Our Health Counts Toronto

An inclusive community-driven health survey for Indigenous peoples in Toronto

Project Overview & Methods

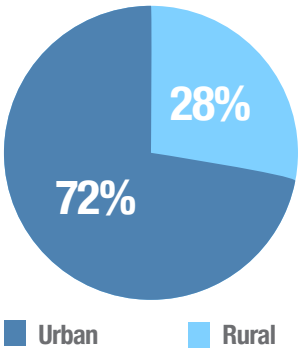
There is a critical and alarming gap in high quality, comprehensive, and inclusive data for urban Indigenous populations in Canada. Such limitations are compounded by system barriers and colonial processes. These include the lack of culturally-based, Indigenous-led and specific measures and health information systems 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 Toronto?

At least **72%** of the Indigenous population in Ontario live in urban areas.

Existing data are not representative of the population.

Absence of population based health data for Indigenous people.



How? Work 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 is 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]

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

References: **1.** Smylie, J., Firestone, M., Cochran, L., Prince, C., Maracle, S., Morley, M., Spiller, M. (2011). Our Health Counts Urban Aboriginal Health Database Research Project: Community Report First Nations Adults and Children, City of Hamilton. **2.** Abdul-Quader A, Heckathorn D, Sabin K, Saidel T. Implementation and analysis of respondent driven sampling: Lessons from the field. J Urban Health 2006;83(1):1–5. doi: 10.1007/s11524-006-9108-8. **3**. Heckathorn D. Respondent-driven sampling II: Deriving valid population estimates from chain referral samples of hidden populations. Soc Probl 2002;49(1):11–34. doi: 10.1525/sp.2002.49.1.11. **4.** Heckathorn D, Seeman S, Broadhead R, Hugues J. Extensions of respondent driven sampling: A new approach to the study of injection drug users aged 18–25. AIDS Behav 2002;6(1):55–67. doi: 10.1023/A:1014528612685. 5. Firestone, M., Smylie, J. K., Spiller, M., Mcshane, K. E., Prince, C., Yu, M., & Siedule, C. (2012). Our Health Counts Urban Aboriginal Health Project Community Report: Inuit Adults, City of Ottawa. Ottawa ON.

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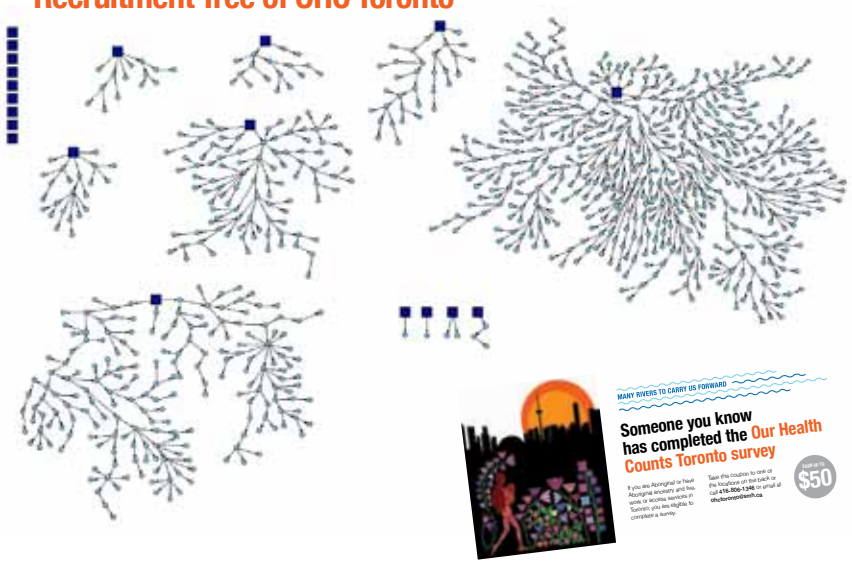
Recruitment: The RDS process began through the careful selection of individuals to begin recruitment, also called 'seeds'. To participate in the study, people needed to self-identify as Indigenous, be 18 years of age or older, and reside within the geographic boundaries or use services within the City of Toronto. Study par5cipants, including the 20 seeds, received a coupon to participate, provided informed consent and then completed a health assessment survey. Participants then received 3-5 coupons to refer people from their social networks to participate, expanding through successive 'waves' of peer recruitment.

Recruitment Dynamics

Among Indigenous adults in Toronto, 88% of participants were recruited through referral trees originating from 3 seeds.
This is consistent with other RDS studies. RDS methods are structured to overcome sampling bias. This is usually achieved when recruitment chains are 6 or 7 waves long. The two longest waves in our sample were 19 and 16 waves in length, indica5ng our sample is statistically robust.

Recruitment Tree of OHC Toronto



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.

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Well Living House
Indigenous Research, Scientific Integrity

Seventh Generation Midwives Toronto SGMT

CIHR IRSC
Canadian Institutes of Health Research | Instituts de recherche en santé du Canada

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

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Adult Demographics

The impacts of colonization and colonial policies, such as the Indian Act, residential schools, the Sixes Scoop, and continued exclusion of Indigenous people from the Canadian economy are reflected in the higher rates of unemployment and lower socioeconomic status.1 Research has shown that Indigenous people are undercounted by the national census [2,3,4] and that Statistics Canada has significantly underestimated the prevalence of poverty among urban Indigenous population in Ontario.[3,4]

Population-level Data Collection

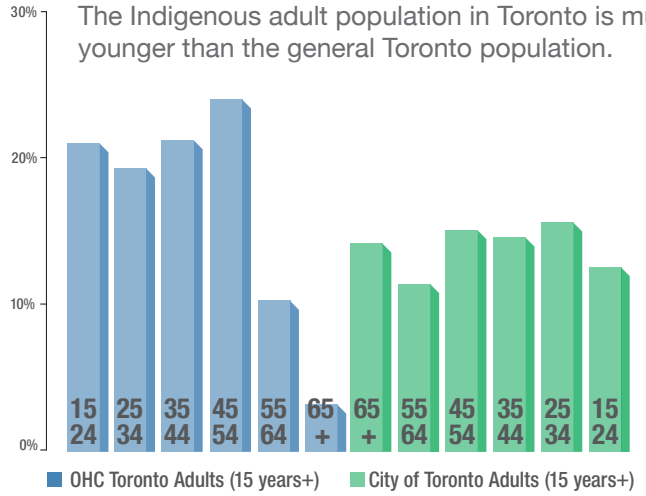
Only 14% of Indigenous adults in Toronto completed the 2011 Census. To obtain a representative sample, 70% of households should have completed the Census.

Only 16% completed the 2011 National Household Survey (NHS).

OHC Toronto study findings indicate that there are **45,000-60,000** Indigenous adults in Toronto. This is 3-4 times more than estimated by Statistics Canada. (The 2011 NHS estimates that 15,650 Indigenous adults live in Toronto

Identity Age

The Indigenous adult population in Toronto is much younger than the general Toronto population.



86% of Indigenous adults in Toronto identified as First Nations.

81% of First Nations adults had federal "Indian Status" and **19%** were non-status.

14% identified as Métis.

19% were non-status.

0.4% identified as Inuit.

0.5% identified as First Nations and Métis.