Healthy Weights CONNECTION™

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Site System Scan- London, ON.

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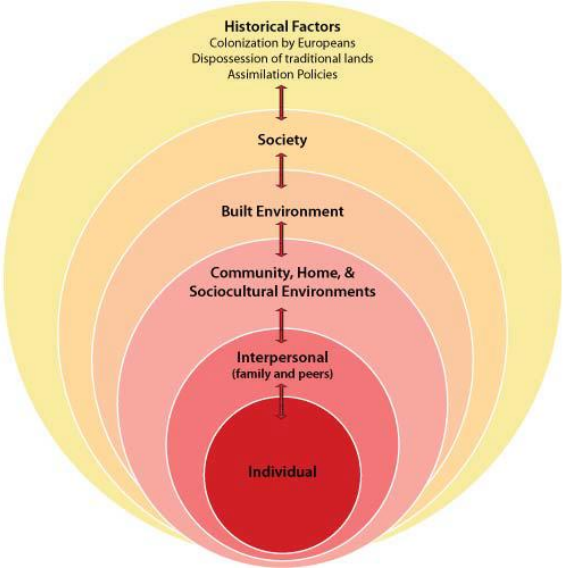
BACKGROUND

According to the World Health Organization, childhood obesity is among the most serious public health challenge of the 21st Century[1]. In Canada, childhood obesity has been found to significantly increase the risk of various chronic conditions in adults such as type 2 diabetes, coronary heart disease, and hypertension (Dietz, 1998), conditions which recently have also been found to appear in children (Daniels, 2009). Among Canadian communities at risk for obesity, Aboriginal children are of particular concern and have largely been neglected. In a study among off-reserve Aboriginal children (aged 2-17), the prevalence of obesity was 2.5 times that of the Canada-wide rate, at 20% versus 8% (Shields, 2005).

Understanding the causes of childhood obesity is complex as it is shaped by many factors beyond the most proximate cause of excess energy intake relative to energy expended, including genetics, family characteristics, neighbourhood characteristics such as "walkability" and access to recreation, and a number of other social, economic, and behavioural factors. The higher risk of obesity experienced by Aboriginal children overall is certainly related, in part, to higher social and economic risks, such as higher rates of low income, increased likelihood of living in underserved communities, and so on.

However, there is a growing understanding that the "social determinants" of health for Aboriginal Canadians may differ from those that affect the health of non-Aboriginal Canadians (Richmond and Ross, 2009). An ecological model (Figure 1) for understanding obesity in children presented by Willows et al. (2012)[2], illustrates the reciprocity among levels that influence active living, the consumption of healthy foods, and weight status, and which recognizes that historical factors encompass and influence all ecological levels.

FIGURE 1: AN ECOLOGICAL MODEL FOR UNDERSTANDING OBESITY IN CHILDREN



The purpose of this system scan is to gain understanding around the broader context in which the HWC initiative will be operating in the London area, and to provide an objective review of the current and anticipated factors that will help to support and inform the strategic planning process of the Healthy Weights Connection initiative. These include the demographic, geographic, economic, organizational environments and others in the London area that may have an impact on the course of action.

HEALTHY WEIGHTS CONNECTION

The Healthy Weights Connection is an initiative that strives to improve existing community resources, access to new resources in order to achieve and maintain healthy weights among Aboriginal children and youth. Through awareness, communication, cooperation and collaboration, Healthy Weights Connection partners:

- Reduce the risk of obesity among Aboriginal children and youth by improving how local health and wellness organizations serve Aboriginal children and families
- Increase culturally-appropriate programming available for Aboriginal children and their families
- Improve relationships and collaboration among all components of the health and social system serving Aboriginal peoples

Healthy Weights Connection began in 2010 in London, Ontario, and the surrounding Oneida Nation of the Thames, Chippewas of the Thames First Nation, and Munsee-Delaware Nation. This year, Healthy Weights Connection has expanded to the Midland-Penetanguishene area, with support from the Métis Nation of Ontario; with a third area yet to be confirmed. Healthy Weights Connection personnel build and nurture partnerships with and between community partners, identify community resources, and provide support for funding applications in order to support efforts to address this important health issue among Aboriginal children.

