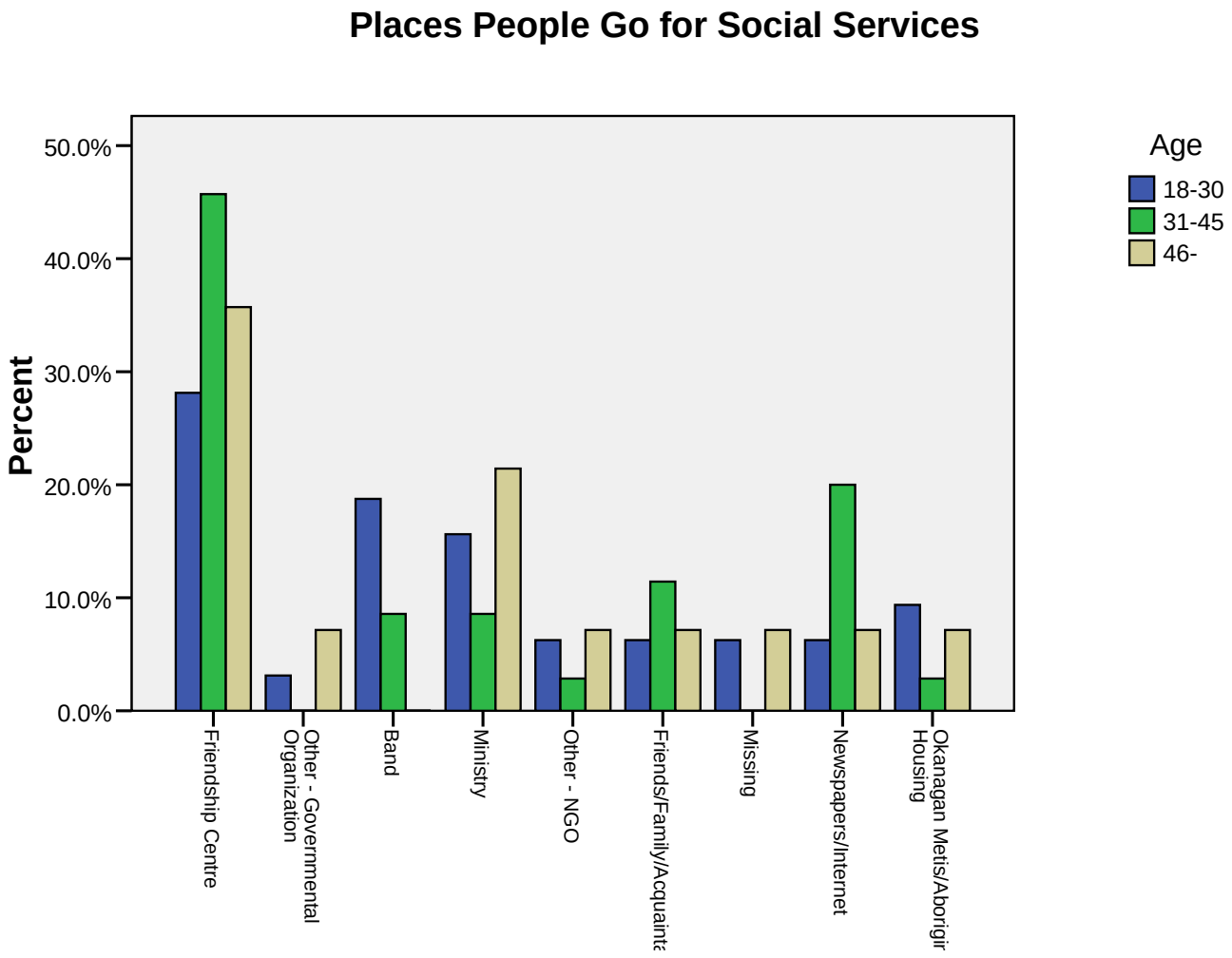

Figure 110 Places People Go for Social Services [Percent]

	Why People Go There for Social Services							
	Only Place Known	Atmosphere	Understanding/Shared Experiences	Level of Assistance	Familiar	Attitude of Employees	Source of Information	Other
18-30	4		3	11	4	3	8	
31-45	1		2	9	12	2	13	1
46-		1	1	3	2		6	

Table 80 Why People Go There for Social Services

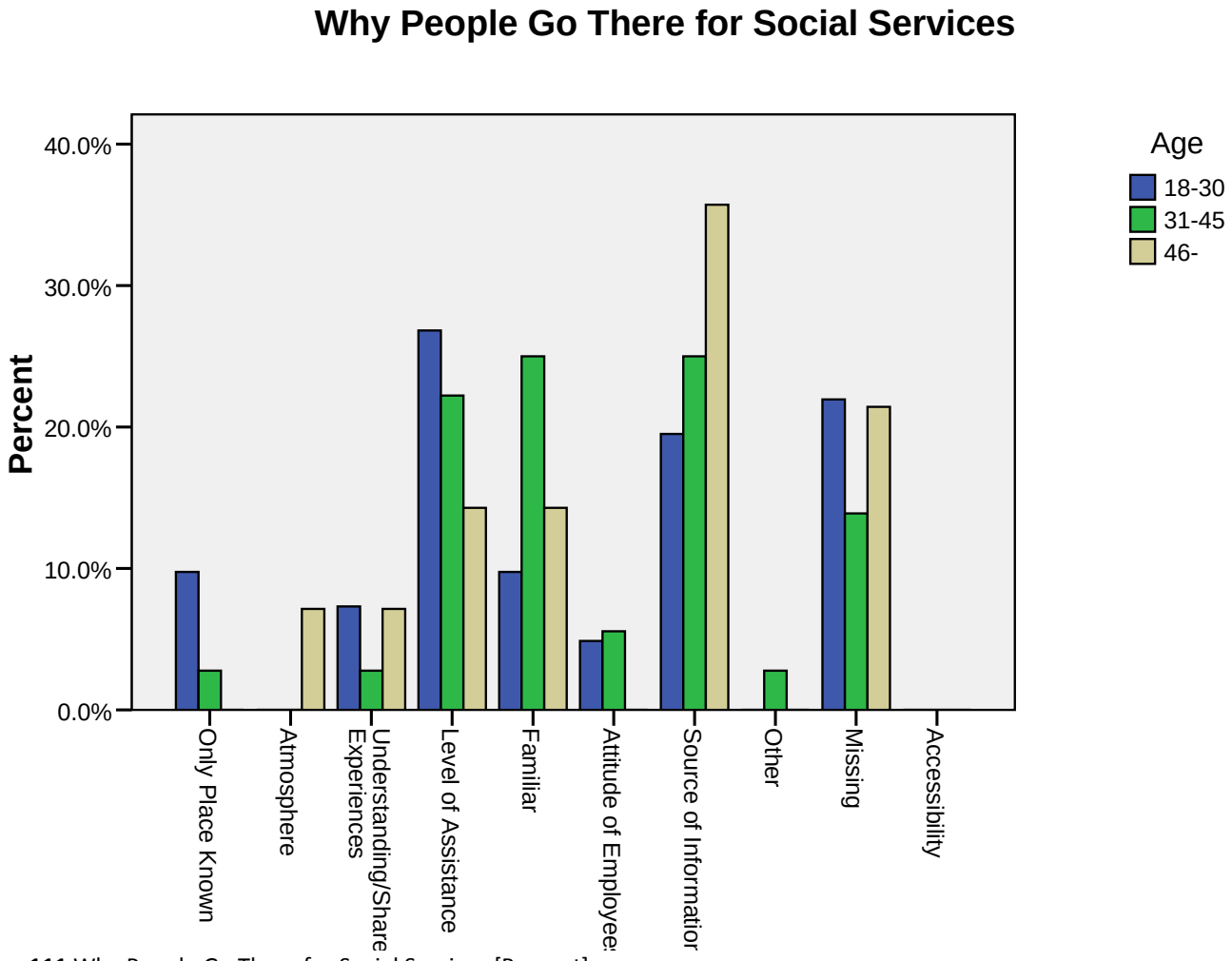

Figure 111 Why People Go There for Social Services [Percent]

	The Best Places to Go for Social Services									
	Friendship Centre	Other - Governmental Organization	Band	Ministry	Other - NGO	Friends/Family/Acquaintance	Newspapers/Internet	None	Don't Know	Misunderstood Question
18-30	9	1	4	3	4		1	1	2	1
31-45	12	2	1	2	1	2	1	1		1
46-	5			3	1			1		

Table 81 The Best Places to Go for Social Services

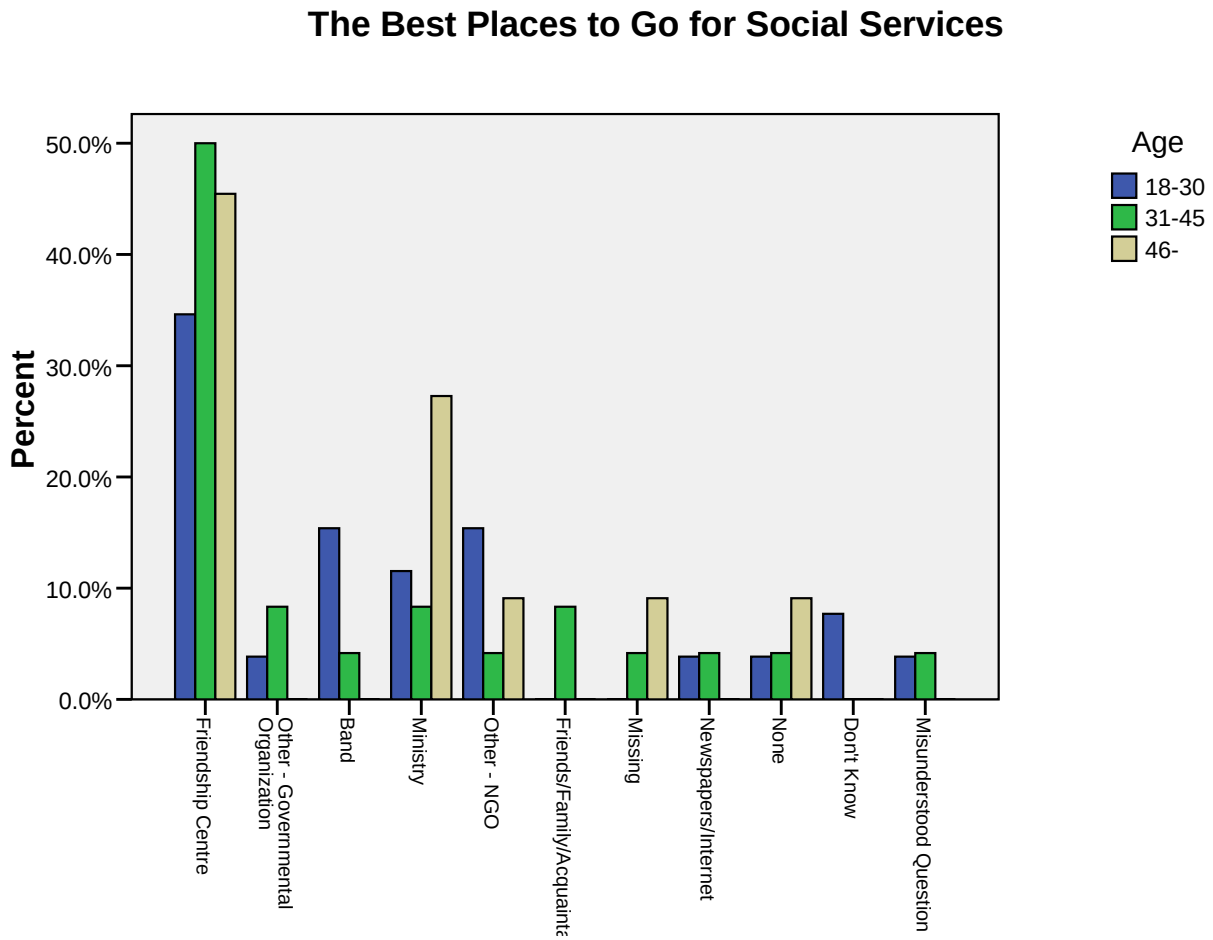

Figure 112 The Best Places to Go for Social Services [Percent]

	Why These are the Best Places for Social Services								
	Non-Discriminatory	Atmosphere	Understanding/Shared Experiences	Level of Assistance	Attitude of Employees	Only Place Known	Accessibility	Available Resources	Not Applicable
18-30		3	6	15	3	1		4	4
31-45	3	2	5	9	4	2	1	3	2
46-			2	5				4	1

Table 82 Why These are the Best Places for Social Services

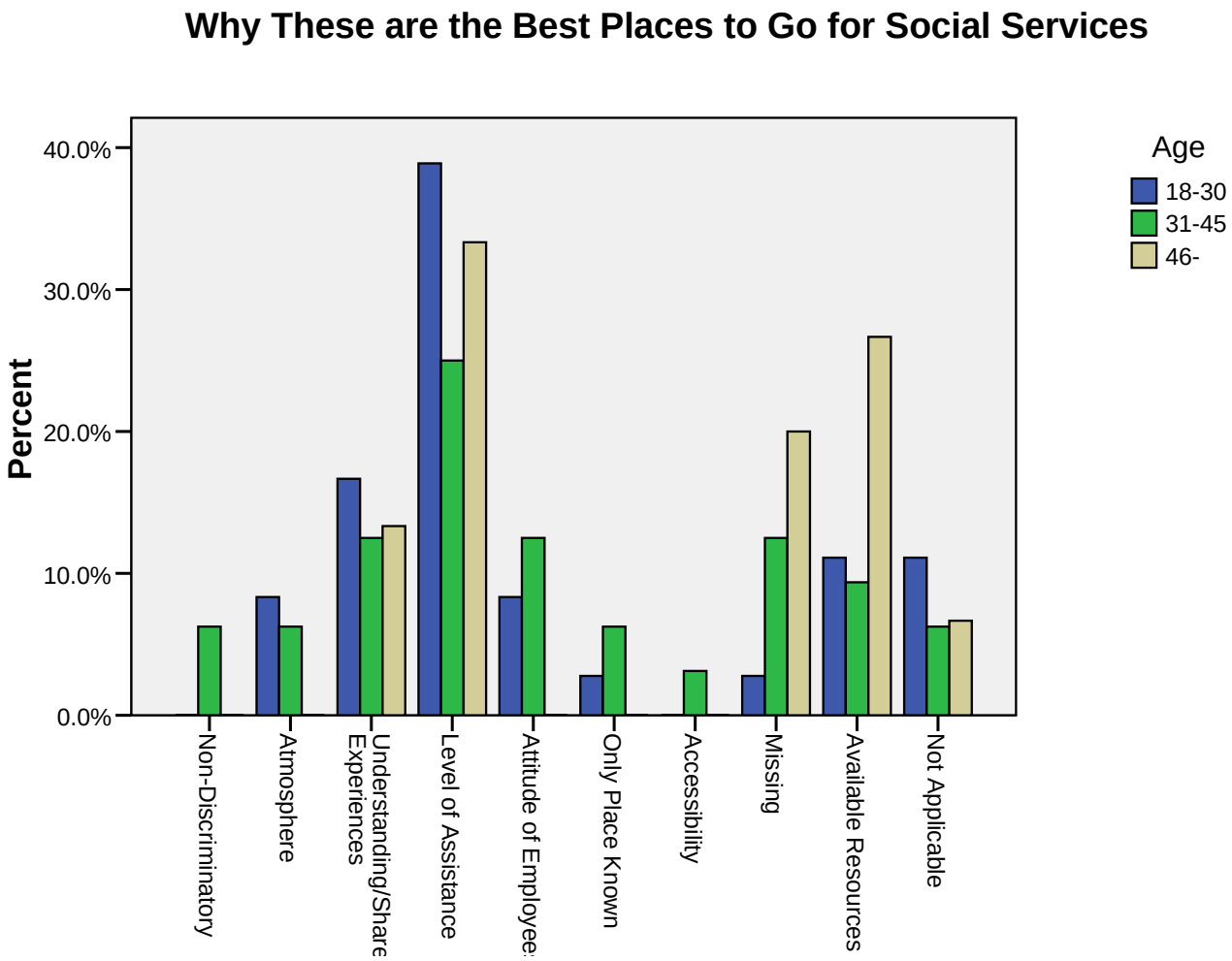

Figure 113 Why these are the Best Places to Go for Social Services [Percent]

	The Worst Places to Go for Social Services							
	Other - Governmental Organization	Band	Ministry	Other - NGO	Friends/Family /Acquaintance	None	Don't Know	Misunderstood Question
18-30		1	15			3	1	
31-45	1	1	14	1	1		1	
46-		1	6					1

