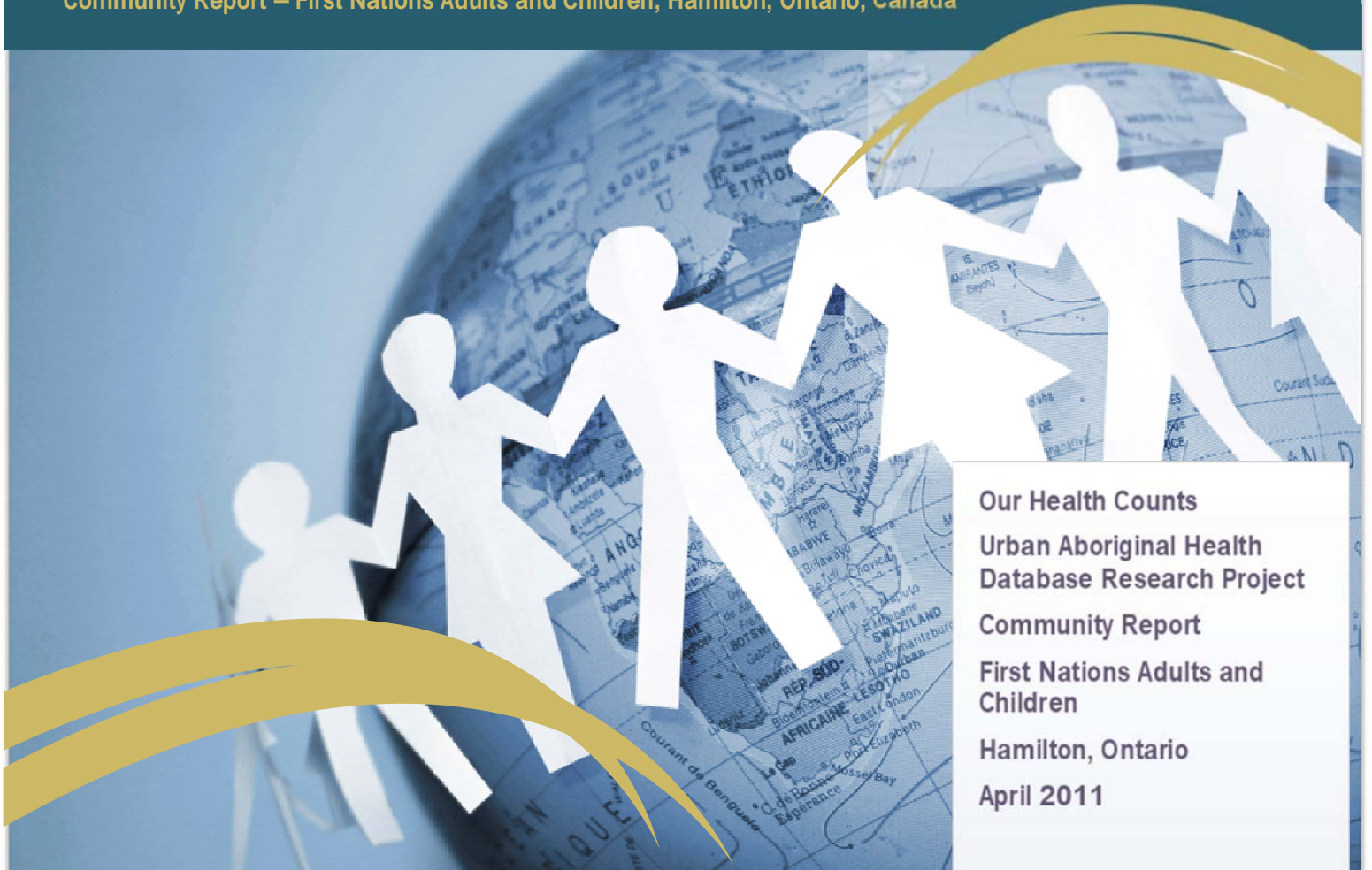


Our Health Counts

Urban Aboriginal Health Data Research Project

Community Report – First Nations Adults and Children, Hamilton, Ontario, Canada



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Urban Aboriginal Health
Database Research Project
Community Report
First Nations Adults and
Children
Hamilton, Ontario
April 2011

