Indigenous Wellness Indicators

Including Urban Indigenous Wellness Indicators in the Healthy City Strategy

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Acknowledgements

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0 Executive Summary

Indigenous concepts of wellness are distinct from western notions of wellness, and are unique to each Indigenous community's respective worldview. As such, there is a growing recognition of the need for indicators that reflect Indigenous notions of wellness. With the City of Vancouver preparing its second Healthy City Strategy Action Plan, now is an opportune moment for the City to collaborate with the urban Indigenous community to develop culturally relevant, strengths-based Indigenous wellness indicators. Vancouver's Healthy City Strategy is a "long-term, integrated plan for healthier people, healthier places, and a healthier planet" (City of Vancouver, 2018b). It contains thirteen goals, each with associated targets and measures, based on the social indicators of health. The way it is currently tracked does not adequately reflect the urban Indigenous community (with insufficient and mostly deficit-based indicators specific to Indigenous peoples), which limits the Strategy's scope, scale, and impact on the urban Indigenous community and the rest of Vancouver.

As a City of Reconciliation, this is an important opportunity for the City to move away from historically colonial and deficiency-focused data collection methods, towards collaborative methods that respect and reflect Indigenous worldviews and wellness concepts. Working with partners such as the Metro Vancouver Aboriginal Executive Council (in line with the City and MVAEC's Memorandum of Understanding) to develop culturally reflective wellness indicators is a way to both value and contribute to the urban Indigenous community's capacity to determine their own wellness by measuring what matters most to them. This will also help fill in existing data gaps on urban Indigenous wellness, which will inform better service and support provision to this growing population, and provide a clearer picture of how the Healthy City Strategy is (or isn't) impacting the urban Indigenous community. Making an effort to track this information is crucial to the City upholding its reconciliation goals.

Focus

This project focused on how to develop strengths-based, culturally relevant Indigenous wellness indicators for the City of Vancouver's Healthy City Strategy in collaboration with the urban Indigenous community. In this report, the "urban Indigenous community" refers to representatives from MVAEC, Indigenous service providers, and community members who identify as Indigenous (including First Nations, Métis, Inuit, or other Indigenous cultures from around the world).[1]

Methodology

This research included conducting a literature review, identifying case studies, and holding conversations with knowledge holders (i.e. those familiar with this planning context and/or with similar experience with Indigenous heath indicators). This included speaking with project leads of three of the four case studies who provided advice and recommendations to the City of Vancouver. From this research, wise practices were identified and used to inform guiding principles and a process that are presented in this report as recommendations to the City of Vancouver.

Recommendations

The following guiding principles and process were developed and provided as recommendations to guide the City of Vancouver through developing Indigenous wellness indicators in collaboration with the urban Indigenous community.

Guiding Principles

1. Indigenous Leadership: informed and led by the urban Indigenous community;

2. Respectful Relationships: building and maintaining trust;

3. Culturally Appropriate: based on Indigenous perspectives and worldviews and inclusive of all of the various backgrounds of urban Indigenous Vancouverites;

4. Strengths-Based: focusing on positives instead of deficits; and

5. Capacity Building: valuing and contributing to Indigenous peoples' capacity to define and monitor their own health and wellbeing.

Process

Figure 1 Recommended process

These recommendations are intended as simply a starting point, and should be further reviewed, revised, and agreed upon through collaboration with MVAEC and representatives of the urban Indigenous community.

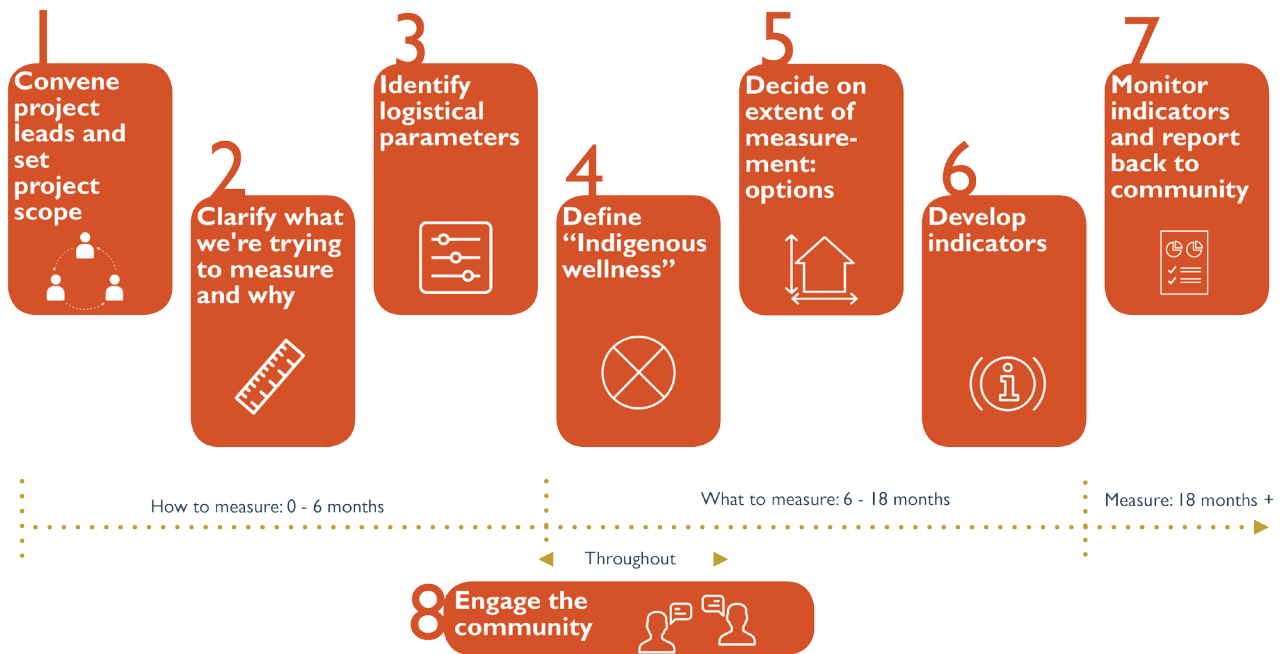1   Vancouver occupies the unceded homelands of the Musqueam, Squamish, and Tsleil-Waututh Nations and is committed as a City of Reconciliation to forming a sustained relationship of mutual respect and understanding with local First Nations and urban Indigenous communities. This report focuses on urban communities but future work on the Healthy City Strategy should also engage with local First Nations.

1 Introduction: What are Indigenous wellness indicators and why are they important?

1.1 About Indigenous wellness indicators

An indicator is a measure that tells us about the present state of something, or about changes over time (Graham, 2008). Indicators are typically used by communities and policy-makers to evaluate their progress towards certain goals or desired outcomes, or to understand the current state of something like community life. Usually indicators are measured using a number or percentage (i.e. quantitative data) but they can also be measured with descriptive information such as stories (i.e. qualitative data) (Geddes, 2015). Indicators help evaluate what is and isn't working in a community, identify successes and additional needs, and inform program and service provision.

Indicators of health and wellness are used to evaluate a community's overall health. Traditionally, Western approaches to health monitoring have tended to focus on an individual's physical aspects of health and indicators that can be quantified, such as disease rates. They also too often measure the absence of something negative, rather than the presence of something positive. While it's important to know what the issues are, measuring only the negative aspects of a community can reinforce a harmful narrative or become a self-fulfilling prophecy (Geddes, 2015).

In recent years, the focus of health monitoring has

shifted from physical health towards the social determinants of health, "the conditions in which people are born, grow, work, live, and age, and the broader set of forces and systems shaping the conditions of daily life (First Nations Health Council, 2015, p. 8). These include considerations of income and social status, employment and working conditions, social support networks, education levels, social environments, physical environments, personal health practices, healthy child development, gender, and culture (Public Health Agency of Canada, 2016). The City of Vancouver's Healthy City Strategy is based on this broad and more well-rounded notion of health and its social determinants, albeit still with some limitations as discussed further below.

Table 1 Example indicators

Typical indicators
- % of Indigenous persons unemployed
- % of children in care in the Coast Fraser region who are Indigenous
- % of unsheltered homeless counted with Indigenous identify

Source: City of Vancouver Healthy City Strategy (2015)

Indigenous wellness indicators
- % of Indigenous Vancouverites who believe that Indigenous culture in their community has become stronger in the last 5 years
- % of Indigenous Vancouverites who feel a close connection to members of their own Indigenous group
- # of Indigenous peoples in Vancouver who say they have been affected by Indian residential schools, either personally or through a family member

Source: Urban Aboriginal Peoples Study (2011)

By contrast, Indigenous wellness indicators are culturally relevant, and are informed by an Indigenous perspective and worldview. The concept of 'social determinants of health' is not new to Indigenous peoples (First Nations Health Council, 2015). Indigenous wellness indicators are typically based on a more holistic definition of health as a balance between physical, mental, emotional, and spiritual wellbeing, and often are community level. A

common example of this is the medicine wheel, several adaptations of which are shown in the graphics below. To be successful, they should reflect and respond to the values and culture of the community they are measuring. As such, a universal definition of Indigenous wellness indicators doesn't hold, as a set of indicators should be unique to each community of Indigenous peoples and their own definition of wellness (Geddes, 2015).
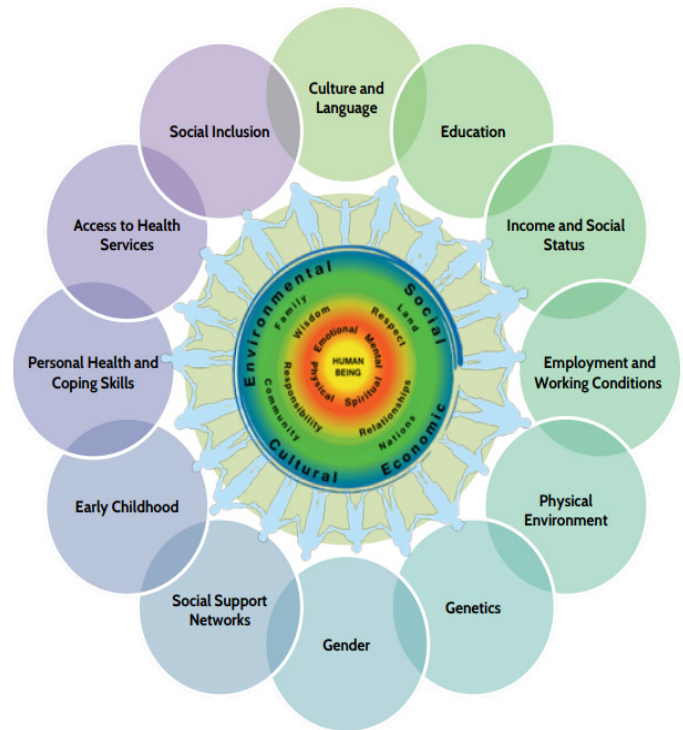
Figure 2 First Nations Perspective on Health and Wellness with the social determinants of health (First Nations Health Council, 2015)
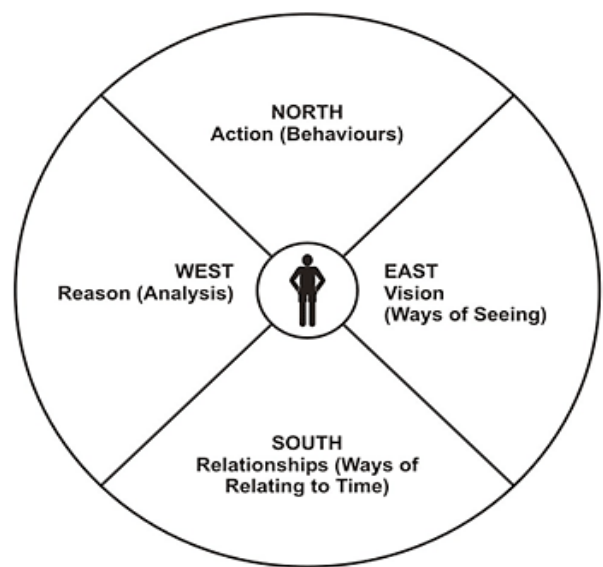
Figure 3 First Nations Regional Longitudinal Health Survey Cultural Framework (First Nations Information Governance Centre, 2018)

