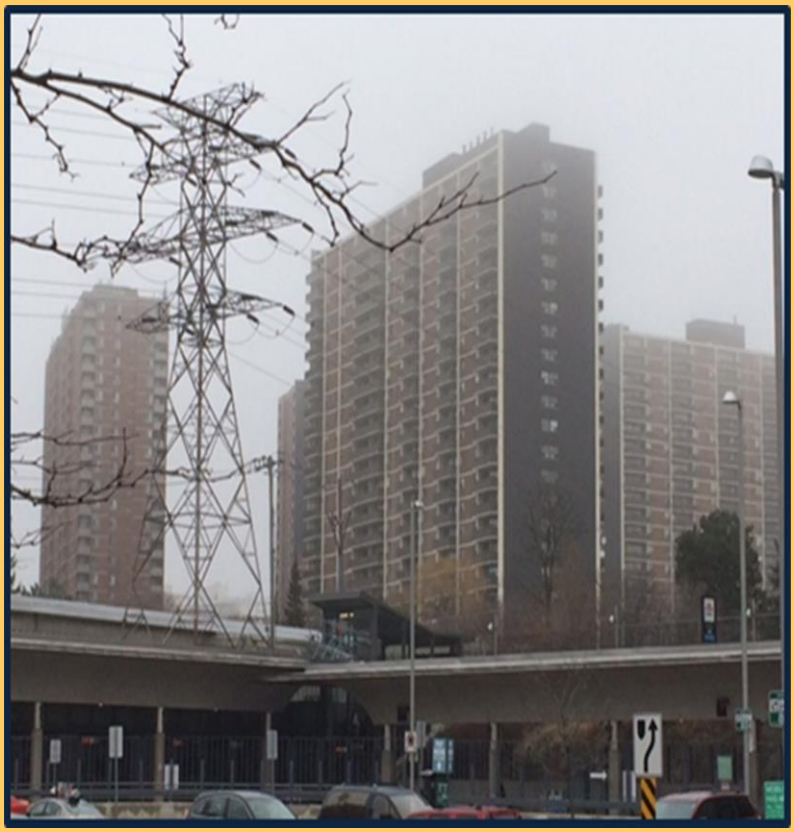
2017

Community Health Needs Assessment

Taylor-Massey Neighbourhood, Toronto



Access Alliance
Multicultural Health and Community Services

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Executive Summary

Background and objectives

Taylor Massey Neighbourhood (TMN), one of the City of Toronto's priority neighbourhoods, has immense cultural diversity and skilled human resources. Access Alliance serves residents of this neighbourhood. Through the delivery of primary healthcare and other preventive as well as restorative programs and services, the agency works as a change agent to help residents achieve health with dignity. This community health needs assessment was conducted to attempt to understand the population dynamics as well as the changing needs and concerns of the TMN. This will help to craft the evidence-informed hub service strategy.

Methodology

A mixed-method participatory evaluation approach was designed to conduct this needs assessment. A sector validated quantitative survey was complemented by qualitative data collected through focus groups and facilitated discussion. Available census tract data and other provincial neighbourhood data formed the matrix of the sampling design to ensure the sample represents the population by demography. Survey data collection was conducted at seven partner agencies who serve different resident groups (e.g. newcomers, youths, seniors, ethnic groups) in the TMN. Social expectation bias, selection bias, and measurement bias were considered risks, and hence the total process was coordinated by a third party hired research assistant and a trained team of volunteers. In total, 405 completed surveys, three focus groups and one facilitated discussion comprised the sources of data. Quantitative data was analyzed using SPSS analytical software, while qualitative data was analyzed thematically by using ontological and epistemological anchor codes and emergent codes, which were merged to create categories and themes. Qualitative data helped to contextualize the quantitative data with in-depth ideas.

Key findings

Diversity in culture and immigration status is the fabric of this neighbourhood at the east end of the city. Residents in the TMN have a relatively short length of stay when compared to the rest of the province –40% have lived in the neighbourhood for five years or less, while nearly two-thirds of the responding residents have lived there for less than ten years. Survey findings also demonstrated a lower sense of trust, fewer family members and close friends, lower volunteering rates, and lower physical and mental health self-ratings in comparison to national and provincial data. Despite all this, residents of this community showed a comparably greater sense of belonging. Qualitative findings demonstrated that skilled immigrants and energetic youth are assets of the TMN. Key concerns among residents include finding a good job, safety with regards to theft and gender harassment, the cost and quality of housing, access to healthcare, and healthy food.

Conclusion

Access Alliance, as a hub, can capitalize on the huge opportunity to meet several key demonstrated needs of the TMN community. Some examples of potential initiatives include partnering with an alternative employment support system, a youth-led walk-safe, community reference group-led mental health projects, etc. To further strengthen existing services which address food insecurity among clients, the agency could incorporate a social enterprise model, whereby social marketing with partners can be a sustainable approach to addressing the issue. Within the context of a cohesive community with strong sense of belonging, this would also have the capacity to build trust and cooperative behaviour among residents, and to reduce mental health stigma.

1. Introduction

A community health needs assessment (HNA) is a systematic approach used by health service providers to understand the broader health needs of the populations they serve (Wright & Williams, 1998). The process provides the community an opportunity to voice their health needs, concerns, and assets, which is integral to the improvement of the community's health and wellbeing as well as its empowerment.

Access Alliance Multicultural Health and Community Services (Access Alliance) provides health and community services to vulnerable populations across the City of Toronto. One of the three Access Alliance locations, AccessPoint on Danforth (APOD), serves the residents of the Crescent Town and Oakridge neighbourhoods. Since 2005, these two neighbourhoods have been listed as Neighbourhood Improvement Areas, and are home to immigrants, newcomers, refugees, low-income, and other marginalized groups (City of Toronto, 2017). As a major service provider in the neighbourhood, Access Alliance seeks to explore the perceived needs and priorities identified by residents, as well as highlight community assets and strengths as social capital.

Drawing upon a health equity framework and participatory transformative evaluation principles (Creswell, 2014), the evidence produced through this HNA will help to improve existing programs and services, as well as inform future planning for agencies that serve this particular community. This work can inform efficient resource utilization for the improvement of population health within the neighbourhood, ultimately contributing to evidence of health inequities among community residents.

2. Taylor-Massey Neighbourhood Profile

In this document, the Taylor-Massey Neighbourhood[1] (TMN) refers to the Oakridge and Crescent Town neighbourhoods, bound by Main Street to the west, Pharmacy Avenue to the east, Danforth Avenue to the south, and Gower Street to the north. The geographical boundaries of the TMN are shown in Figure 1.

[1] In recent years, the City of Toronto has been updating the neighbourhood names and boundaries. Future use of this document should consider any updated nomenclature for the geographical areas outlined here.

Figure 1: Map of Taylor Massey Neighbourhood [Ref: TMN ANC brochure: United Way]

Many immigrants, newcomers, and refugees reside in the TMN. The proportion of racialized residents in this neighbourhood is higher than the City of Toronto (Access Alliance, 2017). As shown in Table 1, the TMN is home to a high proportion of South Asians, comprising 36.2% (n=5,645) of Crescent Town's population, and 32% (n=4,319) of Oakridge's population. After South Asians, Black, Chinese, and Filipino top the list.

Table 1: Top Five Racialized groups in the TMN (Source: Statistics Canada, 2011)

Crescent Town N=15,594	**Oakridge** N=13,497
South Asian - 36.2% **Black - 7.9%** **China - 5.3%** **Filipino - 4.6%** **Southeast Asian - 2.5%**	**South Asian - 32.0%** **Black - 15.4%** **Filipino - 6.7%** **Chinese - 5.6%** **West Asian - 1.9%**

Recent immigrants in Toronto are, on average, highly skilled and educated (Martin Prosperity Insights, 2009). Despite their high education, they have lower household incomes, and are more likely to reside in rental housing units (CMHC, 2006). Conforming to this trend, TMN is deemed to be "...*a low-income area housing racial minorities*" (Murdie and Ghosh, 2009). The median household income after-taxes is $37,875 (Statistics Canada, 2011). The percentage of the population living with low-income across TMN varies: Oakridge sits at 40%, and Crescent Town at 35%, compared to that of Toronto at 19% (Access Alliance, 2017). The unemployment rate in the area is 16%, compared to the Toronto's 9% (Statistics Canada, 2011).

Trends in health and wellbeing suggest that residents of priority neighborhoods experience the highest prevalence of all chronic conditions, including diabetes, asthma, high blood pressure, and mental health

(OCHPP, 2015). The prevalence of chronic conditions is higher among females than males, and increases drastically for seniors, aged 65 years or above (Access Alliance, 2017). A full profile of the TMN is included as an Appendix of this report.

3. Methodology

A mixed method participatory evaluation approach was adopted to conduct this HNA: quantitative and qualitative data were collected, analyzed separately, and later merged (Creswell, 2014). A triangulation design of generating evidence was used (where multiple methods were used to come up with results around the same topic, i.e. community assets, service needs, and concerns). Details of the methods and materials are included in an Appendix. Ethical standards of evaluation were maintained at all levels of this assessment procedure. Care was taken to predict the risks using a no-harm viewpoint, and to design the appropriate mitigation strategies to address the anticipated and emergent risks during this needs assessment process.

Table 2: Distribution of Samples for Quantitative and Qualitative Data

Data Type	Data Collection Method	Location/ Agency of Data Collection	Data Collection Period	Sample Size
Quantitative	Be Well survey tool, (Appendix) which is designed and translated in priority languages by AOHC.	• Action for Neighbourhood Change • APOD (Access Alliance) • Bangladeshi Canadian Community Services • Birchmount Bluffs Neighbourhood centre • East York East Toronto Family Resources • Harmony Hall • The Neighbourhood Centre • Warden Woods Community Centre	Oct - Nov, 2016	405
Qualitative	Focus group with Access Alliance Clients	APOD	Dec 22, 2016	7
	Facilitated Discussion with Community Reference Group (community members)	APOD	Jan 24, 2017	24
	Focus group with Service providers in TMN	APOD	Sep 29, 2017	13
	Focus group with Youth of the TMN	APOD	Sep 30, 2017	7

4. Findings

4.1 Demographic Profile of the Residents who Participated in the Quantitative Survey

Table 3 describes the demographic profile of the 405 survey respondents. The majority of respondents identified themselves as female (65.6%, n=263), while 32.9% as male (n=132), 0.2% as intersex (n=1), and 0.2% as trans (female to male) (n=1). The number of respondents in each of the 24-44 years and 45-64 years of age categories were nearly identical, and together, accounted for 70.4% of all respondents. One fourth of them were born in Canada (25.9%, n=105), while 70.1% were born outside of Canada (n=286). The majority of respondents reported their ethnic background as South Asian (40.7%, n=165), while 12% reported it as White North American (n=49), and 10% as White European (n=39). These represented the top three self-identified ethnic/racial groups. Respondents' household composition varied greatly. While 34.3% are couples with children living at home (n=139), 15.8% are adults living alone (n=64), and 10.4% are adults with children living at home (n=42). The majority of respondents (55.6%, n=225) live in rented homes, 19.3% of them are home owners (n=78), and 11.6% do not have their own homes (n=47). It should be noted here that the survey question lacked some sensitivity, e.g. 'renting a home' and 'not having own home' are not mutually exclusive, potentially resulting in misrepresentation within the data.

