# ABORIGINAL HEALTH NEEDS ASSESSMENT

WITHIN THE

*WATERLOO WELLINGTON LOCAL HEALTH INTEGRATION NETWORK SERVICE AREA*

# FINAL REPORT

08 APRIL 2011

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## Acknowledgements: Chi Miigwetch and Marsé!

We would like to thank the many people who took the time to answer surveys and attend focus groups. Without your perspectives, this assessment would have no voice so we thank you for giving us voice.

We would also like to thank our partners who showed dedication and commitment in helping to facilitate meetings, connecting us with Aboriginal residents, providing guidance, and for the overwhelming passion that you have for improving Aboriginal health.

The Joint WW LHIN/Aboriginal Community Council Group included:

- Jean Becker, Community Elder
- Carol Musgrove, Weejeendimin Native Resource Centre
- Donna Dubie, The Healing of Seven Generations
- Laurie Turcotte & Marie Richie – Kitchener Waterloo Urban Native Wigwam Project
- Lois MacDonald, Anishnabeg Outreach Guelph
- Christine Restoule, Anishnabeg Outreach Kitchener
- Lee Ann Hundt, Anishnabeg Outreach Kitchener
- Marnie Antoniow, Community Member

Thank you also to our young artists who provided their perspectives on health and wellness through drawings. You were an excellent bunch and have provided the color and spirit of this report.

Survey respondents also expressed their thanks to the Waterloo Wellington Local Health Integration Network for recognizing Aboriginal health and undertaking this important work:

*Thank you for the time, energy and consideration you are giving to the needs for health and wellness within the Aboriginal Community.*

*Thanks for trying to help and good luck.*

*Thank you for doing this.*

*Thank you*

# Executive Summary

## Introduction

This report is a comprehensive study of the health care needs of Aboriginal residents in the Waterloo Wellington LHIN (WW LHIN area). This study was commissioned by the LHIN in order to better understand the demographics, health status, service use patterns and community health perspectives of Aboriginal residents in the LHIN's service area. Multiple lines of enquiry informed this report. These included Statistics Canada profiles of the First Nations, Métis and Inuit ancestry residents of the WW LHIN areas (Aboriginal Peoples Survey and Census, 2006); two resident focus groups conducted in February 2011 and an online resident questionnaire.

## Demographic profile

Statistics Canada data provided a representative statistical description of the LHIN service area in terms of demographics, income, education, housing, as well as health. It also provided comparative data for the Aboriginal and non-Aboriginal population in the area. While offering a comprehensive statistical profile, the Statistics Canada data could not provide the context. This was provided by fifty-two First Nation and Métis people who participated in focus groups, and surveys.

The demographic characteristics of the Aboriginal population in the WW LHIN services area were based on the 2006 Aboriginal Peoples Survey (APS) and Canadian Census. Aboriginal residents made up 1.5% of the WW LHIN's total population. Conservative extimates suggest that the population had grown by 34% since 2002. The population was young with a mean age of 29 years compared to 36.9 years for the total WW LHIN population. The majority of Aboriginal residents had migrated to the area for work and family reasons.

Some key determinants of health were also drawn from the statistical surveys. Although Aboriginal residents in WW LHIN had higher educational attainment and personal and household income as compared to the Ontario and Canadian Aboriginal populations, both education and income levels lagged behind the total LHIN population. Unemployment levels were also relatively high (9.6% vs. 5.2%) compared to the total LHIN population, although the Aboriginal population was over represented in the labour force (77.7% vs. 71.5%). This difference in labour force participation may be attributed to the Aboriginal population's relatively lower average age and fewer numbers of people over the age of 65.

## Major findings: Key health concerns for Aboriginal population

In spite of the lower average age of the Aboriginal population, the incidence of chronic health conditions was higher among Aboriginal residents for all long-term health conditions for which comparative data wass available (arthritis/rheumatism

(23% vs. 15.7%), asthma, high blood pressure (15% vs. 14.7%), diabetes and chronic bronchitis). The most commonly reported long-term health conditions were arthritis/rheumatism, asthma, high blood pressure, stomach problems/ulcers, and chronic bronchitis. Estimated rates of asthma (17%vs. 7.9%), diabetes (7.5% vs. 3.9%) and chronic bronchitis (7% vs. 2%) are about twice as high for Aboriginal residents as compared to the total population in the service area.

Access to traditional Aboriginal care arose as a primary area of concern for Aboriginal residents. The 2006 APS data indicated that Aboriginal residents in the WW LHIN had less access to First Nation, Métis or Inuit traditional medicines as compared to Ontario and Canadian Aboriginal populations. Focus group and resident survey findings provided converging evidence that Aboriginal residents are interested in a balanced care system blending Western medical models, holistic traditional care and alternative health care models.

Additional concerns for the community, as determined by focus groups and the resident survey included rising chronic health rates, social determinants of health including education, poverty, and employment, diet/weight, and mental health. Problems with access and quality of care were a lack of trust of the medical system, feelings a lack of empowerment and the lack of emphasis on holistic care.

**Major findings: Community recommendations for improving Aboriginal health**

The following strategies were described by focus group participants in response to improving access and quality of care in the WW LHIN region.

1. Opening a local Aboriginal health care centre to increase local access to traditional Aboriginal health care models. Alternatively, services can be offered in an existing centre and engaging traditional healers to provide services within the community.
2. Advocating for support services to the Aboriginal community to assist them understand their health care rights, find appropriate health professionals and needed services, and lobby for greater inclusivity of Aboriginal perspectives in mainstream medical practice.
3. One suggestion from the focus groups called for mandatory cultural sensitivity training for all health providers. While some suggested that training should be Aboriginal-specific others indicated that this would be unrealistic and suggested that a more appropriate solution would be general (not Aboriginal-specific) cultural sensitivity training.
4. Empowerment training or services to help Aboriginal community was suggested as a strategy for improving access and quality of care issues

5. Some respondents asked for opportunities for the Aboriginal community to come together in sharing circles to discuss health concerns and provide support and information to other members in accessing care.
6. Health education and information distribution to the Aboriginal community on health issues that are of particular concern for Aboriginal people was suggested. Drafting a list of local health care providers who employ a holistic care approach was given as an example.

## Conclusion

The Aboriginal Needs Assessment is a step in a process of engagement to dig a little deeper into the health needs of the communities. Needs were discovered and potential solutions proposed by residents. It is now appropriate for the LHIN to work with the various stakeholders who understand the needs and their contexts and whose understanding of the impact of the potential solutions would be invaluable.

The primary challenge of implementing the recommendations is that there are few local Aboriginal organizations and none of those that do exist have a focus on health. However, based on the participation in the focus groups, there is a strong but vocal contingency of community members who are interested in working to address Aboriginal health care needs in this service area.

## Table of Contents

# 1. Introduction

In the 2009/10 fiscal year, the Waterloo Wellington Local Health Integration Network (WW LHIN) identified a need to determine the health needs of Aboriginal people in their health service area. Johnston Research Inc. was contracted to carry out this work. The purpose of this research project was twofold: a) to provide a demographic profile, health needs priority, and health status of Aboriginal people living within the WW LHIN service area, and b) to determine the community needs and strategic directions for addressing the health needs.

Health status and needs were explored through a staged process employing multiple methods. The findings from each stage informed subsequent steps in the research process. Secondary analysis of custom tabulations for the LHIN service area included the Aboriginal Peoples Survey (2006) (APS) and the Census (2006). Following a review of the valid data from Statistics Canada two focus groups with Métis, First Nations residents were conducted. The findings of the secondary analysis and the focus groups helped to shape the Aboriginal Resident Survey.

In addition to information about the health status and health care experiences of First Nations and Métis residents in the service area, the needs and wants of these residents focused on difficulties accessing appropriate services and the quality and appropriateness of the services that they successfully accessed. Looked at through a cultural filter, many constraints shared by all urban users of the system can become cultural barriers.

Accordingly, this report is structured to provide information about:

- the demographic and social determinants of health of this urban Aboriginal population including some comparisons to other regions and/or the non-Aboriginal populations in the same regions,
- health status indicators,
- health care usage patterns,
- community health concerns, and
- community suggestions for addressing health needs

# 2. Methodology

The approach used to determine the health needs of the Aboriginal population in the WW LHIN included the integration of data from three sources: Statistics Canada data, focus groups and an online resident survey. These lines of inquiry are woven together in the pages that follow to provide an understanding of health status and needs of Aboriginal people living in the service area.

The census and Aboriginal Peoples Survey (APS) were the most rigorous data sources because of their representative nature, the focus groups, and on line Resident Survey, provide the context or lens to view the statistics and to begin to understand the pathway forward from the perspective of the people within the community.

### 2.1.1 Statistics Canada Custom Tabulation: The Aboriginal Peoples Survey –2006 and Canadian Census 2006

The **Aboriginal Peoples Survey** (APS) is a comprehensive cross sectional survey of Aboriginal people, six years and older, living off reserve in Canada. The APS is currently the most representative source of data for Aboriginal people living off reserve in Canada. It is implemented every five years following the Census. Topics include: Aboriginal identity and ancestry, education, language, labour force activity, income, health, communication technology, mobility, housing and family background.

A custom data request was submitted to Statistics Canada. Variables of interest were cross-tabulated by geography (LHIN Service Area, Canada and Ontario), age, and gender. Seventeen communities were included in the APS and Census data tabulation. These include: Cambridge, Centre Wellington Township, Erin, Guelph, Guelph/Eramosa, Kitchener, Mapleton, Minto, North Dumfries, Puslinch, Southgate, Waterloo, Wellesley, Wellington North, West Grey municipality, Wilmot Township, and Woolwich township.

**The Canadian Census – 2006**
A second custom tabulation was requested to provide comparison data between the Aboriginal and non-Aboriginal 15 years and older populations in the LHIN service areas on housing, education, and income variables living in the same communities identified above.

**Comparative Data Sources**
In addition, to the custom tabulations, data was also gathered from Statistics Canada community profile data available on line. Limited demographic and socio economic data is available from this data source for the WW LHIN service area for the Aboriginal and total population. The links for this data are provided below:

Aboriginal Population: http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92594/details/page.cfm?Lang=E&Geo1=HR&Code1=3503&Geo2=PR&Code2=35&Data=Count&SearchText=waterlooWellington&SearchType=Begins&SearchPR=01&B1=All&Custom=

Total Population: http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92591/details/page.cfm?Lang=E&Geo1=HR&Code1=3503&Geo2=PR&Code2=35&Data=Count&SearchText=waterloo%20wellington&SearchType=Begins&SearchPR=01&B1=All&Custom=

**Interpreting Statistics Canada Census and APS data.**
All data presented in the tables and figures in this report should be interpreted and understood according to the following guidelines:

- Population totals vary depending on whether Census or APS data is used. The APS data is more comprehensive as it targets Aboriginal people directly; however it was sometimes necessary to include Census level data where comparisons with the total population were useful. Also age cut offs vary depending on the survey question. Age cut offs are defined in each table title.
- Blue figures should be used with caution, as advised by Statistics Canada. Their concern was that the numbers of people on which the estimate was based was small, subject to errors, and might be unstable.
- Red figures were estimated because the cell was blank.
  - If it was a 'yes/no' question there is no notation about the source of the estimate. Generally, one cell in the original table was filled in with a large majority and so the empty cell was calculated as the difference from 100% or the appropriate total. Sometimes, missing data reduced the total to 99% or 98%.
  - If it was a multiple-answer question, the estimate was obtained by subtraction only when one answer cell was blank. If more than one answer option was blank, estimates were approximated by considering the range of answers for Aboriginal populations in adjacent/similar urban areas. Occasionally, it was necessary to make estimates from Aboriginal population statistics from larger geographical areas such as Ontario or Canada.
  - u/a = unavailable.

### 2.1.2 Focus Groups

Two focus groups were held in collaboration with the Aboriginal partner organizations, one in Guelph and one in Kitchener in February 2011. These group discussions provided context for the statistical data. They also served to encourage a community driven process for determining solutions and envisioning an ideal health care scenario for Aboriginal residents. Thirty- five people participated (26 female).

Focus group participants discussed the following questions:

1. *What works well when you are looking for health care? What works well when you are getting the services?*
2. *What hasn't worked well when you are trying to find or get help? What doesn't when you're getting help with your health needs?*
3. *What factors do you think are important in accessing and providing high quality wholistic care?*

### 2.1.3 On line Resident Survey

The resident survey was intended to contextualize the APS and Census data. The survey was developed in collaboration with the local Aboriginal community. The survey tool is provided in Appendix B.

Budgetary constraints prohibited representative sampling for the Aboriginal population in the WW LHIN service area. And as a result, generalizations cannot be made from this respondent group to the greater population. The focus of analysis for this data set was on consensus opinions or those that were held by more than half of respondents. **Data for which 5 or fewer respondents provided an answer are not included in this analysis in order to protect individual privacy.**

**Demographics of the on line survey**

- 23 people participated in the on line survey.
- 9 Métis , 10 First Nations Status.
- Over 2/3 (n=16) had graduated from high school.

*Gender and Age*

- 16 of the respondents were female and 4 male.
- , 12 were in the 25-54 age range, and 8 were 55 and over.