Figure 4 Healthy City Strategy with Indigenous Lens based on medicine wheel

1.2 Importance of Indigenous Wellness Indicators

Most importantly, Indigenous wellness indicators are developed, informed, and monitored with, by, and for Indigenous communities. The development of Indigenous wellness indicators is an important step towards Indigenous data sovereignty and away from the colonial, harmful, and oppressive way that Indigenous health monitoring has traditionally been done. According to the British Columbia First Nations Data Governance Initiative, the following points characterize how Indigenous data has historically been handled by colonial governments:

1. The methods used to obtain and analyze data about Indigenous peoples has reinforced unequal power structures, barriers, and systemic oppression;

2. Data and statistics about Indigenous communities has typically been through a negative lens that focuses on deficiency, disadvantage, and negative stereotypes;

3. Data collected by nation states and institutions on Indigenous peoples has been of little use to Indigenous communities, and has been assumed to be owned and controlled by these nation states and institutions; and

4. Data has been collected without meaningful Nation-to-Nation dialogue or consideration of data sovereignty (Open North, 2017).

Unfortunately, these points also apply to the discrepancies in how the current Healthy City Strategy is monitored, which underlines the importance of developing Indigenous wellness indicators in Vancouver (discussed further below in section 1.4).

Additionally, data on Indigenous communities is often fragmented, unavailable, incomplete, and aggregated into pan-Indigenous statistics, making it less relevant to any one community (First Nations Centre, 2007). This becomes especially complicated in an urban setting that is home to Indigenous peoples of many different cultural backgrounds. At the same time, the Canadian census reports that First Nations, Inuit, and Métis populations across the country experience ongoing disparities in the social determinants of health (Smylie & Firestone, 2017). Without proper health data, policy-makers, planners, and service providers are limited in their ability to address this disparity through health policy and program and service delivery, as is the case in Vancouver. This is increasingly problematic as Canada's Indigenous population is growing at a rate four times faster than the rest of the population (Barrera, 2017), and there are now more Indigenous peoples living in urban centres than on reserve (Environics, 2011a). In the City of Vancouver, there was a 25% increase in the Indigenous population (including people living at Musqueam reserve) between 2006 and 2016, more than three times the 8% growth rate for the non-Indigenous population (Statistics Canada, 2016).

By contrast, wellness indicators that reflect Indigenous values, culture, and aspirations and are developed and monitored with and/or by the community itself allow Indigenous communities to measure what is important to them. Health information that is relevant and useful to Indigenous communities supports their ability to tell their own narrative of wellness, and to be able to cater programs and services specifically to their communities' needs, priorities, and aspirations. Not only will this help fill the current gap in Indigenous health data, but it will support Indigenous communities in asserting their right to define their own health, decide how it is measured, and how that data is used (Open North, 2017; Geddes, 2015). As the City's Indigenous population continues to grow, so does the need for culturally relevant and strengths-based wellness indicators.

1.3 Global to Local Policy Context

The importance of Indigenous self-determination when it comes to health is being increasingly recognized and acted upon around the world. Article 23 of The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) states that:

"Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, Indigenous peoples have the right to be actively involved in developing and determining health, housing and other social programs affecting them and as far as possible, to administer such programs through their own institutions."
(UN General Assembly, 2007, p. 9)

Canada's Truth and Reconciliation Calls to Action include similar sentiments in the following health-related Actions:

"18. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.

19. We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.

20. In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health

In Vancouver, support for Indigenous rights and self-determination was clearly stated when the City endorsed the UNDRIP in 2013. The following year, the City designated itself a City of Reconciliation, meaning it will:

- "Form a sustained relationship of mutual respect and understanding with local First Nations and the Urban Indigenous community, including key agencies
- Incorporate a First Nations and Urban Indigenous perspective into our work and decisions
- Provide services that benefit members of the First Nations and Urban Indigenous community" (City of Vancouver, 2018a).

The same year (2014), Council approved the Healthy City Strategy (HCS) which envisions "a city where together we are creating and continually improving the conditions that enable all of us to enjoy the highest level of health and well-being possible" (City of Vancouver, 2018b). The Strategy contains 13 long-term goals for the well-being of Vancouverites, based on the social determinants of health and each with targets to be met by 2025. In order to measure progress towards these goals, the City committed to tracking indicators for each target and goal. To operationalize the Strategy, a four-year Action Plan (2015 – 2018) was adopted by Council in 2015 that lays out tangible steps for the City to take towards its goals (City of Vancouver, 2015). It was acknowledged that reconciliation is integral to the three HCS goals to promote safety, a sense of inclusion, and to build connections between communities and individuals (Au & Gosnell-Myers, 2016).

In response to the 2015 release of the Truth and Reconciliation Calls to Action, the City of Vancouver identified which Calls to Action it has the jurisdiction to implement. These were summarized under three themes of (1) Healthy communities and wellness, (2) Achieving Indigenous human rights and recognition, and (3) Advancing awareness, knowledge, and capacity. One of the recommendations that came out of this work was to "include Indigenous indicators within the HCS for measurement over time" (Au & Gosnell-Myers, 2016).

Since then, the City of Vancouver through the Mayor's Task Force on Mental Health and Addictions and its Aboriginal Healing and Wellness Centres Working Group, commissioned a research study to better understand and document Indigenous traditional, spiritual, and cultural supports and services being offered in the Downtown Eastside (DTES). The below graphic titled "Wellness Approach for Aboriginal Peoples" was included in this report. The report, Aboriginal Health, Healing, and Wellness in the DTES, identified significant gaps, for example, a lack of cultural, spiritual, or traditional activities for Indigenous youth and children on the DTES, and an absence of good data about service usage that is needed to set and measure goals for closing the gaps in health outcomes for Indigenous peoples (Bluesky, 2017). While this study focused on one neighbourhood (the DTES, which has one of the highest proportions of Indigenous residents in the City as shown in the map below), these findings support the need for greater Indigenous wellness supports and services, including data, across the city.

Wellness Approach for Aboriginal Peoples

MIND	EMOTION	BODY	SPIRIT

| Culture as Medicine: Culture Competency/Safety | Seeing the Whole Family | Finding Balance | Navigating and and Welcoming | Coming Together | Strengthening Opportunities |

Figure 5 From the Aboriginal Health, Healing, and Wellness in the DTES Study (Bluesky, 2017)

People with Indigenous Identity, 2016

Dunbar	City		Strathcona
0.4%	2.4%		10.0%

West End 2.3%
Downtown 2.4%
Strathcona 10.0%
Grandview-Woodland 7.8%
Hastings-Sunrise 3.2%
West Point Grey 1.3%
Kitsilano 1.7%
Fairview 1.8%
Mount Pleasant 3.0%
Shaughnessy 0.8%
South Cambie 1.6%
Riley Park 1.9%
Kensington-Cedar Cottage 2.1%
Renfrew-Collingwood 1.7%
Dunbar-Southlands 0.4%
Arbutus-Ridge 0.9%
Musqueam 48.3%
Kerrisdale 0.5%
Oakridge 0.7%
Sunset 1.5%
Victoria-Fraserview 1.3%
Killarney 1.5%
Marpole 1.5%

Data source:
Statistics Canada,
2016 Census of Population

CITY OF VANCOUVER | Healthy City Strategy

Map 1 Indigenous identity by neighbourhood in Vancouver

1.4 Reconciliation and the Healthy City Strategy

Currently, there are approximately 45 indicators used to monitor the HCS, approved by City Council in 2014. As these indicators have been operationalized, they have been broken down into 78 variables. At the time the HCS was adopted by Council, a few indicators were specifically identified to be tracked for Indigenous peoples (related to homelessness, poverty, etc.). Over time, several more were added in, based on what data was available, to try to get a more complete picture of Indigenous wellness within the constraints of the indicators included in the HCS. These are listed in the following table.

Table 2 Indigenous-specific indicators in Healthy City Strategy

Goals	Indicators	Variables	Data Source(s)
A Home for Everyone	Sheltered and unsheltered homeless (#)	1. % of sheltered homeless counted with Indigenous identity 2. % of unsheltered homeless counted with Indigenous identify	Homeless Count (City of Vancouver, Metro Vancouver)
Healthy Human Services	Attachment to a family doctor or primary health care provider (%)	3. % Indigenous adults with family doctor	My Health My Community (Vancouver Coastal Health/Fraser Health)
Making Ends Meet and Working Well	Low-income individuals (%)	4. % Indigenous persons below the after tax-low income measure	Long-Form Census/National Household Survey (Statistics Canada)
	Job quality (%)	5. % rate of Indigenous persons unemployed 6. % labour force participation rate for Indigenous persons	"
Being and Feeling Safe and Included	Sense of belonging (%)	7. % Indigenous adults with a strong or somewhat strong sense of community belonging	My Health My Community (Vancouver Coastal Health/Fraser Health)
	Sense of safety (%)	8. % Indigenous adults agree or strongly agree that they feel safe walking alone in their neighbourhood at night	"
Cultivating Connections	Social support network size (%)	9. % of Indigenous adults with four or more people to confide in or turn to for help	"
	Sense of trust (%)	10. % of Indigenous adults feel a neighbour would probably or definitely return a wallet containing money	"
	Volunteerism (%)	11. % Indigenous adults volunteer at least once a year	"
	Indigenous children in foster care (%)	12. Overall rate per 1,000 children 0-18 of children in care in the Coast Fraser region 13. % of children in care in the Coast Fraser region who are Indigenous	Cases in Care Demographics (BC Ministry of Children and Family Development); Population Estimates (BC Stats)
Active Living and Getting Outside	Residents who meet the Canadian Physical Activity Guidelines (%)	14. % Indigenous adults who exercise for at least 150 minutes each week	My Health My Community (Vancouver Coastal Health/Fraser Health)
Lifelong Learning	High-school graduation and post-secondary education rates for Indigenous peoples (%)	15. % six-year high school completion rate for Indigenous students 16. % of Indigenous persons age 25-64 with a post-secondary certificate	BC Schools - Six Year Completion Rate (BC Ministry of Education) Long-Form Census/National Household Survey (StatsCanada)

Of these indicators, several are blatantly deficit-based, and none are very culturally specific; most are simply the percentage of Indigenous peoples within a measure that was designed without an Indigenous perspective. Thus, as the first HCS Action Plan was being carried out, it was realized over time that there is a gap in how it is being monitored. For example, there are no indicators specific to Indigenous peoples for the following HCS goals:

- A good start: Vancouver's children have the best chance of enjoying a healthy childhood;
- Feeding ourselves well: A healthy, just, and sustainable food system;
- Expressing ourselves: Vancouver has a diverse and thriving cultural ecology that enriches the lives of residents and visitors;
- Getting around: Safe, active, and accessible ways of getting around;
- Environments to thrive in: Vancouverites have the right to a healthy environment and equitable access to livable environments in which they can thrive; and
- Collaborative leadership: Leaders from the public, private, and civil sectors in Vancouver work in integrated and collaborative ways

towards the vision of a healthy Vancouver for all (City of Vancouver, 2018b).