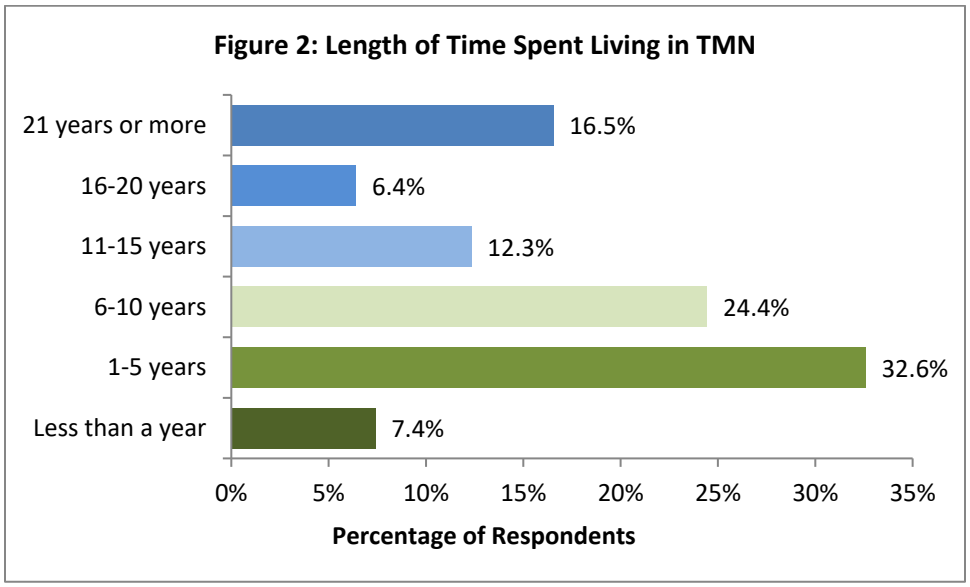
Table 3: Survey Respondents' Demographic Profile (N=405)

Demographic Indicator	Categories	Percentage (%)	N value
Gender	Female	65.6	263
	Male	32.9	132
	Intersex	0.2	1
	Trans female to male	0.2	1
Age	<18	4.7	19
	18-24	5.7	23
	25-44	35.1	142
	45-64	35.3	143
	65+	15.6	63
Born in Canada	Yes	25.9	105
	No	70.1	286
Ethnic Background	South Asian	40.7	165
	White North American	12.1	49
	White European	9.6	39
Household Composition	Couple with children living at home	34.3	139
	Adults living alone	15.8	64
	Adult with children living at home	10.4	42
Housing Type	Rented homes	55.6	225
	Own home	19.3	78
	Do not have own home	11.6	47

4.2 Description and Comparison of Health and Wellbeing Conditions in the TMN

4.2.1 Length of Time Spent Living in the Community

Figure 2 shows the length of time respondents have lived in the TMN area. Nearly one third of respondents (32.6%, n=132) reported that they had lived in the TMN neighbourhood between one and five years; 24.4% (n=99) lived here between six and 10 years. Only 16.5% (n=67) have lived in the community for 21 years or more. Forty percent of the residents in this survey have lived in the TMN for five years or less, while 64.4% residents have lived there for 10 years or less.

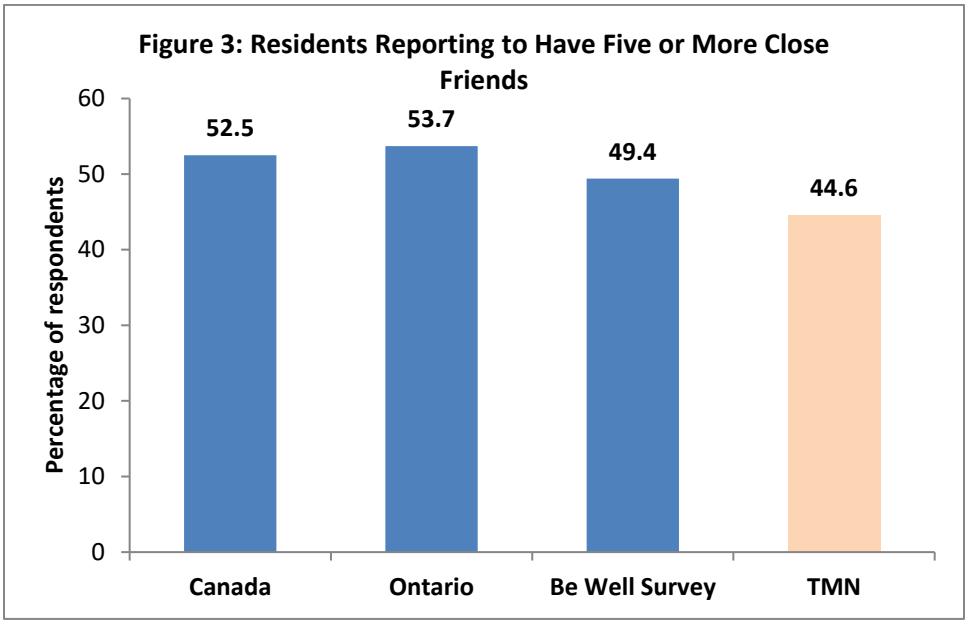


Compared with the overall Be Well survey results, where 36.8% of respondents reported having lived in their community for more than 21 years (cf. 16.5% for TMN), and only 10.7% had lived there for 1- 5 years (cf.32.6% for TMN), the data depicts that residents of the TMN have lived in the neighbourhood for fewer years than other participating communities.

4.2.2 Number of Relatives and Close Friends

Social support is an indicator of community vitality, one of the eight Canadian Index of Wellbeing (CIW) domains. Survey respondents were asked to report the number of relatives they have (including uncles, aunts, cousins) as well as the number of close friends they have who they can call on for help, etc. (see Q1, Be Well Survey - Appendix). The average number of relatives and close friends among respondents were 6.6 (n=389) and 6.1 (n=392), respectively. Be Well survey report by AOHC states that residents having five or fewer friends in the community face a higher risk of social isolation (AOHC, 2017). Figure 3 shows that 44.6% (n=175) of the

respondents in this neighbourhood reported having five or more close friends; this is somewhat lower than the national (52.5%), provincial (53.7%), and the overall Be Well survey results (49.4%), indicating that TMN residents may face a comparably high risk of social isolation.



The findings above (in 4.2.1) describe a relatively short length of stay among residents in this neighbourhood. This may represent a potential mechanism for residents having fewer friends, compared to other more mature, static neighbourhoods. Certain cultural attributes may also be a factor, as revealed in the FG discussion. One participant alluded to the fact that people often like to keep smaller circle of friends:

> *"There's this one friend that you can share with. But we all have different types of friends".*

Youth residents appeared to rely more on their family members than on friends, another cultural trait of certain newcomer groups:

> *"If you have an older brother or sister, you could tell them. So they would understand better, and all that stuff. They'll be more mature about that".*

Lastly, members of the LGBTQ+ community who are also newcomers commented on experiences of social isolation attributable to the fear of coming out to others within their ethnic community here in Canada and back home. As one participant mentioned,

> *"I am gay and I don't have any friend from my ethnic background".*

4.2.3 Sense of Belonging

Finding "home" in a new country and new community can be very difficult for most immigrants and newcomers. Sense of belonging- feeling a part of, connected to, or accepted by the community- is another CIW indicator of community vitality. When residents were asked to identify their sense of belonging to their area or community on a scale ranging from very weak to very strong, 72.3% of respondents of TMN reported it as somewhat or very strong (Figure 4).

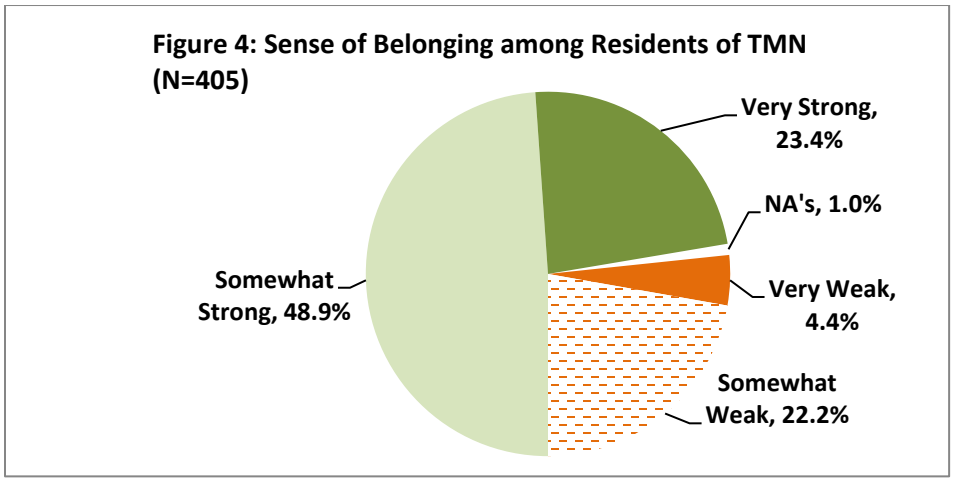
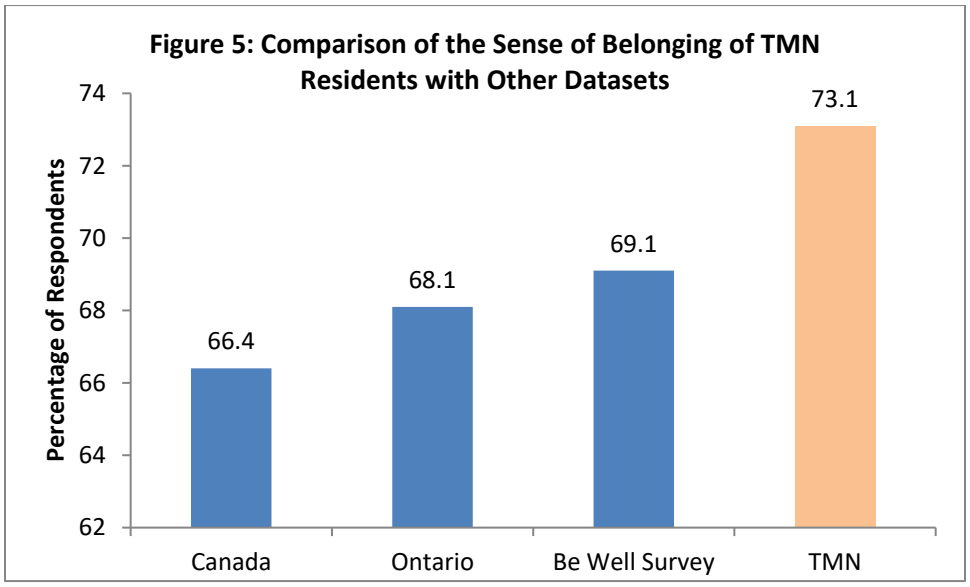


Figure 5 shows that the level of sense of belonging among these residents is found to be higher than other Be Well Survey participants (69.1%), Ontario (68.1%), and Canada overall (66.4%).



