Appendix E

Concept Mapping Statements

First Nations

- Impact of domestic violence on individuals, families, and communities
- Inadequate services for domestic violence
- Intergenerational abuse
- Lateral violence - ie. violence between peers in First Nations community and/or organizations
- Elder Neglect and Abuse
- Addiction to prescription drugs
- Drug addiction (non prescription)
- Alcohol addiction
- Smoking
- Need to move away from a victim mentality towards self-efficacy
- Disproportionate number of children under the care of and/or apprehended by child protection agencies and the impact of this on family and community
- Impacts of dislocation from traditional lands and unresolved land claims, including overcrowding, inadequate housing and spiritual impacts
- Community impacts of community workers and board members in need of personal growth
- The need for urban specific pandemic preparedness that builds on traditional First Nations worldviews
- "The need to return to traditional culture and lifestyles (i.e. traditional roles, ceremonies, parenting skills)"
- The failure of government to recognize First Nations and to accept fiduciary responsibilities/inherent rights
- Inadequate/ overcrowded housing
- The need to provide a supportive foundation in addition to housing for the hard to house
- The impact of homelessness and/or transience on health (i.e. inability to care for self, inability to see the same health care provider)
- Impact of inadequate social assistance and minimum wage on access to services
- Inappropriate family assessment tools and culturally incompetent lawyers and judges leading to the high incidence of apprehension of First Nations children by child protection services
- "Intergenerational trauma, including the impact of residential schools"
- Need for holistic definitions and approaches to health
- Need for recognition of the cultural differences between First Nations
- Lack of understanding of First Nations culture by mainstream
- Discrimination against and stereotyping of First Nations people who are in need of health care
• Lack of direct response for First Nations health workers who are seeking assistance for their clients
• Access to traditional spirituality and culture
• Lack of recognition of First Nations community knowledge and experience (i.e. Too much emphasis instead on non-Aboriginal academic systems)
• Need for training and education at hospitals regarding First Nations communication and culture.
• Community level suicide prevention and intervention with clients, health workers, and caregivers
• Pre-prenatal, prenatal and postnatal health promotion
• Mental health stigma as a barrier to accessing mental health care
• High incidence of HIV and AIDS
• Enhanced funding and training for holistic and spiritual healing
• Enhanced funding for health promotion workers to upgrade their skills
• Negative impacts on clients of short term program funding (i.e. needed programs disappear, poor continuity of service providers, resultant discouraging of program attendance)
• Need to increase funding for health professionals and equipment in Aboriginal Health Centre
• Lack of funding for traditional art, drawing and language
• Need for government to understand First Nations culture in order to appropriately allocate funds and programs
• Houses in need of repair/Inadequate home maintenance
• Inadequate housing for First Nations seniors
• Mobility of First Nations and the challenges this creates for tracking
• Development of identity and self-awareness
• Need for recognition by persons living on-reserve that persons living off-reserve are still part of the community
• Disconnection from family and community and its impacts on mental and physical health
• Dealing with social isolation in urban areas
• Disproportionate rates of incarceration
• Need for improved legal services
• Need for improved access to health and social services for inmates and past inmates
• Inadequate resources for and inclusion of two-spirited/lesbian/gay/bisexual/transgendered/transexual/queer/questioning community
• Too much or too many prescription medication(s)
• Need for increased awareness of alternate ways of receiving care (i.e. naturopath, traditional healing)
• Arthritis
• Cancer
• Diabetes
• Heart Disease and Stroke
- Waiting times for medical tests and operations
- Environmental allergies
- Fetal Alcohol Spectrum Disorder/Fetal Alcohol Syndrome/Fetal Alcohol Effects
- Hepatitis C
- High Blood Pressure
- Culturally inadequate assessment processes for children and youth resulting in missed/wrong diagnosis
- Inadequate coverage of medication and health services by non-insured health benefits/Indian Affairs
- Suffering from multiple chronic diseases at the same time
- Obesity
- Concurrent disorders (i.e. suffering from both a mental health and addiction issue)
- Mental illness (including depression and schizophrenia)
- Disruption and loss of positive First Nations identity
- Low self-esteem
- Access to information regarding nutrition and food additives
- Increasing number of female sex trade workers as a result of increasing poverty
- Work overload for community service workers
- Shortage of HIV/AIDS workers
- Need for increased services and employment opportunities for people with illness and/or disabilities
- Poverty facing female single parents and their families
- Lack of programs and supports for single men (i.e. housing, talking circles)
- The need to enhance evaluation of services and programs
- Shortage of doctors and nurses
- Waiting time for ambulance and emergency department services
- Need to improve the ability of individuals to engage in stable relationships
- Lack of transportation to and from health services and programs
- Infant Health (01
- Child health (2-5)
- Child health (6-12)
- Youth health (13-18)
- access to mental health services, including psychiatrists and mental health assessments
- The need for enhanced services and supports for youth
- Need to understand our children as gifts from the creator that we need to take care of
- The need to care for land/environment in order to have human health
- The importance of kinship systems/extended family to health
- Health funding systems that marginalize Aboriginal health needs (i.e. Local health integration networks)
- The need for enhanced ability of First Nations individuals to self-advocate
- Cycle of poverty (i.e. poverty leads to stress leads to mental health issues leads to inability to work leads to poverty)
• Lack of trust by First Nations individuals in their health care providers
• Spiritual awareness/spiritual health
• Focus on survival rather than preventative health
• Stress
• Food security
• Healthy and safe water
• Education as a determinant of health