METHODOLOGY

The information contained in this System Scan originated from several data sources:

- The 2011 Census (and comparisons to 2006 Census data), from Statistics Canada for London and Ontario for comparison. The Census takes place every five years in Canada and is a reliable source of information for population and dwelling counts as well as demographic and other socio-economic characteristics.

- The National Household Survey began within four weeks of the May 2011 Census and included approximately 4.5 million households. The information collected by the NHS is

intended to replace the data from the previous long-form census questionnaire. This questionnaire will cover most of the same topics as the 2006 Census.

- The Canadian Community Health Survey (CCHS) is a national population household survey of Canadians aged 12 and older, providing cross-sectional information related to health status, health care utilization and health determinants. Before 2007 the survey was conducted biennially among approximately 130,000 Canadians. Since 2007 data has been collected every year with about half the sample size compared to earlier cycles.

Additional information was gathered through HWC project activities including:

- Partnership Engagement meetings
- Organizational survey
- Community Survey
- Review of grey literature; municipal, regional government; aboriginal and aboriginal health websites

LONDON COMMUNITY CHARACTERISTICS

POPULATION AND DEMOGRAPHY[3]

In 2011, the total population of London and surrounding region was 474,786, representing a percent change of 3.7% from 2006. This compares to the national growth of 5.9%. The number of children aged 0-19 in London was 111,450. The population by Aboriginal identity is represented in Table 1.

TABLE 1: POPULATION BY ABORIGINAL IDENTITY

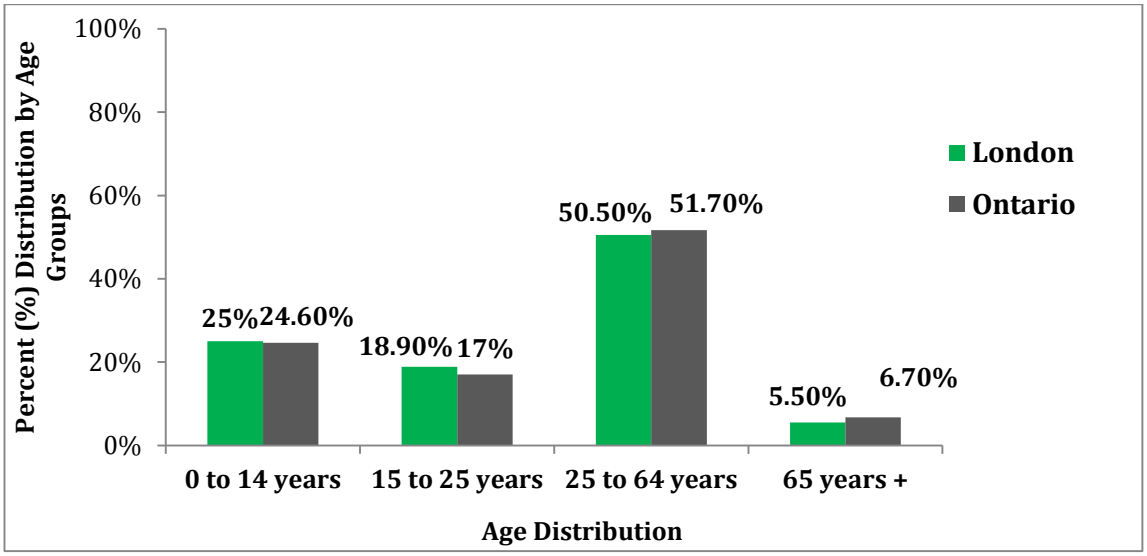
London, ON	
Total Population in 2011	474,786
Total Population in 2006	457,720
% Change	3.7%
First Nations (single identity) 2011	6,195
Métis	1,825
Inuit (single identity)	70
Population Density per sq. km	178.1

In 2011, the total Aboriginal Identity population in London was 1.8 % or 8,475. Of those (1,825 identified as Métis; 6,195 as First Nations (North American Indian); 70 as Inuit; 100 as Multiple Aboriginal identities; and 280 as Aboriginal identities not included elsewhere). This compares to

242,495 Aboriginal Identity Population in Ontario out of 12,028,895 total population (158,395 identified as North American Indian; 73,605 as Metis; and 2,035 as Inuit).