Upon further exploration of this topic in focus group discussion, it was found that Taylor Massey is a welcoming community, with one participant stating: *"We feel at home and safe here".* Another participant mentioned:

> *"It's certainly comfortable. I mean, like, if you are from certain community, like, you could like, reach out. Example, like Bengali, if I want to reach out to my people, I can. Because they have programs that are catered to me, like, my culture. Yeah."*

Furthermore, the overall Be Well survey results found that participants who live in rural and small communities have a higher sense of belonging than participants residing in urban communities, as based on the Rurality Index for Ontario scores. Therefore, despite its apparent transient nature (i.e. residents have lived in the TMN for less time compared to their national or provincial counterparts) and despite the fact that it is an urban community, TMN nevertheless exhibits a strong sense of belonging to the community, which likely contributes positively to residents' overall wellbeing.

4.2.4 Sense of Trust

In the TMN, the majority of respondents (41.2%, n=167) think that 'one cannot be too careful about people' while 35.3% (n=143) think that 'most people can be trusted' (Figure 6). This level of trust (those who think that most people can be trusted) falls below that of national (54.7%), provincial (57.3%), and overall Be Well survey (44.6%) results (Figure 7).

Figure 6: Level of Trust among TMN Residents (N=405)

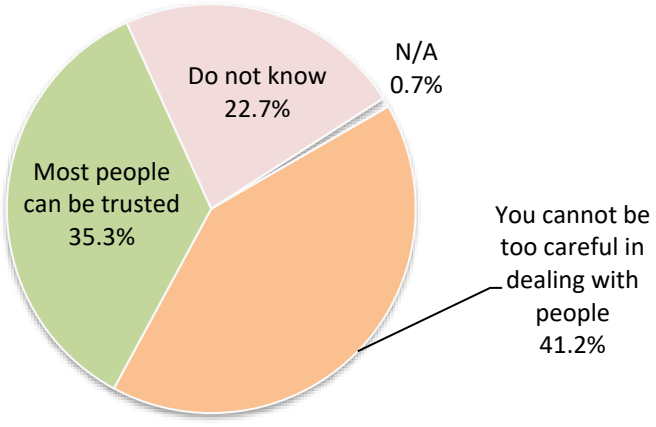
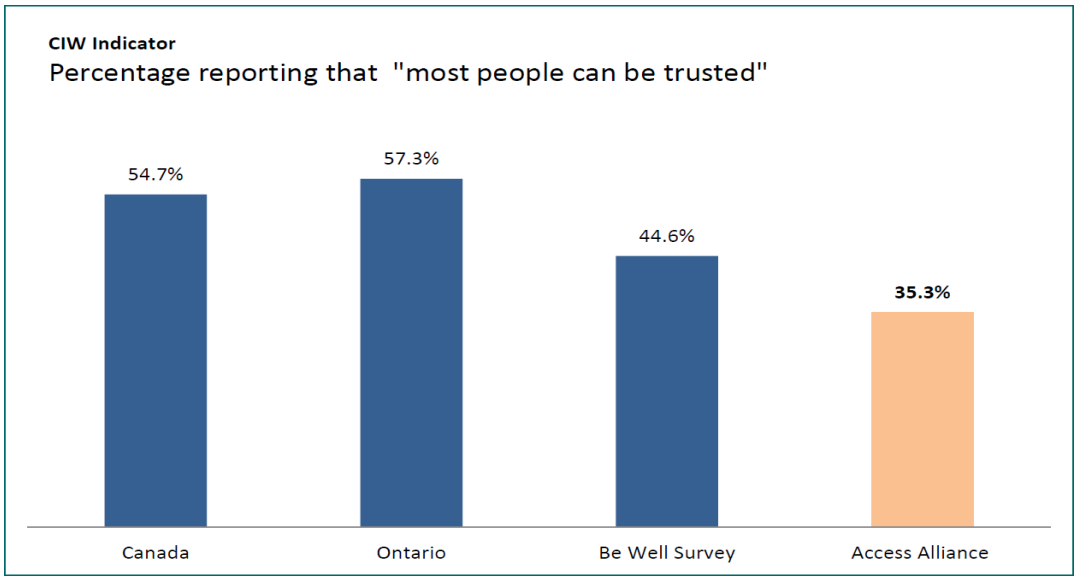


Figure 7: Comparison of the Level of Trust of TMN Residents with Other Datasets (N=405)

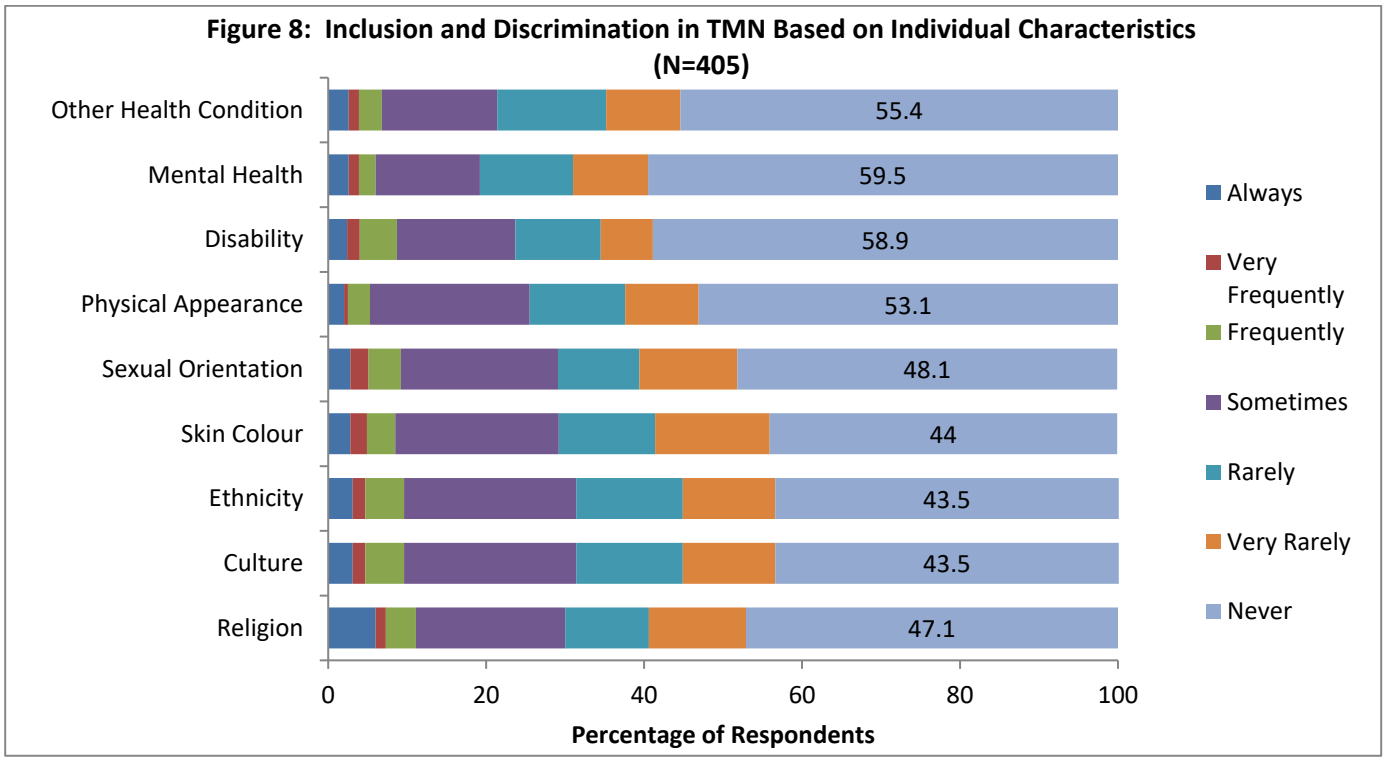


Lower levels of trust may be linked to a shorter length of stay in the community, where it is hard for them to know people long enough to be able to trust them, particularly when individuals are simultaneously adapting their culture during the integration process in a new country. Regardless, residents found this neighbourhood as a supportive one:

> *"The people here are really nice and helpful. I think this community has great people that we can relate to and good collaboration with people. People helping each other all the time. I really like this environment in my community".*

4.2.5 Inclusion and Discrimination

In the TMN, 52.4% of the respondents reported that they "rarely", "very rarely" or "never" feel uncomfortable or out of place because of their religion, culture, ethnicity, skin colour, sexual orientation, physical appearance, disability, mental health and other health conditions; while 17.5% of respondents felt this way "sometimes", and 30.1% felt uncomfortable "frequently", "very frequently", or "always" (Figure 8).



Within the overall Be Well survey data, less than 4% of respondents reported that they "always" or "sometimes" feel uncomfortable for the reasons mentioned, whereas 73% reported that they "rarely", "very rarely", or "never" feel uncomfortable or out of place.

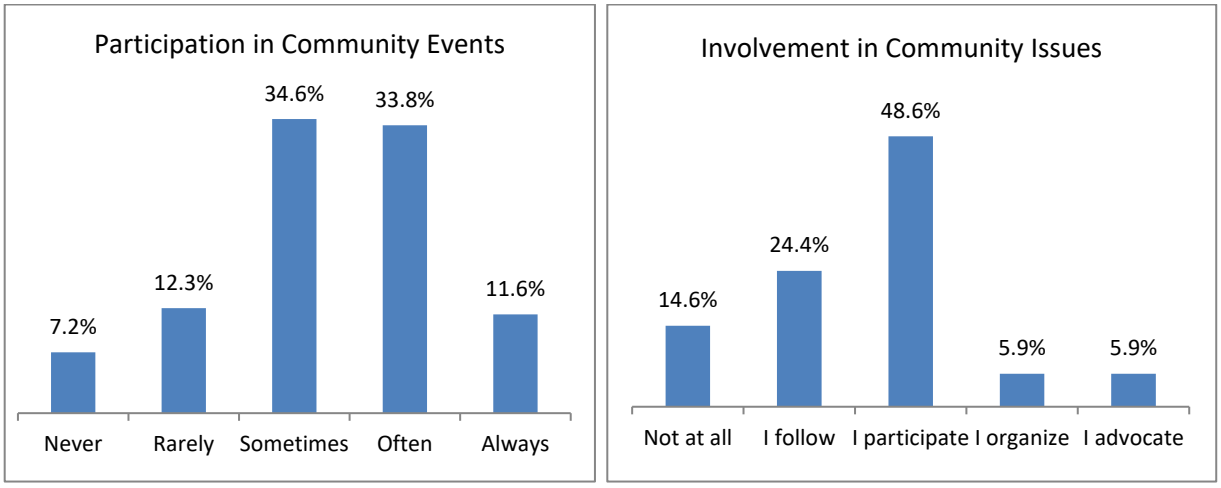
As mentioned earlier, respondents reported that they felt more comfortable because they were able to join programs specifically catered towards their ethnic/linguistic group. Considering that the TMN is a newcomer dominant neighbourhood, residents may feel more comfortable and have stronger sense of belonging due to the high proportion of populations from similar ethnic backgrounds as well as the availability of ethnic stores, language specific services, and religious places.