*Area of Residence*

- 14 lived in the Region of Waterloo, 6 in Guelph

### 2.1.4 Limitations of the Data

- The data can only be generalized to Métis and First Nation ancestry groups due to insufficient numbers of Inuit in the APS and the Census and no Inuit participation in the focus groups or resident survey.
- The APS and the Census under represent the Aboriginal population in the service area.
- The APS and Census are based on data that was collected in 2006; population demographics would be expected to be different in 2011.
- Due to a small number of respondents, the on-line survey cannot be generalized.

# 3. Key Findings

## 3.1 Demographics

According to the APS 2006 the Aboriginal population in the WW LHIN service area…

- constituted 9,990 people making up 1.5% of the total resident population,
- estimated population growth between 2002 and 2006 is 34.4%( Census 2006)/ 98% (APS 2006).
- 70% identified as North American Indian
- 55% of residents were female.
- The Aboriginal population was younger. The median age of Aboriginal residents of WW LHIN was 29.0 compared to 36.9 years for the WW LHIN population generally.
- 15% have lived in the town or community for their whole life, but most have moved to the area typically for work and or family reasons.

## 3.2 Social Determinants of Health

According to the APS 2006 when the Aboriginal population is compared to the total LHIN population the following is true: t

- Fewer Aboriginal residents had a University certificate or degree (9% vs. 19%).
- Aboriginal residents had higher labour force participation rates (77.7% vs. 71.5%) but almost double the unemployment rate (9.6% vs. 5.2%). Likely as a result of the higher proportion of younger people and less retirees within the population group.
- Aboriginal individuals ($23,221 vs. $29,647) and households ($ 58,869 vs. $64,915) had lower median income levels.

## 3.3 Health Status

According to the APS 2006/Census2006:

- The majority (62%) of Aboriginal people sampled reported that their health was excellent or very good.
- 1/6 people (14.7%)[1] of respondents were obese using the Body Mass Index compared to almost ¼ (23%) of Canadians in general.
- Arthritis/rheumatism (23%), asthma (17%), high blood pressure (15%), stomach problems/ulcers (10%), and chronic bronchitis (7%) were the most commonly reported long term health conditions.

[1] Interpret with caution. See page 5 for interpretation parameters.

- Estimated rates of asthma (17%vs. 7.9%), diabetes (7.5% vs. 3.9%) and chronic bronchitis (7% vs. 2%) are about twice as high for Aboriginal residents as compared to the total population in the service area.

## 3.4 Service Usage

According to the APS 2006:

- 8/10 Aboriginal residents had consulted a physician in the past year
- Half (51%)of Aboriginal residents had indicated that they had had a flu shot in the past and 37% in the past year compared to 31.8% of total LHIN residents reporting a flu shot in the past year.
- 14% of Aboriginal residents were estimated to have spent a night in the hospital.
- 1/8 (82%) Aboriginal resident indicated that they had received needed care.

According to the on-line survey (n=23)

- Family, physicians and the internet[2] were important sources of health information.
- Over half had used Telehealth and 9 had never heard of it or never used it. Half of those who had used it though it was helpful and the remaining indicated that it was not helpful.

## 3.5 Traditional Aboriginal Care

- Fewer Aboriginal residents in the LHIN (23%) service area reported that First Nation, Métis , or Inuit traditional medicines were available in the city, town or community where they live compared to Aboriginal population in Ontario(32%) and Canada (32%)(APS, 2006).
- Focus group and resident survey findings provided converging evidence that Aboriginal residents are interested in balanced care approaches that blend Western medical models, with holistic traditional care and alternative health care models.

## 3.6 Community Health Concerns

- Alcohol abuse (33%), unemployment (33%) and drug abuse (32%) were the most commonly reported problems facing Aboriginal people in the LHIN (APS, 2006).
- Top concerns identified in the on line survey were: Chronic health conditions (n=13) (e.g. diabetes, heart disease, arthritis/rheumatism), alcohol and/or drug use (n=13), access to Aboriginal specific health care (n=12), social factors (n=12) (poverty, employment, and education), and diet/weight (n=6).

Through the focus groups a slightly different picture emerged. Health concerns centred on access and quality of care issues including:

- Lack of trust of the medical system in general, as a result of health professionals who are not knowledgeable about Aboriginal people or cross cultural approaches, lack of empowerment of Aboriginal people in the medical system,
- Lack of local access to traditional Aboriginal health care and Aboriginal specific services,
- Mental health services including services specifically for youth, and
- Lack of emphasis on prevention and holistic care
- Lack of coverage under the NIHB program (e.g- alternative medicine, generic vs. name brand drugs)
- Direct cost of care specifically for alternative therapies (naturopath, vitamins, massage acupuncture)

## 3.7 Community Suggestions for Improving Aboriginal Health

The following strategies were described by focus group participants in response to improving access and quality of care in the WW LHIN region.

1. Supporting access to traditional Aboriginal health care models thorough Aboriginal health care centre or offering services in an existing centre, facilitating discussions around engaging traditional healers to provide services within the community.
2. Providing advocacy and support services to the Aboriginal community to assist Aboriginal residents to understand their rights to health care, find appropriate health professionals and needed services, and lobby for greater inclusivity of Aboriginal perspectives in mainstream medical practice.

   One suggestion included mandatory cultural sensitivity training for all health providers-while some suggested that training should be Aboriginal specific other indicated that this would be unrealistic and more appropriate solution would be cultural sensitivity training not specific to one culture but in general.
3. Facilitating opportunities for the Aboriginal community to come together in sharing circles to discuss health concerns and provide support and information to other members in accessing care.
4. Facilitating empowerment training or services to help Aboriginal community members
5. Providing information to the Aboriginal community on health issues that are of particular concern for Aboriginal people, local health care providers who employ a holistic care approach.

# 4. The Aboriginal Peoples Survey 2006 and the Canadian Census 2006

## 4.1 Demographics

Articulating the demographics of a population can provide great insight into understanding and anticipating the health needs of a community or population. In Canada, the Aboriginal population is estimated by the 2001 Census data to represent 4.4% of the total population. The Canadian Aboriginal population tends to be younger due to a later baby boom, peaking in 1967 compared to 1957. That being said, the population is also aging due to increasing life expectancy albeit at a slower pace than the general population. The Canadian Aboriginal population is also growing at a faster rate as compared to the general population due to higher fertility rates, improved infant mortality and an increasing propensity for people to self-identify as Aboriginal (Statistics Canada, 2001).[3]

**Size**

The Waterloo Wellington LHIN boundaries include all of the County of Wellington, the Region of Waterloo, and the City of Guelph. This LHIN also contains part of Grey County, which is split with the South West and the North Simcoe Muskoka LHINs. The total population for the service area, as determined by the 2006 Census, was 686,324 people[4]. Of these, 9,990 identified as Aboriginal.[5] (Table 4.1) Aboriginal people make up 1.5% of the total population.

**Growth**

While small, both Census data and APS data suggest that the population has grown considerably although the sources differ in the degree of growth. Based on the 2001 Census, the Aboriginal Ancestry population for the Wellington-Dufferin-Guelph Health Unit and the Waterloo Health Unit combined was 5,045 (1,705 and 3,340, respectively)[6]. This compares to 9,990 people of Aboriginal ancestry in the WW LHIN service area in 2006[3]. Provided that the health regions are similar, the Aboriginal population is estimated to have grown by 4,945 people or 98%

[3] Statistics Canada. (2001). Census Data 2001: Aboriginal Peoples of Canada. Retrieved May 2010 from: http://www12.statcan.ca/english/census01/Products/Analytic/companion/abor/canada.cfm#1 .

[4] Statistics Canada (2006). Retrieved September 28, 2010 from http://www12.statcan.ca/census-recensement/2006/dppd/prof/92591/details/page.cfm?Lang=E&Geo1=HR&Code1=3503&Geo2=PR&Code2=35&Data=Count&SearchText=waterloo%20wellington&SearchType=Begins&SearchPR=01&B1=All&Custom=

[5] Aboriginal Peoples Survey 2006 (Table 1- File Ab identity_sex) Included in the Aboriginal identity population are those persons who reported identifying with at least one Aboriginal group, that is, North American Indian, Métis or Inuit, and/or those who reported being a Treaty Indian or a Registered Indian, as defined by the Indian Act of Canada, and/or those who reported they were members of an Indian band or First Nation.

[6] Statistics Canada. (2001). 2001 Aboriginal Community Profiles Retrieved on September 2010 from http://www12.statcan.ca/english/profil01/AP01/Details/Page.cfm?Lang=E&Geo1=HR&Code1=3565&Geo2=PR&Code2=35&Data=Count&SearchText=waterloo&SearchType=Begins&SearchPR=35&B1=All&Custom=.

between 2001 and 2006. Using 2006 Census population estimates of 6, 785 the growth rate was 34.4%. This compares to a growth rate of 8.4% for the total service area population.[7]

**Aboriginal Ancestry**

In the WW LHIN service area, most of the people who identify as Aboriginal are North American Indian, followed by Métis and a very small proportion of Inuit people.

**Table 4.1 Aboriginal Identity: Aboriginal Population of the WW LHIN Service Areas (0+) – APS 2006**

| | WW LHIN |
|---|---|
| Aboriginal population (N) | 9,990 |
| North American Indian (%) | 6,950 (70%) |
| Métis ancestry (%) | 2,860 (28.6%) |
| Inuit (N)* | 180 (1.8%) |
| Status (%) | No data |
| Non-status (%) | No data |

*From APS tables 1 and Table 1-B file Ab Identity_Sex*
*Estimated by subtracting Métis and NAI from total*

**Gender and Age**

In general, the Aboriginal population in Canada as reported by the 2006 census had more women than men. For example, for ages 15 + in Canada, the percentage of women was 55%. For Ontario's population generally the figure is was 53%. In WW LHIN, Aboriginal women made up 52% of the total Aboriginal population (Table 4.2)

In general, Aboriginal populations in Canada as reported by the 2006 census had more youth (ages 15-24) and fewer older adults (ages 55+) than the general population. For example, for ages 15-24 in Canada, the Aboriginal percentage was 23% and for Ontario it was 22%.

The Aboriginal population is younger in terms of median age and has a greater proportion of citizen in the 15 and under age category. The median age for the Aboriginal population in WW LHIN service area was 29 years of age as

[7] Statistics Canada. (2006). 2006 Community Profiles: Waterloo Wellington LHIN. Retrieved on September 2010 from http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/details/page.cfm?Lang=E&Geo1=HR&Code1=3503&Geo2=PR&Code2=35&Data=Count&SearchText=waterloo%20wellington&SearchType=Begins&SearchPR=01&B1=All&Custom=

compared to 36.9 for the total WW LHIN population. Further, just over 25% of the Aboriginal population was 15 years of age or under as compared to 19% of the total population. This difference was largely made up for in the 55+ age category where 22% of the total LHIN population was represented compared to 7.2% of the Aboriginal population. (Table 4.3).

**Table 4.2 Gender, Age: Aboriginal and Total Populations of WW LHIN and Ontario– Census 2006**

| | Aboriginal Population[4] | | Total Population[5] | |
|---|---|---|---|---|
| | WW LHIN | Ontario | WW LHIN | Ontario |
| Females | 3,520 | 124,905 | 348,210 | 6,229,580 |
| Males | 3,265 | 117,585 | 338,115 | 5,930,700 |
| 0-4 | 490 | 19,810 | 41,720 | 670,770 |
| 5-9 | 650 | 21,075 | 43,475 | 721,590 |
| 10-14 | 680 | 23,435 | 47,550 | 818,445 |
| 15-19 | 600 | 22,340 | 48,695 | 833,115 |
| 20-24 | 575 | 18,535 | 50,175 | 797,255 |
| 25-29 | 515 | 17,015 | 45,445 | 743,695 |
| 30-34 | 495 | 16,660 | 47,115 | 791,955 |
| 35-39 | 625 | 17,550 | 50,475 | 883,990 |
| 40-44 | 645 | 20,380 | 57,670 | 1,032,415 |
| 45-49 | 560 | 18,370 | 54,250 | 991,970 |
| 50-54 | 450 | 15,350 | 46,885 | 869,400 |
| 55-59 | 240 | 11,535 | 40,380 | 774,530 |
| 60-64 | 120 | 7,800 | 29,800 | 581,985 |
| 65-69 | 60 | 5,280 | 22,915 | 466,240 |
| 70-74 | 40 | 3,590 | 19,830 | 401,950 |
| 75-79 | 25 | 2,000 | 17,250 | 338,910 |
| 80-84 | 10 | 1,150 | 12,745 | 250,270 |
| 85+ | 10 | 600 | 9,945 | 191,810 |
| **Total (N)** | **6,785** | **242,490** | **686,320** | **12,160,280** |

**Table 4.3 Median Age and % of Population over 15 years: Aboriginal and Total Population of the WW LHIN Service Area − Census 2006**

| | WW LHIN Aboriginal Population[4] | | WW LHIN Total Population[5] | |
|---|---|---|---|---|
| Median Age | 29.0 | | 36.9 | |
| % of the population over 15years | 73.2 | | 80.7 | |
| | Females | Males | Females | Males |
| Median Age | 29.0 | 29.0 | 37.8 | 35.9 |
| % of the population over 15years | 73.1 | 73.3% | 81.3% | 80.0% |
| **Total (N)** | **6,785** | | **686,320** | |

**Mobility/Stability**

Table 4.4 reveals that 85% of Aboriginal people living in the Waterloo Wellington service area had not lived in their community of residence (in 2006) for their entire lives. Commonly reported reasons for moving to the community included employment and family.

Of those living in the service area 47% reported moving one to three times in the past five years. While 39% reported that the y had not moved in the past five years (2000-2005).