In general, the Aboriginal population in Canada is younger than the non-Aboriginal population. In London, Aboriginal children aged 14 and under represented 25.0% of the total Aboriginal population and 2.7% of all children in London. Non-Aboriginal children aged 14 and under accounted for 16.7% of the non-Aboriginal population.[4]
The age distribution of First Nations people, Métis and Inuit in London is shown in Figure 2.

FIGURE 2: AGE DISTRIBUTION OF ABORIGINAL POPULATION IN LONDON AND ONTARIO



EDUCATIONAL ATTAINMENT

In 2011, 59.8% of the 321,390 adults aged 25 years and over in London had completed some form of post-secondary education, compared with 59.6% at the national level. Of the population aged 25 years and over in London, 26.5% had a university certificate or degree. An additional 24.9% had a college diploma and 8.4% had a trade's certificate. The share of the adult population that had completed a high school diploma as their highest level of educational attainment was 25.9%, and 14.3% had completed neither high school nor any postsecondary certificates, diplomas or degrees.

TABLE 2: EDUCATIONAL ATTAINMENT OF THE ABORIGINAL IDENTITY POPULATION IN 2006[4]

	London (CMA)	Ontario
Total Aboriginal identity population 15 years and over	3,595	178,165
No certificate, diploma or degree	1,235	66,980
High school certificate or equivalent 35	975	43,115
Apprenticeship or trades certificate or diploma	350	18,050
College, CEGEP or other non-university certificate or diploma 36	685	33,540
University certificate or diploma below the bachelor level	70	4,045
University certificate or degree	280	12,435

GEOGRAPHY

The land area of London is 2665.62 square kilometres (km) with a population density of 178.1 persons per square km. These compare to the provincial land area of 908,607.67 square km. with a population density of 14.1 persons per square km.; and to the national land area of 8,965,121.42 square km. with a population density of 3.7 persons per square km.[5]

ECONOMY

According to the 2007-2010 Progress Report,[6] London's employment profile is such that 13% of the workforce is employed in manufacturing; 15% in trades; 15% in health care; and 9% in education. In 2009, London was the best managed city in Ontario according to Maclean's Magazine because of its solid financial position. Although London has faced challenges (e.g. a peak unemployment level of 11% in 2010), it has also attracted "new foreign direct investments in advanced manufacturing, food-processing, information-technology and other knowledge based industries along with the growth of many existing London businesses."

TABLE 3: LABOUR FORCE ACTIVITY CHARACTERISTICS OF THE ABORIGINAL IDENTITY POPULATION4

	London (CMA)			Ontario		
	Total	Male	Female	Total	Male	Female
Total Aboriginal identity population 15 years and over 48	3,600	1,625	1,975	178,165	84,905	93,260
In the labour force 49	2,365	1,120	1,245	115,150	57,670	57,475
Employed 50	2,070	1,005	1,070	101,025	50,200	50,825
Unemployed 51	295	115	180	14,125	7,470	6,650
Not in the labour force 52	1,235	500	725	63,015	27,235	35,780
Participation rate 53	65.7	68.9	63.0	64.6	67.9	61.6
Employment rate 54	57.5	61.8	54.2	56.7	59.1	54.5
Unemployment rate 55	12.5	10.3	14.5	12.3	13.0	11.6

INCOME AND EARNINGS

A study by the Canadian Centre for Policy Alternatives (2010),[7] analyzed the differentials between Aboriginal and non-Aboriginal Canadians by Aboriginal identity (First Nations, Metis or Inuit), location, education, and gender. Researchers found that:

- Aboriginal people residing in urban communities had higher median employment income than those in rural communities.
- First Nations workers living off-reserve earned much more than those living on-reserve. However, the income gap between First Nations workers and non-Aboriginal Canadians remained significant.
- There was minimal difference in earnings for Aboriginal people who have obtained Bachelor's degree or higher when compared to non-Aboriginal Canadians with same qualification. However, Aboriginal people with high school education or less experienced significant income disparity.
- Younger Aboriginal people who have attained post-secondary education fared economically better than older Aboriginal people with same qualification.
- Aboriginal women with Bachelor's degree or higher earned more than non-Aboriginal women with equivalent education in 2006.
- Aboriginal women with Bachelor's degree or higher earned more than non-Aboriginal women with equivalent education in 2006.
- In 2005, Aboriginal people in Ontario had slightly higher average income levels compared with Aboriginal people for Canada overall. While the average income for Aboriginal people in Canada was $23,888, in Ontario it was about $2,000 higher.

