Our Health Counts London

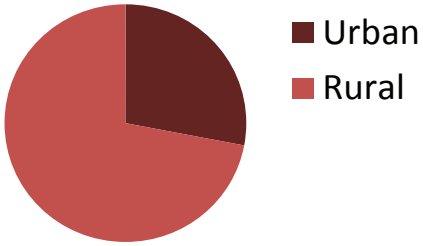
The first inclusive, community-driven health survey for Indigenous peoples in London

PROJECT OVERVIEW & METHODS

There is a critical and alarming gap in high quality, comprehensive, and inclusive data for urban Indigenous populations in Canada. Such limitations are compounded by system barriers and colonial processes. These include the lack of culturally-based, Indigenous-led and specific measures that prevent and exclude Indigenous people from governing, managing, and leading their own research and data processes.[1] Our Health Counts (OHC) aims to address the health information gap and ensure that urban Indigenous communities have ownership, access, control, and possession of data that impacts their health and wellbeing.

Why Our Health Counts London?

- **At least 72% of the Indigenous population in Ontario live in urban areas.**
- Existing data are **not** representative of the population.
- There is an **absence** of population based health data for Indigenous people.



How?

OHC works in partnership to develop urban Indigenous population-based health status and health care utilization dataset.

Innovative Methods

1. Community Based Participatory Research Partnerships
2. Respectful Health Assessment Survey
3. Respondent Driven Sampling Methodologies
4. Data Linkage to the Institute for Clinical Evaluative Sciences

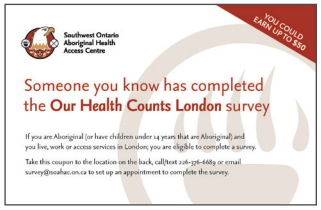
The OHC model recognizes that Indigenous community leadership and investment are essential for successful health programming and services for Indigenous individuals, families and communities. OHC project processes are structured to ensure respect, cultural relevance, mutual capacity building, representation, and sustainability.

What is Respondent Driven Sampling?

Respondent driven sampling (RDS) is a chain-referral technique that is recognized internationally by scientists as a cutting edge method of gathering reliable information from hard-to-reach populations. RDS was selected for OHC because it builds on the existing strength of social networks and kin systems known to be in Indigenous communities. RDS allows for the generation of unbiased estimates of a population's composition by adjusting for different probabilities of being sampled and by use of a structured recruitment frame. [2-4]

Recruitment

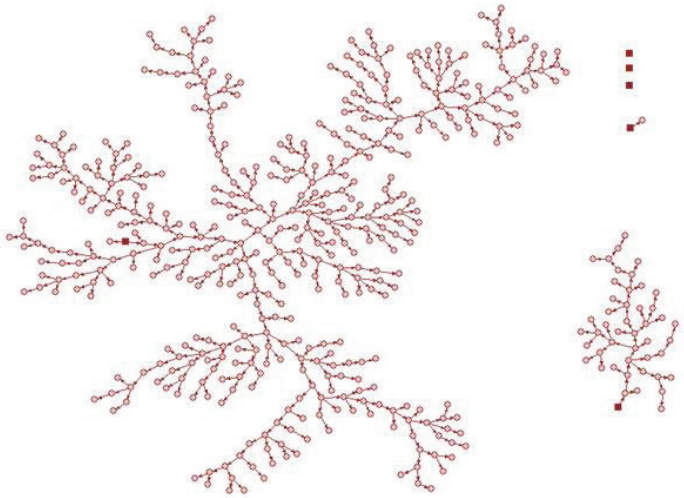
The RDS process began through the careful selection of individuals to begin recruitment, also called 'seeds'. To participate in the study, people needed to self-identify as Indigenous, be 15 years of age or older, and reside within the geographic boundaries or use services within the City of London. Study participants, including the **6 seeds**, received a coupon to participate, provided informed consent and then completed a health assessment survey. Participants then received **3 coupons** to refer people from their social networks to participate, expanding through successive 'waves' of peer recruitment.



Recruitment Dynamics

Among Indigenous adults in London, 99% of participants were recruited through referral trees originating from 2 seeds. With 28 and 13 waves, respectively, the lengths of both of these recruitment chains were long enough to overcome the sampling bias. This provides strong support that our participants were independent of their seed, and that the estimates are statistically robust.

Surveys were conducted by Indigenous community members at the Southwest Ontario Aboriginal Health Access Centre (SOAHAC) in the city of London. As a result, 508 Indigenous adult surveys and 246 Indigenous child surveys were completed.



Our Health Counts **Impact**

OHC has successfully implemented an Indigenous-led health information database system to gather urban Indigenous health information across four diverse urban areas in Ontario, Canada[1,5]. OHC is built on Indigenous values, skills, knowledge, beliefs and practices while also balancing power relationships to promote individual and community self-determination of health information. This system has effectively bridged Indigenous practices into Western public health systems through the maintenance of epidemiologic rigor using RDS methods, building on existing knowledge, social networks, and kin systems within Indigenous communities. The OHC model also demonstrates scalability across diverse urban contexts and community-relevant policy applications, suggesting that OHC could provide a model for the gathering and governance of data for other Indigenous communities.

References 1. Smylie et al. (2011); 2. Abdul-Quader et al. (2006); 3. Heckathorn (2002); 4. Heckathorn et al. (2002); 5. Firestone et al. (2012).

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