



Ottawa Urban Indigenous Health Strategy

February 2017

We talked to

- **Community**
 - December 2015 Community Gathering
 - Elders (April 2016)
 - Youth (Summer 2016)
- **Ottawa Public Health**
- **Hospitals**
 - Ottawa Hospital
 - Royal Ottawa Mental Health Hospital
 - CHEO



We talked to

- **Indigenous Health Organizations**
 - Wabano
 - Akausivik
- Métis Nation of ON



Indigenous Approach we want to see

- A focus on prevention and promotion instead of waiting until we are sick before the health care system is able to focus on us.
- Recognize that community members are dealing with multiple issues at the same time. A wholistic model is the most useful as it simultaneously considers the four directions of health: mental, emotional, physical and spiritual.
- We, are the lead in how we address our health concern. Service providers do not make decisions for others.

Indigenous Approach we want to see

- There are multiple people supporting us as community members and the Indigenous and non-Indigenous services need to work together to support us.
- There are already collaborative relationships between health institutions and community services yet not always and community members get caught in the lack of collaboration and communication.
- Community members maintain our health when we have a strong sense of healthy identity and a sense of belonging to the community.
- Historical colonization policies and institutional cultures have built in practices that reinforce shame relationships. If a person experiences shame they are not motivated to access any services.

Identifying First Nation, Inuit and Métis clients

- Not a consistent approach and not always asked.
- When we are asked, it is sometimes because of funding requirements. (NIHB funding)
- How we are asked does not always feel respectful or safe.
- Many health institutions that do ask don't always know what to do with the results beyond tabulations.

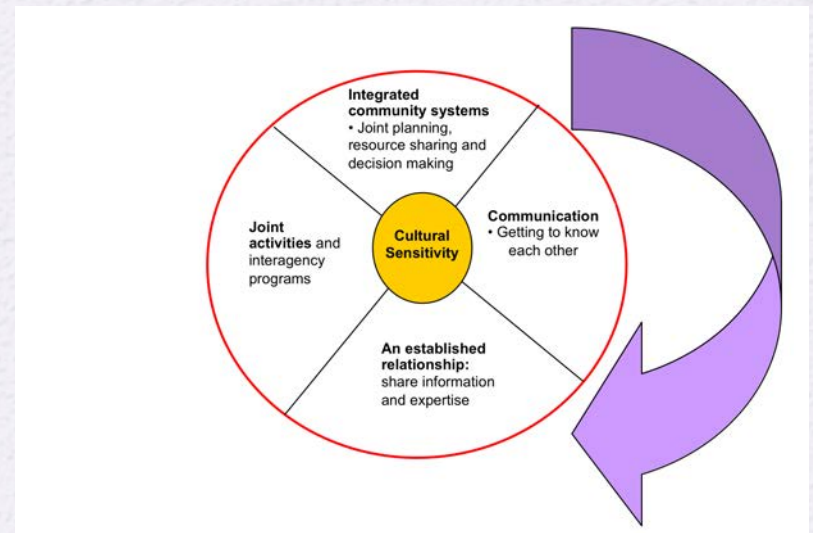
Identification

“Asking demographic questions is uncomfortable for health care agencies, because there is institutionalized racism. If we don’t ask, we can’t track the over-representation or identify who is missing. If we don’t measure what we are doing, we are making decisions based on anecdotes not evidence.”

(OPH focus group)

We are building on some successes

- Creating community
- Never say No
- On line training
- Language training
- Culturally appropriate tools
- System navigators



We are building on some successes

- Develop deep partnerships
- Frontline trust – building
- Going into community and Indigenous services
- Go the “extra mile”



The Barriers community members are facing

- **Lack of Cultural Safety**
- **Systemic Discrimination**
- Provider centered structure of health system
- Lack of collaboration
- Lack of transportation
- Rigidity of health care system

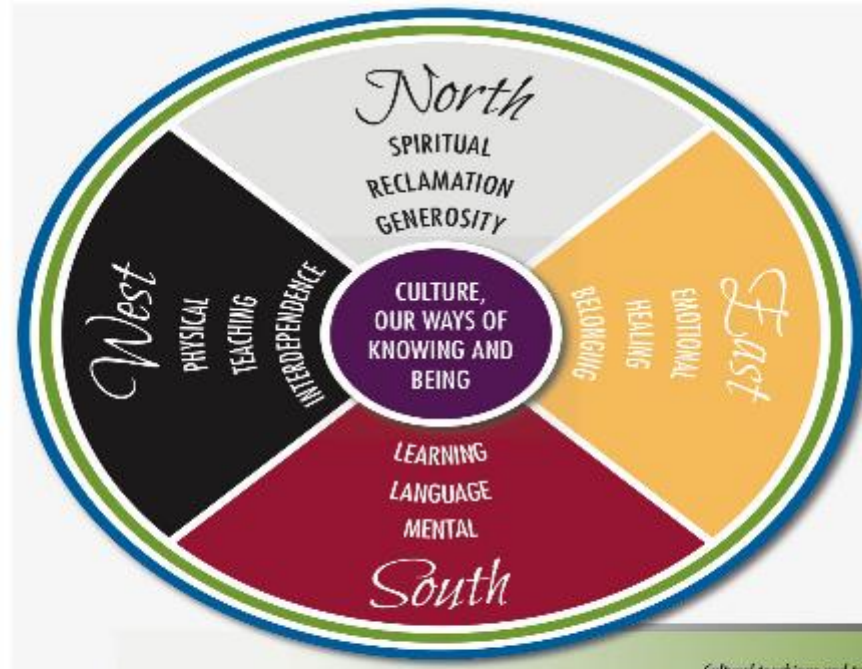
The Barriers community members are facing

- Services are not trauma informed
- Services are not responsive to the complexity of needs.
- Difficult to access services when using substances
- Lack of certain services or awareness of services.

