

# OUR HEALTH COUNTS TORONTO NEWSLETTER

February 2017

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## Our Health Counts Toronto Reference Group Meeting Updates

The Reference Group is comprised of representatives from Indigenous and allied health and social service organizations in the GTA. Members of the group meet quarterly throughout the project to help guide the research process, including review of the survey tools, data analysis, and strategies and means of sharing the research findings.

On May 31, 2016 the Our Health Counts research team hosted the fourth meeting and brought together the Reference Group at the Toronto Birth Centre. We had a great turnout for this meeting, with representation from 17 organizations. The meeting provided the opportunity to establish and confirm data analysis priorities moving forward with a "Dotocracy" exercise and project update on preliminary findings. As well, OHC Biostatistician Mike Rotondi provided an update on the Toronto Indigenous Population for the GTA Proper. Sam Kloestra and Ellen Blais from the TIHAC (Toronto Indigenous Health Strategy) provided an update on the TCLHIN Toronto Indigenous Strategy.

On October 19, 2016 the Our Health Counts research team hosted the fifth meeting and brought together the Reference Group at the Toronto Birth Centre. We had a great turnout for the meeting. Data Analyst Kristen O'Brien provided a preliminary data snapshot followed by a Roundtable Discussion. Some of the feedback provided by the Reference Group included: looking at population data for the neighbourhoods in the survey, maternal child and health profiles, and looking into chronic health conditions.

For the upcoming OHC Toronto Reference Group Meeting on February 9, 2017, we will be sharing more preliminary findings and discussing next steps in the project.

## Recent Events

November 30, 2016

### MOHLTC/SPOR Research Day

Community Project Lead Sara Wolfe and Co-Investigator Michelle Firestone presented a poster and oral presentation on "Our Health Counts: Unmasking Population Size and Health Needs of Urban Indigenous Peoples" for the conference at the MaRs Discovery District in Toronto.

January 20, 2017

### RDS Workshop: St. Michael's Hospital and Dalla Lana School of Public Health

OHC Toronto Biostatistician Mike Rotondi conducted a hands-on workshop on Respondent-Driven Sampling (RDS) data collection methods.

## What is the purpose of the OHC Toronto Newsletter?

Prepared and distributed on a quarterly basis, the newsletter is designed to provide Co-Investigator and Reference Group members with the most up-to-date information about the Our Health Counts Toronto Project.

The Newsletter is brought to you by the Well Living House. For more information, call 416-864-6060 ext. 77436



## In This Newsletter

### Questions and Answers with Constance McKnight

Connie McKnight, Community Co-Investigator from the *Our Health Counts Hamilton* project shares her insight on the role of community for research collaboration and implementation.

### Preliminary Findings

Respondent-Driven Sampling estimates of the Demographics are provided.

### Our Health Counts Toronto Timeline

What's happened and what's coming next!

### Indigenous Reproductive Fact Sheet

For each *Our Health Counts Toronto* Newsletter, we feature a question and answer section from either a Co-Investigator or a Reference Group Member that is part of the project.

## Question and Answer's with *Our Health Counts Hamilton* Community Co-Investigator...

# Constance McKnight

Connie McKnight acts as Executive Director of De dwa da dehs nye>s Aboriginal Health Centre in Hamilton, Ontario. Currently, she is also the Aboriginal Constituency Member of the Board of Directors of the Association of Ontario Health Centres, and is a Public Member of the Consent and Capacity Board of Ontario.

**Connie McKnight talks about the impacts of the *Our Health Counts Hamilton First Nations Report* inside of her organization and the role of community research.**

**1. How have the findings and the data from the *Our Health Counts Hamilton First Nations* project impacted your work with health and social services in Hamilton?**

"It's had a huge impact. It's given us opportunities to create new programs and services within the organization and its shown decision makers the need to support the work of De dwa da dehs nye>s, to try and positively impact the community statistics, improving our communities' health and wellbeing. The data has helped to educate the staff. It's helped to educate the board, the community, the decision makers. It's helped us look at what we're missing and to try and improve our patients' quality of life. And it's also given us the ammunition to go to the provincial government and have them track our community need and reach. And that's just this year. It's given us the data, the evidence that we need to grow."



**2. In terms of programming, what specific programs do you think it directly impacted?** "Homeless for sure. We recognized in the study, that there was a 13% homelessness rate of Indigenous folks. What we know, after working with the city and going out on 2-point time counts, that there's actually 28% of the folks who are in the shelter system identify as Indigenous. So that's pretty substantial...and because we have the data, we've been able to do things like create a diaper program."

**3. What types of challenges did you face around applying health information in the work?** "I can't say that we've had a huge challenge. I think if anything, it's been human resources and having a number...enough folks out there talking about it. That has been the greatest challenge because people are very receptive once we can start quoting it. You know, it's amazing. Like the LHIN uses it. The city uses it. Everybody uses it. We have gone out and we've made sure people have the hard copies when they're in a decision making capacity. We bring out the statistics. We have it online. It's readily available...So I can't say there has been much in the way of challenges except that we can't get the data out as we would like to, because we don't have the capacity all the time."

