



OTTAWA ABORIGINAL COALITION



OAC RESEARCH PROJECT

OTTAWA INDIGENOUS COMMUNITY MEMBERS' EXPERIENCES IN THE FIRST YEAR OF COVID-19



May 2023



We are deeply grateful to the community members that offered their story to this research. In the beginning of the survey we started by honouring the spirit of each community member and we recognized the challenging time we had all gone through. We know that through your stories we can learn from what we have all gone through - our organizations can provide better services and we can advocate for better services in Ottawa for the Indigenous community.

MEMBERS OF THE OAC



Inuit Non-Profit Housing Corporation

Strives to provide safe, affordable, secure housing for Inuit & Indigenous families.

Inuuqatigiit Centre

Our Centre serves Inuit children, youth and their families in the southern urban setting of the City of Ottawa.

Kagita Mikam

Extends employment and training services to all eligible Aboriginal peoples living in Ottawa.

Makonsag

Offers a culturally-enriched learning environment for Aboriginal preschool children.

Minwaashin Lodge

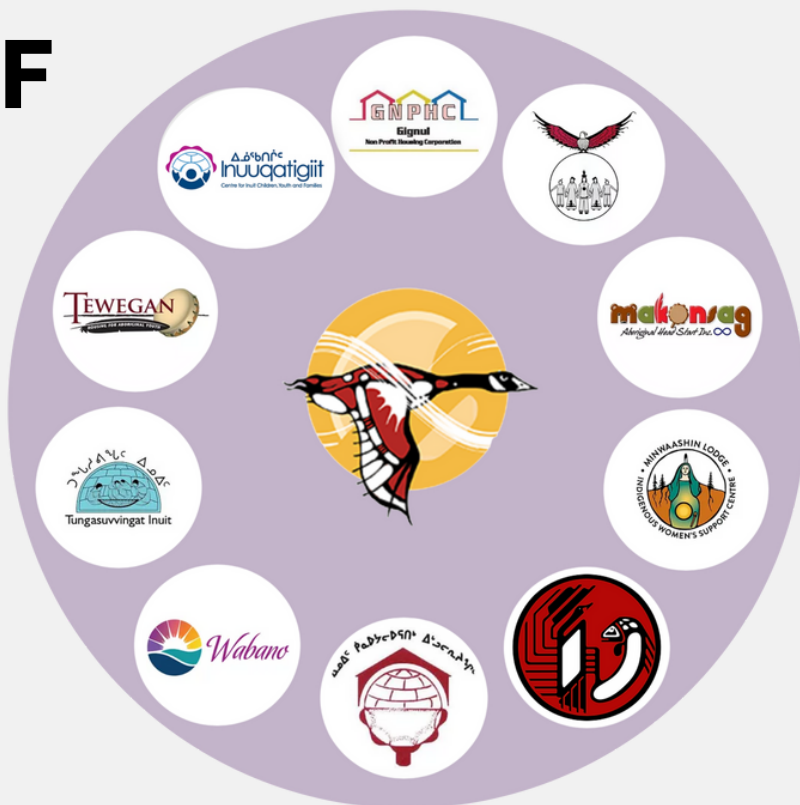
A range of programs/services to First Nations, Inuit and Métis women and children (regardless of status) who are survivors of domestic and other forms of violence, and who may also be suffering from residential school system effects.

Odawa Native Friendship Centre

Delivers culturally relevant programs and services that empower and build the collective capacity and self-sufficiency of Indigenous families.

Tungasuvingat Inuit

Inuit-specific service provider that provides social support, cultural activities, counselling and crisis intervention as a one-stop resource centre to meet the needs of Inuit.



Tewegan Housing for Aboriginal Youth

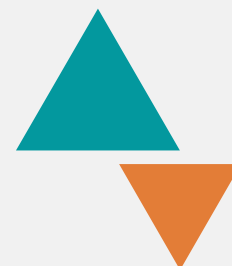
Tewegan Housing for Aboriginal Youth is a 12 bed transitional home for First Nations, Inuit and Métis women, ages 16 to 29, who are homeless or at risk of becoming homeless.

Gignul Housing Non-Profit Housing

Committed to a holistic and comprehensive approach to housing that includes both those Aboriginal people at risk of losing their housing or those who are currently homeless.

Wabano Centre for Aboriginal Health

Provides a wide range of medical clinics, social services and support, and youth programs. Services are offered in a culturally sensitive way that welcomes, accepts and represents all Aboriginal peoples.



INTRODUCTION OF THE RESEARCH



When the World Health Organization declared a COVID-19 Global Pandemic in March of 2020, the Ottawa urban Indigenous service organizations that make up the Ottawa Aboriginal Coalition (OAC) immediately pivoted to respond to the emerging needs of Indigenous community members in Ottawa. Each year the ten OAC organizations serve 20,000 of the 40,000 urban Indigenous community members in Ottawa.

The Ottawa Aboriginal Coalition is a coalition of Indigenous service delivery organizations that provide programs and services to Indigenous people living in Ottawa. The OAC advocates at the community, municipal, provincial and federal levels and seeks to educate and raise awareness on Indigenous issues and the unique circumstances of Indigenous people as well as their interests in Ottawa.

While our service responses changed at the local level in Ottawa, many policy and funding conversations were happening at every level of government. At those tables, information about urban Indigenous community members was often requested – people wanted to know what we needed and what we were receiving. At the OAC we often had to present our story as urban Indigenous people that had unique needs based on our cultures, the historical legacy of colonization, our continued experiences of racism and discrimination as well as the unique experience of being an urban Indigenous community. In the early discussions, urban Indigenous people were often described in the category of vulnerable people. We challenged that starting point as we saw the immediate capacity of the Ottawa urban Indigenous community members and our organizations to care for each other.

This report is a summary of our collective story - a story of some members of the Ottawa urban Indigenous community and our experiences in the first year of the COVID-19 Pandemic (March 2020 -2021). We have also included how the OAC has responded and continues to respond to the results of the research.