**Table 4.4 Mobility/Stability: Gender and Age Patterns: Aboriginal Population of WW LHIN Service Area (15 years +) – APS 2006**

| | Total | |
|---|---|---|
| N | **6,810** | |
| Lived in community for entire life (% yes) | 1,010 (15%) | |
| Number of times moved in past five years | Have not moved | 2,670 (39%) |
| | Moved 1-3 times | 3,180 (47%) |
| **Reasons for moving to the town or city** | **N = 5,800** | |
| Work/find job | 2,500 (43%) | |
| Family | 2,060 (36%) | |
| Better housing | u/a | |
| Housing less expensive | u/a | |
| School | u/a | |
| More housing available | u/a | |
| Availability of services | u/a | |

*From (APS tables 17,18, and 19).*

## 4.2 Social Determinants of Health

According to the World Health Organization (WHO) the social determinants of health are:

> *the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.*[8]

The limited data available for the Aboriginal population in the LHIN does not permit a full exploration of all of the relevant social determinants of health for Aboriginal People. But what the data can do is begin the dialogue and understanding of the conditions in which Aboriginal people in the WW LHIN are living working and dying. The sections that follow provide census and APS level data for education, income, housing, family structure and culture as social determinants of health. It is through this lens that health status data and medical indicators of health can be understood.

[8] Please see http://www.who.int/social_determinants/en/

## Education

The Public Health Agency of Canada reports that "educational attainment is associated with almost every measure of population health"[9]

Educational attainment levels for Aboriginal people living in the WW LHIN are similar to attainment levels for Aboriginal people in Ontario in general.

Comparative interpretations between the total LHIN population and the Aboriginal population are complicated by the fact that there are a higher proportion of Aboriginal people in the 15 and under age categories and as a result fewer Aboriginal residents would have had the opportunity to reach the levels of education measured in the census. Bearing this in mind the following differences are noted (See Table 4.5):

- Fewer Aboriginal residents report having a degree or diploma (34% vs. 24%)
- The Aboriginal and total population of the LHINs are equally likely to have a high school or Apprenticeship/trades/college/CEGEP certificate.
- Fewer Aboriginal residents have a University certificate or degree (9% vs. 19%).

**Table 4.5 Attained education of Aboriginal population compared to the total population (15 years +) in the WW LHIN Service Area – Census 2006**

| | WW LHIN Aboriginal Population[4] | Ontario Aboriginal Population[4] | WW LHIN Total Population[5] | Ontario Population[5] |
|---|---|---|---|---|
| No certificate diploma or degree | 1700 (34%) | 66,980 (38%) | 132,100 (24%) | 2,183,625 |
| HS Certificate or equivalent | 1380 (28%) | 43,115 (24%) | 153,170 (28%) | 2,628,575 |
| Apprenticeship/trades/College/GEGEP certificate or diploma | 1355 (27%) | 51,590 (29%) | 144,075 (26%) | 2,589,890 |
| University Certificate or diploma (below bachelor level) | 95 (2%) | 4,045 (2%) | 16,630 (3%) | 405,270 |
| University Certificate or degree | 435 (9%) | 12,435 (7%) | 101,080 (19%) | 2,012,060 |
| **Total (N)** | **4965** | **178,165** | **547,055** | **9,819,420** |

## Labour Force Participation and Income

Income is viewed as a social determinant of health as our income levels dictate the amount of control that people have over their lives. For example, people with higher incomes have greater control over the homes and neighborhoods in which they live, and the quality and quantity of food that they can purchase. While ill

[9] Please see http://www.phac-aspc.gc.ca/ph-sp/oi-ar/10_education-eng.php

health affects all income groups, those in lower income categories have consistently shown poorer relative health.[10]

In terms of labour force participation, Aboriginal WW LHIN residents have higher participation rates and employments rates as compared to the total LHIN population (likely as a result of the relative youth of the population). However, Aboriginal residents had an unemployment rate nearly twice that of the total LHIN population. The unemployment rate includes individuals who were looking for work, temporarily laid off and those who were expecting to start a new job. (Table 4.6)

In terms of labour force participation, Aboriginal LHIN residents are faring better than Aboriginal Ontarians in general with higher participation and employment rates as well as lower unemployment (Table 4.6).

**Table 4.6 Labour Force Participation of Aboriginal Population compared to the total population (15 years+) in the WW LHIN Service Area – Census 2006**

| | WW LHIN Aboriginal Population[4] | Ontario Aboriginal Population[4] | WW LHIN Total Population[5] |
|---|---|---|---|
| In the Labour Force[11] | 3860 | 115,150 | 391,175 |
| Not In the Labour Force[12] | 1105 | 63,015 | 155,880 |
| Participation Rate[13] | 77.7% | 64.6% | 71.5% |
| Employment rate[14] | 70.3% | 56.7% | 67.8% |
| Unemployment Rate[15] | 9.6% | 12.3% | 5.2% |
| **Total (N)** | **4,965** | **178,165** | **547,055** |

[10] See http://www.phac-aspc.gc.ca/ph-sp/determinants/determinants-eng.php
[11] Refers to persons who were either employed or unemployed during the week (Sunday to Saturday) prior to Census Day. In past censuses, this was called 'Total labour force'.
[12] Refers to persons 15 years of age and over, excluding institutional residents, who, in the week (Sunday to Saturday) prior to Census Day, were neither employed nor unemployed. It includes students, homemakers, retired workers, seasonal workers in an 'off' season who were not looking for work, and persons who could not work because of a long-term illness or disability.
[13] Refers to the labour force in the week (Sunday to Saturday) prior to Census Day (May 16, 2006), expressed as a percentage of the population 15 years of age and over excluding institutional residents.
[14] Refers to the number of persons employed in the week (Sunday to Saturday) prior to Census Day (May 16, 2006), expressed as a percentage of the total population 15 years of age and over excluding institutional residents.
[15] Refers to the unemployed expressed as a percentage of the labour force in the week (Sunday to Saturday) prior to Census Day (May 16, 2006).

**Table 4.7 Personal and Household Income in 2005 for Aboriginal and Total Populations of the WW LHIN Service Area – Census 2006**

| | WW LHIN Aboriginal Population[4] | WW LHIN Total Population[5] |
|---|---|---|
| Median Income, all persons 15 years+ | $23,221 | $29,647 |
| **Total (N)** | **4,965** | **524,775** |
| Medial income, all Private Households | $58,869 | $64,915 |
| **Total (N)** | **3,780** | **255,615** |

In spite of high labour force participation and employment rates, Aboriginal residents had lower personal and family median incomes as compared to the total WW LHIN population. In 2005, annual median income levels for Aboriginal individuals was $ 6,426 lower for Aboriginal individuals and $6,046 lower for Aboriginal families as compared to the total LHIN population. This could be reflective of a greater propensity to have part time or lower paying job, or lower educational attainment.

**Housing**

As discussed in the previous section, housing is directly related to the amount of income that we have. The Census data for the Aboriginal LHIN populations is reflective of the lower income levels for Aboriginal residents.

One or more Aboriginal people are present in 3,775 of 255,610 private dwellings in the LHIN service area (Census, 2006). Highlights of the data include:

- 44% of Aboriginal residents reported living in single detached homes as compared to 60% of the total resident population.
- More Aboriginal residents lived in low rise (fewer than 5 stories) apartments compared to the total population (22.5% vs. 12.6%).
- Just over half (1965) of Aboriginal residents owned their homes as compared to almost ¾ of (184,835) of the total LHIN population.
- Overcrowding does not appear to be an issue as only 0.5% of Aboriginal resident dwellings was reported as having more than 1 person per room on average. This compares to 1% for the total population.
- Most homes are reported to be in good condition with only regular maintenance or minor repairs required (3,400/3,775 homes).

**Marital Status/ Family Structure**

There was a higher proportion of Aboriginal LHIN residents who were single or had never been legally married and a lower proportion who reported being married. This difference is likely accounted for by the higher propensity of Aboriginal residents to be living in common law relationships (18.6% vs 7.7% ).

**Table 4.9 Marital Status of the Aboriginal and Total populations of the WW LHIN Service Area**

| | WW LHIN Aboriginal Population[4] | WW LHIN Total Population[5] |
|---|---|---|
| Single (never legally married) | 2,315 (47%) | 174,430 (31%) |
| Married | 1,800 (36%) | 293,185 (53%) |
| Separated | 275 (6%) | 19,020 (3%) |
| Divorced | 465 (9%) | 36,705 (7%) |
| Widowed | 115 (2%) | 30,230 (5%) |
| **Total (N)** | **4,970** | **553,585** |

There were a total 6,770 Aboriginal residents living in census families and. Approximately 40% of those residents were children.

**Table 4.10 Characteristics of Aboriginal Families living in the WW LHIN Service Area − Census, 2006[16]**

| | WW LHIN Aboriginal Population |
|---|---|
| **Total number of persons in census Families[17]** | **6,770** |
| Number of married persons | 1,785 |
| Number of common law partners | 920 |
| Number of lone parents | 410 |
| Number of children in census families | 2,700 |
| Persons not in census families | 945 |

[16] Census questions of this nature differ for the Aboriginal and Total populations therefore comparison data for the total population are not provided. Data for the total population reflects families rather than individuals. For further details on the total population see: http://www12.statcan.ca/census-recensement/2006/dppd/prof/92591/details/page.cfm?Lang=E&Geo1=HR&Code1=3503&Geo2=PR&Code2=35&Data=Count&SearchText=waterloo%20wellington&SearchType=Begins&SearchPR=01&B1=All&Custom=

[17] Census family refers to a married couple (with or without children of either or both spouses), a couple living common-law (with or without children of either or both partners) or a lone parent of any marital status, with at least one child living in the same dwelling. A couple may be of opposite or same sex. 'Children' in a census family include grandchildren living with their grandparent(s) but with no parents present.

**Culture: Participation in Land Based Activities**
Some residents of the LHIN service areas reported participating in traditional activities in the previous 12 months in the Statistics Canada Aboriginal Peoples Survey.

Fishing was the most common land based activity reported followed by gathering. Men were more likely to have reported participating in fishing activities as compared to women. Too few people reported participating in hunting and trapping to provide a reliable estimate.

**Table 4.11 Participation in Traditional Activities in Previous 12 Months: Gender and Age Patterns: Aboriginal Population of WW LHIN Service Area (15 years +) – APS 2006**

| | Total | Males | Females |
|---|---|---|---|
| N | 6,230 | | |
| Fished | 2,410 (39%) | 1,480 | 920 |
| Gathered wild plant food (N=3,290) | 1,300 (21%) | u/a | u/a |
| Hunted | u/a | u/a | u/a |
| Trapped | u/a | u/a | u/a |

*From APS tables 3, 4, 7,8, and 10 (hunting, fishing, trapping, gathering in past 12 months).*

## 4.3 Health Status

**Personal Assessment of Health**
Overall, the majority (62%) of Aboriginal people sampled reported that their health was excellent or very good. Comparisons with Aboriginal populations in Ontario and Canada suggest that Aboriginal people living in the WW LHIN service area have a more positive perception of health in general. Also, Aboriginal LHIN residents are equally likely to report excellent or very good health as compared to the total population of the LHIN (12 years+) generally[18] (61.5%).

[18] Data Source Canadian Community Health Survey, 2003. Retrieved on September 2010 from: http://www.waterloowellingtonlhin.on.ca/uploadedFiles/Home_Page/Report_and_Publications/Fact_Sheet/population_profile.pdf.

**Table 4.12 Self-Reported Health Status: Gender and Age Patterns: Aboriginal Population of the WW LHIN Service Area (15 years +) – APS 2006**

| | WW LHIN | Ontario | Canada |
|---|---|---|---|
| N | 6,810 | 187,320 | 749,200 |
| Excellent or Very Good | 4,230 (62%) | 101,830 (54%) | 416,210 (56%) |
| Good | 1,520 (22%) | 48,110 (26%) | 200,800 (27%) |
| Fair or Poor | 1,060 (16%) | 36,900 (20%) | 130,460 (17%) |

** Estimate based on remainder after subtracting the other two percentages from 100%.*
*From APS tables Table 21 (E01) (perceived health status).*

**Body Mass Index**

- Almost half of the WW LHIN Aboriginal population is considered normal weight. This is higher as compared to Aboriginal people in Canada Ontario, and Canadians (39%) in general (CCHS, 2004).
- BMI estimates suggest that Aboriginal adults living in the WW LHIN service area have lower incidence of obesity as compared to Aboriginal people living in Canada and Ontario as well as Canadians in general (23%) (CCHS, 2004).

**Table 4.13 Standard Weight for Adults (excluding pregnant women): Aboriginal Population of the WW LHIN, Canada and Ontario (18 years +) – APS 2006**

| | WW LHIN | Ontario | Canada |
|---|---|---|---|
| N | 5991 | 164,910 | 678,600 |
| Underweight (BMI<18.5) | 120* (2%) | 3900 (2.4%) | 12,910 (2.0%) |
| Normal Weight (BMI 18.5-24.9) | 2750 (43.9%) | 56,720 (34.4%) | 232,580 (36.1%) |
| Overweight (BMI 25.0-29.9) | 2240 (35.8%) | 60,100 (36.4%) | 229,360 (35.6%) |
| Obese Class I (BMI 30.0-34.9) | 881* (14.7%) | 29,170 (17.7%) | 116,570 (18.1%) |
| Obese Class II and III (BMI 35.0+) | | 11,600 (8.8%) | 52,770 (8.1%) |

*% reported excludes those who did note state an answer*
**Based on estimates of proportion from the Ontario population*

**Activity Limitations**

- 2.9%-4.6% of the Aboriginal population in the services area experienced some level of activity limitation in daily life either at home/work or other activities.
- Incidence of activity limitation is similar between the Aboriginal and the Non Aboriginal population in the service area.

