Access Alliance
Multicultural Health and Community Services

Community Health Assessment Report

Identifying Assets, Needs and Service Priorities for AccessPoint on Jane

October 2013

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EXECUTIVE SUMMARY

This report presents the findings of a Community Health Assessment undertaken by Access Alliance in the summer of 2013.

In January 2011, Access Alliance opened AccessPoint on Jane (APOJ) as a key step in achieving our strategic goal of relocating our services from the city's downtown core toward the inner suburbs where many immigrant and refugee populations reside. APOJ is located in west Toronto on Jane Street just north of St. Clair Avenue (in Rockcliffe-Smythe neighborhood) and is designed to be a community space that facilitates service access and promotes community cohesion and wellbeing. We offer primary care and settlement services, youth programs, program for LGBTQ, and women and children's programs for newcomers in the community. Our innovative Non-insured Walk-in Clinic (NIWIC) is also located at this site and provides episodic primary care to non-insured/non-status people, many of whom live in west Toronto area.

OBJECTIVES AND METHOLOGY

To ensure that our programs and services are responsive to community needs, a Community Health Assessment for APOJ was identified as a key activity in the 2012-13 operating plan. In January 2013, we formed a Community Advisory Committee to work with us to conduct this assessment that would achieve the following:

- Update evidence to inform planning and improve our understanding of community assets, concerns and needs, and other factors/determinants that affect health equity;
- Engage diverse community stakeholders in evidence-based program planning; and
- Improve collaboration and integration of services in Rockcliffe-Smythe and surrounding neighbourhoods.

Based on a mixed-method data collection framework, we conducted:

- An Environmental Scan of published reports and secondary data about the community
- A Community Survey with residents about concerns and service needs (n=90)
- Five Focus Groups with residents (n= 44) and one Focus Group with service providers (n=5)

The community survey and focus groups were conducted over the summer of 2013 using convenience sampling and targeted recruitment of priority groups (e.g. a focus group specifically with Somali community and Spanish speaking community). This recruitment strategy led to higher participation of vulnerable sub-populations, chiefly unemployed/underemployed people, older residents, and women. Consequently, while not generalizable to the whole community, results from the survey and focus groups lend well to equity focused planning.

SOCIO-ECONOMIC AND HEALTH PROFILE

According to 2011 Census data, 46.2% of residents are members of racialized groups (visible minorities); the largest groups being Black (11.9%), Latin American (11.6%), Southeast Asian (6.5%) and South Asian (4.5%). In terms of home languages (other than English), the neighborhood has a high Portuguese (6.9%) and Spanish (6.8%) speaking community, followed by Vietnamese (3.8%). An important trend to note is that percent of Somali residents has increased by three fold (1.7% in 2011 from 0.6% in 2006). This neighborhood has a large Canadian-born and non-recent immigrant population. Many of the non-recent immigrants have acquired Canadian citizenship status; 84.6% of the residents are Canadian citizens. In spite of this, neighborhood level data show that residents face high levels of socio-economic disadvantage. Compared to the city average, this neighborhood has:

- Two to three time lower rates of high school completion rate and university education
- Higher rates (20-30% higher) of unemployment and under-employment (part-time, temporary)
- Higher rates (10% higher) of low-income/poverty
- Double the number of social assistance recipients

Prolonged structural marginalization (low education, high unemployment, high poverty rate) faced by the community – often over generations – results in damaging health and social consequences. Macro-level health data indicate that residents face higher than average rates of chronic health issues (including diabetes, asthma, high blood pressure, COPD, and cancers), addiction and mental health issues, low birth weight, and emergency department usage. Social impacts include high teen pregnancy rate, high drop-out rate, and high crime rate.

KEY FINDINGS

Participants in our survey and focus groups identified a number of community assets including the multicultural make-up of the community, good transportation, and proximity of stores and parks. They also listed a number of local settlement and ethno-specific agencies that they access and spoke highly of the services from these agencies. However, residents expressed many pressing concerns and unmet service needs.

All the top community concerns that residents identified in our assessment (and in other community consultations) are consequences of lengthy economic marginalization experienced at the whole community level. The top community concerns include:

- lack of community safety/security
- housing concerns (both cost and quality of housing)
- labor market challenges
- deteriorated conditions of public infrastructure and environmental concerns (eg. unclean parks)
- place-based stigma

In terms of service needs, community safety programs, employment services and housing services topped the list, matching with the key community concerns. Community residents and service providers gave many tangible immediate steps/actions that local partners can take to address these concerns/needs. These include:

- proper garbage disposal and cleaning/maintenance of parks and public spaces
- ensure water fountains and other infrastructure in parks and public spaces are working properly
- more lighting in parks, streets and public spaces to promote safety at night
- effective pest control and timely renovations in housing units
- more tutoring programs (identified particularly by women and youth)
- newcomer focused services including more LINC programs, credential recognition support
- mentorship programs (particularly for youth)

They also gave recommendations for long-term structural/policy solutions such as:

- building community leadership
- more effective employment and skill training programs geared at people with low education;
- reinvestment in public infrastructure;

Residents identified many other unmet service needs. Some of these ranked very high in service needs but were not listed as things residents were very concerned with. For example, recreational and sports program was one of the top service needs that residents identified although lack of recreation services was not necessarily a major concern. Several of these service needs are specific to particular sub-groups:

- more recreation and sports programs (specially highlighted by women and youth)
- affordable dental care services
- meeting space for community meetings (specially highlighted by men)
- affordable and accessible daycare services (specially highlighted by men)
- legal services (particularly for Spanish speaking community many of whom are non-status)

Service providers pointed out certain concerns/needs that did not come up in our survey and focus groups with community residents. Food insecurity and transportation barriers are two key examples of this.

PLANNING IMPLICATIONS: BLUE PRINT FOR EQUITY

Compared to city average, this community has one of the lowest rates of education and very high rates of unemployment, low-income and social assistance rates. Community residents have been facing socio-economic marginalization for a protracted period of time, and inter-generationally. This is resulting in damaging health and social impacts (high rates of chronic health issues, mental health issues, and crime). The community concerns and needs documented in this assessment closely reflect and address these structural conditions. Thus, this evidence (in combination with other published evidence) can serve as a community blue print for promoting equity.

It is worth highlighting that the immediate steps/services as well as the long-term solutions that residents and service providers recommended represent progressive solutions. For example, residents emphasized that addressing safety/security concerns (violence, crime, drugs etc) require systemic solutions that address root causes (e.g. promote economic security, promote community leadership) but also immediate steps such as maintaining clean and properly functioning parks and public spaces so residents feel safe using them. Unlike conventional strategies, increasing police presence or surveillance systems was not mentioned.

Along the same lines, recommendations for tutoring programs, mentorship programs (particularly for youth), accessible daycare, language programs, and credential recognition services are concrete services for building positive educational/economic pathways, specially if offered in integrated ways. Housing is another top priority. Results show that housing concerns relate both to affordable housing as well improving quality of housing.

Increasing access to recreational programs, affordable dental services, and mental health services are proven solutions for promoting health. Access to meeting spaces, promoting community leadership/capacity, and overcoming stigma are important steps for building community cohesion and wellbeing.

Community Advisory Committee members validated these findings and emphasized the need for both short and long-term solutions. In particular, committee members highlighted the urgency of overcoming systemic racialized inequalities and racialization of poverty. They also called for major reinvestment in public infrastructure and for proven programs that can reverse the low educational levels in the community (for e.g., replicating the Pathways to Education program) and employment/economic pathways. Crucially, committee members emphasized the need to work closely with community leaders (e.g. religious leaders) and to strengthen local agency/leadership as a way to implement community-based and culturally sensitive solutions.

1. INTRODUCTION

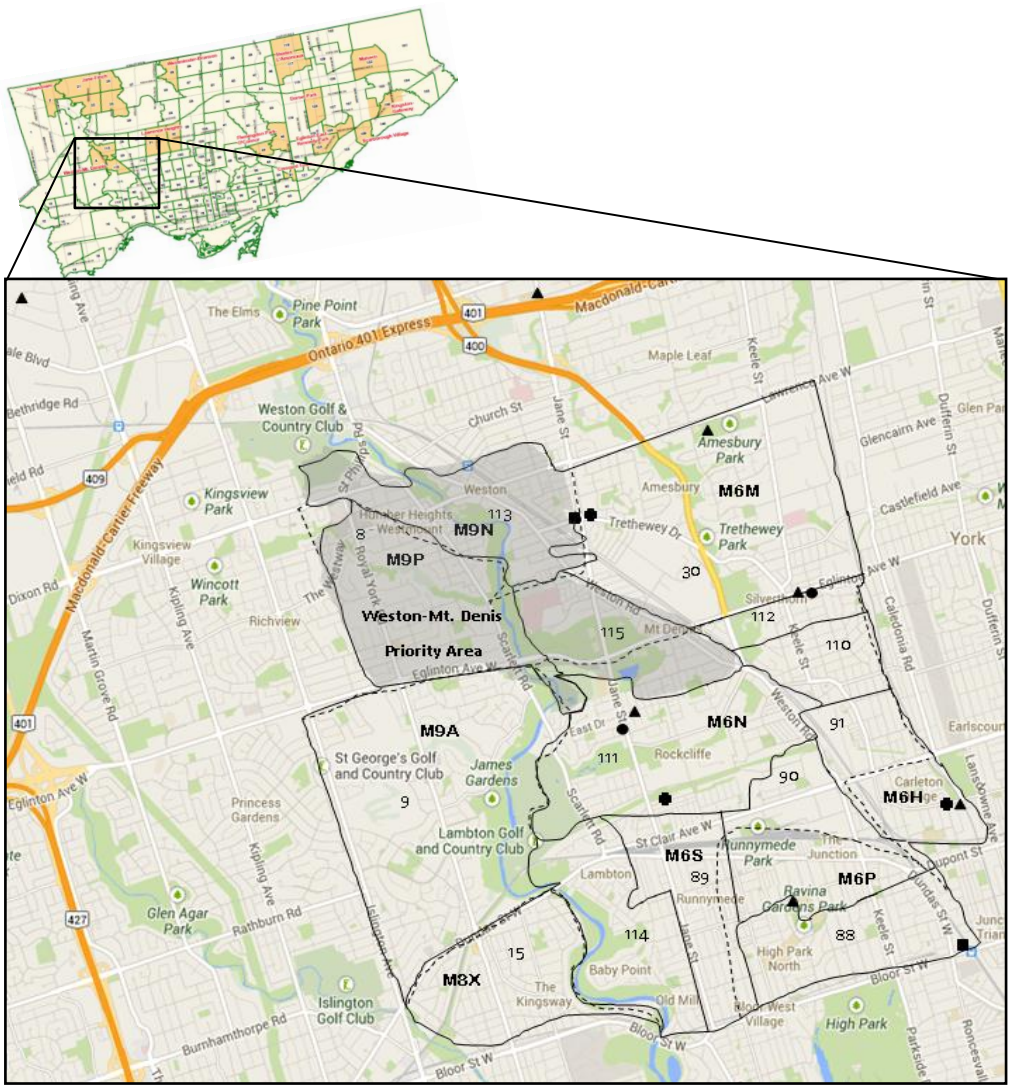
A. BACKGROUND

In January 2011, Access Alliance opened AccessPoint on Jane (APOJ) as a key step in achieving our strategic goal of relocating our services from the city's downtown core toward the inner suburbs where many immigrant and refugee populations reside. APOJ is located in west Toronto on Jane Street just north of St. Clair Avenue in Rockcliffe-Smythe neighborhood. Our catchment area, however, extends beyond Rockcliffe-Smythe neighborhood and includes other adjacent neighborhoods with large newcomer populations (See Figure 1 for map of the catchment area). The APOJ is designed to be a community space that facilitates service access and promotes community cohesion and wellbeing. We offer primary care and settlement services, youth programs, program for LGBTQ, and women and children's programs for newcomers in the community. Our innovative Non-insured Walk-in Clinic (NIWIC) is also located at this site and provides episodic primary care to non-insured/non-status people, many of whom live in west Toronto area.