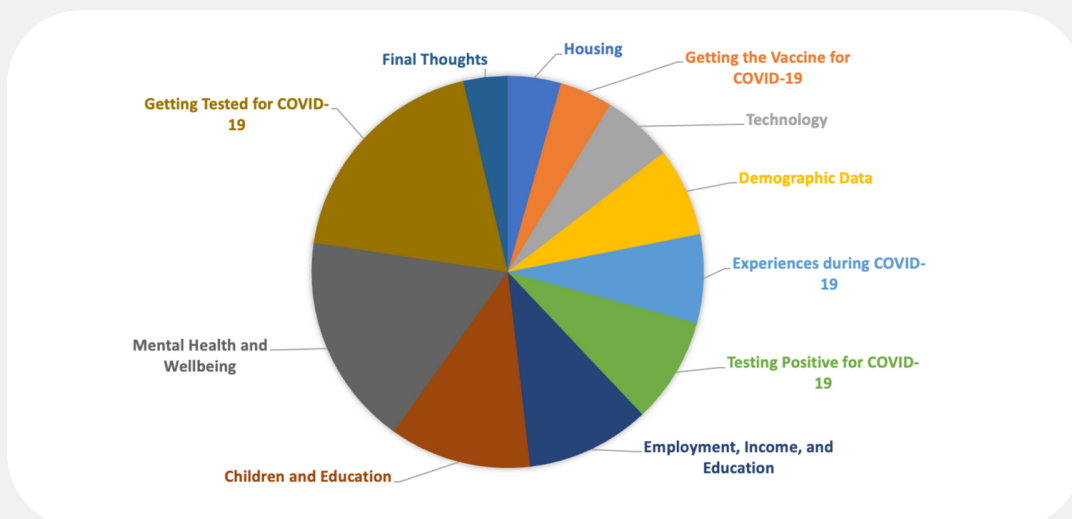
THE PROCESS OF DOING COVID RESEARCH IN THE OTTAWA INDIGENOUS COMMUNITY



At the beginning of COVID, the Ottawa Aboriginal Coalition was approached by a number of organizations to participate in research studies around urban Indigenous people and COVID. The Ottawa Aboriginal Coalition does not normally do research, although some OAC members had significant capacity to do research, that was academically recognized; community based, multi- methodological, and Indigenous based. We made the decision because we wanted to ensure that Indigenous community members in Ottawa would be able to directly tell their stories of what happened during the first year of COVID-19.

Embarking on doing research in community and for community was not easy as we had to navigate funders and institutions that do not apply an Indigenous approach to research. We built our work on the Ownership, Control, Access, and Participation principles (OCAP) and Inuit Qaujimajatuqangit principles. Some of the steps we went through to do our research included: finding funding, establishing partnerships, doing a research ethics process, establishing a community-based research committee, and hiring Indigenous researchers.

By the end of that process, we developed a survey that 1077 community members completed. The survey was divided into 15 sections and had 68 questions (combination of quantitative and qualitative questions).



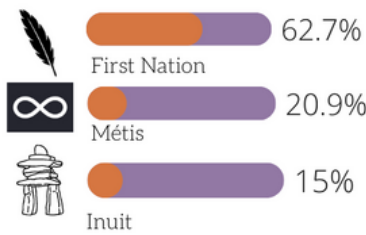
Ottawa community members not only answered the questions but collectively provided 340 pages of their thoughts and experiences. On the next page is more information about the community members who answered the survey.

Who answered the questions?

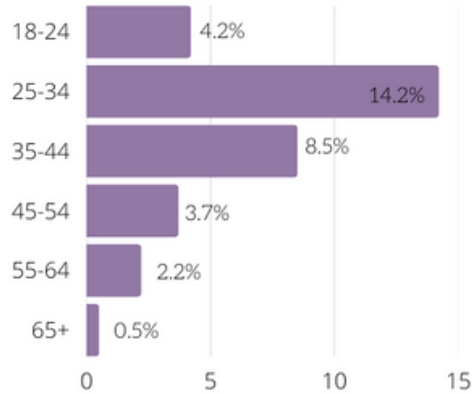
1077 Community Members

Indigenous Identity

***Indigenous identity was self identified*

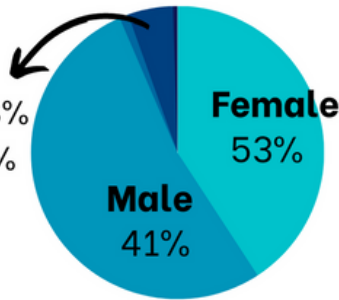


AGE



Gender

Non-binary- 0.8%
 Gender Fluid- 5%
 Other- 0.5%



Remembering that first year - The timeline of the research

The survey was distributed between May-July 2021. We asked people to remember what they were experiencing in the first year of COVID between March 2020 and May 2021. The graphic below reminds us of some of what was happening during the first year of COVID-19.



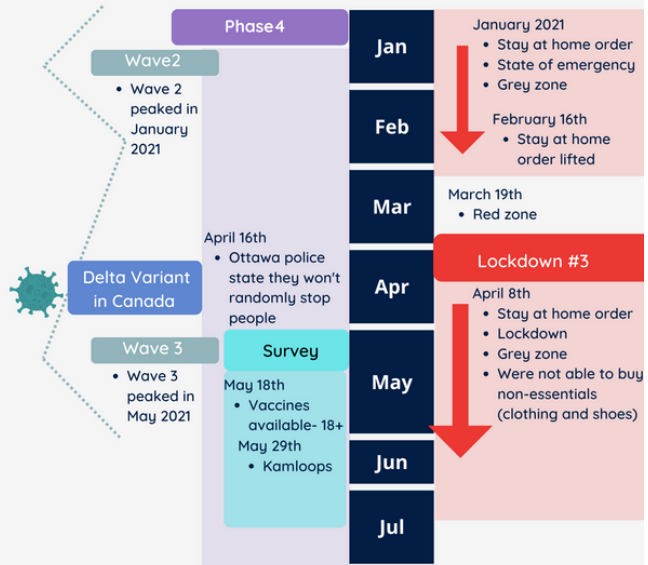
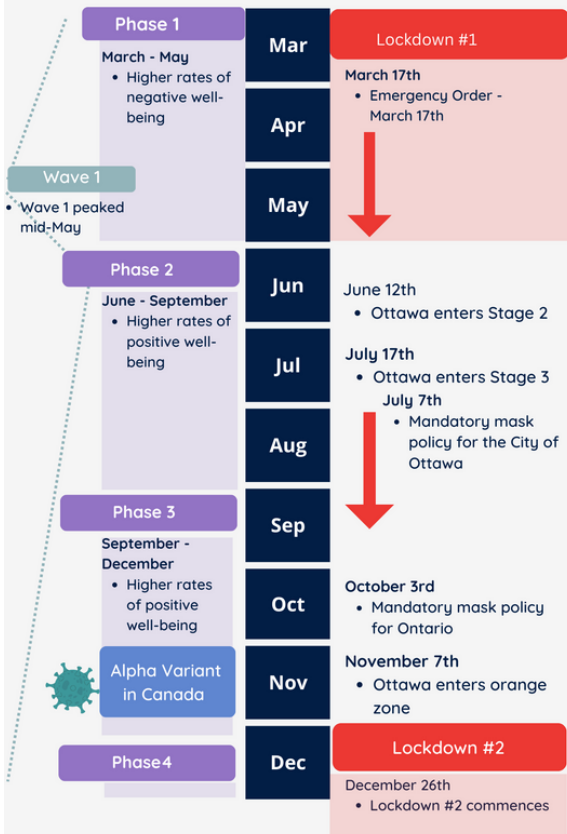