4.2.6 Civic & Democratic Engagement

Civic Engagement

To gauge the level of civic engagement in the TMN, the survey asked the frequency of participation in community events and activities, whereby over 45% (n=184) of respondents said that they "always" or "often" do so (left chart, Figure 9), and more than 60% (n=245) indicated that they participate, organize or advocate on community issues (right chart, Figure 9).

Figure 9: Civic Engagement in TMN (N=405)



In FG discussion, the TMN residents' level of community engagement was praised by service providers in the area, and it was mentioned that some clients go so far as to initiate programs, on their own, for other newcomers. Service providers also observed that outreach is another way that the residents get involved in community activities:

> *"Some community members take lead. Some seniors, they always take the lead in bringing other people in. Outreach on their own".*

Residents also indicated that programs felt more trustworthy when promoted through a friend or family member:

> *"I found out about this roof top program through my sister. 'Cause she was the environmental leader."*

Although not many youths get involved in community programs, those who are involved contribute significantly. As a service provider mentioned,

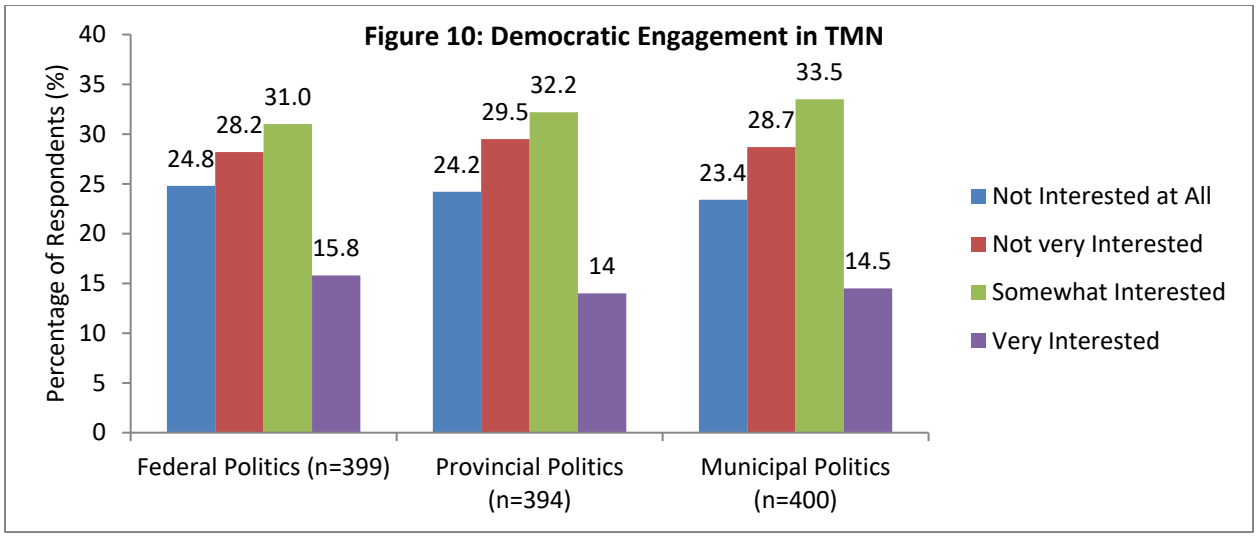
> *"Youths takes so much leadership roles in the community. They lead community groups. They do everything, from teaching to public speaking. Youths are incredible leaders and lot of them are potential leaders".*

A variety of FG participants also identified concerns around program participant retention as well as promotion, e.g. ensuring representation from a variety of age groups. These issues speak to challenges around community engagement in the TMN.

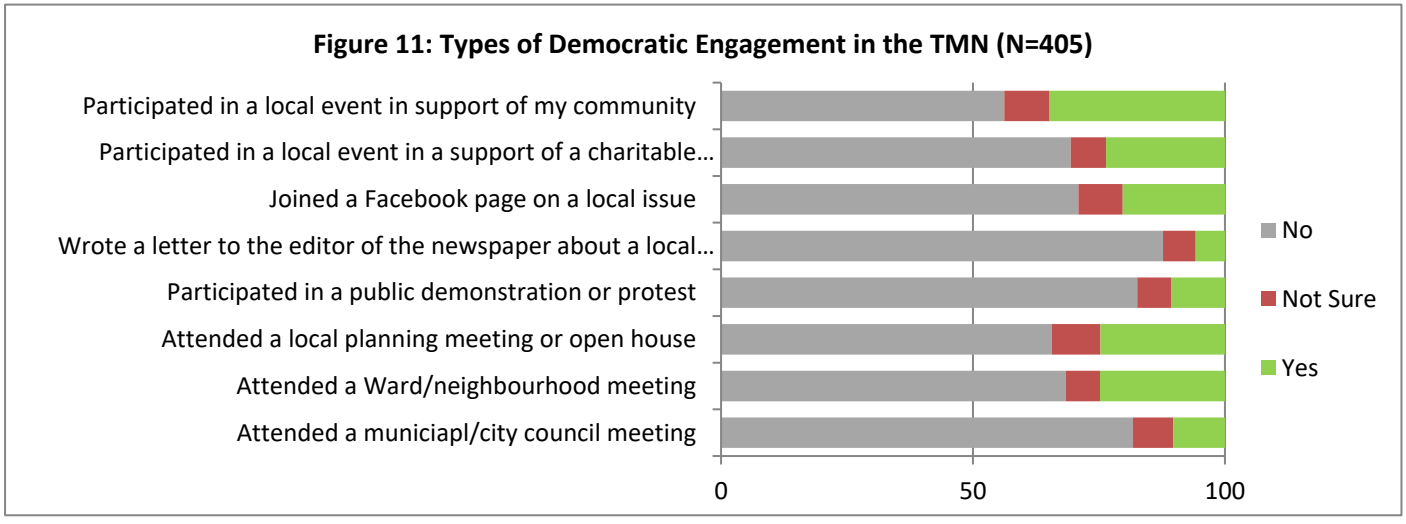
Democratic Engagement

In terms of democratic engagement, as shown in Figure 10, the largest proportion of respondents reported that they are "somewhat interested" in federal politics (31.0%, n=124), provincial politics (32.2%, n=129),

and in municipal politics (33.5%, n=132). These findings are fairly consistent with the overall Be Well Survey results (federal: 34.6%, provincial: 39.0% and municipal: 31.5%).



This fairly moderate level of interest is reflected in the frequency and variety of types of democratic engagement activities respondents had participated in in the past twelve months. Figure 11 shows the level of engagement (mostly they are not) of the residents in different types of democratic processes.

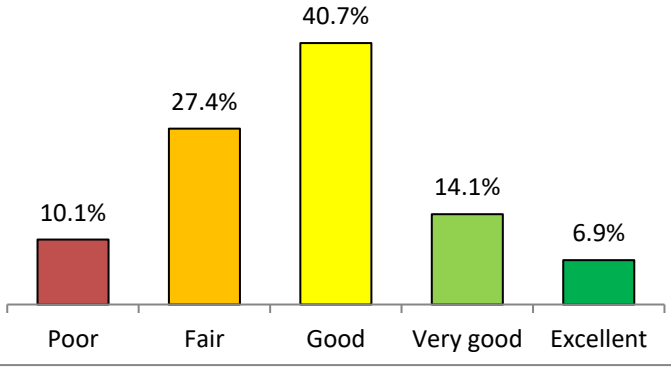


4.2.7 Health and Wellbeing

Self-Rated Physical Health

When asked to describe their own physical health, a considerable proportion of the respondents (40.7%, n=165) considered themselves in 'good' health. Only 21.0% (n=85) believed that their health was "excellent" or "very good" (Figure 12). This is much lower than the national and provincial levels, where 59.0% and 59.2% of respondents reported their health as "excellent" or "very good", respectively. The level of self-rated physical health (as excellent/very good) in the TMN is much more comparable; however, to the overall Be Well survey results, which was 27.8%. It is important to note that interpretation of the response scale used for this survey question has issues of specificity. Translation into other languages may have an influence in the comprehension of the difference between 'Good' and 'Very Good' or 'Excellent'. This finding should be interpreted with caution, and more data should be collected before drawing any conclusions for contextual explanation with regard to the 'healthy immigrant effect'.

Figure 12: Self-Reported Physical Health Condition in TMN (N=405)



Concerns about physical health also surfaced in FG discussions. Service providers felt that obtaining a family doctor is challenging for newcomers:

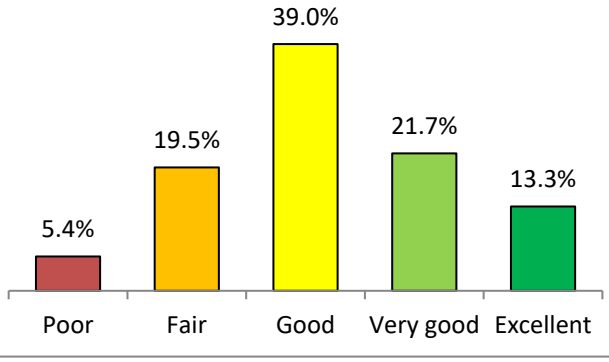
> *"Newcomers face two big health problems- getting a family doctor. And the waiting time to see a doctor is more than two hours"*.

Youth FG participants also commented that *their family doctors are located outside of the TMN*, making access more difficult. Although the TMN appears to have primary health care provisions, they may simply not be enough to accommodate the growing population.

Self-Reported Mental Health

Most respondents (39.0%, n=158) in the TMN reported the state of their mental health as "good", whereas 35.1% (n=71) described it as "excellent" or "very good" (Figure 13). This is much lower than their national (71.1%) and provincial counterparts (70.4%), but comparable with the overall Be Well survey participants, where 35.1%, described their mental health as "excellent" or "very good".