To ensure that our programs and services are responsive to community needs, a Community Health Assessment for APOJ was identified as a key activity in the 2012-13 operating plan. In January 2013, we formed a Community Advisory Committee to work with us to conduct this assessment that would achieve the following:

- Update evidence to inform planning and improve our understanding of community assets, concerns and needs, and other factors/determinants that affect health equity;
- Engage diverse community stakeholders in evidence-based program planning; and
- Improve collaboration and integration of services in Rockcliffe-Smythe and surrounding neighbourhoods.

Figure 1: Map of Toronto West (Rockcliffe-Smythe and Surrounding Neighborhoods)



LEGEND

Community Health Centres
Access Point on Jane (761 Jane St)
Unison Health and Community Services—Jane St. Hub (1541 Jane St)
Davenport-Perth Neighbourhood and Community Health Centre (1900 Davenport Rd)

Community Centres
Amesbury Community Centre (1507 Lawrence Ave)
Annette Community Recreation Centre (333 Annette St)
Centre for Spanish-Speaking Peoples (2141 Jane St)
The STOP Community Food Centre (1884 Davenport Rd)
Jane Alliance Neighbourhood Services (909 Jane St)
Rexdale Community Centre (8 Taber Road, Etobicoke, ON)
Syme Woolner Family Centre (2468 Eglinton Avenue W)

Settlement Services
COSTI Immigrant Services—Jane St Hub (1541 Jane St)
CultureLink (2340 Dundas Street West)

Employment Services
Nexus (881 Jane St)
Youth Employment Services(2562 Eglinton Avenue W)

Neighbourhoods
8 Humber Heights-Westmount
9 Edenbridge-Humber Valley
15 Kingsway South
30 Brookhaven-Amesbury
88 High Park North
89 Runnymede-Bloor West Village
90 Junction Area
91 Weston-Pellam Park
110 Keelesdale-Eglinton West
111 Rockcliffe-Symthe
112 Beechborough—Greenbrook
113 Weston
114 Lambton Baby Point
115 Mount Dennis

B. METHODOLOGY

With the above objectives in mind, a multi-pronged, mixed-method was used to conduct the community health assessment. Data collection strategies included:

i. An Environmental Scan

The Scan reviewed socio-demographic data and community health statistics for Rockcliffe-Smythe (from Census Canada, National Household Survey, City of Toronto, and Toronto Community Health Profiles data), demographic information regarding APOJ clients, results from Access Alliance Strategic Planning Process in 2010 with local residents, and findings identified through other previously published community reports regarding services needs and gaps (particularly the Community Consultation report by Unison Community and Health Services and the consultation report by the York-South Weston Local Immigration Partnership).

ii. Community Survey

The survey was completed by 90 residents, primarily from the Rockcliffe-Smythe and adjacent neighborhoods. Please refer to Appendix B for the survey instrument.

iii. Focus Groups

Five focus groups conducted with community residents (n=44) and one focus group with service providers (n=5). The community focus groups were organized as follows:

- Youth group
- Spanish speaking group
- Somali group
- Newcomer group
- Open focus group (open to any residents)

The community survey and focus groups were conducted over the summer of 2013 using convenience sampling and targeted recruitment of priority groups (e.g. a focus group specifically with Somali community and Spanish speaking community). This recruitment strategy led to higher participation of vulnerable sub-populations, chiefly unemployed/underemployed people, older residents, and women. Consequently, while not generalizable to the whole community, results from the survey and focus groups lend well to equity focused planning. Focus groups were conducted in first language for Spanish speaking and Somali group.

A majority of the study participants were from Rockcliffe-Smythe and surrounding neighbourhoods like Mt. Dennis and Brookhaven-Amesbury (specifically those living in postal code M6N and M6M). For the purpose of the report, we are using M6N postal code and Rockcliffe-Smythe neighborhood interchangeably (though the latter overlaps with other postal codes as well).

Data was analyzed and synthesized using the following protocols:

- All focus groups were recorded, translated (where needed), and transcribed by Access Alliance staff and thematically analyzed for cross-cutting themes/patterns as well as unique needs. See Appendix C for focus group instrument.

- Survey data were analyzed using Excel (for descriptive analysis) and SPSS (for advanced analysis). To decide on ranking hierarchy of the "community concerns," survey data was treated using the 'Multiple Responses' command of SPSS that allows defining variables group and by running the frequency of responses to capture the hierarchical concerns statistically. For setting the rank order for "services needed," ANOVA was run with test of homogeneity, and for establishing the order. For internal consistency, rotated factor matrix was tested with Alpha factoring. A matrix analysis chart was developed to map links between community concerns and services needed. The chart was corroborated and recalibrated with qualitative data from focus groups on concerns and service needs.
- Using comparative tables, study data was carefully compared and correlated with secondary data.
- The Advisory Committee participated in a facilitated analysis workshop to discuss and validate key findings, themes and planning opportunities.

Since our study participants were recruited using non-random convenience sampling, the study results need to be interpreted within its methodological limitations. Compared to Census socio-demographic data for the community, the survey over-represents females (60%), adult population aged 40 years to 59 years (39.4%), and people with low education (44.6% have only up to high school education) and unemployed (42.9%). Thus, study results are not generalizable to the whole community. At the same time, as noted earlier, convenience/strategic sampling and timing of the study led to higher participation from vulnerable sub-groups from the community. To this extent, evidence from this community health assessment lends well to equity based planning. Another limitation is that the census data is dated. At the time of the study, we had only partial access to 2011 National Household Survey data and therefore much of the data is still drawn from the 2006 census.

Evidence from this community health assessment study complements and builds on the findings two other key community consultation studies:

i) A large scale Community Consultation survey (n=845) conducted by Unison Health and Community Services in 2010. See: *www.**unison**hcs.org/fileadmin/doc/**scan/communityscan**-final-web.pdf)* ;and

ii) York-South Weston Local Immigration Partnership consultation report based on 11 focus groups conducted with mostly newcomer residents: http://torontowestlip.ca/wp-content/uploads/2013/06/YSW-LIP_Report_Focus-groups_Nov-2010.pdf

Findings from these two community consultation reports combined with this community health assessment study conducted by Access Alliance represent a robust body of evidence to do effective local planning.

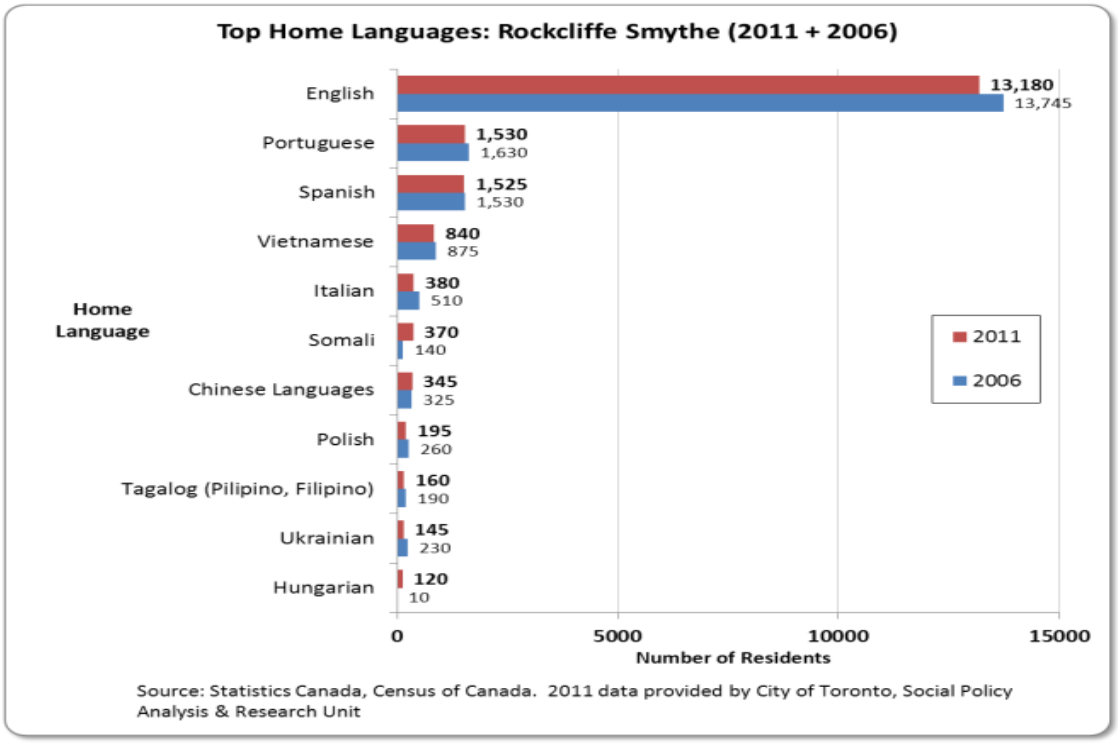
2. ENVIRONMENTAL SCAN FINDINGS

A. SOCIO DEMOGRAPHIC FINDINGS

The information for this section was derived from a review of the 2006 and 2011 census data for the Rockcliffe-Smythe Neighbourhood. The neighborhood population in 2011 was 22,290. This represents a decrease of 4.7% over a ten year period (between 2001 and 2011). There has been a striking 21.1% decline in the number of children under 15 years of age. At the same time, the neighborhood has seen a 1.9% increase in the number of youth aged 15 to 24 years and a 2.7% increase in the number of seniors aged 65 years or old. In 2011, immigrants made up 51% of the population; of these 10.1% arrived in Canada between 2001 and 2011. [Ref: Census Canada Report 2006 and 2011]

In 2011, 46.2% of residents were members of racialized groups (visible minorities), a drop from 47.25% in 2006. The largest groups being Black (11.9%), Latin American (11.6%), Southeast Asian (6.5%) and South Asian (4.5%). A large percentage of residents identify English as their home language (59.1%). In terms of other languages, the neighborhood has a high Portuguese (6.9%) and Spanish (6.8%) speaking community (Figure 1). This is followed by Vietnamese (3.8%) and Italian (1.7%) speaking communities. An important trend to note is that Somali speaking residents has increased by three fold (1.7% in 2011 from 0.6% in 2006).

FIGURE 2. RESIDENTS OF ROCKCLIFFE- SMYTHE NEIGHBOURHOOD BY TOP HOME LANGUAGE



This neighborhood has a large Canadian-born and non-recent immigrant population. Many of the non-recent immigrants have acquired Canadian citizenship status; 84.6% of the residents are Canadian citizens. In spite of this, neighborhood level data indicate that residents face very high levels of socio-economic marginalization.

Compared to the City of Toronto average, this neighborhood has:

- Two to three time lower rates of high school completion rate and university education
- Higher rates (20-30% higher) of unemployment and under-employment (part-time, temporary)
- Higher rate (10% higher) of low-income/poverty
- Double the number of social assistance recipients
- Higher rate of lone parent (30% higher)

The striking contrast in the socio-demographic profile between residents of Rockcliffe-Smythe neighborhood and the city is summarized in Table 1. Of particular concern is the very low level of education among residents of this neighborhood, which largely results in the negative employment and economic pathways. Comparison of Census data over time show that residents have been facing these inequalities for prolonged period of time.

