



Vancouver Native Health Society

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2004 Annual Report

MEDICAL SERVICES

MEDICAL WALK-IN CLINIC

GOALS AND OBJECTIVES

The Vancouver Native Health Society Medical Clinic is a non-profit organization located in the Downtown Eastside of Vancouver. The clinic was established in 1991 to encourage and improve access to health care for Aboriginal people. This is still our mandate today. We also continue to provide health care for other residents of the Downtown Eastside.

BACKGROUND

The patients accessing the clinic are among the most marginalized people of society. Because of the complex biopsychosocial issues that exist here, providing health care to this population is very challenging. Traditional service delivery models are often ineffectual and unfortunately many people receive very limited or no care for their illnesses. Experience has shown us that a service delivery model that provides integrated, innovative and comprehensive health care can improve patient acceptance of care and compliance to treatment.

PROGRAM OVERVIEW

Our clinic provides primary health care and nursing care, methadone maintenance, addictions counseling, phlebotomy and limited medication dispensing. Three physicians are available Monday to Sunday from 9:30 a.m. to 5:00 p.m. and one physician Monday to Thursday from 5:00 p.m. to 8:30 p.m. The clinic nurse is available Tuesday through Friday.

An infectious disease specialist provides bi-monthly consultations for HIV/AIDS patients, and an ophthalmologist provides consultations on a weekly basis for all the clinic's patients.

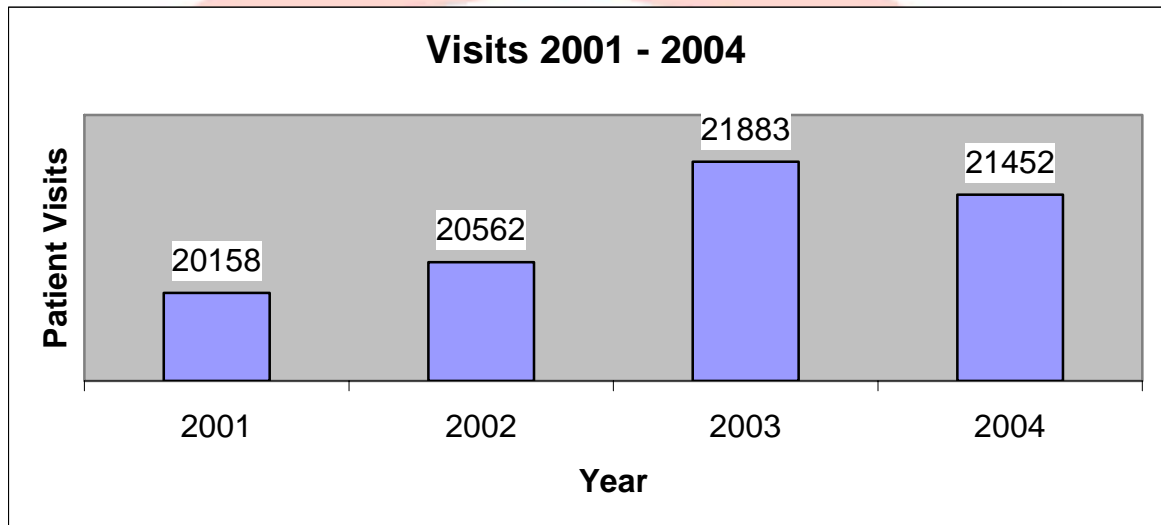
STAFFING

Our staff consists of 3 medical office assistants, 3 security/intake workers, a registered nurse, an office manager and several casual employees. We currently have 10 physicians working part-time at the clinic.

STATISTICAL REPORT

The clinic experienced 21,452 visits in 2004. (Chart 1).

Chart 1



The patient caseload was 4,317 with Caucasians accounting for 49%, Aboriginals were 40% and the remaining 11% were other ethnicities. Sixty-five percent of patients were male, 35% female and 1% transgender. Caucasian males accounted for the largest proportion at 35%, followed by Aboriginal males at 21%, Aboriginal females at 19% and Caucasian females at 13% (Table 1).

Table 1

Patients by Ethnicity 2004

Ethnicity	Male	Female	Transgender	Total
Caucasian	1529	582	8	2119
Aboriginal	902	804	8	1714
Other	86	46	0	132
Asian	83	35	0	118
Hispanic	110	31	0	141
Black	77	16	0	93
Total	2787	1514	16	4317

Seventy-eight percent of the Aboriginals that attended the clinic were status natives living off-reserve; while non-status Aboriginals living off-reserve were 12%. Metis accounted for 8% (Table 2).

Table 2

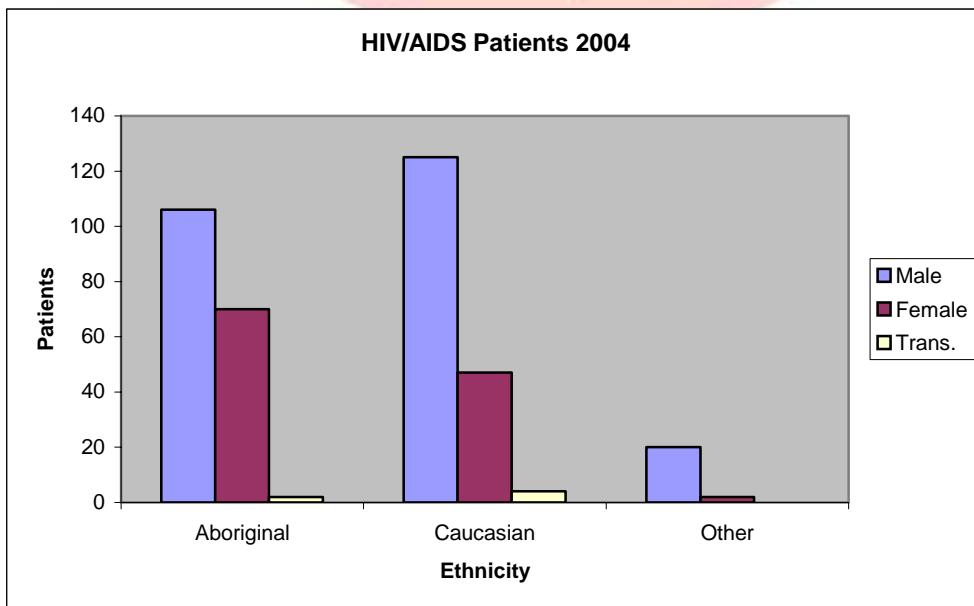
Aboriginal Patients in 2004

Status	Male	Female	Trans	Total
Satus-off-reserve	687	644	5	1336
Non-status off-reserve	115	86	3	204
Status on-reserve	8	15	0	23
Non-status on-reserve	5	7	0	12
Metis	83	49	0	132
Inuit	4	3	0	7
Total	902	804	8	1714

HIV/AIDS STATISTICS

The clinic saw 376 HIV/AIDS patients in 2004. The percentage of these who solely receive care at Vancouver Native Health is not known. Males accounted for 67% of the cases, females were at 32% and transgender 1%. Aboriginals and Caucasians accounted for an equal number of HIV/AIDS patients (47%). (Chart 2). One hundred and nine of the 376 were on antiretroviral medications at sometime in 2004.