The gap in some of these goal areas is particularly problematic, such as Expressing Ourselves and Environments to thrive in, considering how central culture and land are to Indigenous wellness. The lack of culturally relevant and strengths-based indicators means that we cannot fully capture how the HCS is experienced (or not) by urban Indigenous peoples, which limits HCS actions in scope, scale, and impact on the urban Indigenous community and the City of Vancouver overall. As a City of Reconciliation, it is important that genuine and respectful steps are taken to link reconciliation with the ways that data is collected in order to meet the City's Reconciliation goals, which are to:

- "Strengthen local First Nations and Urban Indigenous relations
- Promote Indigenous peoples arts, culture, awareness, and understanding
- Incorporate First Nations and Urban Indigenous perspectives for effective City services" (City of Vancouver, 2018a).

2 Project Overview: What is this project about?

2.1 Rationale

With the second HCS Action Plan currently being developed, this project aims to explore how to develop culturally relevant, strengths-based indicators of Indigenous wellness in Vancouver. Having such indicators will help track how the HCS is experienced by the urban Indigenous population in Vancouver, which will support and inform how the priorities and challenges of the urban Indigenous community are addressed as part of implementing the HCS. This will support the larger

effort of including Indigenous perspectives in the City's policy work and decisions, which will in turn strengthen the HCS goals and actions.

The HCS is the main tool for measuring the social determinants of health and wellness in Vancouver, and for addressing health and wellness disparities. Indigenous perspectives of wellness are not easily assessed using typical measurement tools and data sets, making it critical that urban Indigenous community leaders and representatives are highly involved in developing indicators that are culturally relevant. As part of the City's ongoing commitment to relationship-building, developing these indicators is also an opportunity to build on the City's existing agreements with the urban Indigenous community, such as a Memorandum of Understanding with the Metro Vancouver Aboriginal Executive Council (MVAEC).

2.2 Description

The following deliverables were completed as part of this project:
- Summary of wise practices used by Indigenous communities, organizations, and/or health authorities in Canada in developing culturally reflective indicators and metrics for urban Indigenous communities;
- Summary of culturally reflective methodologies and engagement processes for gathering information; and
- Recommended steps for a culturally relevant methodology and process by which the City of Vancouver could collaboratively develop urban Indigenous wellness indicators with MVAEC and the urban Indigenous community.

This work was completed between June 7th and August 10th, 2018, by Kathleen Heggie as a Healthy City Scholar under the supervision of Lesley Campbell, Peter Marriott, and James Proctor in the Social Policy and Projects Division of the City of Vancouver.

2.3 Methodology

This research was carried out through a literature review, case studies, and conversations with knowledge holders. The literature review aimed to identify wise

practices for Indigenous communities and organizations to develop culturally reflective indicators and health monitoring processes with Indigenous communities. An overview of the literature review can be found in Appendix A. Case studies of relevant projects were identified and analysed as well, which were selected based on the following criteria:
- Related to measuring and developing indicators of Indigenous health and wellness;
- Grounded in Indigenous conceptions of health and wellness; and
- Led, guided, and/or informed by Indigenous community members.

Conversations with knowledge holders focused primarily on speaking with City of Vancouver planners, consultants with experience working on Indigenous wellness indicators, and researchers and project leads with relevant experience. These conversations aimed to gather their input on important considerations, lessons learned, and wise practices from their own experience with this type of work. Questions that were posed during these conversations can be found in Appendix B. Recommendations were provided by project leaders whose work has been included below as case studies. While originally there was an intention to hold more conversations with former Indigenous City of Vancouver staff and MVAEC in line with our Memorandum of Understanding (described further in section 4.1), this unfortunately was not possible during this project's short timeline. Recommendations for further engagement with the urban Indigenous community have been included throughout the report.

Findings from the case study analyses, literature review, and conversations with knowledge holders were used to inform the development of recommendations for guiding principles and a process for developing urban Indigenous wellness indicators in the Vancouver area.

2.4 Project Limitations

As a non-Indigenous researcher conducting this work, it is important to acknowledge that my positionality may limit my full understanding of the significance of Indigenous wellness indicators, as well as the appropriateness of my recommendations.

The main limitation of this project was its short timeframe over the summer months when many people

were away. This made it difficult to meet with some key knowledge keepers, including representatives of the urban Indigenous community whose insights are vital to this continuing work.

An additional limitation is the interchangeable use of the terms "health" and "wellness." While these two terms can (and perhaps should) be distinguished from each other, they are used somewhat interchangeably in this report as a reflection of how they are used in relevant literature and projects.

Some of these limitations have been addressed through recommendations for future work.

3 Research Findings: What can we learn from others?

3.1 Case Studies

The following four case studies illustrate relevant projects related to strengths-based, culturally appropriate Indigenous health and wellness monitoring. Descriptions of three of the four case studies include "Recommendations to Vancouver," which were provided through conversations with those who led these projects (the fourth was not able to be reached).

CASE STUDY 1

URBAN ABORIGINAL PEOPLES STUDY

Urban Aboriginal Peoples Study

VANCOUVER REPORT

ENVIRONICS
·INSTITUTE·

WHERE
Vancouver, as part of larger initiative that took place in cities across Canada (including Edmonton, Calgary, Regina, Saskatoon, Winnipeg, Thunder Bay, Toronto, Montreal, Halifax, and Ottawa)

WHO
Environics Institute for Survey Research (senior Environics researchers with experience in conducting research with Indigenous peoples), in collaboration with an Advisory Circle that included a diverse range of Indigenous and non-Indigenous thinkers, project managers and city coordinators in each location, and a Steering Committee.

WHEN
Completed in 2011

Project Description
The Urban Aboriginal Peoples Survey (UAPS) was unique as a survey of Indigenous peoples in that instead of collecting various socio-economic 'facts' about urban Indigenous peoples, it enquired about their identities (who are you?), experiences (what's your everyday life like?), values (what's important in your life?), and aspirations (what do you want for your future?)

The UAPS was responding to the growth of urban Indigenous populations across Canada, and the need for "well-designed empirical research that would credibly express evolving urban Aboriginal perspectives" (Environics Institute, 2011a, p. 8). It also
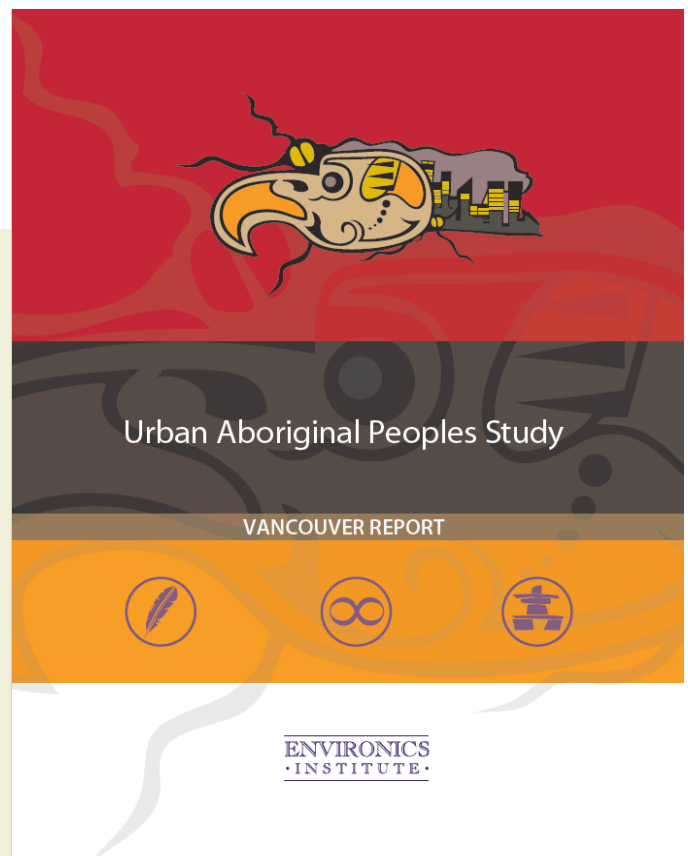
aimed to support dialogue between Indigenous and non-Indigenous Canadians by building understanding between them.

Process
The survey design and interpretation was guided by an Advisory Circle of experts from both Indigenous communities and academia who helped ensure that the process and survey were inclusive of all urban Indigenous peoples. In each city where the survey was administered, there were project managers and city supervisors to oversee that the research was conducted in a comprehensive, sensitive way, with meaningful involvement of the local Indigenous community.

"The UAPS research team worked hard to design a study that demonstrated respect for First Nations peoples, Métis and Inuit peoples' reflections on their values, experiences, identifies and aspirations" (Environics Institute, 2011b, p. 1).

The survey was conducted through in-person interviews with 2,614 Métis, Inuit, and First Nations (status and non-status) across Canada. Some

telephone and online surveying was also done. Small teams of local Indigenous peoples in each city put together samples of approximately 250 Indigenous peoples that were representative of Indigenous peoples of all backgrounds (e.g. age, gender, identity, educational achievement, socioeconomic levels, etc.) (Environics Institute, 2011a).

Lessons to be learned

- Demonstrates an exemplary, inclusive governance structure (e.g. steering committee, advisory circle, and local champions, mix of Indigenous and non-Indigenous project leaders);
- Capacity-building can be supported by employing and engaging local Indigenous peoples in designing and administering the survey;
- Provides many good examples of questions and indicators that can be used in an urban context that is home to Indigenous peoples of diverse backgrounds; and
- The use of many qualitative questions, and strengths-based, culturally relevant indicators, together builds a strong narrative, rather than reducing everything to numbers.