Figure 13: Self-Reported Mental Health Condition in TMN (N=405)



The topic of mental health emerged extensively throughout the FGs. Youth FG participants reported on their stress, depression, and anxiety issues, and not knowing how to deal with these. Although mental health education is included in the school health curriculum, mental health management appears to be an area lacking in emphasis and resources.

> ***"Sometimes, mental health, like, if you have depression, you don't really know. Cause, depression, some people don't even know what that is. Like, me I don't know."***

Youth described their parents' apparent lack of concern, and oftentimes denial of mental health issues, as contributing to the stigma, making it even more difficult for them to deal with their own mental health.

> *"Mental health, our parents don't really understand. Like, if they dealt with it, they know what to do about it. But countries like in India or Pakistan, over there suicide rate is really high. A huge reason for that is parents don't understand. They don't really think having mental illness is a serious problem. They don't take it seriously. And usually you have to deal it by yourself".*

> *"In South Asian family, our parents obviously experience depression, anxiety issues, mental health…..Our parents, our generation have mental illness, we just don't know how to express. Like, community wise, like, it's just a taboo for us. It's not something that's talked about. But it's there."*

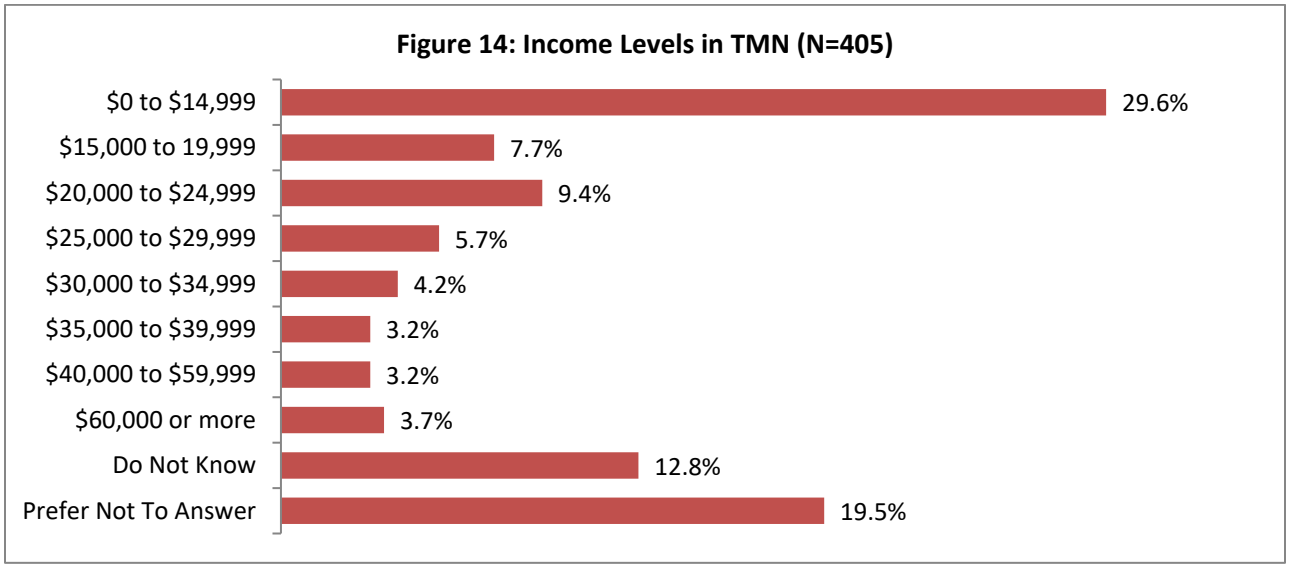
Service providers also identified mental health as a concern in the area. A lack of available resources exacerbates the issue:

> *"Mental health. In Bengali community there were two recent suicides. That is something we are not aware of, the potential organizations that we can work with. That's one of the key issues and there's a big gap in terms of information of mental health, in general in Toronto area, but also in the South Asian community. There's not much knowledge or resources available to deal with the mental health".*

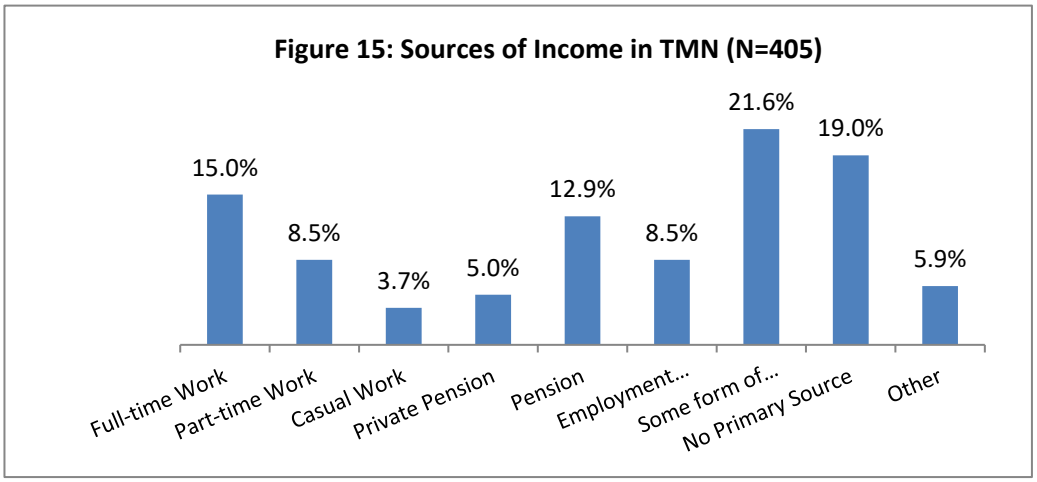
In a newcomer dominant neighbourhood, most people are likely to have endured pre-immigration stress from being uprooted from their home, friends and family, and entire lifestyle. Moreover, the post-immigration pressures of unemployment and underemployment not only create increased anxiety, but also 'fray[s] relationships, shorten[s] tempers, undermine[s] family power structures, and inhibit[s] people's ability to cope with the many other challenges of immigrant life' (Lewsen, 2017). Recent reports identified that between 2012 and 2014, the TMN had the highest number of residents hospitalized for mental-health conditions in East Toronto (Lewsen, 2017). Despite the severity of mental health conditions in TMN, there is a substantial gap in the provision of culturally sensitive mental health services, support systems, and appropriate resources.

4.2.8 Income and Food Security

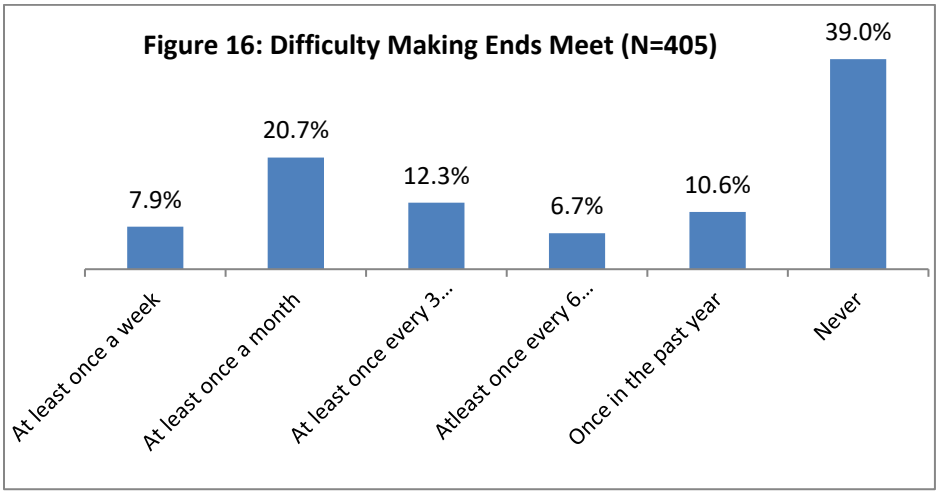
As shown in Figure 14, the majority of TMN resident respondents reported having an income below $30,000/ year (52.3%, n=212). About 29.6% (n=120) reported an income below $15,000/ year; this is quite a bit higher than the overall Be Well survey sample, which sat at 23.4%. Nearly one fifth (19.5%, n=79) of respondents preferred not to answer this question; however, this is not surprising as it is considered one of the most challenging questions when collecting demographic data from clients.



The reported sources of income varied (Figure 15). Only 15.0% (n=69) of the respondents earned their income from full-time work, and 21.6% (n=99) used some form of assistance.



Almost certainly linked to lower and varied income sources, 41.0% (n=166) of respondents reported that they had difficulty making ends meet on a weekly, monthly, or quarterly basis; which include 7.9% residents who experience such hardship at least once a week (Figure 16). Informal economy (i.e. other forms of income not monitored by the government) is a notable construct that was described in a separate two-year study around this same population group in Toronto (Akter et al. 2013), and should be considered while interpreting these findings.



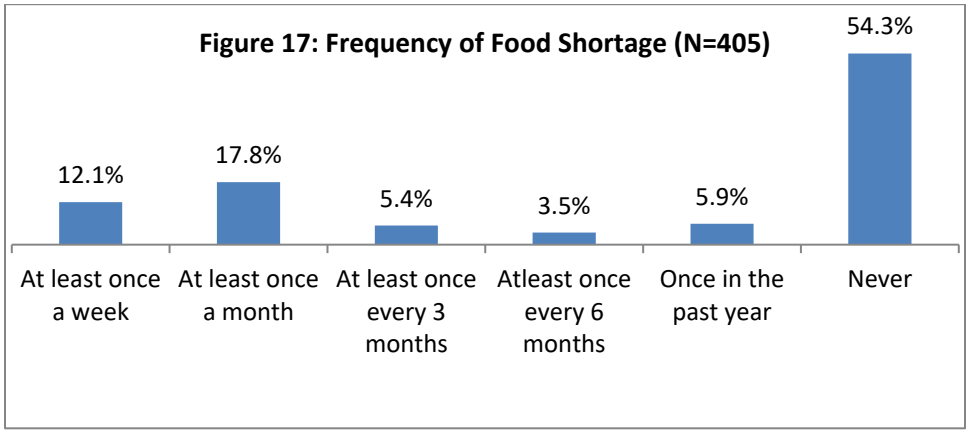
Service providers in the FG indicated that their clients frequently struggle to make ends meet. Abrupt rent increases in the area make it difficult for newcomer families to ensure affordable and adequate housing:

> *"Rent in this area is very high. Recent time in Crescent Town area in apartment buildings, one bedroom is $1,400+. .. …. If you don't have a guarantor, you have to pay for six months in advance. Big challenge for newcomer".*

Interestingly, one service provider mentioned how tax clinics helped their clients to supplement their income:

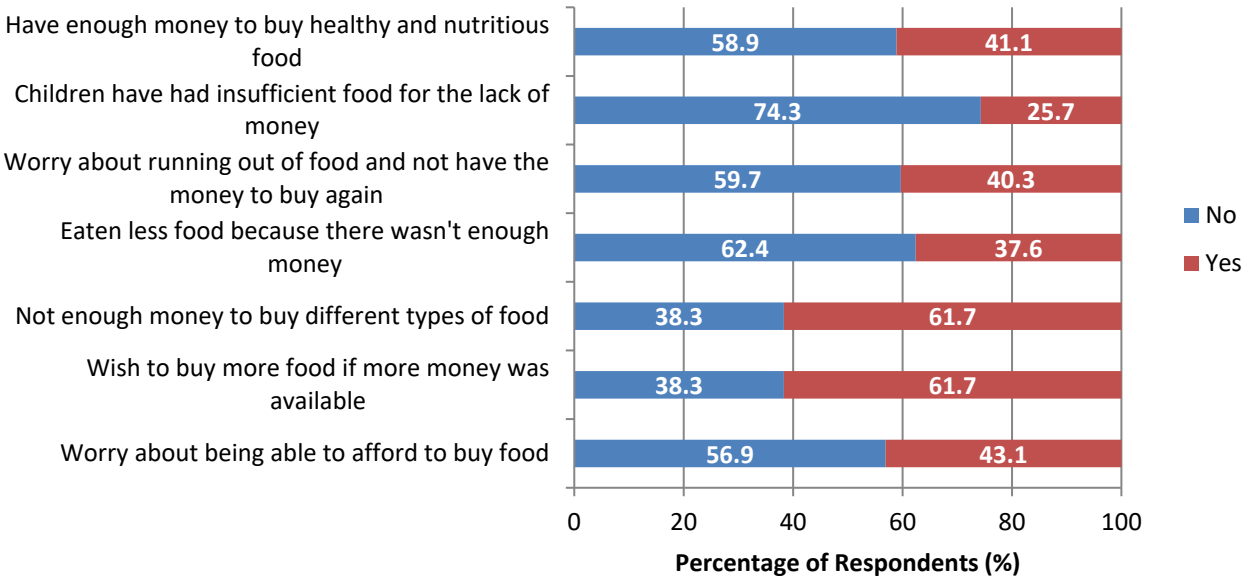
> *"Tax clinics help them, as this gives them the opportunity to get some money in their pockets. In previous years when there was no tax clinic they were not able to get this money back."*

Approximately 55% of the respondents never had to eat less because there was a shortage of food. However, this happened to more than 35% of respondents on a weekly, monthly or quarterly basis (Figure 17).



Other aspects of food security were also captured in the survey (Figure 18). On average, approximately 45% of the respondents in the TMN were concerned with running out of food, not having enough money to buy food, not having enough money to buy healthy food, or that their children may not have sufficient food.

Figure 18: Level of Concern around Aspects of Food Security (N=405)

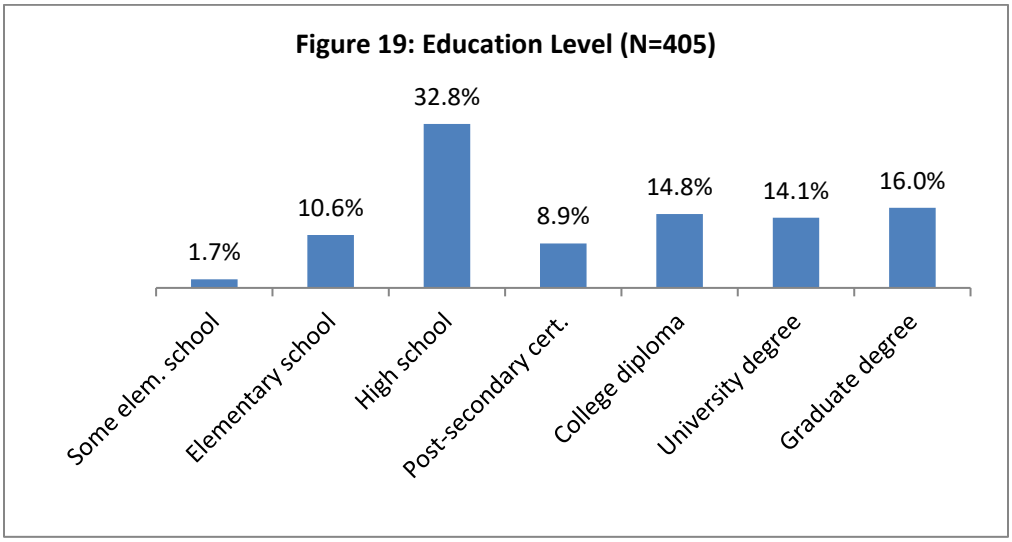


Service providers comments reflected these results, where they attributed a lack of income to their clients' food insecurity:

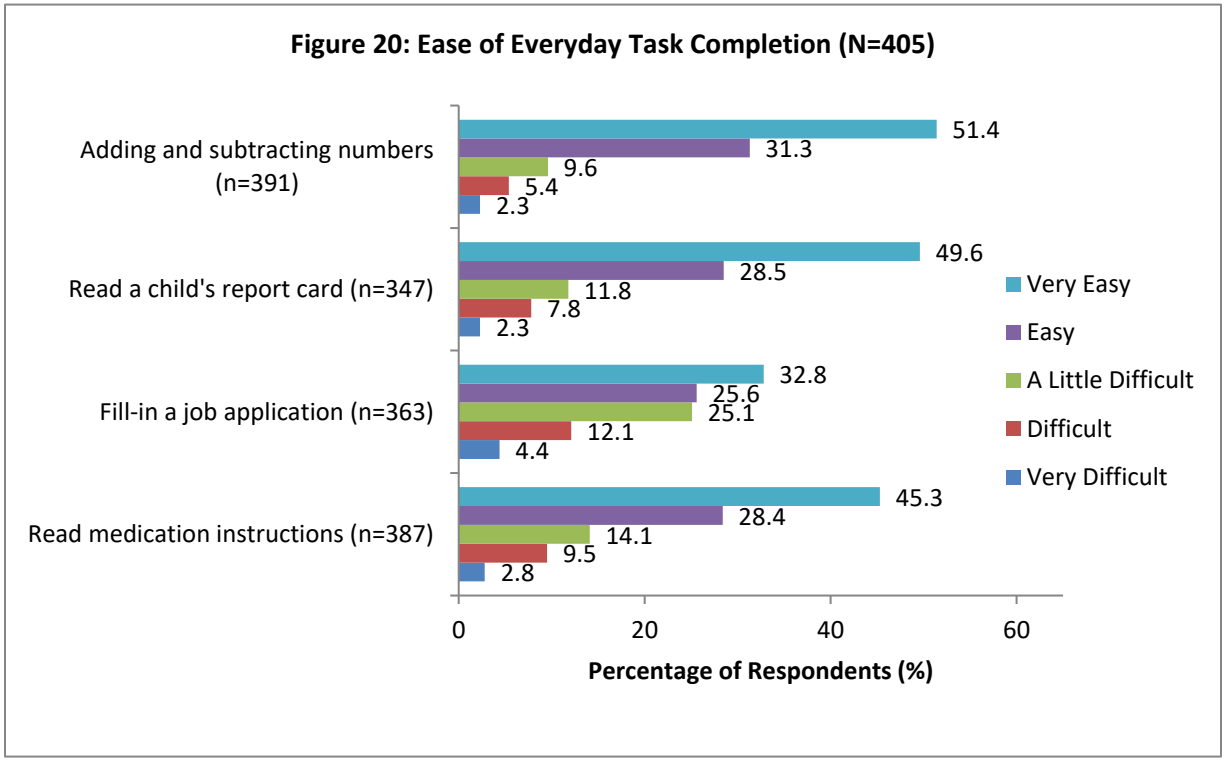
> *"Communities struggle to find foods. That's a huge barrier as food security is a large challenge. Food, banks, soup kitchen aren't really the solution. Because often they can't afford food because of their income situation. It's a barrier to access healthy food".*

4.2.9 Education and Everyday Task Completion

Most respondents (33.2%) in the TMN completed high school. Also, a higher percentage (45.4%) have obtained a college diploma, university degree and graduate degree compared to other Be Well survey participants (25.0%) (Figure 19). Service providers in the TMN also indicated that despite their clients being newcomers to Canada, "*they have higher education level, English ability and ready to work.*"



Despite a higher level of education, approximately 45% of TMN residents reported that they find it very easy to read medical instructions, child's report card, fill in a job application, adding or subtracting numbers (Figure 20). This is lower compared to the other Be Well survey participants (53.5%).



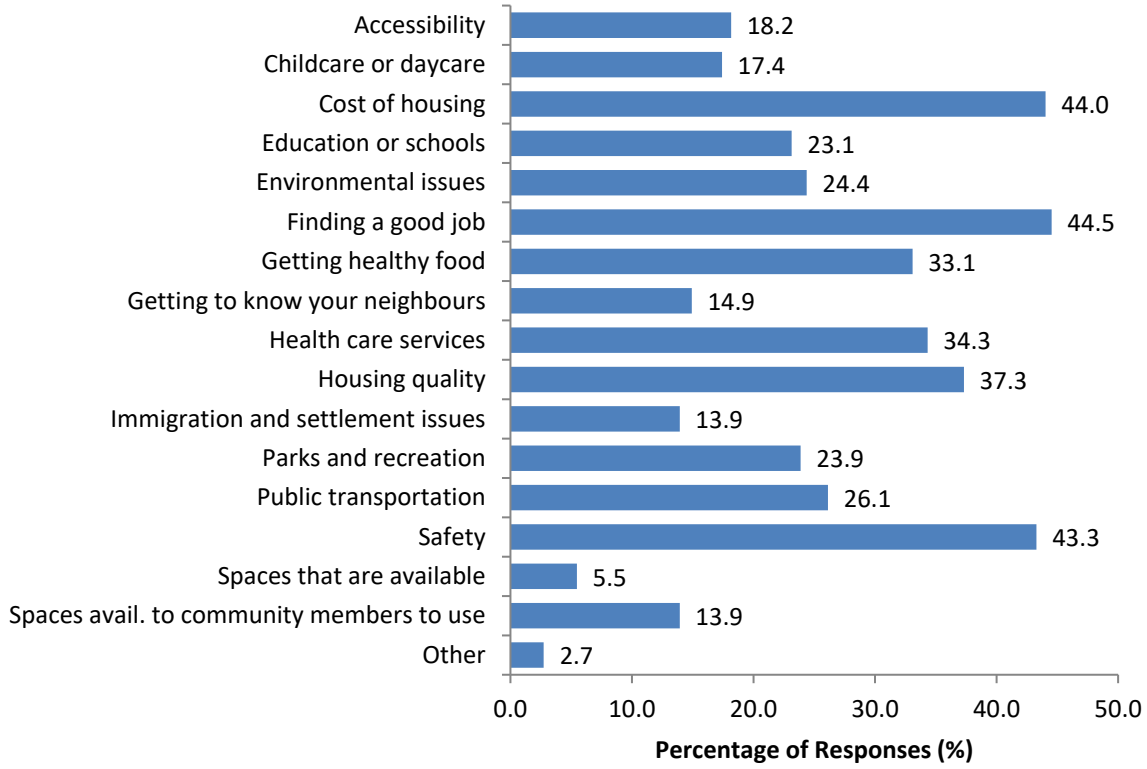
A possible reason may be proficiency in English. As one FG participant mentioned:

> *"Some of the times I find it difficult to communicate with other people who don't necessarily speak English, at all. And it's difficult to actually communicate, because they have to speak in like, very hard to understand English. Either their accent is extremely thick that it becomes incomprehensible or that their basic understanding of English isn't strong. And I would appreciate, I would really want to talk to these people and get to know them. But the language barrier makes it very difficult".*

4.2.10 Concerns in the TMN

When asked about concerns in the TMN, the top issue was finding a good job (44.5%), followed by the cost of housing (44.0%), and safety (43.3%). Other key concerning issues included housing quality (37.3%), health care services (34.3%), and getting healthy food (33.1%) (Figure 21).