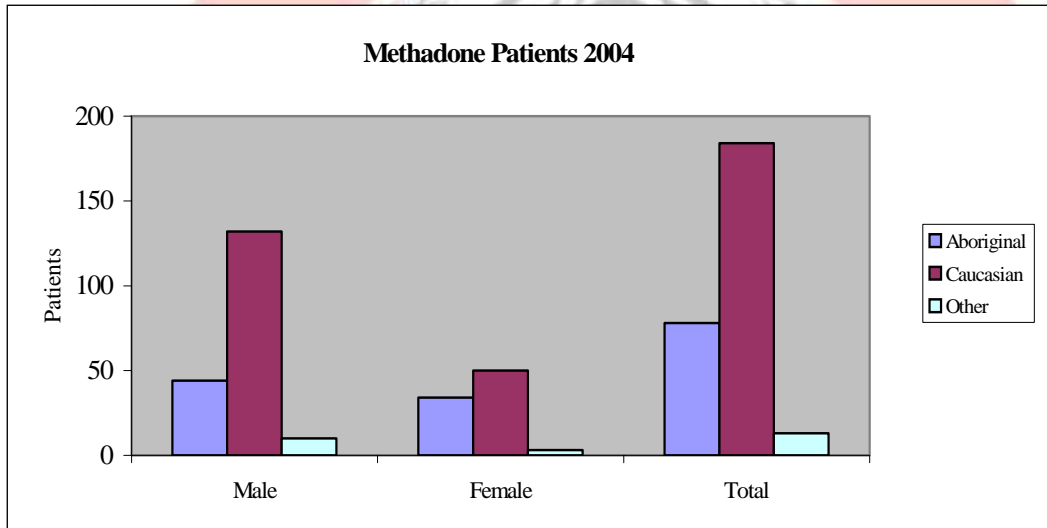
Chart 2



METHADONE STATISTICS

Two hundred and seventy five patients were on methadone maintenance in 2004. Sixty-eight percent were male and 32% were female. Caucasians accounted for 67% and Aborigines for 28% (Chart 3).

Chart 3



MORTALITY STATISTICS

The clinic was notified of 32 deaths in 2004, with Caucasians accounting for 53% and Aborigines for 44%. Fifty-three percent, or 17 deaths, were HIV/AIDS related.

OUTLOOK FOR 2005

The goal for 2005 is to continue to provide quality health care to the Aboriginal community and other residents of the Downtown Eastside. We keep striving to maintain a high level of excellence in the services we provide.

MEDICAL SERVICES

ADAPT - Aboriginal Diabetes Awareness, Prevention and Teaching Program

BACKGROUND

Diabetes is an epidemic in the Aboriginal community, existing at 3-5 times the national rate. Also, there is a higher rate of diabetes complications amongst Aboriginal versus non-Aboriginal people.

There exists, amongst the Aboriginal residents of East Vancouver, a lack of awareness of diabetes, its risk factors, signs, and symptoms. This lack of awareness is true for individuals at risk for diabetes and amongst those living with the disease. Aboriginal residents of East Vancouver are at especially high risk for developing diabetes and many barriers, such as poverty and low literacy levels, prevent individuals from reducing their risks.

Diabetes is a costly disease, but diabetes can be prevented!

ADAPT is funded until March 31, 2005 by the off-reserve portion of the Aboriginal Diabetes Initiative, Diabetes Strategy, Health Canada. Additional funding from the Aboriginal Health Initiative Program, Vancouver Coastal Health Authority was obtained this year to develop and run a peer-leadership project. ADAPT is staffed by a full-time Program Coordinator/Dietitian-Nutritionist and a part-time Resident Elder.

VISION

Diabetes-free people.

PROGRAM GOAL

To address the high rates of diabetes and its complications among Métis, off reserve Aboriginal people and urban Inuit by promoting a culturally and community appropriate approach to diabetes prevention and health promotion.

PROGRAM FOUNDATION

The foundation for the ADAPT program is the Medicine Wheel. The Medicine Wheel is an expression of the health beliefs of many First Nations. It recognizes that an individual is comprised of physical, emotional, mental, and spiritual aspects. To achieve health, these four aspects must be in balance. Also, the Medicine Wheel expresses how individuals are not isolated. Rather, they are connected to family, community, nation, and the universe. Therefore, true health encompasses balanced physical, emotional, mental, and spiritual well-being, as well as, strong connections to others and the environment.