TABLE 4: EARNINGS OF THE ABORIGINAL IDENTITY POPULATION IN LONDON AND ONTARIO (2005)[8]

	London (CMA)			Ontario		
	Total	Male	Female	Total	Male	Female
Total Aboriginal identity population 15 years and over with earnings (counts) 61	3,070	1,420	1,650	119,475	59,500	59,975
Average earnings - Total Aboriginal identity population 15 years and over ($)	26,062	30,305	22,398	27,820	32,205	23,470
Total Aboriginal identity population 15 years and over with earnings who worked full year, full time (counts) 63	1,380	685	695	56,200	30,050	26,155
Average earnings - Total Aboriginal identity population 15 years and over who worked full year, full time ($) 62	39,908	44,733	35,125	41,761	46,512	36,303
	London (CMA)			**Ontario**		
	Total	**Male**	**Female**	**Total**	**Male**	**Female**
Total Aboriginal identity population 15 years and over with income (counts) 64	4,140	1,860	2,280	165,780	79,185	86,590
Median income - Total Aboriginal identity population 15 years and over ($) 65	18,292	20,875	17,464	18,808	22,043	16,940
Earnings - As a % of total income	78.6	84.7	72.7	77.2	81.1	72.5
Government transfers - As a % of total income	17.0	11.4	22.6	16.6	12.3	21.8
Other money - As a % of total income	4.4	3.9	4.8	6.2	6.6	5.7

INFRASTRUCTURE (RECREATIONAL FACILITIES, PLAY SPACES, POOLS, ETC.) [6]

- The City of London operates several recreational facilities such as outdoor and indoor pools, soccer fields, baseball diamonds and arenas. Five great public golf courses are available in London's Municipal Golf System.

- The Community Services Department operates 15 different community centres across the city of London. These serve as neighbourhood meeting places and support a diverse range of activities and programs that encompass arts and crafts, recreational sports, physical fitness, learning, general and special interests.

- The Thames Valley Trail Association develops and maintains over 100 km of trails in the London area (http://tvta.ca/). Within the City of London there are several multi-use

pathways and bicycles lanes that lend themselves to healthy active transportation (http://www.london.ca/residents/Roads-Transportation/Transportation-Choices/Pages/Bike-and-Walk-Map.aspx)

DATA ON THE HEALTH STATUS OF ABORIGINAL CHILDREN

* There is no specific data available at this time on the health status of Aboriginal children in London. There has not been an Urban Aboriginal Task Fork (UATF) survey conducted in London or the surrounding area.

COMPONENTS OF THE PUBLIC HEALTH SYSTEM (WITH EMPHASIS ON HEALTHY WEIGHTS)

Municipal government (departments and programs)

Local Health Integration Networks

The Local Health Integration Networks (LHIN) are mandated to engage their Aboriginal communities in the planning and delivery of health services, and to report each year on the health status of their Aboriginal populations. Of Ontario's 14 Local Health Integration Networks (LHINs), London and the surrounding area fall under South West. The Aboriginal population in the South West LHIN is lower than the province overall (1.7% versus 2.2%)[7]. The Aboriginal population experiences higher rates of unemployment, coupled with lower rates of education and income. Aboriginal communities also face higher mortality rates and use health services to a greater extent than provincial and national averages[8].

Aboriginal peoples in South West face some unique health challenges. Several research studies have found that the health of Aboriginal people across the country is below the national average. Life expectancy is lower and the four leading causes of death are injury and poisoning, heart diseases, cancer and lung diseases. In addition, diabetes is rising steadily, and obesity rates are twice the national rate. Teenage smoking is higher than average (lung cancer is the most common kind of cancer among Aboriginal men). All forms of addictions occur at a higher rate than among other Canadians. Major depression is becoming increasingly common. Low birth weights are increasing, and infant death rates are higher than typically found in Canada.