Figure 21: Concerns in the TMN (N=405)



Similar to the survey findings, FG participants also mentioned their concerns around safety and security.

Theft is common in the area:

> *"Theft in the community.' There's some bad people around".*

Youth described how people sometimes contribute to an unsecure environment simply by talking:

> *"They pretty much promote this stuff when you talk about it. Like, 'don't mess with me, I know this guy'. This is happening in this area which concerns me a lot".*

Another important safety concern in TMN is gendered harassment:

> *"I don't know it's for everyone. But if you are a girl, you get approached and stuff. Like, harassment…. I've had like, man, like, come up to me. Like, and I even have friends like, who had that experience. At night time, and not specifically at night time, you know, at noon. Like, you know, at noon."*

Theft and gender harassment are identified safety concerns in the neighbourhood

Gendered harassment and other types of experiences contribute to the TMN residents feeling as though their neighbourhood is not safe. In addition to safety, the other expressed concerns (described in the previous sections), include mental health issues, food security, and the cost of housing.

4.2.11 Service Needs in the TMN

Top service needs identified by residents through the survey include *low-cost dental care, sports and recreation facilities, low-cost food services, housing support services and primary health care services* (Table 4).

Table 4: Service Needs in the TMN

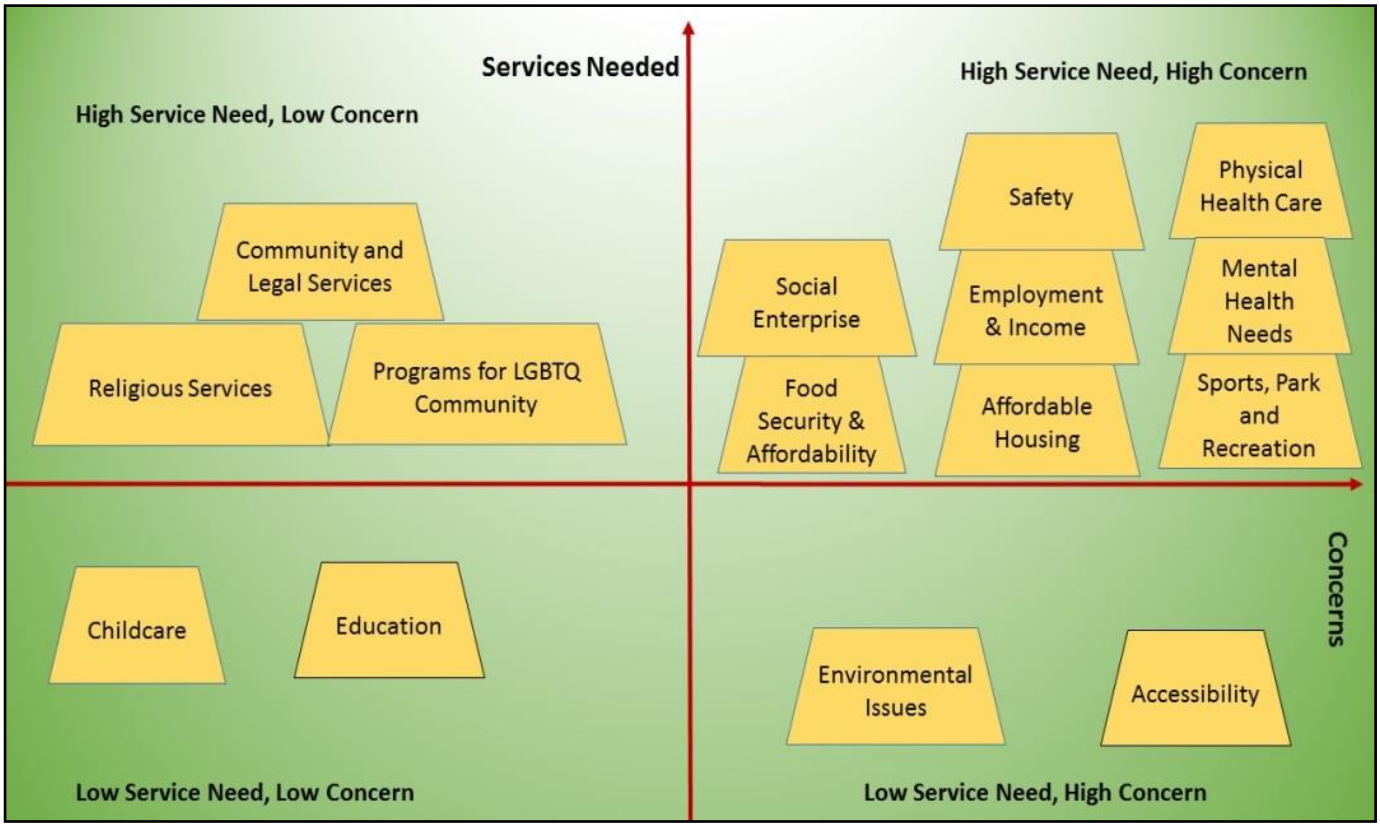
Service Need	Percentage (%) of Respondents
Free or low cost dental services	80.1
Sports and recreation	71.4
Settlement services	71.2
Free or low cost food programs	68.3
Free or low cost legal services	67.6
Free or low cost English classes	67.3
Employment support services	66.9
Primary health care services	65.4
Housing support services	64.3
Programs/services for people with disabilities	63.5
Community safety/crime prevention programs	63.1
Mental health services	62.6
Homework or tutoring programs	62.1
Environmental programs	61.1
Free or low cost community meetings/events	60.9
Childcare or daycare	56.8

Community food programs	55.1
Sexual health clinics	49.8
Religious or spiritual services	48.8
Addiction services	44.3
Programs/services for LGBTQ community	42.1

Survey respondents also described additional (TMN) needs including security enforcing services, programs/services on mental health issues, children's programs, and various classes on cooking and nutrition, computer literacy, and English as a Second Language (ESL). In the FG, participants described sports and recreational facilities, social enterprise opportunities, innovation/technology/business community incubators like 'Makerspace', a tool library, repair shops, etc. Also, safer LGBTQ spaces in the TMN were identified as necessary.

Figure 22 shows a synthesized matrix of the community needs and concerns in the TMN as identified by the residents and their service providers. The top right corner represents areas that were identified as high need and high concern to respondents.

Figure 22: Community Concerns and Service Needs Matrix



5. Opportunities for Access Alliance to Work with TMN Residents

A synthesis of the quantitative and qualitative evidence (as gathered by the four focus groups and open-ended questions of the survey) revealed some contextual areas where Access Alliance can think of working on to improve the health outcomes of the residents of the Taylor Massey Neighbourhood.

a) Multiple focus groups as well as survey respondents identified **safety** as one of the key concerns of the TMN. To enhance community safety and eliminate gendered harassment on the street, *Access Alliance can initiate a volunteer-led 'Walk Safe' program. Such a program will ensure community safety as well as increase community engagement, build leadership capacity, and may create employment opportunities within the neighbourhood.*

b) Considering precarious **employment** and unemployment of recent immigrants as major identified concerns in the TMN along with the fact that several employment agencies are already providing services to address this issue in the area, Access Alliance *can create partnerships with other agencies to leverage resources for skills-matching programs, bridging training courses, and mentorship initiatives in the TMN* – an intelligence incubator model.

c) **Housing** (affordability and cleanliness) is a concern and service need for the community, as identified by residents who completed the survey. *Access Alliance may consider joining or creating an advocacy group for effective tenant support services in high-rise buildings in the TMN, where support from City Councillor's office, the local Business Improvement Area (BIA) and legal service providers may strengthen and enhance this initiative. Once these services are in place, partnering with non-profit cooperative housing in the area may also be an effective strategy for ensuring housing affordability.*

d) Youth (in the focus group) described how **mental health** is a social and cultural taboo among ethnic groups living in the TMN, and represents a contentious topic that is not often discussed at the family or community level. Individuals seek out services only when crisis situations arise (Lewsen, 2017). People are disconnected from the mental health support services available in the area due to the associated social stigma, among other reasons such as lack of information around existing resources. *Access Alliance can enhance its leading role for opening up the conversation among different ethnic groups, and can shift the paradigm by providing culturally sensitive mental health services (e.g. writing 'support services' on flyers instead of 'mental health services') and*

involving religious leaders and non-medical personnel (e.g. settlement workers or employment counsellors).

e) **Food insecurity** is considered to be linked with employment and income; this was reflected in both the survey and through focus groups. *Access Alliance can sustain current programs, such as the Community Dining Program, Roof-top Garden Program, etc.; nurture emergent programs with the goal of building food security; and promote these programs with partners. Organizing a regular Farmer's Market at APOD may an option for community members to buy good produce at an affordable price.*

f) *Access Alliance may consider providing more **programs for youth**. Supporting youth-led clubs at APOD will enhance engagement and also support their leadership and capacity building.*

g) Service providers (in the focus group) pointed out that immigrants bring novel perspectives and intelligent concepts, yet the creation of **innovative business entrepreneurship** within the community is currently a missed opportunity. *Partnering with other leading organizations such as the MARS Centre or United Way's Social Enterprise Department, and by working closely with the local BIA and the City Councillor's office may lead to long-term and innovative business development possibilities in the TMN. Access Alliance can foster and lead in such social enterprise opportunities in the TMN, such as through the use of a tool library, 'Makerspaces', or a repair café, where community members learn to repair, or teach others their skills, using donated time or for a fee.*

6. Conclusion

The triangulation of multiple types of evidence identified key social capital, community concerns related to health and wellbeing, and the health needs felt by residents as well as the service providers in the area. However, despite the robust methodology and validity of tools, the transitional population dynamics of the Taylor Massey Neighbourhood influence findings from this survey and thus require careful interpretation for generalizability.