OTTAWA COVID-19 TIMELINE

Important Dates

2020

2021



Timeline Legend

- Wellbeing Phases from Survey
- Lockdowns
- Period when people filled out survey
- Provincial Waves- Highest number of COVID-19 cases
- Variants in Canada

The Themes



“I thought of my ancestors a lot during this pandemic and their will to survive during some very difficult times. I made sure I was as healthy as much as I could physically, mentally and spiritually. I made sure to check up on family and friends on daily basis.”

In an Indigenous worldview, everything is connected. We are impacted by our family and community and our community and family are impacted by us. The experience of COVID was no different – our mental and physical health was affected which affected how we could care for ourselves and our families. Although the themes below are talked about separately, they are connected, happening simultaneously and overlap one another. We want to honour those connections and at the same time highlight some of the themes community members shared about their experiences in the first year of COVID-19.



A. LIFE WAS PROFOUNDLY DISRUPTED FOR EVERYONE



Everyone’s lives changed with COVID-19. Indigenous community members experienced a loss of connection to family, friends, community and culture.



“It has been a very difficult year and some months - first losing my job to COVID was very hard and not seeing my family especially during the Christmas holidays was even harder. I also found it hard not to be able to spend quality time with my friends but at least we connected via text or phone.”



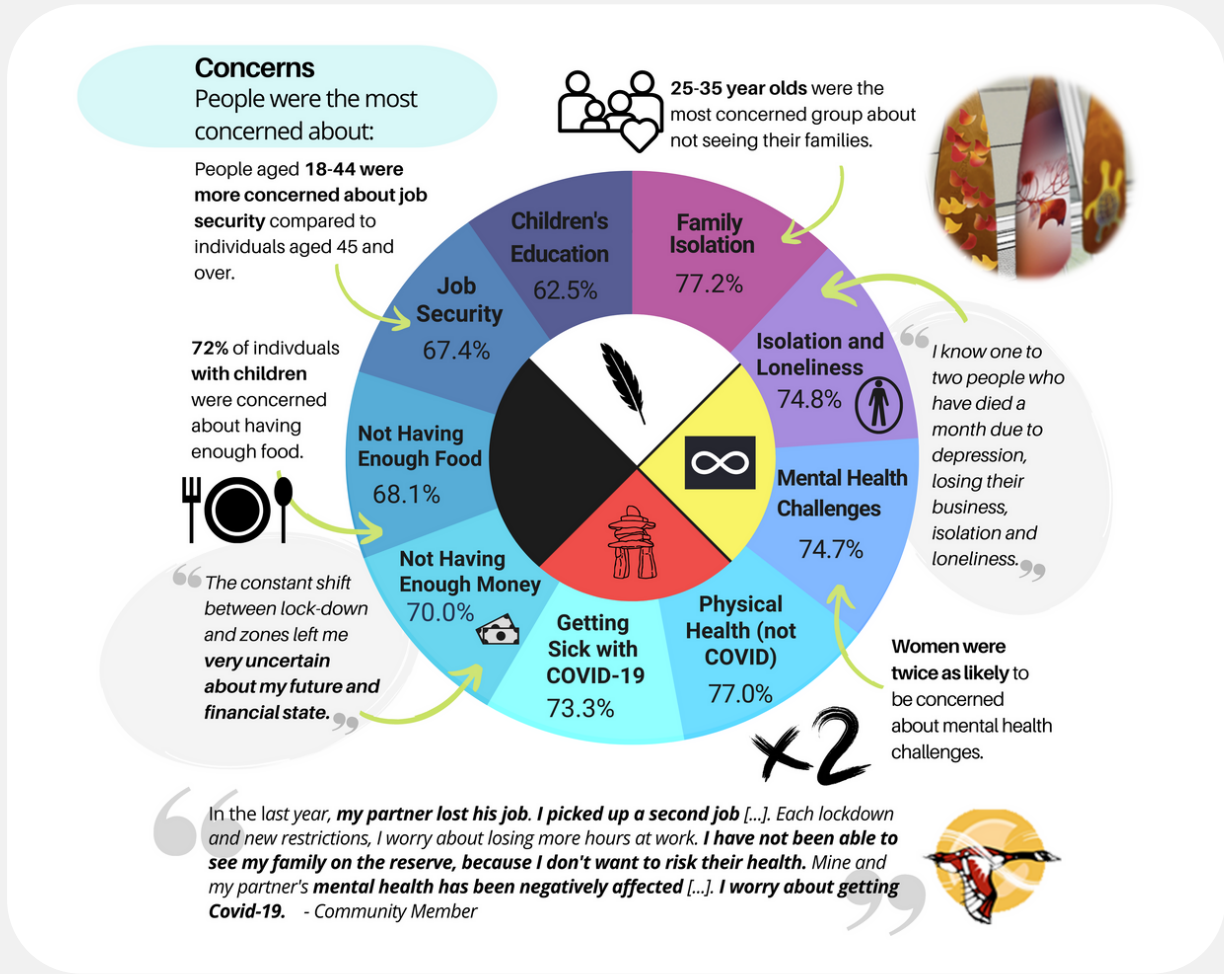
“Being apart from my family and not being able to travel to my community to see my family has been so difficult. My children have really struggled with the lockdown and not being able to go to school and be with their friends. Emotionally was very challenging as I was pregnant most of 2020 and then having a newborn during the pandemic was very hard.”