The Ontario Health Quality Council - Access to healthcare

The Ontario Health Quality Council suggested in its 2006 First Yearly Report that Aboriginal peoples, rural Ontarians, the poor and women face barriers when accessing health care. These include stigma related to illnesses or lifestyle. Some people report a lack of culturally and language-appropriate care or services. Others may not have transportation to take them to a provider, or child-care during appointments. However, even Aboriginal people living in urban centres may be isolated by culture. Many people simply aren't aware of services that exist.

Aboriginal Healing and Wellness Strategy

- The Aboriginal Healing and Wellness Strategy (AHWS) is delivered through various Aboriginal organizations throughout Ontario. In London there are several organizations delivering AHWS programs elements and receiving funding from AHWS, including N'Amerind Friendship Centre, Southern Ontario Aboriginal Health Access Centre, At^lohsa Native Family Healing Services Inc., and Kiikeewanniikaan-Southwestern Regional Healing Lodge.

Goals & Objectives

The goal of the Aboriginal Healing and Wellness Strategy (AHWS) is to foster improvements in the health and wellbeing of Aboriginal individuals, families, communities and Nations through:

- provision of equitable access to primary health and healing services and programmes, including prevention, treatment and support, that are culturally appropriate and culturally competent;
- building on the strengths and enhancing the capacities of Aboriginal communities; and,
- promotion of equitable, violence-free relationships and healthy environments.

This is a traditional and culturally appropriate approach to healing and wellness for all Aboriginal Peoples of Ontario which will ensure Aboriginal people have better access to the type of health care and services most other Ontarians take for granted.

An important feature of the Strategy is that services and programs are Aboriginal designed, delivered and controlled, with government primarily playing an administrative role. Empowerment is a key aspect in promoting wellness in Aboriginal communities striving for self-reliance by using traditional and cultural teachings and values that kept them strong in the past. The strategy includes various sub committees that oversee Research and Evaluation, Policy and Planning, Specialized Projects and the Aboriginal Healthy Babies and Healthy Children's Working Group.

AHWS is managed by a Joint Management Committee (JMC), a unique consensus decision making model with both Aboriginal and government representation. The following Provincial Ministries have representatives on the JMC: Ministry of Community and Social Services, Ministry of Children and Youth Services, Ministry of Health and Long Term Care, Ministry of Aboriginal Affairs and Ontario Women's Directorate of the Ministry of Citizenship and Immigration. Also included on the JMC are the Ontario Federation of Indian Friendship Centres (OFIFC), Metis Nation of Ontario, Ontario Native Women's Association, among others. Additionally an OFIFC representative sits on all sub committees of the JMC. These sub committees are; Research and Evaluation, Policy and Planning, Specialized Projects and the Aboriginal Healthy Babies and Healthy Children's Working Group. For more information on the AHWS and a full list of JMC representatives, please visit: http://www.metisnation.org/programs/health--wellness/aboriginal-healing--wellness-strategy-(ahws).

Some elements of the AHWS include:

- *Aboriginal Healing & Wellness Coordinators* (HWC) - The HWC's ensure that the healing and wellness needs of the Aboriginal community are addressed by implementing the Aboriginal Healing and Wellness Strategy at the local level in order to reduce family violence, promote healthy lifestyles, culture based programming and healing.

  The coordinators provide an array of different services to meet the needs of their communities, such as; crisis intervention, healing/talking circles for men, women and children; education, prevention and promotion workshops for community members and agencies; cultural awareness; cultural teachings; and peer counselling both one on one and family.

- *Aboriginal Health Outreach Workers* (HOW) - The HOW's ensure that the health needs of the Aboriginal community are addressed by undertaking health promotion, education, referrals and linking with Aboriginal cultural resource people and mainstream health providers.

- *Children's Mental Health Demonstration Projects* - The Children's Mental Health Workers' (CMHW) support Aboriginal Children's mental health wellness. The goal is to decrease youth involvement in gang activity, violence, drug and alcohol abuse and address mental health/addiction issues that were often a result of high incidences of family violence.

