

# Our Health Counts London

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

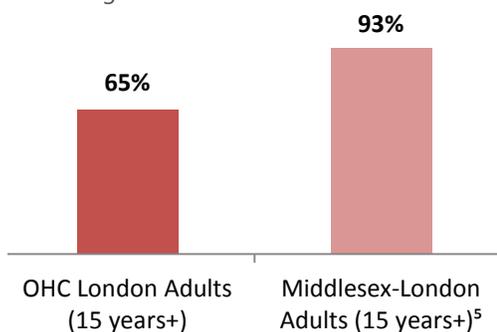
## ADULT ACCESS TO HEALTH CARE

Lack of access to a regular health care provider and experiences of discrimination from providers are key barriers contributing to inequities in health service access for Indigenous people.<sup>1,2</sup> Indigenous people also face significant barriers due to lack of clarity in the roles of federal and provincial jurisdiction in provision of health services.<sup>3</sup> A previous OHC study demonstrated that urban Indigenous people are accessing emergency departments 2 times more than the general population.<sup>4</sup> This may be linked to poor access to primary preventative care.

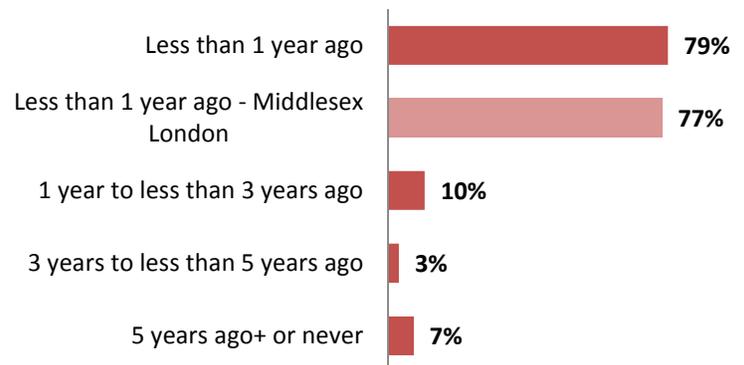
### Primary Care

**65% of Indigenous adults in London have a regular family doctor or nurse practitioner.**

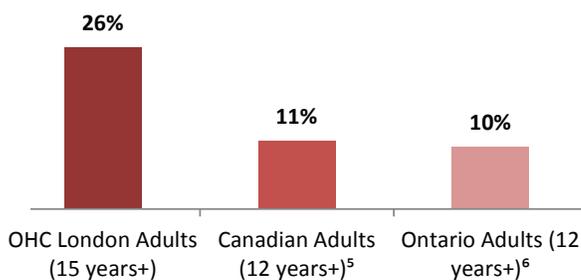
93% of adults in Middlesex-London have a regular medical doctor.<sup>5</sup>



While fewer Indigenous adults have a regular family doctor/nurse practitioner, many have seen a doctor or nurse practitioner in the last year:



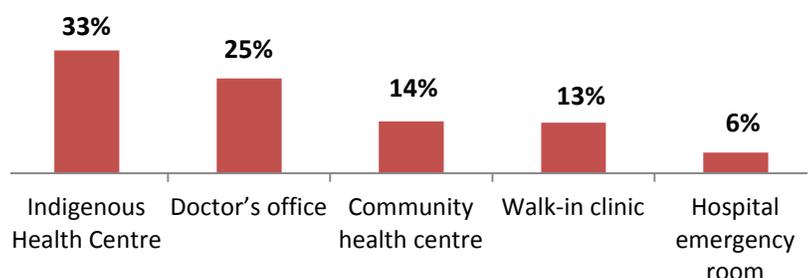
**Over 1 in 4** Indigenous adults in London had unmet health need in the past 12 months:



Reasons why health needs were not met:

- Inability to get transportation
- Inability to afford transportation
- Lack of trust in the health care provider

**When Indigenous adults in London needed health advice or were sick, this is where they went:**

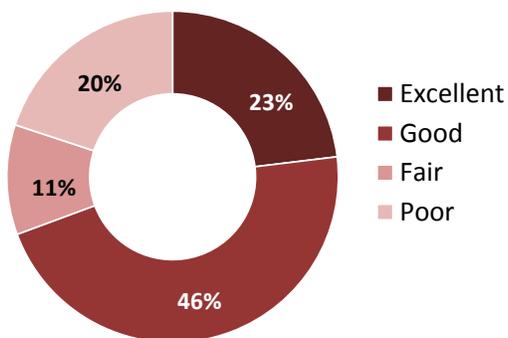


23% of Indigenous adults in London do not have a regular place to go for health advice or when they are sick.