**4. What kind of tangible impacts have the findings had on the community?** "We have the data and we use it at every opportunity - when we're writing proposals, when we're out talking to decisions makers or the government...We've been able to grow the organization in leaps and bounds. So it's positive - it's very positive and I think that Hamilton is very proud of the fact that the data was started here...I think that it's amazing to me how much the organization has grown. And part of it is because we've been able to get money to do the things that impact the community in a positive way."

## Our Health Counts Hamilton Project and Community Report

De dwa da dehs nye>s Aboriginal Health Centre, Ontario Federation of Indian Friendship Centres, Hamilton Executive Director's Coalition and the Our Health Counts Governing Council presented the Public Release of the *Our Health Counts Urban Aboriginal Health Database Research Project, Community Report for First Nations Adult and Children, City of Hamilton* in 2011. The report documents for the first time basic population health measures such as health care access, chronic disease and disability, Indigenous specific services, and housing of First Nation adults and children living in Hamilton, Ontario. The report's key findings include 14 policy recommendations to address the identified striking levels of poverty and health disparities among First Nations residents living in Hamilton, Ontario.

For the full Community Report, please visit: <http://aboriginalhealthcentre.com/services/our-health-counts/>



# Preliminary Findings

## Adult Demographics

**Total Adult Participants: 918**

### Indigenous Identity

First Nations: 85.51%  
 First Nations and Métis: 0.45%  
 Inuit: 0.37%  
 Métis: 13.37%  
 Other: 0.30%

### Age Group

15 - 24 years: 21.22%  
 25 - 34 years: 19.47%  
 35 - 44 years: 21.41%  
 45 - 54 years: 24.20%  
 55 - 64 years: 10.38%  
 65+: 3.32%

### Before-Tax LICO (Low Income Cutoff)

Above before tax LICO Cutoff: 14.15%  
 Below before tax LICO Cutoff: 85.85%

### Gender

Female: 48.62%  
 Male: 49.92%  
 Trans (Transgender, Transsexual, Gender Queer): 0.98%  
 Other/You do not have a category that applies to me: 0.47%

### Two Spirit

Yes: 17.57%  
 No: 81.58%  
 Chose Not To Answer: 0.85%

### Sexual Orientation

Straight/Heterosexual: 85.86%  
 Bisexual: 4.34%  
 Gay: 4.16%  
 Lesbian: 1.33%  
 Asexual: 0.53%  
 Other/You Do Not Have A Category That Applies To Me: 0.47%  
 Chose Not To Answer: 0.85%

### Relationship Status

Single: 64.39%  
 Girlfriend/Boyfriend: 14.64%  
 Common Law/Cohabitating: 13.07%  
 Married and Cohabitating: 4.08%  
 Separated: 3.54%  
 Chose Not To Answer: 0.28%

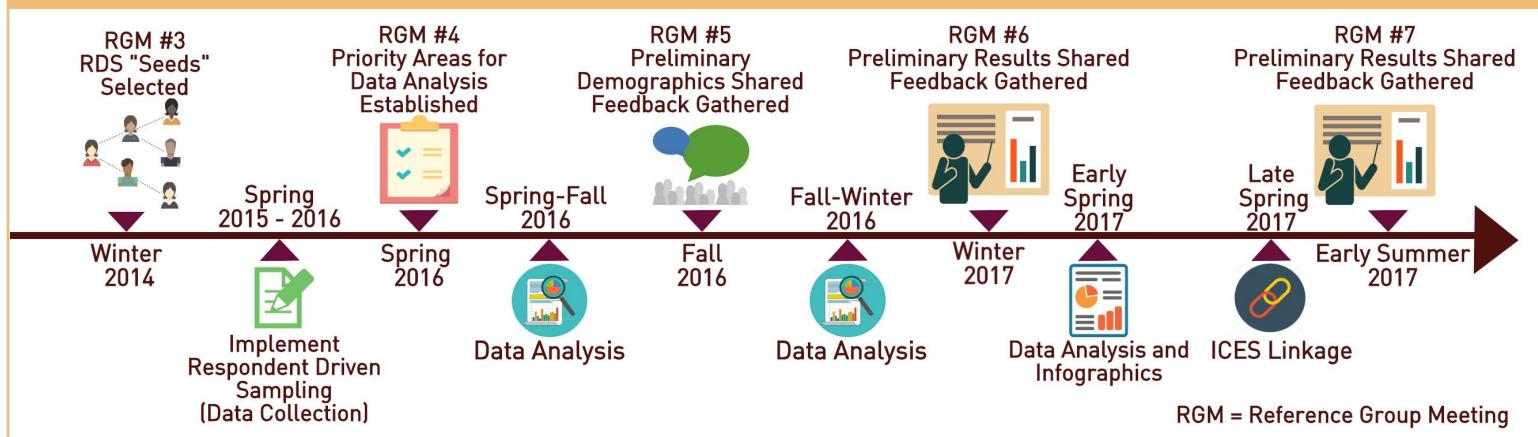
### Education

Less than Grade 9: 11.76%  
 Some High School: 37.71%  
 Completed High School: 17.78%  
 Some college or specialized training: 13.17%  
 Completed college or specialized training: 11.47%  
 Some University or More: 7.77%  
 Chose Not To Answer: 0.34%