Healthy Babies Healthy Children – The Healthy Babies Healthy Children Worker support pregnant mothers and parents with children up to age six. The goal is to help children have a healthy start to life so that they are more likely to grow into healthy teenages and healthy adults. Services include: preparation for parenting, screenings and assessments for healthy development, service coordination, home visits, and referrals to services and resources. http://www.mcss.gov.on.ca/en/mcss/programs/community/ahws/individuals/healthy_babies.aspx

EDUCATION

Elementary / Secondary:

The region's educational facilities are extensive and fall under the jurisdiction of four different school boards including the Thames Valley District School Board (TVDSB); London District Catholic School Board (LDCSB); Conseil scolaire Viamonde; and Conseil scolaire de district des ecoles catholiques du Sud-Ouest (CSDCSO). The Conseil Scolaire Viamonde and CSDCSO manages French language public schools in London. Additionally, there are 18 private schools in London.

A "Healthy Living Champions" Award is given to elementary schools in Middlesex-London for commitment to physical activity and healthy eating; the award is sponsored by London Life, Thames Valley District School Board, London District Catholic School Board and the Middlesex-London Health Unit.[9]

Both TVDSB and LDCSB have First Nation Métis and Inuit (FNMI) resources, policies, and committees to support students. TVDSB has partnerships with three local First Nations, which includes native studies courses and native language courses, an alternative high school on Oneida Nation of the Thames, and a FNMI education advisor at the school board and school levels. There are high schools that have a higher enrollment of FNMI students; the school board strives to engage Aboriginal students more at these schools to ensure that their needs are being addressed.

There are a variety of local school-based initiatives offered in the London region. For example, three local First Nations – Chippewas of the Thames First Nation, Oneida Nation of the Thames, and Munsee Delaware Nation – offer lunch and learn sessions to the four high schools where students from their communities attend. These lunches ensure that students have access to healthy foods at least once a week.

Post-secondary:

Western University offers undergraduate courses and programs in First Nations studies. Indigenous Services and the First Nations Students Association support students and community members in connecting with culture and language, elders, and other programs and services.

FanshaweCollege offers two First Nations studies courses. The First Nations Centre at Fanshawe College offers programs and services for students, while the First Nations Students Association provides connections to culture and language, elders, and activities for students and community members.

ABORIGINAL SPECIFIC ORGANIZATIONS

The N'Amerind Friendship Centre (NFC) was founded in 1965 and is one of the "original six" Friendship Centres in Ontario.[10] The NFC is "committed to the promotion of physical, intellectual, emotional and spiritual well-being of Native people and, in particular, Urban Native People. The commitment is realized through the implementation of culturally relevant programs aimed at social, recreational and educational needs, at developing leadership, increasing awareness levels of Native heritage, establishing resources for community development, and in promoting the development of urban Aboriginal self-governing institutions".[10]

Other Aboriginal agencies and organizations in London and surrounding area include the following:

- Southwest Ontario Aboriginal Health Access Centre
- Zhaawanong Shelter
- At^lohsa Native Family Healing Services Inc.
- Kiikeewanniikaan-Southwestern Regional Healing Lodge
- Nokee Kwe (Employment Centre)
- Nimkee NupiGawagan Youth Treatment Centre
- Chippewas of the Thames First Nation Health Centre
- Musee-Delaware Nation Health Centre
- Oneida Nation of the Thames Health Centre
- Eagle's Nest (http://www.eaglesnestinc.ca/)
- Indigenous Services, UWO
- First Nations Student Centre, Fanshawe College
- Four Feathers Housing Co-operative
- Native Inter-Tribal Housing Co-operative Inc.

There are also a large number of non-Aboriginal agencies that work with Aboriginal people in London.

Clinicians

- Centre for Addiction and Mental Health (they have specific Aboriginal youth programs)
- My sister's place (abuse, shelter, etc)

Networks

- London Health Sciences Centre (Children's Hospital of Western Ontario)
- Middlesex-London Health Unit
- Child and Youth Network
- London Homelessness Coalition

Connections to regional/provincial organizations

- Museum of Ontario Archaeology
- Ontario Works – if we are considering changing the "system" should this be included?

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