Table 83 The Worst Places to Go for Social Services

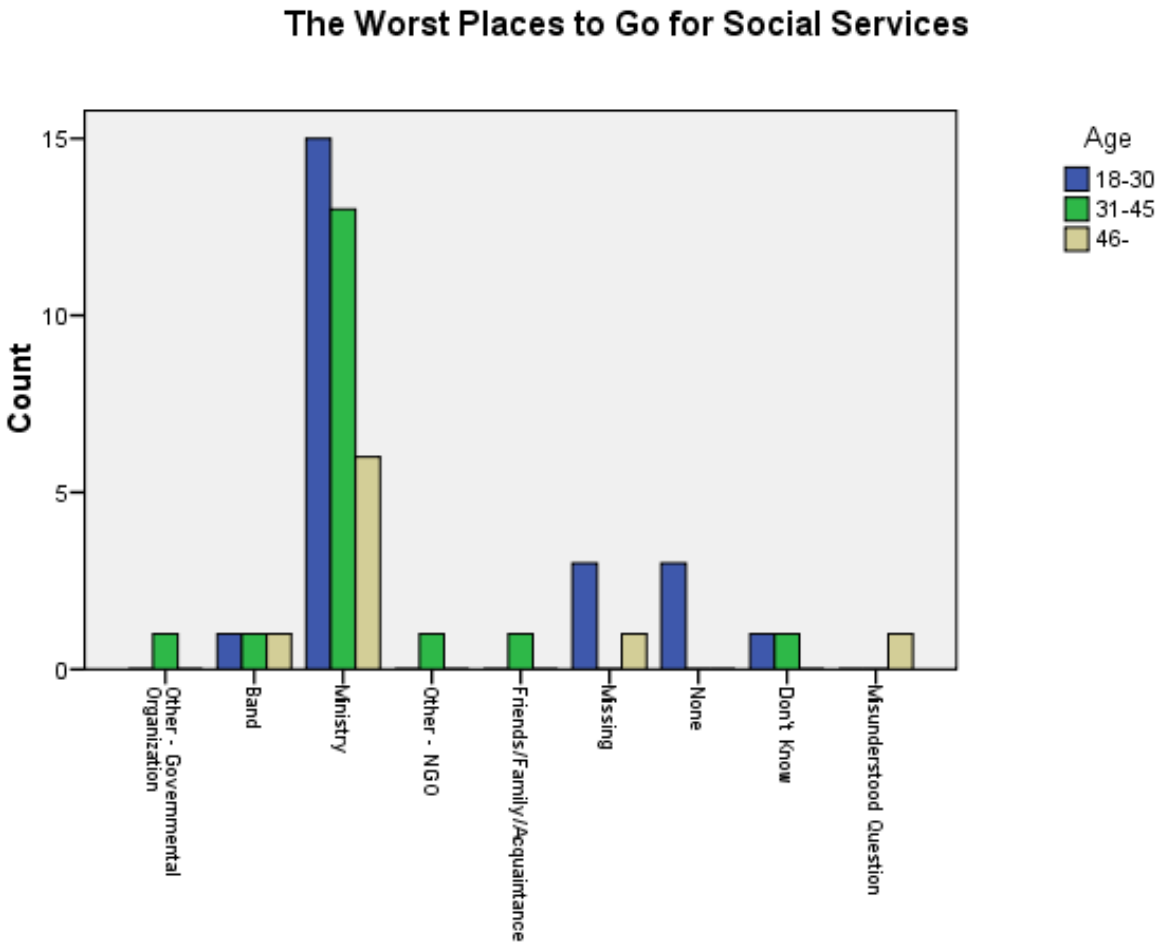

Figure 114 The Worst Places to Go for Social Services [Percent]

	Why These are the Worst Places to Go for Social Services								
	Atmosphere	Bureaucracy	Wait Times	Attitude of Employees	Discriminatory	Level of Assistance	Other	Lack of Understanding/Unfamiliar	Not Applicable
18-30	1	7	2	5		12	1	4	4
31-45		3		5	2	10		7	
46-		4	2	3	1	4			1

Table 84 Why These are the Worst Places to Go for Social Services

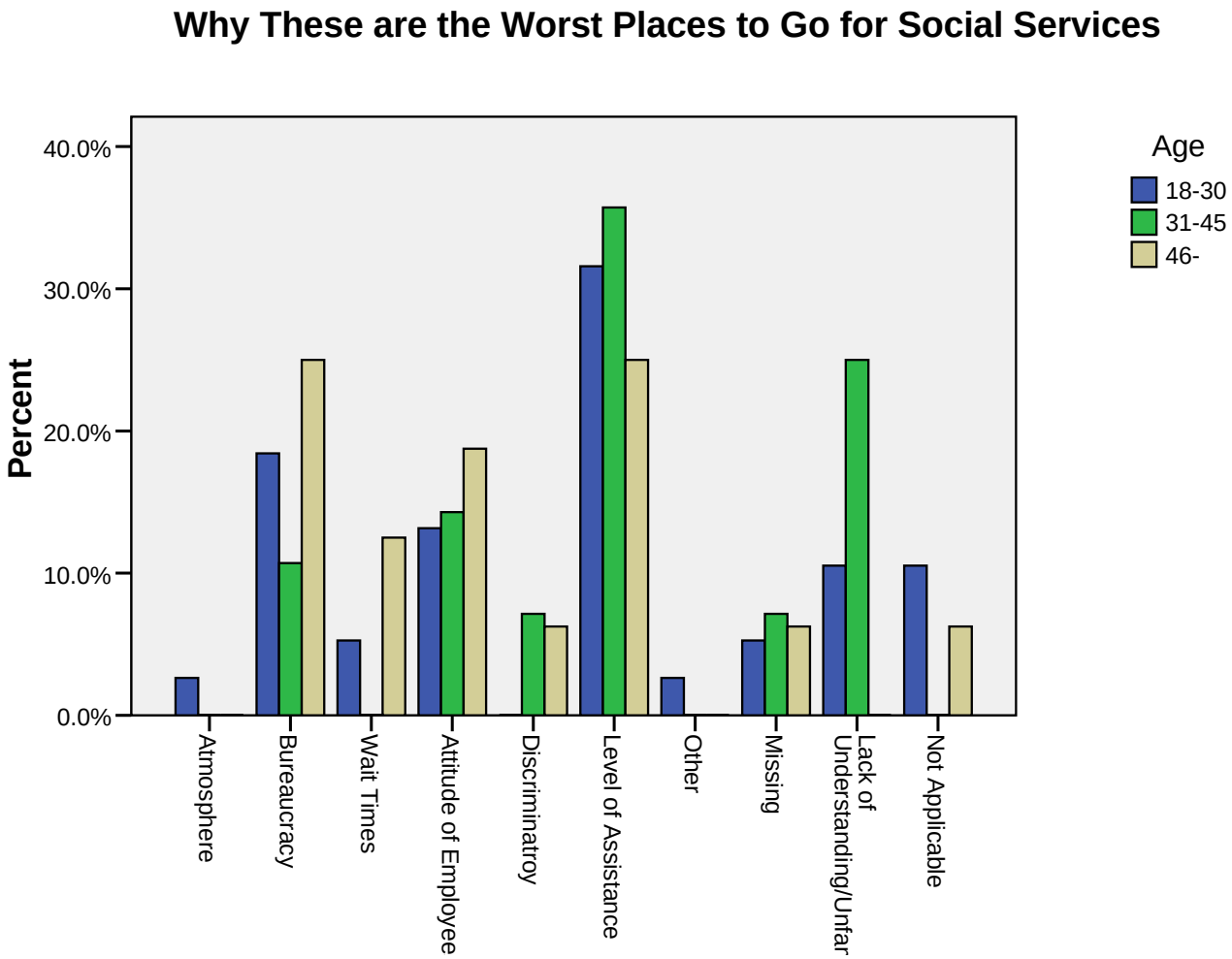

Figure 115 Why these are the Worst Places to Go for Social Services [Percent]

	Places People are Uncomfortable Returning to for Social Services								
	Friendship Centre	Public Schools/Day care	Band	Ministry	Friends/Family/Acquaintance	Other	None	Drop-In Centre	Misunderstood Question
18-30	1	1	2	11	1	1	7		
31-45				7		4	5	1	
46-		1	2	2			4		1

Table 85 Places People are Uncomfortable Returning to for Social Services

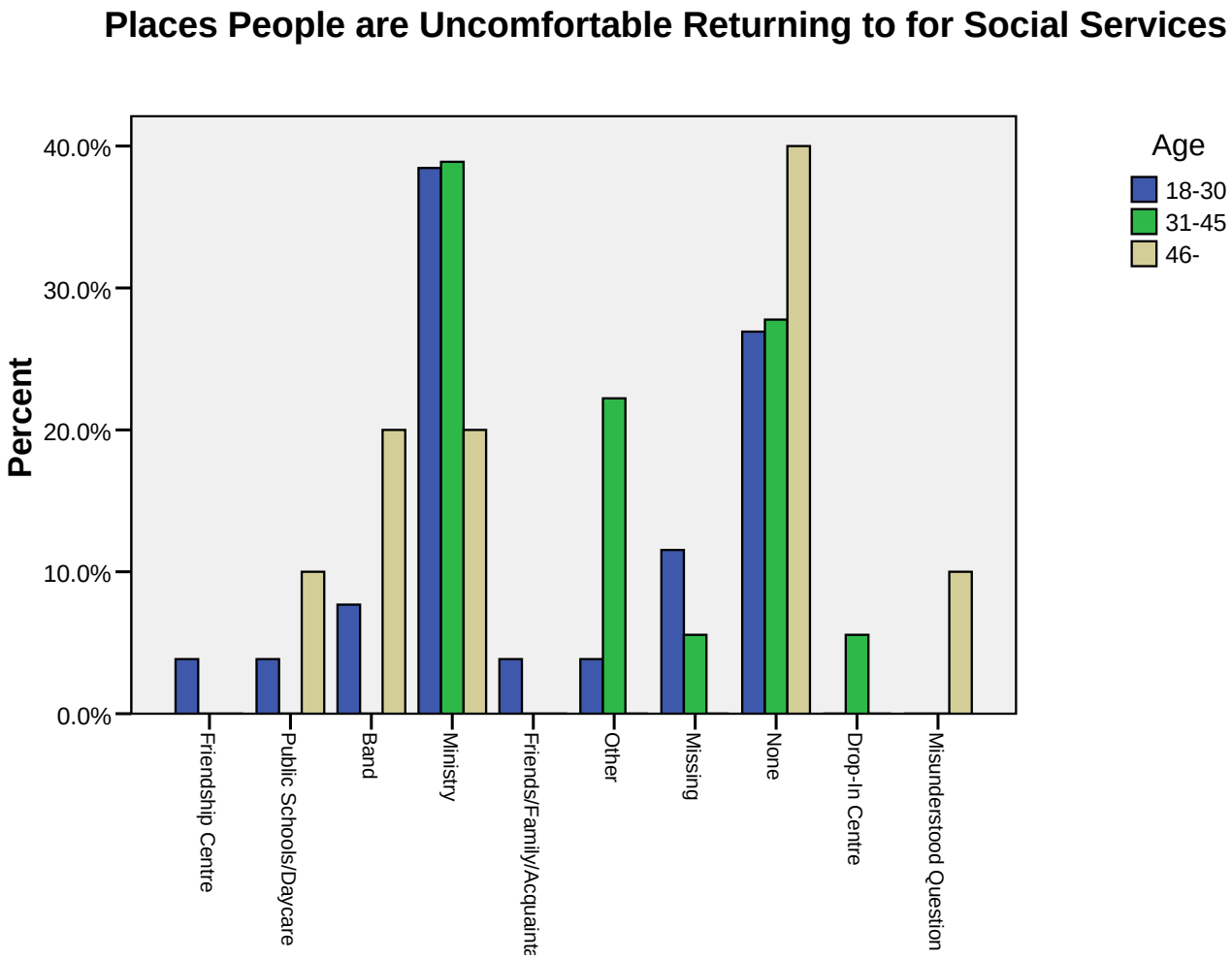

Figure 116 Places People are Uncomfortable Returning to for Social Services [Percent]

	Why People are Uncomfortable Returning for Social Services										
	Discriminatory	Atmosphere	Level of Assistance	Bureaucracy	Attitude of Employees	Distrust	Unfamiliar	Other	Wait Times	Just a Number	Not Applicable
18-30	1	2	7	1	2	4	1	3		1	7
31-45			5	1	1	5	1	2			5
46-	2		3	1	1	1			1		6

Table 86 Why People are Uncomfortable Returning for Social Services

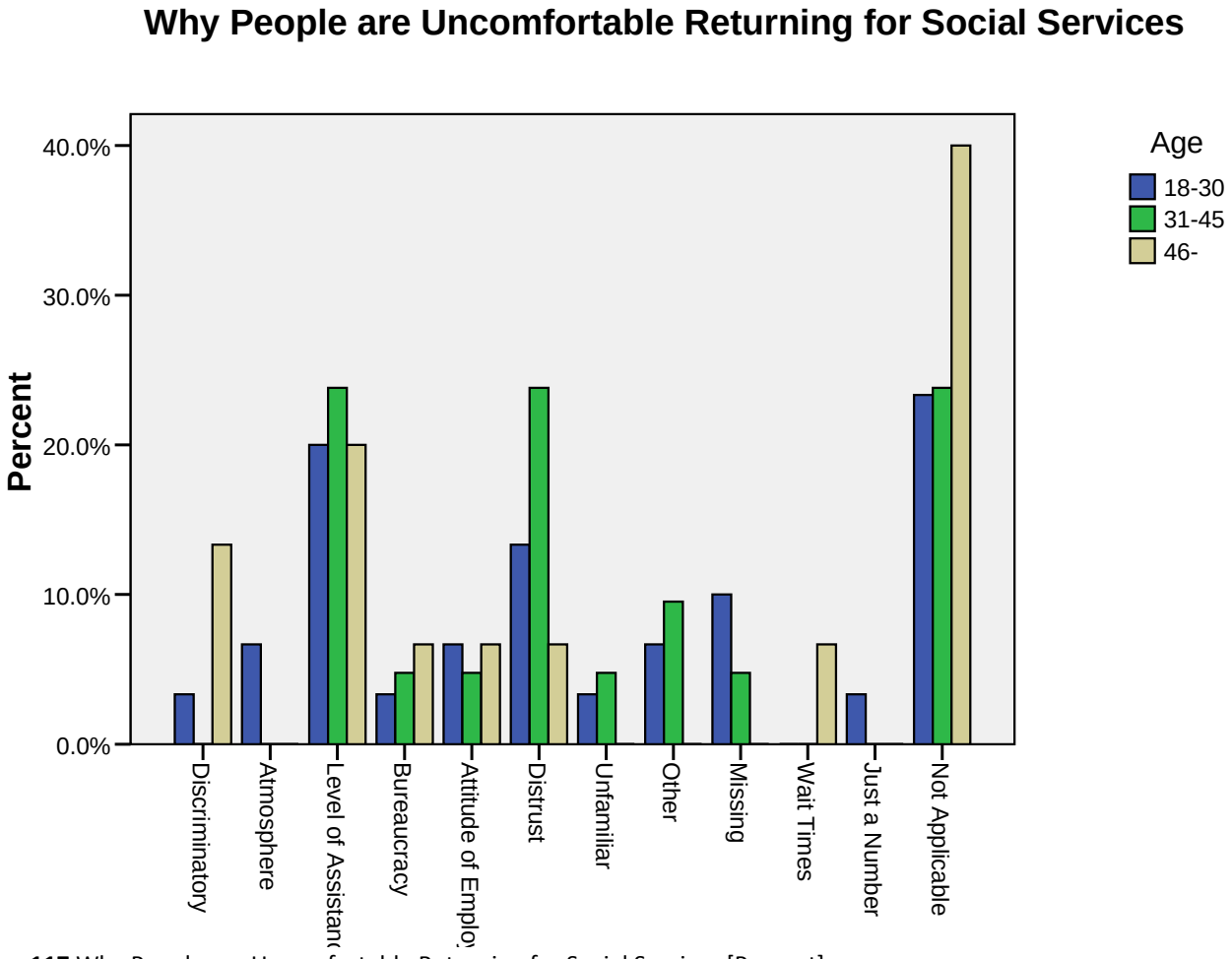

Figure 117 Why People are Uncomfortable Returning for Social Services [Percent]

	Biggest Difficulties Accessing Social Services											
	Accessibility	Discrimination	Assumptions	Bureaucracy	Lack of Understanding	Unaware of Service Options	Wait Times	Other	Attitude of Employees	'Just a Number'	None	Misunderstood Question
18-30	1	2	1	7	4	2	3	2	2	2	2	
31-45	3		3	5	6	2	2	6	2	1		
46-	3	2	2	1	1	1	2					1