Prepared for

De Dwa Da Dehs Ney>s Aboriginal Health Centre, Ontario Federation of Indian Friendship Centres, Hamilton Executive Directors' Aboriginal Coalition and the Our Health Counts Governing Council

By

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Innovative Methods

Community Based Participatory Research Partnerships
Concept Mapping and Respectful Health Survey
Respondent Driven Sampling and ICES Data Linkage
Aboriginal Data Ownership

Key Success Indicators in an Urban First Nations Community

Urban First Nations organizations and community members in Hamilton, Ontario successfully partnered with provincial Aboriginal organizations and academic researchers in the collection, governance, management, analysis and documentation of their own urban First Nations health database. This unique collaborative partnership achieved:

- Successful completion of a community concept mapping project that identified First Nations specific health domains.
- Development and implementation of a customized First Nations adult and child health needs assessment survey which was administered to 790 community members, including 554 adults and 236 children living in the city of Hamilton.
- Successful linkage of recruited First Nations cohort to the Institute of Clinical Evaluative Sciences database. Statistically rigorous Respondent Driven Sampling (RDS) allowed for successful derivation of population based estimates of survey and Institute for Clinical Evaluative Sciences (ICES) First Nations cohort measures.
- Collaborative production of First Nations Our Health Counts project report.

Our Health Counts

Report Highlights Implications for Health Policy and Practice in Ontario

- That provincial governments engage with urban Aboriginal communities and organisations for the purpose of establishing priorities, resource and funding allocations and action plans to address the critical health inequities in all economic and social conditions affecting Aboriginal health including poverty, homelessness, food insecurity, education, employment, health access, gender equality and social safety.
- Those municipal and provincial commit to long term resource and funding allocations and engage with urban Aboriginal communities and organisations for the purposes of establishing priorities, preventative action and promotion plans towards the reduction of the burden of chronic disease and disability in the urban Aboriginal community.
- That municipal, provincial and federal government engages with the urban Aboriginal communities and organisations for the purposes of eliminating barriers in access to equitable community health care and hospital services for acute and non-acute services.
- That municipal, provincial and federal government ensure the provision of adequate funding to the urban community and organisations towards the development and expansion of culturally reflective, community based, long-term traditional family treatment centres, urban aboriginal child, youth and adult mental health funded strategies and maternal health, programmes and services.
- That municipal, provincial and federal governments and health stakeholders develop and initiate policies towards the implementation of cultural competency and/ or cultural safety programmes that are designed and delivered by Aboriginal people that includes the recognition and validation of Aboriginal worldviews and full inclusion of Aboriginal healers, medicine people, midwives, community counselors and health care workers in all collaborative efforts with western medicine.
- That municipal, provincial and federal government recognize and validate the Aboriginal cultural worldview (that encompasses the physical, mental, emotional, spiritual, and social well-being of Aboriginal individuals and communities) and that self-determination is fundamental and thus Aboriginal people must have full involvement and choice in all aspects of health care delivery, including governance, research, planning and development, implementation and evaluation.
- That the need for specific urban Aboriginal services and research, given the disparities found in the health status in Hamilton, or urban Aboriginal people be addressed by municipal, provincial and federal governments and urban Aboriginal organizations.
- That where possible more cooperation and coordination amongst urban Aboriginal service providers be encouraged and supported by the municipal, provincial and federal government in designing and delivering services and identifying and funding research opportunities.



Key Project Findings Highlights

Striking levels of poverty are experienced by First Nations people living in Hamilton

This poverty is accompanied by marked challenges in linked social determinants of health including housing and food security.

First Nations people living in Hamilton are living with a disproportionate burden of chronic disease and disability

First Nations people living in Hamilton experience substantial barriers in accessing health care

First Nations people living in Hamilton have much higher rates of emergency rate admission than the general populations of Hamilton and Ontario for both acute and non-acute illness

Rates of asthma were twice as high for Hamilton First Nations children compared to the general Canadian rates for children

First Nations people living in Hamilton demonstrate remarkable cultural continuity and resilience

Report is available for download at:

www.aboriginalhealthcentre.com

www.sprc.hamilton.on.ca

www.hedac-aboriginal.com

<http://www.stmichaelshospital.com/crich/our-health-counts-report.php>

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Inspired Care.
Inspiring Science.

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