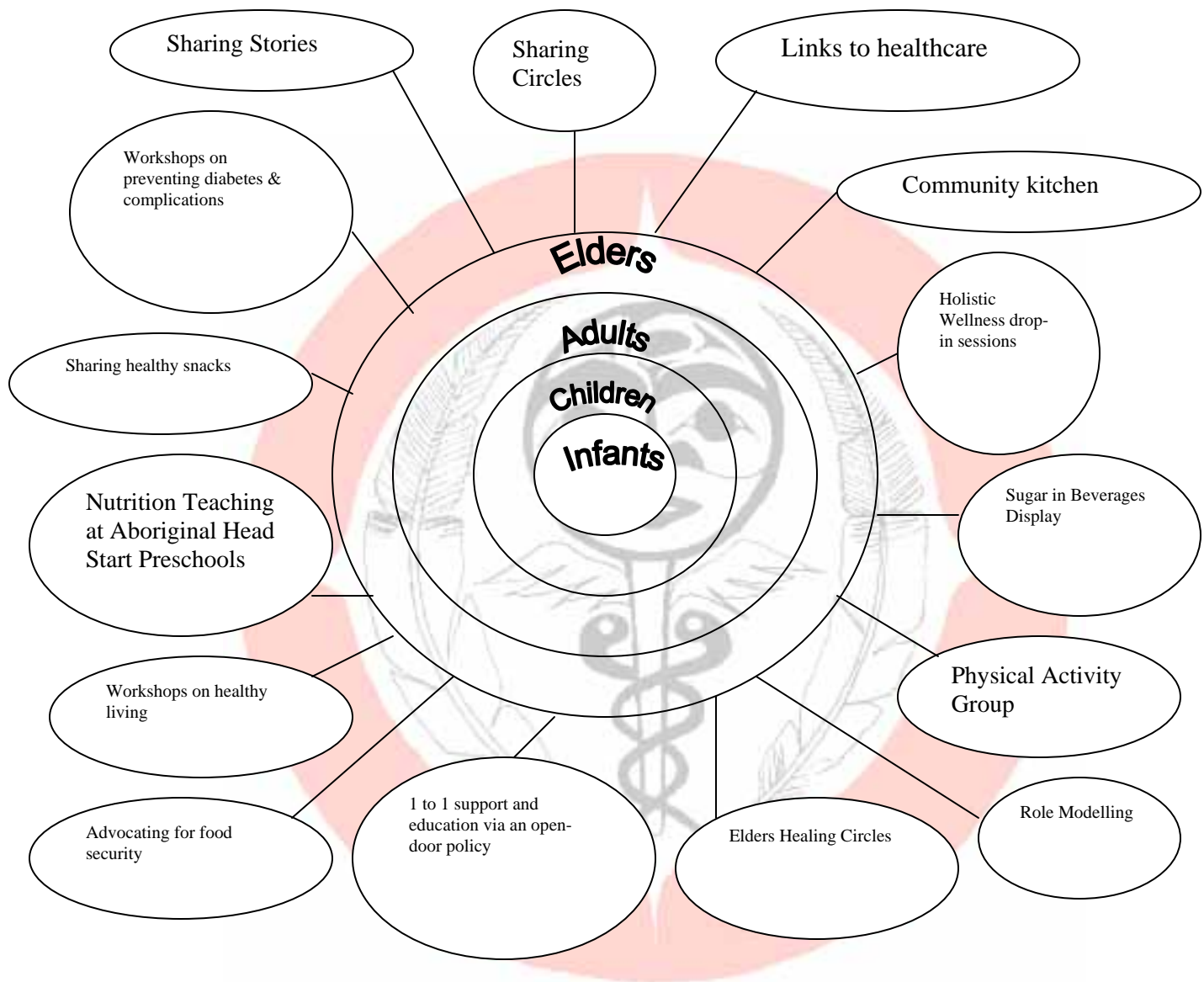
ADAPT uses the Medicine Wheel to indicate how to design the program to spread awareness of and prevent diabetes. ADAPT aims to engage and promote health within all four aspects of the individual and works to strengthen connections between the individual and his/her family, community, and nature. The Medicine Wheel indicates that ADAPT must be uniquely designed to reflect the cultures of Aboriginal individuals, as well as, the reality of the local neighbourhood. As a result, we target Aboriginal individuals of all ages and those whose work impacts urban Aboriginals living in East Vancouver.

OBJECTIVES

1. Raise awareness of diabetes, its risk factors, and the value of healthy lifestyle practices; and/or
2. Promote Aboriginal ownership of diabetes primary prevention and health promotion programs; and/or
3. Promote innovative approaches to diabetes primary prevention and health promotion projects; and/or
4. Increase the knowledge of urban Aboriginal people about healthy nutrition and lifestyle strategies to prevent diabetes; and
5. Increase opportunities for Aboriginal individuals and families living in East Vancouver to access healthy food.

ACTIVITIES

The diagram on the following page depicts the activities facilitated by ADAPT. In addition to these activities, ADAPT developed and initiated a peer-leadership project. ADAPT, in partnership with Aboriginal Youth First Sports & Recreation Program, Urban Native Youth Association is training a first group of Aboriginal youth to lead their peers in physical activities.



PARTNERSHIPS

Generous partners enable ADAPT to complete this work. We would like to thank:

- ◆ Aboriginal Head Start Program at Eagle's Nest Preschool and Singing Frog Preschool
- ◆ Downtown Eastside Community Kitchen Project
- ◆ Eastside Pharmacy
- ◆ Grandview Bowling Lanes
- ◆ Greater Vancouver Food Bank Society
- ◆ Pathways Information Centre, Tradeworks
- ◆ Aboriginal Youth First Sports & Recreation Program, Urban Native Youth Association
- ◆ Vancouver Aboriginal Friendship Centre
- ◆ Vancouver Métis Community Association
- ◆ Westwood Printing

- ◆ The many organizations and groups who hosted workshops

OUTCOMES

Participation:

Activity	Number of Sessions	Number of Participants
Community Kitchen	2 per month	Average of 11 per session
Holistic Wellness Drop-In Sessions	2 per month	Average of 8 per session
Diabetes & Healthy Living Workshops	Total = 38	Total = 227
Elders Healing Circle	3 per month	42-92 per session
Physical Activity Groups	Total = 37	Total = 183
1:1 Support & Education	N/A	Average 24 per month
Teaching at Aboriginal Head Start Preschool	12 sessions	5 – 13 per session
Sugar in Beverages Display	4 displays	Total = 486 viewers
<i>Elders From All Nations Cookbook</i>	N/A	150 cookbooks sold

Youth Peer-Leader Training:

In partnership with Aboriginal Youth First Sports & Recreation Program of Urban Native Youth Association, ADAPT developed a training program for Aboriginal youth to be able to lead physical activity groups. Training took place in November and will continue in the new year. The training program content consists of facilitation skills, nutrition and meal planning, promoting safe physical activity for individuals of all fitness levels, Foodsafe level 1, first aid, and administration of leading a physical activity group. The goal is to have 6 peer-leaders trained. Currently we have 12 individuals participating in the training. Participants will choose the activities that they will lead. Activities identified to date include basketball, baseball, fitness training, and a walking group. We are looking forward to when the youth are independently leading their groups. By attending the training, they are demonstrating proactivity, commitment to their community, and acting as role-models. They are the leaders of tomorrow.

Elders From All Nations Cookbook:

We are happy to report that the *Elders From All Nations Cookbook* was published and sold this year. This project was started several years ago. Elders from the community

partnered with ADAPT to develop a cookbook to fund raise for their activities. Elders shared recipes with ADAPT staff. Four University of British Columbia Dietetic students volunteered to typeset the cookbook. Westwood Printing gave a generous in-kind donation of a deeply discounted rate for printing 200 copies of the book. The cookbook was finished in the fall of this year. 150 books were sold. The bulk of the money paid for a Christmas luncheon for the Elders at the Vancouver Aboriginal Friendship Centre. More than 85 Elders attended the luncheon. Remaining money paid for a donation of mandarin oranges and craft supplies to the Children's Christmas Party at the Vancouver Aboriginal Friendship Centre. Approximately 25 copies of the cookbook remain for sale at \$10 per book. Please contact Kristen or Corinne at 604-254-9949 to purchase.

Workshops:

After attending ADAPT workshops people shared the following comments:

- ◆ *“[I learned about the] emotional aspect related to food and connection to residential schools.”*
- ◆ *“[I learned] that you can ask for diabetes test from your doctor.”*
- ◆ *“[I learned about] the different types of diabetes and hidden sugars I should look out for.”*
- ◆ *“[I learned] to understand what is diabetes deeply and how to stay away from it. To learn how to living healthy & happy life.”*
- ◆ *“I really enjoyed the presentation. It will help me on changing my life style and healthier living.”*

FUTURE

The current funding for ADAPT will end March 31, 2005. We are seeking funding in order to continue the program.

