Durham Aboriginal Health & Wellness Needs Assessment

Report on Survey Results

SEPTEMBER 14, 2012

Prepared by: Ben Earle, CDCD (www.cdcd.org)

Oshawa Community Health Centre

CDCD
COMMUNITY DEVELOPMENT COUNCIL DURHAM

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Section 1:

INTRODUCTION

Aboriginal Population in Durham

In 2006, the overall population in Durham claiming aboriginal ancestry was 3%. The municipalities in Durham with the highest proportion of the population claiming aboriginal ancestry are Oshawa (4%) and Brock (4%) (Chart A). When we look to the distribution of the population claiming Aboriginal Ancestry in Durham, we see that Oshawa is the community with the largest Aboriginal population in Durham, followed by Clarington, and then Whitby (Chart B).

***REGIONAL* - Over 6,000 Aboriginal People live in Durham (6,565)**
First Nations = 4,000
Métis = 2,200
Inuit = 140

Over 1 million Aboriginal People live in Canada
First Nations = 700,000
Métis = 400,000
Inuit = 50,000

Approximately 240,000 Aboriginal People live in Ontario
First Nations = 160,000
Métis = 74,000
Inuit = 2,000

Chart A: Aboriginal population in Durham as a % of the overall population (Statistics Canada, 2006)

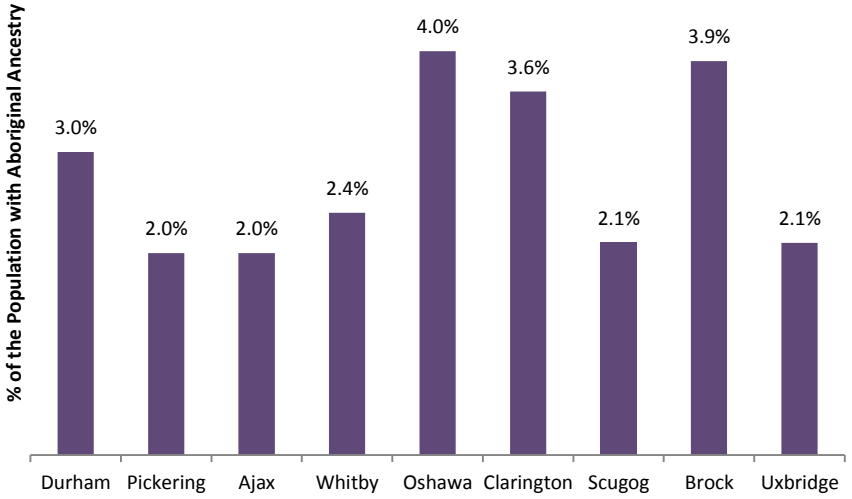
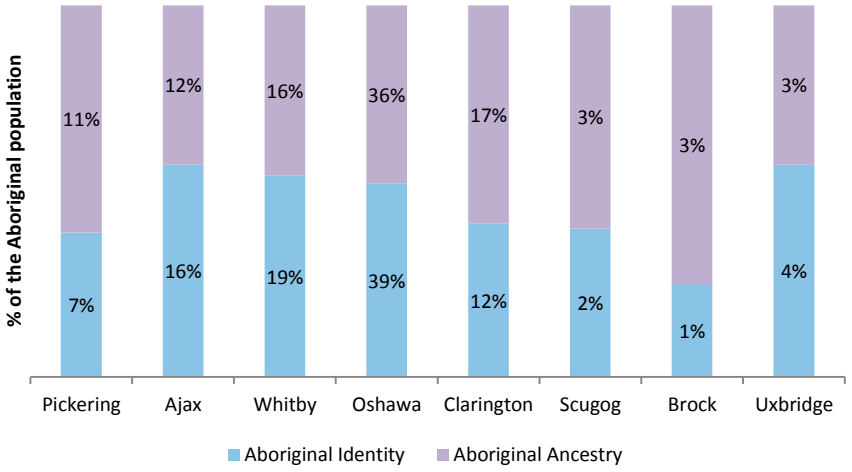
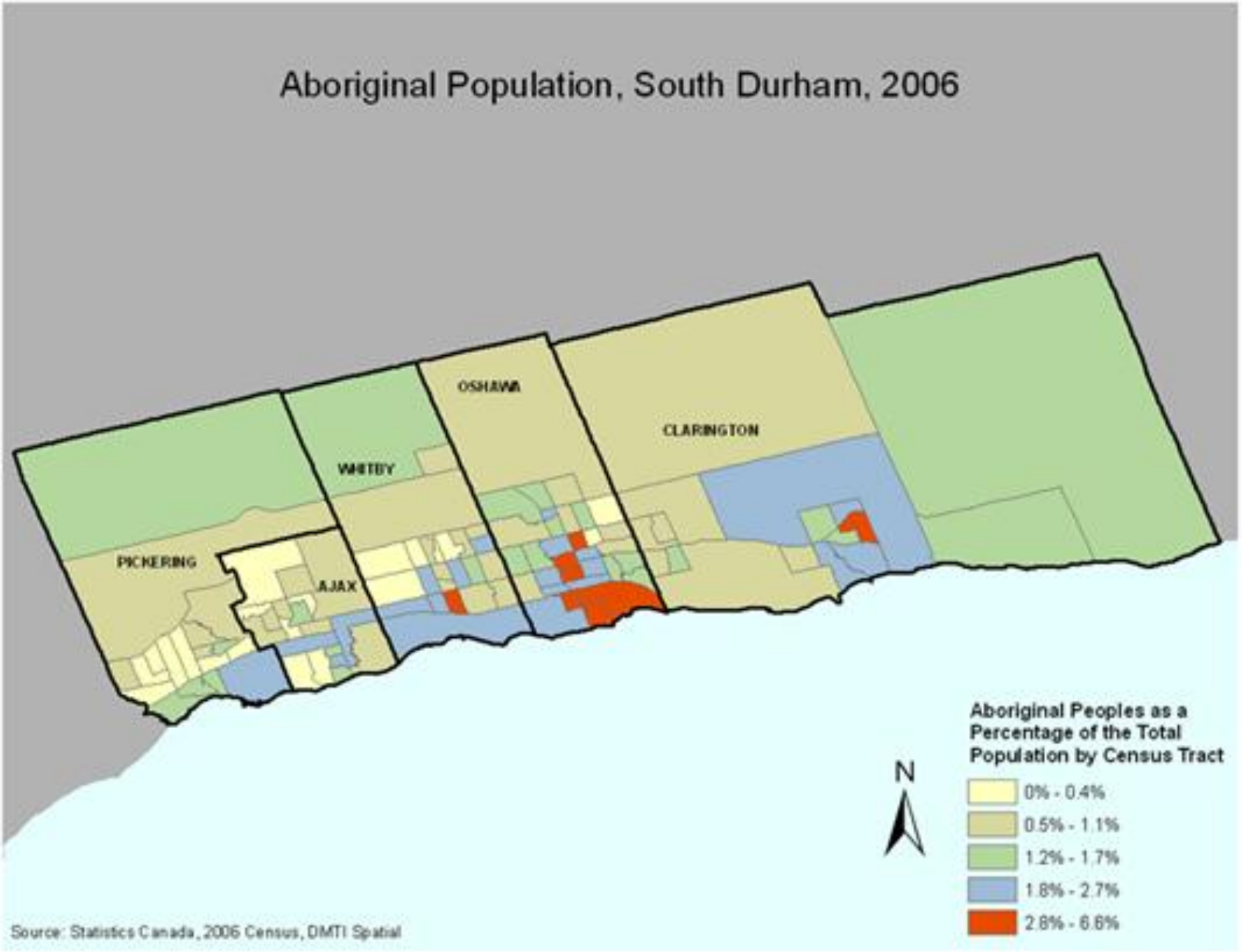


Chart B: Distribution of the Aboriginal population in Durham by Municipality (Statistics Canada, 2006)




Aboriginal Population, South Durham, 2006
PICKERING
AJAX
WHITBY
OSHAWA
CLARINGTON
N
Aboriginal Peoples as a Percentage of the Total Population by Census Tract
0% - 0.4%
0.5% - 1.1%
1.2% - 1.7%
1.8% - 2.7%
2.8% - 6.6%
Source: Statistics Canada, 2006 Census, DMTI Spatial

Introduction

In 2012 the Oshawa Community Health Centre (OCHC), with the support of the Aboriginal Advisory Circle (AAC) implemented an Aboriginal Health and Wellness Needs Assessment Survey. The purpose of the survey was to assess the health and wellness needs of the urban Aboriginal community in the Region of Durham, thus providing direction for the OCHC and the AAC as they work to engage and support members of this community.

Methodology

The survey was administered using an opportunistic sampling methodology. This was achieved through in-person contact with the target population, at local , at local Aboriginal events and activities, and at gatherings organized by the OCHC and the AAC. Surveys were also collected online, with outreach and promotion occurring across the community through OCHC and AAC partner organizations.

This process yielded a return of 247 viable surveys (therefor n = 247).

Respondent Profile

The following offers a demographic profile of the survey respondents.

Age and Sex of Respondents

Females were overrepresented in the sample population, with 69% of respondents being female and 28% being male (Chart 1).

Of all respondents, 45% reported being between 40 and 59 years old, with 17% reporting being under 30 years old, and 17% reporting being over the age of 60 years (Chart 2). The age distribution of the sample population is generally reflective of the overall age distribution of the population in Durham.

Chart 1: Sex of Respondents

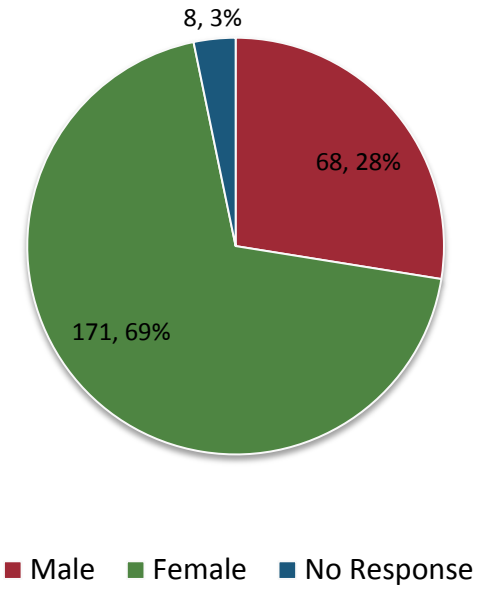
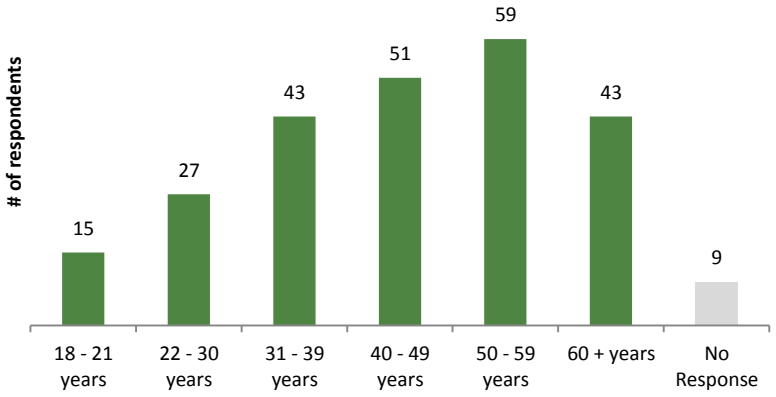


Chart 2: Age of Respondent



Level of Education

Of respondents, 13% had not completed secondary school, while an additional 21% had completed secondary school only. 62% of respondents reported having engaged in some form of post-secondary education, with 63% of these respondents having earned an diploma or degree (Chart 3). This distribution is generally reflective of the overall population trend in Durham.

Household Composition

Of respondents, 33% reported living in couple families with children, and an additional 13% indicated that they lived in couple families without children. 10% of respondents reported being single mothers, and 12% reported living alone (Chart 4). Compared to the overall population in Durham, couple families with children are underrepresented in the sample population and single mothers are overrepresented in the sample population.

Of those who reported living alone, the majority were over the age of 60 year.

Household Income

The majority of respondents, 68%, reported a household income that is below the average household income for the Region of Durham overall (which is reported variously to be between $75,000 and $80,000). Of these respondents, 45% reported having an annual household income below $30,000, 27% reported having an annual household income between $30,000 and $50,000, and 28% reported having an annual household income between $50,000 and $75,000 (Chart 5 on page 6).