TABLE 1 COMPARISON OF ROCKCLIFFE-SMYTHE NEIGHBOURHOOD WITH TORONTO

Indicator	Rockcliffe-Smythe	City of Toronto
Unemployment Rate (2006)	9.4%	7.6%
Low income (before tax)	25.7%	24.5%
Residents (25 – 64) with less than high school education	29.7%	12.4%
Residents (25 – 64) with a university degree	14.9%	37.4%
% of lone parent families	39.4%	30.2%
Social assistance recipients	3,166	1,768

Source: Census Canada 2006

B. HEALTH STATUS FINDINGS

The following information was retrieved from the Toronto Community Health Profiles Partnership website. Prolonged structural marginalization (low education, high unemployment, high poverty rate) faced by the community – often over generations – has resulted in damaging health and social consequences. Compared to city average, residents of Rockcliffe-Smythe neighborhood face:

- higher rates of chronic diseases including diabetes, asthma, high blood pressure and COPD;
- higher rate of disability/activity limitation for adults aged 25-64;
- higher standardized premature mortality rate and heart disease, cancer of the lungs and breast, intentional self-harm and diabetes are the leading causes of premature mortality;
- higher teen birth rate and teen pregnancy rate and overall there is a higher three year pregnancy rate;
- higher low birth weight rate

The lower socio-economic status also negatively affects healthcare access and utilization. Compared to city average, residents of this neighborhood have:

- lower rates of colonoscopy and colorectal screening; (however the mammography and pap smear rates are comparable to the city);
- higher rate of Emergency Department usage, however there is a slightly lower hospitalization rate;

C. APOJ CLIENT PROFILE

The Environmental Scan also included a review of the APOJ client profile. Data used to generate the profile was drawn from the Access Alliance database (e.g., Nightingale on Demand) and the profile represents anyone who used Access Alliance's primary care services (e.g., medical, social work, nutrition counselling, etc.) over a two year period between September 1, 2011 and August 31, 2013. Limitation of this profile report is with NOD's data entry capacity and quality.

A total of 1124 unique clients used APOJ primary care services during the two year period. Majority of APOJ clients (93%) were born outside of Canada (i.e, immigrants); This is reflective of the fact that Access Alliance focuses on newcomers. Canadian-born clients mostly represent children of immigrant families. The main countries of origin for these clients are: Myanmar (Burma; particularly Karen community), Somalia, India, Mexico, Thailand, Jamaica, Colombia, Nigeria and El Salvador. The top ten languages spoken by clients are English, Spanish, Karen, Somali, Portuguese, Hungarian, Hindi, Arabic, Korean and Malayalam.

In terms of immigration status, 22% came indicated that they are permanent residents and 12% are currently Canadian citizens; 14% said that they arrived as government assisted refugees/convention and 11% indicated that they are refugee claimants; 12% reported that they are non-status/non-insured, while the status of the remaining 29% is unknown or ``other.`` One-fifth of the clients have been in Canada between 1 – 3 years (26%), 10% for 3 – 5 years, 24% have been in the country for more than 5 years. The client group is young, with the average age of clients being 33 years. Almost two thirds of the client group (61%) is female. The client group is dispersed geographically, with 28% residing in Rockcliffe-Smythe, 15% residing in the Jane Finch area (mostly Karen clients), 8% residing in Weston-Mt. Dennis, and rest scattered across surrounding neighborhoods.

D. REVIEW OF COMMUNITY REPORTS

The scan reviewed published community based reports regarding local needs, service gaps and priorities. Unison Health and Community Services undertook a large scale survey (n=845) in 2011 covering many neighborhoods in the Toronto West area, including Rockcliffe-Smythe. This study identified community safety, housing and public transportation as top community needs. The York South Weston Local Immigration Partnership (LIP) carried out consultations in 2010 with immigrant groups. This consultation identified access to services, employment challenges, language training and discrimination in the mainstream workplace and housing markets as key community issues faced by immigrant communities. The study suggests that settlement services move towards a more integrated and coordinated approach to help remove the barriers that many newcomers experience when seeking services (e.g., to access jobs, healthcare, child care).Access Alliance consulted with APOJ area residents during its Strategic Planning Process in 2010 and found that employment and barriers to employment, language barriers, housing, child and youth services (e.g., including child care), education and health services to be the main concerns for residents. Findings from these are summarized in Table 2.

3. COMMUNITY SURVEY RESULTS

The key goal of the survey was to assess community strengths, community concerns, service utilization patterns,, unmet service needs, priorities for change. In total, 90 people completed the survey. The survey included non-APOJ clients as well.

A. SOCIO DEMOGRAPHIC PROFILE OF RESPONDENTS

The following is a socio-demographic description of the survey respondents:

- 58.9% of respondents live in Rockcliffe-Smythe neighborhood (specifically inM6N postal code area); 16.7% live in Mt. Dennis- Brookhaven-Amesbury area (specifically inM6M) and 24.4% live in surrounding postal codes all south of M6N postal code (M6P, M6S, M9A, M6S)
- 60% of respondents are female
- 39.8% of respondents are 40 – 59 years of age
- All senior respondents (e.g., age 60+ years) are male
- 33% of respondents are Canadian born and 76.7 % are Canadian citizens
- 66% of foreign born have been in Canada more than 10 years
- The top five countries of origin for survey participants: Canada, Somalia, Mexico, Bangladesh and Colombia
- Spanish and Somali are the top languages after English among survey respondents
- Somali and Bangladeshi respondents live primarily in the Rockcliffe-Smythe and Colombian respondents live primarily in Mt. Dennis- Brookhaven-Amesbury
- 33% of respondents have been living in their neighbourhood for more than 10 years

Education:

Survey data suggests that education level and employment status varies widely by ethnicity and country of origin. Figure 3 shows variations in education level by country of origin. Compared to other groups, respondents with country of origin as Bangladesh have the highest level of education (100% had university or college education of which 60% had university degree). In contrast, 90% of respondents from Somalia reported having only high school diploma or less. Among Canadian born participants, a large percentage (41%) reported having only high school diploma.

FIGURE 3 EDUCATION LEVEL BY COUNTRY OF BIRTH

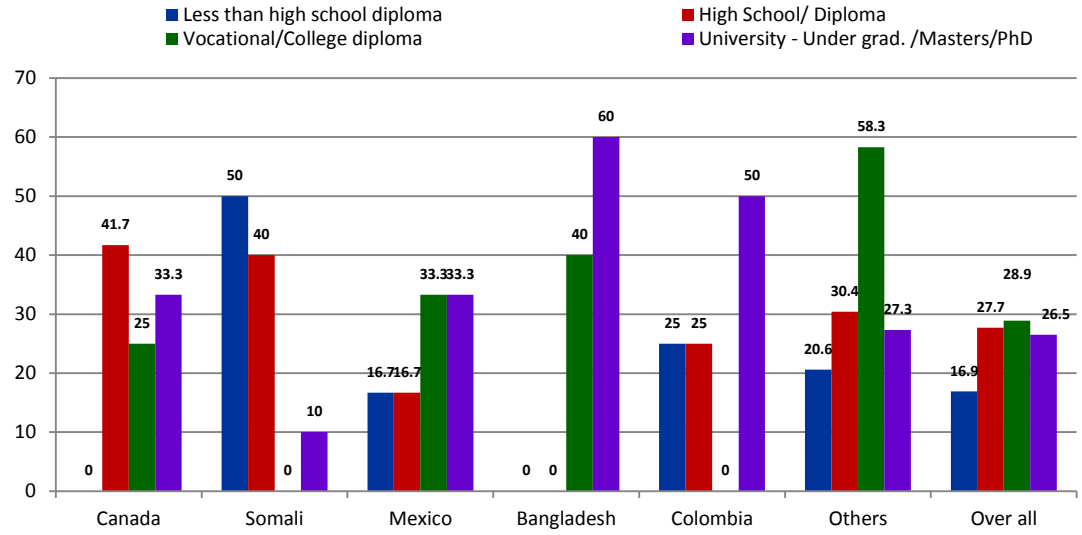
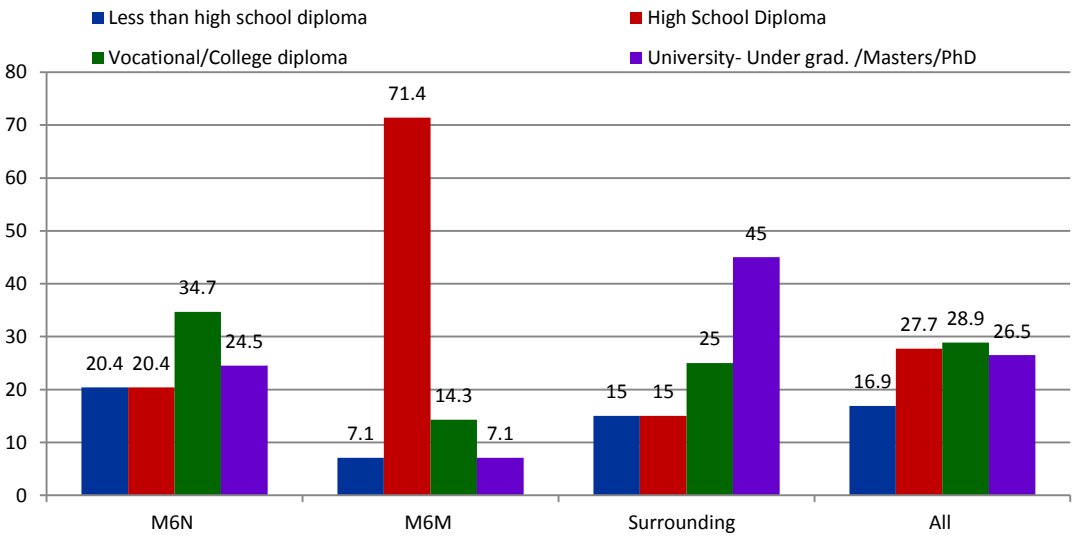


FIGURE 4 EDUCATION LEVEL BY POSTAL CODE



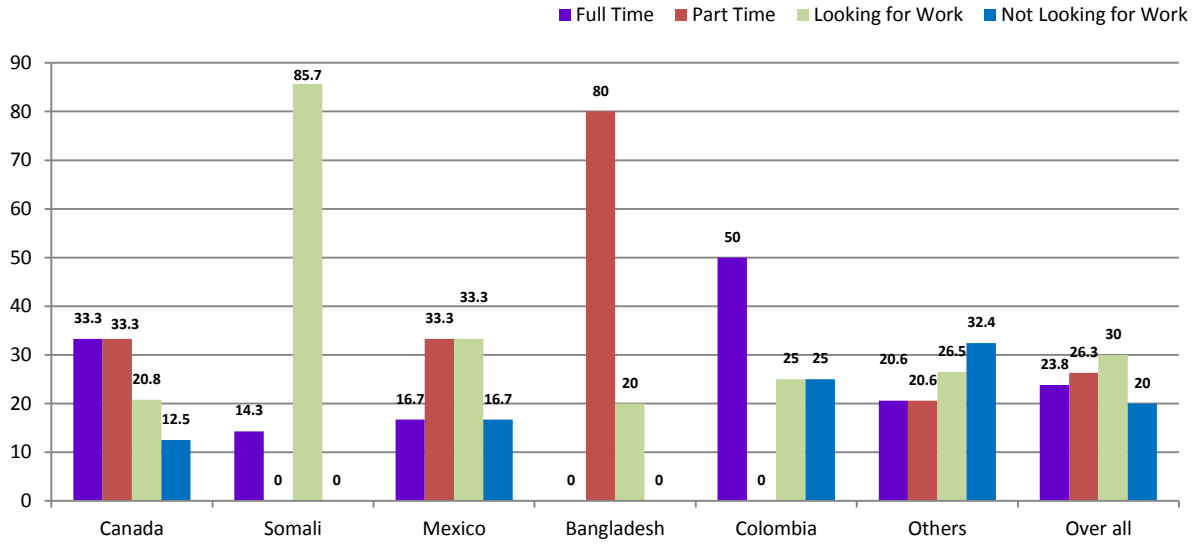
Interesting variations were observed by geography as well (particularly by postal codes) as captured in Figure 4. Specifically, respondents from M6N (mostly Rockcliffe-Smythe neighborhood) reported higher levels of education compared to respondents from M6M postal code (Mt. Dennis- Brookhaven-Amesbury neighborhoods). Only 21.4% of respondents from M6M area reported having university of college degree compared to 59.2% for respondents from M6N area.