Table 87 Biggest Difficulties Accessing Social Services

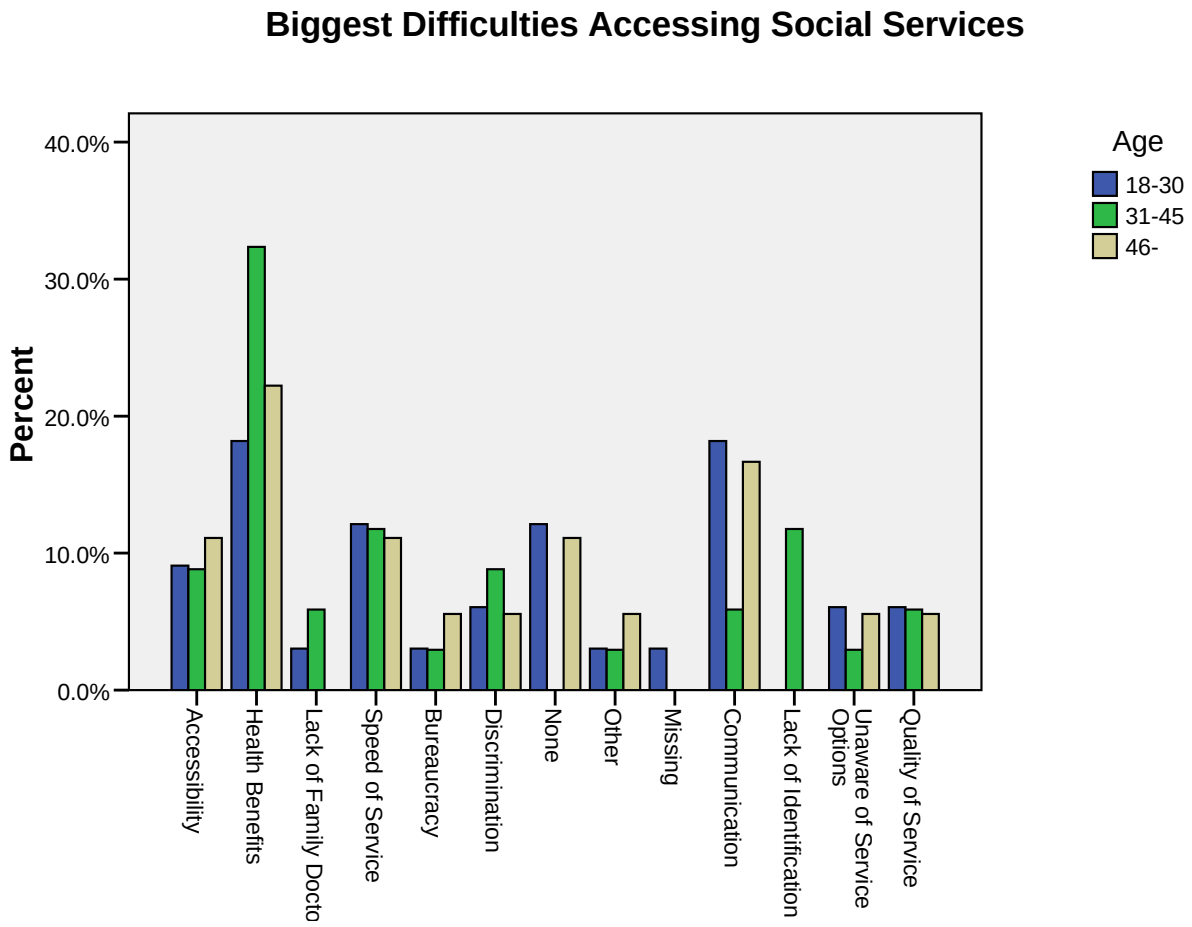

Figure 118 Biggest Difficulties Accessing Social Services [Percent]

	Suggestions to Improve Social Services											
	Improved Accessibility	Options Explained	Cultural Education	Speed of Service Provision	Aboriginal Representatives	More Services/ Information	Greater Sensitivity/Respect from Service Providers	Other	Feedback from Service Users	Satisfied with Current System	Careful Screening of Disability /Welfare Recipients	More Communication Between Agencies
18-30	1	3	1	2	1	9	5	1	1	2	1	1
31-45	4	2	3		5	6	3	4	2			
46-	2	1	1		2	2	5			1	1	

Table 88 Suggestions to Improve Social Services

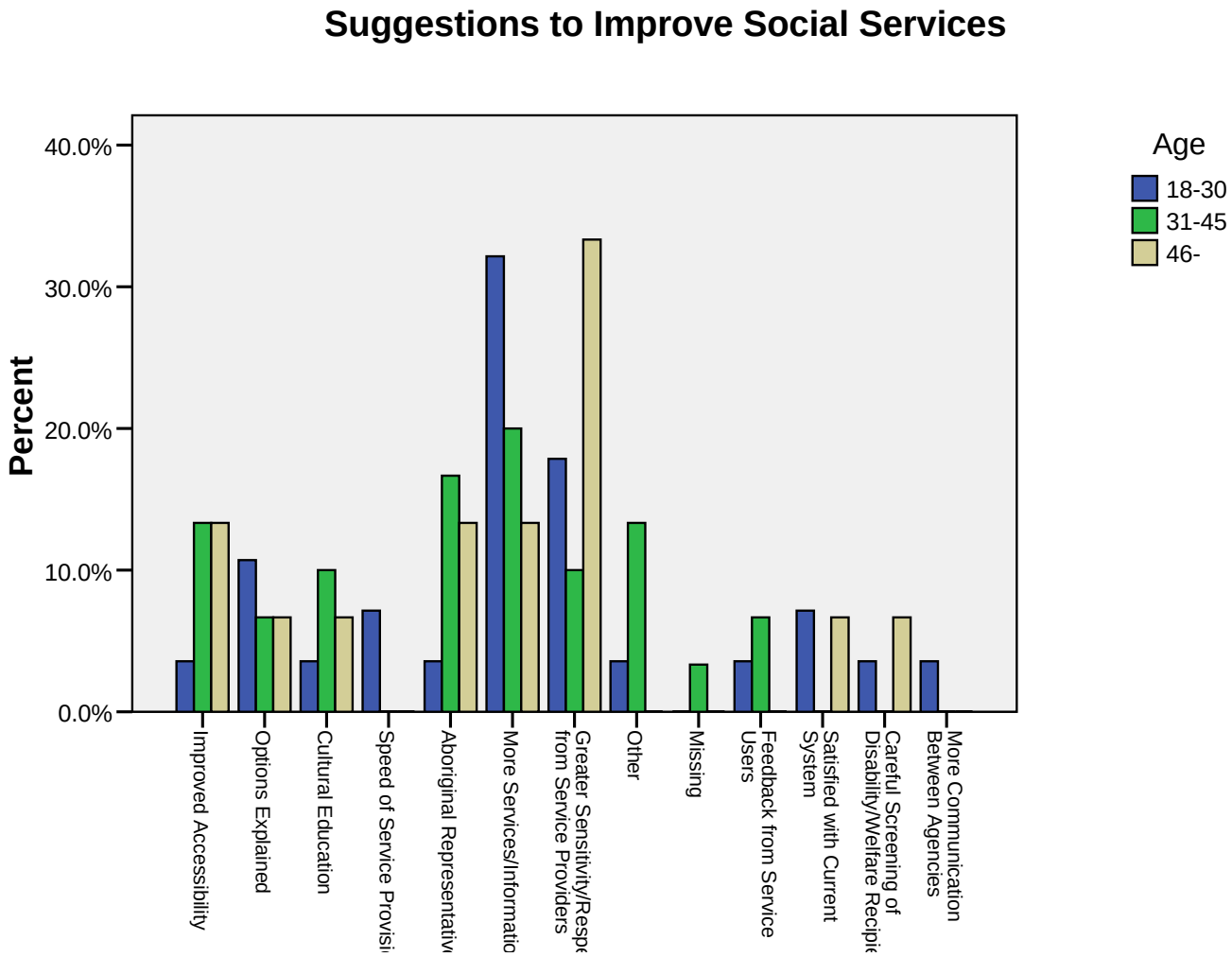

Figure 119 Suggestions to Improve Social Services [Percent]

	Differences Between Aboriginal and Non-Aboriginal Social Services							
	Atmosphere	Inclusive/Non-Discriminatory	Level of Assistance	Familiarity	Attitude of Employees	Less Able to Help	No Difference	Other
18-30	5	4	12	9	5	1	2	1
31-45	4	5	4	9	9		1	
46-	3	2	4	1	5			

Table 89 Differences between Aboriginal and Non-Aboriginal Social Services

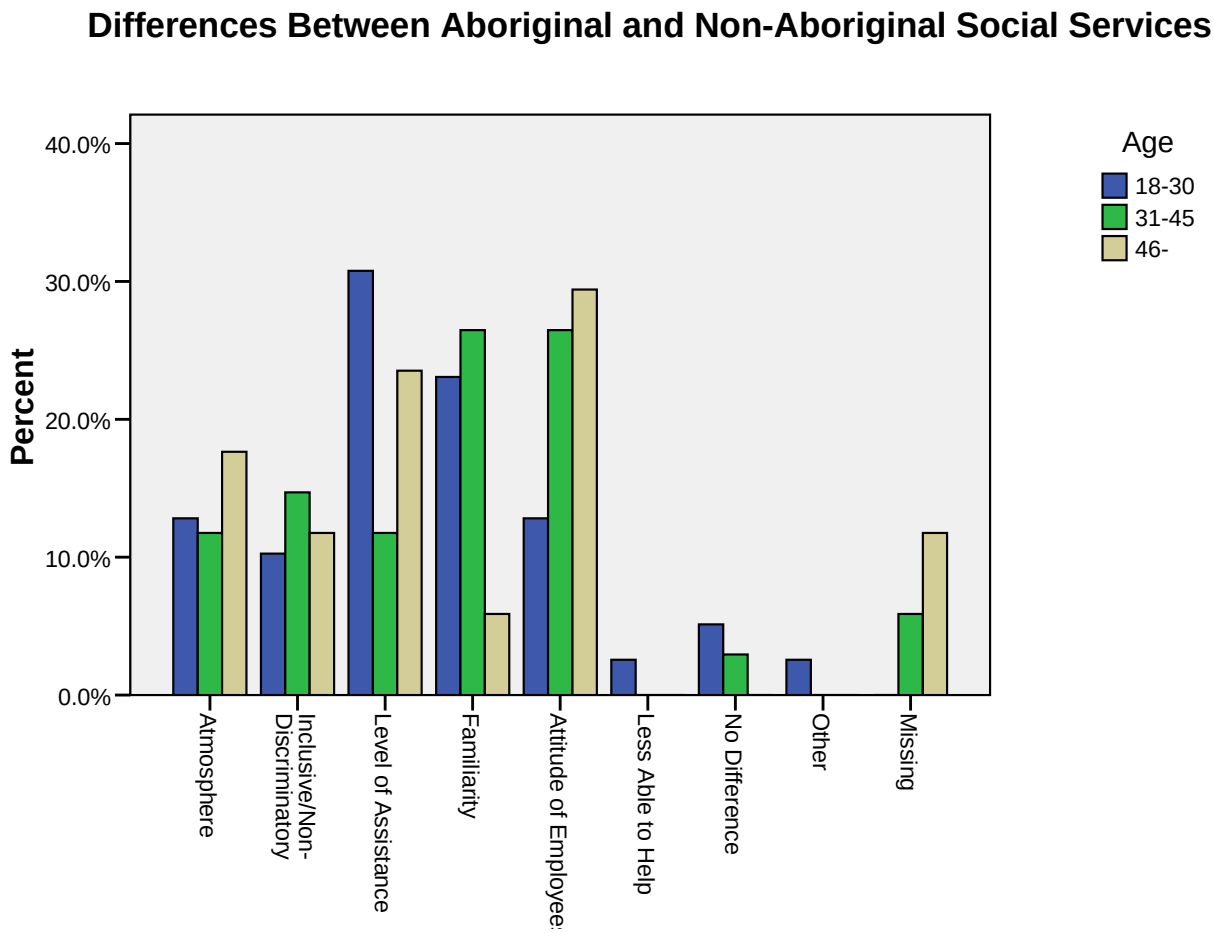

Figure 120 Differences between Aboriginal and Non-Aboriginal Social Services [Percent]

Barriers – Responses to Social Service Questions by Location

	Places People Go for Social Services							
	Friendship Centre	Other - Governmental Organization	Band	Ministry	Other - NGO	Friends/Family/Acquaintance	Newspapers/Internet	Okanagan Metis/Aboriginal Housing
K	16	1	5	3	1	2	7	3
P	5		2	4	2	2	1	
V	9	1	2	4	1	3	2	2

Table 90 Places People Go for Social Services

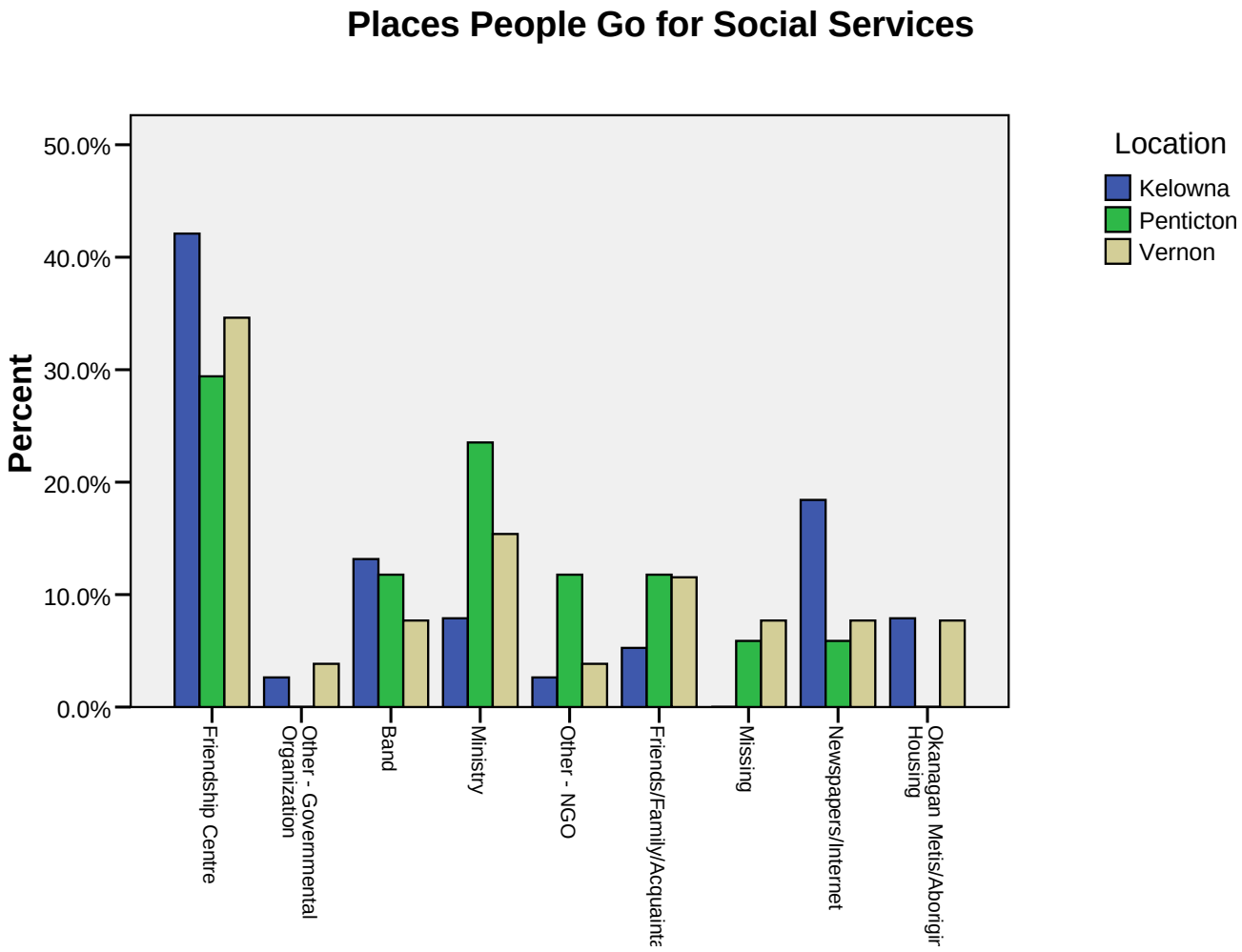

Figure 121 Places People Go for Social Services [Percent]

	Why People Go There for Social Services							
	Only Place Known	Atmosphere	Understanding/Shared Experiences	Level of Assistance	Familiar	Attitude of Employees	Source of Information	Other
K	2	1	3	12	13	4	10	1
P				4	1		4	
V	3		3	7	4	1	13	