Chart 3: Respondents by Level of Education

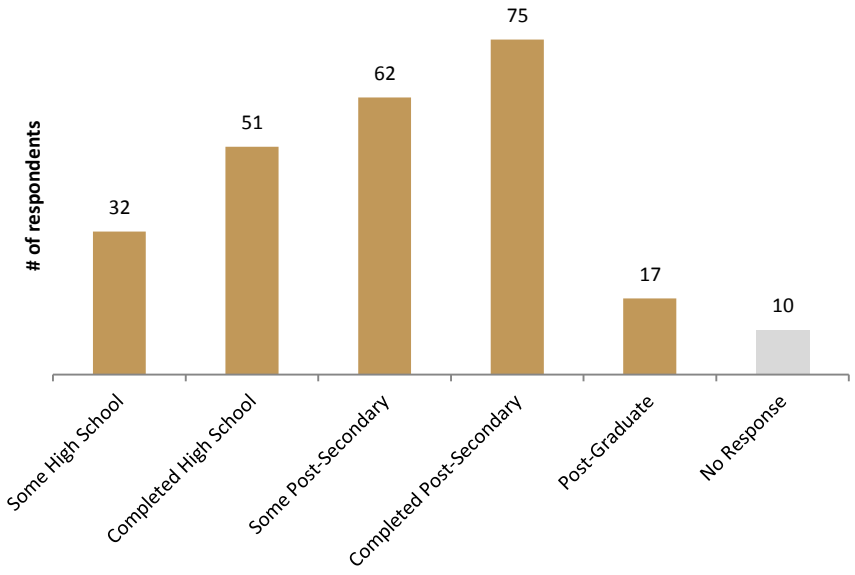
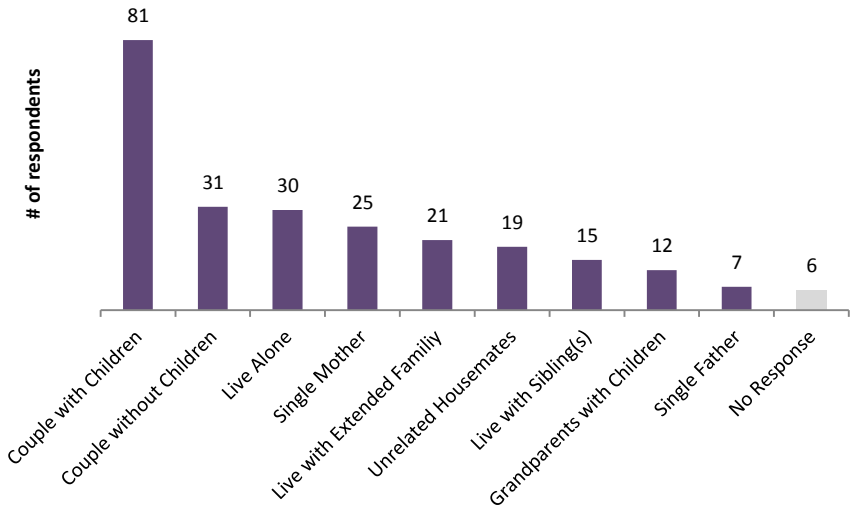


Chart 4: Respondents by Household Composition



Employment Status

The sample population was split between those who reported being employed (49%) and those who were not (49%). Of those who were not employed, 53% reported being unemployed, 34% reported being retired, and 12% reported that they were no longer seeking employment or discouraged (Chary 6). Based on this, those who are unemployed or discouraged workers are overrepresented in the sample population when compared to the population in Durham overall.

The following primary reasons were given by those respondents who reported being discouraged for why they were no longer seeking employment:

1. Disability/Serious Health Issues
2. Pursuing Education
3. On Leave
4. Lack of Employment Opportunity in the Community

Tenure in the Community

The majority of respondents (57%) reported having lived in Durham for more than 10 years, while only 11% reported having lived in Durham for 3 years or less, with 30% of these respondents reporting having live in Durham for less than 1 year (Chart 7).

Aboriginal Ancestry

Of respondents, 53% indicated that they had First Nations ancestry, 37% indicated that they had Metis ancestry, and 4% indicated that they had Inuit Ancestry (see Chart 8 on page 7).

Chart 5: Respondents by Household Income

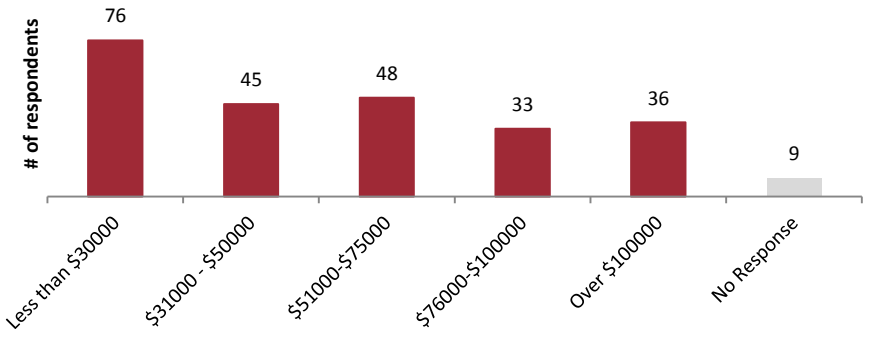


Chart 6: Respondents by Employment Status

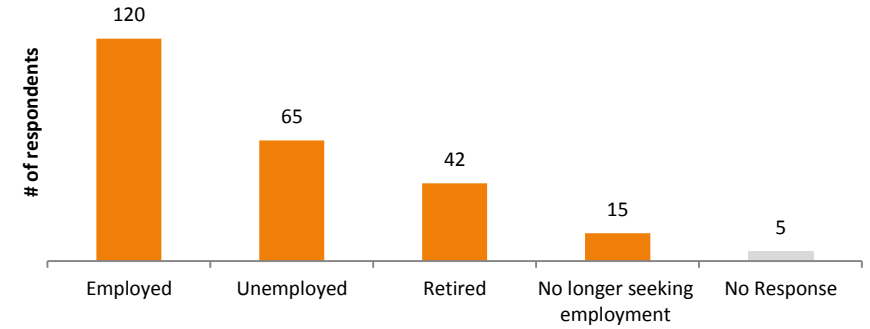
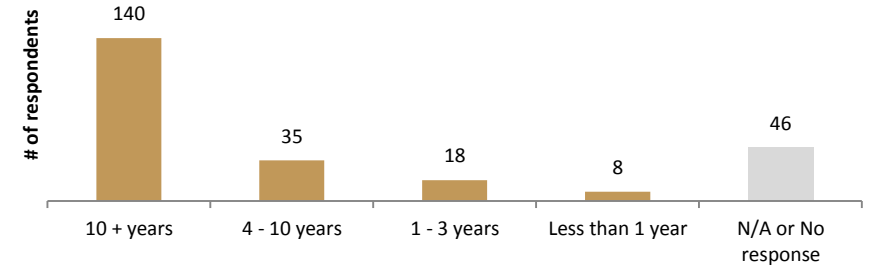


Chart 7: Respondents by Tenure in Durham



Ancestral Language

Of respondents, 21% reported Ojibwe as their ancestral language, 7% reported Cree, and 7% reported Mohawk (Chart 9)

Band Affiliation

The primary Band affiliations identified by respondents were (those included were those with multiple responses only and are presented in order of significance):

1. Attawapiskat
2. Wasauksing
3. Batchewana
4. Chippewa of the Thames
5. Golden Lake

- Curve Lake
- Eagle Village
- Michipicoten
- Mississauga of Scugog Island
- Mowhawk of Bay of Quinte
- Moose-Cree
- Moose Deer Point
- Pic River
- Serpent River
- Wahta
- Walpole Island
- Wikwemikong

Knowledge of Family Tree

Of respondents, 62% indicated that they know their family tree well, while 34% indicated that they do not know their family tree well. Older respondents were more likely to report having a stronger knowledge of their family tree than younger respondents.

Chart 8: Respondents by Aboriginal Ancestry

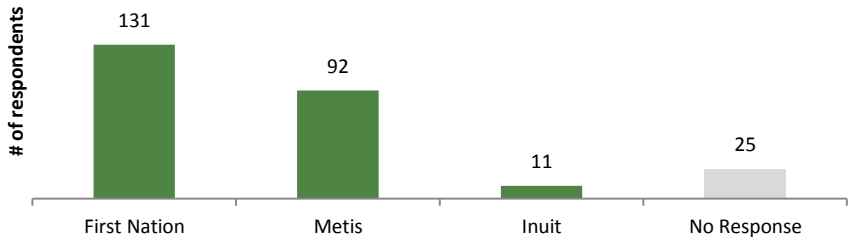


Chart 9: Respondents by Ancestral Language

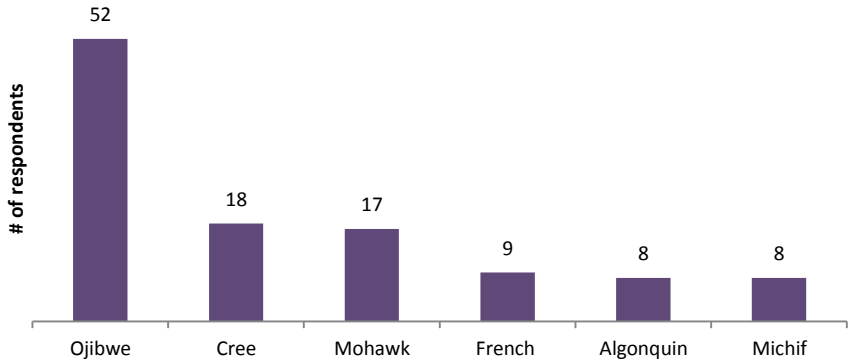
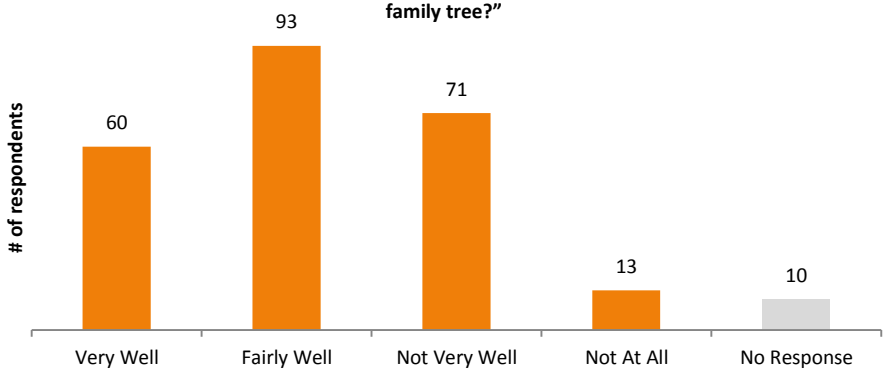


Chart 10: Respondents by answer to the question: "How well do you know your family tree?"



Section 2:

URBAN ABORIGINAL COMMUNITY IN DURHAM

Cultural Representation in the Community

Generally, respondents believe that their culture is represented in the community in Durham. However, 17% of respondents did report that they did not believe that their culture was represented in the community (Chart 11). Although the sample size was too low to allow for a definitive statement, it appears as though younger respondents, especially those under the age of 30 years, are more likely to believe that they are not represented in the community.

Culturally Sensitive Services

Of respondents, 50% were not sure if local services are sensitive to their cultural needs, while 26% reported that they did not believe that local services were sensitive to their cultural needs (Chart 12). Again, although the sample size was to low to allow for a definitive statement, it does appear as though younger members of the aboriginal community are more likely to believe that services are not culturally sensitive.

Access to Cultural Services

Of respondents, 43% are not sure about the availability of cultural services in the community, while 32% believe that it is not easy to access cultural service in Durham (Chart 13). Again, although the sample size was to low to allow for a definitive statement, it does appear as though younger members of the aboriginal community are more likely to believe that cultural services are not available in the community.

Chart 11: Respondents by agreement with the statement: "I see my culture represented in Durham Region"

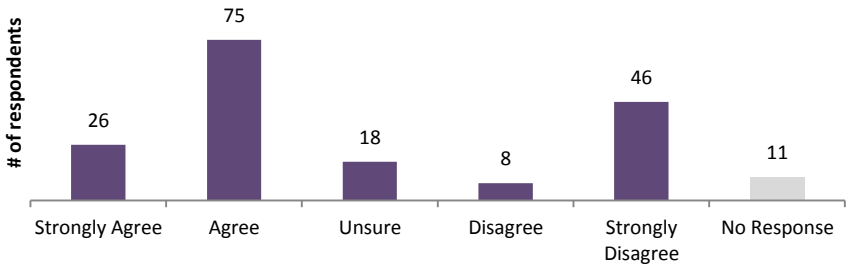


Chart 12: Respondents by answer to the question: "Are the service available in Durham culturally sensitive to your needs?"

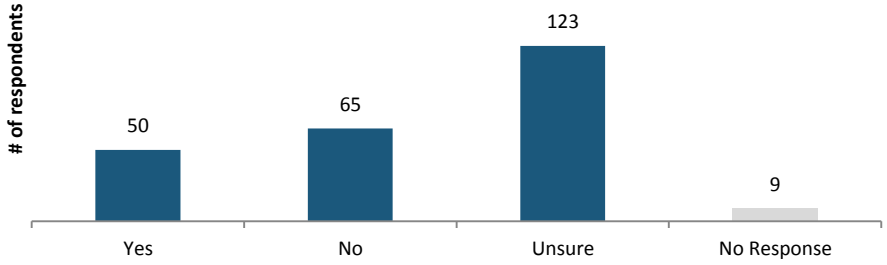
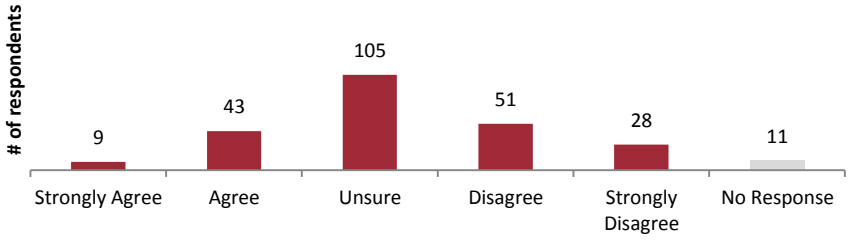


Chart 13: Respondents by agreement with the statement: "It is easy to access cultural services, traditional practices and/or programs in Durham"



Primary Suggestions to Help Improve Cultural Sensitivity of Local Programs and Services

1. Development of an Aboriginal Cultural/Friendship Centre
2. Increased awareness of local Aboriginal culture
3. More Aboriginal cultural/community events
4. Resources to support holistic/traditional wellness programs and services

Primary Issues Facing Aboriginal Communities in Durham

1. Cultural disconnect within Aboriginal communities
2. Cultural disconnect between Aboriginal and broad community in Durham
3. Lack of educational opportunities
4. Lack of targeted support services
5. Housing
6. Employment
7. Low-Income

Section 3:

URBAN ABORIGINAL HEALTH NEEDS

Respondent Health Rating

The majority of respondents (82%) gave a positive response when asked about their overall health, while 15% rated their health as fair or poor (Chart 16).