Employment:

Of those surveyed, only one in four residents (25%) reported having full-time employment and one-third (33%) reported having part-time employment. 30% indicated that they are unemployed and one-third (33%) reported being in some kind of income support program (e.g., Ontario Works or Employment Insurance). The key thing to highlight here is that residents face very high unemployment and part-time employment in spite of majority of them being Canadian-born and non-recent immigrants.

As captured in Figure 5 shows, employment status varies widely by country of birth. Respondents who came from Somalia have the highest level of unemployment (85.7%). In contrast, only 20.8% of Canadian born respondents reported by unemployed and one-third (33%) reported being in a full time employment. Half of the respondents from Colombia reported having full time employment. None of the respondents from Bangladesh reported having full-time employment despite their high levels of education.

FIGURE 5. EMPLOYMENT STATUS BY COUNTRY OF BIRTH



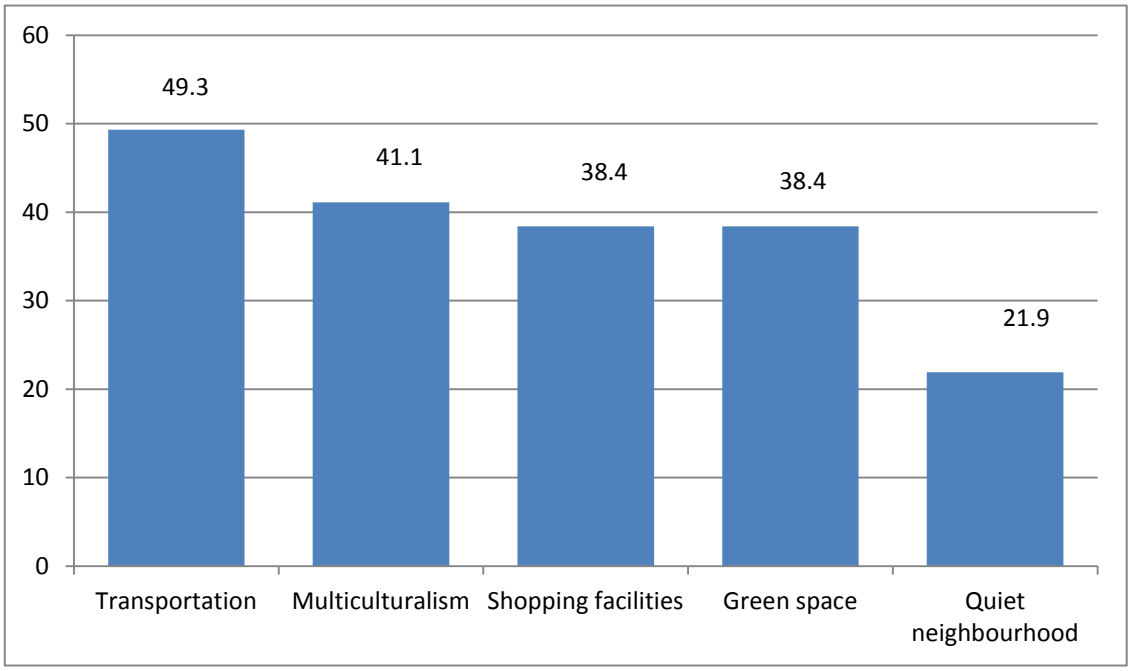
While these results may not be generalizable, it does call attention to the fact that education and employment programs need to be community grounded and pay attention to variations across different communities. Gender is significantly related to employment status ($p < 0.005$ $F= 13339.1$). Current immigration status is also significantly related to employment status (chi-square value 118.5 df 28 $p<0.01$, and likelihood ratio 49.4 df 38 $p< 0.05$).

B. COMMUNITY ASSETS AND STRENGTHS

On average, survey respondents, both male and female, identified the following as the top three strengths and assets of their neighbourhood (Figure 5):

- Good public transportation
- Multicultural/cooperative environment, and
- Good shopping facilities.

FIGURE 6. COMMUNITY ASSETS AND STRENGTHS



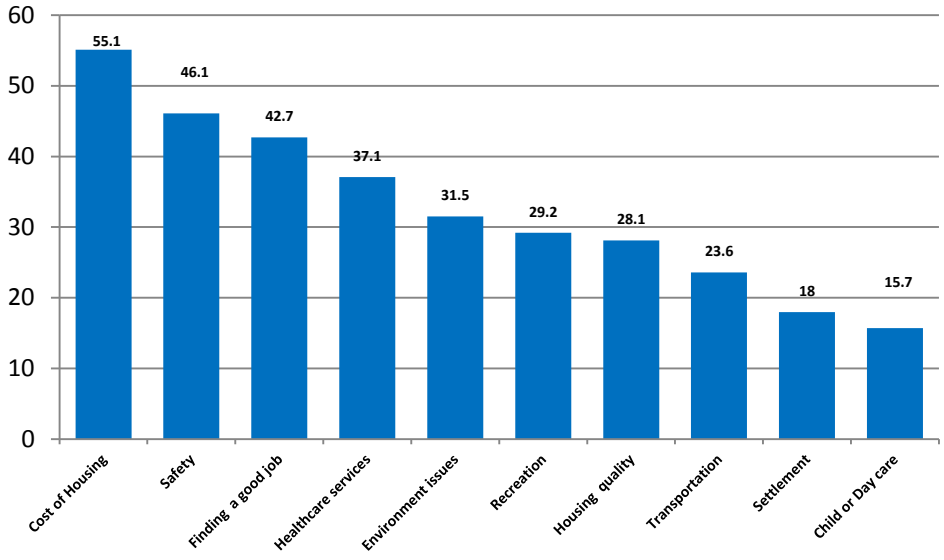
Residents of Mt. Dennis and Brookhaven-Amesbury (M6M) ranked "a quiet neighbourhood" as their fourth highest asset. In contrast, residents of other postal codes areas ranked this sixth while they ranked good schools nearby and green open spaces higher. Gender differences in ranking are also apparent in these responses; while females rank good schools fourth highest, males rank green open spaces as fourth highest.

C. COMMUNITY CONCERNS

On average, survey respondents identify the following as their three main areas of concern as shown in Figure 6:

- High cost of housing
- Community safety
- Finding a good job

FIGURE 7. TOP CONCERNS OF THE RESIDENTS (PERCENT) IN THE SURVEY



However, responses to this question vary considerably by postal code/area of residence. For example, safety concern is ranked in the top levels by residents of Rockcliffe-Smythe and Mt. Dennis, but not by those who live in the surrounding postal codes. This is because surrounding postal codes are in the south and near Bloor Street. Finding a good job is ranked highest by respondents who live in the surrounding postal codes and second highest by respondents living in Mt. Dennis, and also a strong concern for respondents who live in Rockcliffe-Smythe. Healthcare service is ranked three out of five by respondents living in Rockcliffe-Smythe. Further, there is also a difference in ranking when gender is taken into account. The high cost of housing is ranked as the highest concern by both males and females. Finding a job is ranked higher by males than females, while safety and healthcare services are ranked higher by females than males.

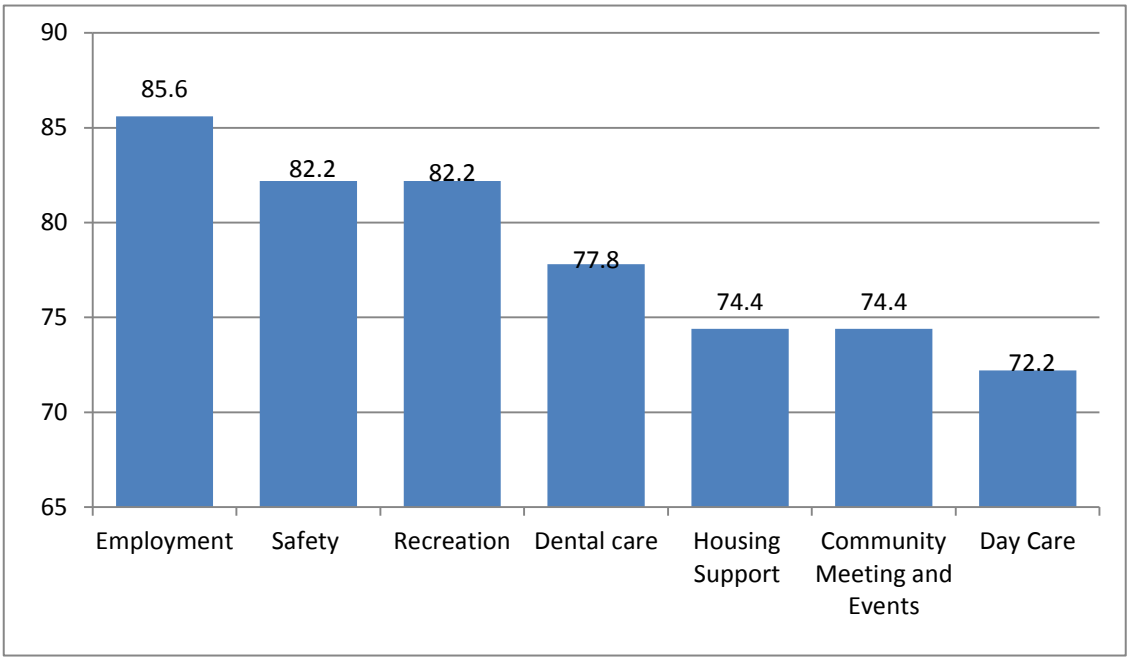
D. SERVICE NEEDS

On average, residents identified employment, safety and sports/recreation as their top service needs, followed by dental care services, housing support, and space for community meeting and events (Figure 7). However, there are significant differences in ranking when postal codeéarea of residence is taken into account. For example, employment is ranked very high by residents of Mt. Dennis. Further, residents living in Rockcliffe-Smythe and Mt. Dennis- Brookhaven-Amesbury both rank safety much higher than respondents living in the surrounding postal codes.

When looking at gender differences in ranking of service needs the differences are even more varied and interesting (see Figure 6 and Figure 7). Both males and females rank employment support, sports and recreation, dental and housing as the highest service needs. Females ranked safety programs, housing support, food programs, tutoring programs and environmental programs as priority community needs. However, males

identified legal services, low cost community meeting space and surprisingly, child care/day care, as other top community needs. Both males and females identified dental services and sports/recreation programs as priority community needs; however males ranked mental health programs higher than females and females rank primary care higher than males.