When we look at the primary concerns that community members identified, the loss of not being able to meet responsibilities in ways they were used to was their greatest concern. There were internal and external struggles: how do I care for my children, how do I maintain my mental health, how do I meet my basic needs and how do I make sure I am safe? When asked about think about what they were most concerned about, community members indicated which of the following nine areas of concern applied to them.



“I live alone. It's been 64 weeks since I have had a hug!”



Isolation, loneliness and family isolation were top concerns. Community members described feeling disconnected from friends, family, and community. 56% of community members felt an increase in isolation. Community members talked about what they were missing during periods of isolation.

The difficulties in being able to do day to day activities and meet one's needs and responsibilities was emphasized repeatedly in three areas: taking care of our children, having enough income to survive and being able to maintain one's own health and the health of our loved ones. It was not just COVID-19 related medical needs but being able to deal with ongoing medical needs, accessing medical supplies, prescriptions and dental needs.



"I feel isolated and lonely. Everyday feels the same - repetitive and quiet. The one benefit is having good meals and time to exercise during the day, but the isolation and silence is overwhelming."



"In the last year, my partner lost his job. I picked up a second job in a grocery store. We have been worried about money for rent and bills. Each lockdown and new restrictions, I worry about losing more hours at work. I have not been able to see my family on the reserve, because I don't want to risk their health. Mine and my partner's mental health has been negatively affected throughout this pandemic. I worry about getting Covid-19 because I don't want to be the one to get anyone close to me sick."

Some community members had to cope with crisis situations that were compounded and became cycles of crisis'. For people already living in situations that made them vulnerable, the disruptions worsened and had cascading effects. An example of situations worsening was reflected in what happened to people who lost housing during the first year of COVID-19. The loss of housing was often connected to people knowing someone who passed away from overdose (67%) or COVID-19 (67%). The lack of supports in one part of our life can impact all parts of our lives.





Disruptions at Significant Times in our Lives

There are times in our lives that are signature moments: graduating from high school, getting married, having a baby. Community members described those moments as particularly challenging because of the lack of support for some of those transitions. Pregnant community members, parents with newborns, single parents with children, families with children, and older adults all had challenges unique to their stages of life and each indicated their experiences with gaps in services available for their specific place in the life cycle.

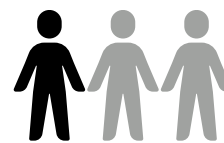
Disruptions in our Education and Work Journeys

Employment and education plans were greatly impacted by COVID.

Again, some people were able to adapt, with the supports they had, while others experienced the cascading of responsibilities of children, caring for elderly parents and mental health which profoundly impacted people’s ability to stay in their work or education journey.



Education



1 in 3 people attended a school or education program.



Eventually left school



Switched to Part Time

Employment



36% Stayed Employed



31% Could not work from home



19% Had reduced hours



14% Lost their job



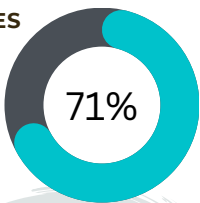
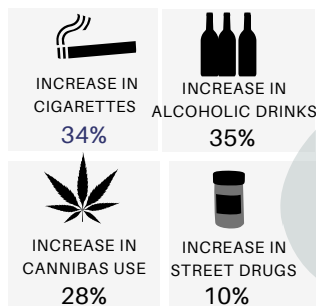
8% Got their Job Back
**of total community members*

Disruptions in Mental Well Being, Community and Cultural Connection

We need family, community and cultural connection to thrive. Community members described the experience of the first year of COVID as simply “making it through” and “surviving”. And for many community members, the loss of every day ways of connection impacted their mental health and increased mental health distress and substance use.

RELATIONSHIP WITH SUBSTANCES

71% of people increased their substance use. This includes one or more of the following;



The # of substances used by people increased by:

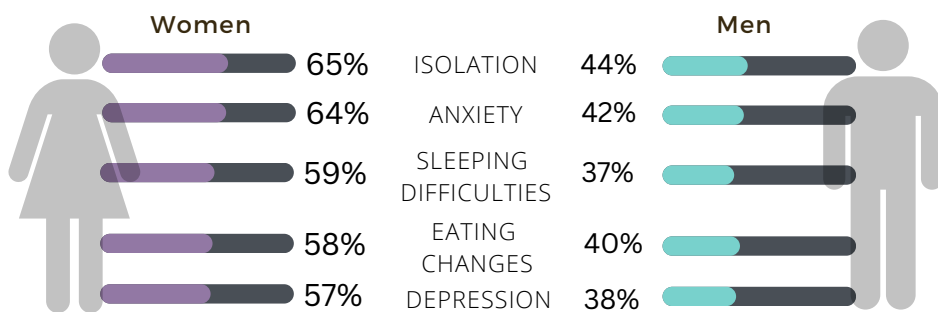
- 1 substance: 42%
- 2 substances: 22%
- 3 substances: 6%
- 4 substances: 1%

INCREASED MENTAL HEALTH STRESSORS

- 71% DEPRESSION
- 56% ISOLATION
- 55% ANXIETY
- 49% SLEEPING DIFFICULTIES
- 41% DIFFICULTIES IN RELATIONSHIPS
- 31% BAD DREAMS
- 21% THOUGHT OF SUICIDE
- 17% OTHER FORMS OF VIOLENCE
- 16% DOMESTIC VIOLENCE
- 2% SELF HARM



Women indicated that they experienced more mental health challenges than men.



B. INDIGENOUS COMMUNITY MEMBERS PIVOTED TO MEET RESPONSIBILITIES AND FOUND **NEW WAYS TO CARE FOR SELF AND OTHERS**



A research committee member in a media quote reflected the strength that was in community members.