CASE STUDY 2

FIRST NATIONS REGIONAL LONGITUDINAL HEALTH SURVEY

FNIGC | CGIPN
First Nations Information Governance Centre
Le Centre de gouvernance de l'information des Premières Nations

NATIONAL REPORT OF
The First Nations Regional Health Survey
PHASE 3: VOLUME 1

WHERE
Canada-wide

WHO
First Nations Information Governance Centre, an incorporated non-profit operating with a special mandate from the Assembly of First Nations Chiefs. Governance for RHS is provided by the First Nations Information Governance Centre's board of directors, who represent ten First Nations regions.

WHEN
Founded in 1997, now in Phase 3, with the most recent results released in March of 2018.

Project Description
According to the First Nations Information Governance Centre, "the survey was implemented to address First Nations and Inuit health and well-being issues while acknowledging the need for First Nations and Inuit to control their own health information" (2014, p. 14). It was first initiated to address the gap in data about First Nations on-reserve and northern

communities, and is unique as the first and only national health survey to be created, conducted, and carried out by First Nations people for First Nations people.

The RHS is dedicated to upholding the principles of OCAP (ownership, control, access, and possession, further explained below in section 4.1) and it adheres to the following code of research ethics:

- "It is acknowledged and respected that the right of First Nations' self-determination includes the jurisdiction to make decisions about research in their communities.
- The benefits to the communities, to each region and to the national effort should be strengthened by the research.
- Research should facilitate First Nation communities in learning more about the health and well-being of their peoples, taking control and management of their health information and to assist in the promotion of healthy lifestyles, practices and effective program planning" (First Nations Information Governance Centre, 2014, p. 16).

Process

Indicators are theoretically grounded in a Cultural Framework (Figure 5) to guide the interpretation and presentation of results and to organize survey themes. People are in the centre, followed by health as organized into four cardinal directions: East (Vision), South (Relationships), West (Reason), and North (Action). The outer circle identifies indicator themes found in the survey. This framework is based on First Nations definition of health and wellbeing as "the total health of the total person within the total environment" (First Nations Information Governance Centre, 2018, p.8).

Information is collected through three surveys, for children, youth, and adults. These balance First Nations content with similar Canadian survey content in order to be both culturally relevant and scientifically valid and comparable. It also allows for region-specific survey questions to ensure that nation-wide questions are relevant locally. Importantly, the process incorporates community participation in both the survey design as well as data collection and analysis, which helps build capacity (e.g. community members are trained to help administer region-specific surveys)

(First Nations Information Governance Centre, 2018).

Lessons to be learned

- Developing and grounding work (e.g. themes and indicators) in a cultural framework helps build shared understanding and cultural relevance;
- Including community members in the process supports capacity building; and
- Upholding the principles of OCAP helps in working towards Indigenous data sovereignty and leadership.

Recommendations from Project Leads to Vancouver

- Ensuring that the process is culturally relevant will help lead to a culturally relevant output.
- Bring an understanding of the OCAP principles into conversations surrounding this work (Service, A., personal communication, July 23, 2018).
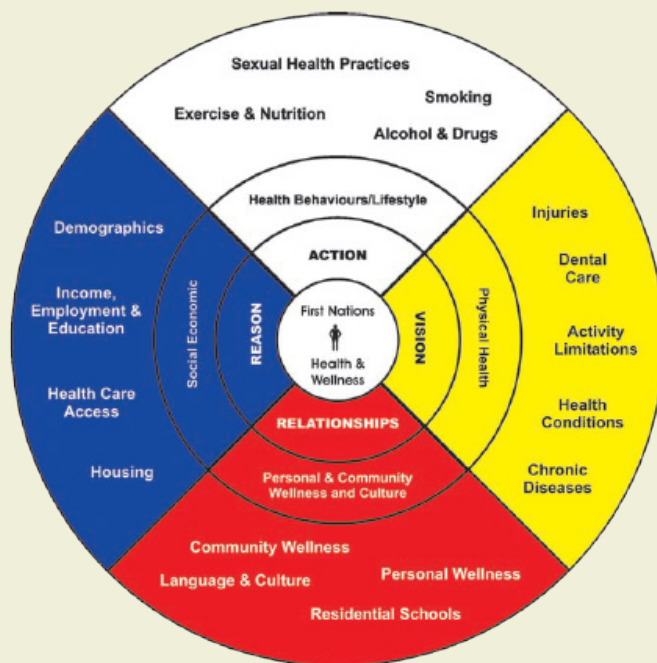

Figure 5 RHS Cultural Framework (First Nations Information Governance Centre, 2018)

OUR HEALTH COUNTS URBAN INDIGENOUS HEALTH DATABASE

OUR **HEALTH** COUNTS
URBAN INDIGENOUS HEALTH DATABASE PROJECT

COMMUNITY REPORT · INUIT ADULTS · CITY OF OTTAWA

WHERE

Ottawa (as part of an Ontario-wide project that also took place with First Nations in Hamilton and Métis in Ottawa, and most recently in Toronto)

WHO

Tungasuvvingat Inuit (an Inuit-specific, non-profit provincial service provider of social support, cultural activities, counselling, and crisis intervention resources) who worked with a research team led by Indigenous physician Dr. Janet Smylie from the Well Living House at the Centre for Urban Health Solutions at St. Michael's Hospital in Toronto. This project was done in collaboration with the Ontario Federation of Indigenous Friendship Centres, Métis Nation of Ontario, and Ontario Native Women's Association.

WHEN

Ongoing. The benefits experienced by the first participating communities inspired others to participate. For example, communities were able to attract significantly greater funding once they were able to show much higher numbers of Indigenous residents than what was previously recorded.
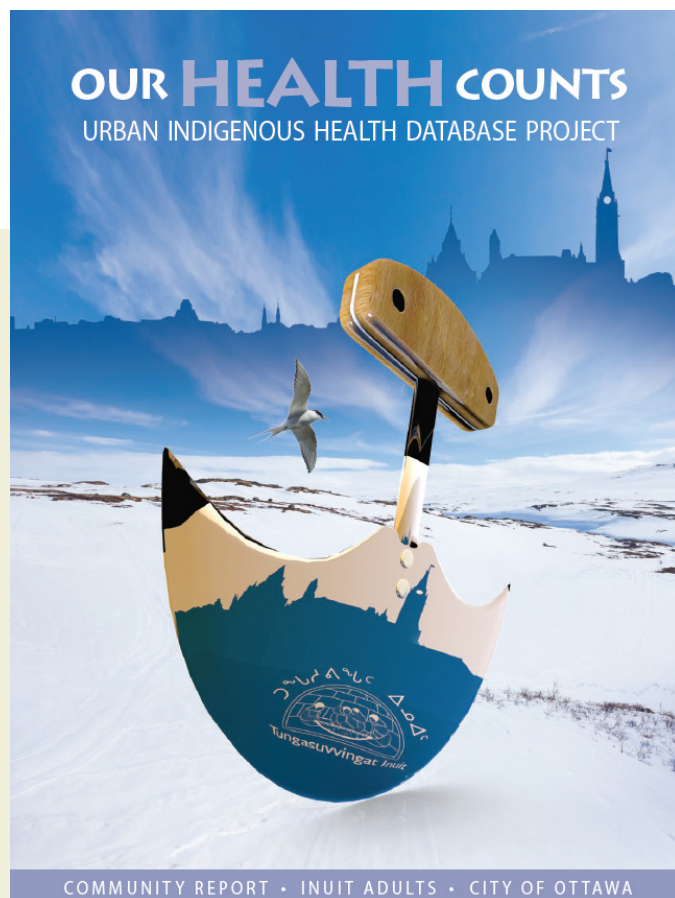
Project Description

The goal behind this project is:

"to work in partnership with Indigenous organizational stakeholders to develop a baseline population health database for urban Indigenous people living in Ontario that is immediately accessible, useful, and culturally relevant to local, small region, and provincial policy makers" (Smylie & Firestone, 2017, p. 12).

The Ottawa portion of the project focused on health, wellbeing, and access to health services for the adult Inuit population in Ottawa.

Collaborators on this project agreed to the following governance principles:

- Indigenous leadership
- Research agreements and data management/ governance protocols
- Capacity building
- Respect
- Cultural relevance
- Representation
- Sustainability

Process

The project took a community-based participatory approach to research. This ensured that "the processes are relevant and that the outcomes have tangible benefits for the communities involved" (Smylie & Firestone, 2017, p. 17) and supported the principles of Indigenous data governance and management. For example, they piloted the survey tools with Inuit community members who were otherwise ineligible for the survey.

Due to the absence of an accurate and accessible population based sampling frame for Indigenous populations in Ontario, they used a respondent driven sampling technique in administering the survey. This technique has become popular in sampling hard-to-identify populations in urban centres. Participants were asked to reach out to people they know who fall within the target demographic, and received an honorarium for each person they recruited. They also renamed the needs assessment survey "respectful" rather than "rapid" to be more fitting with community values.

At the start of the Ontario-wide project, they used concept mapping, a structured method of organizing the ideas of groups and organizations to efficiently develop a common framework to be used in planning and evaluation. Concept mapping was used to create the site-specific and culturally appropriate community health survey tools (for First Nations, Inuit, and Métis in different cities in Ontario) after being identified as a culturally relevant method (Smylie & Firestone, 2017).

Lessons to be learned
- Employing culturally-relevant research

methods (i.e. community-based participatory approach, concept mapping, and respondent driven sampling) is important in making sure that the process is respectful, inclusive, and meets participants where they are.
- Success leads to success! Effectively demonstrating the project with one community can garner support and momentum to continue the work elsewhere.
- Creating indicators that are both scientifically rigorous and meet the community's needs is possible, as the two are complimentary and not mutually exclusive. Having a team comprised of both academic researchers as well as community organizations and members can help in striking this balance, as does working with larger organizations like Statistics Canada to ensure that indicators are comparable.