FIGURE 8. SERVICES NEEDED IDENTIFIED BY RESIDENTS (PERCENT)



During the analysis session with the Advisory Committee (Section 5), it was suggested the male respondents may have identified a need for childcare, because for many newcomer families, it is often the wife who finds employment, leaving the husband to care for children. Another explanation might be that men are more likely to see it as a service need while women may view it as something they are expected to do and thus less likely to articulate as a 'service need.'

4. COMMUNITY AND SERVICE PROVIDER FOCUS GROUPS

In order to collect qualitative information regarding the resident perspectives of the strengths and weaknesses in their neighbourhoods, a series of focus groups were held. The key findings are described below.

A. SOMALI FOCUS GROUP

The Somali focus group was attended by twelve people. Group participants identified the following as community strengths and assets:

- People share the same culture
- People are helpful and listen to each other

- The area is close to community programs, schools and TTC
- Access Alliance is an important service provider
- Families are well connected with each other
- There is diversity in the community and there are relationships among people of diverse cultures

Subsequently, focus group participants identified the following as community concerns and issues:

- There are concerns about safety and security in buildings and in parks (e.g., off-leash dogs, drugs)
- The housing in the area is poor quality; there are long wait lists for housing; there is a perception that housing is not equitably allocated, and there is a lack of seniors housing
- Lack of community space/programs for moms, children and youth (esp. boys), seniors, those who have chronic illnesses and people with disabilities
- Social isolation among seniors
- Lack of community leadership
- Access Alliance is the only agency providing services

Participants identified the following as key service needs for the community:

- Health education (i.e., regarding bed bugs)
- Skills development and training programs (i.e., personal support worker training, English as a Second Language classes, tutoring and homework clubs, computer classes, Somali language classes, cooking and sewing classes, etc.)
- Community/public space; access to a recreation space in buildings
- Legal clinic/services
- Affordable adult dental care
- Programs and supports for seniors to stay in their homes
- Safety and security (e.g., in parks and in buildings)

B. SPANISH FOCUS GROUP

The Spanish language focus group was attended by thirteen people all of whom reside in the Rockcliffe-Smythe neighbourhood. The participants discussed the services that they currently use, including community health centres (e.g., DPNCHC, AAMHCS, Unison) and a range of social services (The STOP Community Food Centre, The Centre for Spanish Speaking People and the Mormon Centre. They access services for support with a variety of issues including medical, legal, housing, income, translation and food/cooking. For the Spanish speaking

participants, the availability of translation and interpretation is seen as a requirement for using one service over another.

The participants identified the following as the strengths in their community:

- There are a large number of Latin people who are welcoming and supportive
- Access Alliance is an important service provider
- The area is accessible due to the availability of the TTC
- There are good schools and school bus service

The group also identified a number of community issues and concerns:

- Latin people are leaving the community due to changes in immigration policy; this is impacting non-status people the most
- The housing is very poor quality, in particular the housing that is available to families
- There are community safety issues (e.g., drugs, prostitution, gangs, unsafe parks, garbage)
- The neighbourhood is close to industry and the smells that are produced
- There is a lack of connection with neighbours
- There is a lack of an identifiable community leadership

The group identified service priorities for the community, including:

- A community centre
- Programs for families, including young pregnant women and for youth and children, including art programs and summer camps
- Information and services in Spanish (e.g., legal and social programs)
- ESL classes
- Medical services in order to eliminate wait lists, to enhance access for people without status and to redirect people form emergency departments
- Access to computers, scanners and photocopiers

Having identified their needs, the group also identified the following as priority areas for change:

- Additional traffic lights and signals in school areas
- More community services, including a community centre, youth services and ESL classes
- Clean common/public areas and improved safety and policing

C. NEWCOMER FOCUS GROUP

The Newcomer focus group was comprised of four participants all of whom reside in the Rockcliffe-Smythe neighbourhood. The newcomer group participants currently use a wide range of agencies, within and outside their neighbourhood, to meet their needs, including Unison (e.g., the Jane Street Hub), employment agencies, CultureLink, Access Point on Jane, furniture banks, Rexdale Community Centre, COSTI, Syme Woolner and Toronto Public Health. Participants seek services to support their access government benefits/subsidies, health services, pre-school programs, programs for mothers with young children and volunteer/job opportunities.

The participants identified the following as community strengths and assets:

- Strong connections among members of the same ethnic group
- Help is readily available to residents and newcomers have formed a strong information sharing network
- Compared to other neighbourhoods, there is little overt racism
- Residents are in close proximity to stores and services and have access to public transportation/TTC
- It is a multicultural community
- Children have access to parks and facilities
- Rent is more affordable than in other neighbourhoods
- Government support is available
- There is a high standard of living in comparison to other countries

Participants identified the following community concerns and issues:

- Lack of safety (e.g., due to shootings)
- Cost of car insurance (e.g., it is too high)
- Public associates a stigma with this neighbourhood
- There is a need for better park facilities
- Living conditions are poor (i.e., the apartments are infested with cockroaches
- Foreign credentials are not recognized; need for Canadian experience
- Stress
- There is a need for increased visibility/outreach by local agencies
- Community agencies do not have knowledge/skills to work with newcomers; newcomers experience gaps in information; agency staff appear unwilling to refer to other organizations
- There are few leaders in the community

The participants identified a need for improved/enhanced community services, including increased police presence, affordable programs for children, including afterschool programs, recreation facilities and programs (i.e., table tennis, ping pong) and employment services. When asked about priorities for change in the neighbourhood participants identified the following:

- Focus on cleaning up the neighbourhood (e.g., get rid of cockroaches, reduce littering) and improving resident hygiene
- Improve the image and reduce the stigma associated with the neighbourhood
- Focus on nutrition/healthy food (e.g., plan fruit-bearing trees throughout the neighbourhood)
- Deliver winter programs for children
- Reduce social isolation among newcomer women

D. OPEN FOCUS GROUP

A focus group open to anyone was comprised of seven individuals, three of whom reside in the Rockcliffe-Smythe neighbourhood. Participants reported using a wide range of programs and agencis including: the Islamic Social Service Agency (ISRA), COSTI, Syme Woolner Family Centre, Unison, Access Alliance, CultureLink and the Jane Dundas library. These organizations are used by participants seeking access to: the Muslim/Islamic school, employment support programs (i.e., employment research, job training, career support programs),

affordable summer programs and camps for children, and affordable social/recreational activities/lessons (i.e., piano, dancing, yoga, etc.)

Participants identified Access Alliance staff, some community members as well as their own family members as community leaders. When asked about community assets and strengths, including social networks, participants identified the following:

- The neighbourhood and people living in this area are friendly (e.g., compared to living in a condo)
- Newcomers are quickly introduced to members of the same ethnic community
- Access Alliance is an important service provider
- There are good schools in the area
- There are social social networks and friendships
- Residents have good proximity to stores, services and groceries
- Transportation/TTC is accessible to residents
- There are parks and facilities for children

Participants identified the following as concerns or community issues:

- Safety, violence and drug use
- Negative perceptions and stigma that the public has associated with the neighbourhood
- Parks and playgrounds are too crowded
- There are fewer social networks among established immigrant groups/residents

When asked to identify priorities for community improvement, participants suggested the following:

- Improve resident hygiene
- Improve housing conditions (e.g., get rid of cockroaches and address building maintenance issues)
- Improve dog etiquette (e.g., dog droppings need to be removed, dedicate an off leash dog area)
- Improve the public perception and reduce the stigma associated with Rockcliffe-Smythe

E. YOUTH FOCUS GROUP

The youth group was comprised of nine participants all of whom reside in Rockcliffe-Smythe. The youth identified that social networks are limited to friends, family and some business owners. They also identified few community leaders, but did point out Access Alliance staff and the school youth counsellor. When asked to identify community strengths and assets, the youth suggested the following:

- Friends are close by the neighbourhood
- This neighbourhood is safer than others (e.g., Mt. Denis, Jane-Finch)
- The area is multicultural
- There are close ties within ethnic communities (i.e., Somali)
- There are many community events and programs
- The schools are close by
- This is a good neighbourhood for walking

Subsequently, the youth identified their concerns regarding the neighbourhood:

- Presence of drugs and gangs and concerns for safety (e.g., violence, theft)
- There is a lack of positive role models for youth
- Children do not have access to good places to play
- There has been increased police presence/security
- The area has been stigmatized and the public has negative perceptions about the neighbourhood
- More lights are needed in parking lots
- Resident hygiene needs to be improved
- The cleanliness of physical environment, in and around buildings needs to be improved
- There is discriminatory behaviour among some neighbours
- There are dog droppings in community/parks and there are concerns about the presence of dogs in general

While the youth make use of a wide range of services, programs and organizations (i.e., Boys to Men at school, Access Alliance, Humber River Regional Hospital, Senior's Spanish Group, health clinics, George Syme Basketball program, For Youth Initiative, Jane Street Hub, Amesbury Community Centre, Green Collar Court at TCHC), summer camps and the Youth Employment Service (YES) Program), they also suggest that the community is missing services, programs and features, including:

- A recreation centre and gymnasium and a culturally appropriate indoor swimming pool (e.g., girls only)
- Supervised activities for young children
- Workshops targeting youth (e.g., Big Brother/Sister, tutoring)
- Nearby movie theatre and trips
- Gaming programs (Board games, video games)
- Water fountains
- Impact assessments regarding the impact of local construction on access to public spaces/programs
- Professional trade training (carpentry, construction) and skills development programs (CPR, baking, food handling)
- Young driver instruction

Youth also suggested that there needs to be better marketing and outreach for programs that already do exist.

When asked what about their priorities for change, the youth suggested the following:

- Improve the cleanliness and beautify of the environment (e.g., improve signage, building maintenance, add water fountains)
- Build a recreation centre and gym
- Improve safety and security (e.g., increase lighting in the area and security in buildings)

- Improve programs for young children
- Provide free ice cream once per year

F. SERVICE PROVIDER FOCUS GROUPS

Five participants comprised the service provider focus group. When asked about the level of social networks and leadership in the neighbourhood, participants suggested that increasingly people are connecting with each other by social media and through public events (e.g. fun fairs). They identified several community leaders, including the school principal, religious leaders and service providers and stated that trust is the key factor to being recognized as a leader.

Participants identified the following as community strengths and assets:

- The park and pool provides for the recreational needs of children and families
- The area is welcoming for new immigrants
- Access Alliance is an important service provider
- There are local organizations to deliver services and programs to families and students (i.e., Early Years Centre, community gardens, food and clothing programs)
- School programming is strong and parents are engaged with the school and its teachers (e.g., the school connects parents and community members; provides training for parents, children and youth, etc.)