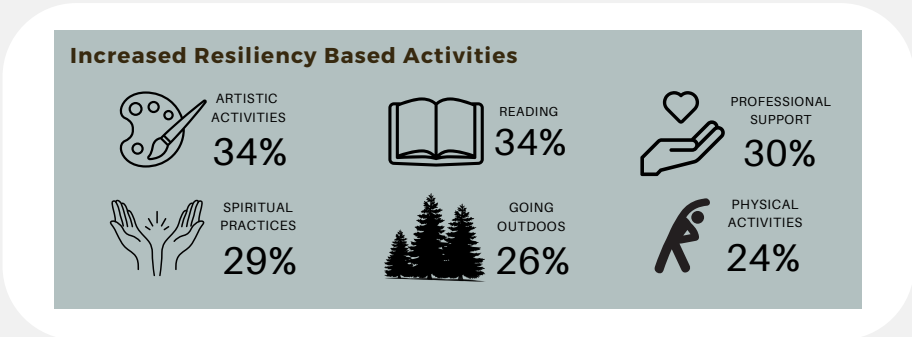


“The main thing I told her from a cultural perspective is that an elder told me that we need to think of COVID as a ceremony. It’s making us go into a fast, not from food but from all the things that we just took for granted, and in doing so we’re going to find out what’s really important to us that we want to bring back into our life, and what we can let go. So there are blessings and gifts in all of this.”

(Natalie Lloyd, OAC Research Committee member, Wabano Manager – excerpt from a Citizen article in September, 2020)

Despite the disruptions to every aspect of life, there were many personal and community strengths that community members accessed and developed. Social connections, exercise, food, taking care of themselves, and supporting one another were important ways community members pivoted. Community members talked about the importance of being able to fulfill their responsibilities to protect and care for their families, communities, and loved ones. This was an area of pride, growth, and positive mental health for many community members.

Many community members found new ways to take care of themselves and their mental health. Some people were able to recognize what was happening and what was impacting their mental health. They learned what they needed to be well and grew through coping. Community members talked about coping with mental health by taking care of themselves, their friends, family, and community.



CONNECTING TO CULTURE: BETTER MENTAL HEALTH

"I lost 40lbs as a result of being active outside- just like our ancestors did!"

- Community Member

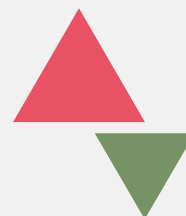
Smudging, prayer, sacred medicines, knowledge, ways of healing, nature, and the outdoors were a source of pride and influenced better health.

When talking about the care they gave themselves, community members relied on connecting and supporting others, not using/overusing substances, doing/making new things, better skin care, following COVID-19 guidelines, asking for help, continuing their learning, connecting with nature and developing better mental health coping after a period of struggling. Community members who were connected to their spirituality used prayer and smudging as well as connecting with others, and nature to maintain their spirituality and be well.

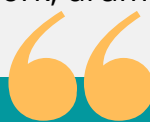
Community members identified the need and importance of being connected to the land and to nature across multiple sections of the report.



"Family and friends gathered more often to do some kind of physical activity (e.g., nature walks)."



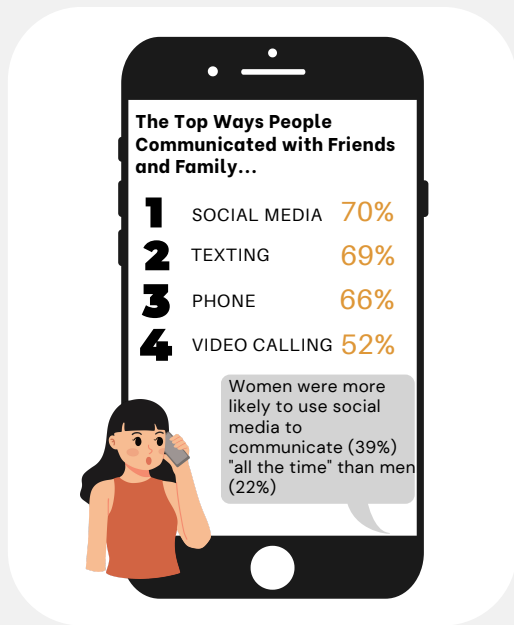
Community members changed the ways they communicated with others. They found thoughtful, creative, and loving ways to stay connected. Community members talked about staying connected, virtually and socially distanced when allowed. **Supporting others** with encouraging words, giving and making pandemic protection material, giving food and shopping for others. **Exercising, specifically walking and going outdoors** with others. **Connecting over food** by making meals together over video calls, making and giving away food as well as exchanging recipes. **Doing activities together** like board games, learning, beadwork, drumming, singing, making masks and more.



"I always go to a forest to do my spirituality practices away from sounds of humans. Listening to the forest and relieve stress. Smudging"



"Host zoom parties where we could come together and try and support one another"



Some community members made positive choices for themselves and for others that reflected the importance to meet our responsibilities to ourselves and others despite the impacts of COVID-19.



"Go on walks together, shared photos on social media, exchanged recipes and results (good and bad), sent messages to support each other, and acknowledging when someone was having a rough time and either needed the space or needed those special healing hugs."



"It was my elderly mother who got covid and it made me decide that I need to have my mom living with me to ensure her physical health, emotional are good. So I got a larger apartment and now have my mom living with me."

For some women, COVID was a life changing event in more ways than what we were universally experiencing. While 33.5% of women in the survey identified that they experienced domestic violence during COVID, a number of women identified the ending of abusive relationships.

Positive Coping in relation to Nature and Outdoors

For people who were able to access the outdoors, it was linked to their positive mental health and wellbeing

I OBSERVE AND ABSORB THE BEAUTY OF THIS WORLD WITH AS MANY SENSES AS POSSIBLE.



" I have become stronger physically and mentally. I had to. I left an unhealthy marriage after 20 years together. I do this for the children. They are our future."

It was clear that many community members were not only accessing a wide range of services available through OAC organizations and the broader community, they were also creating ways to support themselves and others.



“With the help of family and friends, I collected masks for my band - George Gordon First Nation in Saskatchewan and shipped hundreds of masks to them.”