**Table 4.14 Activity Limitations: Aboriginal and Total Populations of the WW LHIN, Canada and Ontario (15 years +) – Census 2006**

| | Aboriginal Identity population WW LHIN | Total LHIN Population |
|---|---|---|
| N | 1,175 | 100,015 |
| | Sometimes/Often | |
| Difficulty with Activities of Daily Living | 45 (3.8%) | 3,935 (3.9%) |
| Reduction in amount/kind activity at home | 35 (2.9%) | 3,270 (3.3%) |
| Reduction in amount/kind activity at work/school | 55 (4.6%) | 5,270 (5.3%) |
| Reduction in amount/kind activity in other activities | 55 (4.6%) | 4,075 (4.1%) |

**Long Term Health Conditions**

Data for the Aboriginal population of the WW LHIN service area was suppressed due to a small number of respondents. The statistics presented in table 2.4.1 are estimates based on proportions from the Aboriginal populations of Toronto CMA and Ontario. Given the similarities of these populations on other APS data, it is reasonable to assume that these populations are comparable.

Based on this estimate, the top 5 diagnosed health conditions included: Arthritis/rheumatism (22%-25%), asthma (17%-18%), high blood pressure (15%-18%), heart problems (10%-14%), and chronic bronchitis (7%-9%).

Prevalence of long term health conditions are estimated to be higher for the Aboriginal population for all conditions where comparable data was available. This holds true even though the Aboriginal population is generally younger and the data are not age standardized.

**Table 4.15 Long-Term Health Conditions: Aboriginal Population and Total Population of the WW LHIN Service Area– APS 2006(15 years +)/ Canadian Community Health Survey (12 years+)**

| | WW LHIN Aboriginal Residents | WW LHIN Total Population** |
|---|---|---|
| N | 6,810 | 685,400 |
| Arthritis or rheumatism* | 23%-25% | 15.7% |
| Asthma* | 17%-18% | 7.9% |
| High blood pressure* | 15%-18% | 14.7% |
| Diabetes^ | 7.5% (N=509) | 3.9% |
| Heart problems* | 8%-9% | u/a |
| Stomach problems or intestinal ulcers* | 10%-14% | u/a |
| Chronic bronchitis* | 7%-9% | 2.7% |
| Kidney disease* | 2% | u/a |
| Effects of stroke* | 2% | u/a |
| Hepatitis* | 2% | u/a |
| Emphysema* | 1% | u/a |
| Any other long-term condition* | 16%-18% | u/a |

**Range for Aboriginal population is based on the estimate from Ontario and CMA proportions- no data was available specifically for the LHIN service area*
*** Data Source: Canadian Community Health Survey, 2003 Retrieved on September 2010 from http://www.waterloowellingtonlhin.on.ca/uploadedFiles/Home_Page/Report_and_Publications/Fact_Sheet/population_profile.pdf.*
*^Estimate based on subtracting 'doesn't have diabetes' from 99.1%*
*From APS Tables 8 (Type of long-term health condition) and Table 37 (Type of diabetes).*

## Diabetes

Health Canada (2003) describes diabetes as an 'epidemic' in Aboriginal communities. Incidence rates are estimated between 8-12% among Aboriginal populations compared to around 3-4% for the general population. Aboriginal people are three times more likely to get diabetes than Canadians in general, have an earlier onset, and experience greater complications with the disease due to later detection.[19]

The APS data for the WW LHIN service area suggests that the pattern for higher incidence holds true in their communities as well. That is, 7.5% of the Aboriginal population had been diagnosed with a form of diabetes as compared to 3.9% of the

[19] Source Health Canada (2003). Diabetes in Canada (2nd Ed) Chapter 6 Diabetes in Aboriginal Communities. Retrieved on September 2010 from http://198.103.98.171/publicat/dic-dac2/english/01cover-eng.php.

total LHIN population. Most of the cases of diabetes in the Aboriginal population are type 2 with women presenting higher incidence as compared to men.

**Table 4.16 Diabetes: Gender Patterns: Aboriginal Population of the WW LHIN Service Areas (15 years +) – APS 2006**

| N | Total | Males | Females |
|---|---|---|---|
| | 6,810 | 3,140 | 3,670 |
| Has diabetes | 509^ (7.5%) | 6%* | 9%* |
| Type 1* | 13.9%* | 17.4%* | 9.9%* |
| Type 2* | 68.8%* | 71.9%* | 72.9%* |
| Borderline or pre-diabetic* | 7.0%* | u/a | 7.6%* |

^ *Estimate based on subtracting 'Does not have' from 99.1%.*
*The umbrella category of 'Has diabetes, was greater than the sum of the types.*
** Estimate based on data from Ontario Aboriginal population.*
*From APS Tables 37 and 38(Type of Diabetes).*

**Community Health**

The APS (2006) also asked about perceptions of social problems for Aboriginal in their communities.

- Unemployment, drug abuse and alcohol abuse were identified by 1/3 of respondents respectively.
- Fewer Aboriginal residents in the WW LHIN reported these as community problems as compared to Aboriginal populations in Canadian and Ontario.

**Table 4.17: Perceived Community Problems: Gender and Age Patterns: Aboriginal Population of the WW LHIN, Ontario and Canada (15 years +) – APS 2006**

| | WW LHIN | Ontario | Canada |
|---|---|---|---|
| N | 6,810 | 187,320 | 749,200 |
| Alcohol abuse | 2,230 (33%) | 95,150 (51%) | 448,100 (60%) |
| Drug abuse | 2,160(32%) | 87,710 (47%) | 420,080 (56%) |
| Unemployment | 2,230 (33%) | 90,490 (48%) | 403,180 (54%) |
| Family violence | u/a | 65,030 (35%) | 321,500 (43%) |
| Sexual abuse | u/a | 41,210 (22%) | 222,240 (30%) |
| Suicide | u/a | 38,230 (20%) | 215,690 (29%) |
| Other | u/a | 28,750 (15%) | 137,660 (18%) |

*From APS table15 (perceived problems in Aboriginal community).*

## 4.4 Health Care Background: Current Health Practices, Health Care Team and Service Usage

### Personal Supports for Accessing Care

Most Aboriginal residents reported having social supports available to them all or almost all of the time; however there were variations by gender (Table 4.18)

- The three most commonly reported social supports available *all or almost all of the time* for all Aboriginal LHIN residents were: someone who shows you love and affection, someone to confide in, and someone you can count on when you need advice (Table 4.18).

- Generally, women reported having greater supports available *all or almost all* of the time. This was especially true for emotional based supports such as love and affection, advice, confidantes etc.

**Table 4.18 Social Supports Available *all or almost all of the time*: Gender Patterns: Aboriginal Population WW LHIN Service Area (15 years +) – APS 2006**

| | Total | Males | Females |
|---|---|---|---|
| N | 6,810 | 3,140 | 3,670 |
| Someone you can count on to listen to you when you need to talk | 5,860 (86.0%) | 2,710 (86.3%) | 3,150 (85.8%) |
| Someone you can count on when you need advice | 5,900 (86.6%) | 2,640 (84.1%) | 3,270 (89.1%) |
| Someone to take you to the doctor or a nurse if you need it | 5,670 (83.3%) | 2,690 (85.7%) | 2,980 (81.2%) |
| Someone who shows you love and affection | 5,930 (87.1%) | 2,620 (83.4%) | 3,310 (90.2%) |
| Someone to have a good time with: All or most of the time | 5,730 (84.1%) | 2,420 (77.1%) | 3,310 (90.2%) |
| Someone to confide in or talk about yourself or your problems | 5,950 (87.4%) | 2,440 (77.1%) | 3,510 (95.6%) |
| Someone to get together with for relaxation | 5,880 (86.3%) | 2,600 (82.80%) | 3,280 (89.4%) |

*From APS Table 11 (Available Social Supports).*

**Consulting Mainstream Health Care Professionals**

Service usage data cover types of health care professionals consulted, treatment received for long-term conditions, overnight stays in hospitals/clinics/health centres, and flu shots.

- 80% of Aboriginal residents had consulted a *family doctor/general practitioner* in person or by telephone. This measure of access is on par with the total LHIN population and slightly higher as compared to the Aboriginal population in Ontario (Table 4.19).
- Just over half of the population reported seeing a *dentist/orthodontist* in the previous year. This is slightly lower as compared to Ontario's Aboriginal population.

**Table 4.19 Health Care Professionals Consulted in the Past 12 Months (in person or by telephone): Aboriginal Population of the WW LHIN Service Area (15 years +) – APS 2006**

| N | WW LHIN Aboriginal Population | Ontario Aboriginal Population | WW LHIN Total Population* (age 12+) |
|---|---|---|---|
| | 6,810 | 187,320 | 685,400 |
| Family doctor or general practitioner | 5,480 (80%) | 137,570 (73%) | 78% |
| Dentist or orthodontist | 3,670 (54%) | 112,020 (60%) | u/a |
| Eye doctor | 2,570 (38%) | 70,840 (38%) | u/a |
| Other medical doctor (surgeon, orthopedist, allergist) | 1,900 (28%) | 47,290 (25%) | u/a |
| Nurse | 1,670 (25%) | 52,330 (28%) | u/a |
| Physiotherapist or occupational therapist | u/a | 23,770 (13%) | u/a |
| Chiropractor | 1,310 (19%) | 27,740 (15%) | u/a |
| Social worker, counselor or psychologist | u/a | 27,660 (15%) | u/a |
| FNMI traditional healer | u/a | 10,490 (12%) | u/a |

**Data Sources Community Population Health Survey, 2003.*
*From APS Table 6 (Type of health care professional consulted in the past 12 months).*

**Treatment for Long Term Conditions**

There are two ways of looking at who does and does not get treatment for existing long-term conditions. One focuses on demand on the system reflected in the percentage of the Aboriginal population who receive treatment. The second approach spotlights those with the health conditions who do and do not obtain treatment (whatever the reason). Table 3.3.2 identifies estimated uptake of treatment for long term health conditions for the Aboriginal population in the WWLHIN.

As reported previously, arthritis/rheumatism, asthma high blood pressure, and stomach problems/ulcers were each reported by more than 10% of Aboriginal adults (15+). Diabetes, heart problems, and chronic bronchitis were reported by 7-9%.

- 9%-13% of the population was treated for arthritis/rheumatism, asthma high blood pressure, and stomach problems/ulcers,
- 7%-9% were treated for heart problems and chronic bronchitis,

*Of people who reported the condition,*

- high blood pressure (72%), asthma (70%), stomach problems/ulcers (65%) had the highest level of associated treatment.
- Half (52%) of residents with arthritis/rheumatism and 56% with chronic bronchitis were getting treatment for these conditions.

**Table 4.20 Treatment Received for Long-term Health Conditions: Aboriginal Population of WW LHIN Service Area (15 years +) – APS 2006**

| N | Estimated Proportion with the Condition* | Treatment: Percentage of the Population** | Treatment: Percentage of those with condition |
|---|---|---|---|
| Arthritis or rheumatism | 23%-25% | 13% | 52% |
| Asthma | 17%-18% | 12% | 70% |
| High blood pressure | 15%-18% | 13% | 72% |
| Diabetes*** | 7.5% (N=509) | u/a | 70% drugs<br>21%- Insulin<br>18% diet |
| Heart problems | 8%-9% | 5% | 63% |
| Stomach problems or intestinal ulcers | 10%-14% | 9% | 65% |
| Chronic bronchitis | 7%-9% | 5% | 56% |
| Kidney disease | 2% | 0.5% | 34% |
| Effects of stroke | 2% | 1.0% | 53% |
| Hepatitis | 2% | u/a | u/a |
| Emphysema | 1% | u/a | 59% |
| Any other long-term condition^ | 16%-18% | 11% | 65% |

**Range for Aboriginal population is based on the estimate from Ontario and CMA proportions- no data was available specifically for the LHIN service area*
***Estimate is based on the Ontario Aboriginal population.*
****respondents were asked to list all types of treatment used for diabetes.*
*From APS Tables 8 (Type of long-terms health condition), Table 37 (Type of diabetes), and Table 51(Received treatment for long-terms condition)*

**Flu Shot**

Accessing flu shots is viewed as a measure of preventative health care. The data suggests that a minority of Aboriginal residents in the WW LHIN area are getting regular flu shots.

- Just over half (51%) reported '*ever having had a flu shot'*, and
- 37% had a flu shot less than one prior to the survey this is slightly higher as compared to the total LHIN population (31.8%) and lower compared to Aboriginal Ontarians.