Community Assets of the neighbourhood include: i) a highly educated immigrant population with foreign credentials; ii) creative and engaged youth with lots of ideas; and iii) a culture of community participation whereby people are generally willing to be involved in community issues.

Identified key **Community Concerns** are: i) mental health, ii) community safety, iii) affordable and healthy housing, iv) access to primary healthcare, v) finding a good job, and vi) food insecurity. Although characterized as a highly transitional community, the sense of belonging is higher than any other community who participated in the survey. This great level of social support among community members can be instrumental for further developing the Taylor Massey Neighbourhood as a community.

Considering the changing dynamics of community needs and the complexity of community issues that may not have surfaced in previous research, Access Alliance can consider taking more innovative and proactive role in addressing community needs and concerns. Access Alliance, as a leading primary health and community service provider in the area, is able to leverage its resources, contacts, partnerships, as well as supports in other forms to carry forward the agenda of health and wellbeing in Neighbourhood improvement Areas such as the Taylor Massey Neighbourhood.

7. References

- Access Alliance Multicultural Health and Community Services (Access Alliance). 2017. Neighbourhood profile: Taylor Massey. Toronto, Ontario.
- Akter, N., Topkara-Sarsu, S., and Dyson, D. (2013). Shadow Economies: Economic Survival Strategies of Toronto Immigrant Communities. Toronto East Local Immigration Partnership workgroup (Action for Neighbourhood Change – Taylor Massey, Bangladeshi-Canadian Community Services, Chinese Canadian National Council –Toronto Chapter, Neighbourhood Link, Riverdale East African Association, WoodGreen Community Services), Toronto: Wellesley Institute. Retrieved from http://www.wellesleyinstitute.com/wp-content/uploads/2013/10/Shadow-Economies-FINAL.pdf
- Association of Ontario Health Centres (AOHC). 2017. Be Well survey phase II Results. Toronto, Ontario.
- City of Toronto. 2017. NIA Profiles. Retrieved from https://www1.toronto.ca/wps/portal/contentonly?vgnextoid=e0bc186e20ee0410VgnVCM10000071d60f89RCRD
- Canada Mortgage and Housing Corporation (CMHC). 2017. Characteristics of households in core housing need, Canada, provinces, territories and metropolitan areas, 2001, 2006, 2011. Retrieved from http://www.cmhc-schl.gc.ca/en/hoficlincl/homain/stda/data/data_024.cfm
- Creswell, J. W. 2014. *Research design: qualitative, quantitative, and mixed methods approaches*. Thousand Oaks: SAGE Publications.

- Lewsen, S., 2017. A mental health crisis in Little Bangladesh, The Local. Retrieved from https://thelocal.to/a-mental-health-crisis-in-little-bangladesh-410a11d3fa4f
- Martin Prosperity Insights. 2009. Recent Immigrants are the most Educated and yet underemployed in the Canadian labour force. Retrieved from http://martinprosperity.org/recent-immigrants-are-the-most-educated-and-yet-underemployed-in-the-canadian-labour-force/
- Murdie, R., Ghosh, S. 2009. Does spatial concentration always mean a lack of integration? Exploring ethnic concentration and integration in Toronto. *Journal of Ethnic and Migration Studies*, *36(2)*, 293–311.
- Ontario Community Health Profiles Partnership (OCHPP). 2015. Toronto health profiles. Retrieved from http://www.ontariohealthprofiles.ca/.
- Statistics Canada. 2011. National household survey 2011 Canada. Retrieved from http://www12.statcan.gc.ca/nhs-enm/2011/dp-pd/prof/index.cfm?Lang=E
- World Health Organization (WHO). 2017. Essential medicines and health products information portal. Retrieved from: http://apps.who.int/medicinedocs/en/d/Js6169e/7.5.html
- Wright, J., Williams, R., 1998. Development and Importance of Health Needs Assessment. *The BMJ,* 316, 1310. Retrieved from: http://www.bmj.com/content/316/7140/1310.full

Appendix A

Methodology

A mixed method participatory evaluation approach was adopted to conduct this HNA: quantitative and qualitative data were collected, analyzed separately, and later merged (Creswell, 2014). A triangulation design of generating evidence was used (where multiple methods were used to come up with results around the same topic, i.e. community assets, service needs, and concerns). An environmental scan was conducted to explain the findings where research studies from authentic sources around the population group of interest were consulted.

Quantitative Data

Comprising primarily quantitative questions, the Be Well Survey tool ("*Be Well, A Survey of your Wellbeing*", Appendix), developed by the Association of Ontario Health Centres (AOHC, 2017) was administered at eight different locations in the TMN in 2016. This represented collaboration with seven other community organizations that primarily serve the residents in TMN. AOHC added the following three targeted questions for Access Alliance, at the end of the survey, to capture the community's perceptions of their assets, concerns, and service needs.

39. Describe up to three things that you like **most** about your neighbourhood (open-ended)
40. What issues are you **most** concerned about in your neighbourhood? Please select a **maximum of 5** items.
41. The following is a list of programs and services. Please rate each one based on how much you feel that the service is **needed** in your neighbourhood.

A convenience sampling method was applied to recruit survey participants, whereby a total of 405 surveys were collected from all eight locations (Table 2). As a token of appreciation, survey participants each received a $5.00 Tim Horton's gift card upon completion of the survey.

Table Distribution of Samples for Quantitative and Qualitative Data

Data Type	Data Collection Method	Location/ Agency of Data Collection	Data Collection Period	Sample Size
Quantitative	Be Well survey tool, (Appendix) which is designed and translated in priority languages by AOHC	• Action for Neighbourhood Change • APOD (Access Alliance) • Bangladeshi Canadian Community Services	Oct - Nov, 2016	405

		• Birchmount Bluffs Neighbourhood centre • East York East Toronto Family Resources • Harmony Hall • The Neighbourhood Centre • Warden Woods Community Centre		
Qualitative	Focus group with Access Alliance Clients	APOD	Dec 22, 2016	7
	Facilitated Discussion with Community Reference Group (community members)	APOD	Jan 24, 2017	24
	Focus group with Service providers in TMN	APOD	Sep 29, 2017	13
	Focus group with Youth of the TMN	APOD	Sep 30, 2017	7

Qualitative Data

Following the survey, focus groups were planned in order to further explore and to better understand residents' complex issues, and contextualize the quantitative data, as well as to provide the community a chance to voice their health needs, concerns, and assets in their own words. Three focus groups (FGs) and one facilitated discussion (FD) were conducted with various population groups living in the TMN (Table 2).

For each of the three FGs, 12-16 participants were recruited. A purposive sampling technique was used to recruit participants, which ensured proportionate representation of gender, sexual orientation, as well as racial and ethnic group of the neighbourhood residents, as consistent with the Taylor Massey Neighbourhood Profile prepared by Access Alliance (Appendix). The FGs were scheduled based on participants' availability as well as convenience. For example, the FG with youth was conducted on a Saturday morning considering most youth attend schools on weekdays.

The FD took place during the allocated discussion time of the APOD Community Reference Group (CRG) Meeting on January 24, 2017. CRG meetings are open to all community members/residents living in the TMN. No discussion participants were recruited prior to the APOD CRG meeting. Rather, the FD represented an agenda item whereby all meeting attendees were also discussion participants. The participants were comprised of 18 TMN community members (including youth, community leaders, Teesdale tenants, and Access Alliance clients), three Access Alliance staff, one Access Alliance volunteer, one Access Alliance placement student, and one representative from Action for Neighbourhood Change (hub partner).

AccessPoint on Danforth (APOD) was selected to house the FGs/FD considering its proximity to the TMN as well as the functional and physical accessibility of the location. FG/FD participants enjoyed healthy snacks, and youth participants received TTC tokens.

Ethical Considerations

i. An informed consent form was attached to the survey, detailing the voluntary nature of the survey, the purpose of the survey, and confidentiality of all information provided in the survey.
ii. It was clearly communicated that participation in the FGs/FD was completely voluntary, and that participants could withdraw at any time. It was also communicated that after withdrawal, any information shared by participants would be excluded in the analysis, and that the decision to withdraw would not affect the nature of programs and services they receive.
iii. All FG participants signed an informed consent form detailing the clauses mentioned above, while FD participants (CRG/community members) consented verbally after explanation by the facilitators. However, Access Alliance cannot ensure that information provided within the FGs/FD was not shared by the participants with other parties.
iv. Confidentiality and anonymity were strictly maintained throughout the entire HNA process, according to Access Alliance's Privacy and Confidentiality Policy, which details protocols, access, and use.
v. Data were reported in aggregated format and will be used for planning and quality improvement initiatives.

Risks and Mitigation Measures

To avoid the risk of Selection Bias (WHO, 2017) (i.e. over-representation from any particular group), the Taylor Massey Neighbourhood Profile (Access Alliance, 2017) was consulted to understand the demography of the residents in the neighbourhood, before designing the recruitment strategy (for representative samples) for the FGs. For example, in one FG there were 60% female and 40% male participants, of whom:

- 3 participants were from the South Asian community
- 3 participants were from Caucasian ethnicity
- 2 participants were from African origin
- 2 participants were from Asian origin

- 2 were from the LGBTQ+ community

Tarmac Bias (WHO, 2017) was also anticipated (i.e. when participants are selected because of their eagerness and interest to participate in the discussion). Intentional purposive selection of participants would overcome this type of risk.

No-show risk for the FG participants was reduced with an intensive outreach activity, evidenced by over 60% participation by the targeted residents. There was no anticipated risk for participants to join the study, aside from the risk of not feeling comfortable when sharing information. If participants were not comfortable, they were able to withdraw at any point. No such case happened.

Data Analysis Framework

This HNA was designed to explore the health needs, concerns, and community assets (social capital) for the residents of the TMN. Hence, it provides the opportunity for:

i. Describing the *health and wellbeing condition* of the residents of TMN, and comparing this with other populations at the national and provincial levels, as well as with other comparable populations such as 21 other Ontario community health centres who participated in the Be Well survey;
ii. Learning more, from a 360 degree perspective, around the *needs and priorities* of residents of and service providers in the TMN (from FGs/FD and data comparison);
iii. Highlighting the areas of *unmet needs* and providing recommendations to work towards to meet these needs;
iv. Deciding rationally how to *leverage resources* to address inequalities and improve health and wellbeing of TMN in the most effective and efficient way (Wright & Williams, 1998).

Keeping these opportunities in mind, descriptive and inferential analysis of quantitative data was conducted using SPSS Statistical Software and MS Excel. Thematic analysis of the qualitative data was conducted using pre-set and emergent codes, as well as word clouds.