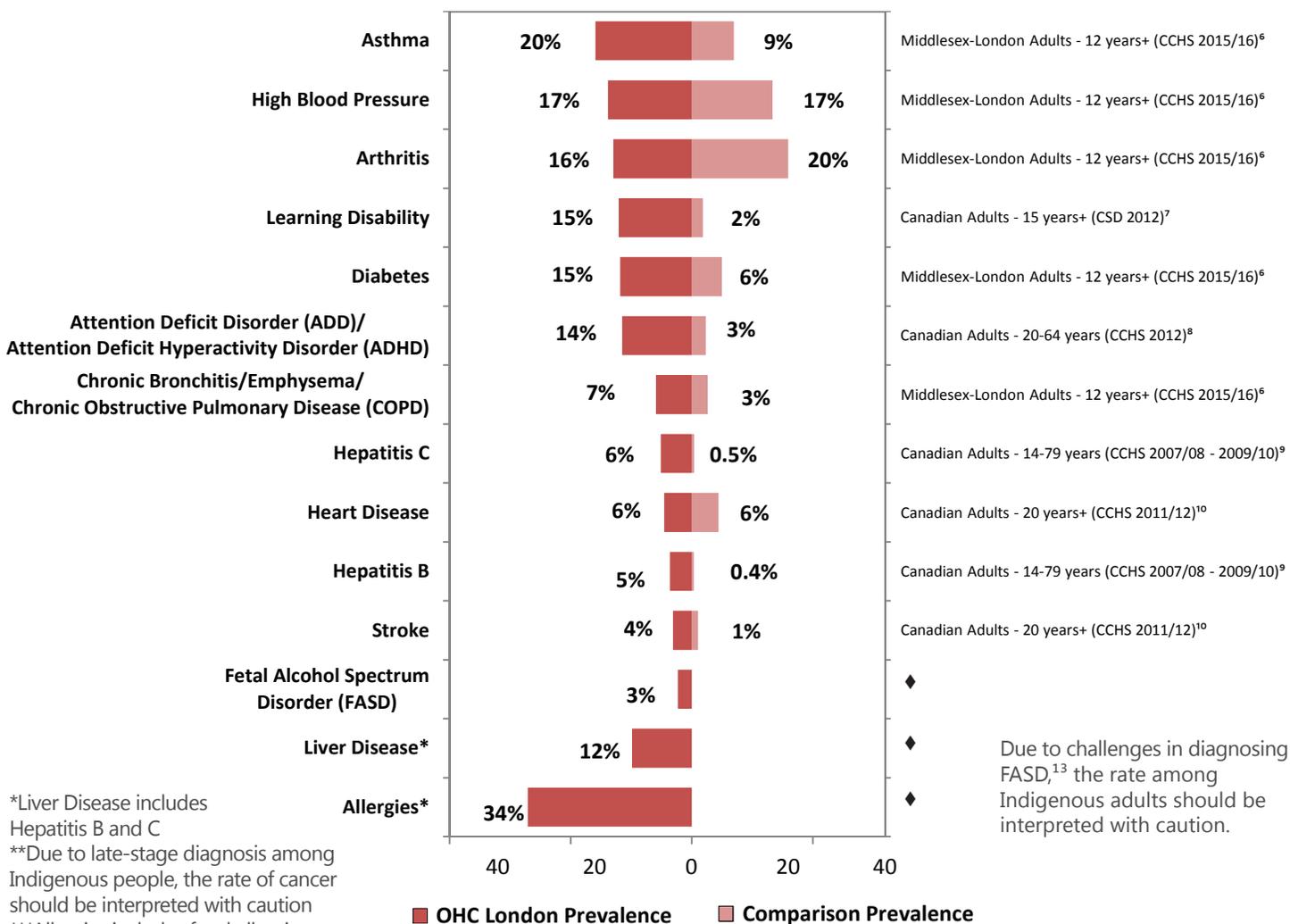


# Our Health Counts London

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

## ADULT CHRONIC HEALTH CONDITIONS

The Truth and Reconciliation Commission states that “the current state of [Indigenous] health in Canada is a direct result of previous Canadian governmental policies, including residential schools”.<sup>1</sup> Among urban Indigenous adults, rates of chronic health conditions have been demonstrated to be between 2 to 10 times higher than the general population in Canada.<sup>2</sup> The high prevalence of health conditions has been linked to a disproportionate burden of poverty, adverse living conditions, and racism.<sup>3,4</sup> Culturally based health care and health promotion initiatives have the potential to increase treatment uptake and health literacy, thus improving overall health and wellbeing of Indigenous people experiencing chronic health conditions.<sup>5</sup>



\*Liver Disease includes Hepatitis B and C

\*\*Due to late-stage diagnosis among Indigenous people, the rate of cancer should be interpreted with caution

\*\*\*Allergies includes food allergies

◆ Comparable statistics not available

The rate of learning disabilities was **7x higher** among Indigenous adults in London than the overall Canadian population.<sup>10</sup>

**51%** of Indigenous adults in London reported having one or more chronic condition.

**28%** of Indigenous adults (20 years +) in London were experiencing multimorbidity (two or more chronic health conditions),\* compared to 15% of adults in Canada.<sup>11</sup>

\*OHC London multimorbidity estimate does not include Alzheimer's or other dementia.

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

## Diabetes

**15%** of Indigenous adults in London were diagnosed with diabetes by their healthcare provider.

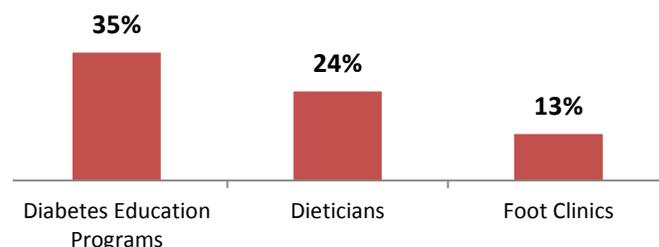
This is **over DOUBLE** the diabetes rate (6%) of the general adult population in Middlesex-London.<sup>6</sup>

