

# Our Health Counts London

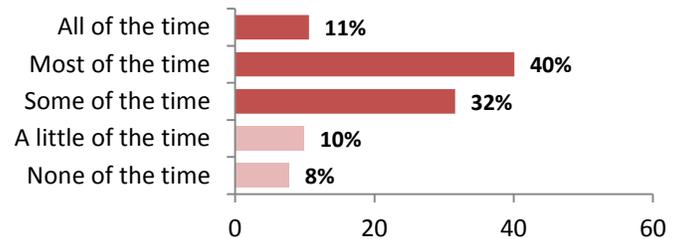
The first inclusive, community-driven health survey for Indigenous peoples in London

## ADULT HEALTH

Despite living in areas with access to extensive health services and facilities, Indigenous adults living in urban areas experience poorer health outcomes than the non-Indigenous population<sup>1</sup>. Poorer health status has been linked to health care systems which uphold health inequities and lack culturally safe care.<sup>2</sup>

### In Balance

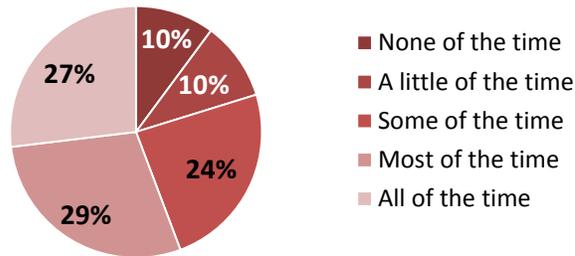
**MOST** Indigenous adults in London state that their physical, mental, emotional and spiritual aspects are in balance some, most or all of the time.



### Relationship To Land/Mother Earth

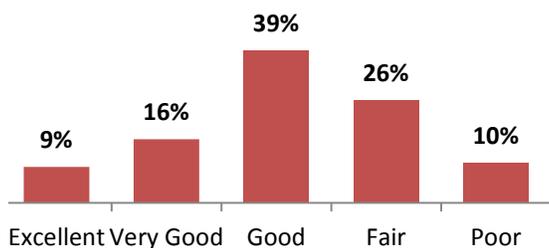
## 8 in 10

Indigenous adults in London feel a strong connection to the land and Mother Earth all, most or some of the time.



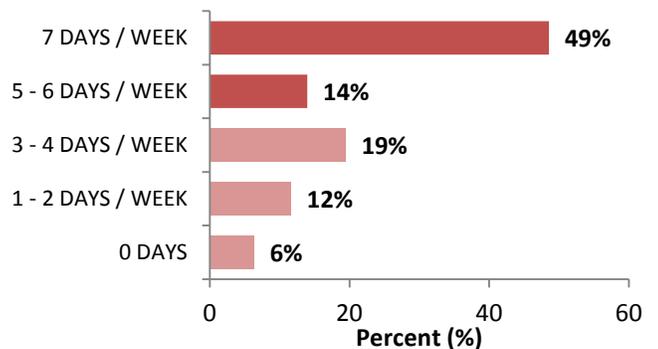
### Health Status

**Only 25%** of Indigenous adults in London rate their health as excellent or very good compared to 60% of adults (12 years+) in Middlesex-London.<sup>3</sup>



### Number Of Days Of Physical Activity Per Week

**63%** of Indigenous adults meet the recommended 150 minutes of physical activity per week.<sup>4</sup>



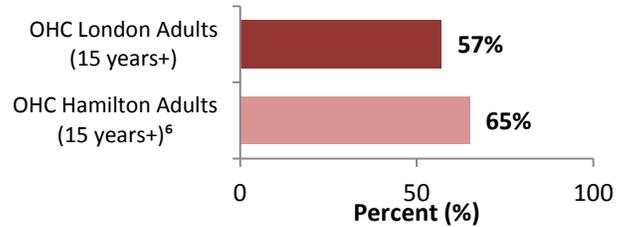
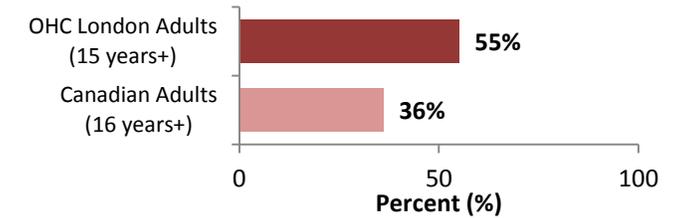
## Infectious Disease Screening