Recommendations from Project Leads to Vancouver
- Relationships are key. It is strategic to start with and build on existing relationships. Make sure to engage the right people from the very start of the process.
- Consider including indicators that measure the City's own progress towards Reconciliation, for example by asking "How well is the City doing in working with Indigenous peoples? How many Indigenous peoples are employed at the City?" (Liberty, N. & Maddox, R., personal communication, July 24, 2018)
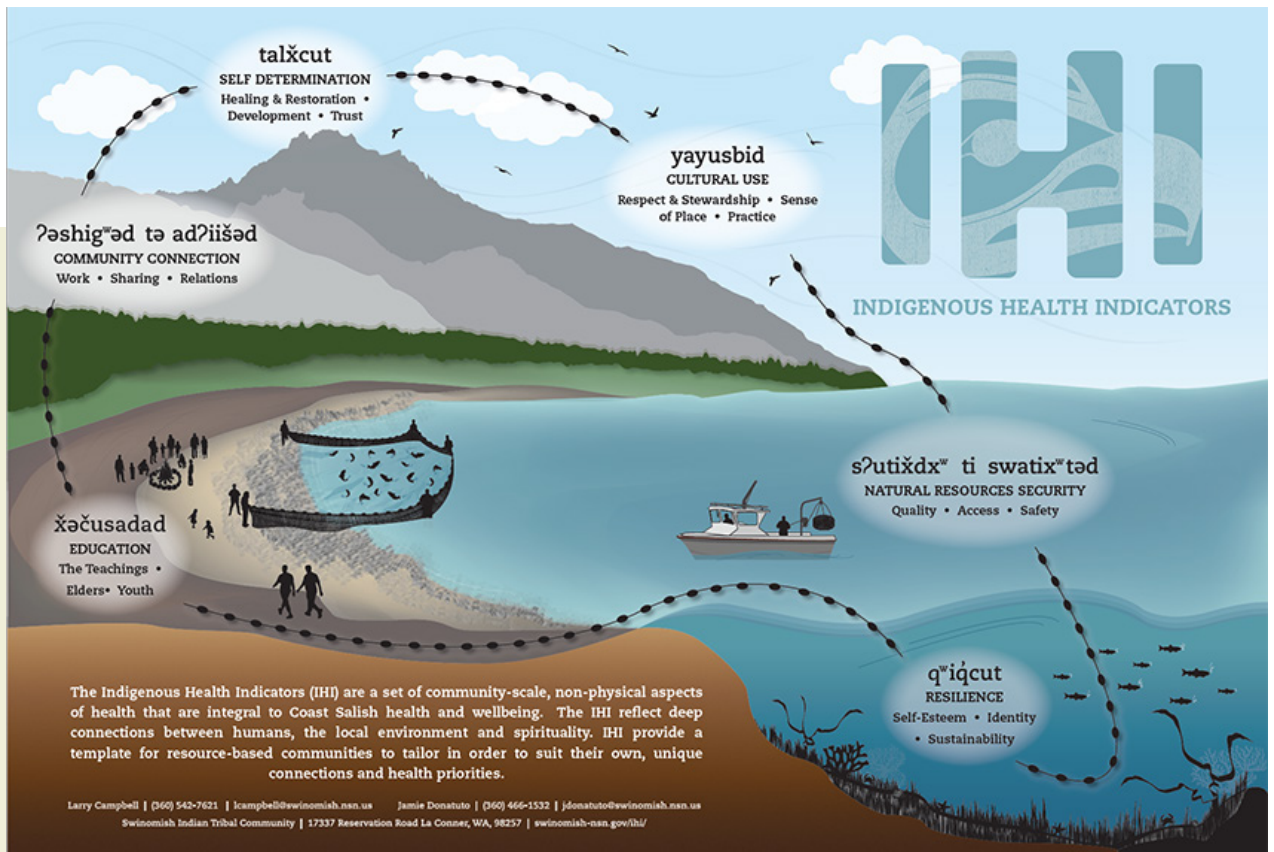
Figure 6 Indigenous Health Indicators (Campbell & Donatuto, 2016)

CASE STUDY 4
INDIGENOUS HEALTH INDICATORS

WHERE
Swinomish Indian Tribal Community, Washington, USA

WHO
Larry Campbell Sr., Tribal Historical Preservation Officer for the Swinomish Tribal Community, and Dr. Jamie Donatuto, Environmental Community Health Analyst, in collaboration with community members, staff and leaders, and researchers from outside the community.

WHEN
Ongoing (indicators are complete, but they are now working with other communities to adapt indicators to other local contexts and develop online modules).

Project Description
The goal of this project is
"to create and test a set of community-based indicators of Indigenous health specific to Native American tribal communities in the Puget Sound/ Salish Sea region of the Pacific Northwest" (Swinomish Indian Tribal Council, n.d.).

After a sixteen-year process embedded in the community, they produced a tool containing six

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indicators for community health evaluation based on Indigenous knowledge, worldviews, and community involvement that incorporates a broader perspective of health than is typically used in health assessments.

The final set of indicators has since been used with various other Indigenous communities throughout North America (including Tsleil-Waututh Nation) for different purposes, ranging from environmental health assessments to public health program planning.

Process

The project team started by asking over one hundred community members what health means to them to develop the following localized definition of health:

"a healthy community encompasses all aspects of tribal relationships and tribal priorities that affect a community. This includes physical, social, mental, and spiritual health on individual, familial, and community levels, as well as relations between people, the environment, and natural resources"(Campbell & Donatuto, 2016).

They then used community input to develop an evaluation that "reflected the positive health values toward which a community strives, rather than negative indicators based on symptoms of ill health"(Donatuto et al, 2016, p. 5). Four initial Indigenous health indicators emerged: community cohesion, food security, ceremonial use, and education, and through collaboration and test piloting with five other Coast Salish nations, two additional indicators of self-determination and resilience were added. They developed attributes and measures to go along with each indicator (shown in Table 3), and reviewed these through workshops with community members.

Lessons learned

- This type of work takes a long time! This project took 15 to 16 years to complete.
- It's highly important to work with the community to develop survey questions and indicators to ensure they are culturally relevant.
- Less can be more: this tool contains only six indicators, but a lot of information is contained within each. This simplicity makes the tool much more usable and adaptable.

Recommendations from Project Leads to Vancouver

- Be flexible in engagement. Try to interview in person as much as possible, and wherever is best for the interviewee, such as at their home if preferred.
- Hire and train Indigenous youth and/or community members to administer the survey. This builds capacity and helps ensure that the survey delivery is culturally safe.
- Using an Indigenous definition or framework for health and/or wellness is highly important. In an urban context with Indigenous residents of many different backgrounds, a common framework, such as a medicine wheel, may be appropriate as it builds on themes that are shared by many Indigenous cultures (Donatuto, J., personal communication, July 24, 2018).

Table 3 Indigenous Health Indicators

Indicators	Attributes
Community Connection	Work: community member have a job or role that they and other community members respect and they work together (mutual appreciation, respect, cooperation).
	Sharing: community members engage in active sharing networks, which are integral to a healthy community, ensuring that everyone in the community receives traditional foods and other natural resources such as plant medicines, especially Elders.
	Relations: community members support, trust and depend on each other.
Natural Resources Security	Quality: the natural resources, including the elements (e.g. water), are abundant and healthy.
	Access: all resource use areas (i.e. Usual and Accustomed areas in WA) are open to harvest/use (not closed or privatized) by community members.
	Safety: the natural resources themselves are healthy, not affected by pollution, climate change, etc.
Cultural Use	Respect/Stewardship: community members are conferring respect of/to the natural resources and connections between humans, environment and spirit world; ensuring cultural resources are properly maintained.
	Sense of Place: community members are engaging in traditional resource-based activities, which is a continued reminder/connection to ancestors and homeland.
	Practice: Community assemblies able to follow appropriate customs (e.g. can obtain specific natural resources if needed such as cedar, certain foods, etc.) and are able to honor proper rituals, prayers and thoughtful intentions. Community members feel that they are able to satisfy spiritual/cultural needs, e.g. consume foods and medicines in order to satisfy Spirit's "hunger."
Education	The Teachings: the community maintains the knowledge, values and beliefs important to them.
	Elders – the knowledge keepers are valued and respected, and able to pass on the knowledge.
	Youth – the community's future is able to receive, respect, and practice the Teachings.
Self-Determination	Healing/restoration: the availability of and access to healing opportunities (e.g. traditional medicines, language programs) for community members, as well as the community's freedom to define and enact their own chosen environmental, health, and habitat restoration programs.
	Development: the ability for a community to determine and enact their own, chosen community enrichment activities in their homeland without detriment from externally imposed loss of resources.
	Trust: the community trusts and supports its government.
Resilience	Self-Esteem: the beliefs and evaluations community members hold about themselves are positive, providing an internal guiding mechanism to steer and nurture people through challenges, and improving control over outcomes.
	Identity: community members are able to strongly connect with who they are as a community (Tribe or Nation) in positive ways.
	Sustainability: the community is able to adapt (e.g. people hunt with guns and use motorboats today but that doesn't discount the significance of harvesting) and move within homelands voluntarily in response to changes (the "7 generations thinking").

4 Principles and Process: How can we move forward?

The following guiding principles and process were informed by the above case studies, literature review, and conversations with knowledge holders that were completed as part of this project. They are intended to guide the City of Vancouver's process of developing Indigenous wellness indicators in collaboration with the urban Indigenous community. It is important to note that both principles and process are only recommendations; in order for this work to truly be collaborative and in the spirit of reconciliation, both principles and the process itself should be reviewed and adapted as needed with MVAEC and representatives from the urban Indigenous community.

4.1 Guiding Principles

Each principle is defined and followed with a brief explanation.

Figure 7 Principles

Indigenous leadership: informed and led by the urban Indigenous community

As part of reconciliation, Indigenous peoples have the right to define what health and wellness means to them, how it should be measured, and how data should be owned and stewarded "as it best reflects the aspirations and needs of their peoples and communities" (Open North, 2017, p. 3). How to support and respect Indigenous leadership when it comes to data is covered by the principles of OCAP (explained in the box below).

Respectful relationships: building and maintaining trust

Indigenous leadership must be supported by collaborative relationships between the urban Indigenous community and the City of Vancouver. The terms of a 'respectful relationship' are well laid out in the Memorandum of Understanding (MOU) shared by the City of Vancouver and MVAEC, which states that the interests of the community are "best served by working together in the spirit of cooperation" (2016, p. 1).

Culturally Appropriate: based on Indigenous perspectives and worldviews and inclusive of all of the various backgrounds of urban Indigenous Vancouverites

Both the process of developing indicators, and the indicators themselves, should acknowledge and include the diverse communities and cultures of urban Indigenous populations. Drawing on Indigenous ways of knowing and understanding health and wellness can enrich wellness indicator sets by ensuring that what is being measured aligns with what the community cares about and what is useful for the urban Indigenous community (Geddes, 2015).

Strengths-Based: focused on positives instead of deficits

Typically, deficit-based approaches to health monitoring do not reflect Indigenous worldviews of wellness, which tend to be more holistic and focus on balance between humans and their relations to each other and the natural world (Roundtree & Smith, 2016). While collecting information on things like illness and poverty is important for addressing these challenges, it can also tend to lower the expectations of what is possible

OCAP is a set of principles that was developed in 1998 by the National Steering Committee of the First Nations and Inuit Regional Longitudinal Health Survey (now the First Nations Information Governance Center) to reflect First Nations' commitments to use and share information in a way that benefits their communities, while asserting First Nations jurisdiction over information about Fist Nations. OCAP is an acronym for the following:

- Ownership: "the relationship of a First Nations community to its cultural knowledge/data/information. The principle states that a community or group owns information collectively in the same way that an individual owns their personal information.
- Control: First Nations people, their communities and representative bodies have an inherent right to control how information about them is collected, used, and disclosed.
- Access: First Nations must have access to information and data about themselves and their communities, regardless of where it is held, and have the right to decide who can access their collective information.
- Possession: While 'ownership' identifies the relationship between a people and their data, possession reflects the state of stewardship of data. First Nation possession puts data within First Nation jurisdiction and therefore, within First Nation control. Possession is the mechanism to assert and protect ownership and control" (First Nations information Governance Centre, 2014, p. 5)

(Geddes, 2015). Instead, it's more constructive to focus on aspirations and hopes, or as MVAEC recommends to "focus always on needs, achievements, and ongoing deprivation" (MVAEC, 2018, p. 14).