“I made 300 cloth masks early on in the pandemic and accepted donations, which were given to our local food bank and the Ten Oaks Project in Ottawa.”



C. AS A COMMUNITY IN OTTAWA WE RESPONDED TO THE CRISIS



Community members described a wide range of services and supports they accessed to get through the first year of COVID-19. This is consistent with what the Ottawa Aboriginal Coalition organizations were doing – pivoting services and programs to directly respond to the needs. The first response of the OAC member organizations was both internal (making sure that staff were safe and could work from home or safely at the workplace) and external (responding to the needs of the community). The priority services provided were: Elder support, food security, technology and internet supports for children to continue their education and ongoing safety programs and finding ways to respond to mental health distress.

All OAC member organizations were mentioned repeatedly as providing critical support to community members and for a wide range of supports. What was interesting is that community members often cited an Indigenous organization that did not specialize in that area (e.g. naming a housing provider as providing childcare support) but felt their need was responded to. Community members also mentioned the level of collaboration they saw and experienced between the different organizations as we sought to respond to their needs.



Wabano did not close their clinic throughout the entire time. Other OAC member organizations remained open as they could not close: the VAW shelter at Minwaashin Lodge, the Indigenous housing providers continued to respond to go into people's homes and respond to maintenance issues and Tewegan continued to house Indigenous young women.

The OAC was also working with key partners to support the Indigenous community. Over 200 Indigenous and non-Indigenous organizations were described as supporting Indigenous community members outside of the OAC, with special and repeated mention to:

- Schools and the teachers for their extraordinary care for the children
- Ontario Native Women's Association (ONWA)
- Métis Nation of Ontario (MNO)
- City of Ottawa Services/Programs
- Community Centers
- Ottawa Public Health
- Assembly of Seven Generations
- Hospitals
- Community Food Banks



"Having food security with the programs that Odawa and Wabano provided took a lot of stress and worries off me ."



"The mental health team at Wabano has been doing an amazing job"



Despite the incredible effort, there were gaps in our collective ability to respond.

While multiple services were available, not all community members were able to access what they needed. Awareness, lack of culturally appropriate services and ineligibility were among the reasons community members did not get the support they needed.

More specifically, there were a number of needs that community members identified as needing more of or less barriers to accessing:

- Culturally appropriate therapy was needed during COVID-19
- Grief and loss counselling
- Addiction and detox programs
- All types of programs for children/parents including mental health, tutoring and respite for parents
- Housing, food and financial supports



“More adequate mental health. The talk therapy is very limited, and fairly triggering. It would be great if there was an Indigenous psychiatrist that I could connect with. Especially in terms of understanding Intergenerational trauma from a lived experience. Often times when I am talking to counsellors, they are not even aware of some of the issues I speak to as they weren't taught it.”



The OAC had staff working at multiple community service partnership tables at the city level to respond to the needs and yet our homeless community were left behind from day 1 of COVID when we were all asked to “shelter at home.” The advocacy by the OAC helped ensure port-a-potties, food buses, medical services in a van and respite care were available to community members in our community. The stigma that homeless people experience in our community is profound and needs to change.

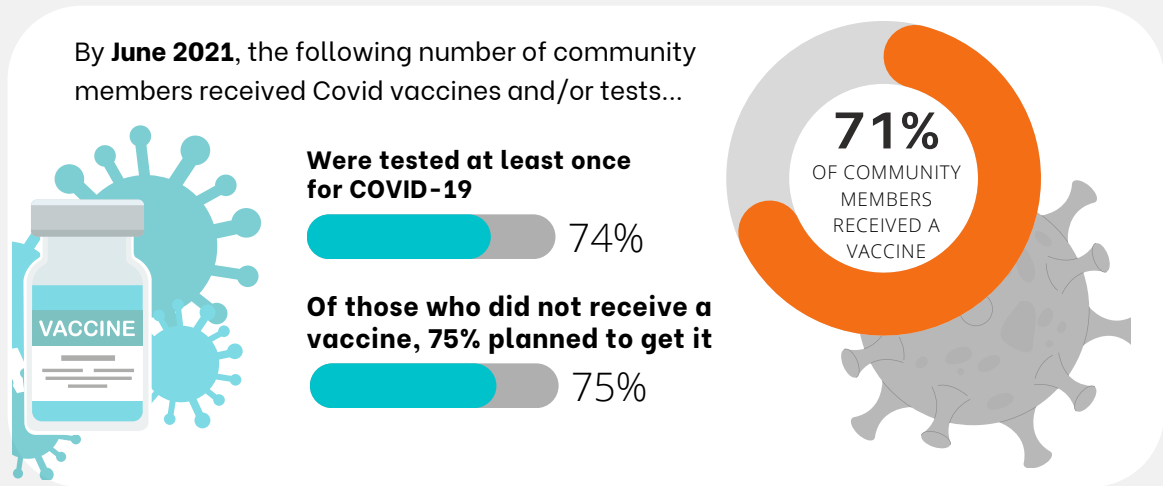


“I help out the homeless community in the Glebe. Many First Nations people without access to washrooms and running water I allowed them in my restaurant to use the facilities that I kept consistently sanitized. If they need snacks, food or water I also provide what I can and help them contact their social workers through my land line. In the winter I allowed them to come inside and get warm when it was cold. No other businesses in the Glebe would help our people out.”

D. WE KEPT OURSELVES AND OTHERS SAFE FROM COVID-19



The Ottawa Indigenous community had one of the highest rates of vaccinations in the province of Ontario. Indigenous community revealed that they were proud of the community coming together and being united in the face of COVID-19. This commitment to one another was reflected in putting safety precautions in place (staying in our social bubbles, masking, sanitizing, etc.) and following through in getting vaccines. Many people talked about the importance of “staying home and respecting the COVID-19 rules” and following through “with COVID-19 guidelines applied to the community”.



“The community has done a good job in the epidemic, disinfecting within the prescribed time, taking the temperature, registering visitors and giving certain subsidies, so that everyone can feel the warmth from the community.”

A key stressor for people was community and family members not protecting themselves and others.

