

COMMUNITY HEALTH NEEDS ASSESSMENT:

Rockcliffe-Smythe & Mount Dennis

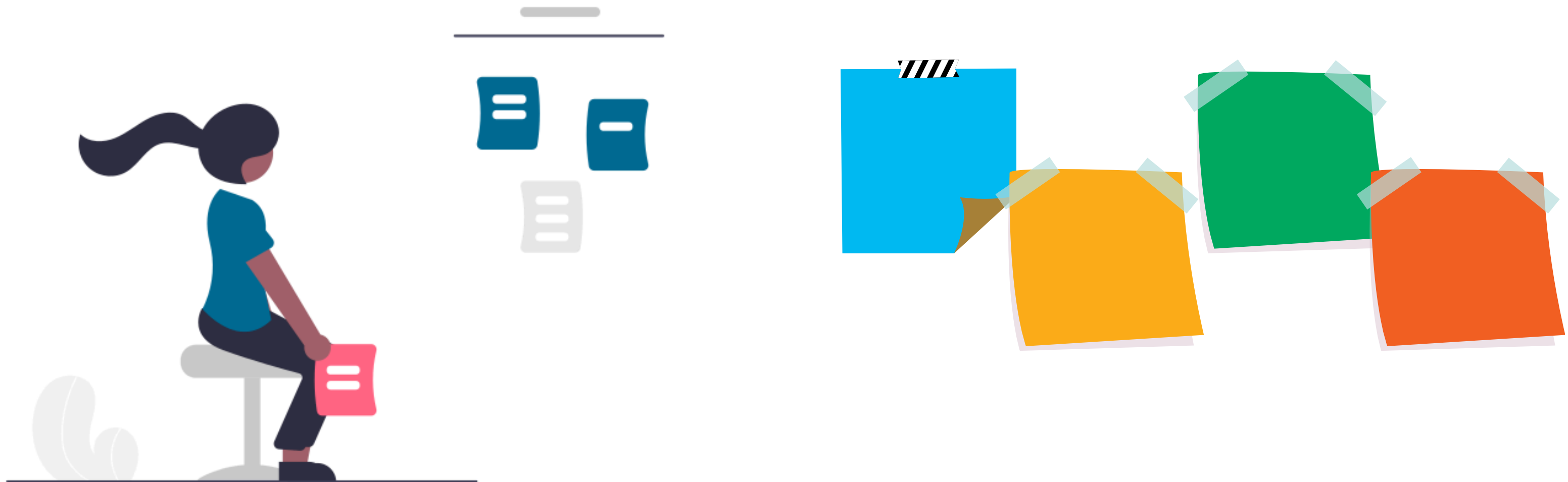
2025-26



Agenda

- What is a Community Health Needs Assessment?
- What did we do?
- What did we learn?
- What action do you want to take?

**When you think about your
community, what words
come to mind?**



What is a Community Health Needs Assessment (CHNA)?

A CHNA serves as a foundational tool for community development. It identifies your community strengths, assets, concerns, and priority service needs. This helps us understand the programs and services you need.

Policy

KTE activities and products for this level are geared specifically at informing policies and funding models at government level or at sector/system level.

Organizational

KTE activities & products for this level are focused on informing positive changes in organizational level programs, services, practices & culture.

Community

KTE activities & products for this level are focused on overcoming knowledge & capacity gap among communities of interest &/or deepening public knowledge about the issue.

It empowers communities to take action to address health disparities, strengthen partnerships, and promote sustainable initiatives that lead to improved health and well-being for all residents.

Benefits and Uses of CHNA Findings



Policy

Systems & Policy

Building Healthy Public Policy

- Decrease siloed healthcare towards intersectoral holistic healthcare
- Contribute to fostering a Community of Practice with equity-deserving neighborhoods
- Leverage resources and funding on evidence-informed community needs
- Reframe policy and practice guidelines based on real evidence from grassroots

Organization

Organizational & Community Level

Community action and supporting funding for healthcare and other services

- Build their staff capacity
- Update their programs and train their service provider to support changing needs
- Create a collaborative ecosystem for working together for these communities
- Find the updated Neighbourhood Profile to know the community

Community

Individual Level

Creating supportive environments & developing personal skills

- Identify the barriers or challenges of individuals in the community
- Explore hidden strengths and assets of the community
- Understand the needs of the community (felt and actual)