## Emergency Care

**33% (1 in 3) of Indigenous adults in London self-reported accessing emergency care in the past 12 months, compared to an estimated 19% of Ontarians.<sup>7</sup>**

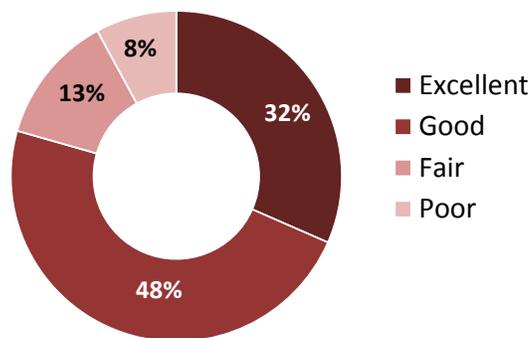
Of people who accessed emergency care, 31% rated the quality of care as fair or poor.



## Hospital Care

**40% (2 in 5) of Indigenous adults in London self-reported having spent one night or more in a hospital in the past 5 years.**

Of people who accessed hospital care, 21% rated the quality of care as fair or poor.

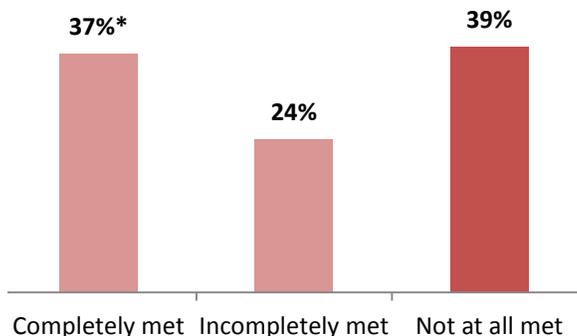


## Community Support Services

**3%** of Indigenous adults in London currently need health services and/or support in their home.

**9%** of Indigenous adults have a family member in London that requires home care.

**39%** of these family members identified do not have any of their home health care needs met:



## Palliative Care

**3%** of Indigenous adults in London either personally need or have someone in their family who needs palliative care.

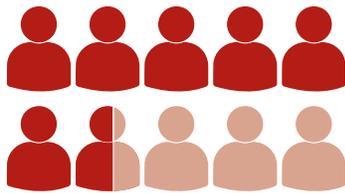
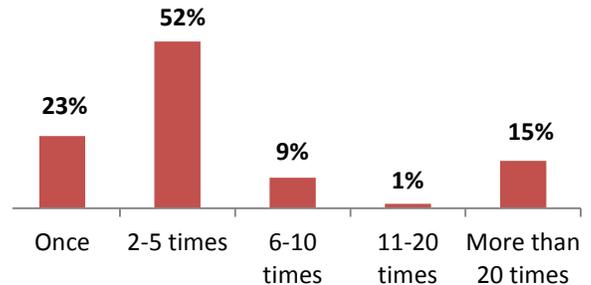
## Experiences of Discrimination in the Health Care System

**26% (Over 1 in 4) of Indigenous adults in London have been treated unfairly by health care professionals because of their Indigenous identity.**

25% of Indigenous adults in Toronto<sup>8</sup> and 13% of First Nations adults in Hamilton<sup>4</sup> were treated unfairly by health care professionals because of their Indigenous identity.

**Of adults in London that experienced unfair treatment, 77% indicated that it occurred more than once in the past 5 years.**

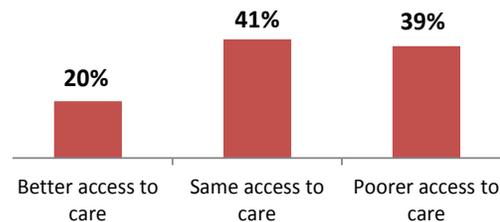
Number of times Indigenous adults experienced unfair treatment by health care professionals in the past 5 years:



67% of Indigenous adults in London said that experiences of racism from health care professionals prevented, stopped or delayed them from returning to health services.

## Access to Health Care Services

**39% of Indigenous adults in London perceived that their overall access to health care services was poorer compared to the general Canadian population.**



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. Unmet health needs: Needed health care services but did not receive them.

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

### Sources

1. Allan & Smylie (2015); 2. Browne et al. (2011); 3. Lavoie (2013); 4. Smylie et al. (2011); 5. Statistics Canada (2014a); 6. Statistics Canada (2014b); 7. Canadian Institute for Health Information (2015/2016); 8. Xavier et al. (2018)

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