Average Health Ratings by Demographics

NOTE: as the survey asked respondents to rate their health on a scale from 1 to 5, with 1 being an excellent health rating and 5 being a poor health rating, the higher the number presented in the average health rating charts the lower the health rating of respondents.

Age and Sex

The average health rating of respondents decreased as age increased, thus older respondents reported worse overall health than younger respondents (Chart 17).

Female participants reported a lower overall health rating than male participants (Chart 18).

Level of Education

Participants with post-secondary education had a higher average health rating than participants with only secondary school education (See Chart 19 on page 13). Although the sample size was too small for a definitive statement, it appears as though the average health rating increased as education increased across all levels. This is consistent with theories on the social gradient in health.

Family Composition

Single mothers reported a lower overall health rating than all other family composition categories, including single fathers. Respondents from couple families with children reported a lower overall health rating than the average for all participants, however, this may be related to the fact that 91% of all respondents in this family group were women (See Chart 20 on page 13).

Chart 16: Respondents by Personal Health Rating

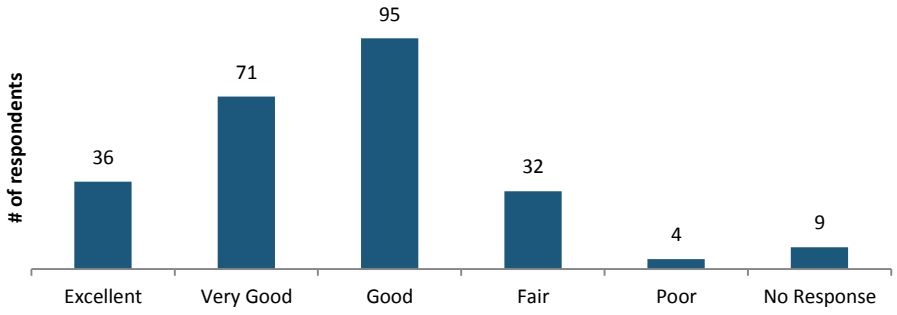


Chart 17: Average Health Rating of Participants by Age (1 = Excellent, 5 = Poor)

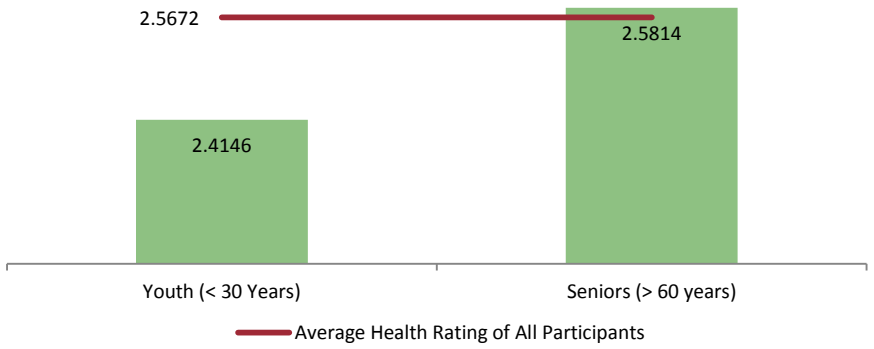
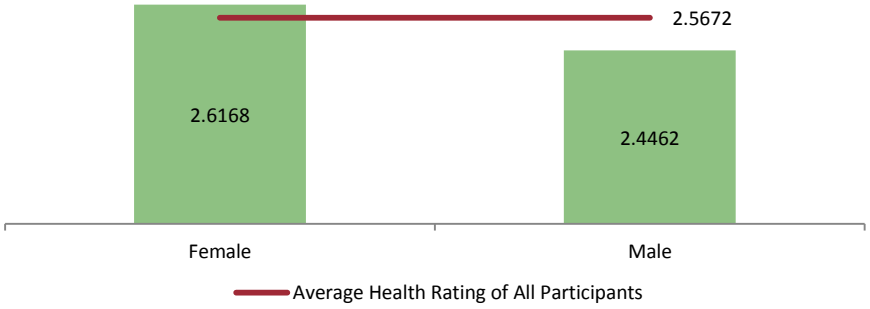


Chart 18: Average Health Rating of Participants by Sex (1 = Excellent, 5 = Poor)



Employment Status

Participants who reported being unemployed or discouraged from seeking employment had a lower overall health rating than participant who reported being employed or retired (See Chart 21).

Average Health Ratings by Cultural Engagement Factors

Respondents replied to several questions relating to the level of cultural engagement and inclusion in the community and in community services. This section compares the average health ratings across these factors.

Perception of Cultural Representation in the Community

Those who do not see Aboriginal culture represented or included in the community reported a lower overall health rating than those who feel that Aboriginal culture is represented in the community (see Chart 22 on page 14). Further, those who do not feel that local health and social services are culturally sensitive to Aboriginal communities reported a lower overall health rating (see Chart 22 on page 14). These findings are consistent with theories that relate community inclusion to health status.

Knowledge of Family Tree

Those who reported that they do not know their family tree well also reported an overall health rating lower than those who know their family history well (see Chart 23 on page 14).

Chart 19: Average Health Rating of Participants by Education (1 = Excellent, 5 = Poor)

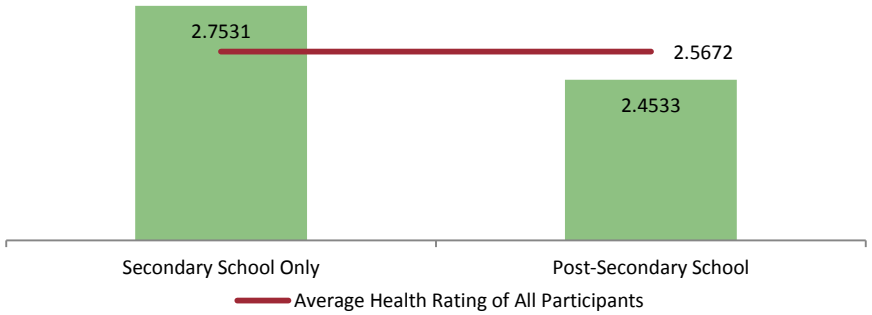


Chart 20: Average Health Rating of Participants by Family Composition (1 = Excellent, 5 = Poor)

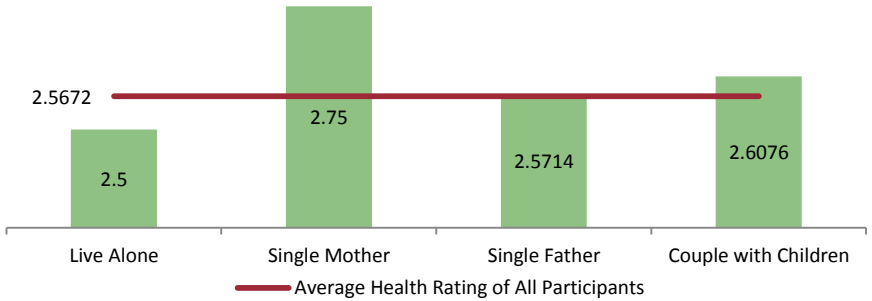


Chart 21: Average Health Rating of Participants by Employment Status (1 = Excellent, 5 = Poor)

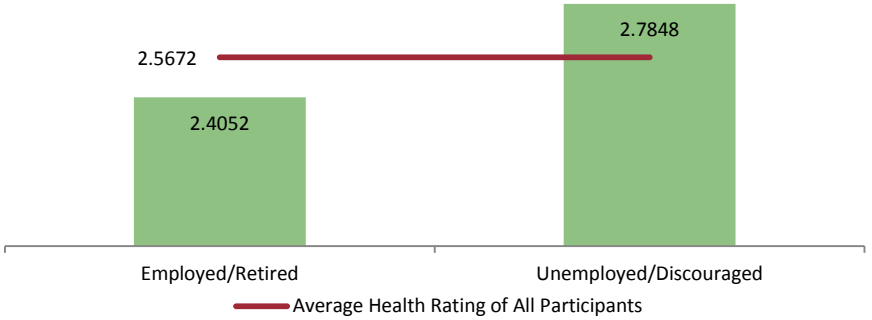


Chart 22: Average Health Rating of Participants by Perception of Cultural Representation in the Community (1 = Excellent, 5 = Poor)

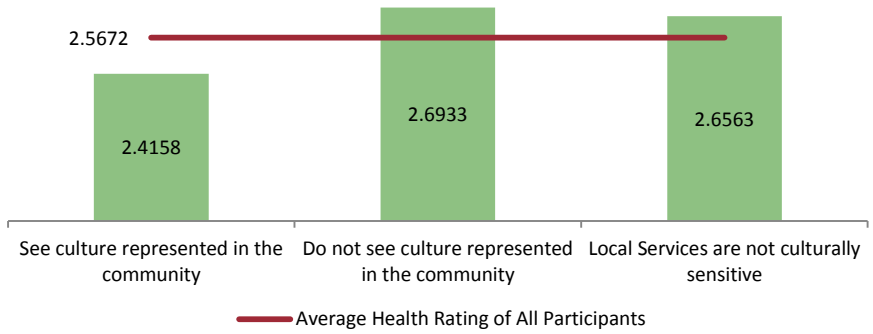
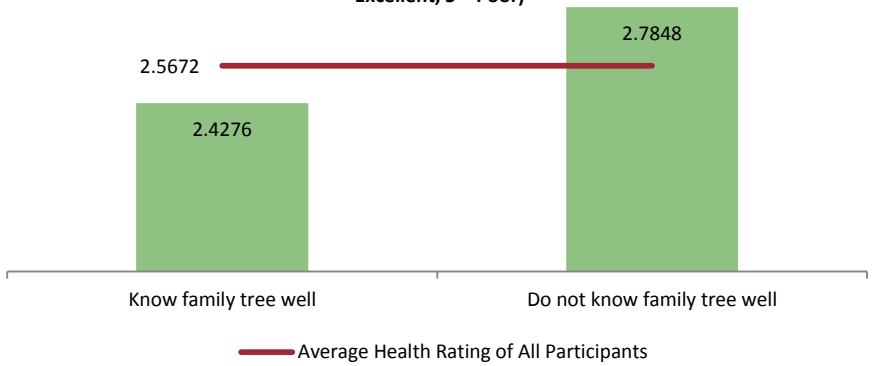


Chart 23: Average Health Rating of Participants by Knowledge of Family Tree (1 = Excellent, 5 = Poor)



Health Service Needs

Respondents reported accessing a variety of health support services to address specific health concerns/needs (Chart 24).

After basic medical services, respondents indicated that programs and services related to diet, nutrition, physical activity and weight management were the most important services that they, or members of their family, accessed. Female respondents, under the age of 40 years, were slightly more likely to report that they, or members of their family had accessed these kinds of programs/services.

This was followed by a significant number of respondents indicating that they, or members of their family, had accessed services to address mental health concerns, specifically depression, anxiety and addictions. There was no discernible difference between males and females is this area, however, older respondents (i.e. those over the age of 40) were slightly more likely to report that they, or members of their family, had accessed services to address mental health concerns.

Access to a Primary Care Physician

The majority of respondents (81%) reported having a primary care physician (see Chart 25 on page 16).

Of the small group that reported that they did not have a primary care physician, the majority had lived in the community for 3 years or less and were under the age of 30 years.