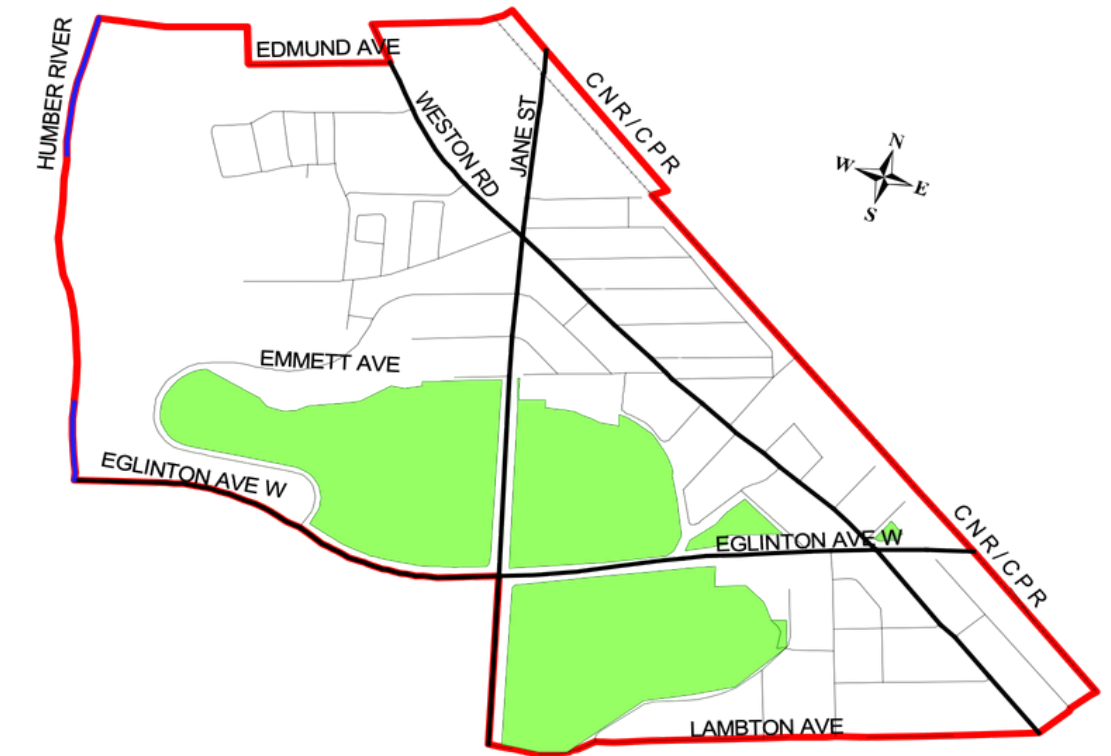
Introduction

Objectives

- This CHNA aimed to identify **key service needs, concerns, and assets** of the Rockcliffe-Smythe (RS) and Mount Dennis (MD) community to design evidence-informed services and programs.
- Findings are primarily intended to be used by organizations and institutions that provide resources, services, and programs that influence or support health outcomes in RS-MD.

Background

- **These neighbourhoods (RS-MD) face heightened barriers** and are designated as Neighbourhood Improvement Areas (NIA).
- Access Alliance provides services in these neighbourhoods with the goal of improving health outcomes for immigrants, refugees, and their communities.



Map of Mount Dennis

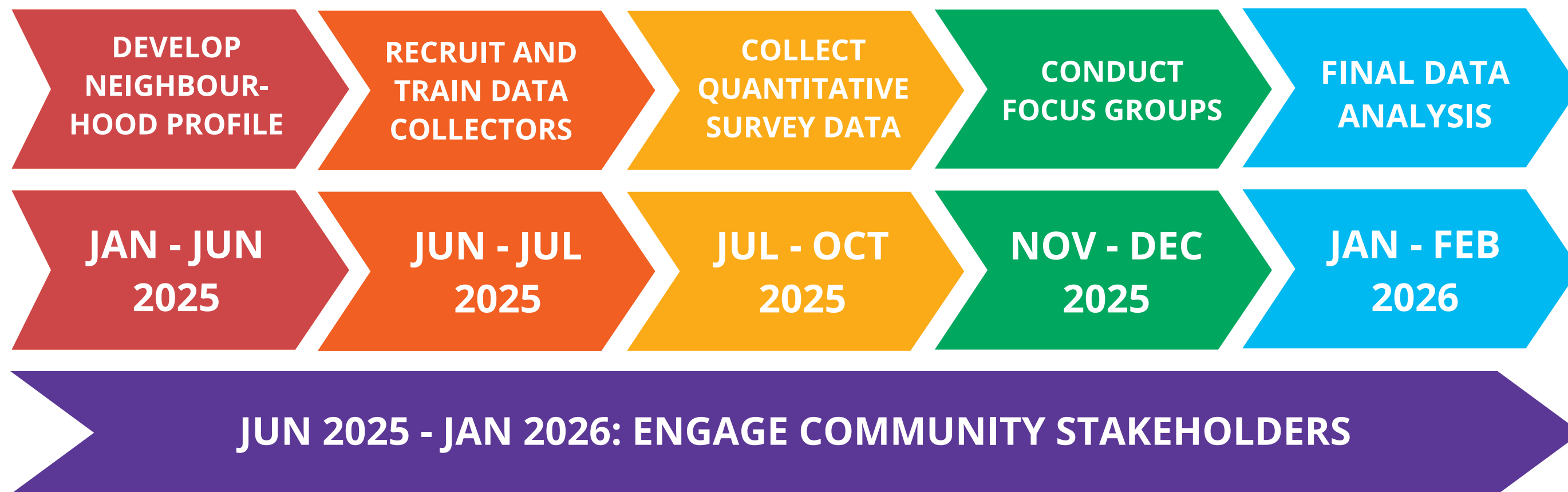


Map of Rockcliffe-Smythe

Methodology

A mixed-methods sequential approach was used to collect quantitative and qualitative data from the RS-MD community.