ABORIGINAL HIV/HEPATITIS C PEER SUPPORT PROJECT

PROGRAM OVERVIEW

The HIV/Hepatitis C peer support training program was established to provide well trained aboriginal peer support volunteers/workers to agencies that address these issues. The training topics include overviews of HIV, viral hepatitis and sexually transmitted diseases. Emphasis is placed on the prevention, treatment and management of these diseases. The role of a peer support worker including communication skills and advocacy is stressed. Three levels of training are offered: Level one provides introductory information on the above mentioned subjects, Level two provides intermediate information with an additional focus on mental health issues and Level three provides in depth training on all the above subjects and also provides public speaking and facilitation skills in the curriculum. The target population is aboriginal people who are HIV and or Hepatitis positive or are working with this population. The cost is \$300.00; however, a number of scholarships are always available to individuals in need.

Staffing for the project consists of coordinator Kari Hackett with input and direction from Dr. Stephen Adilman and several community partner organizations and their staff and volunteers. Kari Hackett has done most of the preparation, planning, research and organization from her home office and travels to Vancouver as needed. Kari has and will continue to facilitate the actual training sessions with various guest speakers invited as the curriculum dictates.

This project began in September 2003. The first training manual was completed in October and the first training session took place in November of 2003 at the Native Education Centre. Training sessions are done over three weekends. Level one is 30 hours of education and Levels two and three are each 42 hours. Six participants graduated from Level 1. Level two training began in February of 2004 and continued on to Level three in March 2004. Then the whole process began again. In July and August 2004 two extra workshops were added as a result of some leftover program funding. In July a life-skills workshop took place with 10 participants and in August a Suicide Intervention training took place (ASSIST) with 12 participants attending. These extra workshops were highly evaluated and appreciated.

Additional training sessions for this *fiscal* year will be Level one in January 2005 followed by Level two in February and Level three in March. It is hoped that funding will be continued beyond the close of this fiscal year to ensure this good work continues.

All graduates of the program stay in contact with the coordinator and partner agencies and are continually supported in their efforts to provide effective peer support to at risk individuals.

So far, evaluations of the training have been extremely positive and participants are now referring others in their peer circles for the training.

We must thank Vancouver Native Health staff, Healing Our Spirit, BCPWA, the Dr. Peter Centre and VANDU for all their efforts to make this program a success. Other partner agencies are coming on board in the next fiscal year if funding allows. Additional thanks goes out to the Native Education Centre for providing the space for trainings at a much reduced rate and for their ongoing support of the project.

We are looking forward to the continuation of this project.

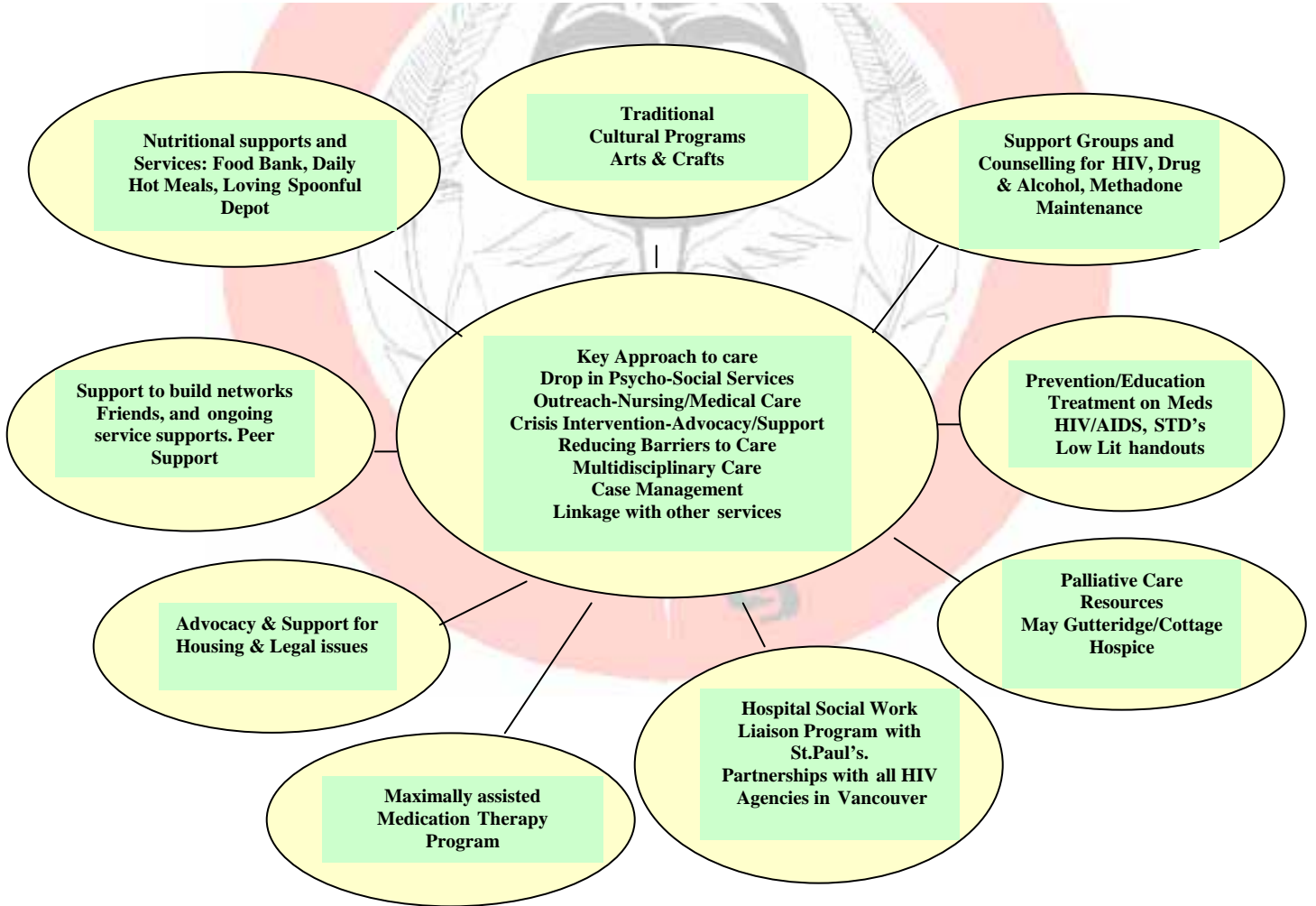


MEDICAL SERVICES

THE POSITIVE OUTLOOK PROGRAM

POSITIVE OUTLOOK PROGRAM MODEL

Encompasses an approach that addresses the physical, spiritual/traditional, mental and emotional needs of HIV/AIDS persons.