### Employment

Unemployed: 61.49%  
 Student: 15.00%  
 Part-Time: 5.98%  
 Full-Time: 4.97%  
 Retired: 3.22%

## Our Health Counts Timeline



# Indigenous Reproductive Health in the City



## OUR HEALTH COUNTS TORONTO

OHC Toronto is the first inclusive community-based health survey for Indigenous residents of Toronto and is part of the largest Indigenous population health study in Canada.

Participants were selected using respondent-driven sampling, a statistical method which uses social networks in the community to recruit Indigenous people living in the city.

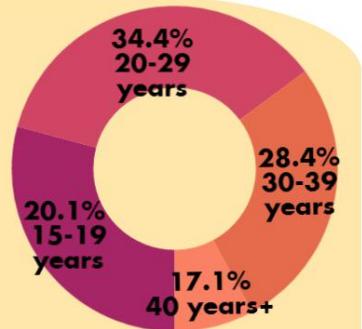
The study enabled the production of the first representative population based estimates of urban Indigenous maternal health factors.

## MATERNAL POPULATION

The urban Indigenous population of reproductive age is young

**Female  
(96.4%)**

**Trans or other  
(3.6%)**



Most are of First Nations or Metis ancestry, and identify as female.



## FERTILITY

**1** The fertility rate for urban Indigenous women and trans/other of reproductive age living in Toronto is **2.12 children**

**vs.**



**1.51 children per woman living in Ontario<sup>1</sup>**

1. Statistics Canada. (2016). Crude birth rate, age-specific and total fertility rates (live births), Canada, provinces and territories, annual (rate) - Table 102-4505.

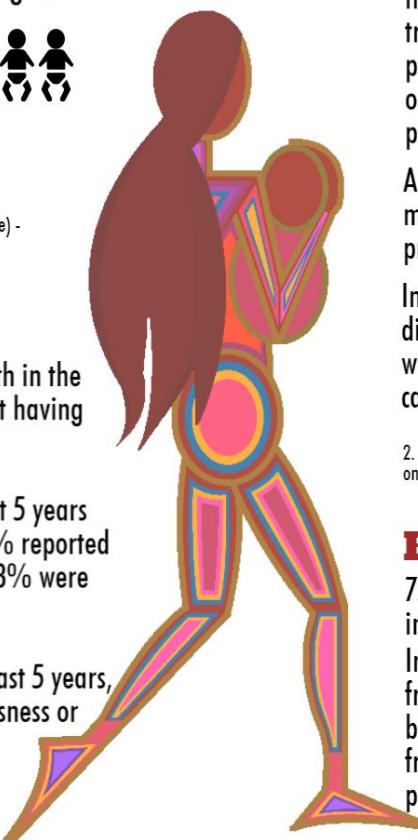
## NEEDS



1/3 of women and trans/other that gave birth in the past 5 years reported sometimes or often not having enough food to eat.

46.3% of mothers that gave birth in the past 5 years had less than a high school education, 55.4% reported a household income below \$20,000 and 55.3% were unemployed.

Of the mothers that had given birth in the past 5 years, more than 10% were experiencing homelessness or living in a homeless shelter.



## PREGNATAL CARE

In Toronto, 8% of women receive prenatal care from midwives<sup>2</sup>. Among Indigenous women and trans/other of reproductive age, 68.1% received prenatal care from obstetricians, family physicians or general practitioners, and 31.9% received prenatal care from midwives.



All mothers that received prenatal care from midwives indicated that it was their preferred provider.

Indigenous mothers who experienced discrimination from a healthcare professional were 2.5 times more likely to not receive prenatal care or receive prenatal care in the 3rd trimester.

2. Dunn S et al. (2011). Reproductive and Gynaecological Health, Project for an Ontario Women <5 Health Evidence-Based Report: Volume 2. Toronto. Ontario

## BREASTFEEDING

75.8% of women and trans/other that gave birth in the past 5 years breastfed their child.

Indigenous mothers that received prenatal care from midwives were 1.5 times more likely to breastfeed their child than those that received care from an OB/GYN, family doctor, or general practitioner.



Findings demonstrate the need for increased access to midwifery services and cultural safety training for healthcare professionals.



OHC Factsheet December 2016

Seventh Generation Midwives Toronto | Well Living House, St. Michael's Hospital