Table 91 Why People Go There for Social Services

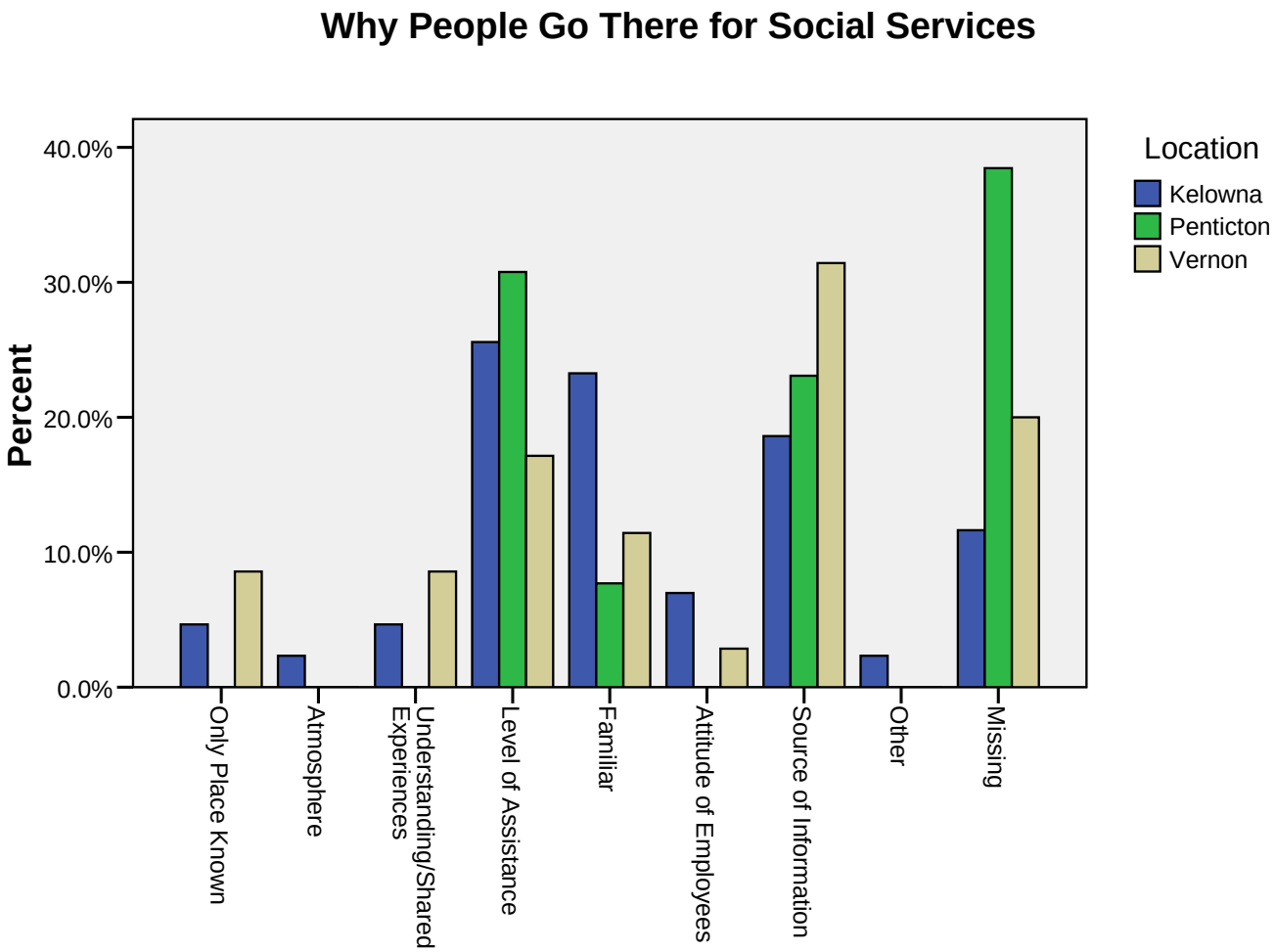

Figure 122 Why People Go There for Social Services [Percent]

	The Best Places to Go for Social Services									
	Friendship Centre	Other - Governmental Organization	Band	Ministry	Other - NGO	Friends/Family/Acquaintance	Newspapers/Internet	None	Don't Know	Misunderstood Question
Kelowna	11	3	3	2	2	2	1	1		
Penticton	4		2	2	1			2		
Vernon	11			4	3		1		2	2

Table 92 The Best Places to Go for Social Services

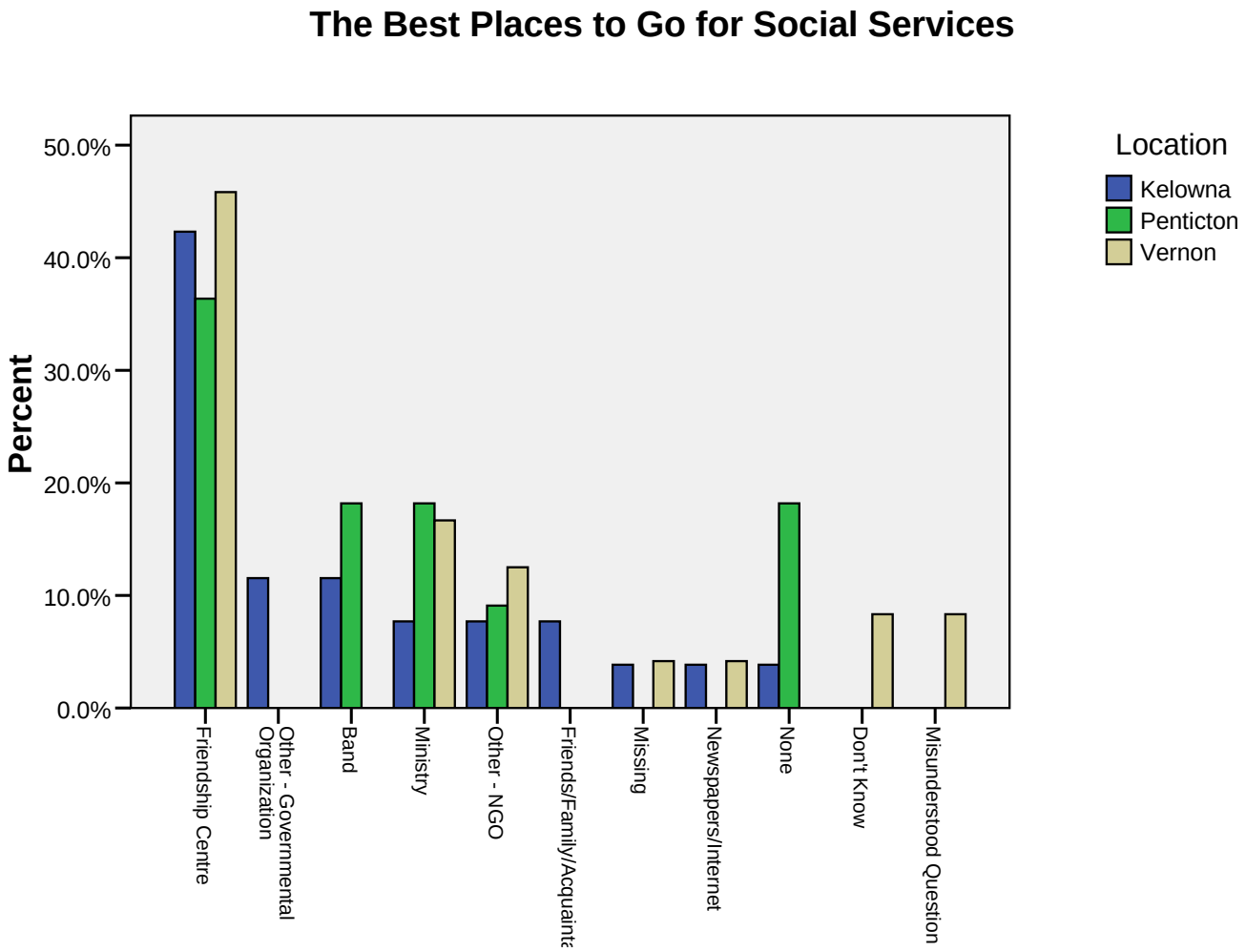

Figure 123 The Best Places to Go for Social Services [Percent]

	The Worst Places to Go for Social Services							
	Other - Governmental Organization	Band	Ministry	Other - NGO	Friends/Family/ Acquaintance	None	Don't Know	Misunderstood Question
Kelowna		1	15	1	1	2		
Penticton	1		5			1	1	1
Vernon		2	15				1	

Table 93 The Worst Places to Go for Social Services

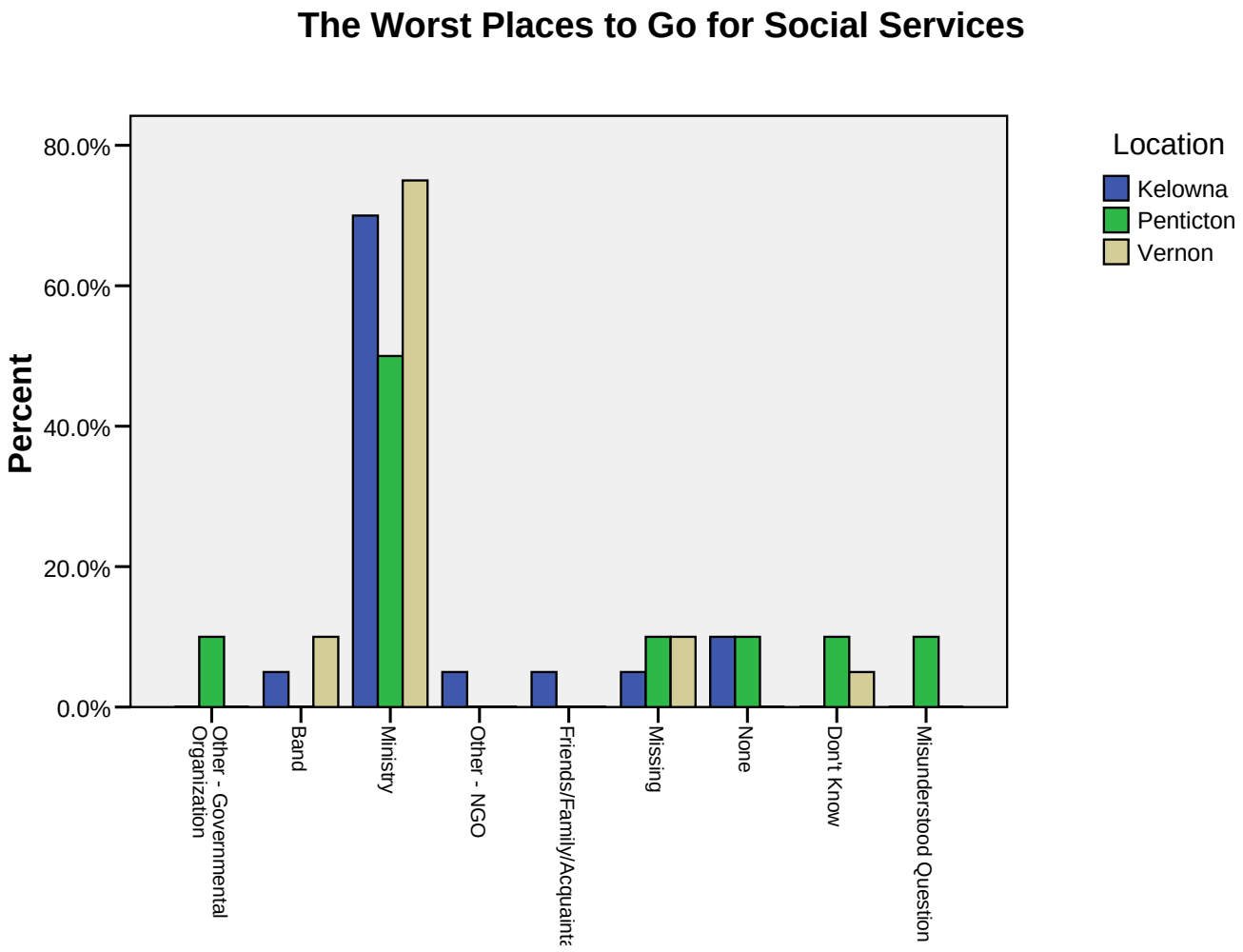

Figure 124 The Worst Places to Go for Social Services [Percent]

	Why These are the Worst Places to Go for Social Services								
	Atmosphere	Bureaucracy	Wait Times	Attitude of Employees	Discriminatory	Level of Assistance	Other	Lack of Understanding/Unfamiliar	Not Applicable
Kelowna		6	3	5	1	9		5	2
Penticton		2		2		4		1	3
Vernon	1	6	1	6	2	13	1	5	

Table 94 Why These are the Worst Places to Go for Social Services

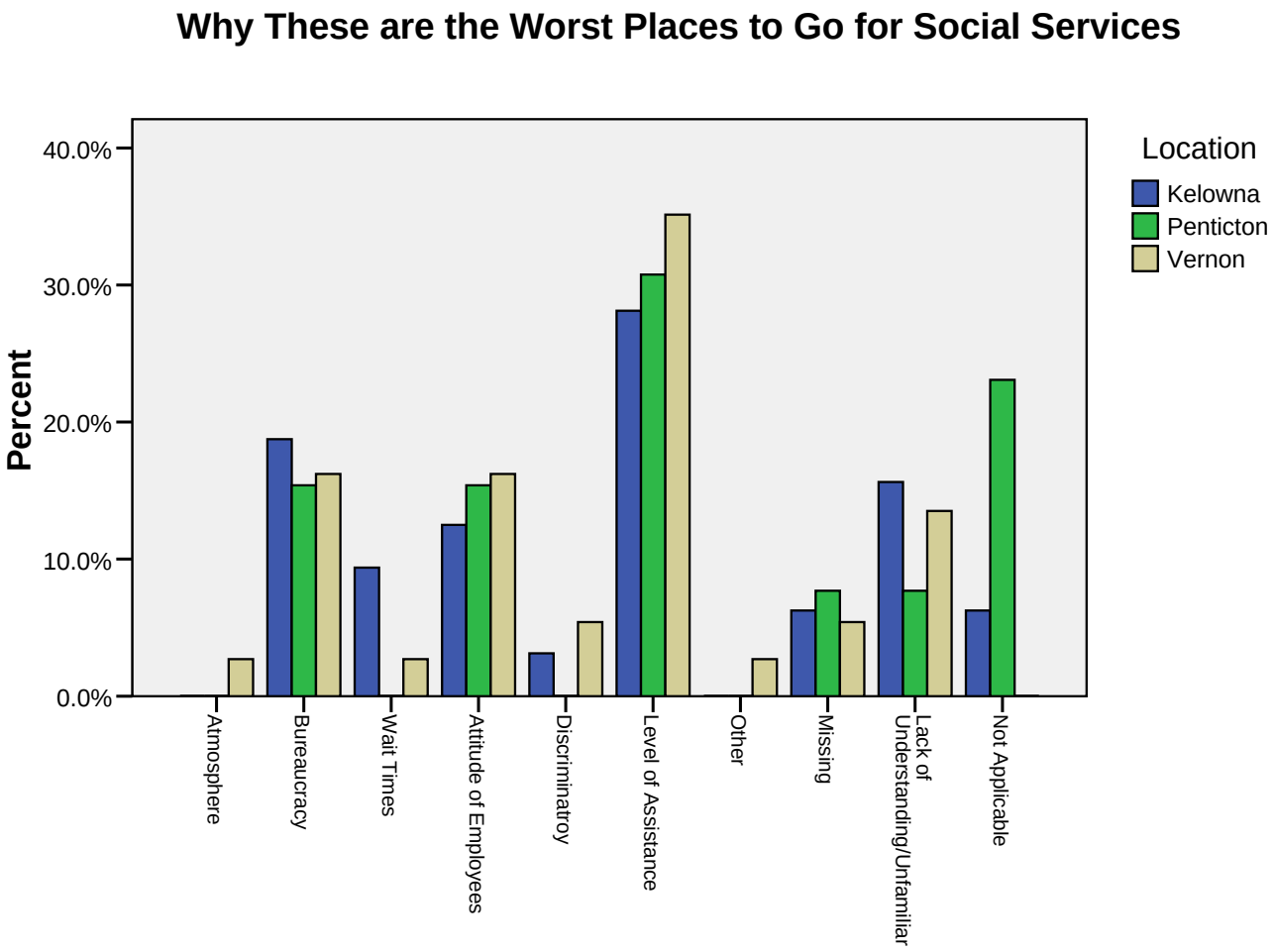

Figure 125 Why these are the Worst Places to Go for Social Services [Percent]

	Places People are Uncomfortable Returning to for Social Services								
	Friendship Centre	Public Schools/Day care	Band	Ministry	Friends/Family/Acquaintance	Other	None	Drop-In Centre	Misunderstood Question
Kelowna		2	2	9		2	6	1	
Penticton	1			5	1	2	2		1
Vernon			2	6		1	8		

Table 95 Places People are Uncomfortable Returning to for Social Services

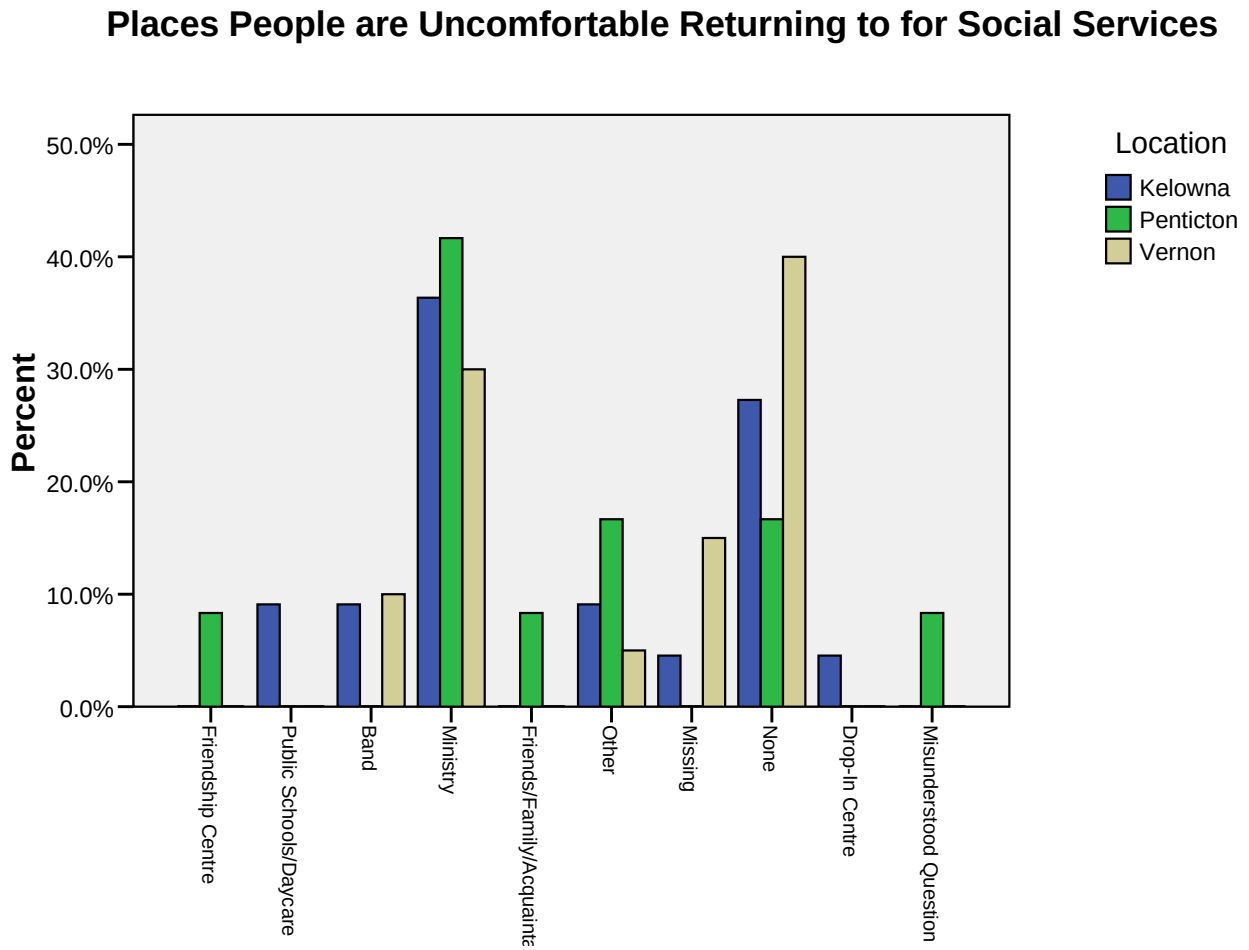

Figure 126 Places People are Uncomfortable Returning to for Social Services [Percent]