Inuit

• Sexual abuse
• Emotional and mental abuse
• Physical abuse
• The impacts of historic trauma such as residential school and relocation on the children, grand-children, and great-grandchildren of survivors
• Suicide
• The needs of victims of violence who relocated to Ottawa from the North for their own protections
• Access to and promotion of complementary health therapies and medicines (i.e., acupuncture, herbal medicine, traditional Inuit midwifery and medicine, country foods)
• Health issues associated with alcohol and drug addictions
• Addictions as a barrier to access, diagnosis, and treatment of health issues
• The needs and impacts on the community of offenders who are relocated to Ottawa from the North
• The needs and impacts on the community of persons with mental health problems who relocate to Ottawa from the North
• Barriers and delays in local access to Non-Insured Health Benefits Program coverage for medication and equipment
• The needs and impacts of the family members who come to Ottawa from the North to support their ill relatives
• The need for improved co-ordination and sharing of health information by researchers working in the community
• Promotion of dental care and dental hygiene
• Promotion of and supports for participation in preventative primary health care (i.e., phone reminders for annual health check-ups)
• The need for better assistance and training in the use of medical devices and equipment
• Cross-cultural misunderstanding of Inuit by health, legal, and social workers
• Prejudicial and/or racist health, legal, and social services and systems.
• Health care workers with poor cross-cultural communication skills
• The shortage of housing
• Poor housing conditions (i.e., Homes in need of repair, poor indoor air quality, etc)
• The need for safe homeless shelters for Inuit
• Allergies
• Access to family doctors
• Shortage of mental health workers (ie. psychiatrists, psychologists)
• Housing for Inuit with mental illness
• Mental illness (ie. schizophrenia, bipolar disorder, depression)
• Poverty
• Lack of Inuit specific primary care services and programs
• Access to medical services when there is not a valid Ontario Health Insurance Plan (OHIP) card
• The need for community worker(s) who can assist in accessing Ontario Health Insurance Plan coverage (i.e. OHIP cards) and Non-Insured Health Benefits coverage for medication and equipment
• Access to Inuktitut-English interpreters at health and health related appointments
• Access to and cultural relevance of services at Wabano
• Access to and need for Inuit parenting classes
• The need for better collaboration and co-ordination between Inuit health organizations (ie. Pauktuutit, Inuit Tapiriit Kanatami, National Aboriginal Health Organization, Tungasuvvingat Inuit)
• Overworked Tungasuvvingat Inuit health staff
• The distance between various health and social services, which makes it difficult and time consuming to attend health and health related appointments
• The need for Inuit-specific street outreach workers
• The need for Inuit-specific health outreach workers
• Access to transportation to and from health and health related appointments (including physically accessible transportation and the provision of bus tickets)
• Lateral violence (violence directed laterally from one Inuit community member to another as a result of rage, anger and frustration from being constantly put down)
• Parenting and child-rearing (including nutrition and promotion of a balanced healthy lifestyle for infants, children, and youth)