THE POSITIVE OUTLOOK PROGRAM

GOALS AND OBJECTIVES

The Positive Outlook program was established in 1993 to provide care treatment and support services to all people living with HIV/AIDS focusing on the need to improve access to care for First Nations People. The program received extra funding in 1997 to expand care treatment and support services.

BACKGROUND

The majority of the clients accessing the Positive Outlook Program live on Vancouver's Downtown Eastside. This is one of Canada's poorest urban neighbourhoods and is characterized by unemployment, crime, mental illness, prostitution and inadequate housing. The community's harsh social environment and crippling poverty perpetuate the serious health consequences facing its residents. Traditional service delivery models are often ineffectual for this population. The Positive Outlook Program at Vancouver Native Health Society has set up an integrated innovative comprehensive health care model to improve clients' acceptance of services and compliance with treatment regimes.

PROGRAM OVERVIEW

Working within the framework of our model, our primary mandate is to provide treatment services to HIV+ clients. The model bridges gaps between hospital, community and the myriad of specialized services in Vancouver's Downtown Eastside. Respect for First Nations cultures forms a basic tenet of the program. Flexible approaches recognize the complexity of needs and the individual situation of each client. Components include daily drop-in, food bank, meals, crisis intervention, legal advocacy, counselling, prevention education, maximally assisted medication therapy and on-site access to physicians, nurses, social workers, addictions counselors and outreach workers. Staff collaborate within and outside of the program and work with clients wherever needed including hospital. Strong partnerships were formed with all existing AIDS services organizations with ongoing consultation and involvement in discharge planning with St. Paul's hospital.

STAFFING

Our staff consists of 1 R.N. Coordinator, 1 full time Administrative Assistant, 2 Security Intake Workers, 1 Registered Medication Nurse, 4 Outreach Workers, 2 Drug and Alcohol Counselors, 1 part time Music Therapist, and 1 contracted Aboriginal Spiritual Counsellor. We provide 7 day a week coverage with no relief staffing. Through partnerships with other agencies and a strong client volunteer base we are able to offer the necessary services.

PARTNERSHIPS

- One 0.8 F.T.E. Social Worker in partnership with *St. Paul's Hospital 10C HIV* ward to act as a liaison between St. Paul's and Vancouver Native Health Society
- Maximally Assisted Medication therapy for all clients in partnership with *BC Centre for Excellence in HIV/AIDS*
- 25 Portable Housing Subsidies in partnership with *BC Housing*
- Bachelor suites available through *DERA*
- Depot for *Loving Spoonful* Meals in partnership with *Loving Spoonful*
- Weekly assessment service for *Loving Spoonful* meals
- Monthly Sunday dinners for 40 clients provided by *Loving Spoonful*
- Weekly Food bank in partnership with the *Vancouver Food Bank*
- Drug and Alcohol referrals; individual and group to: *Harbour Light Treatment Centre, Crossroads Centre, Round Lake Treatment Centre, Maple Ridge Treatment Centre, Burman Recovery House, and Pacifica Centre*
- *Health Canada* has funded a music therapy program "Circle of Song" for HIV prevention
- Advisory services provided to our clients through *AIDS Vancouver* at the Downtown Clinic
- Liaison with *Triage* Outreach services
- Art Therapy Group in partnership with *Emerging Hope* to connect Aboriginal Women with HIV services
- Sweet Information Sessions (treatment information) in partnership with *BCPWA*

THE YEAR IN REVIEW

Our program continues to grow. In the past year we served 54,662 meals and had 51,447 drop-in visits and provided 35,735 case management services. See service delivery charts. We did expand our drop-in this past year to accommodate more psychosocial services and group space. Our Music and Art program are attracting increasing numbers of attendees with clients now setting up a market for the Arts & Crafts and our Music group is planning to record a CD for health promotion with a grant through Health Canada. We continue to train student nurses from UBC and the University of Victoria to work in the field of HIV/AIDS care.

This past year two Pharmaceutical Companies have been integral in helping the Positive Outlook Program set up innovative programming to create opportunities for our clients to access health promotion and prevention services.

“Healing Through Creating” – Aboriginal Women’s Art Circle was set up and project funding provided by the GlaxoSmithKline – Shire BioChem HIV/AIDS 2004 Community Innovation Program.

Abbott Laboratories Limited has funded our “Sweet Information Sessions”, our Annual “Pappalooza”, Volunteer Music Group Leader for “Circle of Song” and provided our “Club Med” program with Ensure to facilitate compliance with MAT/DOT medication regimes.

Martin Ma, CGA, M.A. from the accounting department at Vancouver Native Health Society spent months of his own time, updating Positive Outlook Program’s database to improve accuracy of statistical information for reporting purposes.

DRUG AND ALCOHOL RELATED SERVICES
DRUG AND ALCOHOL VISITS
Total Visits - 3,519 2,318 - Non-Aboriginal 65.9 % 1,201 Aboriginal 34.1 %
Methadone Related Visits
Total Visits - 1,452 1,198- Non-Aboriginal 82.5% 254 Aboriginal 17.5 %
TOTAL NEW CLIENT REFERRALS = 166

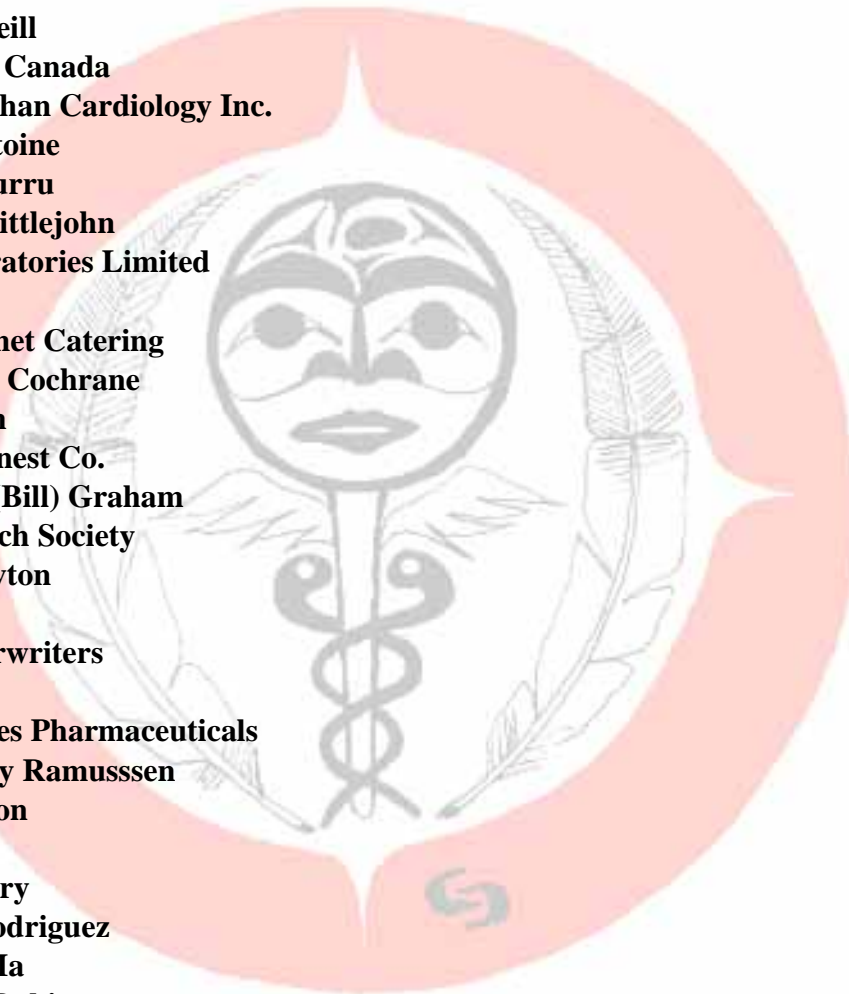
PROGRAM DEATHS - Total 32				
Aboriginal	Non-Abo'l	Male	Transgender	Female
16	16	22	2	8