Capacity Building: valuing and contributing to Indigenous peoples' capacity to define and monitor their own health and wellness

As stated in MVAEC and the City's MOU, "Aboriginal communities have valuable knowledge and experience that will benefit any group looking to cultivate healthy communities, address Aboriginal issues, and in enhancing opportunities for Aboriginal people to achieve their aspirations" (2016, p. 1). It will be important to ensure that shared work values and contributes to the capacity of the urban Indigenous community, and that no additional burden is put on Indigenous community partners.

4.2 Process

Step 1

Convene project leads and set project scope

- Bring together community leaders and/or representatives to lead project. Work with MVAEC and representatives from the urban Indigenous community to consider who needs to be represented or directly involved in order to ensure the process is inclusive.
- Agree on principles to guide the process and collaboration. The above five principles could be used as a starting place and reviewed to determine whether any are missing, irrelevant, or need to be adjusted.
- Define the scope of what exactly is being done. Consider timelines as well as resources required (e.g. funding, staff time, research support, etc.).
- Establish roles, methods of communication, and data sharing agreements (e.g. where will data be stored and by whom). Refer back to OCAP principles.

Step 2

Decide what we're trying to measure and why

- Look for areas of overlap or shared broad priorities in what project leads and the communities they represent want to measure (e.g. health goals or targets) and why they want this information. For example, both the City and MVAEC may want to prioritize measuring housing and homelessness. This will help ensure that the data that is eventually collected is useful to multiple organizations (i.e. those leading the project).
- Try to balance what people want to know with what is realistic to measure (i.e. is there an existing data source or would a new one, such as a survey, be required? What sorts of staff and financial resources would be required? Is this sort of information measurable? Refer to the criteria listed in step six for greater detail on developing measurable indicators).

Step 3

Identify logistical parameters

Refer back to initial project scope, and together with project leads, try to answer the following questions:
- Is what you're measuring within your mandate to change or impact? Does that matter?
- What is the geographic scope?
- How do you work with differing geographic boundaries between organizations? (e.g. those of MVAEC and those of the City of Vancouver)
- How should local First Nations (i.e. Musqueam Indian Band, Tsleil-Waututh Nation, and Squamish Nation) be included, considering that the City of Vancouver is occupying their traditional, unceded territories?
- How often will indicators be tracked?
- Is the goal to track over time, or develop just a baseline?

Look for synchronicities: consider how indicator development and monitoring can support and overlap with other initiatives, such as the future Urban Indigenous Strategy led by MVAEC in collaboration with the City of Vancouver, so as to make the best possible use of available resources and capacity.

Step 4

Define Indigenous wellness

- Develop or choose a cultural framework or Indigenous definition of wellness to guide work and ground indicators. Various sources suggest that this helps, especially when a detailed picture of overall community wellness is sought, to ensure that indicators are culturally-relevant and aligned with what the community cares about.
- Typically, Indigenous health models emphasize the need for balance between different components of health, exemplified in the medicine wheel-based models in the Introduction, and the definition of health developed as part of the Indigenous Health Indicators project:

  "A healthy community encompasses all aspects of tribal relationships and tribal priorities that affect a community. This includes physical, social, mental and spiritual health on individual, familial, and community levels, as well as relations between people, the environment, and natural resources" (Campbell & Donatuto, 2016).

- In considering how to ensure that the framework or definition is inclusive of Indigenous peoples of all backgrounds, an existing model like a medicine wheel that pulls together themes shared by many Indigenous cultures may be appropriate. Alternatively, a new model may need to be developed. This would need to be decided through discussion with MVAEC and representatives from the urban Indigenous community.
    - Discuss with MVAEC whether this could be based on oral histories and/or the potlatch economy, as suggested in their Policy Conference Report (2018) and Potlatch Economy Backgrounder (2018).

Step 5

Decide on extent of measurement

Consider the following three options for how in-depth measurement will be. Note that these options aren't mutually exclusive; they could be done in combination with each other and over time as/if momentum builds.
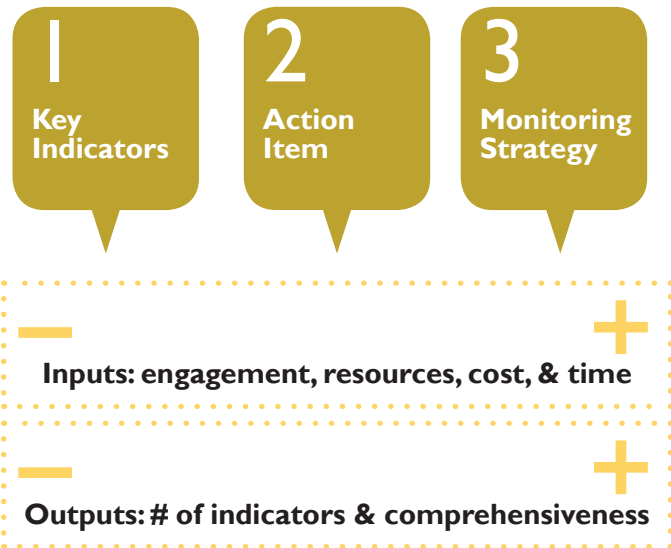
Figure 8 Options

Option 1: Add several key indicators into the next HCS Action Plan

Description: Work with MVAEC to identify and select shared priority areas for measurement. Look for:
- Keystone indicators (those that communicate something about multiple aspects of wellness. See Step 6.)
- Areas of the HCS that currently have gaps (listed in the Introduction)

Timeline: Short. Propose indicators to Council during upcoming HCS updates in Q1 or Q3 of 2019 (exact Council dates yet to be confirmed)

Table 4 Option 1

Pros	Cons
• Most likely to lead to inclusion of Indigenous wellness indicators in next HCS Action Plan • Efficient • Least costly and time-consuming	• Least comprehensive (may not tell the whole story) • Doesn't allow a lot of time to engage broader community, which may be perceived as a less legitimate effort as a City of Reconciliation

Option 2: Add an Action Item into next HCS Action Plan

Description: Package the intention to continue working with MVAEC and representatives from the urban Indigenous community to further explore and develop urban Indigenous wellness indicators as an Action Item in the next HCS Action Plan.

Timeline: Medium. Propose indicators to Council during upcoming HCS updates in Q1 or Q3 of 2019 (exact Council dates yet to be confirmed); continue work afterwards.

Table 5 Option 2

Pros	Cons
• Can be used to leverage more staff time, research, and financial resources • Could lead to a more thorough set of wellness indicators • Creates more space for MVAEC and representatives from the urban Indigenous community to guide this work	• Provides a less direct link between processes and the desired outcome of including Indigenous indicators in the next HCS Action Plan • Will require additional support and resources to be implemented as an Action, which has been a challenge in the first Action Plan

Option 3: Create urban Indigenous wellness monitoring strategy

Description: Work towards developing a more comprehensive urban Indigenous wellness monitoring plan. This could be a related but separate project from the HCS, and would require more commitment from project leads. One way this could be operationalized would be for the City to step back from this process and provide funding to MVAEC or another appropriate Indigenous community organization to do this monitoring themselves. More discussion with MVAEC and representatives from the urban Indigenous community would be required to determine whether this option is wanted.

Timeline: Long. This could take anywhere from 2 - 5 years.

Table 6 Option 3

Pros	Cons
• Could lead to significantly deeper engagement and more indicators • Would paint a more complete picture of urban Indigenous wellness	• Requires most resources (e.g. staff time, funding, time for community engagement) • The timeline may not line up with the City's process for developing the next Action Plan

While Option 3 may take a long time, it's important to keep in mind that this type of work cannot be done both quickly and properly. As a reference, the two case studies Our Health Counts and Indigenous Health Indicators are both years-long processes that have been going on for upwards of 10 and 16 years, respectively.

Step 6

Develop indicators

• For each area of wellness (based on the health definition or framework), ask "How will we know we've been successful in this area?" or "What will success look like?" to determine measurable indicators of progress.
• Consider starting with existing Indigenous wellness indicators and adapt them to the local context. Indicators could be derived from:

- MVAEC's Policy Conference Report (2018):
  - » Indigenous languages:
    # of executives using Indigenous languages on a more frequent basis
  - » Integrated intergenerational learning:
    # of projects that enhance the policy leadership of urban Indigenous youth
  - » Capacity for individual to host potlatch:
    # of individuals from the urban Indigenous population who possess the ability and confidence to host a potlatch
- First Nations Community Health Indicators Toolkit (2006):
  - » Cultural activities:
    # and type of cultural activities and participation
  - » Involvement with youth:
    # of formal Elder/youth activities and participation levels
  - » Traditional ways:
    % of people in community who hunt and fish
  - » Healing & restorative justice:
    # of healing circles/participation levels
- Refer to Appendix C for additional sample indicators.
- Look for 'keystone' indicators that tell you something about multiple aspects of wellness. This not only creates efficiency in monitoring, but also reflects the notion that multiple areas of wellness are interconnected. For example, "# of youth learning traditional language from Elders" speaks to education levels, intergenerational connectedness, and language revitalization.
- Analyze indicators by these criteria:
  - Valid: measure what they are trying to measure;
  - Reliable: easy to repeat measurements and get same results;
  - Specific: measure only what they are meant to measure;
  - Measurable: based on available and easy to obtain data;
  - Relevant: provide clear information for key policy issues;
  - Cost-effective/feasible: benefits of having data must outweigh costs of collecting information;
  - Comparable: can be compared to other provincial or national level statistics (not always important); and
  - Inclusive: inclusive of all Indigenous peoples.

- Ensure indicators are culturally relevant (by grounding them in the cultural framework) and strengths-based. For those that aren't strengths-based initially, try re-framing. "Reframing is a way of turning a negative statement into something positive. Try to think about what the underlying need or hope is underneath the negative statement" (Geddes, 2015, p. 8). For example, instead of "early childhood vulnerability," the City of Vancouver reports on "school readiness."

Along with measuring urban Indigenous wellness, the City's progress towards reconciliation could be measured as well. Indicators could cover progress towards the City's reconciliation goals, such as by measuring the number of Indigenous employees at the City, or the number of Indigenous cultural events that the City supports.