Chart 24: Primary health supports that respondents access

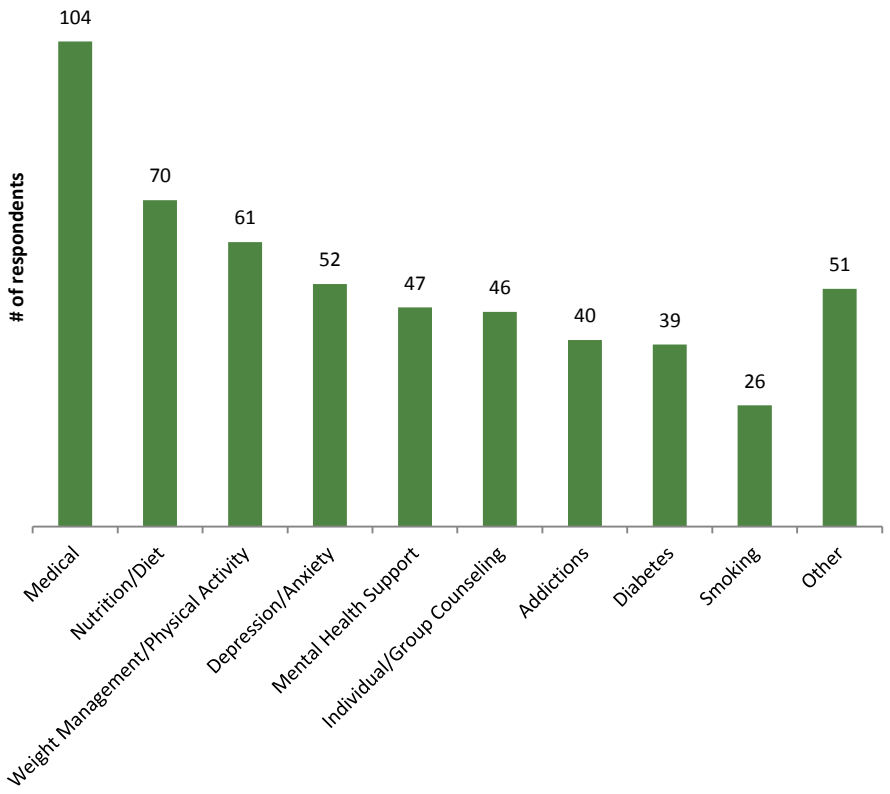


Chart 25: Respondent by Access to a Primary Care Physician

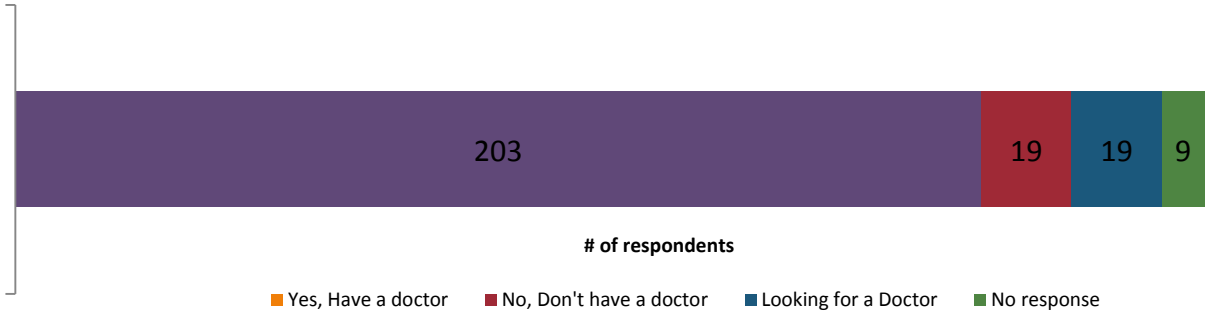


Chart 26: Respondents by Location of Access to Primary Health Services (n = 247)

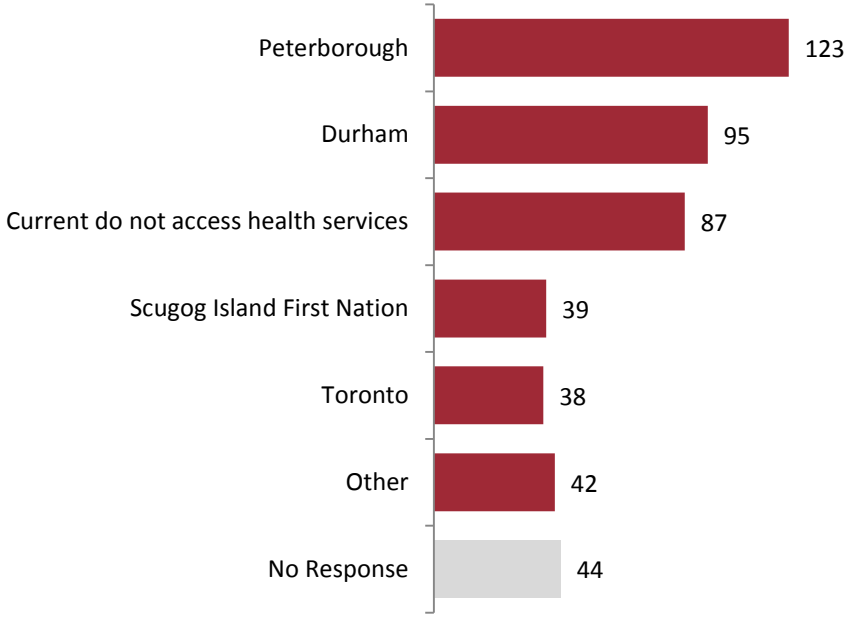


Chart 28: Respondents by Location of Access to Primary Health Services Within Durham (those who access services in Durham, n = 95)

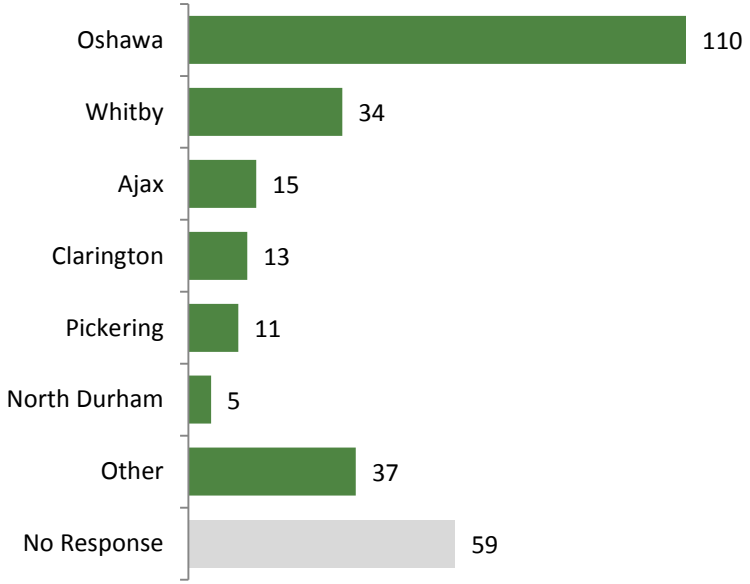


Chart 29: Respondents Reasons for Accessing Services Outside of their Local Community

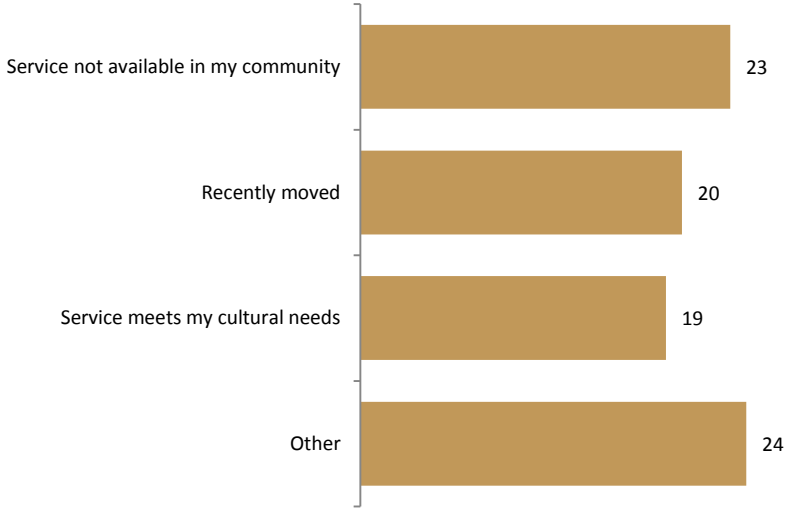
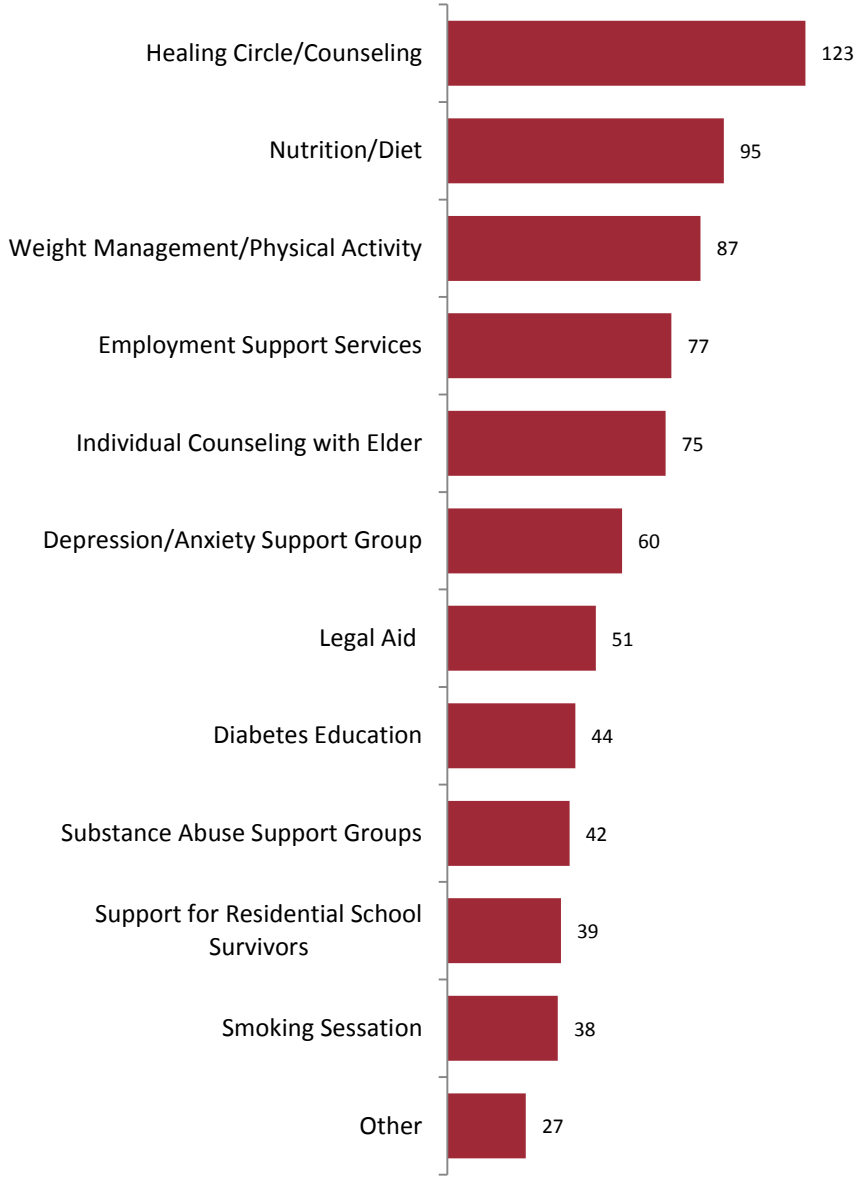


Chart 30: and Services of Interest to Respondents



Health Services of interest

Respondents reported an interest in a variety of health support services to address specific health concerns/needs (Chart 30).

There was a significant interest in having access to healing circles and group counseling, as well as individual counseling with community Elders. This interest appears to be shared across age groups, but more female respondents than males expressed and interest in these activities.

Mirroring the reported services that respondents are currently accessing, there was a significant interest expressed in having increased access to diet, nutrition, weight management, and physical activity programming. Again, more female respondents, under the age of 40 years expressed interest in these areas than all other respondent groups.

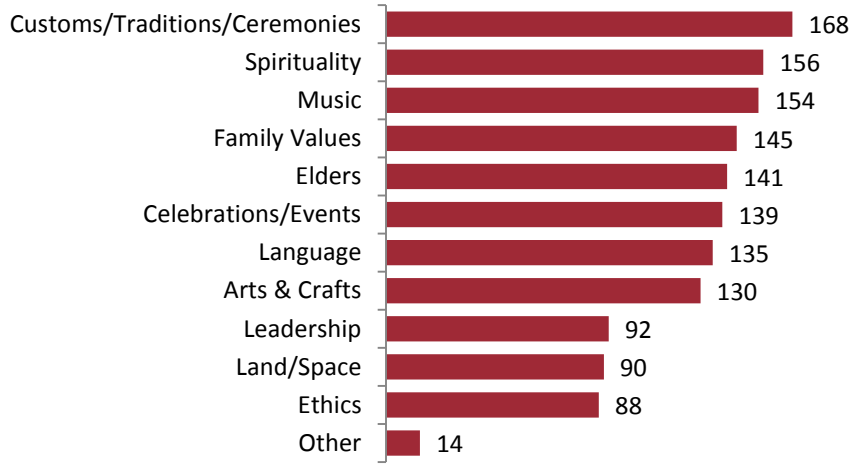
Section 4:

URBAN ABORIGINAL INTEREST IN CULTURAL PROGRAMS/EVENTS

Interest in Aboriginal Culture

Respondents reported an interest in multiple aspects of Aboriginal culture and cultural expression (Chart 31). There appears to be a strong interest in ceremonial and spiritual aspects of various Aboriginal traditions. This interest was strongest among older respondents (i.e. age 30 and over). Younger respondents (i.e. age 30 and under) appear to be more interest in aspects of Aboriginal culture expressed through music and language.

Chart 31: Aspects of Aboriginal Culture Most Important to Respondents



Interest in Cultural Programming

Following the responses above about important aspects of Aboriginal culture, respondents expressed a primary interest in programming that would support or promote ceremonial, spiritual, and artistic aspects of Aboriginal culture(Chart 32). There appears to be a strong interest in programs that teach members of the community about aspects of Aboriginal traditions. This interest is distributed evenly across age groups.

The trend continues when we look at more specific responses about cultural programming/services that are of interest to respondents (see Chart 33 on page 22). The primary programs/activities that would interest participants arts and crafts, hand drumming, ceremonial activities, and storytelling. There is also a strong interest groups to specifically support Aboriginal women and activities that promote community engagement and activity.

This is reflected again in Chart 34 on page 23.

