Our Health Counts London

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

HOUSING & MOBILITY

Housing is a key determinant of health and wellbeing.¹ Unstable housing has been associated with poorer overall health,¹ unmet health care needs, and higher emergency department use.² High levels of mobility often coincide with unstable, crowded housing and can impact participation in the labour force and education system. Indigenous people have been shown to experience higher levels of mobility and precarious housing conditions than non-Indigenous people.³ The Truth and Reconciliation Commission highlights the connection between loss of traditional territories, unemployment, and attendance at residential schools to the high levels of unstable housing among Indigenous people in Canada.⁴

Housing

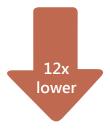
1 in 5 (22%) of Indigenous adults in London were precariously housed or experiencing homelessness at the time of the survey.



1 in 25 (4%) of Canadian adults have experienced homelessness or insecure housing in the past 5 years.⁵

35% of stably housed Indigenous adults in London reported living in social housing.

Rent vs. Ownership



D of Indigenous adults in London who were stably housed owned their dwelling. 60% of all households in London were owned.⁶

Repairs & Crowding

21% of Indigenous adults in London lived in a dwelling that was in need of major repairs (i.e. defective plumbing or electrical wiring, structural repairs).

In comparison, 6% of all private dwellings in London were in need of major repairs.⁶

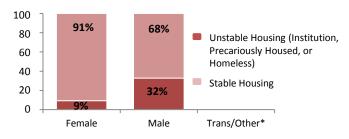
9% of Indigenous adults lived in crowded

dwellings. 4% of non-Indigenous adults in Canada lived in crowded dwellings.⁷

Housing Costs & Needs

Over 1/3 of Indigenous adults gave up key needs (e.g. groceries, transportation) to meet shelter/housing-related costs, at least once a month.

1 in **3** Indigenous men in London indicated living in an institution, precarious housing, or experiencing homelessness:



*Indigenous people that identified as trans or other indicated living in unstable housing. To maintain anonymity, estimates could not be presented.

Mobility

41% of Indigenous adults living in London have moved at least once in the past year. In contrast, 15% of adults living in London have moved in the past year.⁸

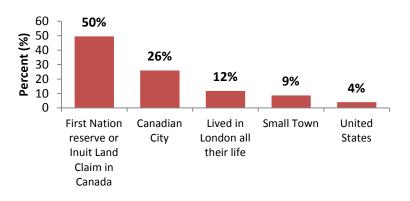
Of those who moved in the past year, 28% moved three or more times.

Most Indigenous adults that moved at least once in the past year said that all of their moves were within the city of London.

The most common reasons for Indigenous adults to move to London was to be closer to family and friends.

Family/Friends/Social Networks	47%
Housing	21%
Employment	20%
Education	19%
Safety	10%
Healthcare	8%

HALF of Indigenous adults living in London lived on a First Nation Reserve or Inuit Land Claim prior to moving to London.



Population based estimates were created using respondent driven sampling (see Project Overview and Methods Factsheet)
Definitions
Indigenous adults: persons self-identifying as Indigenous such as First Nations, Métis, Inuit, or other Nation aged 15 years and older living or using services in the City of London; Precariously housed: Indigenous adults living in rooming/boarding/group homes, motel/hotel, or recovery/second stage house; Institution: living in a nursing home, medical/psychiatric hospital, or drug/alcohol/addiction treatment facility; Homeless: living at a friend/family/partner's house, in a homeless shelter, or on the streets; Crowded dwellings: more than 1 persons per room; Employed: includes part/full-time work, seasonal work, self-employed, homemaker, or any informal paid work (e.g. babysitting, housekeeping); Not in labour force: Student or retired
Sources
Webster (2015); 2. Jaworsky et al. (2016); 3. Smylie et al. (2011); 4. Truth and Reconciliation Canada (2015); 5. Gaetz et al. (2013); 6. Statistics Canada (2017); 7. Statistics Canada (2015); 8. Statistics Canada (2013).

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Indigenous Primary Health Care Council For the full OHC London report visit: www.welllivinghouse.com

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Our Health Counts: Community health assessment by the people, for the people