REGULAR CASE MANAGEMENT SERVICES PROVIDED TO HIV CLIENTS BY ETHNICITY

Services	Aboriginal	Non-Abol	Total
IM Injection	37	27	64
Office visit	5,164	5,171	10,335
Home visit	2,573	975	3,548
Extra client seen	671	601	1,272
Hospital visit	462	277	739
Emergency visit	12	4	16
Phone call	313	191	504
Extended outreach	1,973	1,010	2,983
Counselling	37	27	64
Terminal visit	11	13	24
Medical Treatment	58	35	93
Foodbank (outreach)	2,320	2,171	4,491
Dressings	25	17	42
Mental illness	778	356	1134
Art Therapy	48	28	76
Repeat consultation	3	1	4
Meals served (outreach)	327	244	571
Dossette prep	376	232	608
Give meds	3,716	2,955	6,671
Med education session	75	69	144
Case conference	948	652	1,600
Crisis intervention/Advocacy	273	191	464
Hospitalization	213	75	288
TOTAL	20,413	15,322	35,735

PROGRAM BENEFACTORS

- **Buddhist Tzu Chi Foundation**
- **Mr. Dan O'Neill**
- **Starbuck's of Canada**
- **Dr. Sammy Chan Cardiology Inc.**
- **Ms. Viola Antoine**
- **Mrs. Julia Murru**
- **Ms. Doreen Littlejohn**
- **Abbott Laboratories Limited**
- **Kodiak Signs**
- **Austin Gourmet Catering**
- **Ms. Christine Cochrane**
- **Mr. Alex Tam**
- **Henie and Ernest Co.**
- **Mr. William (Bill) Graham**
- **Quest Outreach Society**
- **Ms. Carol Givton**
- **Rosa Chua**
- **Travel Underwriters**
- **Alex Hamer**
- **Gilead Services Pharmaceuticals**
- **Dale & Shirley Ramussen**
- **Marilyn Allison**
- **Elizabeth Liu**
- **Sandy Goundry**
- **Ms. Gloria Rodriguez**
- **Mr. Martin Ma**
- **Mr. Wallace Robinson**



A special thank you to all our volunteers, we couldn't do it without you!





SHEWAY

Sheway's partnership initiative bringing government and community together continues to be a testament to sustainability and success in collaborative service delivery. Established in the Spring of 1993, Sheway has demonstrated success in meeting the complex health and social needs of women and their infants struggling with issues or impacts of chemical dependency.

Sheway provides comprehensive health and social services to women living in Vancouver who are either pregnant or parenting children less than 18 months old and who are experiencing current or previous issues with substance use. It operates in a client-centered, woman-focussed environment. The program dedicates both time and energy to creating positive relationships with women based on trust and mutual respect.

Services are delivered through both outreach and drop-in. Key program areas are: Food and Nutrition Services, Primary Health Care Services, Counselling Services, Healthy Child Development, Advocacy, Community Education and Fundraising.

The philosophy of Sheway services is based on the recognition that the health of women and their children is linked to the conditions of their lives and their ability to influence these conditions. Hence, Sheway staff work in partnership with the woman as she makes decisions regarding her health and the health of her child.

SERVICE HIGHLIGHTS

CURRENT STAFFING

Sheway experienced significant staffing challenges early in the year. Many positions were vacant: Cook/Peer Support Worker, Medical Office Assistant, two Community Health Nurse positions and the Infant Development Consultant. As well we experienced staff turnover with our Administrative Assistant and relief for our Receptionist who was off for 4 months and our Community Research Facilitator who was also off for 3 months.

The uniqueness of the partnership extends to the staffing as its various partners provide all of Sheway's human resources:

The Ministry of Children and Family Development provides:

- 2 full-time Social Workers

Vancouver Coastal Health provides:

- 4 Community Health Nurses (2 Full-time, 2 Part-time). One full-time position is focussed on targeting SIDS education and awareness of risk factors for child ill health in the Aboriginal population. This position is currently vacant.
- 1 full-time Nutritionist
- 1 full-time Addictions Counsellor
- Physicians - sessional (currently provided by 3 physicians) - available 5 afternoons per week
- 1 full-time Coordinator

YWCA of Vancouver provides:

- 1 full-time Outreach Worker
- 2 Infant Development Consultants (1 full-time, 1 part-time)

Vancouver Native Health provides:

- 1 full-time Administrative Assistant
- 1 full-time Medical Office Assistant
- 1 Receptionist – this position only receives part-time funding however funds have been stretched for the past three years to full-time to meet operational needs
- 1 Cook/Peer Support Worker – this position receives part-time funding through Health Canada, CPNP funds. For the past 3 years funds have been stretched from Sheway program dollars to make the position full-time in order to meet operational needs
- 1 part-time Family Support Worker (This position exists thanks to funding from the United Way of the Lower Mainland)
- 1 part-time Community Support Worker – this is a new position created this year. (Funding for this position is provided by VCH following recommendations from the Healing Ways report)
- 1 part-time Community Research Facilitator (this is a 3-year position funded through McMaster University and currently shared by 2 staff)

VNHS also provides Sheway with a Music Therapist once a week. This Music Therapist also provide support to other VNHS programs.

COUNCIL CHANGES

This year saw the departure of two long-standing members of Sheway Council: Val Munroe from Vancouver Coastal Health and Robert Wilmot from the Ministry of Children and Family Development. These were replaced by Heather Hay from VCH and Karen Fleck initially, and, most recently Paul Hutton from MCFD. As well, not mentioned in the previous year's report, Council saw the departure of another long-standing member, Marion Taylor from the YWCA. Marion was replaced by Marnie Marley who sat on Council in the early years of Sheway. Marnie was replaced this year

by Cindy Soules. We welcome all of the new Council members and thank and bid adieu to those who have left us.