	Why People are Uncomfortable Returning for Social Services										
	Discriminatory	Atmosphere	Level of Assistance	Bureaucracy	Attitude of Employees	Distrust	Unfamiliar	Other	Wait Times	Just a Number	Not Applicable
Kelowna	1		8	1	2	4	1		1		7
Penticton		1	2	1	1	1		5			3
Vernon	2	1	5	1	1	5	1			1	8

Table 96 Why People are Uncomfortable Returning for Social Services

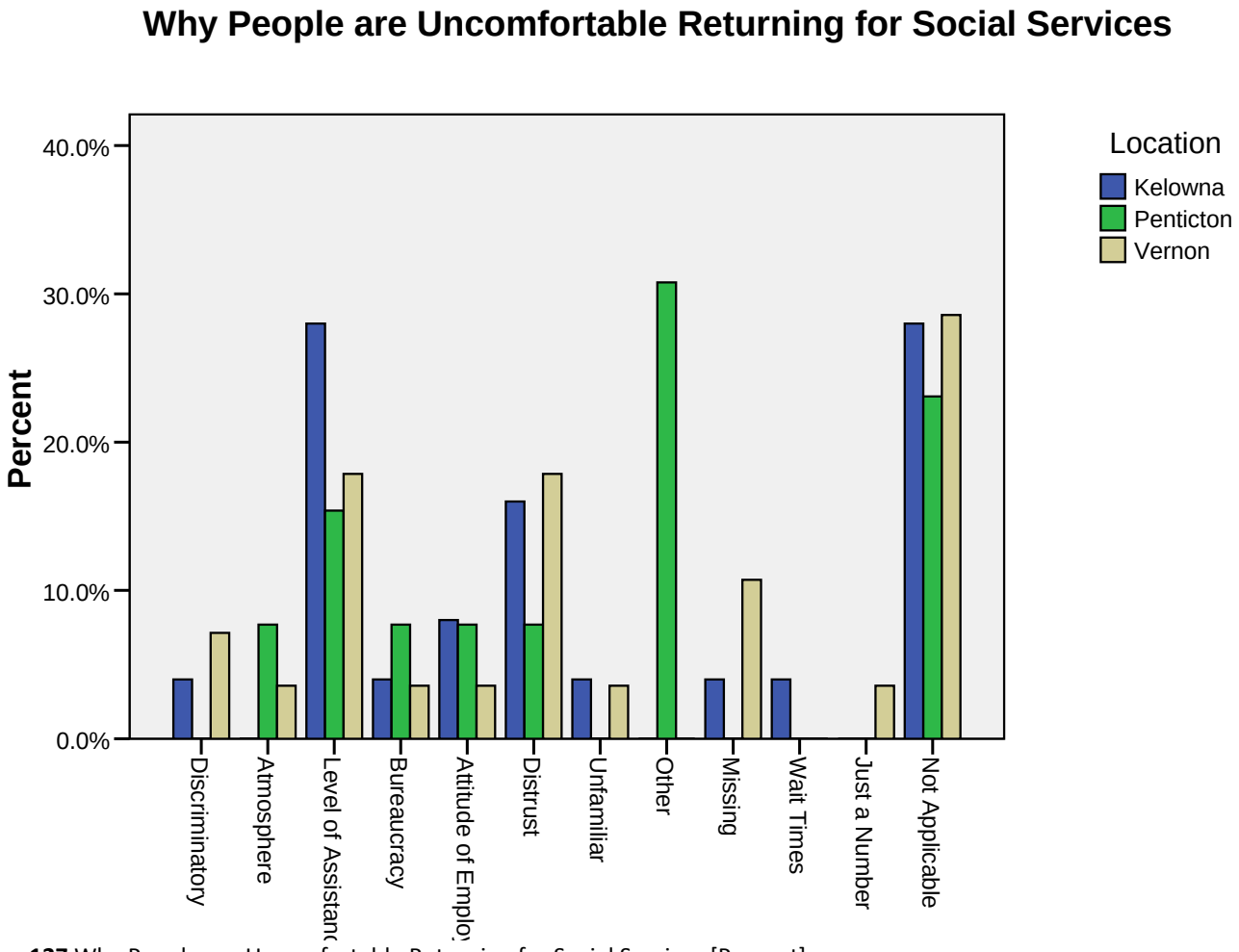

Figure 127 Why People are Uncomfortable Returning for Social Services [Percent]

	Biggest Difficulties Accessing Social Services											
	Accessibility	Discrimination	Assumptions	Bureaucracy	Lack of Understanding	Unaware of Service Options	Wait Times	Other	Attitude of Employees	'Just a Number'	None	Misunderstood Question
Kelowna	4	2	3	5	4	5	3	4	2	1		
Penticton	1		1	1	3		1	2	1		1	1
Vernon	2	2	2	7	4		3	2	1	2	1	

Table 97 Biggest Difficulties Accessing Social Services

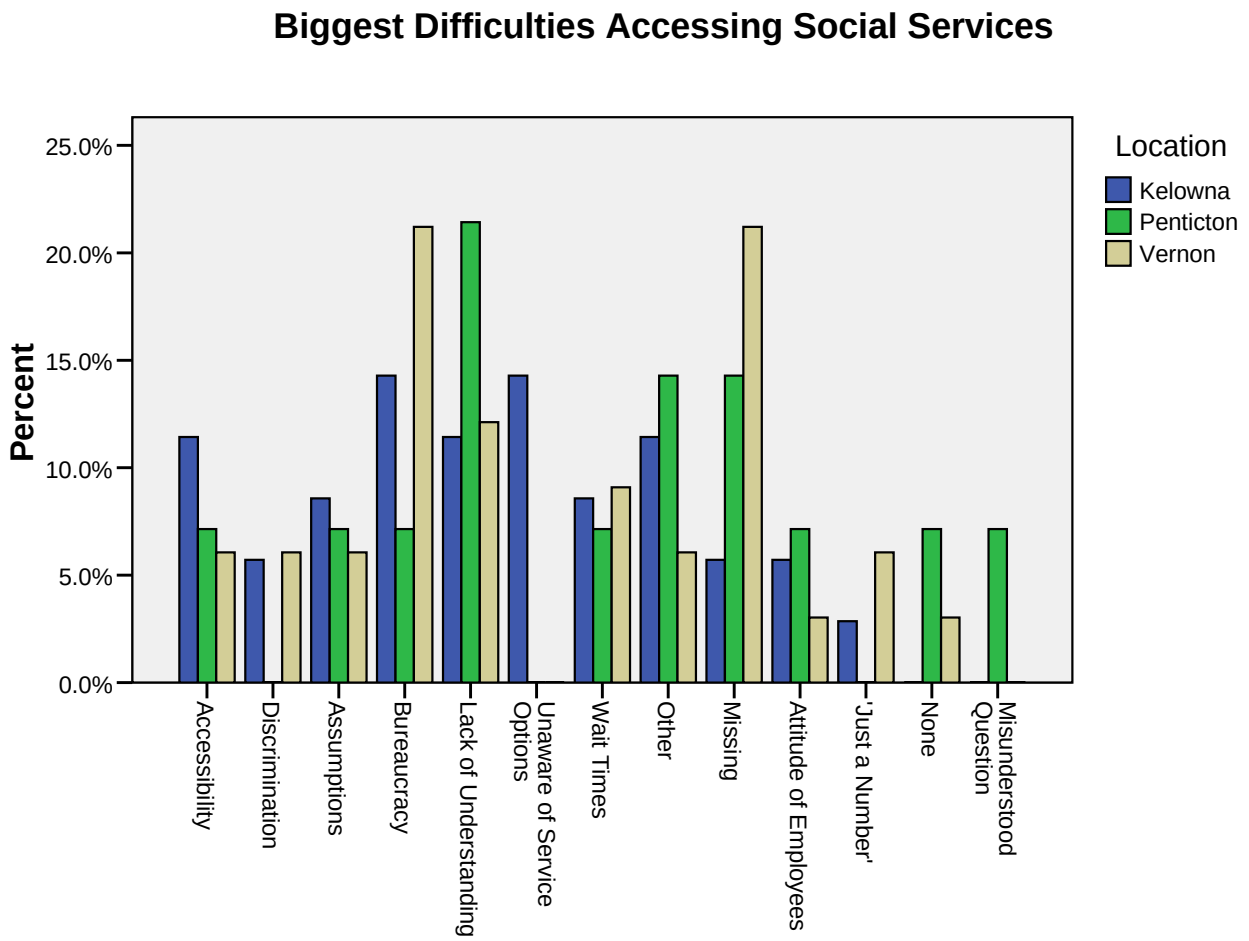

Figure 128 Biggest Difficulties Accessing Social Services [Percent]

	Suggestions to Improve Social Services											
	Improved Accessibility	Options Explained	Cultural Education	Speed of Service Provision	Aboriginal Representatives	More Services/Information	Greater Sensitivity/Respect from Service Providers	Other	Feedback from Service Users	Satisfied with Current System	Careful Screening of Disability/Welfare Recipients	More Communication Between Agencies
Kelowna	4	4	5		6	8	4	4	2			
Penticton		1		1	1	2	3			2	1	
Vernon	3	1		1	1	7	6	1	1	1	1	1

Table 98 Suggestions to Improve Social Services

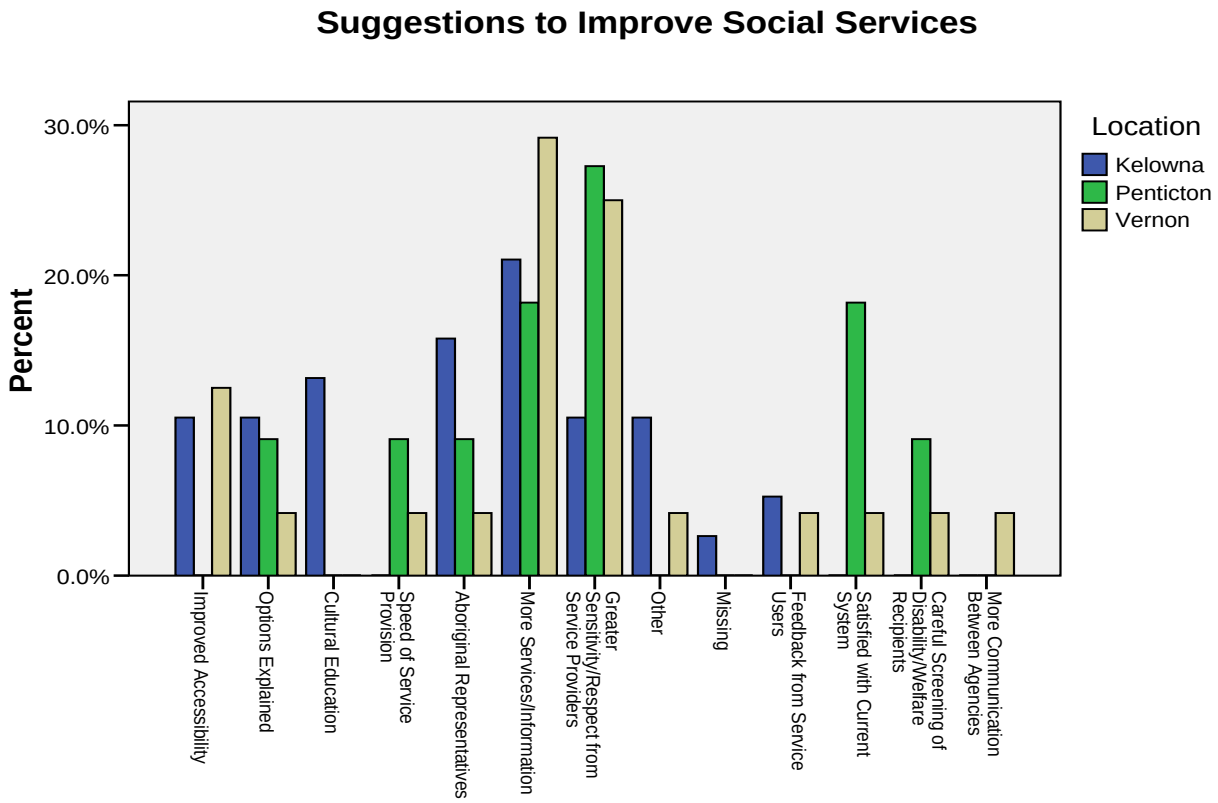

Figure 129 Suggestions to Improve Social Services [Percent]

	Differences Between Aboriginal and Non-Aboriginal Social Services							
	Atmosphere	Inclusive/ Non-Discrimina tory	Level of Assistance	Familiarity	Attitude of Employees	Less Able to Help	No Difference	Other
Kelowna	7	7	5	10	10		1	
Penticton	1	3	4	3	4		1	
Vernon	4	1	11	6	5	1	1	1

Table 99 Differences between Aboriginal and Non-Aboriginal Social Services

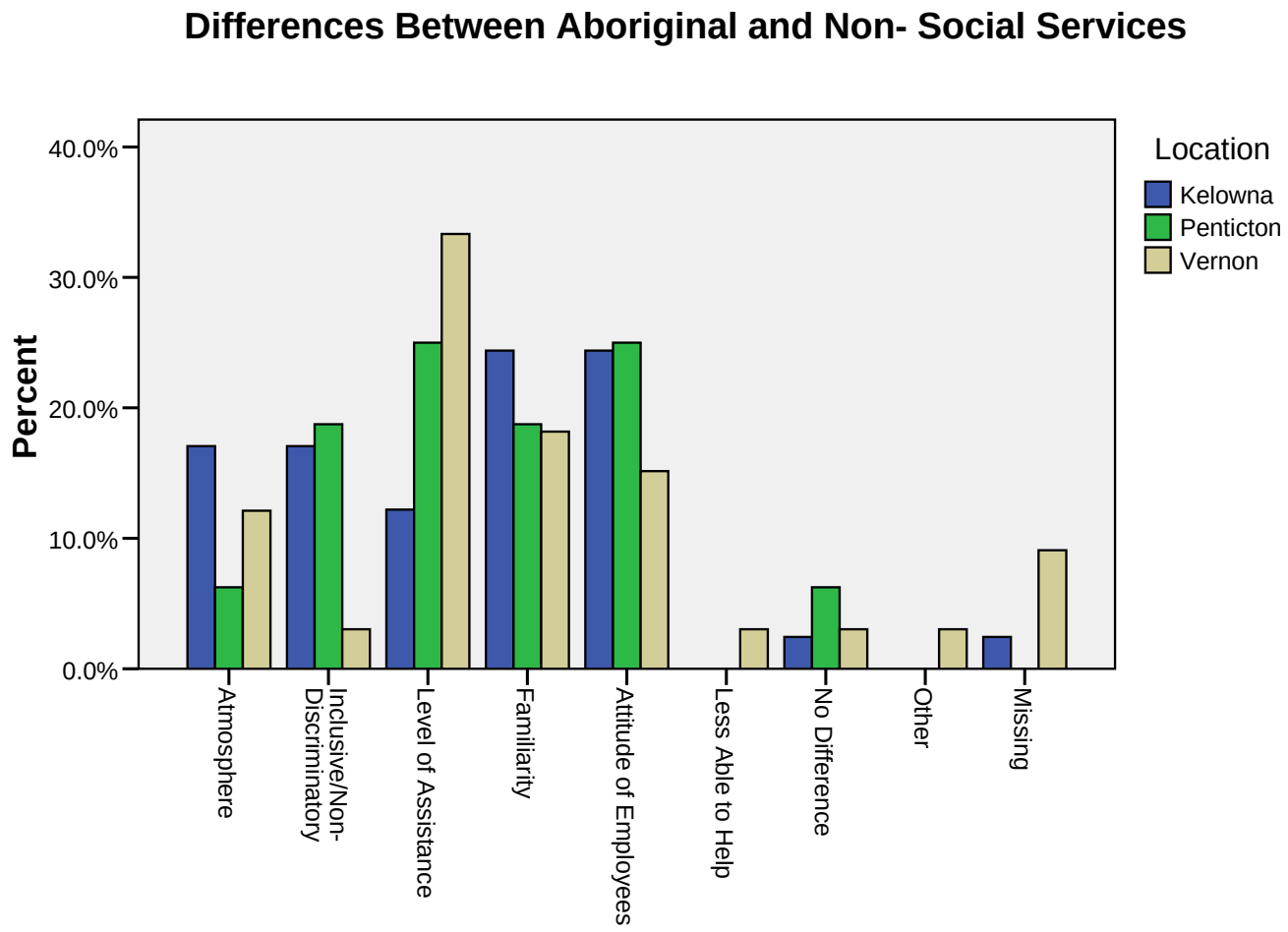

Figure 130 Differences between Aboriginal and Non-Aboriginal Social Services [Percent]