Métis

• Addiction to prescription drugs
• Addiction to non-prescription drugs (i.e. crack, heroin, cocaine, pot)
• Addiction to alcohol
• Barriers in accessing Métis traditional knowledge and cultural practices
• Current day impacts of historic denial and disruption of Métis culture and kinship
• Challenges associated with navigating and reconciling a multicultural (i.e. European and First Nations) heritage
• Challenges associated with local Métis community outreach and networking (i.e. How to find other Métis in Ottawa, getting the correct addresses when people move etc.)
• Gaps in services and resources for the working poor and middle class
• Challenges experienced by lone parent families (i.e. social, financial etc.)
• Stress related to budgeting problems and debt
- The snowballing impact of poverty on health and social issues (i.e. poverty impacting mental health which impacts parenting ability which can lead to legal problems for children etc)
- The need for accessible, culturally appropriate Métis specific daycare/early childhood education programs
- Social acceptance of the ongoing of misuse of alcohol at Métis functions and gatherings.
- Racism and discrimination from both mainstream and First Nations (i.e. being turned away from both mainstream and First Nations services; Métis not being recognized as Aboriginal etc.)
- The need for increased motivation to participate in health activities.
- Barriers in accessing Métis elders and traditional teachers
- Métis exclusion from cultural events (i.e. not having Métis specific tables at these events)
- The need for hunting, fishing, and harvesting policies that have extended boundaries for Métis living outside of their home region
- Family and community assumptions and stereotypes regarding career options for Métis
- The need for more Métis health professionals and health workers
- The need to improve health literacy
- Not enough formal education
- Unemployment
- Exclusion from or misclassification of Métis by federal and provincial/territorial policies
- Isolation
- Barriers to the access and use of complementary health treatments (i.e. traditional medicines, naturopathy)
- Mental health
- Stigma as a barrier to accessing mental health services
- The need for mental health professionals and workers with Métis specific culturally appropriate assessment skills
- The need for mainstream health and social service workers to improve their ability to meet Métis specific needs.
- Internalized racism (i.e. Feeling "lesser than" because you are Métis)
- Seniors who are overmedicated (i.e. because of poor communication skills of prescribing physician/pharmacist)
- Isolation of seniors/elders
- Poverty of seniors/elders
- Exclusion of Métis from funding streams/programs (i.e. Native Drug and Alcohol Program, Non-Insured Health Benefits Program etc.)
- Inadequate government health and social program funding.
- Inadequate housing
- Stigma related to identifying as Métis
- Métis identity and self-awareness
• The need to recognize and respect the diversity of Métis experiences, ancestries, traditional territories, and cultural expression
• Challenges in tracking Métis ancestry as a barrier to accessing Métis citizenship
• Inadequate services for the Métis Two-Spirited/LGBTQQI community
• Inadequate funding for people suffering from HIV/AIDS
• Lack of Métis specific health and dental insurance/benefits (ie. exclusion of Métis from the Non-Insured Health Benefits Program, inadequate maternity leave benefits at Métis organizations)
• Inadequate pre and post natal care
• Financial barriers to accessing health services and prescriptions (ie. psychologist, dentist, medications)
• Insensitivity of health and social service professionals to financial barriers and challenges
• Obesity
• Diabetes
• Shortage of family doctors
• Need for Métis specific health information
• Need for improved understanding by health professionals of Métis specific health issues and risks
• Inadequate mental health programs and services
• Issues of self-esteem
• Access to traditional food
• Access to good nutrition
• Allergies, including food allergies
• Poverty
• Adult children relying on parents (i.e. coming home to eat and do laundry)
• Inadequate health staff at MNO
• The need for Métis specific treatment centres
• Elder Abuse
• Daytime scheduling as a barrier to health and social programming access for people with jobs
• Waiting lists for health care services (ie. knee replacement)
• Inadequate and inaccessible community and residential care for seniors
• The need for more Métis HIV/AIDS workers
• Poverty as a barrier to physical fitness
• Delays in accessing health and social services until problems are serious
• The need for infant health programs
• Stigma as a barrier to accessing subsidized fitness programs
• Lack of trust as a barrier to accessing mainstream services
• The need for social and cultural networking among Métis in Ottawa
• Dispersion of Métis across Ottawa area
• Access to transportation to and from health and health related appointments
• Lateral violence (violence directed laterally from one Inuit community member to another as a result of rage, anger and frustration from being constantly put down)
• Stigma as a barrier to accessing assistance for victims of family violence
• Family Violence
• The need for improved Métis specific youth programming and outreach
• Youth Health issues (i.e. bullying, hormonal changes, mental health issues, ADHD, etc)
• Disruption in the transmission of Métis cultural knowledge from parents to youth
• Teenage pregnancy