“My family has taken good care of personal protection, wearing masks outside, disinfecting, washing hands often, all very optimistic, no one has caught the virus, which makes me very proud.”

Overwhelmingly, factors of unity included deliberate decisions they made to keep people safe, a high-level adaptability and seeing getting vaccinated as providing support.



I keep seeing people not following the rules and traveling and social gathering and posting photos and selfies online doing their activities."



"I'm very proud of Wabano for organizing the vaccine clinic. I'm proud of the Indigenous workers who were there to help - staff who came around to check on you and give you snacks, staff who offered to sign you up for services through Wabano, etc. Being surrounded by artwork and traditional music was a really great experience."

Our ability in Ottawa to vaccinate community members with our own organizations, particularly Wabano and Akusuvik; and the relationship fostered with Ottawa Public Health made vaccines a legitimate option for community members and was key to the success of Ottawa's Indigenous community high vaccination rate. We worked closely with the Elders and Ottawa Public Health to ensure that we could reach out to community members in ways that addressed the real concerns that people had about what was in the vaccine and were Indigenous people being used as the first experiments. It was only through a lot of communication, the use of our own Indigenous cultural and community practices balanced with the science that we could respond to the community's concerns and honour community member's commitment to their safety and the safety of their family members.



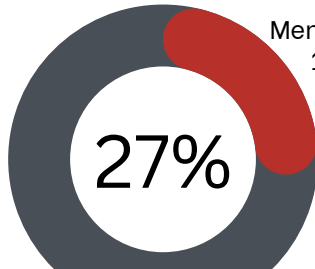


“I followed the directives of the governments and health care officials. I helped others to stay safe by making masks.”

For the people that tested positive to COVID, they overall had a positive experience, particularly if they were male.



TESTING POSITIVE



Men who tested positive for COVID-19 were more likely access non-Indigenous community support than women.



Tested positive for COVID-19



REFERRED TO MEDICAL SUPPORTS

83%



SAFE PLACE TO ISOLATE

88.2%



ACCESS TO INDIGENOUS COMMUNITY SUPPORTS

48%



ACCESS TO NON-INDIGENOUS COMMUNITY SUPPORTS

45.5%



REQUIRED ADDITIONAL OUTPATIENT SUPPORT

45%



REQUIRED ADDITIONAL INPATIENT SUPPORT

40%



TREATED WITH RESPECT AS AN INDIGENOUS PERSON

87%



FAMILY PHYSICIAN SUPPORT

75.4%



E. "IT IS FOR AND ABOUT THE KIDS"



The Indigenous community have a higher proportion of children and youth compared to the non-Indigenous community. 62% of the survey identified that they had children.

Parents were most concerned about their children's overall wellbeing.

COVID-19 had a unique impact on children, youth, parents, and their families as access to in-person childcare and education ranged from limited to not available through the first year of COVID-19. Parents were thrown into juggling multiple responsibilities in roles they were unfamiliar with, across all areas of life including education, wellbeing, mental health, socializing, protection, and health. Parents worked to gain information about the changing state of COVID-19, guidelines, and shutdowns in order to make informed decisions about what would be best for their children.



"I feel proud that we kept our kids safe and in good spirits. Our family connections grew stronger and my relationship with my husband was better. I was also proud that we did well homeschooling, having never done it before."

Parents had the following concerns about their children (ranging from sometimes to always concerned):

- Overall Wellness (91.8%)
- Social Interaction (90.5)
- Learning Development (88%)
- Language Skills (86%)
- Child Development (85.2%)



Parents during COVID-19 Experienced;



Parents and kids would have benefited from more support around education support and resources and mental health supports particularly as the impact of COVID-19 restrictions showed up in behaviour changes in children and youth.

The inability to access health services, and the children’s mental health challenges were large areas of concern. Overall, community members were proud of the way they kept their family safe. Parents talked about caring for themselves in order to be able to take care of their kids.



“Managing the emotional well-being of my children as there were no other supports. Trying to role model resilience.”





"Better/other/any Childcare options would have been good to have. Being a single parent is hard on a good day but it's extremely difficult to get to work and make ends meet when you're completely alone with no one to watch your kid and you're not eligible for any funding due to living in poverty."



"Night walks with son. Watching old movies from my youth with son. Work on at-home projects creating art. Be open and flexible to their changing needs."



"Our 7-year-old suffered severe panic attacks, and we even had to take him to CHEO. Once the children went back to school, he got better, but then when one child got a runny nose, we all had to stay home for at least a week until the symptoms went away. Then the next child got the illness, and repeat for all 4 children. My baby missed almost a month of daycare due to a runny nose. We all were tested possibly 80 in total for the 6 of us in the last year. We have to in order to return to school and work. Or miss even more days."

F. WE EXPERIENCED GRIEF AND LOSS



Loss was a core theme for almost all people – the loss of our daily routines to start with, the loss of connection to culture, family and community. And the loss of access to services and supports. There was a loss of employment, education and medical services, gym, family, friends and childcare. At times and for some, this loss led to mental health distress and for a few it contributed to a deficit analysis of what was happening (“It is the government’s fault).

For some community members that loss was linked to the loss of loved ones and the experience of grief that could not be recognized in ways that honoured that passing.

And the losses were not only COVID related but also losses due to death by suicide and overdoses. Most people did not lose someone, but for those who did they often experienced multiple losses.



GRIEF AND LOSS



Lost Someone to Overdose

31%

of community members lost someone due to overdose in the first year of COVID-19.



Lost Someone to COVID-19

27%

of community members lost someone due to COVID-19 in the first year.

Community members talked about drawing on personal strengths, developing new self-care habits, relying on Indigenous spirituality, culture family and friends to navigate and cope.

As for formal support, community members indicated that while support was there, they wanted more than what they got. There was often mention of the need to be on the land and to walk in nature to walk through the pain of the losses that were being experienced.



One community member described their experience of losing their husband, "When I got tested they checked my blood pressure and it was 226. I was sent to the hospital right away. The reason my blood pressure was high was due to the grieving process (death of my husband). So I quit my job to look after myself."



"I didn't [get any support]. Only immediate family could visit the reserve. I had to make my own spirit plate."