Step 7

Monitor indicators and report back to community

- If needed, identify ways to measure indicators that don't have existing data sources. Strive to employ members of the urban Indigenous community in gathering data (e.g. administering a survey).
- Refer back to initial data sharing agreements in obtaining and storing data.
- It will be important to keep the community updated on findings so as to validate their contributions to the process, possibly receive feedback on how things are going, and maintain strong relationships.

Step 8

Engage the community

Engagement could happen in different ways and at various points throughout the process, depending on the overall project goals, scope, and availability of resources. Engagement opportunities could take place at these points throughout the above process:
- Step 1: start engagement during project planning phase.
- Step 2: to identify community priorities. Relevant community leaders and organizations with vested interest in improved Indigenous wellness data could be asked what they would

like to see measured.

- Step 4: to inform the development of an Indigenous health definition or framework.
- Step 6: to develop, review, and/or test a set of meaningful indicators of wellness.
- Step 7: to report back to the community and receive feedback.
- Culture and traditional knowledge should be emphasized during the engagement processes.
- Appropriate levels of engagement would have to be determined together by the project team, and would vary depending on how the process goes. Referring to an engagement spectrum, such as that provided by IAP2 shown below, may help in determining appropriate levels and types of engagement. The type of engagement (i.e. inform, consult, involve, collaborate, empower) depends on what the desired goal of conducting engagement is. For example, the more involved and in-depth engagement that would be part of Option 3 would fall towards the "Empower" end of the engagement spectrum, whereas the lighter and more targeted engagement as part of Option 1 or 2 would be closer to "Collaborate."

	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives and/or solutions.	To obtain public feedback on analysis, alternatives and/or decision.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision-making in the hands of the public.
PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

Figure 9 Spectrum of Engagement (IAP2, 2018)
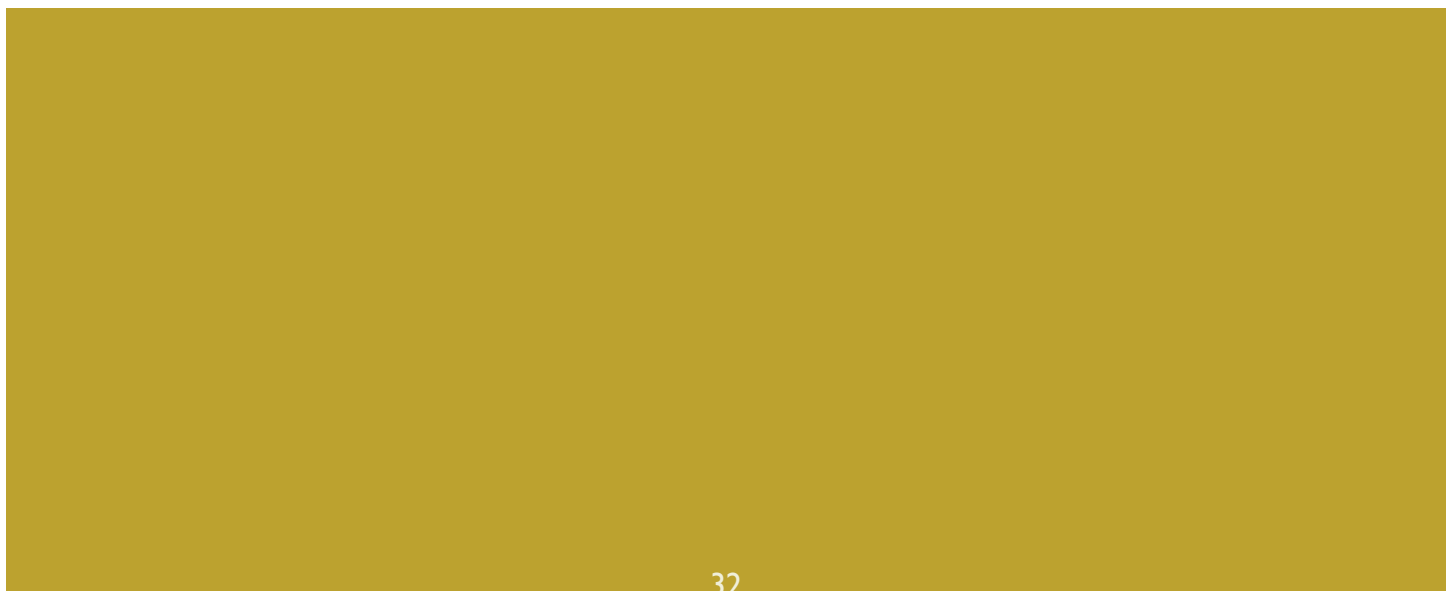
5 Conclusion

5.1 Next Steps

Figure 10 on the following page summarizes the recommended process along with an approximation of how long each phase might take. These timeframes could vary significantly depending on the availability of project leads as well as which option is taken at Step 5.

There are several additional next steps that were not possible during the timeline of this project, but would be useful in moving this work forwards. These include:

- Assessing the cost of each of the three options provided at Step 5 for a more detailed analysis of the pros and cons of each option and to inform the decision of which to take;
- Enquiring about the Wellness Approach for Aboriginal Peoples model (see Figure 5, section 1.3) included in the Aboriginal Health, Healing, and Wellness in the DTES Study to learn more about how it was developed and whether it could be used as a framework for indicators;
- Further discussing the Urban Aboriginal Peoples Study with its project leads and

asking about lessons learned, wise practices, or recommendations that are relevant to this project; and
- Working with the project team to define and differentiate "health" and "wellness."

5.2 Closing Remarks

The City of Vancouver and MVAEC plan to meet in the fall to discuss next steps for this work. This report provides recommendations, resources, and a starting point to support this collaboration moving forward. One of the most important next steps will be determining what exactly both organizations are aiming to measure (e.g. broad health goals or shared priorities), which will inform the extent of measurement (i.e. whether this takes the form of several indicators, an Action item added to the next Healthy City Strategy Action Plan, or a full urban Indigenous wellness monitoring strategy) and, finally, the actual indicators themselves.

1 Convene project leads and set project scope

2 Clarify what we're trying to measure and why

3 Identify logistical parameters

4 Define "Indigenous wellness"

5 Decide on extent of measurement: options

6 Develop indicators

7 Monitor indicators and report back to community

How to measure: 0 - 6 months

What to measure: 6 - 18 months

Measure: 18 months +
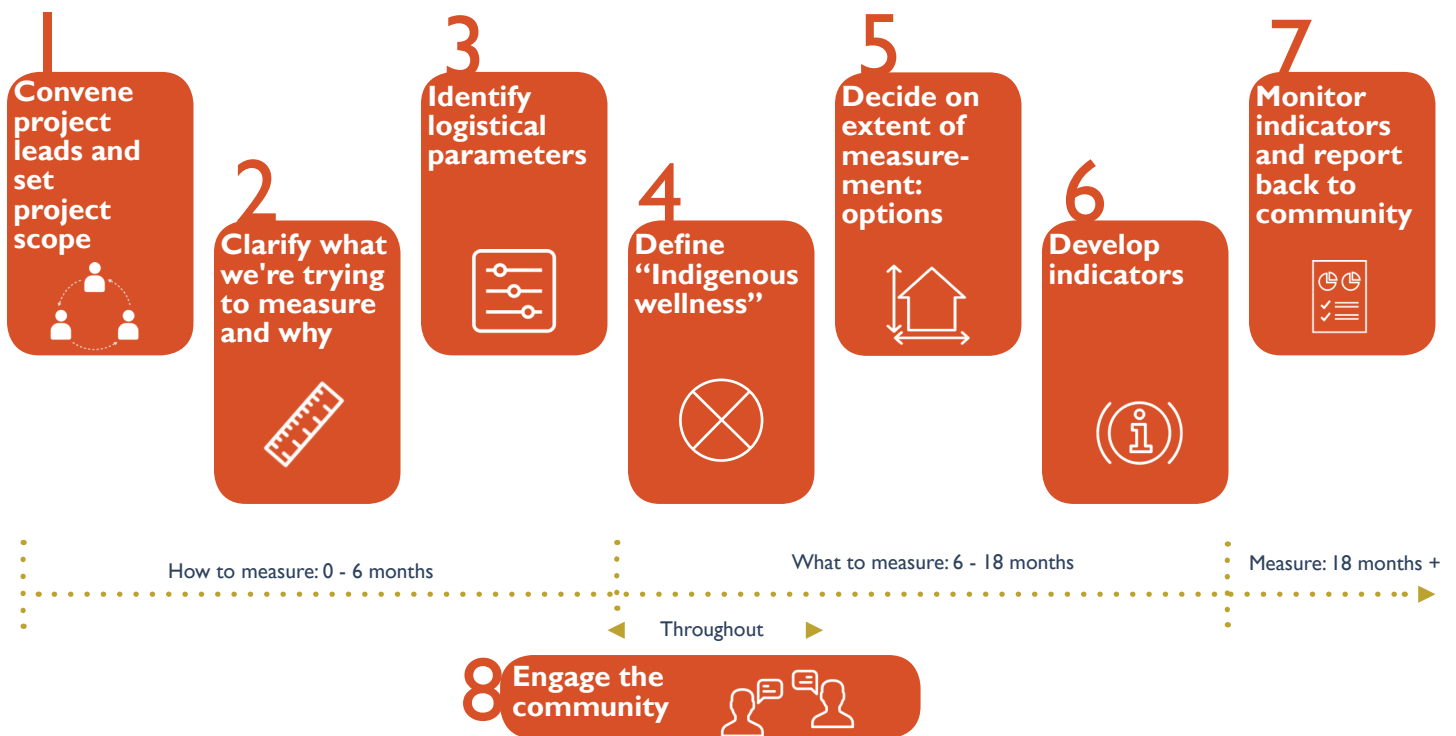
◀ Throughout ▶

8 Engage the community

Figure 10 Recommended process

While there is a whole host of literature and research on the value of and need for Indigenous-led wellness initiatives and indicators, there is less in the way of precedents for how local governments and leaders within urban Indigenous communities can work together to respond to this need. As the importance of strengths-based, culturally relevant Indigenous wellness data is increasingly being recognized, more initiatives are springing up to work to this end, such as the four projects highlighted as case studies in this report. There is much to be learned from these leaders in the field, such as the relevance of the following principles: Indigenous leadership, respectful relationships, culturally appropriate, strengths-based, and capacity building.

Additional deliberation and conversation is needed in order to determine whether and how these fit within the Vancouver context, and how they can be worked towards through the recommended process.

As City staff members develop the second Healthy City Strategy Action Plan, a key opportunity presents itself for the City of Vancouver to collaborate with the urban Indigenous community to support urban Indigenous Vancouverites in determining their own (measures of) wellness. This type of praxis would strengthen the Healthy City Strategy to the benefit of all Vancouverites, and is a critical step for the City towards realizing its reconciliation goals.