Barriers – Responses to Social Service Questions by Appearance

	Places People Go for Social Services							
	Friendship Centre	Other - Governmental Organization	Band	Ministry	Other - NGO	Friends/Family/Acquaintance	Newspapers/ Internet	Okanagan Metis/Aboriginal Housing
Visibly Aboriginal	22	2	8	6	1	5	8	3
Passes	8		1	5	3	2	2	2

Table 100 Places People Go for Social Services

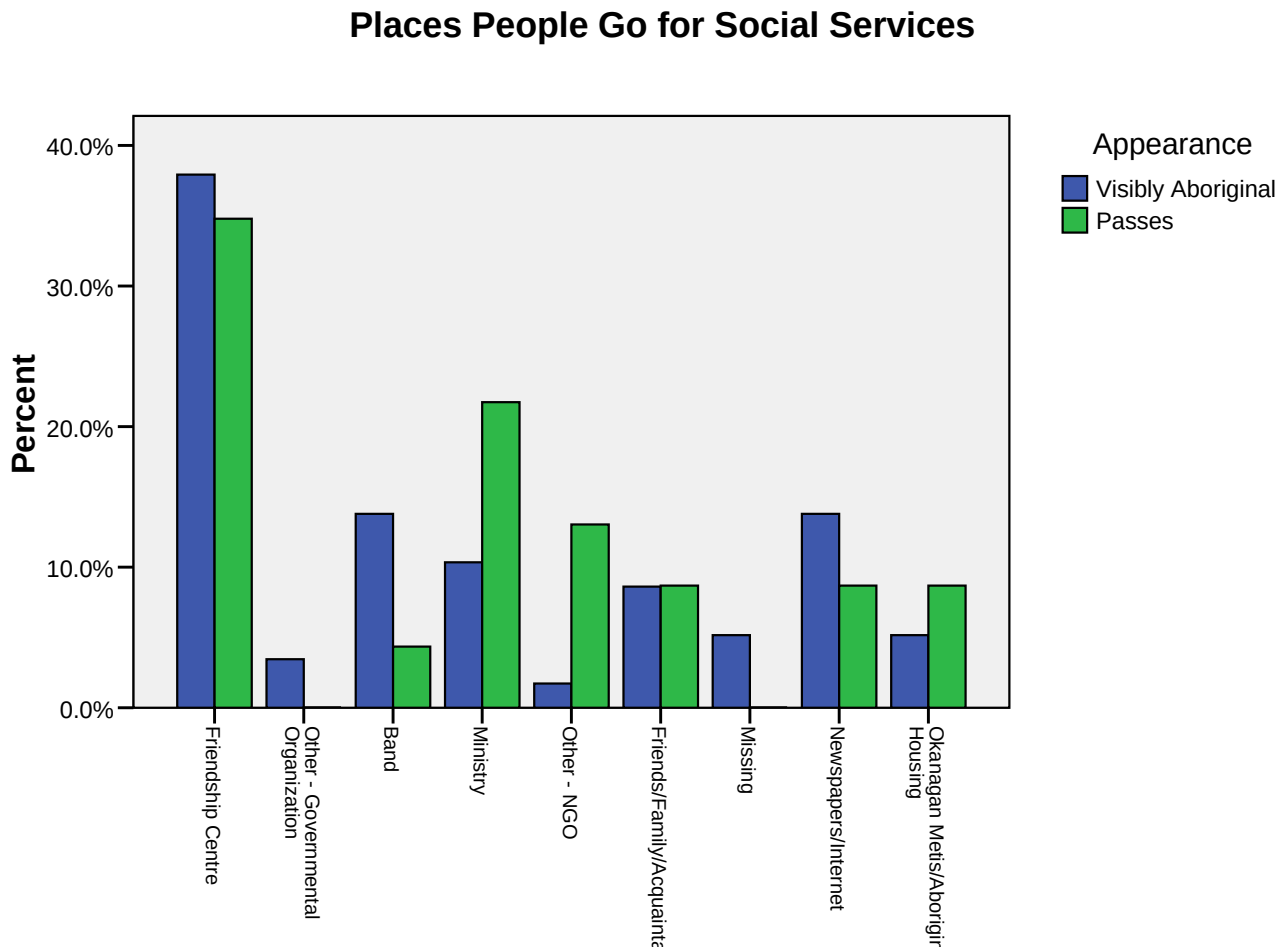

Figure 131 Places People Go for Social Services [Percent]

	Why People Go There for Social Services							
	Only Place Known	Atmosphere	Understanding/Shared Experiences	Level of Assistance	Familiar	Attitude of Employees	Source of Information	Other
Visibly Aboriginal	3	1	4	15	12	3	23	
Passes	2		2	8	6	2	4	1

Table 101 Why People Go There for Social Services

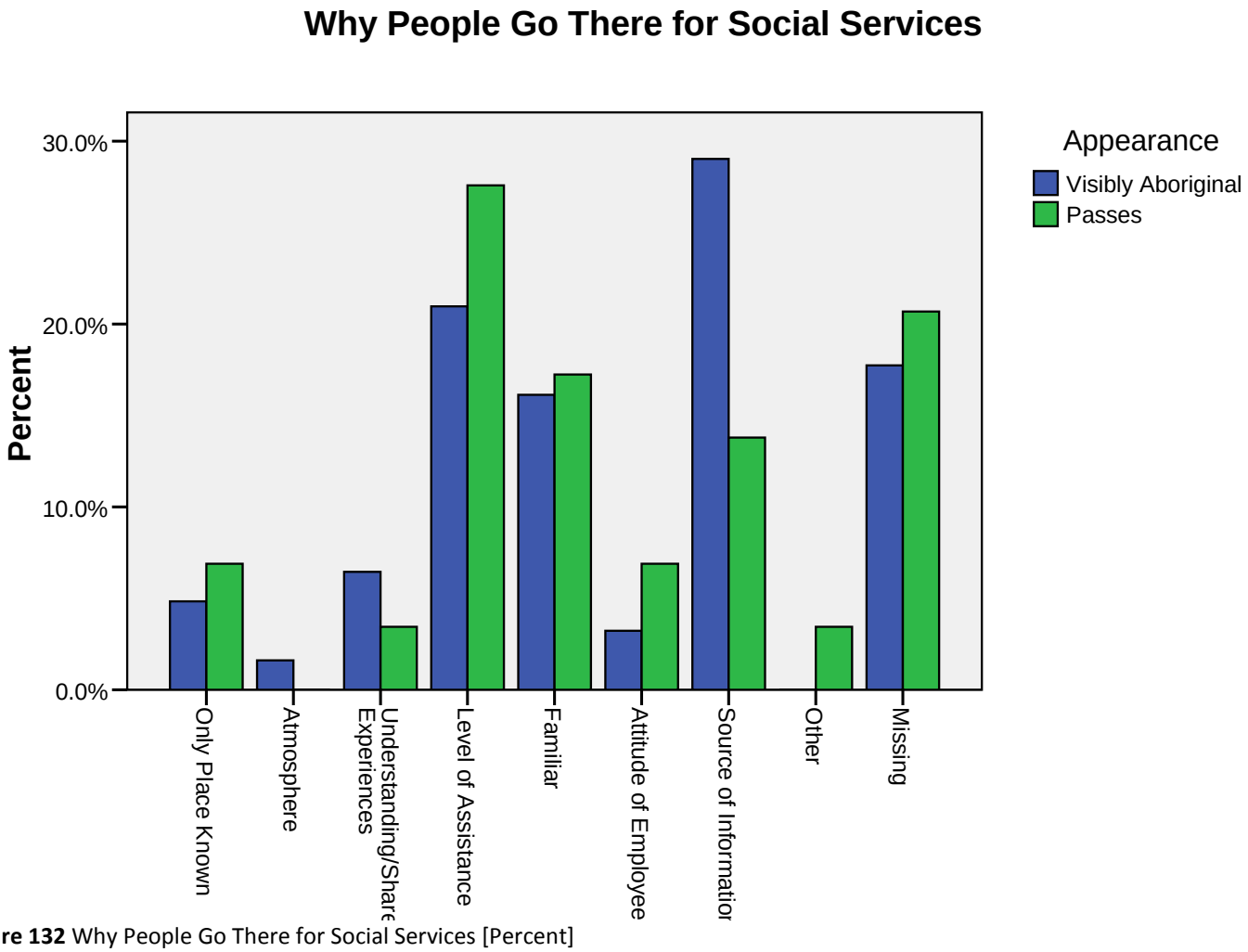

Figure 132 Why People Go There for Social Services [Percent]

	The Best Places to Go for Social Services									
	Friendship Centre	Other - Governmental Organization	Band	Ministry	Other - NGO	Friends/Family/Acquaintance	Newspapers/Internet	None	Don't Know	Misunderstood Question
Visibly Aboriginal	20	2	5	4	4	2	2	2	2	2
Passes	6	1		4	2			1		

Table 102 The Best Places to Go for Social Services

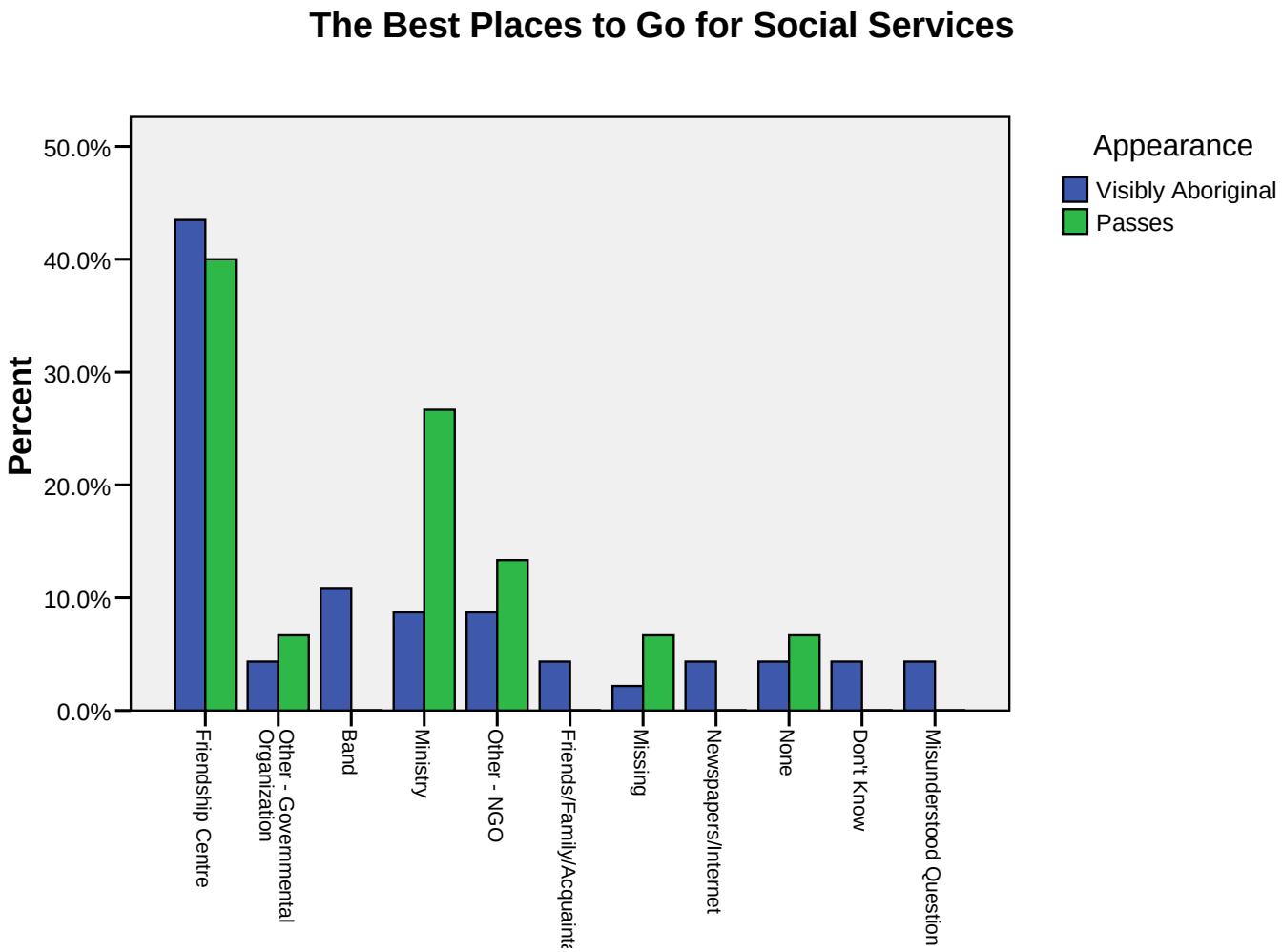

Figure 133 The Best Places to Go for Social Services [Percent]

	Why These are the Best Places for Social Services								
	Non-Discriminatory	Atmosphere	Understanding/Shared Experiences	Level of Assistance	Attitude of Employees	Only Place Known	Accessibility	Available Resources	Not Applicable
Visibly Aboriginal	2	4	13	20	4	2	1	8	6
Passes	1	1		9	3	1		3	1

Table 103 Why These are the Best Places for Social Services

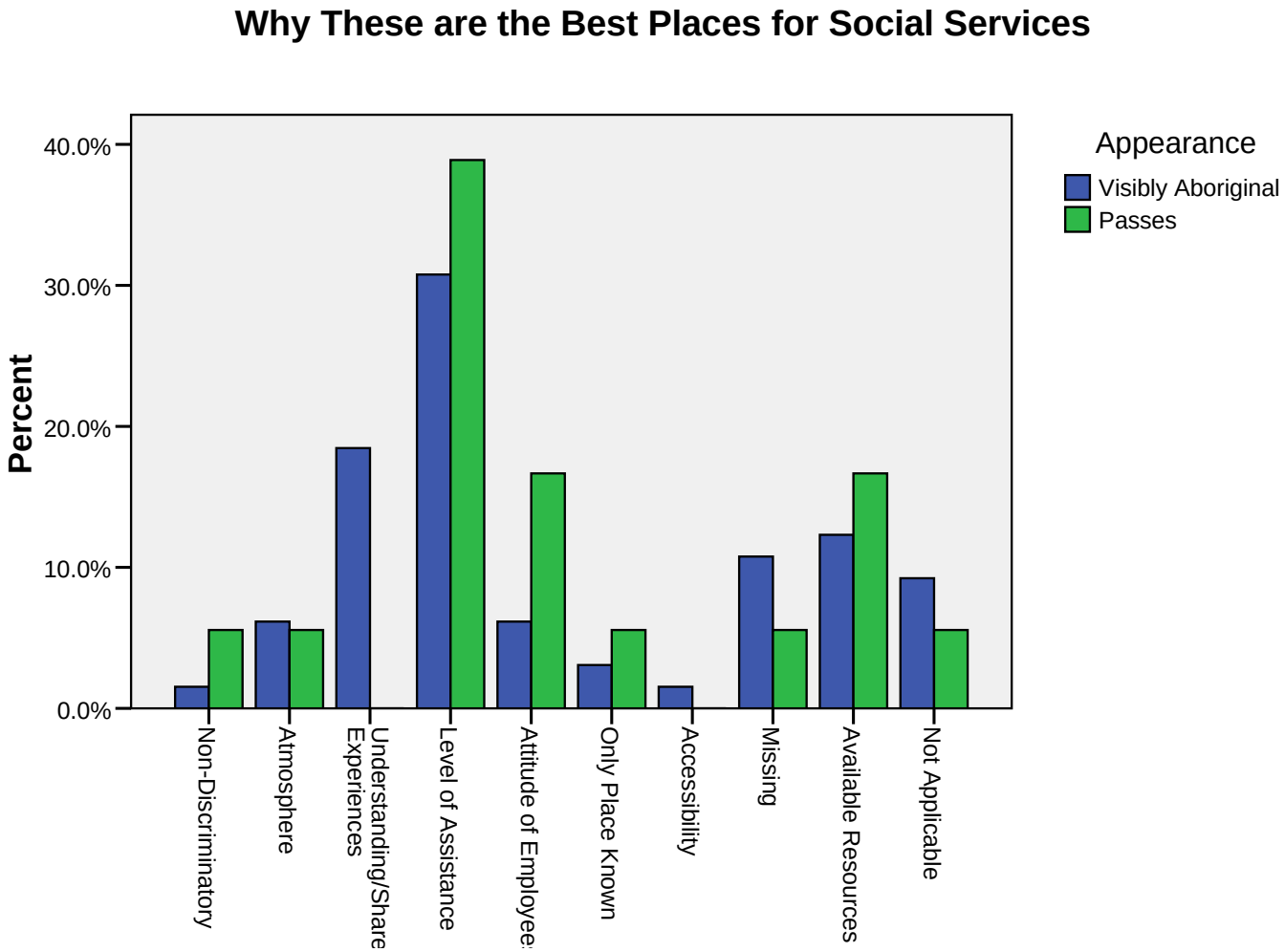

Figure 134 Why these are the Best Places for Social Services [Percent]