**56%** of Indigenous adults with diabetes took pills in the past month to control their blood sugar.

**22%** of Indigenous adults with diabetes take insulin.

**32%** of Indigenous adults with diabetes did not use any services or programs to help manage their diabetes.

In the past 12 months, Indigenous adults with diabetes have accessed these programs/services to manage their diabetes:



## Tests for Diabetes Care

In the past 12 months, of Indigenous adults in London diagnosed with diabetes...

**55%** have been tested for haemoglobin "A1C"

**54%** have had their feet checked for sores or irritations

**56%** have had their urine tested for protein

**61%** have had an eye exam to screen for retinal damage or visual impairment.

Clinical practice guidelines<sup>12</sup> indicate that...

- Haemoglobin "A1C" should be tested in diabetic individuals (Type 1 and 2) approximately every 3 months
- Feet should be checked at least once a year
- Urine tests should be conducted at least once a year
- Eye exams should be conducted:
  - Type 1 diabetes - At least once a year
  - Type 2 diabetes - Every 1-2 years

### Definitions

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

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; Multiple chronic conditions (multimorbidity) included asthma, arthritis, heart disease, stroke, COPD/Chronic Bronchitis/Emphysema, diabetes, mood disorder (major depressive episode, bipolar disorder), cancer, Alzheimer's or other dementia, and anxiety.

### Sources

1. Truth and Reconciliation Commission of Canada (2015); 2. Smylie et al. (2011); 3. Paradies (2006); 4. Allan & Smylie (2015); 5. Smylie et al. (2018); 6. Statistics Canada (2015/2016); 7. Bizier et al. (2014); 8. Hesson & Fowler (2015); 9. Rotermann et al. (2013); 10. Roberts et al. (2015); 11. PHAC (2014); 12. Diabetes Canada (2017).

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