Our Health Counts London

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

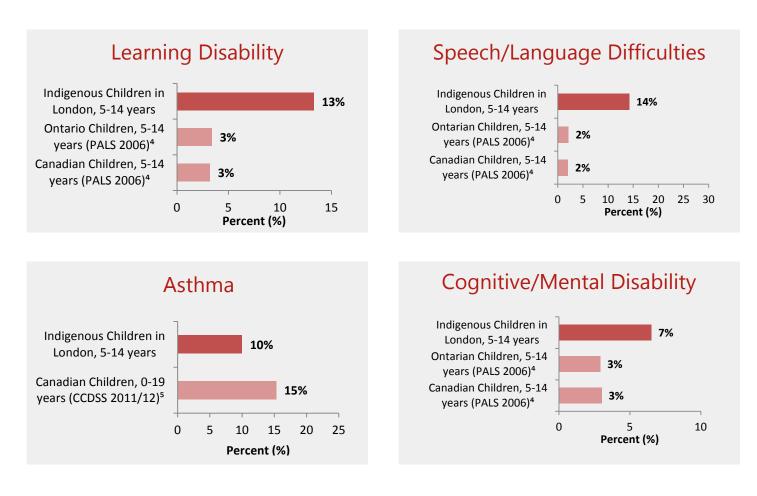
CHILD CHRONIC HEALTH CONDITIONS

Similar to Indigenous adults, Indigenous children are more likely to experience chronic health conditions than non-Indigenous children. Diagnosis of a chronic health condition at a young age increases the likelihood of having multiple health conditions in adulthood.¹ Determinants of health, such as diet, discrimination, and environmental pollution, tend to exacerbate the prevalence of chronic diseases.² Indigenous children are more likely to experiences these factors due to inequities in access to health/social services and barriers faced by families to meet optimal healthy living environments. The Truth and Reconciliation Commission highlights the importance of addressing the health inequities by regularly collecting health outcome data for Indigenous adults and children.³

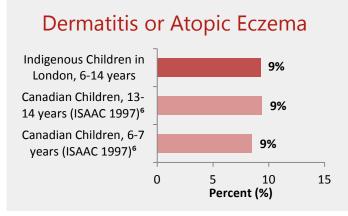
26% of Indigenous children (0-14 years) in London had at least one chronic health condition.

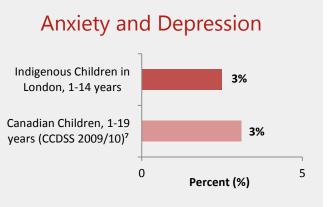
17% of Indigenous children (0-14 years) in London had two or more chronic health conditions.

29% of parents of Indigenous children reported conditions or health problem(s) prevent or limit their child's participation in school and other activities.

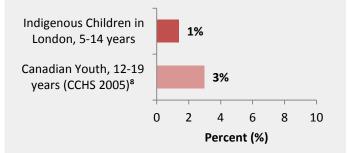


Our Health Counts: Community health assessment by the people, for the people

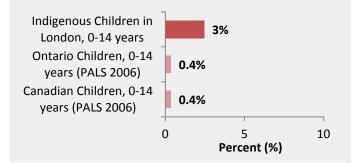




Chronic Bronchitis



Blindness/ Serious Vision Difficulties



Allergies

5% of Indigenous children in London, aged 0-14 years, were reported to suffer from allergies, including food allergies.

	Population based estimates were created using respondent driven sampling (see Project Overview and Methods Factsheet)
Definitions	Indigenous children: persons self-identifying as Indigenous such as First Nations, Métis, or Inuit aged 0-14 years living or using services in the City of London. Multiple chronic conditions included asthma, blindness, anxiety/ depression, speech/language difficulties, cognitive/mental disability, dermatitis and atopic eczema, chronic bronchitis, heart conditions, physical disability, allergies, ADD/ADHD, learning disability, FASD/FAS/FAE, and cancer
Sources	1. Pavela & Latham (2016); 2. Cockerham et al. (2017); 3. Truth and Reconciliation Commission of Canada (2015); 4. Statistics Canada (2007); 5. PHAC (2014); 6. Williams et al. (1999); 7. PHAC (2016); 8. Evans & Yue (2009).
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Indigenous Primary Fo Health Care Council

For the full OHC London report visit: www.welllivinghouse.com

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