**Table 4.21 Accessing flu Shots: Aboriginal Population of WW LHIN Service Area (15 years +) – APS 2006**

| | WW LHIN Aboriginal Population | Ontario | WW LHIN Total Population* |
|---|---|---|---|
| N | 6,810 | 127,100 | 685,400 |
| **Ever received a flu shot? YES** | 3,440 (51%) | 124,350 | |
| **When was your last flu shot?** N | **3,570** | **127,100** | **u/a** |
| < 1 year ago | 1,380 (37%) | 60,830 (48%) | 31.8% |
| 1 to <2 years ago | u/a | 29,420 (23%) | |
| 2+ years ago | u/a | 33,480 | |

**Data Sources Community Population Health Survey, 2003.*
*From APS Tables 41 &42 (Ever had a flu shot).*

**Overnight Stay in a Hospital**

- 14% of Aboriginal residents are estimated to have stayed overnight in a hospital/nursing home/convalescent home/health centre or nursing station in the year preceding the APS, 2006.[20] This is higher than the Ontario (10%) and Canadian rates (11%) for the Aboriginal population.

## 4.5 Access to Mainstream and Traditional Health Care

**Mainstream**

The APS asked participants to indicate whether over the year past (2005) there was ever a time when they felt that they needed care but they did not receive.

- 5560 (82%) of Aboriginal WW LHIN residents reported that they did receive needed care. This compares to 87% of Aboriginal people living in Canada and Ontario[21].

**Traditional Care**

- Almost one quarter of Aboriginal residents of the WW LHIN service area indicated that traditional health and healing practices were available in their community (Tables 4.22).
- A further 40% indicated that these services were not locally available and 37% did not know, refused or did not state an answer to this question.
- National and Provincial comparisons suggest that there is lesser perceived availability in the WW LHIN service area.

[20] Estimated based on subtracting no responses from 99%. APS Table 33 (patient overnight in hospital)
[21] Based on APS Table 34.

**Table 4.52 Availability of First Nations, Métis or Inuit Traditional Medicines, Healing or Wellness Practices in the City, Town or community where you currently live: Aboriginal Populations of the WW LHIN Service Area (15 years +) – APS 2006**

| | WW LHIN | Ontario | Canada |
|---|---|---|---|
| N | 6,810 | 187,320 | 749,200 |
| Yes | 1610 (24%) | 59,300 (32%) | 236,400 (32%) |
| No | 2710 (40%) | 74,500 (40%) | 306,520 (41%) |
| Don't know/refused/not stated | 2490 (37%) | 53,520 (29%) | 206,290 (28%) |

*From APS Table 22 (Availability of traditional medicines, healing or wellness practices in the town or city where you live).*

# 5. Telling the Stories behind the Numbers: Findings from the Focus Groups and Resident Survey

The focus groups differed from the resident survey in that their primary objective was to understand overall community health needs whereas the survey focuses primarily on the individual with only a few questions about the community as a whole. See appendix C for transcripts of the focus groups.

## 5.1 Focus Groups

A total of 29 people contributed to group discussion on the current health care status and needs of the Aboriginal community in the WW LHIN service area. These findings apply only to First Nation and Métis communities as there were no Inuit participants.

Perhaps the most unexpected occurrence at the focus groups was the spontaneous sharing of information that took place at the sessions. As people shared their health experiences and concerns other attendees responded in a supportive manner offering advice and information. For example, the issue of dentists not accepting status cards arose and another attendee was able to share the name of a dentist who would accept the status card. There were other incidences where attendees exchanged information on traditional health care and where to access services or which services are available in other communities.

While two focus groups were held the questions asks differed slightly between the two groups; however, there was a significant amount of overlap in perspective between the Kitchener and Guelph groups (unless otherwise indicated) suggesting similarity in needs between the two communities. While the focus group discussions did include typical concerns such as wait times, access to doctors, coverage of prescription drugs including generic vs. name brand, the discussion below focuses as much as possible to health concerns that are unique to the Aboriginal community.

**What is Working Well?**

The Kitchener group was divided on the issue of positive experiences. Those with a permanent doctor and accessible transportation indicated that accessibility was good and that care was of a high quality. Transportation and inability to access a suitable primary care provider posed access challenges for some.

**Community Concerns**

Focus group participants agreed that the following are the primary concern in their community

- Lack of trust of the medical system in general, as a result of health professionals who are not knowledgeable about Aboriginal people or cross cultural approaches, lack of empowerment of Aboriginal people in the medical system,
- Lack of local access to traditional Aboriginal health care and Aboriginal specific services,
- Mental health services including services specifically for youth, and
- Lack of emphasis on prevention and holistic care
- Lack of coverage under the NIHB program (e.g- alternative medicine, generic vs. name brand drugs)
- Direct cost of care specifically for alternative therapies (naturopath, vitamins, massage acupuncture)

Kitchener participants also indicated the above and added

- Long wait lists
- transportation

**Community Recommendations for Improving Aboriginal Health**

The following strategies were described by focus group participants in response to improving access and quality of care in the WW LHIN region.

1. **Local access** to traditional Aboriginal health care models through an **Aboriginal health care centre**, offering services in an existing centre, facilitating discussions around engaging traditional healers to provide services within the community.

2. A**dvocacy and support services** to the Aboriginal community to assist Aboriginal residents: understand their health care rights, find appropriate health professionals and needed services, and lobby for greater inclusivity of Aboriginal perspectives in mainstream medical practice.

   One suggestion included mandatory **cultural sensitivity training** for all health providers-while some suggested that training should be Aboriginal specific others indicated that this would be unrealistic and suggested that a more appropriate solution would be general (not Aboriginal specific) cultural sensitivity training.

   **Empowerment training** or services to help Aboriginal community was a suggested strategy for improving access and quality of care issues

3. Opportunities for the Aboriginal community to come together in **sharing circles** to discuss health concerns and provide support and information to other members in accessing care.

4. **Information distribution** to the Aboriginal community on health issues that are of particular concern for Aboriginal people. For example, local health care providers who employ a holistic care approach.

*"It would be nice if health care and hospitals works alongside natural medicine, if hospitals had Elders in them, in there were a working relationship and wholistic model were integrated into the mainstream instead of them being oppositional. If basic needs were guaranteed. If reserves had clean drinking water and accessible health services."*

*"A better understanding of the Native peoples and their needs. If they understand us as a people or person."*

*"A community centre for community to share wellness programs to prevent illness"*

**Considerations for Strategy Implementation**

There are few Aboriginal organizations in the service area that represent Aboriginal interests and of those in existence none focus specifically on health. This presents a challenge to the implementation of Aboriginal specific strategies. However, based on the participation in the focus groups, there is a strong but vocal contingency of community members who are interested in addressing Aboriginal health care needs.

## 5.2 Supplementary Data from the On-Line Aboriginal Resident Survey[22]

### 5.2.1 Personal and Community Health

**Personal Health**

- Over half (n=13) reported excellent or very good health.
- Almost half (n=11) had been told by a medical professional that they have a chronic illness.
- The top three personal health concerns were: diet/weight (n=12); access to Aboriginal specific health care (n=8), and chronic health conditions (n=7).

[22] Number of respondents is reported as a ratio (x/xx) when the total number of respondents was less than 23. Unless specified the denominator is 23.

**Community Health**

- The top four health concerns for the community included: Chronic health conditions (n=13) (e.g. diabetes, heart disease, arthritis/rheumatism), alcohol and/or drug use (n=13), access to Aboriginal specific health care (n=12), social factors (n=12) (poverty, employment, and education), and diet/weight (n=6).

*As a First Nations worker, I do not know any native person who does not have one of these conditions marked. If you look at those percentages it is a shame that this goes ignored because our generations coming will be the same unless we break the cycle.*

**Concerns for Children's Health**

- Alcohol and drugs (n=4), diet/nutrition (n=4), mental health (n=3), parenting (n=3), poverty (n=3), and parenting (n=3).

### 5.2.2 Access to Mainstream Health Care Services

**Self-Identification as an Aboriginal person when using health care services**

- Always (9/23), Never (10/23).
- The most common explanation for not self-identifying was that there was no perceived reason to self-identify as Aboriginal.

**Knowledge of the LHIN**

- Over 1/3 had no knowledge of the LHIN (n=7), 7 were somewhat knowledgeable.
- Those who were familiar with the LHIN indicated that familiarity was the result of communication and or presentations by the LHIN at their work and or community organizations.

**Service Usage**

- Many had a regular family doctor (n=19). 15 indicated that they could access this service locally (within 15km). Of these, most (n=16) have had the same doctor for at least one year.
- Family physicians (n=15), the Internet (n=11), and family/friends (n=10) were the most common sources of **non-emergency health information**.
- Over half (13/22) had used Telehealth in the past. The other 9 had either never used it or had not heard of it. Those Telehealth users who provided additional comments (n=11) were divided on whether they felt as though Telehealth had been helpful- 6 indicated that it was helpful and 5 reported that it had not been helpful.

Respondents indicated that it was *important/very important* to have **local** access to the following types of care of health professionals:

- a family doctor (n=19), specialists (19), dentist/Orthodontist (n=18), ophthalmologist/optometrist (n=18), dietician (n=15), Social worker/ counsellor/psychologist (n=15), a hospital care provider (n=13),

Physiotherapist/Occupational therapist (n=13), Alternative health care (n=12), palliative care (n=12), Nurse Practitioner (n=11), chiropractor (n=8, midwife (n=9).

**Access Barriers**

One third or more of respondents reported the following barriers:

- Required medical service not available in the area (n=10/21), access to traditional care (7/21), Felt that the care that they received was inadequate (8/21), Felt that service did not meet cultural needs (7/21)
- Waiting lists, NIHB coverage and availability of physicians was less of a concern.

### 5.2.3 Access to Traditional Aboriginal Medicines And Healing

- 15/22 felt that it was *very important/important* to have local access to an Aboriginal Health Centre. An equal number indicated that it was *very important/important* to have access to a traditional healer/Elder.
- Almost ¼ (16/22) of respondents indicated that they would like to see an Aboriginal health Centre in the area a further 5 were undecided. Supplementary comments echoed the need for balance between traditional and Western models of care.
- Almost ¼ were using traditional care (5/21) and 16 were interested in accessing First Nation, Métis or Inuk care.
- Barriers to accessing traditional care included: not knowing where to get them (14/23), not knowing enough about them (10/23), not available locally (7/23).

Participant comments included:

*Without access to traditional health care, how can we find balance in helping ourselves get well? I have osteoarthritis that could be treated in different ways by a healer. Instead I am limited to the medical treatments available.*

*I believe that it is very important for my community to have an aboriginal health care centre, not dominated by main stream health centre. I do not believe that main stream workers would have an understanding of needs of the First Nation, Métis and Inuit community and the traditional sacredness of ceremonies such as smudging. not promoted in building. Main stream health care providers are very limited in knowledge or have no knowledge regarding aboriginal community.*

Respondents also wanted to learn more about their traditional culture and health practices as is captured in the following comments:

*I would love the opportunity to be heard and treated by traditional ways. I would like to be able to access the benefits available to me. To be understood, goes along way.*

*It would be something I would like to explore.*

### 5.2.4 Quality of Mainstream Care

- 1/3 (7/20) indicated that the care they received was *always* culturally safe[i], almost half (9/20) reported that the care they received was *never or rarely* culturally safe[23].
- 2/3 (12/21) indicated that the care that they had received in the past year was either *better than they expected or met their expectations*.

When asked about what was working well, respondents indicated the following:

*I believe that my family doctor is quite helpful regarding the physical wellbeing. However, he can not help me with the rest of the medicine wheel which is necessary to maintain healthy balance throughout life*.

*Not many providers understand the unique needs of Native folks in health care. Seldom are they culturally safe especially when it comes to mental health. Most doctors assume they know how to serve us, but I find many of them do not know. This is very dangerous because it often leads to misdiagnoses.*

*Again I am a Métis and most people do not know of my Indian Heritage*

**What is Working Well?**

When asked what was working well, the majority of respondents indicated that while they would like to see improvements to care, they, for the most part, appreciated the services that are available.

Participant comments to what is working well included:

*My family has relatively good access to the health care system where we live. While we live in a small town, so far, the furthest we have had to travel for a specialist is Guelph for a pediatrician. When you choose to live in a small town, you have to expect that travel is a given.*

[23] Cultural Safety refers to: A care environment where a person with Aboriginal heritage feels comfortable with health care providers knowing of, being knowledgeable about and respecting cultural ways/values whether the care providers themselves are Aboriginal or not.

*My family doctor is very good. The problem is access to specialist care. This is everybody's problem in Ontario ...Aboriginal or not.*

*Primary care is adequate. Specialized care is only partially adequate.*

*Most health care that deals in general with a health problem is ok. But when you get to mental health, not much works.*

*my doctor is meeting my needs and the needs of my family*

*everything. if it's available and affordable and no one judges my health decisions then it's meeting my needs.*

*Walk-in clinics - very important when you have a sick child*

*None they have not met my needs or that of my children. Mainstream care is lacking.*

*My doctor is respectful and listens to what I have to say and is not afraid to refer me to other methods of healthcare. My needs are looked after instead of just assuming. My doctor listens, very important*

*As mentioned, my health care specialists are open minded. There are no issues with mixing nutritional/traditional health care with modern medicine.*

*At least I have a medical doctor. Even though, if I had a choice, I would find another one. There are no doctors around here that I can switch to.*

**Important/Very Important characteristics of primary health care providers**
**All** respondents indicated that the following characteristics were either very important or important: **Trust**, **listening** and **considering of overall health** at each visit, **open to** recommending **alternative medical solutions** in addition to Western medicine (preventative life lone health)

**Three quarters** or more reported that the following were important/very important:

- makes **a nurse practitioner** available when a doctor is not available (17/19), **knows you** as a person (16/19), **prescribes traditional medicines** or natural remedies (15/19), acts as an **advocate** to help you get information that you need (15/19), **understanding of Aboriginal ways** of knowing or being (15/19), is **available after hours** (15/19).