"When my husband passed away people in the community brought over food for my family. Community would text or phone to make sure I was ok. People were praying and smudging for me. I would get phantom smells of medicines that would tell me my husband or my ancestors were smudging me."

NEXT STEPS - URBAN INDIGENOUS RECOGNITION AND GOVERNANCE



Navigating COVID helped us understand that while the majority of Indigenous people live in cities and outside their First Nation, Inuit and Métis home communities, the experiences of urban Indigenous people is not always considered by government decision-makers. That was clearly made evident at the beginning of COVID when urban Indigenous funds came later than funds that went to other Indigenous community members. It was particularly evident when the OAC had to make arrangements with Indigenous provincial organizations to secure PPE needs to keep Indigenous staff safe. We knew that the research would show what the Ottawa Indigenous community needed during COVID and moving forward.

In late 2021 after reviewing what the community had said, the OAC developed priorities and they continue to be the focus for our work. Most of them came directly from the process of the research or the results of the survey.



1.

Data Sovereignty

Indigenous people need to tell our own stories and not have others interpret what we mean. The OAC is working with partners to ensure that the Ottawa Aboriginal Coalition is able to collect and analysis data collected about Ottawa Indigenous community members. It stated with the City of Ottawa on the Point in Time Homelessness count PIT. We continue that conversation with Ottawa Public Health and the Alliance on Homelessness.

2.

Respecting our own Processes for telling our Stories

The Research Ethics process we went through harmed our relationships with each other and with our partners. It started from a colonial structure of accountability that did not take into account our community structures of Elders and our own accountability tables. We are working to establish an Indigenous based research ethics approach.

3.

Land

We heard almost immediately that we needed to have land in the city of Ottawa for restoring our balance and maintaining our mental wellness; for ceremony, especially when we lost loved ones; and for programming and connection so that we can come together as community. We have been working with the City to find that land and have also connected with Beechwood Cemetery to create a permanent place to remember Ottawa Indigenous community members who were returned to their home community after they passed.

4.

Indigenous Mental Health and Wellbeing Strategy

We developed a strategy that reflects our cultural values, our reliance on community, culture and family; and the need for our partners to provide culturally safe services. We are currently working, through Minwaashin Lodge, on a Family Healing Lodge, for women who have addictions and who will bring their children and family when doing their healing work. We have been working closely with the Royal Ottawa Hospital to establish better pathways for service.



5.

Indigenous Housing and Homelessness Strategy

This issue only became more acute, particularly for community members who could not “Stay at Home.” The OAC has developed a strategy and our first priority has been working on an Aging Out Initiative for young women leaving child welfare (In the 2021 Pit count research, 14% of Indigenous youth who aged out were homeless within one day).

6.

Improving Services to Indigenous Community Members

By improving our own services as the Ottawa Indigenous community service providers. The OAC member organizations have been involved in the research and have responded to updates and issues that have arisen in real time. The survey results will continue to support OAC member organizations to revise and develop new programs and services. And to advocate to funders for the value and necessity for Ottawa based service organizations to be fully supported.

7.

Building New ways of doing our Work with our Partners

The one thing that we learned through COVID-19 is that the old ways of doing things did not work. Many partners were open to staying focused on responding to the real needs of Indigenous community members – even if it meant moving away from the way things had been done in the past.

8.

Finding better ways to Respond to the needs of our Children and Families

The OAC is working on a new research project with CHEO and Kids Come First to identify specific ways that we can improve access to services and programs for children especially in the area of mental health, developmental services and pediatric dental care.

9.

Responding to the Mental Health and Addictions Crisis

Like the research, the Elders continue to raise this as a priority for our community. We are losing community members and the research told us what people need to restore and maintain balance. We have been successful in getting funding through the city for mental health workers connected to our Indigenous housing providers and for more investments in our outreach work, specifically the Minwaashin Outreach team.

IN CLOSING



A theme that shone through the research was Indigenous community members' resiliency and strength. Part of that resiliency included self-maintenance and self-actualization. Self-maintenance looked like community members adapting ways to handle aspects of their lives in the context of the COVID-19 pandemic.

Self-actualization looked like community members reflecting on who they were, what they needed and how to achieve it. This process resulted in growth for some community members. Community members were grateful and appreciated that the Ottawa Indigenous organizations collaborated during the first year of COVID-19. Federal funding for Urban Indigenous organizations did not happen until August 2020, so community organizations had to collaborate and help each other to help the community.

The last question in the survey was open ended – what did you learn about yourself and the Indigenous community in Ottawa? We close with the words of fellow community members:



"I was able to help my family, friends, and community where needed. Shared songs, dances, words. Facilitated virtual workshops to help others learn, grow, and be together."

"This has been a difficult time because I love seeing my family and COVID-19 has made it an arduous task. However, I have grown as a person and found new friendship through my involvement with the community. My relationship with my partner has also grown through these times."

"It has opened my eyes on a lot of aspects of my personal life but also work-related, and society as a whole including racial injustices and the inequality that persists in our country with homelessness, poverty, lack of healthcare access and poor services available for Indigenous peoples and minorities as well as rampant racism and discrimination."

"I've worked in the system my whole adult life and always, one way or another, with Native people, so, I am always, always, always impressed and moved by how our people make the best of these constantly emerging and profound situations with grace and good cheer, really..."

"I have always known how strong and resilient I am alongside the Indigenous community...We are very powerful, amazing people and I applaud everyone for their story."



RESEARCH TEAM



A group of incredible people came together in 2020 to realize the need for urban Indigenous community members to have their experiences documented and reflected in future decisions on supporting Indigenous people through a crisis and each and every day. Below is the list of the people that participated in the research committee at different times throughout the process. You will see both community members and partners that made up our committee and reflect the collaboration that the Ottawa Aboriginal Coalition does every day in our work. Special acknowledgement goes to the current OAC research staff, Kate Carroll and Kyra Hagerty – two Indigenous researchers that listen and honour Indigenous voice and story. And to Grandmother Irene who gave the survey a song as we launched it into the community.

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Look for more on our research and our section-by-section summaries at:

www.ottawaaboriginalcoalition.ca







OTTAWA ABORIGINAL COALITION
COVID-19 RESEARCH PROJECT

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