There appears to be a belief among respondents that many of the activities that they expressed an interest in could also act to strengthen the local Aboriginal community by fostering cultural education, engagement and inclusion (see Chart 35 on page 24).

Chart 32: Cultural Programs that Respondents Feel Would Support them or their Family

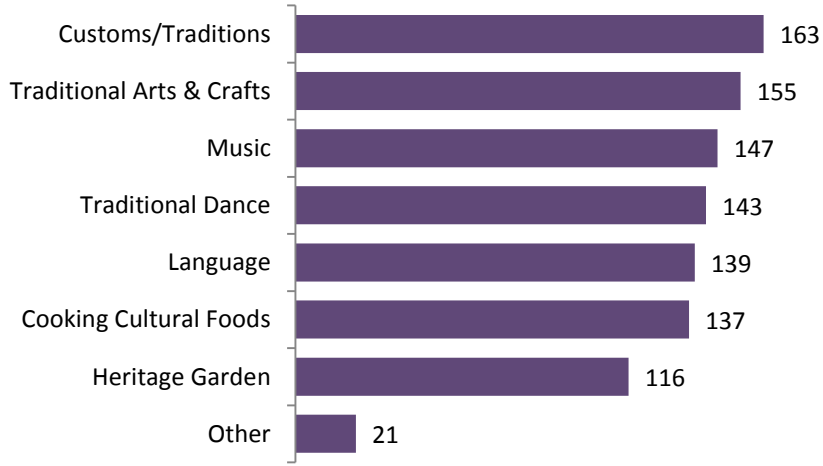


Chart 33: Programs/Groups of Interest to Respondents

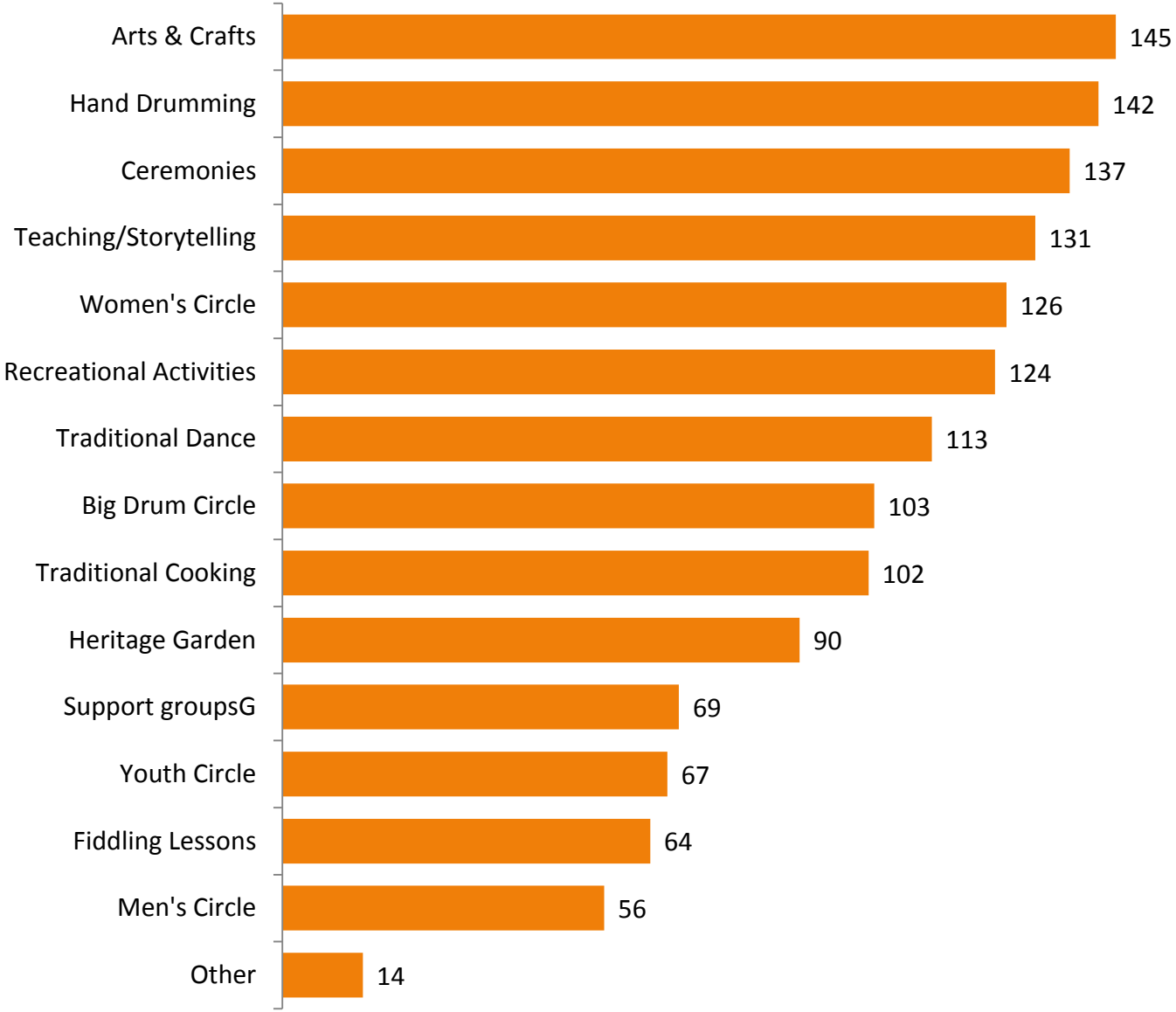


Chart 34: Aboriginal Events that Respondents Would Attend in Durham

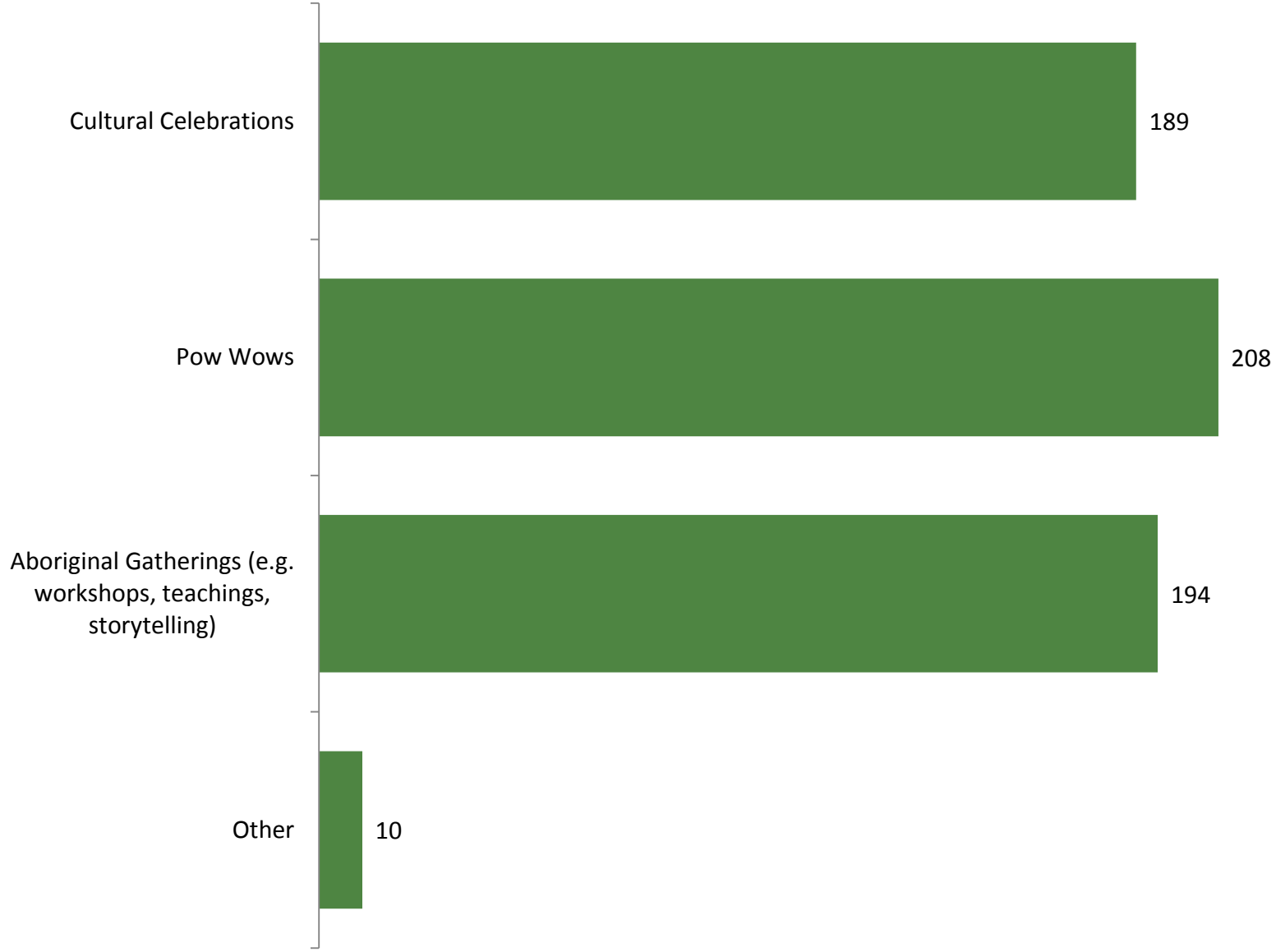
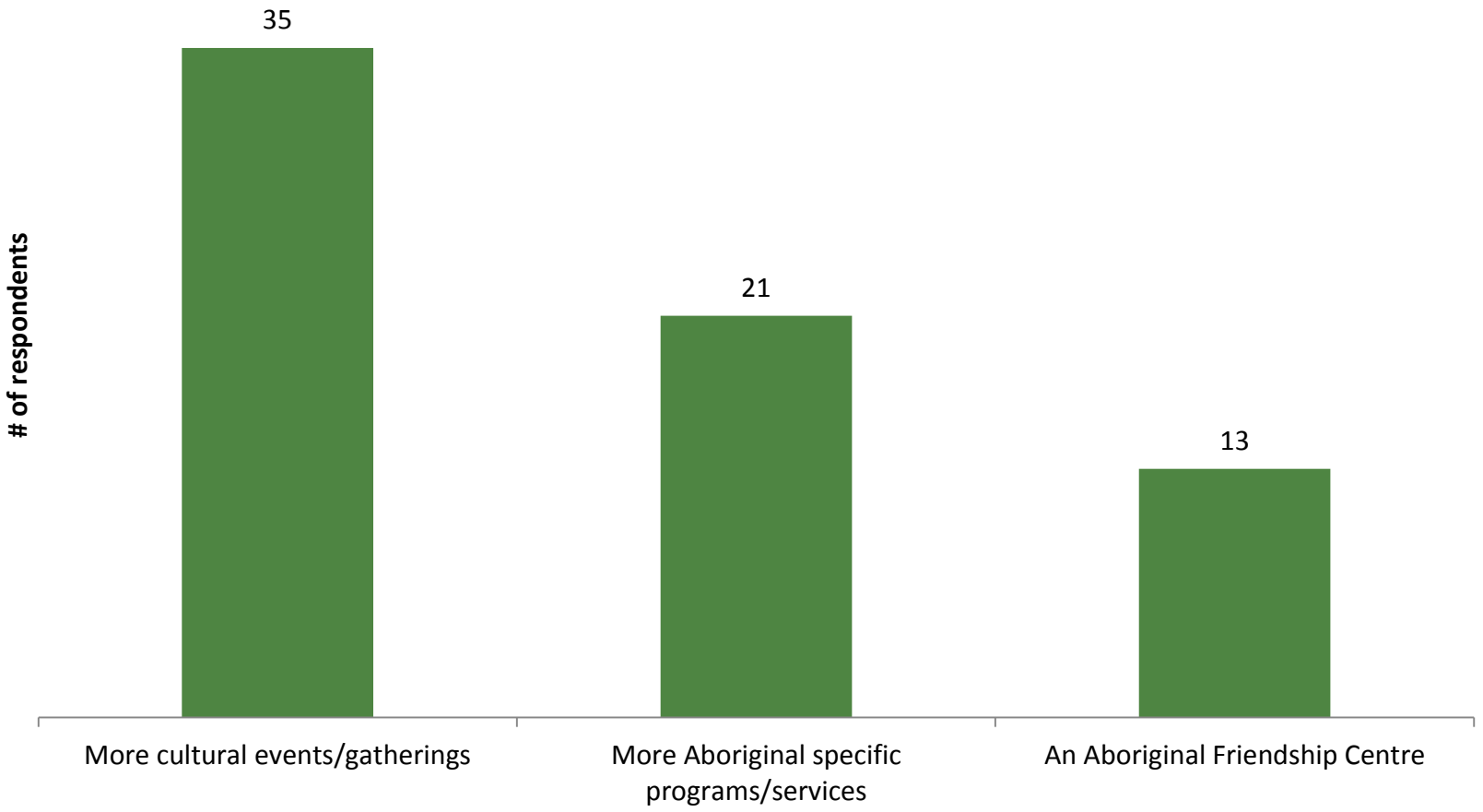


Chart 35: Suggestions to Make the Aboriginal Community Stronger in Durham



Section 5:

ADVOCACY & THE ABORIGINAL ADVISORY CIRCLE

Chart 36: Respondents Have Heard of the ACC and its Work

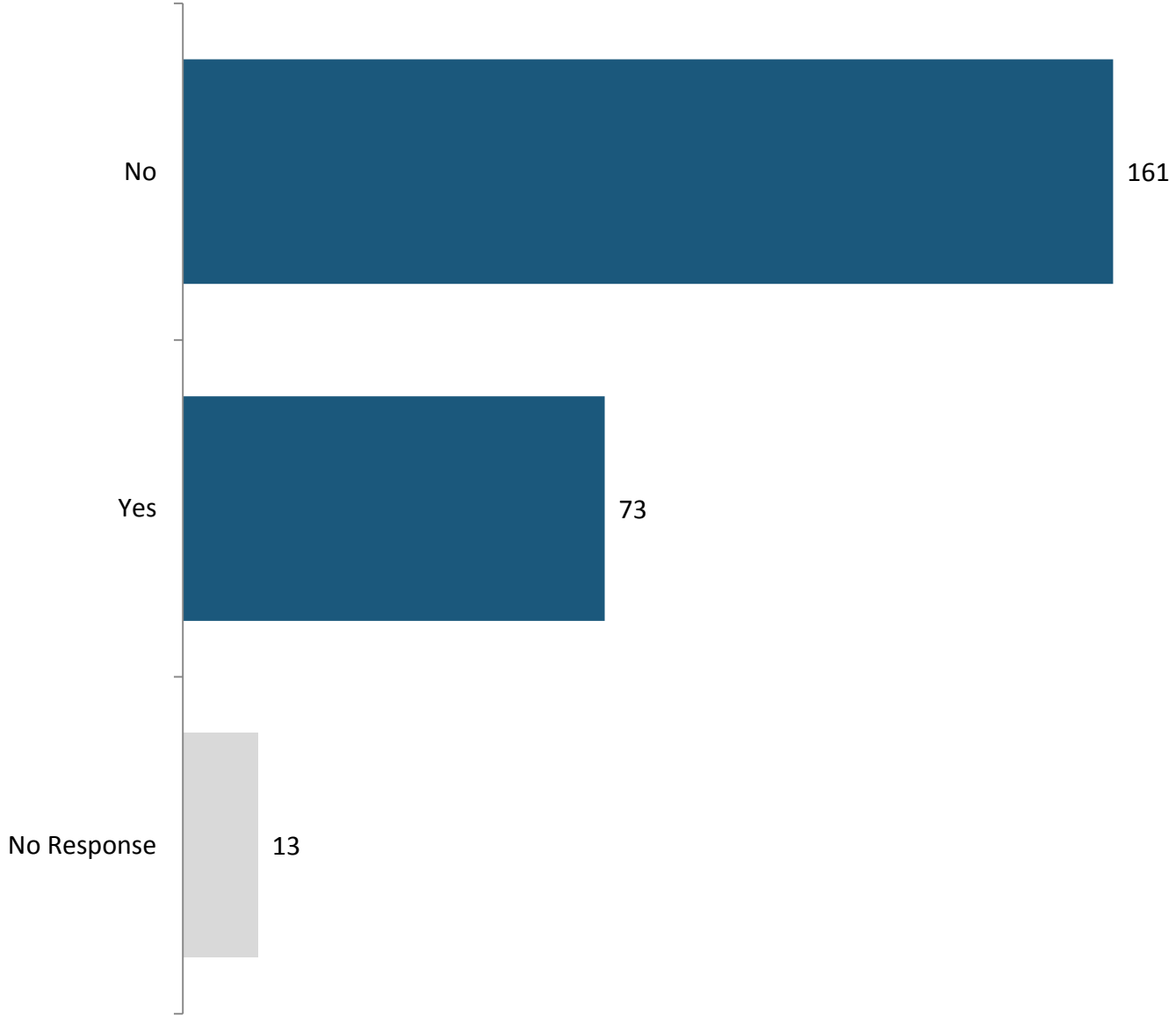


Chart 37: Respondents Like the Idea of the ACC

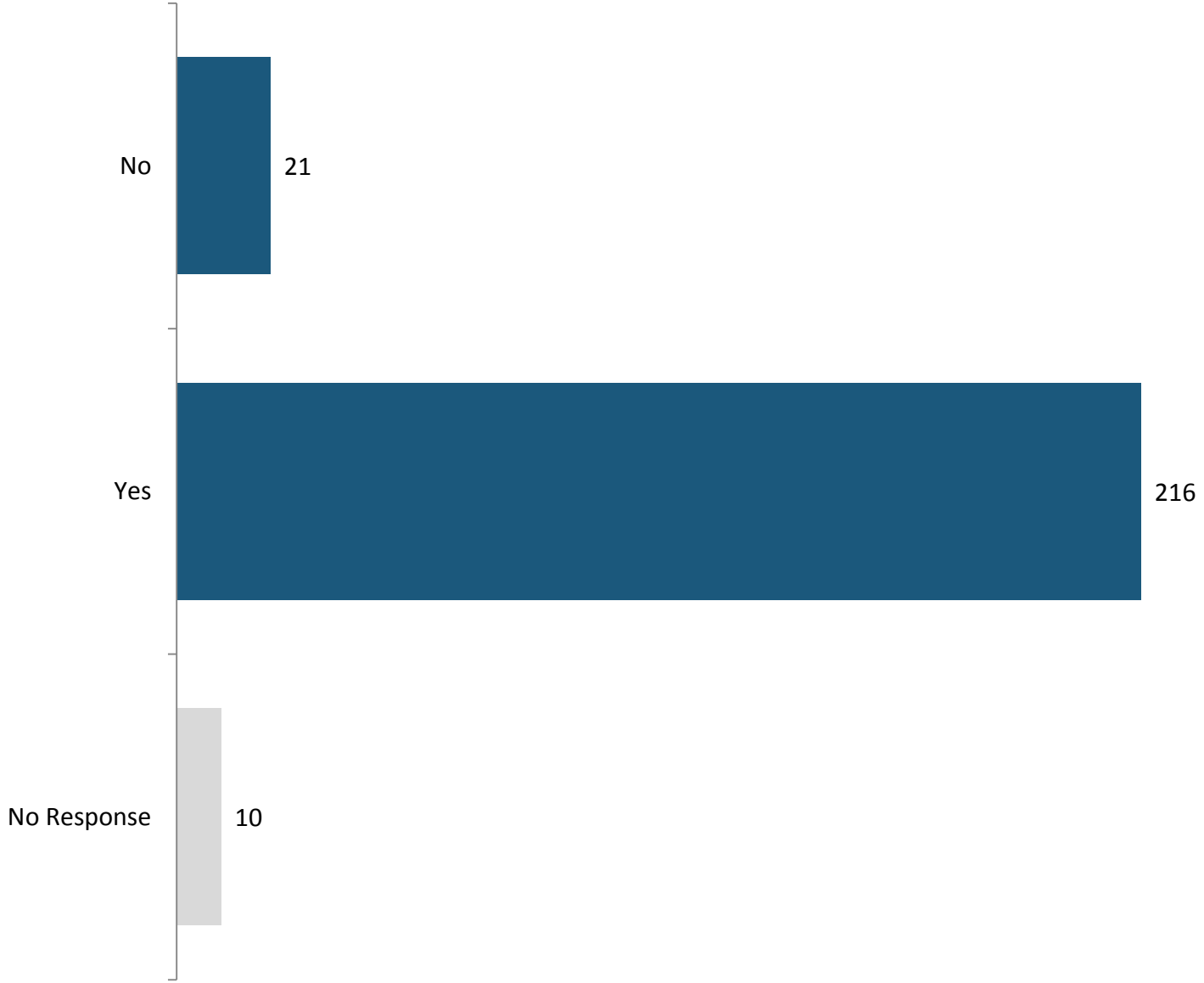


Chart 38: Suggestions for the Role of the ACC in Durham

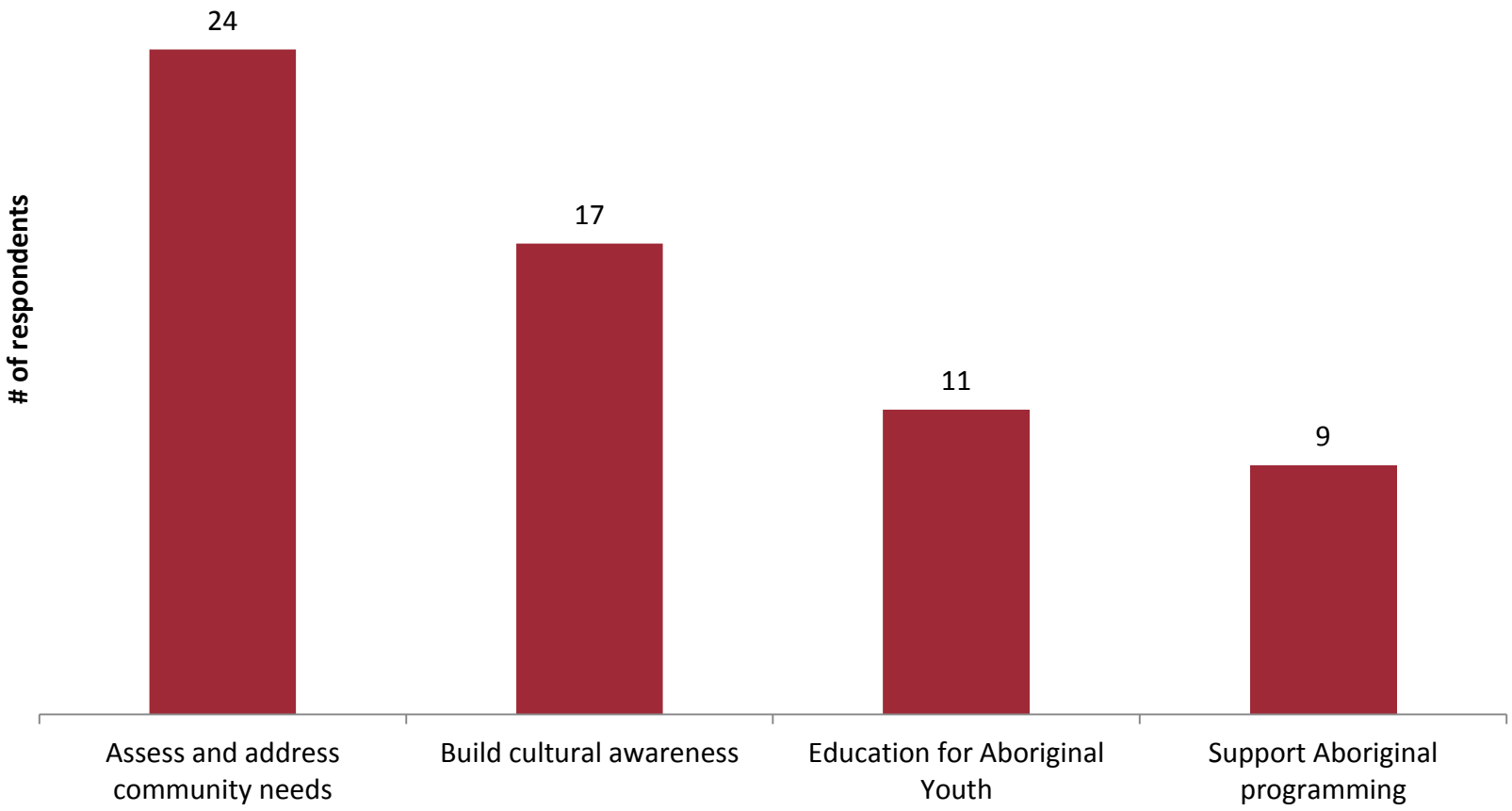


Chart 39: What Should the ACC/Community Advocate for on Behalf of the Local Aboriginal Community?