### 5.2.5 Improving health care services and experiences

Respondent suggestions centered on enhancing existing services and implementing new services. The comments below suggest a need for culturally appropriate balanced care. Suggestions for improving current services are as follows:

Enhancing Existing Services

*Appropriate mental health service providers. Knowledgeable doctors who understand how the Native blood lines affects our general health.*

*Elders in counselling... would be nice to have this in an urban setting*

*Coverage for traditional healers, vitamins, and alternative health care-education and workshops for the community on preventative health care and health sharing circles in our community.-basic needs met-affordable food housing and transportation.-Aboriginal health care centre in both Kitchener Waterloo and Guelph- people cannot drive or access services in another city if they don't drive.*

*It would be ideal to have a Doctor of Natural Medicine, DNM, in this area. (someone who understands both modern medicine and nutritional/traditional medicine)Having an Aboriginal Health Centre/Services in this area would also be beneficial. As a side note: It would also be more beneficial if doctors had to study nutrition in medical school. Most do not understand this area or do not understand it well enough.*

*I believe it would be beneficial for there to be an Aboriginal social worker, outreach worker, elders, traditional healers doctors in the area.*

*Having access to traditional healing would be beneficial.*

Inspiring Practices

*I had an excellent experience with receiving information about types of birth control. I was asked to attend an information meeting before getting a prescription. Things like that should happen more often when making a long-term decision about health.*

*I like going to a nurse practitioner because I find them more thorough than a Dr. They spend more time assessing your problem and take the time to listen to you.*

*A doctor who listens and is respectful towards me. Who would be willing to look at alternative to Traditional Health care as a compliment to western medicine and not be afraid to do the referrals.*

# 6. Conclusions

The Aboriginal population in the LHIN service area was relatively small making up 1.5% of the total population; however there is reason to believe that the population is growing. The population was young, and likely to have migrated to the community for work or family reasons.

On measures of socio economic status, Aboriginal people living in the service area were generally doing better than Aboriginal people in Ontario or Canada in general; however education and income levels lagged behind the general LHIN population.

Arthritis/rheumatism, asthma, high blood pressure, stomach problems/ulcers, and chronic bronchitis were the most commonly reported long term health conditions. Estimated rates of asthma, diabetes and chronic bronchitis are more than twice as high for Aboriginal residents as compared to the total LHIN population. These disparities should pose a concern for any health agency looking to keep health spending costs down especially given that the Aboriginal population is growing and displays a higher incidence despite their comparative youth.

Of primary concern for the Aboriginal community, as determined through focus groups and the on line survey, is the need for balanced culturally appropriate care. Focus group participants generally agreed that they would like to learn more about traditional medicines and have local access to medicine people and traditional healers. Consistent with this is the demand for care that is holistic and prevention focused rather than disease focused. Specifically, many would like to see an Aboriginal health care centre in their community

Furthermore the community is looking for opportunities to become better health consumers. Advocacy, empowerment training, opportunities to share and learn from other community members (sharing circles) and professionals, and provision of health information were suggested strategies for supporting the Aboriginal community

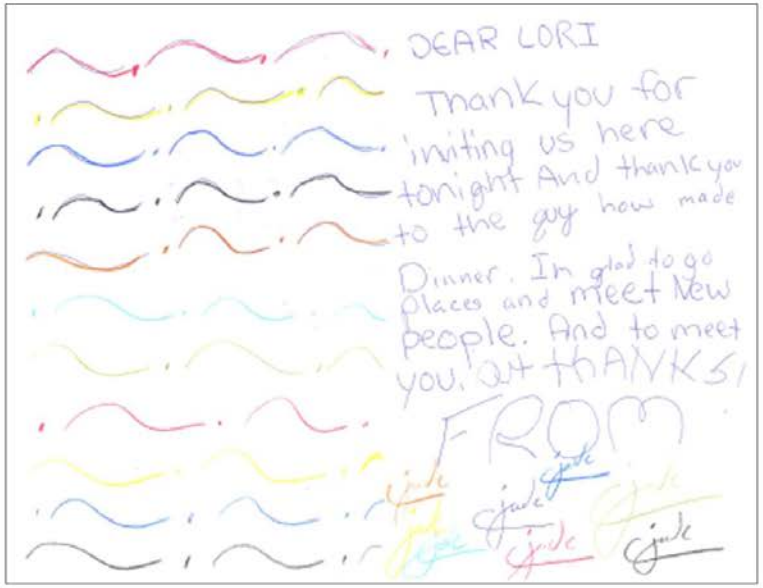
There are few Aboriginal organizations in the service area that represent Aboriginal interests and of those in existence none focus specifically on health. This presents a challenge to the implementation of Aboriginal specific strategies. However, based on the participation in the focus groups, there is a strong but vocal contingency of community members who are interested in addressing Aboriginal health care needs.

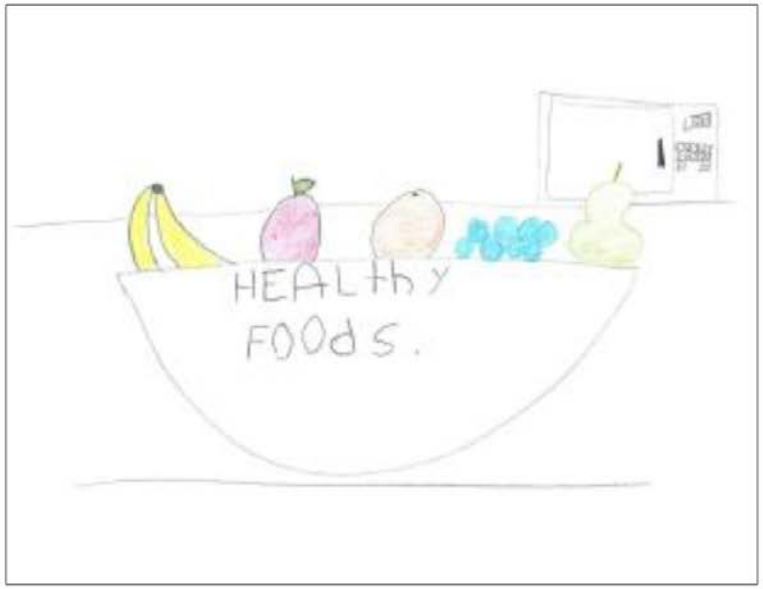
Hope has been raised through this process. There was a genuine appreciation of the effort to better understand health needs of the Aboriginal community.

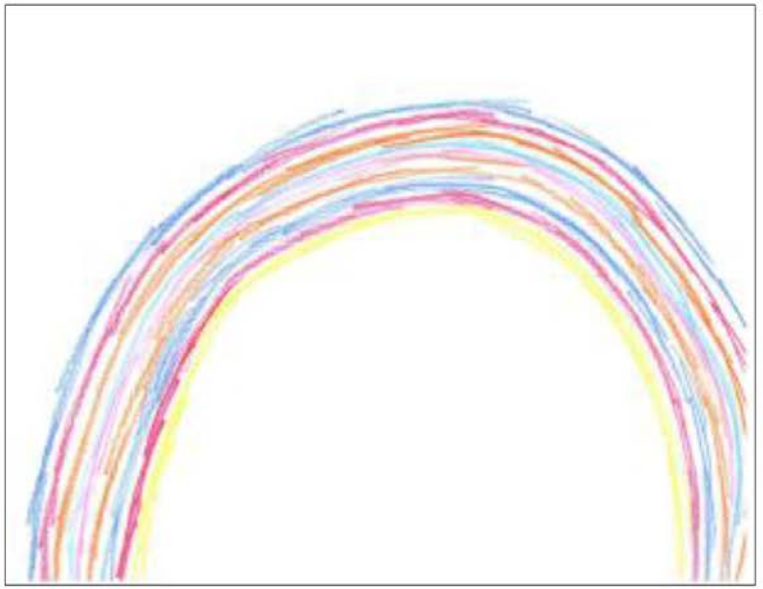
Recommendations for carrying forward the work of this Needs Assessment are reported in a separate companion report on Community Engagement.

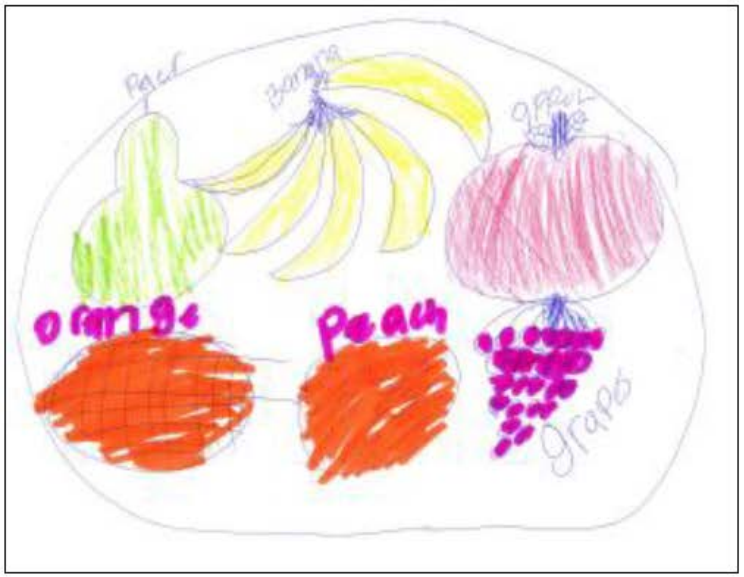
# Appendix A: Drawings of Cultural/Good Health Care

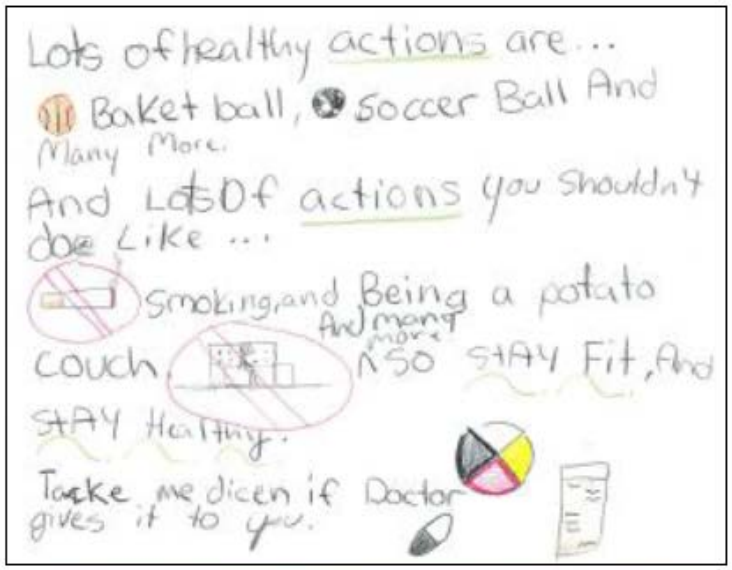

I think All people
should have a Doctor
so we know every
one will be Healthy

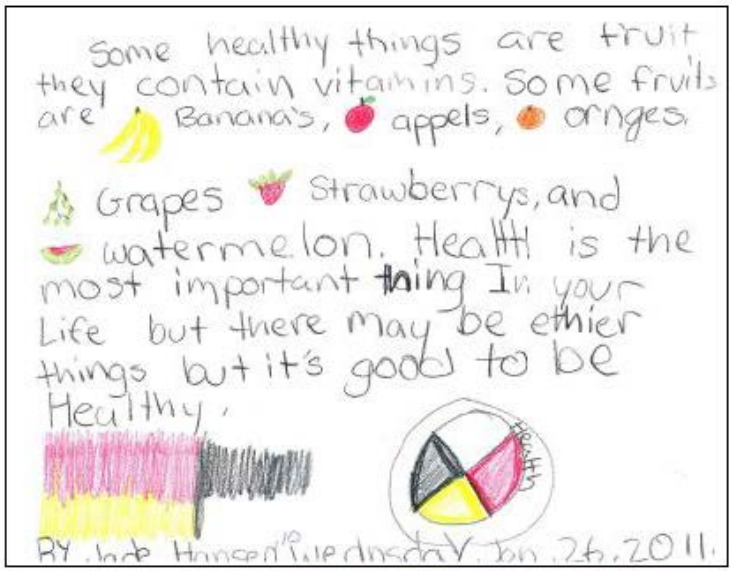

DEAR LORI
Thank you for
inviting us here
tonight And thank you
to the guy how made
Dinner. Im glad to go
places and meet New
people. And to meet
you. at thANKS!
FROM


HEALTHY
FOODS.




Pear
Banana
Apple
Orange
Peach
Grape


Lots of healthy actions are...
Baket ball, Soccer Ball And Many More.
And Lots Of actions you Shouldn't doe Like ...
Smoking, and Being a potato couch, And many more
AND SO STAY Fit, And STAY Healthy.
Tacke medicen if Doctor gives it to you.