	The Worst Places to Go for Social Services							
	Other - Governmental Organization	Band	Ministry	Other - NGO	Friends/Family/Acquaintance	None	Don't Know	Misunderstood Question
Visibly Aboriginal		3	27	1		3	1	
Passes	1		8		1		1	1

Table 104 The Worst Places to Go for Social Services

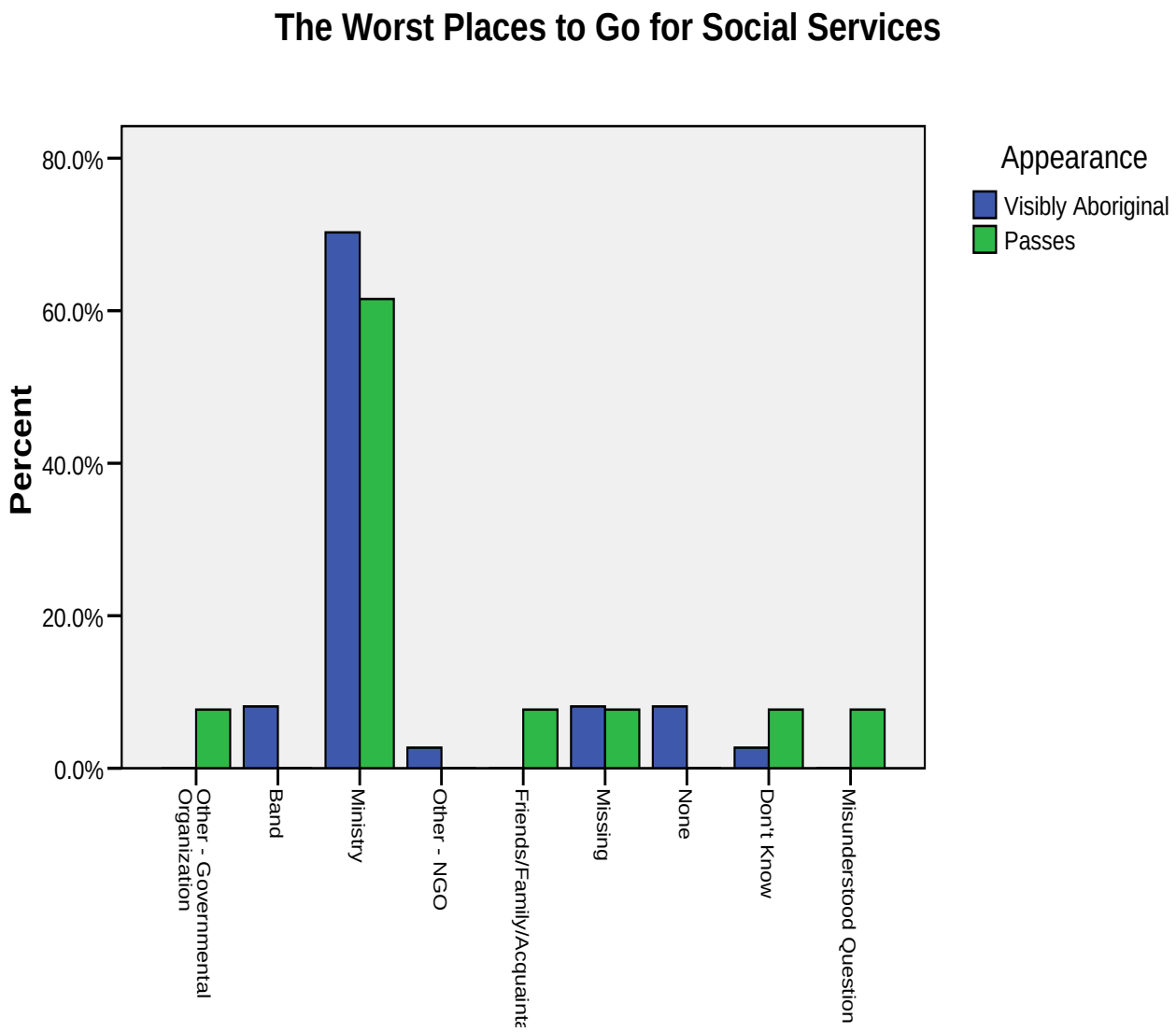

Figure 135 The Worst Places to Go for Social Services [Percent]

	Places People are Uncomfortable Returning to for Social Services								
	Friendship Centre	Public Schools/Daycare	Band	Ministry	Friends/Family/Acquaintance	Other	None	Drop-In Centre	Misunderstood Question
Visibly Aboriginal		2	4	16	1	1	13	1	
Passes	1			4		4	3		1

Table 105 Places People are Uncomfortable Returning to for Social Services

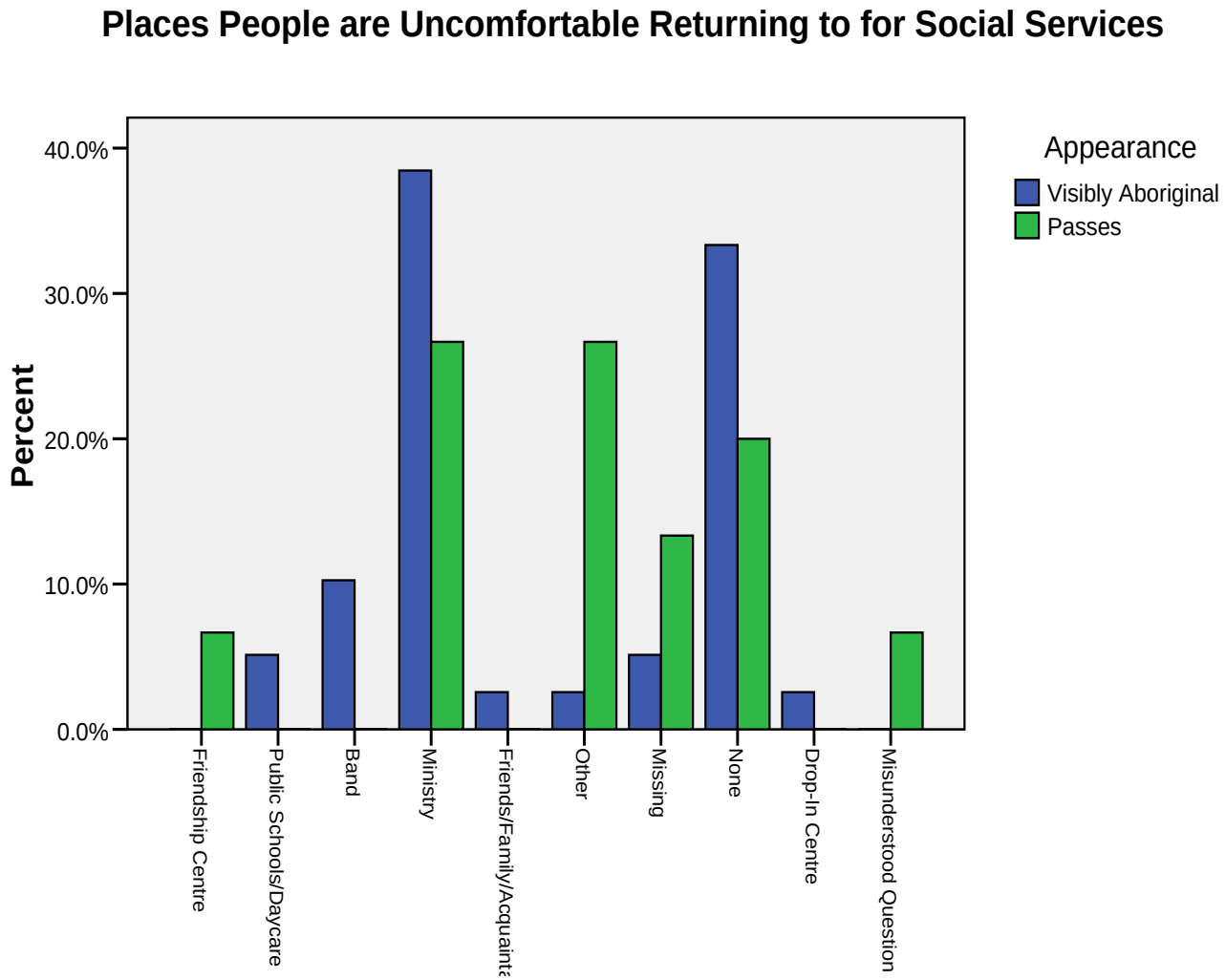

Figure 136 Places People are Uncomfortable Returning to for Social Services [Percent]

	Why People are Uncomfortable Returning for Social Services										
	Discriminatory	Atmosphere	Level of Assistance	Bureaucracy	Attitude of Employees	Distrust	Unfamiliar	Other	Wait Times	Just a Number	Not Applicable
Visibly Aboriginal	3	2	13	3	2	7	1	2	1	1	14
Passes			2		2	3	1	3			4

Table 106 Why People are Uncomfortable Returning for Social Services

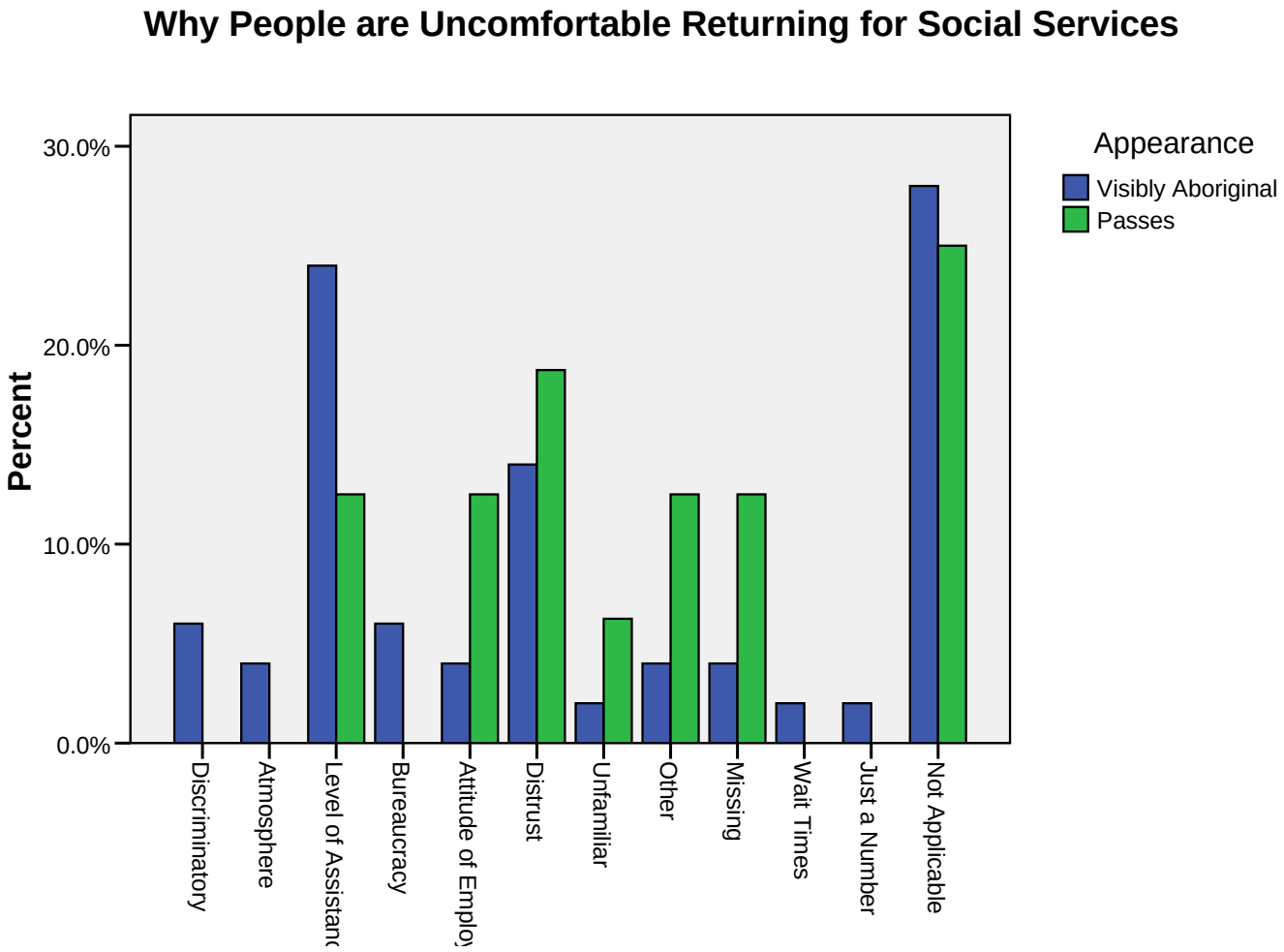

Figure 137 Why People are Uncomfortable Returning for Social Services [Percent]

	Biggest Difficulties Accessing Social Services											
	Accessibility	Discrimination	Assumptions	Bureaucracy	Lack of Understanding	Unaware of Service Options	Wait Times	Other	Attitude of Employees	'Just a Number'	None	Misunderstood Question
Visibly Aboriginal	5	4	4	11	6	4	6	6	3	1	2	
Passes	2		2	2	5	1	1	2	1	2		1

Table 107 Biggest Difficulties Accessing Social Services

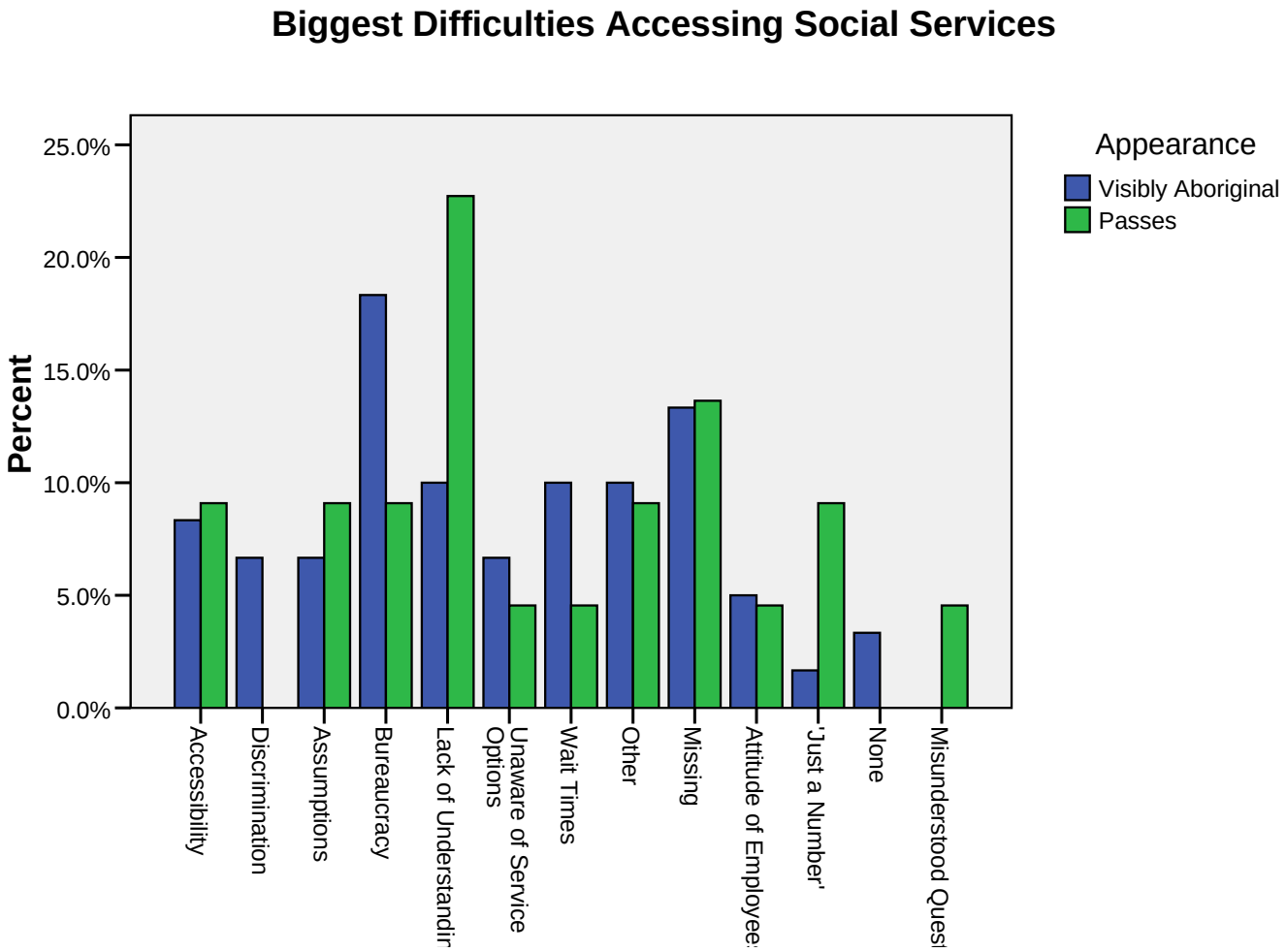

Figure 138 Biggest Difficulties Accessing Social Services [Percent]