Participants also identified a series of community issues and concerns:

- Access to affordable housing is limited
- Immigrants experience barriers to employment (i.e., English language and certification requirements)
- People living on social assistance have inadequate incomes
- Apartments are overcrowded and sleeping arrangements are poor
- There are concerns that academic achievement and outcomes are impacted by poor housing conditions (e.g., children are tired at school; drop-out rates are increasing)
- Residents are socially isolated and experience mental health issues
- Residents are not aware of/accessing programs
- Youth engaged in high risk behaviors including violence, drugs and prostitution
- There are concerns about community safety

Participants identified a number of critical services that currently exist in the neighbourhood, including vision and hearing clinics in school, free glasses for children, Public Health's dental and Healthy Babies, Healthy Children and sexual health programs and services and the local nurse practitioner clinic. However, they also identified several gaps in service including:

- Mental health services
- Youth programs, including mental health programs
- Employment support programs (e.g., Canadian workplace culture and communication, job placements, certificate programs)
- Affordable afterschool and summer programs for children and youth
- Community and public spaces that bring diverse people together

Participants also suggested the following as priorities for the community at this time:

a. Building a sense of community safety and fostering trust between youth/community and the police
b. Skill development programs
c. Mental health programs and services
d. Seniors services
e. Food programs/community kitchens
f. A service provider/stakeholder network to plan and coordinate service delivery and share resources
g. Affordable housing

G. CROSS CUTTING THEMES FROM FOCUS GROUPS

Despite being quite diverse in composition, common themes emerged across most of the focus groups. First, while there are few community leaders in the neighbourhood, Access Alliance was identified as an important service provider/leader. Further, Rockcliffe-Smythe is seen as a welcoming community where there are some social networks available to residents. The following were identified as community assets by most groups:

- Residents are in close proximity of stores, services, such as the TTC and to schools and parks
- The area is walkable
- There are some recreational facilities
- The community is comprised of a diverse and multicultural population
- Access Alliance is an important addition as a service provider in the community

Common themes were also expressed regarding community concerns and issues:

- Lack of appropriate parks/facilities for children and youth
- Underemployment and unemployment (i.e., among newcomers)
- Community safety and security (e.g., due to drugs and violence)
- There is a lack of safe (e.g., building safety), clean (e.g., cockroaches, dog droppings) and affordable housing (e.g., rental prices)
- The public's perception of the area is negative; there is a stigma is associated with living in the area

The following were identified by most groups as service gaps:

- Skills training and employment support services and programs
- Recreation centre/recreation programs
- Affordable programs, including summer camps for children and youth
- Affordable summer camp programs
- Overcome stigma.
- Clean parks and public spaces (close linked to improving safety).
- Hygiene and other health promotion programs.

Finally, most groups identified improving: a) the skills of residents and b) the cleanliness and safety of the community (e.g., both residential and public spaces such as parks) as priorities for change.

5. SYNTHESIS

Using matrix tables and charts, data from this Community Health Assessment study (survey and focus group results) and secondary data were carefully synthesized to generate overall findings. See Table 1 and 2 for data comparison tables.

TABLE 2. COMPARISONS OF SURVEY RESULTS WITH CENSUS AND AA CLIENT PROFILE

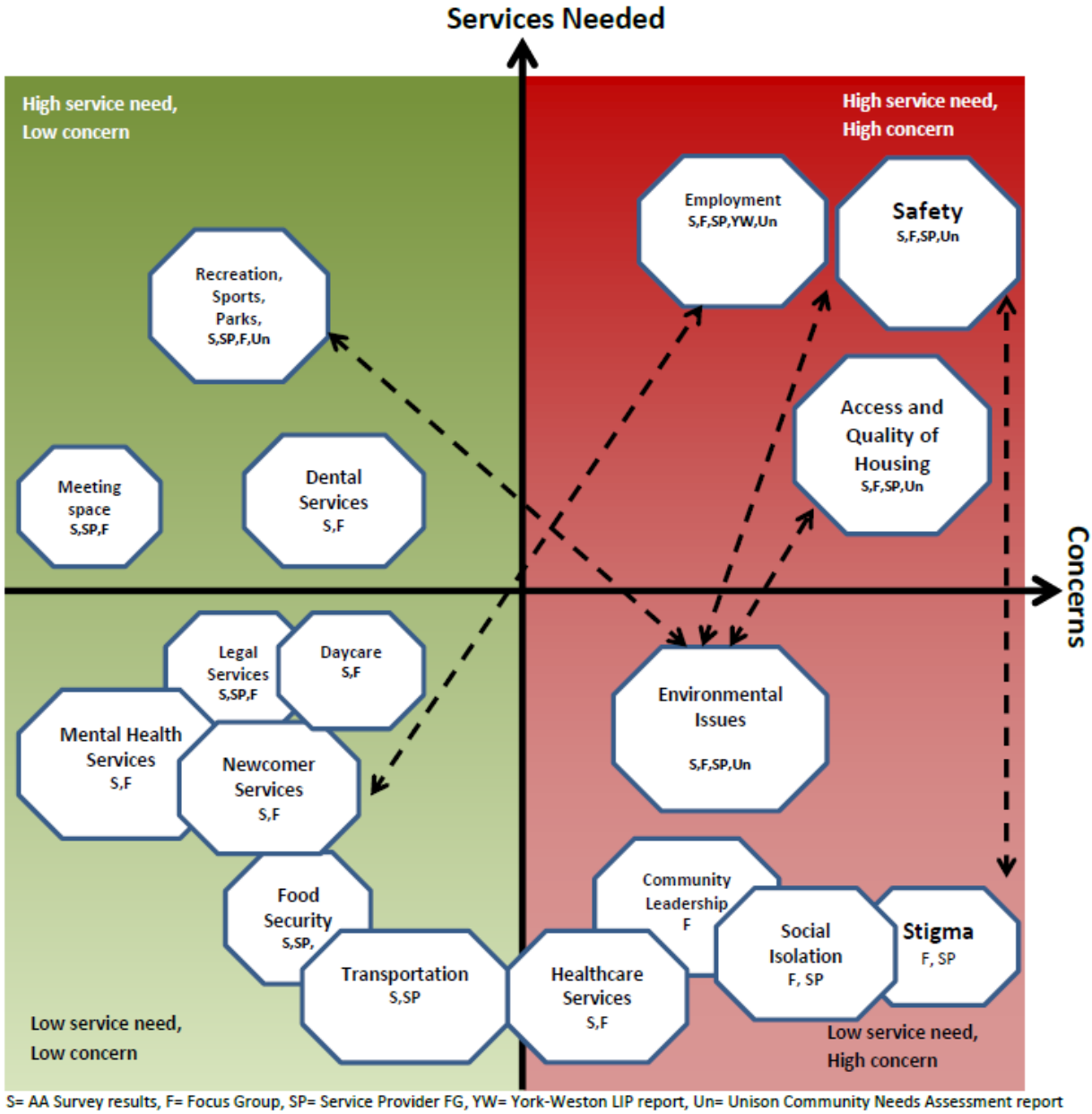
Critical indicators/Issues	Census and other macro data (Rockcliffe-Smythe) n=22,290	AA community survey (n=90)	AA Client profile (n=1224)
Representation	Total population (44% Canadian-born; 84.6% Canadian citizen; 54% immigrants; 46.9% racialized; 6.9% newcomers less than 5 years)	60% Female; 40% between 40-59; one-third are newcomers less than 5 years; one-third Canadian-born; 76% Canadian Citizen; 7.7% RC	63% Female; 17% between 45-64 years; avg age 33; 60% newcomer less than 5 years; No Canadian-born; 14% Canadian Citizen; 36% PR; 22% came as GARs; 11% RC (22% Black Creek); >6% non-insured
Education Level – High school completion	30% have less than high school education (more than double the City average of 12.4%)	16.9% have less than high school; 44.6% (almost have) have only up to high school diploma	Majority with limited education except for South Asian clients
Education level –university degree	About 15% have university degree (less than half City average of 37.4%)	26.5% have university degree (lower for women, Somali community, M6M residents)	Majority with limited education except for South Asian clients
Unemployment rate	9.3% (City avg 7.6%); 11% for racialized groups (City avg 9.4%) 8.4% for recent immigrants (City avg 12.4%)	42.9% of people between 18-59 are unemployed; 30% are unemployed and looking for work; women 70% more likely than men to be unemployed and looking for work; 12.5% are not looking for work; 85% of Somali participants unemployed looking for work	A large percentage are unemployed
Full-time employment		only 25% have full-time employment; women have half the rate of full-time employment compared to men; 80% of Bangladeshi have part-time in spite of 100% university degree	
Income	Low income rate before tax is 25.7% (comparable to City avg); but double the rate of City average of people on social assistance	30% on social assistance; 10.7% retirement benefit	Majority are low-income

TABLE 3. COMPARISON OF JANE CHA DATA WITH EXTERNAL AGENGY DATA

Indicators	CCHS & other macro data	AA community survey (n=90)	AA's Focus Groups	AA strategic Planning consultations	Unison Community Needs Assess	York-Weston LIP report
Employment	High unemployment and under-employment	Highest need	High need in all FGs	High need	High need but not within top 5	High need
Housing	higher number of social housing	Top issue of concern (stronger for women)	Affordable housing (Service providers) Maintenance, cleanliness, pests	High need	Within top 5 (3rd highest)	
Safety	higher rates of firearm incidents	Second highest area of concern (M6N and M6M)	Very high concern in all FGs		Within top 5 (2nd highest)	
Health	Higher rates of chronic diseases than City; higher premature mortality rates; higher ED visits	healthcare top concern for M6N& women; high need dental services and mental health (specially for men)	Healthcare for people without status (Spanish); dental; Mental health; services (service providers) Hygiene;	High need		
Recreational programs		Highest need (along with employment)	Key need in all FGs		Within top 5 (5th highest)	
Education		Tutoring (women)	Education and training (Somali FG) Tutoring (youth)	High need		
Access to Services (affordable services)		Childcare/daycare; low cost meeting space	Affordable programs (youth & children); culturally appropriate programs	Specially child and youth service; childcare services		Newcomer friendly services
Other Concerns /Needs			Stigma; water fountains; cleaner parks; more lighting; free ice cream	Language services		Language services; address discrimination

A four quadrant based matrix analysis chart was developed to examine the links between community concerns and services needed. First the data from survey was mapped. This was corroborated with focus group data and data from secondary sources. See Figure 8 for the matrix analysis chart.

FIGURE 8: COMMUNITY CONCERNS AND SERVICE NEEDS ASSESSMENT MATRIX



S= AA Survey results, F= Focus Group, SP= Service Provider FG, YW= York-Weston LIP report, Un= Unison Community Needs Assessment report

The synthesis tables and matrix chart help to contextualize and better understand study findings in terms of community concerns and service needs/solutions, particularly how these are linked.

The top community concerns that residents identified in our survey and focus groups (and in other community consultations) are indicators as well as impacts of protracted economic marginalization experienced at the whole community level. The top community concerns include:

- ***lack of community safety/security***
- ***housing concerns (both cost and quality of housing)***
- ***labor market challenges***
- deteriorated conditions of public infrastructure and environmental concerns
- place-based stigma

Some of the service needs/priorities that residents and local service providers put forth represent bold long-term structural/policy solutions to the community concerns listed above. They include:

- proven employment and skill training programs;
- reinvestment in public infrastructure;
- building community leadership

At the same time, ***community residents and local service providers also gave many tangible immediate steps/actions that local partners can take to address these community concerns. These include:***

- proper garbage disposal and cleaning of parks and public spaces
- ensure water fountains in parks and public spaces are working properly
- more lighting in parks, streets and public spaces to promote safety at night
- effective pest control and timely renovations in public housing units
- more tutoring programs (identified particularly by women and youth)
- mentorship programs (particularly for youth)

Interestingly, some of the service needs that residents identified are not pressing community concerns but nevertheless represent important solutions (See Figure 8 for overlaps and variations in terms of community concerns and service needs). For example, more recreational and sports program was one of the top service needs that residents identified although lack of recreation services was not necessarily a major concern. Some of the service needs are specific to particular sub-groups. The following are key service needs:

- more recreation and sports programs (specially highlighted by women and youth)
- affordable dental care services
- meeting space for community meetings (specially highlighted by men)
- affordable and accessible daycare services (specially highlighted by men)
- newcomer focused services including more ESL programs, credential recognition support
- legal services (particularly for Spanish speaking community many of whom are non-status)

Certain concerns/needs identified by service providers and in secondary literature did not come up in our survey and focus groups with community residents. For example, focus group discussion with service providers highlighted food insecurity and transportation barriers. Community participants, however, did not necessarily raise concern about hunger and food insecurity. In contrast to service providers, good public transportation was highlighted by community participants as one of the main assets of the neighborhood. Further consultation is required to better understand the nature of food insecurity and transportation barriers in the community.