Indigenous Wellness Indicators

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Appendix A: Literature Review Overview

Indigenous Indicator Development

1. Measuring Wellness: An Indicator Development Guide for First Nations (Bronwen Geddes, 2015)
    - Step-by-step guide to determining a community-based definition of "wellness," with tools and steps for the development of wellness indicators and a monitoring strategy.
    - Produced in collaboration with Ktunaxa First Nation and based on input from various First Nations with relevant experience from around BC.

2. Understanding Health Indicators, (First Nations Health Centre, 2007)
    - Defines and provides examples of indicators, suggests how to develop, use, and organize them, and provides criteria for what makes a 'good' indicator, all based on Indigenous conceptions of health and well-being.
    - Highlights several examples of First Nations health models and indicators from across Canada.

3. Taking a "Pulse" on the Quality of Indigenous Community Life: Considerations and Challenges in Measuring 'Successful' First Nations Communities (Kishk Anaquot Health Research, 2008)
    - Focuses on measurement strategies that assess the quality of First Nations community life, and explores how to support a strengths-based approach to desired outcomes of community wellbeing (e.g. how to measure relationships, leadership, etc.)

4. First Nations Community Health Indicators Toolkit (Saskatchewan Population Health and Evaluation Research Unit, 2006)
    - A manual designed to assist with the identification and collection of data based on a Community Health Indicators Framework. The Framework is organized around key domains of community health (Healthy Lifestyles, Economic Viability, Environment, Identity and Culture, Food Security, and Services and Infrastructure) with 225 proposed indicators. These indicators reflect northern Saskatchewan views of community health, but the toolkit is structured so that indicators can be substituted based on local relevance.

Indigenous Health Monitoring

5. Strengths-based Well-being Indicators for Indigenous Children and Families: a Literature Review of Indigenous Communities' Identified Well-being Indicators (Rountree and Smith)
    - Provides a definition of "strengths-based" indicators specific to Indigenous communities, and explains why they are important.

6. Indigenous Health Performance Measurement Systems in Canada, Australia and New Zealand (Smylie et al, 2006)
    - Describes an examination of information systems for Indigenous health in Canada, Australia, and New Zealand from community, to regional, to national levels, and how these systems relate to community-based health services and Indigenous peoples' definitions of health.
    - Concludes that Indigenous health care performance measurement systems are underdeveloped locally, and that they are typically government-driven systems intended to assess progress towards state-defined objectives for Indigenous health, to the exclusion of Indigenous concepts of health.

7. Understanding the Health of Indigenous Peoples in Canada: key methodological and conceptual challenges (Smylie et al, 2006)
    - Outlines the need for Indigenous health data, as well as important considerations regarding data jurisdiction and utility, data governance and relevance, and infrastructure and human resource capacity.

8. Decolonizing Data: Indigenous Data Sovereignty Primer (BC First Nations Data Governance Initiative, 2017)

- Communicates the meaning and importance of Indigenous data sovereignty based on ten key principles (e.g., the right of each Nation to govern the collection, ownership, and application of its data) and five driving values (e.g. Indigenous peoples have the power to determine who should be counted among them).
- Discusses opportunities, challenges and risks surrounding Indigenous data sovereignty.

Case Studies

9. Urban Aboriginal Peoples Study: Vancouver Report (Environics Institute, 2011)
   - Survey completed in 2010 that inquired about the values, experiences, identities, and aspirations of urban Aboriginal peoples. It was designed and carried out with the guidance of an Advisory Circle of both Indigenous and non-Indigenous peoples.
   - Provides a good example of measuring the lives and experiences of Indigenous peoples in an urban setting where there isn't just one culture, but a multitude. The questions/indicators are framed so as to not be specific to one Indigenous community.
   - Based on qualitative, strengths-based indicators (e.g. measuring aspirations instead of deficits).

10. Our Health Counts: Urban Indigenous Health Database Project (Dr. Janet Smylie and Dr. Michelle Firestone, 2017)
    - Part of a larger project to work in partnership with Indigenous organizational partners to develop a baseline population health database for urban Indigenous people living in Ontario that is immediately accessible, useful, and culturally-relevant to local, small region, and provincial policy makers.
    - Study was conducted in collaboration with Tungasuvvingat Inuit as the community partner, an organization that offers Inuit-specific social and health supports. The work was grounded in the traditional principles of the Inuit way of 'knowing.'
    - Process behind this study provides a good example of Indigenous leadership, and strong principles for project governance (e.g. respect, capacity building, and cultural relevance).

11. Relational Well-being: An Indigenous Perspective and Measure (McCubbin et al, 2013)
    - Based on a research project that sought to work with Indigenous Hawaiians to understand relational well-being and how it can be measured in rural communities.
    - Highlights mismatch between Western-European paradigm of wellbeing and Indigenous cultures that value ancestors, cultural traditions, spirits, harmony with nature, language preservation, collectivism, etc.
    - Demonstrates importance of developing indicators through collaborating with Indigenous population.

12. Developing Responsive Indicators of Indigenous Community Health (Donatuto, 2016)
    - Describes a project in Swinomish, Washington, that introduced a community health evaluation methodology using a unique set of Indigenous Health Indicators (IHI) that focused on a range of health-based considerations at the community-level (rather than individual health).
    - A community-based approach was taken (e.g. multiple methods of community engagement), and the process of developing indicators was led by and based on local Indigenous knowledge (e.g. led by Swinomish staff and Elders in collaboration with community members and outside researchers).

13. First Nations Regional Health Survey - First Nations Information Governance Centre Regional Health Survey Phase 3 National Report (2018)
    - As the only national health survey to be created and carried out by First Nations people for First Nations people, the Regional Health Survey is an important example of Indigenous data sovereignty. First Nations people were included in each stage of the research process.
    - Survey was based on a cultural framework (i.e. a First Nations wellness model) that helps to explain how questions related to language and spirituality are tied to health.
    - Report summarizes findings from the latest survey that aimed to measure the health of on-reserve First Nations based on the social determinants of health.

Other Background Documents

14. Towards an Urban Aboriginal Health Strategy (Vancouver Coastal Health)
    - Provides an overview of some of the aspirations and challenges facing the urban Aboriginal community and puts forward a proposed vision for Urban Aboriginal Health and Wellness in urban Vancouver.

15. Truth and Reconciliation Commission of Canada: Calls to Action (2015)
    - Contains the 94 Calls to Action that were made following the Truth and Reconciliation Commission into the legacy of Indian Residential schools.
    - Calls to Action 18 through 24 are under the category of "Health," with number 19 calling for the establishment of measurable goals to identify and close the gaps in health outcomes between Indigenous and non-Indigenous communities

16. Ownership, Control, Access and Possession (OCAP): The Path to First Nations Information Governance (First Nations Information Governance Centre, 2014)
    - Explains the history and meaning of the OCAP principles (ownership, control, access, and possession), which reflect First Nations' commitments to use and share information in a way that brings benefit to the community while minimizing harm.
    - Provides examples of the application of OCAP, such as with the First Nations Regional Health Survey

MVAEC Documents

17. Towards and Urban Aboriginal Housing and Wellness Strategy for Metro Vancouver (2015-2020)
    - Provides a framework for initiating dialogue between agencies and governments on the needs and challenges for urban Aboriginal residents and Aboriginal housing organizations.

18. The Economic Contributions of the Aboriginal Community in Metro Vancouver
    - Calculates the dollar value of economic contributions of the Aboriginal community in Metro Vancouver.

19. MVAEC Potlatch Economy Backgrounder: Bridging Indigenous Collective Impact with the Indigenous Psychology of Poverty
    - Draws on Statistics Canada data to frame the state of housing and homelessness in Vancouver, as one key focus areas along with education, training and employment as a second.
    - Suggests the potlatch economy and oral histories as foundations for developing well-being goals, targets, and indicators.

20. MVAEC Collective Impact Framework (2017 Draft)
    - Describes MVAEC's aim of using Indigenous Collective Impact as an organizational structure, and what is needed to achieve this (e.g. establishing shared measures).

21. MVAEC 2018 Policy Conference Report
    - Discusses important topics related to indicator development, including: developing shared measurements; Aboriginal human development; the importance of focusing on needs, achievements, and ongoing deprivations rather than deficits; the need for and challenge of measuring qualitative aspects of wellbeing and building on oral histories, etc.

City of Vancouver Documents

22. Healthy City Strategy & Health City Four Year Action Plan
23. Healthy City Strategy Indicators Report
24. Aboriginal Health, Healing, and Wellness in the DTES Study

Appendix B: Interview Questions

As conversations with knowledge-holders varied from person to person, and were fairly informal and unstructured, no set 'interview guide' was followed. These are some of the questions that were asked:

- How did you get buy-in from participants/community members to engage? And stay engaged?
- How important do you think it is to ground indicators work in a cultural framework/definition of health?
- In terms of timelines to do the proper amount of engagement needed, how long do you think this type of process would take?
- Do you know of any other projects or resources (e.g. indicator development guides) that might be relevant?
- What was one of the most important lessons that you learned about developing Indigenous health indicators through your own process that you think might be relevant in other contexts?
- How did you balance ensuring that indicators were both relevant culturally and to the community, as well as and usable for local to provincial policy makers?
- What is the current status of your work?

Appendix C: Sample Indicators

The below indicators are from the First Nation's Community Health Indicators Toolkit (2006), a resource created in Saskatchewan and intended to be used by other communities as a starting point for indicators development. The resource suggests indicators that can be adapted to the local community, tied to six key domains: economic viability, environment, identity and culture, food security, services and infrastructure, and healthy lifestyles. Several are highlighted below that may be relevant or adaptable to the Vancouver context.

Area	Indicators
Domain: Identity and Culture	
Cultural activities	• # and type of cultural activities and participation • Level of volunteering at cultural events
Spiritual activities	• # and type of spiritual activities and participation levels • # of visits by spiritual leader to community
Community events	• # and type of community events and participation levels • Transparency in use of funds raised at events
Involvement with youth	• # of formal Elder/youth activities and participation levels • # of informal (e.g. fishing and hunting) Elder/youth activities
Involvement in community	• social gathering places for Elders in community (e.g. coffee house) • # of community decisions with Elders' input
Remain in community (Elders)	• # of Elders who must leave community for end of life care • # of support programs in the community for elders (e.g. home care, palliative care, specialized senior housing)
Language	• % of youth who speak traditional language • # of teachers who speak traditional language • Language used in assembly/council meetings • # of youth involved in traditional language education
Traditional ways	• # of traditional education programs (skills, language) • % of people in community who hunt and fish • Access to hunting and fishing • Methods of hunting, fishing and food preparation • # of traditional activities involving Elders and youth
Cultural knowledge (Elders)	• # of formal Elder/youth activities and participation levels • # of informal (i.e. fishing and hunting) Elder/youth activities • # of community decisions with Elders' input
Recognition of multi-cultural history	• # of cultural awareness events and # of cultures explored (e.g. Mosaic Days)
Domain: Food Security	
Traditional Foods	• Levels of hunting and fishing • Traditional foods available by season
Nutrition Education	• # of nutrition education programs and attendance • # of cooking classes and attendance