Some healthy things are fruit they contain vitamins. Some fruits are Banana's, appels, orages.
Grapes Strawberrys, and watermelon. Health is the most important thing In your Life but there may be ethier things but it's good to be Healthy.
Health

# Appendix B: Survey Tools

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TEL: 905-889-4430
FAX: 905-889-9961

andrea@johnstonresearch.ca
www.johnstonresearch.ca

## INTRODUCTION

Johnston Research Inc. is an experienced First Nation owned and operated company, contracted by the ***Waterloo Wellington*** **Local Health Integration Network** (LHIN) to assist with the development of health programming to better meet the needs of Aboriginal clients within these LHIN areas. Johnston Research Inc. will analyze the information that we gather in a culturally-safe manner. **Please take about 15-30 minutes to answer these questions.** All information will be kept confidential according to the *Privacy Act*. **If you are First Nation, Métis or Inuk 15 years of age or over and live in the County of Wellington, Region of Waterloo, the city of Guelph, or Southern Gray County you are eligible to participate in this survey.**

*Cut here and keep top half.*

## INFORMED CONSENT

**I am First Nation, Métis or Inuk and live in the County of Wellington, Region of Waterloo the city of Guelph, or Southern Gray County** and understand that all of the information that I provide in this survey will be kept secure and confidential according to the *Privacy Act*. My name will not be used in any way. I understand that my participation in the survey is voluntary and I may choose to withdraw at any time. The information that I am providing will be used by the *Waterloo Wellington* Local Health Integration Networks to develop an Aboriginal plan and process for addressing the health concerns in my community.

Signed _____

Print name _____

Phone # or email _____

**REMOVE THIS PAGE FROM THE SURVEY. SUBMIT THIS HALF AND SURVEY.**

A. PERSONAL INFORMATION

1. **Are you...**

- ☐ Status First Nation. *Go to question 2.*
- ☐ Non-status First Nation. *Go to question 2.*
- ☐ Métis *Go to question 3.*
- ☐ Inuk *Go to question 3.*
- ☐ Mix of any above *Go to question 3.*
- ☐ Not First Nations, Métis, or Inuk *Go to question 3.*

2. **If you are First Nation, What is the name of your home community?**

_____

3. **Do you currently live in...**

- ☐ County of Wellington
- ☐ Region of Waterloo
- ☐ City of Guelph
- ☐ Southern Gray County If so which town

  _____
- ☐ Other: _____

4. **Gender**

- ☐ Male
- ☐ Female
- ☐ Two-Spirited (gay, lesbian, bisexual, transgender, and inter-sex)
- ☐ I prefer not to answer

5. **Indicate which age category you fall into**

☐ 15-19 years ☐ 30-34 ☐ 45-49 ☐ 60-64 ☐ 75-79

☐ 20-24 years ☐ 35-39 ☐ 50-54 ☐ 65-69 ☐ 80 and over

☐ 25-29 years ☐ 40-44 ☐ 55-59 ☐ 70-74 ☐ Refused

6. **Present marital status**

☐ Married ☐ Common law ☐ Separated

☐ Divorced ☐ Widowed ☐ Single ☐ Refused

B. PERSONAL AND GENERAL COMMUNITY HEALTH

7. **In general would you say that your health status is:**

☐ Excellent

☐ Very Good

☐ Good

☐ Fair

☐ Poor

8. **Have you been told by a doctor, nurse or other health professional that you have an on-going (chronic) illness?**

☐ Yes

☐ No

☐ Don’t know

☐ Refused

9. **Do you have Fetal Alcohol Spectrum Disorder in your family?**

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Refused

10. **What do you feel are the most urgent health concerns for you personally**? ***Mark your top three concerns.***

- ☐ I have no urgent health concerns
- ☐ Chronic Health conditions (diabetes, heart disease, arthritis/rheumatism)
- ☐ Diet/Weight
- ☐ Alcohol and or drug use
- ☐ Non-traditional tobacco use
- ☐ Mental Health
- ☐ Access to mainstream health care
- ☐ Access to traditional Aboriginal health care
- ☐ Fetal Alcohol Spectrum Disorder (FASD)
- ☐ Social Factors including poverty, income, education
- ☐ Other _____
- ☐ Don't Know

*Please explain your answer*

11. **What do you feel are the most urgent health concerns facing your Aboriginal community?** ***Mark your top three concerns.***

- ☐ There are no urgent health concerns in my community
- ☐ Chronic Health conditions (diabetes, heart disease, arthritis/rheumatism)
- ☐ Diet/Weight
- ☐ Alcohol and or drug use
- ☐ Non-traditional tobacco use
- ☐ Mental Health
- ☐ Access to mainstream health care
- ☐ Access to traditional Aboriginal health care
- ☐ Fetal Alcohol Spectrum Disorder (FASD)
- ☐ Social Factors including poverty, income, education
- ☐ Other _____
- ☐ Don't Know

*Please explain your answer*

| |
|---|
| |

12. What are the most **urgent health concerns for children** in your Aboriginal community?

| |
|---|
| |

C. ACCESS TO HEALTH CARE

13. **When using health care services, do you self-identify as an Aboriginal Person?**

☐ Yes, Always *Go to 14.*

☐ Sometimes *Go to 13.*

☐ No, Never *Go to 13.*

☐ Don't Know *Go to 14.*

☐ I prefer not to answer *Go to 14.*

14. **If you do not always identify as an Aboriginal person when using health care services, why not?**

15. **Are you familiar with the local health integration network (LHIN) in your area?**

☐ Yes, very knowledgeable ☐ Yes, somewhat knowledgeable

☐ Not at all knowledgeable

☐ Don't know ☐ I prefer not to answer

16. **If yes, how did you come to know about the LHIN?**

**If not, are you interested in learning more about the LHIN?**

17. **How familiar are you with locally available health care services in your area?**

☐ Yes, very familiar ☐ Yes, somewhat familiar

☐ Not at all familiar

☐ Don't know ☐ I prefer not to answer

Please Explain.

18. **How do you feel about your access to health care? Do you feel as though you can get health services that are right for you when you need them?**

☐ Always

☐ Most of the time

☐ Some of the time

☐ Never

☐ Don't Know

☐ Prefer not to answer

19. **When you are looking for *non emergency* <u>HEALTH INFORMATION</u> or advice, where do you look for it?** *Mark all that apply*

☐ Family Doctor

☐ Friends or family

☐ Health Centre

- ☐ Hospital
- ☐ Aboriginal Health Centre
- ☐ LHIN
- ☐ First Nations, Métis or Inuit Healer
- ☐ Internet ( health websites etc)
- ☐ Telehealth
- ☐ Other _____

Please explain?

| |
|---|
| |

**20. Do you have a regular family doctor?**

- ☐ Yes Go to 21.
- ☐ No Go to 20.
- ☐ Don't know ☐ I prefer not to answer

**21. If you do not have a regular family doctor, why not?**

*Mark all that apply***.**

- ☐ Family doctor not available
- ☐ Currently on a waiting list
- ☐ Don't know how to find a family doctor
- ☐ Don't know how to find walk-in clinics
- ☐ Have not looked for any of the above
- ☐ Use alternative or traditional services instead
- ☐ Other Specify: _____
- ☐ Don't Know ☐ I prefer not to answer

22. **Over the past 12 months, how often has your primary health care provider (family doctor, RN/Nurse practitioner, alternative doctors, traditional healer) changed?**

- ☐ Haven't had a primary health care provider in the last 12 months
- ☐ Two times or more
- ☐ Once
- ☐ Has not changed
- ☐ Don't Know ☐ I prefer not to answer

23. **When you need <u>health care</u>, where do you usually go?** ***Mark only one.***

- ☐ Family doctor's office
- ☐ Walk in Clinic
- ☐ Emergency Room
- ☐ Aboriginal Healer/traditional services (used ceremonies and/or traditional medicines)
- ☐ Alternative Health Care (acupuncture, naturopath, massage therapist, chinese medicine)
- ☐ Nowhere / don't bother
- ☐ Other, Specify _____
- ☐ Don't Know ☐ I prefer not to answer

**24. Over the past 12 months, where did you use the following types of care?**

| | Local (within 20km) | Over 20 km Away | Don't use this type of care | Don't Know |
|---|---|---|---|---|
| Family Doctor's office | ☐ | ☐ | ☐ | ☐ |
| Medical Walk-in Clinic | ☐ | ☐ | ☐ | ☐ |
| Traditional Health Care<br>*(Aboriginal healer, participated in ceremonies, traditional medicines)* | ☐ | ☐ | ☐ | ☐ |
| Alternative health care<br>*(naturopath, acupuncturist, Chinese medicine specialist, chiropractor, homeopathy)* | ☐ | ☐ | ☐ | ☐ |
| Health Nurse Practitioner<br>*(nurse who completed advanced training program as a primary direct provider of health care and can prescribe some medications)* | ☐ | ☐ | ☐ | ☐ |
| Medical Specialist | ☐ | ☐ | ☐ | ☐ |

**25. If you travelled outside of the community to receive care, please indicate why you travelled to receive that care Mark all that apply.**

| | Service not availabl e within 20km | Service available closer but I am more comfortable with the services that I receive and travel as a result. | Other, *Please specify* | Don't use this type of care |
|---|---|---|---|---|
| Family Doctor's office | ☐ | ☐ | | ☐ |
| Medical Walk-in Clinic | ☐ | ☐ | | ☐ |
| Traditional Health Care | ☐ | ☐ | | ☐ |
| Alternative health care | ☐ | ☐ | | ☐ |
| Health Nurse Practitioner | ☐ | ☐ | | ☐ |

**26. How important is it to you that you have local access (within 20 km) to…(Choose 1 -*Very Important* and 4 - *Not important*)**

| | Very important | Important | Somewhat Important | Not important |
|---|---|---|---|---|
| Aboriginal Health Centre | 1 | 2 | 3 | 4 |
| A traditional healer/Elder/Helper | 1 | 2 | 3 | 4 |
| An alternative health care provider | 1 | 2 | 3 | 4 |

| | | | | |
|---|---|---|---|---|
| A family doctor | 1 | 2 | 3 | 4 |
| A hospital care provider | 1 | 2 | 3 | 4 |
| A specialist | 1 | 2 | 3 | 4 |
| A dentist or orthodontist | 1 | 2 | 3 | 4 |
| A Nurse practitioner | 1 | 2 | 3 | 4 |
| A Chiropractor | 1 | 2 | 3 | 4 |
| A Dietician | 1 | 2 | 3 | 4 |
| A Midwife | 1 | 2 | 3 | 4 |
| Hospice care (palliative care) | 1 | 2 | 3 | 4 |
| Physiotherapist or occupational therapist | 1 | 2 | 3 | 4 |
| Social worker, counselor or psychologist | 1 | 2 | 3 | 4 |
| Eye doctor, such as an ophthalmologist or optometrist | 1 | 2 | 3 | 4 |
| Other medical doctor, such as surgeon, allergist or orthopedist | 1 | 2 | 3 | 4 |

27. **During the past 12 months, have you experienced any of the following problems with receiving health care? Read each item and answer yes or no.**

**NIHB** *refers to the Non Insured Health Benefits program* ***only to Status Indians with a status card*** *that provides financial support to help cover health care costs: medications, dental care, vision care, medical supplies/equipment, etc.*

| | Yes | No | Don't Know | I prefer not to answer | Not Applicable |
|---|---|---|---|---|---|
| Doctor or nurse not accepting new patients | ☐ | ☐ | ☐ | ☐ | ☐ |
| Waiting list too long | ☐ | ☐ | ☐ | ☐ | ☐ |
| Needed service was not available in my area | ☐ | ☐ | ☐ | ☐ | ☐ |
| Unable to arrange transportation | ☐ | ☐ | ☐ | ☐ | ☐ |
| Difficulty in getting culturally based traditional care | ☐ | ☐ | ☐ | ☐ | ☐ |
| Denied coverage by Non Insured Health Benefits (NIHB) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Health care provider refused to use Non Insured Health Benefits (NIHB) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| Could not afford the direct cost of care/service | ☐ | ☐ | ☐ | ☐ | ☐ |
| Could not afford transportation | ☐ | ☐ | ☐ | ☐ | ☐ |
| Could not afford childcare costs | ☐ | ☐ | ☐ | ☐ | ☐ |
| Felt health care provided was inadequate (Did not get the time or attention that I needed) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Felt service did not meet my cultural needs | ☐ | ☐ | ☐ | ☐ | ☐ |

**28.** Have you ever used Telehealth?

- ☐ Yes **Go to 28.**
- ☐ No. Go to 29.
- ☐ Have never heard of Telehealth Go to 29.
- ☐ Prefer not to answer Go to 29.

**29.** If yes, did you find Telehealth helpful in addressing your medical concern?

| |
|---|
| |

**30.** If an Aboriginal Health Care Centre were available in your area would you use this service?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Refused

Please explain.

| |
|---|
| |

## D. QUALITY / APPRORIATENESS OF CURRENT HEALTH CARE

**31. Would you say that the health care that you received was culturally safe? By culturally safe, we mean** *A care environment where a person with Aboriginal heritage feels comfortable with health care providers knowing of, being knowledgeable about and respecting cultural ways/values whether the care providers themselves are Aboriginal or not.*

- ☐ Always
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

*Please Explain*

| |
|---|
| |

**32. How appropriate was the kind of health care you received over the past year?**

- ☐ Better than I expected
- ☐ Met my expectations
- ☐ Somewhat met my expectations
- ☐ Was unacceptable
- ☐ Don't know / I prefer not to answer

**33. In your opinion, what aspects of health care are working well in terms of meeting your health care needs?**

| |
|---|
| |

**34. Do you currently use traditional First Nations, Métis, Inuk health care?**

- ☐ Yes
- ☐ No
- ☐ Don't Know

35. **Are you interested in accessing traditional First Nations, Métis , Inuit health care?**

- ☐ Yes
- ☐ No
- ☐ Don't Know

36. **Have you had any of the following difficulties when wanting/trying to access traditional First Nations, Métis, Inuk health care approaches?** .