An important overall finding from this community health assessment is that the socio-economic indicators, community concerns, and high levels of unmet needs for this community (Rockcliffe-Smythe and adjacent neighborhoods) are comparable to those in so called "priority neighborhood areas" of Toronto. Of particular concern are the very low education level and the high unemployment and poverty rates faced by the community. The fact that even Canadian-born and long term immigrant residents face high rates of unemployment/under-employment, low-income and social assistance utilization is deeply troubling. In other words, community residents have been facing socio-economic marginalization for protracted period of time and inter-generationally.

Similar to other marginalized neighborhoods in Toronto, this community has high proportion of racialized residents; within this, Black community constitute the largest group (11.9%). Another unique feature of this neighborhood is that it is home to a large number of non-status groups. Many non-status people are from Hispanic community. ***Systemic racism/racialization and immigration status are thus important factors to consider in understanding and addressing the deep socio-economic marginalization faced by this community.***

6. PLANNING IMPLICATIONS

The concerns and unmet service needs faced by community residents are very critical and need urgent attention. The findings synthesized in this community health assessment can serve as a blue print for evidence-based community planning of priorities and actions in terms of services/programs and solutions.

From a planning implication, it is worth highlighting that the immediate steps/services as well as the bold structural changes that residents recommended represent progressive solutions. For example, residents emphasized that addressing safety/security concerns (violence, drugs etc) require systemic solutions that address root causes (e.g. promote economic security, promote community leadership) but also immediate steps such as maintaining clean and properly functioning parks and public spaces that residents feel safe using. Unlike conventional government strategies, increasing police presence or surveillance systems was not mentioned.

Along the same lines, tutoring programs, mentorship programs (particularly for youth), accessible daycare services, language training programs, and credential recognition services are concrete services/programs for promoting successful educational and employment pathways for residents.

Housing issue is one of the top concerns and service needs. Findings from this community health assessment confirm that housing concerns relate both to affordable housing along with improving quality of housing.

Improving access to recreational programs, affordable dental services, and accessible mental health are proven solutions for promoting health. Improving access to meeting spaces, promoting community leadership/capacity, and overcoming stigma are important steps for building community level cohesion and wellbeing.

The Advisory Committee met on July 24, 2013 to review the information and data collected for this Community Health Assessment. The identified the following key study themes:

- Affordable, safe and clean housing
- Employment and skill development
- A safe and clean community/neighbourhood
- Community engagement and leadership
- Youth engagement and development

The Advisory Committee engaged in a reflection exercise to articulate the implications of the Health Assessment and to identify potential responses to the findings. Below is a summary of the reflection exercise.

What does the information tell us?

- Reaffirms our experience as service providers
- Some surprises in the focus group findings (e.g., males identifying a need for childcare, politicians were not identified as community leaders)
- There has been a gap in leadership in the community and there is some expectation among residents and other service providers that Access Alliance can play a role in fostering community leadership
- Community engagement is challenging; this may help us identify activities that will engage residents
- The current state of housing and the lack of a sense of community safety and security tends to isolate people into their homes. The physical condition of homes and the community affects mental health and creates fear
- The presence of dogs is a significant political and cultural issues to address

What are opportunities for planning?

- Work together as agencies to identify creative ways of outreach and marketing
    - Face to face
- Identify collaborative ventures for agencies (e.g., Access Alliance and CPNP); Access Alliance should not just be housing programs, but collaborating will all the programs that use the space
- Need to build relationships at the political level and engage politicians in local issues and planning
- Need community-engaged approach that involves working with community leaders and building community leadership/capacity

In the context of the Health Assessment, what are opportunities for change/impact over the next five years?

1. Parents (mothers) are more empowered and involved in their children's education
    - Engage moms in school programs/ food programs
    - Focus children and youth on university, not just trades
    - Introduce mentorship programs (volunteers, peers)
2. The community's public spaces are cleaner and safer

- Residents will be engaged in this issue
- This issue will also result in improvement in mental health and wellbeing
- Engage faith based approaches/leaders

3. An accessible community recreation centre is built and used
    - Develop spaces for youth (e.g., drop-ins, youth mentorship programs,
4. There will be more programming that matches community needs
    - Mothers and children
    - Youth (16 – 18 years of age)
    - Seniors services
5. Housing units are renewed and beautified
    - Support the TCHC beautification and Tower Renewal projects

7. CONCLUSION

This study enabled Access Alliance and other APOJ stakeholders to better understand strengths, concerns, needs and priorities of the community being served.

While there are some limitations to the study, it does provide Access Alliance with information that can inform its program planning and evaluation activities and support it to identify the types of partnerships and collaborations that are needed at APOJ to affect change in the priorities identified above. At the same time, the Advisory Committee for the Community Health Assessment has expressed an interest in continuing to work with Access Alliance to develop short and long term collaborative initiatives to build on community strengths and address community issues.

8. APPENDIX

APPENDIX A: Snapshot of Key Findings

Access Alliance Multicultural Health and Community Services

Community Health Assessment Survey 2013

TABLE 1: BASIC DEMOGRAPHIC PROFILE

Participants by Gender, N = 88 (97.8%)	
Male %	39.8
Female %	60.2
Place of Residence by Postal Code, N=90	
M6N	58.9
M6M	16.7
Surrounding postal code	24.4
Length of Residence in the area (%), N = 90	
- Less than 5 Yrs.	33.3
- 5 to 10 Yrs.	33.3
- More than 10 Yrs.	28.9
Country by Birth (%), N = 88	
Canada	**30.7**
Outside Canada (living in Canada)	**69.3**
-Central & South America	20.5
-Caribbean	14.8
-Africa	17.0
-Asia	9.1
-Europe/USA	8.0
Years in Canada—for Immigrants (N = 63, 69.3% of total)	
5 Yrs. and less	6.3
10 Yrs. and less	22.2
More than 10 Yrs.	61.9
Non-response	12.7
Language most often Spoken at Home, N = 90	
English	56.1
Other than English	43.9
Spanish	46.2
Somali	25.6
Others	28.2
Preferred Language to Receive Services, N = 90	
English	73.3
Other than English	26.7
Spanish	58.3
Somali	12.5

TABLE 2: PARTICIPANTS BY IMMIGRATION STATUS, N = 90 (100%)

	M6N	M6M	Surrounding Area	Total
Canadian Citizen	75.5	86.7	72.7	**76.7**
Permanent Resident	11.3	0	9.1	**8.9**
Refugee Claimant/ Temp Foreign worker	5.7	13.4	9.0	**7.7**
Prefer not to say	7.5	0	9.1	**6.7**
Over all	100	100	100	**100**

FIGURE 1: PARTICIPANTS BY GENDER AND AGE GROUP

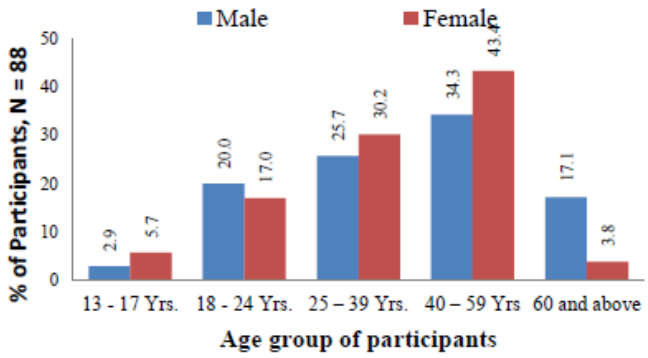


TABLE 3: HIGHEST LEVEL OF EDUCATION (AGE 18+ YRS., N=83) BY POSTAL CODE

	M6N	M6M	Surrounding Postal Code	All
Less than high school diploma	20.4	7.1	15.0	16.9
High School Diploma	20.4	71.4	15.0	27.7
Vocational/College diploma	34.7	14.3	25.0	28.9
University- Under grad. /Masters/PhD	24.5	7.1	45.0	26.5

TABLE 4: KEY SOCIO-DEMOGRAPHIC CROSS TABULATIONS

EDUCATION LEVEL AND COUNTRY OF BIRTH (18+YRS.), N=83				
Top 5 Countries	Less than high school diploma	High School/ Diploma	Vocational/ College diploma	University - Undergrad. /Masters/PhD
Canada	0.0	41.7	25.0	33.3
Somali	50.0	40.0	0.0	10.0
Mexico	16.7	16.7	33.3	33.3
Bangladesh	0.0	0.0	40.0	60.0
Colombia	25.0	25.0	0.0	50.0
Others	20.6	30.4	58.3	27.3
Over all	16.9	27.7	28.9	26.5

CURRENT EMPLOYMENT STATUS AND COUNTRY OF BIRTH (18+YRS.) N=81				
Top 5 Countries	Full Time	Part Time	Looking for Work	Not Looking for Work
Canada	33.3	33.3	20.8	12.5
Somali	14.3	0.0	85.7	0.0
Mexico	16.7	33.3	33.3	16.7
Bangladesh	0.0	80.0	20.0	0.0
Colombia	50.0	0.0	25.0	25.0
Others	20.6	20.6	26.5	32.4
Over all	23.8	26.3	30.0	20.0

EDUCATION, EMPLOYMENT, INCOME BY GENDER	Male	Female	All
HIGHEST LEVEL OF EDUCATION (AGE 18+ YRS., N=83)			
Less than high school diploma	12.1	20.0	16.9
High School Diploma	24.2	30.0	27.7
Vocational/College diploma	33.3	26.0	28.9
University- Under grad. /Masters/PhD	30.3	24.0	26.5
CURRENT EMPLOYMENT STATUS, AGE18 – 59 YRS., N = 56			
Yes full-time	33.3	18.8	25.0
Yes, Part-time	29.2	34.4	32.1
Looking for work	25.0	34.4	30.4
Not looking for work	12.5	12.5	12.5
CURRENT EMPLOYMENT STATUS, AGE18 + YRS., N = 81			
Yes full-time	27.3	22.9	24.7
Yes, Part-time	27.3	25.0	25.9
Looking for work	21.2	35.4	29.6
Not looking for work	24.2	16.7	19.8
MAIN SOURCE OF INCOME, AGE18 + YRS., N=75			
Wages and Salaries	30.0	42.2	37.3
Self-employment	20.0	11.1	14.7
Govt. income support Prog.	20.0	35.6	29.3
Retirement Benefit	16.7	6.7	10.7
Prefer not to answer	13.3	4.4	8.0

TABLE 5: COMMUNITY ASSETS AND STRENGTHS

TOP FIVE THINGS PARTICIPANTS LIKE MOST BY POSTAL CODE (MULTIPLE RESPONSE)				
Assets and Strengths	M6N (n=38)	M6M (n=11)	Surrounding Postal Code (n=21)	Over all (n=70)
Good public transportation	52.6	63.6	42.9	51.4
Multicultural community-cooperative (tied)	36.8	45.5	42.9	40.0
Shopping facilities (tied)	44.7	36.4	33.3	40.0
Neighbourhood is quiet	15.8	27.3	28.6	21.4
Green open space	21.1	0.0	28.6	20.0
Good schools nearby	26.3	9.1	4.8	17.1