**55%** of Indigenous adults in London have been screened for HIV.

This is almost **1.5 times** higher than the HIV screening rate of the general Canadian population.<sup>5</sup>

**57%** of Indigenous adults in London have been screened for Hepatitis C.

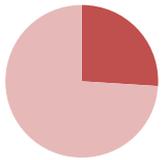
This was similar to the rate of Hepatitis C screening in First Nations adults in Hamilton.<sup>6</sup>



**35%** of Indigenous adults believe HIV prevention services are inadequate.

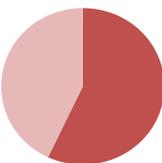
## Colorectal Cancer Screening

**Only 47%** of Indigenous adults aged 50 and over have ever had a Fecal Occult Blood Test (FOBT).



Of those who were screened, only **26%\*** have had a FOBT in the past 2 years.

**13%** of Indigenous adults aged 50 and over have ever had a colonoscopy.



Of those who were screened, only **57%\*** have had a colonoscopy in the past 5 years.

### Cancer Care Ontario Guidelines for Colorectal Cancer Screening

**Fecal Occult Blood Test (FOBT)** - Adults aged 50 to 74 who have not had a family member diagnosed with colorectal cancer at any age should be screened every 2 years beginning at age 50. Colonoscopy is used as follow-up for those with an abnormal FOBT result.

**Colonoscopy** - Adults at any age who have had a relative\*\* diagnosed with colorectal cancer before the age of 60 should be screened every 5 years beginning at age 50 or 10 years earlier than the age at which their relative was diagnosed (whichever occurs first). Adults at any age who have had a relative\*\* diagnosed with colorectal cancer after the age of 60 should be screened every 10 years beginning at age 50. \*\*Relative refers to a parent, sibling, or child.

## Women's Health Screening

### Breast Cancer Screening

**87%** of Indigenous women, trans, and other, 50 years and older, have ever had a mammogram. Of those who were screened, only **51%\*** have had a mammogram in the past 3 years.

#### Cancer Care Ontario Guidelines for Breast Cancer Screening

Mammogram Only - Most women aged 50-74 who are deemed average risk should be screened every 2 years.

Mammogram and MRI (or Ultrasound) - Women aged 30 to 64 who are deemed high risk should be screened every year.

### Cervical Cancer Screening

**88%** of women, trans, and other, under 50 years, have ever had a Pap test. Of those who were screened, only **75%\*** have had a Pap test in the past 3 years.

#### Cancer Care Ontario Guidelines for Cervical Cancer Screening

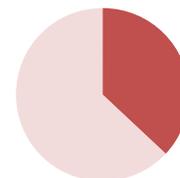
Cervical Cytology (Pap Test) - Screening begins in women age 21 who are or have ever been sexually active. Women should be screened every 3 years. Screening stops for women age 70 with three or more normal cytology tests in the previous 10 years.

## Men's Health Screening

### Screening for Prostate Cancer

In Canada, there are no general screening tests for prostate cancer detection.<sup>7</sup> Rather, it is important for men between the ages of 55 and 70 to speak to their doctor if they are having lower urinary tract symptoms (nocturia, urgency, frequency, and poor stream) about the benefits and risks of testing. Tests used for prostate cancer detection include Digital Rectum Examination (DRE) and Prostate-Specific Antigen (PSA) Test.

**Only 37%\*** of Indigenous men, trans, and other, 50 years and older, stated that a health care professional discussed the symptoms of prostate cancer with them.



This is concerning given the connection between early detection, treatment, and survival rate.<sup>8</sup>

*Population based estimates were created using respondent driven sampling (see Project Overview and Methods Factsheet)*

#### Definitions

Indigenous adults/women/men/trans/other: persons 15 years or older (unless indicated otherwise) self-identifying as Indigenous, such as First Nations, Métis, Inuit or other Indigenous nations, living or using services in the City of London; Middlesex-London: Middlesex-London Health Unit catchment area; Physical activity: 30 minutes or more of moderate or hard physical activity

\*Due to small sample sizes these numbers should be interpreted with caution

#### Sources

1. Firestone et al. (2012); 2. Allan & Smylie (2015); 3. Statistics Canada (2016); 4. Canadian Society for Exercise Physiology (2011); 5. Ha et al. (2014); 6. Smylie et al. (2011); 7. Bell et al. (2014); 8. Fradet et al. (2009)

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Funding for this publication was provided by the Ministry of Health and Long-Term Care (MOHLTC). The opinions expressed in this publication are those of the authors/researchers and do not necessarily reflect the official views of the MOHLTC