**MARK ALL THAT APPLY**

- ☐ No difficulties
- ☐ Not available through mainstream health care
- ☐ Don't know where to get them
- ☐ Not covered by Non Insured Health Benefits (Health Canada)
- ☐ Can't Afford it
- ☐ Not interested
- ☐ Didn't want to and/or didn't try
- ☐ Don't know enough about them
- ☐ Concerned about effects
- ☐ Services not available locally
- ☐ Services or sessions offered locally are very infrequent and not always convenient
- ☐ Services available are not offered by a person from my specific culture (i.e. Ojibway, Cree, Iroquois, Mohawk, Métis, Igloolik, etc.)
- ☐ Don't Know
- ☐ I prefer not to answer

**37. How important to you is it that your health care provider …(Circle 1 - *Very Important* and 4 - *Not important*)**

| **Importance that your health care provider...** | Very important | Important | Somewhat Important | Not important |
|---|---|---|---|---|
| Is understanding of Aboriginal ways or knowing and being | 1 | 2 | 3 | 4 |
| Aboriginal and well versed in Aboriginal health care needs | 1 | 2 | 3 | 4 |
| Non-Aboriginal and well versed in Aboriginal health care needs | 1 | 2 | 3 | 4 |
| Knows you as a person | 1 | 2 | 3 | 4 |
| Acts in a way that you feel you can trust | 1 | 2 | 3 | 4 |
| Prescribes drugs for your ailments/health needs | 1 | 2 | 3 | 4 |
| Listens to and considers your OVERALL health during each visit | 1 | 2 | 3 | 4 |
| Prescribes alternative medical solutions in addition to the drugs (e.g., prevention and lifelong health) | 1 | 2 | 3 | 4 |
| Prescribes traditional medicines / natural remedies | 1 | 2 | 3 | 4 |
| Is available after hours | 1 | 2 | 3 | 4 |
| Makes available a Nurse Practitioner when you cannot see a doctor | 1 | 2 | 3 | 4 |
| Makes available a person who can act as an advocate to get you the information you need | 1 | 2 | 3 | 4 |

| | | | | |
|---|---|---|---|---|
| Makes available a person who can act as an advocate that will get you all the care you need | 1 | 2 | 3 | 4 |

**38.** What services or supports would you find useful in helping to improve the quality of the health care services that you receive?

*Please Explain*

H. INCOME, EDUCATION, AND HOUSEHOLD

**39. Are you currently working for pay (wages, salary, self-employment)?**

☐ Yes Go to 39.

☐ No Go to 40.

☐ Don't know

☐ Refused

**40. On average, how many paid hours do you work per week?**

____ ____ Number of hours

**41. For the year ending December 31, 2009, please think of the total income, for *all household members*, including yourself, before deductions, from all sources.** *Please look at these categories and mark which range it falls into.*

☐ Income loss

☐ No income

☐ $1-$4,999

☐ $5,000-$9,999

☐ $10,000-$14,999

☐ $15,000-19,999

☐ $20,000-24,999

☐ $25,000-$29,999

☐ $30,000-$39,999

☐ $40,000-$49,999

☐ $50,000-$59,999

☐ $60,000-$69,999

☐ $70,000-$79,999

☐ $80,000 and over

☐ Don't know

☐ Refused

**42. Including yourself,** *how many people typically live (at least 3-4 days per week) in your household?*

_____ Number of adults (16 years+)

_____ Number of children (15 years or under)

**43. Did you graduate from high school?**

☐ Yes

☐ No

☐ Don't know

☐ ☐ Refused

**44. Other than elementary and secondary grades, what education have you completed?**

*Check all that apply.*

☐ Some trade, technical, or vocational school

☐ Some community college or CEGEP

☐ Some university

☐ Diploma or certificate from trade, technical or vocational school

☐ Diploma or certificate from community college, CEGEP, or university

☐ University degree

☐ Master's degree

☐ Earned doctorate (PhD)

☐ Other

_____

☐ Don't know

☐ Refused

☐ None

I. WRAP-UP

**45.** Do you have any additional comments about the quality or access to health care services for you or your family?

# Appendix B: Focus Groups: "What we heard"

**Wellington Waterloo Local Health Integration Network**

**Aboriginal Health Needs Community Focus Group - Kitchener**

**January, 26, 2011**

## QUESTION 1. WHAT IS WORKING WELL?

"Caring [Aboriginal] community"

"I find that health care has come a long way and is only going to get better."

"I have a regular find a regular family doctor. I'm an older person and I feel sorry for the younger people who cannot find a doctor. I've been told that my doctor is excellent and caring. We are very lucky to have her."

"Easy access"

"It works well when you have a family physician that is good"

"Drug stores"

"Visits to the doctor"

"Doctor is accessible- professional/family environment, happy to have a female doctor."

"Easy access"

"The Dr. tells you everything"

"Help in the time of need"

"More doctors less nurses"

"Not waiting for long periods to see a doctor or a nurse"

"Easy accessibility to health care"

"Finding health care professional that accept the status card immediately without having to pay first and spend our time filling out paper work and pursuing our band office"

"No judgment because we are native"

"Finding good team members in that field"

"If they understand what your problem is"

"If they are able to help you with your problems"

"Word of mouth recommendations, bartering system, sliding scale fees, someone who understands indigenous wholistic healing practice and can work with and support and include this. When getting services it really helps when providers give an empowering context and use preventative wholistic models. Looking at mind, spirit, physical and emotional and their whole lifestyle for improving health.

"Works well for me: people who take into account financial and travel barriers- are located on a travel route, use diet on a budget tips instead of prescribing expensive vitamins- naturopaths, MT, energy practitioners, traditional healers, CMFT, registered therapist who advocate to get me on ODSP and get needed services that were not covered.

"advocacy"

"Knowing what kind of health care that you need"

"Easy health care system"

"Word of mouth"

## QUESTION 2: WHAT BARRIERS HAVE YOU FACED IN ACCESSING CARE THAT MEETS YOUR NEEDS/EXPECTATIONS?

"Time"

"Transportation"

"Dental seems to be hard to receive using a native (status) card we seem to always get generic brands"

"Medications not covered by health plan"

"Waiting too long every time"

Having more places to go to"

"No First Nations walk in clinics, no birthing centres, mainstream very ignorant about First Nations birth, need First Nations nurses, midwives and doulas"

"Maybe the language barrier"

"Transportation"

"- the understanding of the system"

Lack of knowledgeable profession people"

"You get the run around"

"At night- 20 nurses, one doctor"

"They could have a computer so when you don't have you health card they would know you"

"Health card needs"

"Not having a lot of people who have the skills you need"

"Transportation not always available"

"No Aboriginal care facilities"

"Aboriginal health care not available- e.g. birthing centres- mainstream hospitals are very ignorant of First Nations birthing."

"More First Nations midwives and doulas are required off reserve.

"Do not always feel heard by health care professionals"

"[mainstream HCP] do not support alternative health therapies"

"Do not acknowledge my cultural practices as being important to my well-being"

"Understanding what you needs are"

"Respect in the case of our elderly"

"When you get the run around"

"Waiting for 4-5 years to get a doctor"

"Seniors need better care plans"

"Finding the right person or system to work"

"Knowing where to get the health care that is needed"

"People who need credit cards/history – I don't have that"

"Not being able to get a local doctor, specialist, having people who are available on a local bus line-. People who I can't talk about ceremonies and wholistic health and work with me on that. Waiting in ER for hours, no money to get home"

"Not being able to smudge in hospital or doctor's office"

"Having to pay for vitamins even though I need them for health"

"Alternative medicine not covered- massage, naturopath, supplements."

"I'm satisfied"

"Wait times for the hospitals and family doctors"

"Not enough doctors"

## QUESTION 3: WHAT STRATEGIES WOULD YOU RECOMMEND TO IMPRIVE ACCESSIBILITY AND QUALITY OF CARE?

"It would be nice if health care and hospitals works alongside natural medicine, if hospitals had Elders in them, in there were a working relationship and wholistic model were integrated into the mainstream instead of them being oppositional. If basic needs were guaranteed. If reserves had clean drinking water and accessible health services."

"No one being there. I would love it"

"Knowing my doctor for over 20 years. She takes care of my needs. No problems getting help."

"That the doctors need to stop giving us generic drugs and give us name brand"

"It would be more pleasant if you would be able to bring forward more than 1 issue to your doctor per visit."

"I really don't have anything on that one"

"A better understanding of the Native peoples and their needs. If they understand us as a people or person."

"Higher more knowledgeable professional people"

"Giving lists of health care providers that accept Native Status or providing more wellness clinics."

"Pleasant and caring understanding doctors and nurses"

"A community centre for community to share wellness programs to prevent illness"

"Advocate for seniors homes, family homes"

"Familiarize themselves with First Nations history, health concerns, and culture"

"If we had more doctors we would wait less time-6-12 hours is too long when we have jobs and families"

"More money for tools that are needed"

"It would be more pleasant if it didn't take so long"

"Getting hope and the right answers to the issues"

"Having access to more native health practitioners that know what a native needs"

"Ideally it would be great to have our own doctors to look after us. Diabetes is rampant and we need to have our own feet, our kidneys, our blood sugars checked. We have medical services which has cut back on everything for Aboriginal people-glasses, vision care, prescription drugs, Native people receive generic brands, Native people need to protest more"

"Doctor is not available for everyone – shortage of doctors, wait time for specialist care, access to medical benefits"

"Should not have to wait 2-3 days for an appointment"

"More money put into health care and healthier living"

"Thanking your doctor"

"Publish a list of health care items that are accessible to Aboriginal people."

**WELLINGTON WATERLOO LHIN**
**GUELPH FOCUS GROUP, FEBRUARY 9, 2011**

## QUESTION 1: WHAT ARE THE PRIMARY HEALTH CONCERNS FOR YOUR COMMUNITY?

PRIORITIES:

- Trust
    - Lack of education among health care professionals
    - Mistrust of the medical system in general

- Access to traditional care
    - No local access, have to drive 40km or longer
    -
- Mental Health
    - Youth- vulnerability
- Support for Aboriginal clients
    - Lack of knowledge about what services are available to them
    - Knowledge about service providers who accept NIHB and Aboriginal clients
    - Advocacy service for Aboriginal families
    - Interpretation services for families who are not familiar with the system
    - Not being able to smudge in the hospital

- Emotional support

- Prevention
  - Knowledge for families and parents – who

GENERAL DISCUSSION

FAMILY

- Lack of knowledge coming from parents – Learning how to take care of yourself- what is normal and what is not= learning by example through the family- but this haven't happened for some people and has been disrupted in many families
- Difficult to trust the HC system especially if you have had a bad experience
- Grief-
- Western medicine needs to recognize culture
- Need doctors
- Emotional supports
- Need to have good experiences
- "support is hard to come by"
- Physical problem leads to an emotional problem and there is a lack of support
- Challenge for people who were on reserve and then they move off and they need support
- Need advocacy
- Need wholistic treatments for people of all ages- Western medicine just looks at the physical and traditional care looks at the whole person.

- Lack of traditional care in this community
- NIHB changes in service- who will accept the NIHB card
- Lack of clinical in the community on Sundays- lack of access to mainstream
- "need our own healing centre here"
- There is a walk-in clinic in Mississauga where you can access all of the specialists- it would be good to have this in the community
- "I haven't encountered a medical professional that understands my needs – they give me more medication but I need wholistic treatment
- Mental health is not taken seriously
- Education needs to happen-perceptions need to be changed
- Not treated the same as a physical, visible health condition
- "over prescribing"- sometimes people just need empathy

**QUESTION 2: WHAT COULD BE IMPROVED WITH THE CARE THAT YOU RECEIVE?**

PRIORITIES

- need more resources
- MHP training
- personal empowerment
- availability of indigenous specific services
- NIHB

Discussion

- "everything"
- Having the 'right resource' in the community
- Chronic pain management

- “cultural diversity training for all providers
- ‘- so that they have a little knowledge
- “we have to take responsibility for ourselves but Western medicine needs to take responsibility as well.
- Access to Aboriginal healing- where do we go? Over 40 km away

- How can we support healers to come here?
- NIHB and government coverage for wholistic care like midwives
- Work to make people more comfortable
- NIHB is problematic-there have been cutbacks for services, the administrative hoops a person needs to go through
- Have an Indigenous medical team that would specialize in Indig health butthis would only segregate us further
- Getting more doctors is a priority so that people have a doctor
- ‘we need to recreate things
- Empowerment-relationships, should be communicating with OMA and other bodies

**QUESTION 3:WHAT KIND OF HEALTH SERVICES WOULD YOU LIKE?**

- **SERVICE FOR TWO SPIRITED PEOPLE**
- NIHB- INAC needs to recognize more qualifications so that FN people can access a greater number of services “if they don’t fit in boxes, they don’t get the services”
- Empowerment training- for Aboriginal People

- Patient navigator/advocate-used to have a program like that but it disappeared
- “our folks do want to advocate for ourselves
- The docs can give advice but it is about taking action after the fact
- How do you put a spotlight on your own health
- Parenting- breakdown of the family, trauma,
- Access to traditional care ceremony etc.
- Mental health services
- Support
- I need to educate myself- Native information bank, educating Elders in using computers
- TV Commercials
- Education/Prevention- education for kids in schools about how to take care of themselves
- Support