CASELOAD INFORMATION

Demands for services continue. In the Spring of this year, despite having a cap of 100 on the client caseload, our active caseload crept up to 130 clients in an attempt to meet the continuing demand. This increase coincided with the same period where 5 positions were vacant. The Team discussed sustainability at great length from demand and resource perspectives. In March the Team came to an agreement that we would increase the cap of the active caseload to 120 clients while at the same time restricting access to the food and nutrition program to active clients and their children; this meant we were not serving partners nor closed clients. In December after another review of the budget, the food and nutrition program was opened once again to the partners of active clients. This change was due, in large part to the ongoing donations that had come to Sheway in the preceding months.

- The weekly average of active, open clients was 113.
 - 112 new intakes in past year (this number is not fully accurate as data for 3 weeks of the year is missing)
 - 125 discharges (this number is not fully accurate as data for 3 weeks of the year is missing)
 - 46% of the women were 20-29 years of age. This is a decrease of 7% last the previous year and a total of a 14% decrease in the past 2 years. We have seen a rise of 5% in the 30-39 age group and 1% increases in both the under 20 and over 40 age groups.
 - 70% of the clients continue to be Aboriginal. This percentage remains unchanged for the past two years.
 - Drop-in average is 66 people per day. 80% of these are our active clients and their babies.
 - 77 babies were born
 - 54 (70%) had healthy birth weights (>2500g)
 - 48 (62%) were born at term (37 weeks gestation or later)
 - 29 (38%) babies were born premature
 - 23 (30%) were born with low birth weights (<2500g)
 - 19 (25%) were born both premature and with low birth weights
 - 8 (10%) were born premature with healthy birth weights
 - 3 (3%) were born at term with low birth weights
 - 2 (3%) sets of twins
 - 2 (3%) deaths – 1 stillbirth, 1 death of 1 member of a twin set in early infancy
- Of 75 infants:
- 42 (56%) remain in their mother's care
 - 26 (35%) have been in the care of MCFD
 - 9 (12%) are in the care of family or friends

The gathering of statistical information continues to be challenging. Our SW and IDP staff have begun to collect statistics that include removal rates and identification of delays in infants. This data was not available at the time of printing. The PARIS system implemented last year cannot yet provide the level of detailed reports required for analysis of impact.

Food vouchers are provided to all pregnant women weekly and milk vouchers are given to post partum women twice a month. In the Spring of this year we experienced an excessive output of bus tickets resulting in severe limitations of access to bus tickets for the remainder of the year. It is our hope to find a donor or funder who would provide consistent funding for bus ticket supply as these are crucial for women to access our program.

PROGRAM INFORMATION

Events

- Sheway held its 11th Anniversary Celebration in May of this year. Over 250 people attended from the community, the four partner organizations, neighbours, agencies, and families. There was singing, dancing, tours and speeches. Potluck Café of the Portland Hotel Society catered the event and the food was fabulous.
- A Family Picnic was held once again at McLean Park. We were able to hold the event once again as a result of continued community support through financial donations. We will continue this summer event provided there are funds to support it. A good time was had by all who attended. We did experience a decrease in numbers this year and discovered it was likely due to the fact that we had identified the park by three different names and a number of families then had difficulty locating us, an easily rectifiable situation for future picnics.
- The annual Christmas Party was held again at the Maritime Labour Centre. Over 300 people were fed a turkey dinner with all of the trimmings, the North Shore Choir kept the mood festive with seasonal songs, Santa appeared and all present received gifts. Thanks go to our faithful donors without whom such an event would not be possible.
- HYHO Graduation – the ‘Helping Yourself, Helping Others’ participants of the pilot project had their graduation ceremony in June. Families and friends were invited to witness and share in the event for the 8 women who completed the program. For more on the HYHO project see below in the Neighbours and Partners section.

Research

- ‘Healthy Communities, Mothers and Children’ – At the time of this writing, Sheway is entering its third and final year of a three-year national research study examining a

solution-based brief intervention therapy for post-natal First Nations women targeting alcohol use.

- ‘Healthy Mums’, the research with the physician from UBC’s Department of Family Medicine was completed in the Spring. The research involved women defining what makes them healthy and what makes them ill through the use of photographs. As yet, we have not received the results of the research as yet.
- ‘The Child Project – Training and Outcomes for early Identification of Infants with Neuromotor Delays’. One of our Infant Development Consultants is engaged in this research project. Staff from the University of Victoria and the Centre for Ability are the principal investigators. The two aims of the project are to compare in-person and Internet based methods of training for effective and efficient screening of infants to detect motor delays and to follow groups of infants from 4months to 36months for the purpose of exploring early screening, referral and early intervention. We have 6 Sheway children involved in the study.
- Dr. Janice Hare of UBC received a small research grant to examine in what ways Sheway needs to be, or can become, more culturally sensitive. This recommendation came of the evaluation in 2000 as well as the review of Infant Services in 2003. Dr. Hare held focus groups with present and previous clients as well as our Aboriginal staff in the late Fall. We have received no results from this research as of yet.

Volunteering

- UBC’s Trek Program continues to provide us superb volunteers from UBC’s student population. UBC is supportive of the concept of creating ‘global citizens’ and these students enrich our program and, we hope, we enrich their experience of being a global citizen. While the majority of Trek’s volunteers continue to support our Food and Nutrition Program, we have had the pleasure of having many more students supporting the maintenance of our donations room. This is a formidable task and the students, like those in the kitchen, bring their energy, enthusiasm and warm smiles to all of the tasks at hand.
- We had the privilege of having two additional students from UBC’s Trek Program who focussed their attentions on fundraising for our Annual Client Christmas Party. Under the gentle and supportive tutelage and guidance of our Administrative Assistant, the students organized a very successful fundraiser on campus, solicited support from various departments and gave much of their time to ‘cold calls’ to prospective donors. Their work was unflinching and, along with the perseverance of our Administrative Assistant, Sheway raised more donations than ever before for its annual fundraiser.
- We have a new Tree of Life thanks to one of our clients. She took it upon herself to create the Tree for the Open House and has since retrieved it to put final touches on it. She volunteered to do this commenting that Sheway has done so much for her in the past; she would like to create this for us. The tree’s leaves are photos of our Sheway children, women and families.
- We continue to have the volunteer support of a clinical psychologist who donates one afternoon per week of his time to the women of Sheway. His support has proven to be invaluable for the women who have been able to access his skills.