APPENDIX -B

TABLE : DISTRIBUTION OF SURVEY RESPONDENTS BY POSTAL CODE

Postal Code	Number	Percent	Cumulative Percent
M6N	53	58.9	58.9
M6M	15	16.7	75.6
M6P	2	2.2	77.8
M6S	16	17.8	95.6
M9A	3	3.3	98.9
M6H	1	1.1	100.0
Total	90	100.0	

TABLE 2: RESIDENTS' OPINION ABOUT SERVICES NEEDED, CONCERNS, AND LIKE MOST IN THE NEIGHBOURHOOD

Services Needed	%	Concerns	%	Like Most in the Community	%
Employment	85.6	Cost of Housing	55.1	Transportation services	49.3
Safety	82.2	Safety	46.1	Multiculturalism	41.1
Recreation	82.2	Finding a good job	42.7	Shopping facilities	38.4
Dental care	77.8	Healthcare services	37.1	Green space in the area	38.4
Housing Support	74.4	Environment issues e.g., air quality	31.5	Quiet neighbourhood	21.9
Community Meeting and Events	74.4	Recreation	29.2	Easy access to park	17.8
Day Care	72.2	Housing quality	28.1	School nearby	16.4
Legal Services	72.2	Getting to know neighbours	24.7		
Settlement Services	68.9	Getting healthy food	24.7		
Environment programs	65.6	Transportation	23.6		
LBGQT program	64.4	Settlement	18.0		
Food Security	63.3	Childcare or Day care	15.7		

TABLE 3: Q3: NEIGHBOURHOOD ASSETS AND STRENGTHS AS EXPRESSED BY RESIDENTS

Like most in Neighbourhood	Multiple Responses		Percent of Cases
	Number	Percent	
Neighbourhood is quiet	16	8.9%	21.9%
Easy access to park	13	7.3%	17.8%
School nearby	12	6.7%	16.4%
Transportation facilities	36	20.1%	49.3%
Multicultural community-cooperative	29	16.2%	39.7%
Shopping facilities	27	15.1%	37.0%
Green open space/The area	12	6.7%	16.4%
Proximity to downtown	2	1.1%	2.7%
Access to food bank	1	.6%	1.4%
Free dental care	1	.6%	1.4%
Youth program	1	.6%	1.4%
Public library	6	3.4%	8.2%
Banking activities	3	1.7%	4.1%
Church	1	.6%	1.4%
Medical care	1	.6%	1.4%
Other public facilities	10	5.6%	13.7%
Access Alliance program	2	1.1%	2.7%
Restaurant/Coffee shop	3	1.7%	4.1%
Humber River	2	1.1%	2.7%
House rent cheaper	1	.6%	1.4%
Total	179	100.0%	245.2%

Appendix C

Access Alliance
Multicultural Health and Community Services

COMMUNITY HEALTH SURVEY
Residents of Jane-Woolner (Rockcliffe Smythe)

Who should complete this survey?

- Anyone whose home address has a postal code beginning with **M6N or M6M**

Who created this survey?

Access Alliance Multicultural Health and Community Services created this survey. We are a non-profit organization that runs AccessPoint on Jane, located at Woolner Avenue and Jane Street. AccessPoint on Jane is a welcoming space for immigrants, refugees and others living in west Toronto. We offer free health and settlement services as well as programs for newcomer women, youth and children.

We received valuable input to develop the survey from our Community Advisory Committee: Dulce Gaspar (Toronto Public Health), James Karanja Nganga (Toronto Public Library), Ruby Soihtu (Macaulay Child Development Centre), Christine Swearing, (Rockcliffe Smythe Community Association) and Christine Taylor (Syme Woolner Neighborhood & Family Centre).

To learn more about Access Alliance, please visit our website: www.accessalliance.ca

Why are we doing this survey?

This survey is part of a Community Health Assessment for the Jane-Woolner area. The survey will help Access Alliance, and other agencies that are located here, to better understand the strengths and needs in this area.

How will the survey results be used?

Access Alliance will use the results to help us improve our programs and services and also to help us plan new services. We will also share the results with other agencies, groups and residents in the neighbourhood. We also hope to find ways for different agencies to work together.

Is the survey available in other languages?

- The survey is also available in Spanish and Somali
- For more information, please contact Thuy Tran, Health Promoter at 416-760-2815 ext.242

1. What is your postal code ***or*** the closest main intersection to your home?

_____

2. How long have you lived in this neighbourhood?

_____months ***or*** _____years

3. Describe up to three things that you like **most** about your neighbourhood:

_____

_____

4. What issues are you **most** concerned about in your neighbourhood? Please select a **maximum of 5** items.

- ❑ accessibility for people with disabilities
- ❑ childcare or daycare
- ❑ cost of housing
- ❑ education and schools
- ❑ finding a good job
- ❑ environmental issues (e.g., air quality, pollution)
- ❑ getting healthy food
- ❑ getting to know your neighbours
- ❑ health care services
- ❑ housing quality (e.g., maintenance issues)
- ❑ immigration and settlement issues
- ❑ parks and recreation
- ❑ public transportation
- ❑ safety (including crime and policing)
- ❑ spaces that are available to community members to use
- ❑ Other (please specify): _____

5. The following is a list of programs and services. On a scale of 1 to 5, please rate each one based on how much you feel that the service is **needed** in your neighbourhood. A high number tells us that there is not enough of the service and that more is needed.

	No Need (1)	Little need (2)	Some need (3)	High need (4)	Very High need (5)	Don't Know
Primary health care services (e.g., doctors, nurses, midwives)	☐	☐	☐	☐	☐	☐
Mental health services (e.g., counselling, support groups)	☐	☐	☐	☐	☐	☐
Addictions services	☐	☐	☐	☐	☐	☐
Sexual health clinics	☐	☐	☐	☐	☐	☐
Free or low cost dental services	☐	☐	☐	☐	☐	☐
Sports and recreation programs	☐	☐	☐	☐	☐	☐
Employment support services	☐	☐	☐	☐	☐	☐

	No Need (1)	Little need (2)	Some need (3)	High need (4)	Very High need (5)	Don't Know
Housing support services	☐	☐	☐	☐	☐	☐
Free or low cost legal services	☐	☐	☐	☐	☐	☐
Free or low cost food programs (e.g., meal programs, food banks)	☐	☐	☐	☐	☐	☐
Community food programs (e.g., shared gardens, cooking programs)	☐	☐	☐	☐	☐	☐
Childcare or daycare	☐	☐	☐	☐	☐	☐
Homework or tutoring programs (for children and youth)	☐	☐	☐	☐	☐	☐
Settlement services (for recent immigrants and refugees)	☐	☐	☐	☐	☐	☐
Free or low cost English classes	☐	☐	☐	☐	☐	☐
Programs/services for people with disabilities	☐	☐	☐	☐	☐	☐
Programs/services for people who are Lesbian, Gay, Bisexual, Transgendered or Queer (LGBTQ)	☐	☐	☐	☐	☐	☐
Free or low cost space for community meetings and events	☐	☐	☐	☐	☐	☐
Community safety or crime prevention programs	☐	☐	☐	☐	☐	☐
Environmental programs (e.g., to reduce pollution, tree planting)	☐	☐	☐	☐	☐	☐
Religious or spiritual services	☐	☐	☐	☐	☐	☐

5b. Please list any **other programs and services** that you feel are needed in your neighbourhood:

_____

6. Have you used programs or services at **Access Alliance** (AccessPoint on Jane)?

[1]❑ Yes [2]❑ No

If **yes**, which programs or services did you use?

_____

7. Which other local programs or services do you use?

Please tell us more about yourself to help us better understand your needs and preferences.

Do you identify as:

[1]❑ Male [2]❑ Female [3]❑ Transgendered
[4]❑ Other (specify) _____

How old are you?

[1]❑ 13-17 [2]❑ 18-24 [3]❑ 25-29 [4]❑ 30-39
[5]❑ 40-49 [6]❑ 50-59 [7]❑ 60-69 [8]❑ 70 or over

How many children (under 18) currently live with you at home?

[1]❑ 0 [2]❑ 1 [3]❑ 2 [4]❑ 3 [5]❑ 4 or more

Do you have any senior relatives (65 or older) living with you at home?

[1]❑ Yes [2]❑ No

In what country were you born? _____
If you were **not** born in Canada, what year did you come to Canada? _____

What is your **current** immigration status?

[1]❑ Canadian Citizen [2]❑ Permanent Resident
[3]❑ Refugee Claimant [4]❑ Temporary Foreign Worker
[5]❑ Prefer not to say [6]❑ Other (specify) _____

What language do you speak most often at home? _____
In what language do you prefer to receive services? _____

What is the **highest level of education** that you have completed? (Select one only)

[1]❑ Grade 8 or Less [5]❑ College Diploma
[2]❑ Some high school [6]❑ University (undergraduate)
[3]❑ High School Diploma [7]❑ Masters or PhD
[4]❑ Vocational (trade or technical) school

Are you currently working?

[1]❑ Yes, I work full-time [2]❑ Yes, I work part-time
[3]❑ No, but I'm looking for work [4]❑ No, and I'm not looking for work

What is your **main** source of income? (Select one only)

[1]❑ Wages or salaries from an employer [2]❑ Income from self-employment
[3]❑ Ontario Works (OW) [4]❑ Ontario Disability Support Program (ODSP)
[5]❑ Employment Insurance [6]❑ Canada Pension benefits
[7]❑ Old Age Security and Guaranteed Income Supplement
[8]❑ Prefer not to say [9]❑ Other (specify) _____

THANK YOU FOR COMPLETING OUR SURVEY

Results will be posted on our website: **www.accessalliance.ca**

Appendix D

Focus Group Questions:

PART I –Community Strengths and Assets

1. What do you like the most about living in this community?

   Optional probe: Is this a good place for families? Why or why not?

2. What would you like to see changed? (or What issues are you most concerned about in this area?)
3. How well do you know your neighbours? How would you describe your relationship with your neighbours? [may need to define "neighbour"]

   Optional probe: How would you describe your relationship with residents of different ethno-cultural backgrounds?

4. Who do you see as/consider to be leaders in this community?

   Optional probe: Who gets things done or helps to solve problems in this community?

PART II – Local Programs and Services

5. Where do you and your family go to get health and community services in this community?
6. Could you say more about the services and how they helped you?
7. What other health and community services do you or your family need (that you are not able to access in the community)? *[Write list on the flip chart]*

   Probe: Which services are most important for you? (Participants to place dots on three most important services)

8. What is one thing you would change to make this community a healthier place to live? *[Go around table – these can be things that be changed in the short-term OR longer-term dreams or visions for the community]*

BIBLIOGRAPHY:

- City of Toronto, Neighborhood Profiles: http://www.toronto.ca/demographics/cns_profiles/cns111.htm
- Roberts, J., Young, C. and Poynton, B. (March 2011), consultants for York- South Westin Local Immigration Partnership. (March 2011). Consultation Report for the Settlement System in York South-Weston. http://torontowestlip.ca/wp-content/uploads/2013/06/YSW-LIP_Report_Focus-groups_Nov-2010.pdf
- Toronto Community Health Profiles. http://www.torontohealthprofiles.ca
- Unison Health and Community Services. (2011). Flash Survey — Summary of Results: Unison Community Scan Report. Toronto. Available at: http://unisonhcs.org/fileadmin/doc/scan/Appendix-B.pdf
- York- South Westin Local Immigration Partnership. (2010). Report from Eleven Focus Groups with Ethno-Specific Newcomers: African, Caribbean, South Asian and West Asian, East-Asian, and Hispanic. http://torontowestlip.ca/wp-content/uploads/2013/06/YSW-LIP_Report_Focus-groups_Nov-2010.pdf