Models – Aboriginal Health Access Centres

AHAC MODEL OF *Wholistic Health and Wellbeing*

A TIME FOR RECONCILIATION



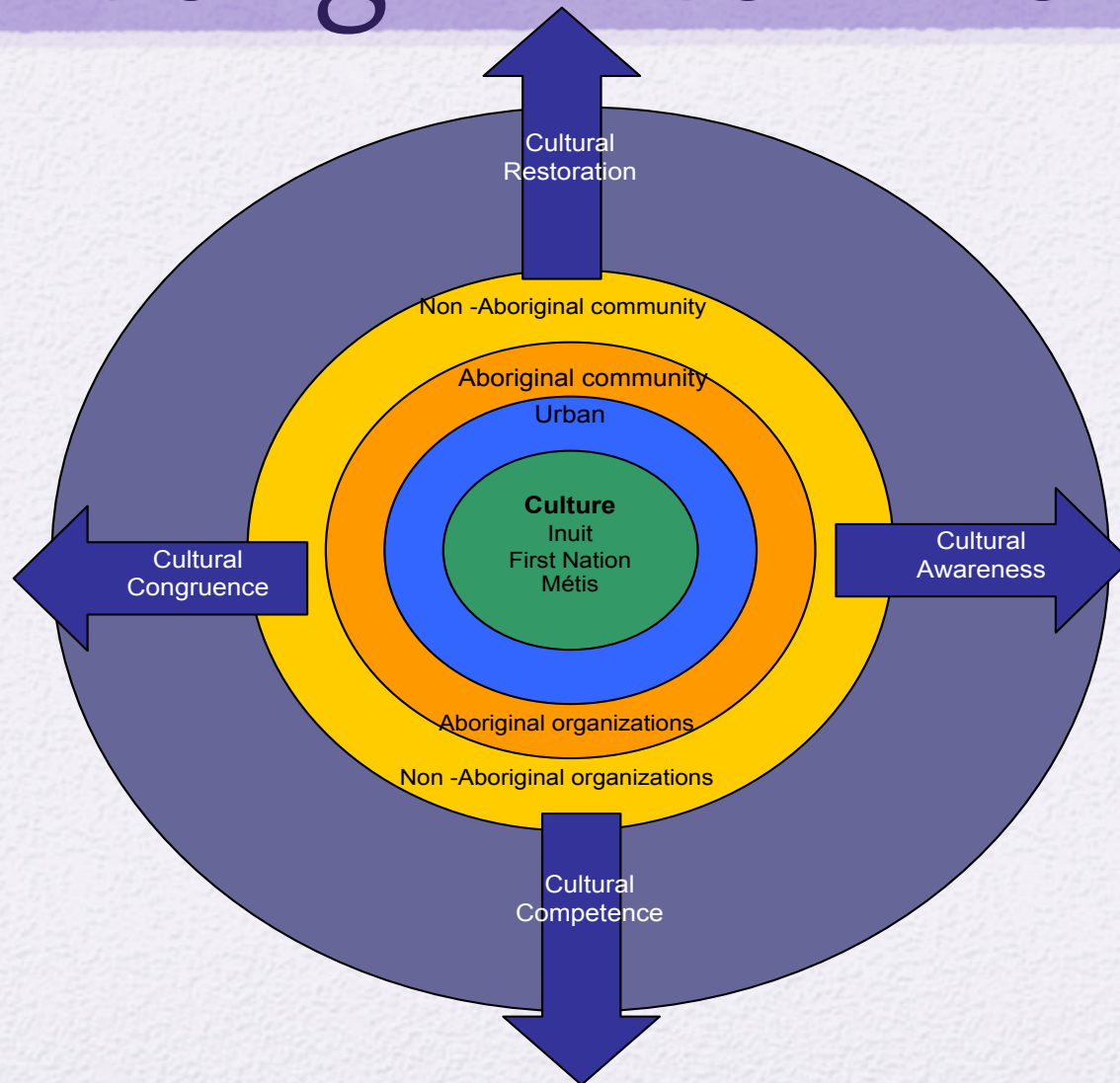
Cultural teachings and traditional practices vary between nations and regions. All are recognized and respected. The value systems represented by this Model of Wholistic Health and Wellbeing are the common ones that frame the work of the AHACs toward healthy communities.



Ontario's Aboriginal
Health Access Centres
Centres autochtones d'accès
aux soins de santé de l'Ontario

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Models – Ottawa Aboriginal Coalition



Key Priorities

- **Cultural Competency** of all service providers in the health care systems. People receive the right services in the right way.
- **Mental health and addictions**



Other priorities

1. Housing
2. Healthy community development
3. Infectious diseases
4. Improved health outcomes
5. Communications and health promotion
6. Food insecurity

Collaboration

- Next step is to bring everyone together, confirm the priorities and make a plan to action.



Collaboration in the Spirit of Reconciliation



“We have described for you a mountain. We have shown you the path to the top. We call upon you to do the climbing.” Justice Murray Sinclair, the TRC chairman