- As a result of the growth in our volunteer base, we attempted to create a Coordinator of Volunteers position to develop a framework for a more formalized volunteer program and to provide consistent support to our growing volunteer population. We sought funding for this position and were unsuccessful. We created a temporary position from existing funds however, the person in the position went on sick leave and the position was not sustainable. Currently one of our volunteers from the community has agreed to take on the responsibilities voluntarily and she organized a small token of recognition at Christmas for some of our longstanding volunteers. We are very grateful for her commitment to us and continue to seek funds to compensate this much-needed role within our program.
- On average we have approximately 30 active volunteers who, over the course of the year, provided us with approximately 3750 volunteer hours.
- The community at large continues to support our families. Sheway is a regular recipient of food, clothing and financial donations. Many donors are anonymous while others are well known to us and have been unfailing in their support. We are grateful to the numbers of new donors who discover us and our families monthly.

Neighbours and Partners

- HYHO – Helping Yourself, Helping Others, the peer mentoring pilot program that was initiated last year through funding from MCFD to support ‘graduates’ of Sheway completed its 12-week pilot project in June. This program was developed in partnership with UBC’s Learning Exchange and UBC’s Women’s Resource Centre. A Coordinator was hired who developed the curriculum, facilitated the program and wrote an evaluation. Feedback from the participants was positive; two of the graduates are returning to school while two others have established homes and new lives for themselves in other communities. Currently the Coordinator has been rehired and is meeting with the graduates and those women who did not complete the program to explore how best to go about the development of ‘phase II’. While the pilot was exciting and creative it was also somewhat costly and, all three partners agreed, it would not be sustainable in its pilot format.
- Our one year anniversary in the building was celebrated with a co-facilitated meeting of the staffs of the 4 major programs in our new building: Sheway, Crabtree Corner community services, Crabtree Corner DayCare and Sheway/Crabtree Housing. The group came together for a full-day in October to honour the previous year, identify common challenges and begin to develop plans for collaborative strategies and solutions for the future.
- Through the diligent efforts of long-time supporter of Sheway, Dr. Christine Loock, Sheway families now have access to a general paediatrician, Dr. Grace Yu, who provides services to our children at Sheway one afternoon per week.
- Sheway/Crabtree Housing has been a significant addition to resources available to pregnant women. 25 Sheway women have been able to access this transitional housing in the past year, 56% of these were Aboriginal.

- Our partnership with Fir Square at Children's and Women's Hospital continues to develop. Entering its third year of operation, Fir Square has made significant differences in the lives of pregnant women with substance use issues and their ability to access in-patient health care without stigmatization or judgment. We look forward to a long and rewarding relationship with our colleagues in the Provincial Health Services Authority.
- The chicken factory, our neighbour in the alley, experienced its challenges this year with the Avian Flu. We have found them to be supportive and courteous neighbours as we all jockey for access to our respective worksites in the lane.

Challenges

- Increasing the cap on the active caseload to 120 from 100 (20% increase) in the Spring of last year has presented ongoing challenges for the entire team and the program resources. It is evident that this current level is maximizing the demands on the current services (e.g. 1 Nutritionist for 120 clients, 1 Addictions Counselor, 2 FTEs of Nursing to meet the demands of 120 women and ~ 150 children).

We will continue to assess this ongoing challenge and may need to readjust our cap if funding and resources remain unchanged. This will result in fewer women having access to the program which creates other impacts. These issues will continue to be addressed at, and by, Council.

- Funding for essential programs like the daily hot lunch have been stretched to the limit and have resulted in severe limits being placed on the distribution of bus tickets in order to ensure adequate funds for food. Of note, many of our funders have not increased funding to the program in some years while our population of active users has doubled.

The Year Ahead

- We continue to monitor the changes taking place with MCFD and VACFSS. Our clients are served by both organizations. Council has begun to discuss what changes may need to take place at the Council level given that our clients are the recipients of services from both of these organizations. Council will be examining the need to alter the makeup of Council to include a member of VACFSS in the future.
- Prior to the end of the year, Sheway submitted proposals to MCFD for one-time funding for the following: a feasibility study to determine the nature and cost of resources to create a comprehensive health and social service program for families in Vancouver's Downtown Eastside; research looking at the removal rates and reasons of our active caseload coupled with the removal rates and reasons for children who have been discharged from Sheway in the past 1-2 years; the implementation of a Hanen program to enhance communication between parents and infants. At the time of printing we learned that we had received approval for these projects. All must be completed by March 31, 2005.

- PARIS will move into Phase II, which means that more of our documentation will become electronic. We anticipate these changes in the Fall.

IN CONCLUSION

A year in the new building and, amazingly, we have outgrown the space. There is a great need to build in more infrastructure supports for the program like a Coordinator of Volunteers and a Kitchen Assistant. As well, in terms of service need, the outstanding service needs are supports for experiences of trauma including grief and loss, mental health issues and ideally, the inclusion of a Ministry of Human Resources person on staff to address the critical and overwhelming financial needs of the clients. Given that this were to happen, Council would likely undergo another manifestation to incorporate MHR into the mix.

We will continue to explore and examine the reasons for the changes in our birth weights this past year and will change those pieces over which we have control to improve our the birth weights of our babies in the future. We recognize that many of the issues of low birth weights and premature births are beyond our control and are influenced by the pressures of the environment and the complexity of issues that our women face every day. We will continue to advocate for changes in attitudes and systems to better support our women, children and families.

As has been said in the past, Sheway is a successful testimony to the benefits of partnerships. We encourage other programs to seek ways and means of sitting at common tables and targeting the combination of services to best meet the needs of the community it is serving.



COMMUNITY AND INTER AGENCY LIAISON



Britannia Community Centre	Downtown Eastside Youth Activities Society (DEYAS)
BC Association of Infant Development Consultants	Downtown Eastside/Strathcona Coalition
The BC Public Interest Advocacy Centre	Eagle's Nest Preschool
British Columbia Women's Hospital	First Nations Urban Community Society
Canadian Heritage	First United Church
Carnegie Community Centre	Frog Hollow Community Centre
Cedar Cottage Neighbourhood House	Future 4 Nations Preschool
Cedar Roads Preschool	Greater Vancouver Urban Aboriginal Strategy
The Children's Centre for Ability	Health Canada
Children's Foundation	Human Resources
Children's Hospital	Kiwassa Community Centre
Centre for Native Policy and Research	The Lookout
Downtown Community Health Clinic	Luma Native Housing Society
Downtown Eastside Neighbourhood Safety Office	Ministry of Children and Family Development
Downtown Eastside Women's Centre	Ministry of Health
Ministry of Social Development and	Vancouver Aboriginal Friendship

Economics	Centre
N.E.V.C.O.	Vancouver Aboriginal Council
Narcotics Anonymous	Vancouver Coastal Health Authority
North Health Unit	Vancouver General Hospital
Oak Tree Clinic	Vancouver Health Department
Ray Cam Cooperative Centre	Vancouver Native Housing Society
St. Paul's Hospital	Vancouver Police & Native Liaison
Storefront Orientation Services	WATARI
Strathcona Community Centre	WISH
Street Front Outreach Services	Y.W.C.A. – Crabtree Corner
Sunny Hill Health Centre for Children	Youth Detox
Triage	