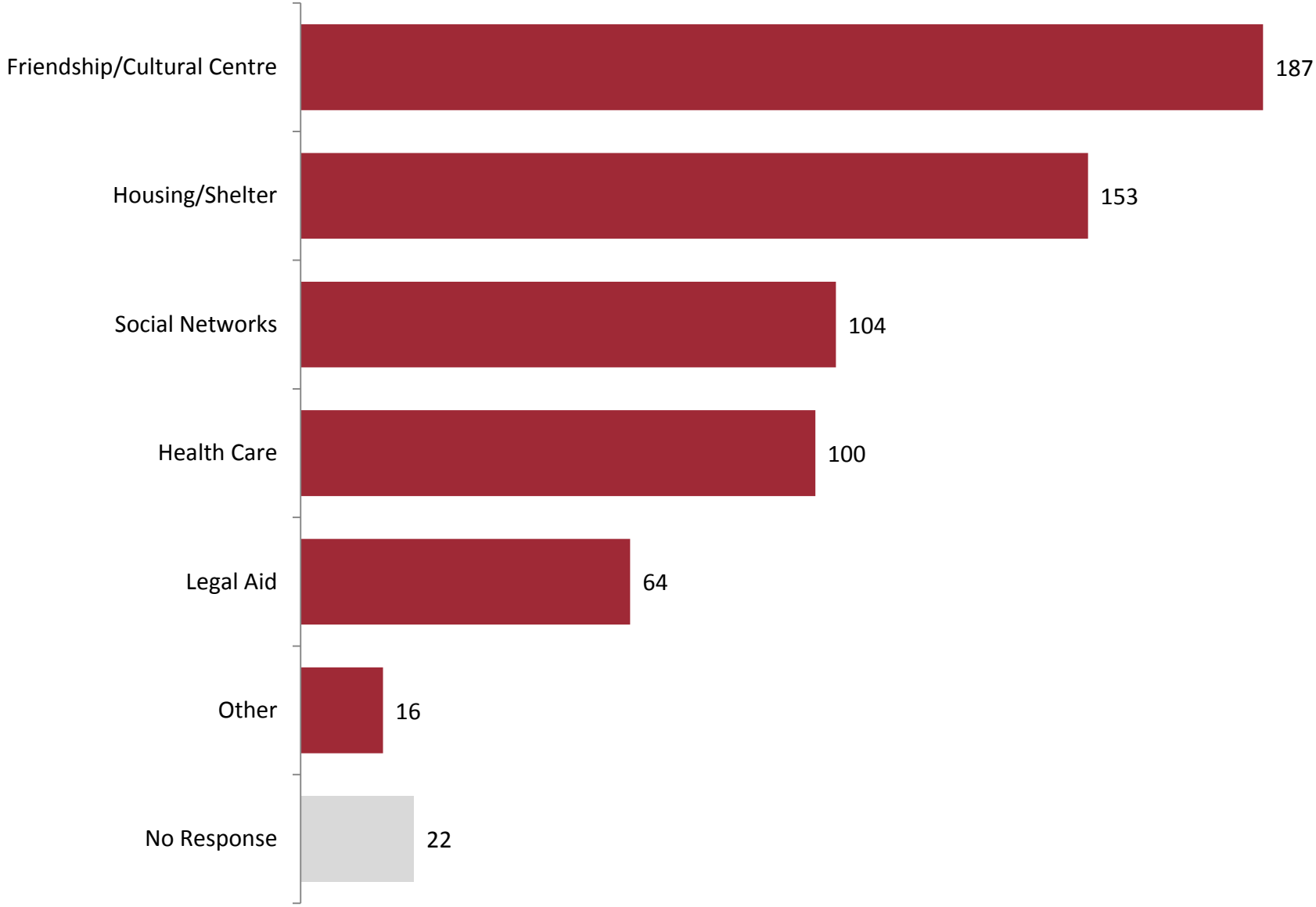


Chart 40: Respondents would support the development of an Aboriginal Friendship Centre in Durham

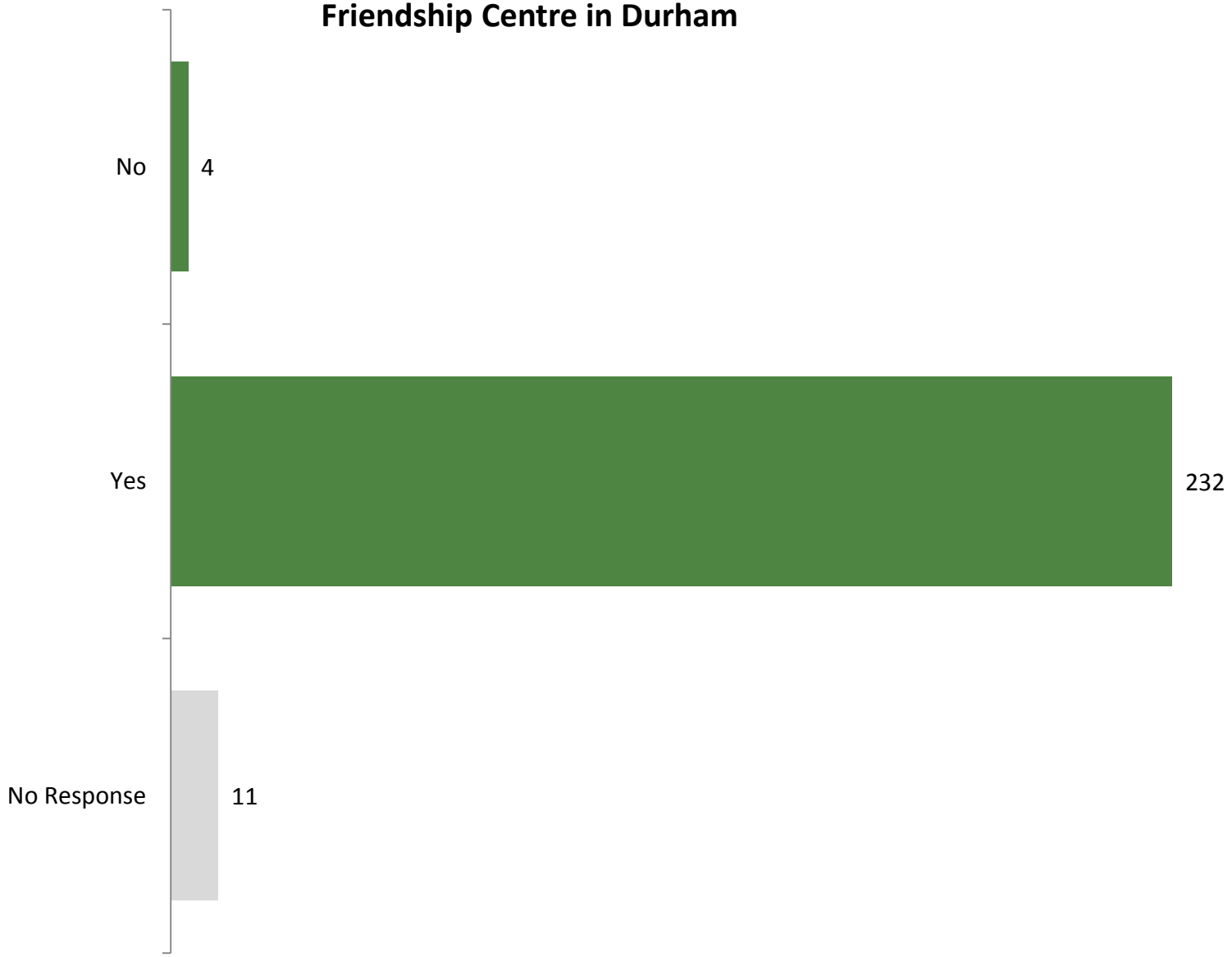
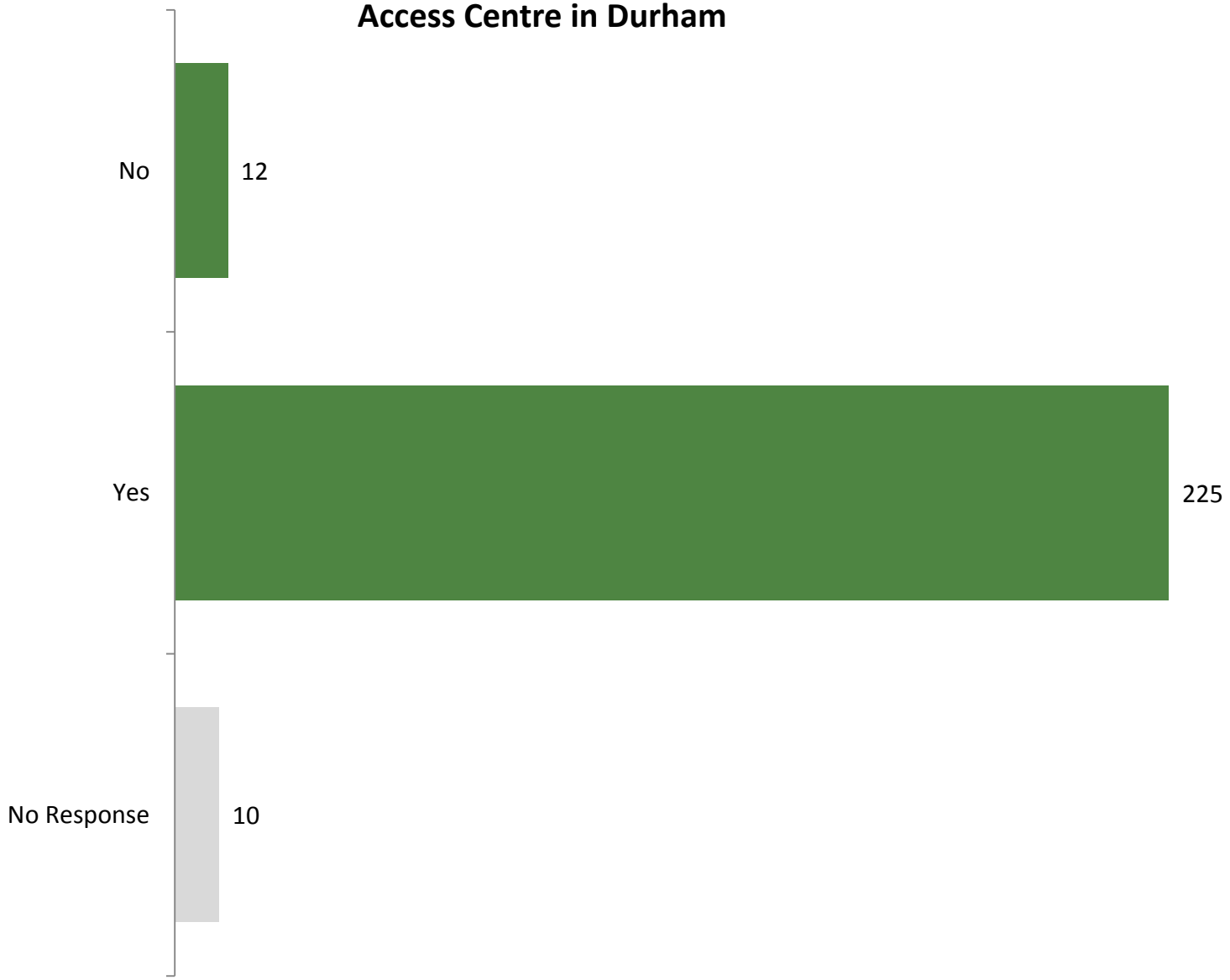


Chart 41: Respondents would support the development of an Aboriginal Health Access Centre in Durham



Section 6:

ACCESSIBILITY & OCHC SERVICES

Chart 42: Respondents are aware of the OCHC facility at 115 Grassmere Avenue

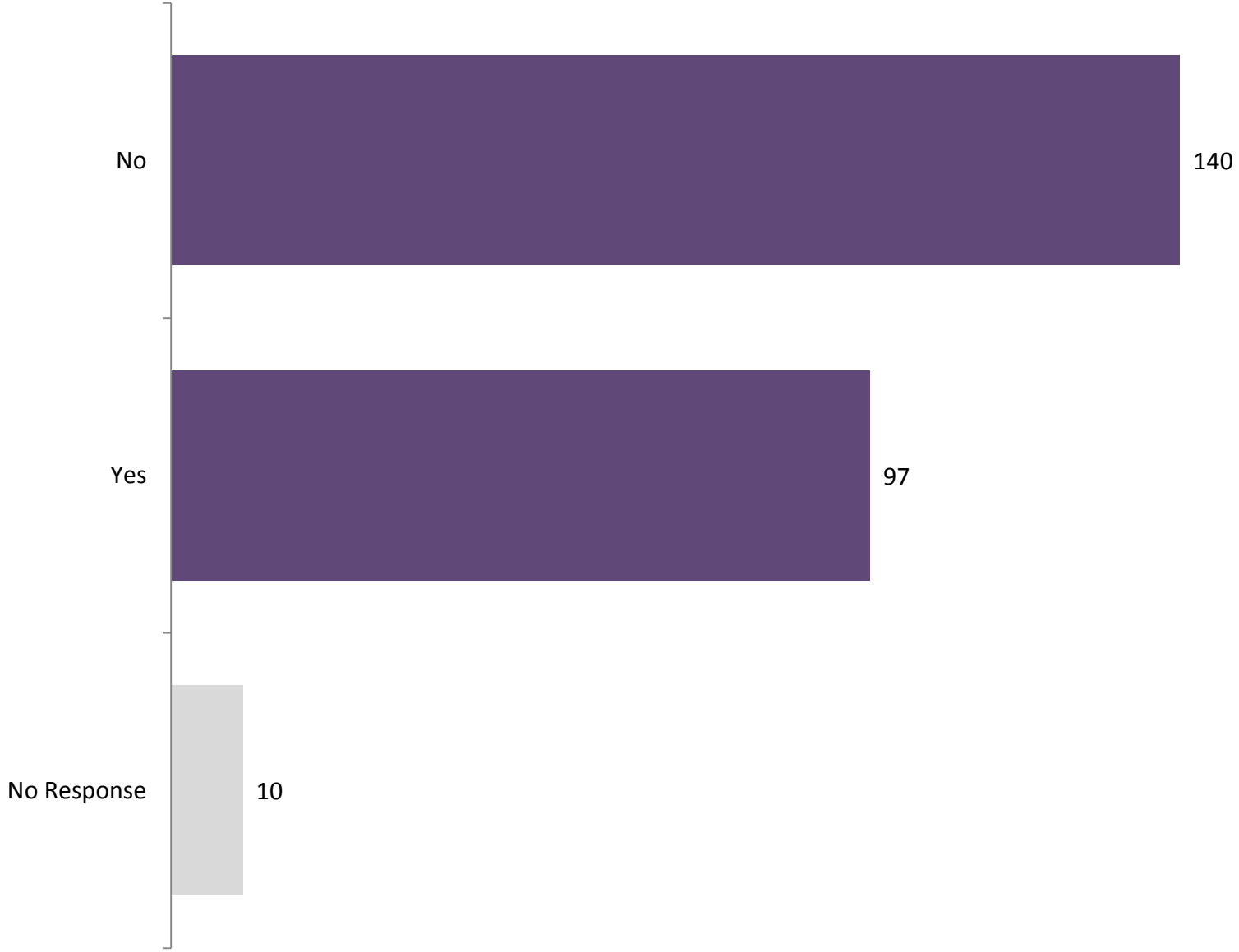


Chart 43: Respondents are aware of OCHC Programs & Services

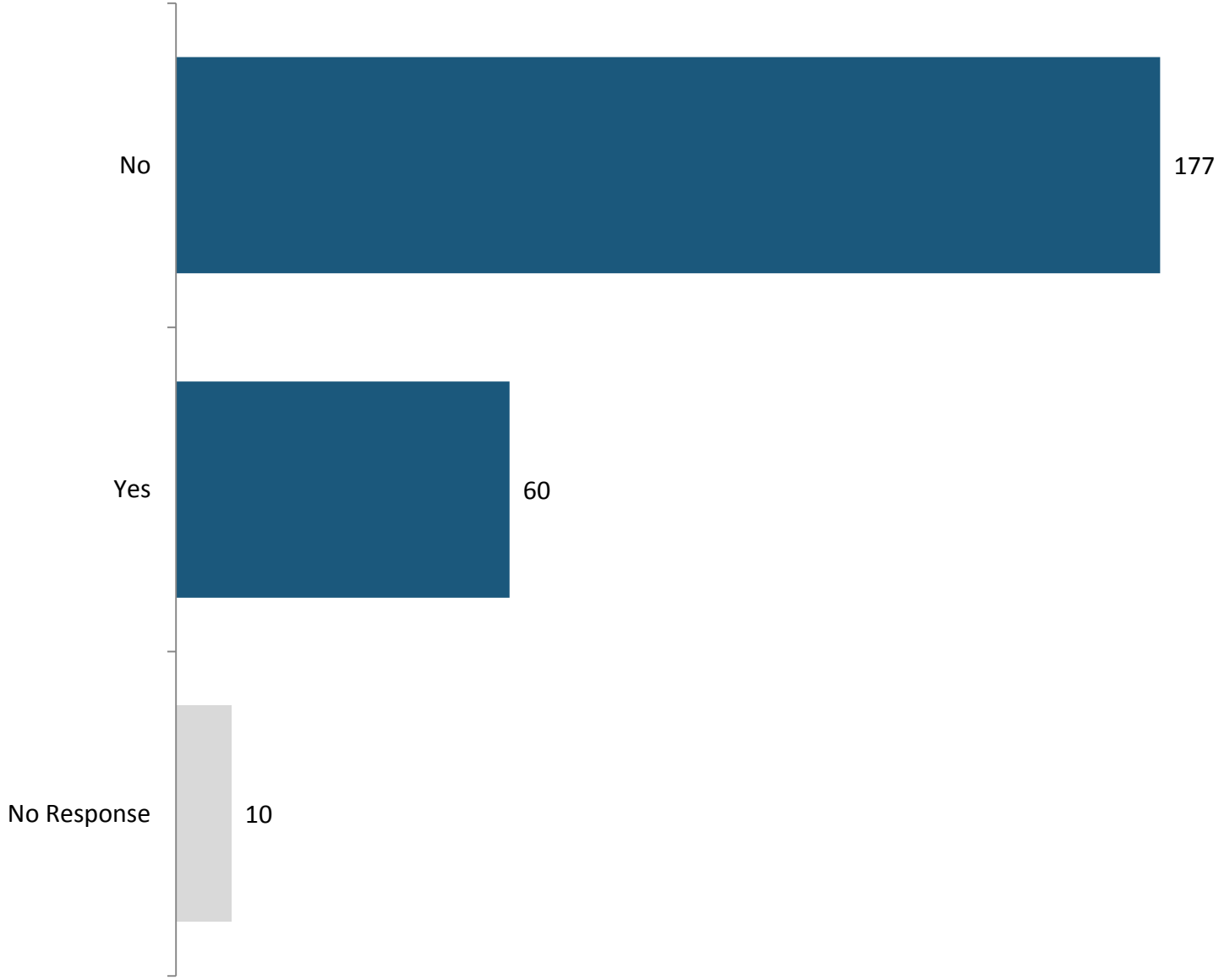


Chart 44: Respondents program and service suggestions that would allow the OCHC to better meet their needs

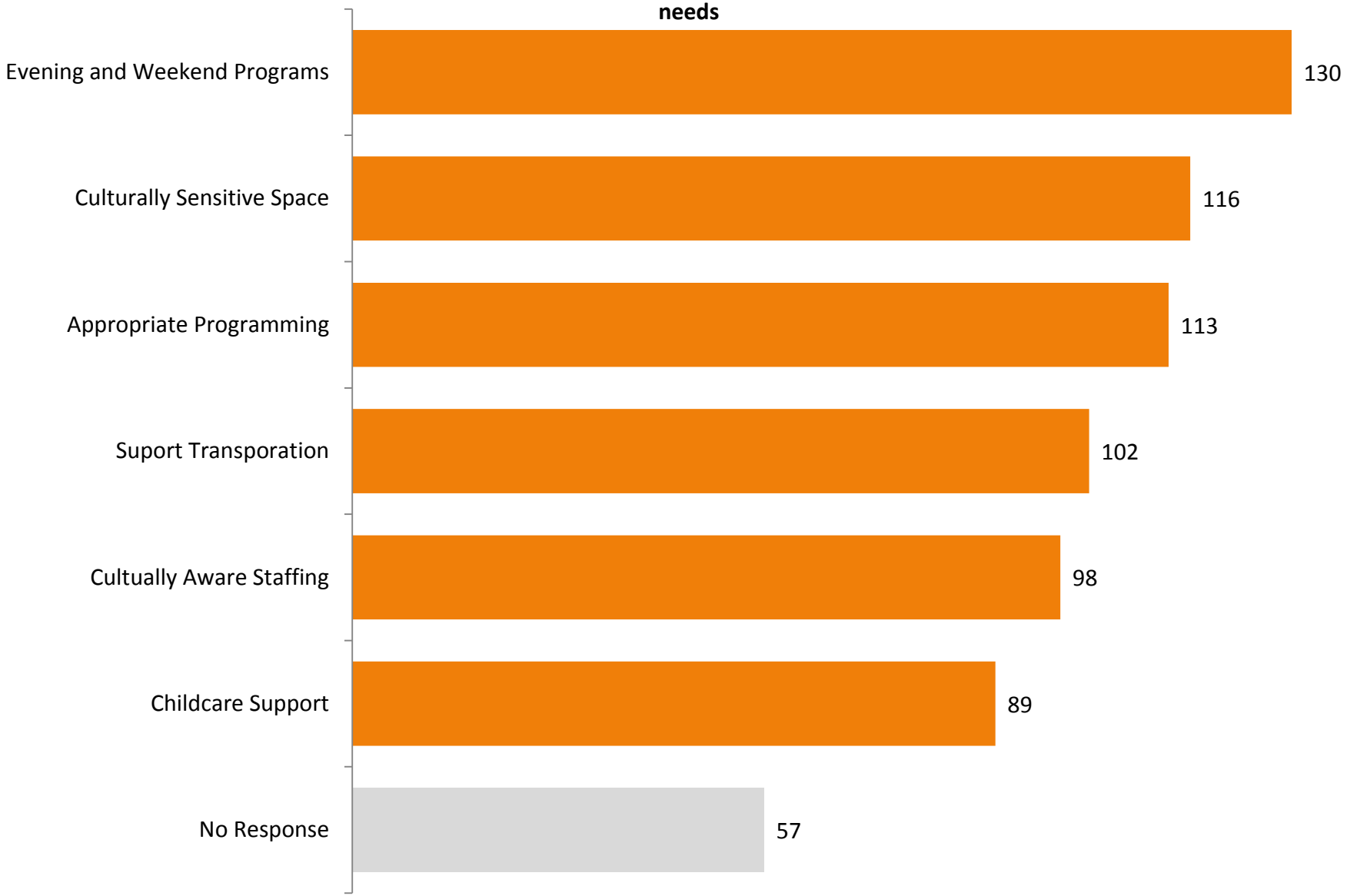
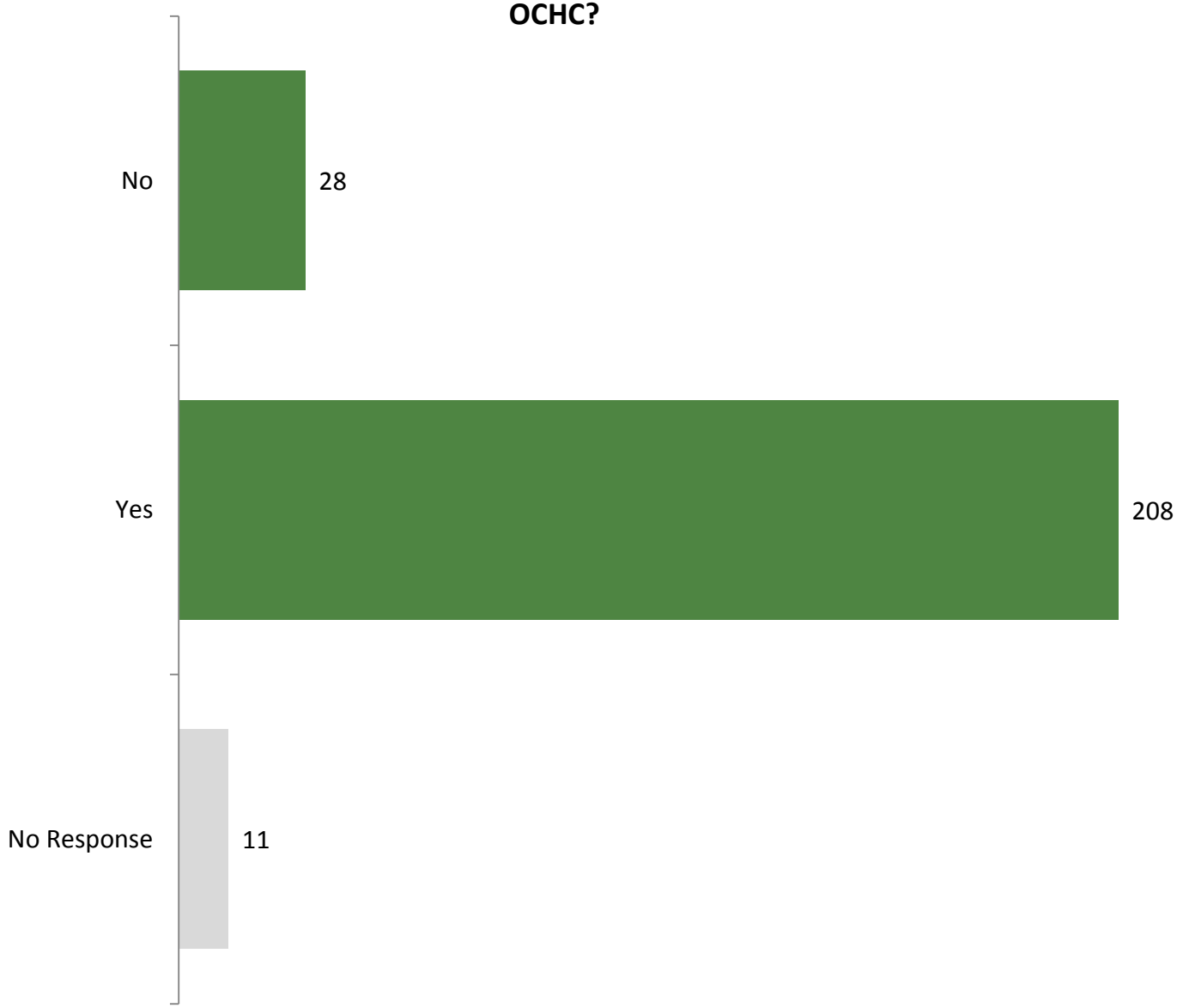


Chart 45: Would respondents participate in culturally specific programming offered by OCHC?



Section 7:

SUMMATION

Based on our analysis of the survey data, we provide the following summation points to support future actions of the AAC, the OCHC and other community partners:

1. The AAC and its partners in the community need to explore the prospects and process for the development of a local Aboriginal Friendship/Cultural Centre in Durham that can act as a focal point and gathering place for local Aboriginal communities.

2. There is a need to further engage local Aboriginal communities in dialogue so that we may better understand the unique conditions in which they live and experience social and economic situations such as poverty, marginalization, and unemployment.

3. There is a need for concentrated efforts to improve the broader community's understanding of Aboriginal issues in general and specifically of the needs of Aboriginal communities in Durham.

    a) There is a need for improved understanding across Durham communities about the unique history of local Aboriginal communities.

    b) There is a need for local efforts to improve cultural inclusion to be extended to fully include local Aboriginal communities and to promote the unique cultural histories and experiences of local First Nations, Inuit and Metis peoples.

4. Although programs exist, there is a need to enhance existing programs and activities that support Aboriginal culture in Durham.

    a) There is a need for more celebratory cultural activities, including arts and crafts programming, dancing, and drumming.

    b) There is a need for more activities that support enhanced cultural understanding among local Aboriginal communities, such as story circles, one-on-one counseling with Elders, and cultural education programming (i.e. to help members of the community better understand and connect with their Aboriginal history and heritage).

5. There is a need for the AAC and its partners to better engage local decision makers and political bodies that are working on issues related to diversity and inclusion, such as the Local Diversity and Immigration Partnership Council, to ensure that local Aboriginal communities are included in local planning and decision making processes.