	Suggestions to Improve Social Services											
	Improved Accessibility	Options Explained	Cultural Education	Speed of Service Provision	Aboriginal Representatives	More Services/Information	Greater Sensitivity/Respect from Service Providers	Other	Feedback from Service Users	Satisfied with Current System	Careful Screening of Disability/Welfare Recipients	More Communication Between Agencies
Visibly Aboriginal	6	6	3	2	7	13	9	4	1	2	1	1
Passes	1		2		1	4	4	1	2	1	1	

Table 108 Suggestions to Improve Social Services

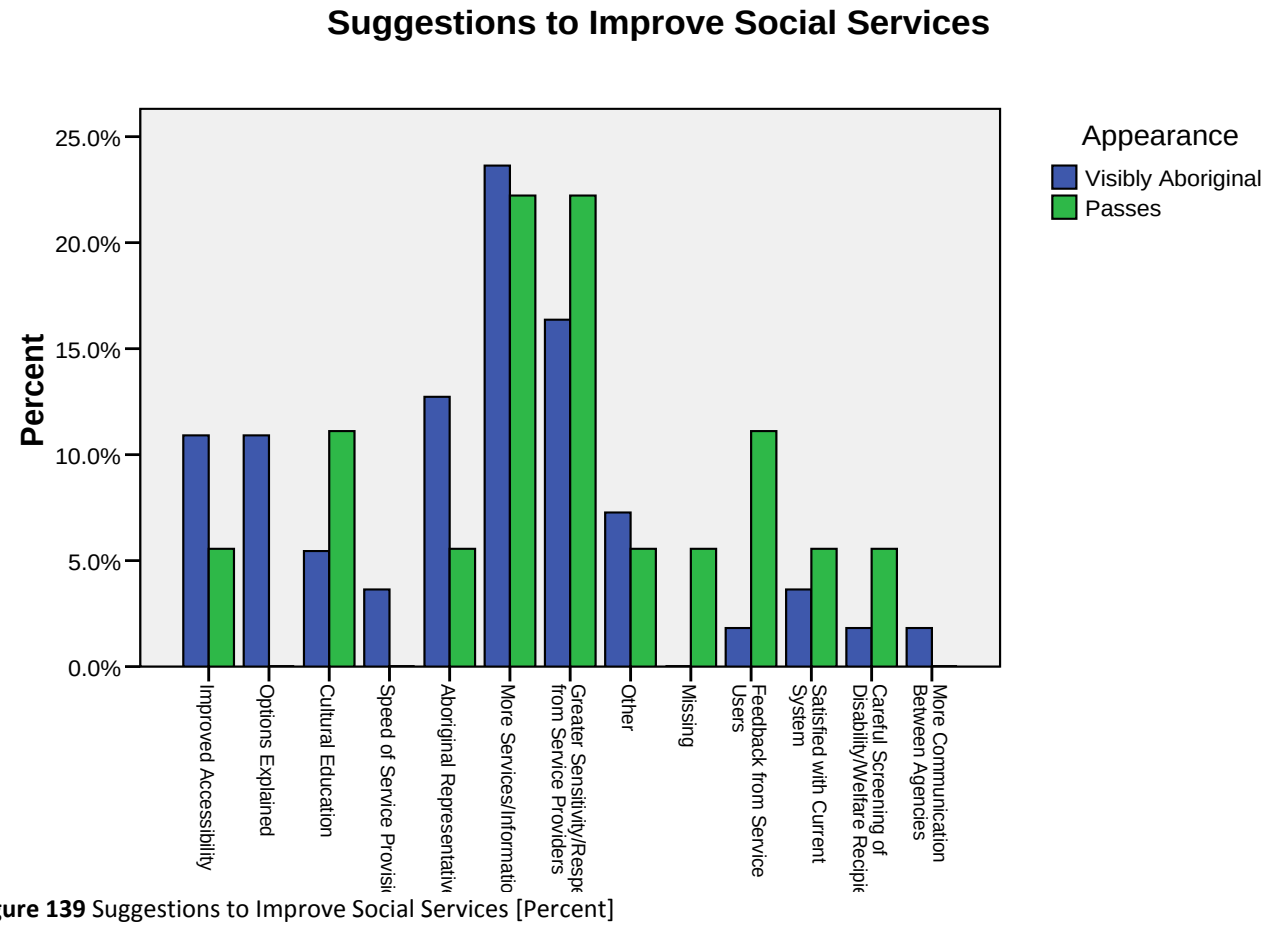

Figure 139 Suggestions to Improve Social Services [Percent]

	Differences Between Aboriginal and Non-Aboriginal Social Services							
	Atmosphere	Inclusive/ Non-Discriminatory	Level of Assistance	Familiarity	Attitude of Employees	Less Able to Help	No Difference	Other
Visibly Aboriginal	7	9	13	15	13	1	3	1
Passes	5	2	7	4	6			

Table 109 Differences between Aboriginal and Non-Aboriginal Social Services

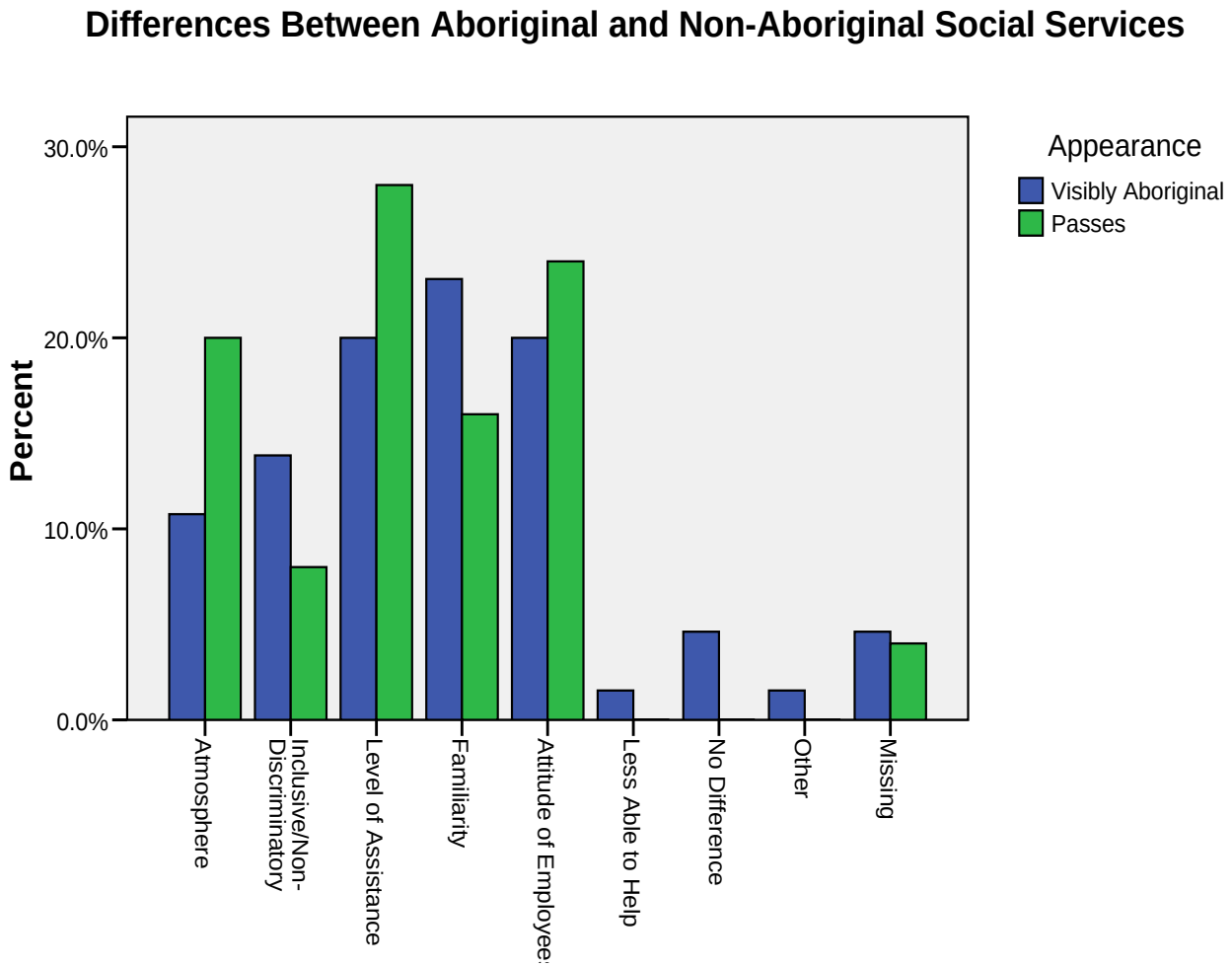

Figure 140 Differences between Aboriginal and Non-Aboriginal Social Services

Works Cited

B.C. Ministry of Health Planning (BCPHO). "Provincial Health Officer." *Report on the Health of British Columbians Provincial Health Officer's Annual Report: The Health and Well-being of Aboriginal People in British Columbia.* 2002. http://www.health.gov.bc.ca/pho/pdf/phoannual2001.pdf (accessed February 12, 2009).

Adelson, N. "The embodiment of inequity: Health disparities in Aboriginal Canada." *Canadian Journal of Public Health* 96 (2005): S45-S61.

Auer, Anna Marta and Anderson,Ragner. "Canadian Aboriginal communities: A framework for injury surveillance." *Health Promotion International* 16, no. 2 (2001): 169-177.

Benoit, C., Carroll, D., and Chaudhry, M. "In search of a healing place: Aboriginal women in Vancouver's downtown eastside." *Social Science & Medicine* 56 (2003): 821-833.

Benoit, C., and Nuernberger, K. Draft Discussion Paper on Health Determinants and Women's Health. Vancouver, BC:MSFHR Women's Health Research Network. 2006.

Bolton, G. “Narrative writing: Reflective enquiry into professional practice.” *Educational Action Research* 14, no. 2 (2006): 203-218.

British Columbia Ministry of Health. "The Transformative Change Accord: First Nations Health Plan. Supporting the Health and Wellness of First Nations in British Columbia." 2006. http://www.health.gov.bc.ca/cpa/publications/first_nations_health_implementation_plan.pdf (accessed August 4, 2007).

Browne, A.J. "Discourses influencing nurses' perceptions of First Nations patients." *Canadian Journal of Nursing Research* 37, no. 4 (2005): 62-87.

Brunen, L. "Aboriginal women with addictions: A discussion paper on triple marginalization in the health care system." Paper, The Northern Secretariat of the BC Centre of Excellence for Women's Health, 2000.

Canadian Council on Learning. "Aboriginal and Rural Under-Representation in Canada's Medical Schools." *Lessons in Learning.* 2008. http://www.ccl-cca.ca/CCL/Reports/LessonsInLearning/LinL20080417AboriginalRuralUnder-representationMedicalSchools.htm.

Cass, A. "Commentary. Health outcomes in Aboriginal populations." *Canadian Medical Association Journal* 171, no. 6 (2004): 597-598.

Dhalla, Irfan A. et al. "Characteristics of first-year students in Canadian medical schools." *Canadian Medical Association Journal* 166, no. 2 (2002): 1029-1035.

Dion Stout, M., and Downey, B. "Nursing, Indigenous peoples and cultural safety: So what? Now what?" *Contemporary Nurse* 22, no. 2 (2006): 327-332.

Evans, M., Sookraj, D. Berg, L., and the Okanagan Urban Aboriginal Health Research Collective [OUAHRC]. "Research, policy, and practice in praxis: Increasing system responsiveness to the health and social service needs of urban Aboriginals." *Society for Applied Anthropology Annual Conference.* Vancouver, 2006.

Flaskerud, J.H., and Winslow, B.J. "Conceptualizing vulnerable populations health-related research." *Nursing Research* 47, no. 2 (1998): 69-78.

Glouberman, S., and Millar, J. "Evolution of the determinants of health, health policy, and health information systems in Canada." *American Journal of Public Health* 93, no. 3 (2003): 388-392.

Health Canada. "A statistical profile on the health of First Nations in Canada. Highlights of First Nations health statistics." 2000. http://www.hc-sc.gc.ca/fnih-spni/pubs/gen/stats_profile_e.html (accessed May 14, 2007).

—. "First Nations, Inuit and Aboriginal Health: Diseases and health conditions ." 2007. http://www.hc-sc.gc.ca/fniah-spnia/diseases-maladies/index-eng.php (accessed May 16, 2007).

Interior Health. "Interior Health's Aboriginal health and wellness plan (2006-2010)." Interior Health Authority, Kelowna, 2006.

Ki-Low-Na Friendship Society. *About Us.* 2008. http://www.kfs.bc.ca (accessed February 6, 2009).

Kurtz, D.L., Nyberg, J., Van Den Tillaart, S., Mills, B., and Okanagan Urban Aboriginal Health Research Collective [OUAHRC]. " Silencing of voice: An act of structural violence. Urban Aboriginal women speak

out about their experiences with health care." *Journal of Aboriginal Health* 4, no. 1 (2008): 53-63.

Lavoie, J., Forget, E., and O'Neil, J. "Why equity in financing First Nation on-reserve health servcies matters: Findings from the 2005 national evaluation of the Health Transfer Policy." *Healthcare Policy* 2, no. 4 (2007): 79-96.

Lou, Zhong-Cheng et al. "Infant mortality among First Nations versus non-First Nations in British Columbia: Temporal trends in rural versus urban areas, 1981-2000." *International Journal of Epidemiology* 33 (2004): 1252-1259.

National Aboriginal Health Organization [NAHO]. "Improving population health, health promotion, disease prevention and health protection services and programs for Aboriginal people. Recommendations for NAHO activities." 2002.

Newbold, K. Bruce. "Aboriginal physicians use in Canada: Location, orientation and identity." *Health Economics* 6 (1997): 197-207.

Patterson, L. "Aboriginal roundtable to Kelowna Accord: Aboriginal policy negotiations, 2004-2005." *Library of Parliament.* 2006. http:wwwlparl.gc.ca/information/library/PRBpubs/prb0604-e.htm#4health (accessed January 7, 2009).

Raphael, D. *Social determinants of health. Canadian Perspectives.* Toronto, ON: Canadian Scholars' Press Inc, 2004.

Richmond, Chantelle A.M., Ross, Nancy A. and Egeland, Grace M. "Social support and thriving health: A new approach to understanding the health of Indigenous Canadians." *American Journal of Public Health* 97, no. 9 (2007): 1827-1833.

Romanow, R. "Building on values: The future of health care in Canada. Final Report." Commission on the future of health care in Canada, Ottawa, 2002.

Royal Commission on Aboriginal Peoples. "Report of the Royal Commissions on Aboriginal Peoples, Volume 1: Looking forward, looking back." Ottawa, 1996.

Shah, B., Gunraj, N., and Hux, J. "Markers of access to and quality of primary care for Aboriginal People in Ontario, Canada." *American Journal of Public Health* 3 (2003): 798-802.

Smye, V., Rameka, M., and Willis, E. "Indigenous health care: Advances in nursing practice." *Contemporary Nurse* 22, no. 2 (2006): 142-154.

Statistics Canada. "Aboriginal people: A young and urban population." 2006. http://www41.statcan.ca/2006/3867/ceb3867_004_e.htm (accessed January 7, 2009).

—. *Health Indicators.* 2000. http://www.statcan.gc.ca/pub/82-221-x/4060874-eng.htm (accessed February 12, 2009).

Tjepkema, M. "*The health of the off-reserve Aboriginal populations."* Vol. 13 (Suppl.), in *Statistics Canada Health Reports*, 1-17. 2002.

Treasury Board of Canada Secretariat. "Aboriginal Peoples." *Canada's Performance Report 2005 - Annex 3 - Indicators and Additional Information.* 2005. http://www.tbs-sct.gc.ca/report/govrev/05/ann304-eng.asp#17.

Van Uchelen, C.P., Davidson, S.F., Quressette, S. V., Brasfield, C. R., and Demerais, L.H. "What makes us strong: Urban Aboriginal perspectives on wellness and strength." *Canadian Journal of Community Mental Health* 16 (1997): 37-50.

Waldram, J., Herring, A., and Young, T. *Aboriginal Health in Canada: Historical, Cultural, and Epidemiological Perspectives (2nd ed.).* Second. Toronto, ON: University of Toronto Press, 2006.

Wardman, D., Clement, K., and Quantz, D. "Access and utilization of health services by Aboriginal population." *Leadership* 18, no. 2 (2005): xxvi-xxxi.

Young, T.K. "Review of research on Aboriginal populations in Canada: Relevance to their health needs." *British Medical Journal* 327 (2003): 419-422.