- *Quantitative Phase:* Survey consisting of standard, validated tools (i.e., Be-Well and PHQ-9) in 7 different languages.
- *Qualitative Phase:* Focus group discussions and interviews with community members and service providers.
- *Data Analysis:* Thematic and descriptive analyses were used to identify key data and themes.



Demographic Profile of CHNA Participants

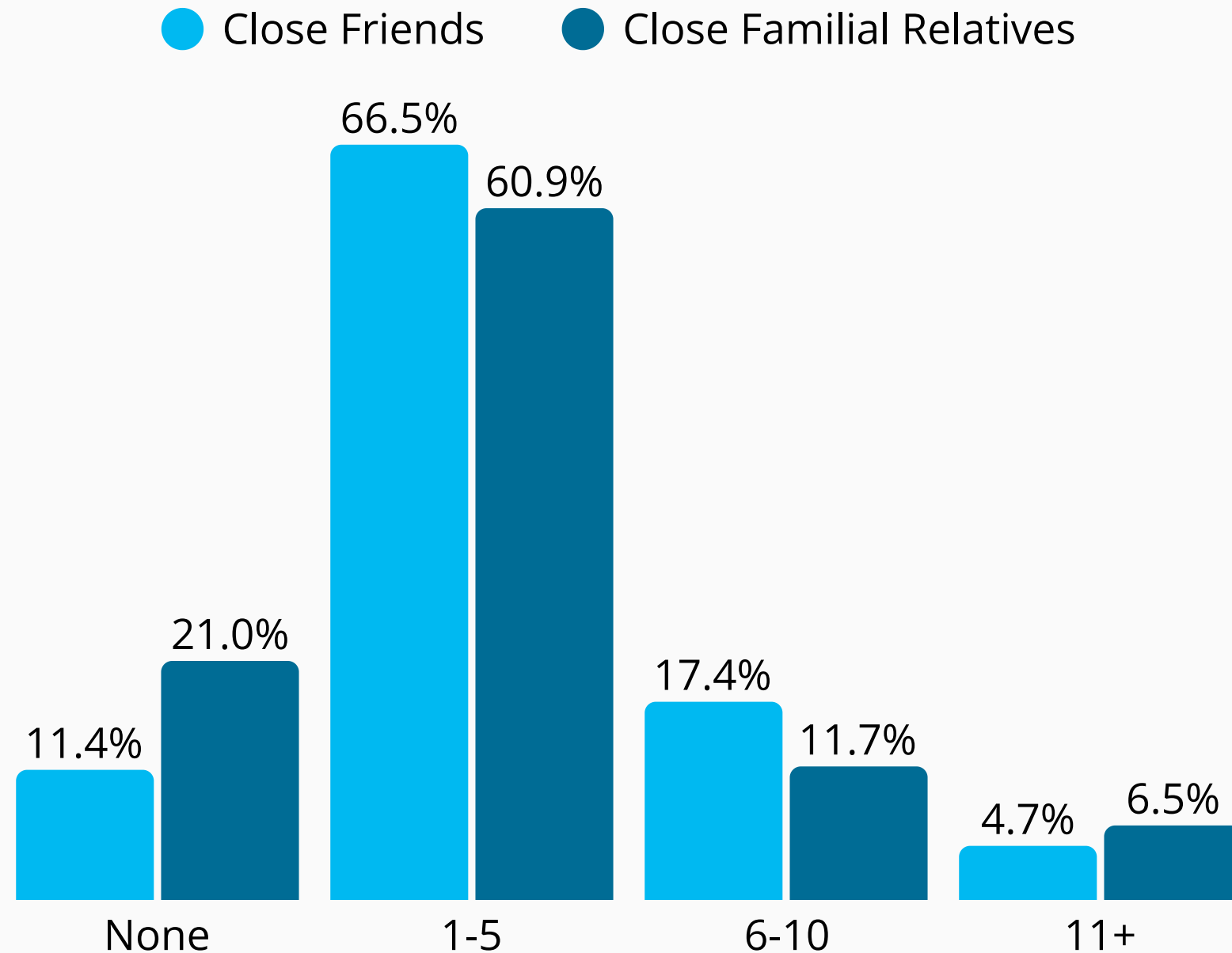
404 SURVEYS

6 FOCUS
DISCUSSIONS

- 11.1% Youth (13-24), 45.1% Adult (25-44), 28.1% Adult (45-64), 15.7% Older Adult (65+), 6 Service Providers
- 73.2% Female, 24.1% Male, 2.8% Prefer not to answer
- 28.3% Latin American, 21.9% Black-African, 12.3% Black-Caribbean, 8.2% White-European, 7.7% Asian-South
- 84.8% Immigrant and 11.9% Canadian-born
- 21% Mount Dennis residents, 32.4% Rockcliffe-Smythe residents, 43.6% other neighbourhood residents, and 3% unspecified.

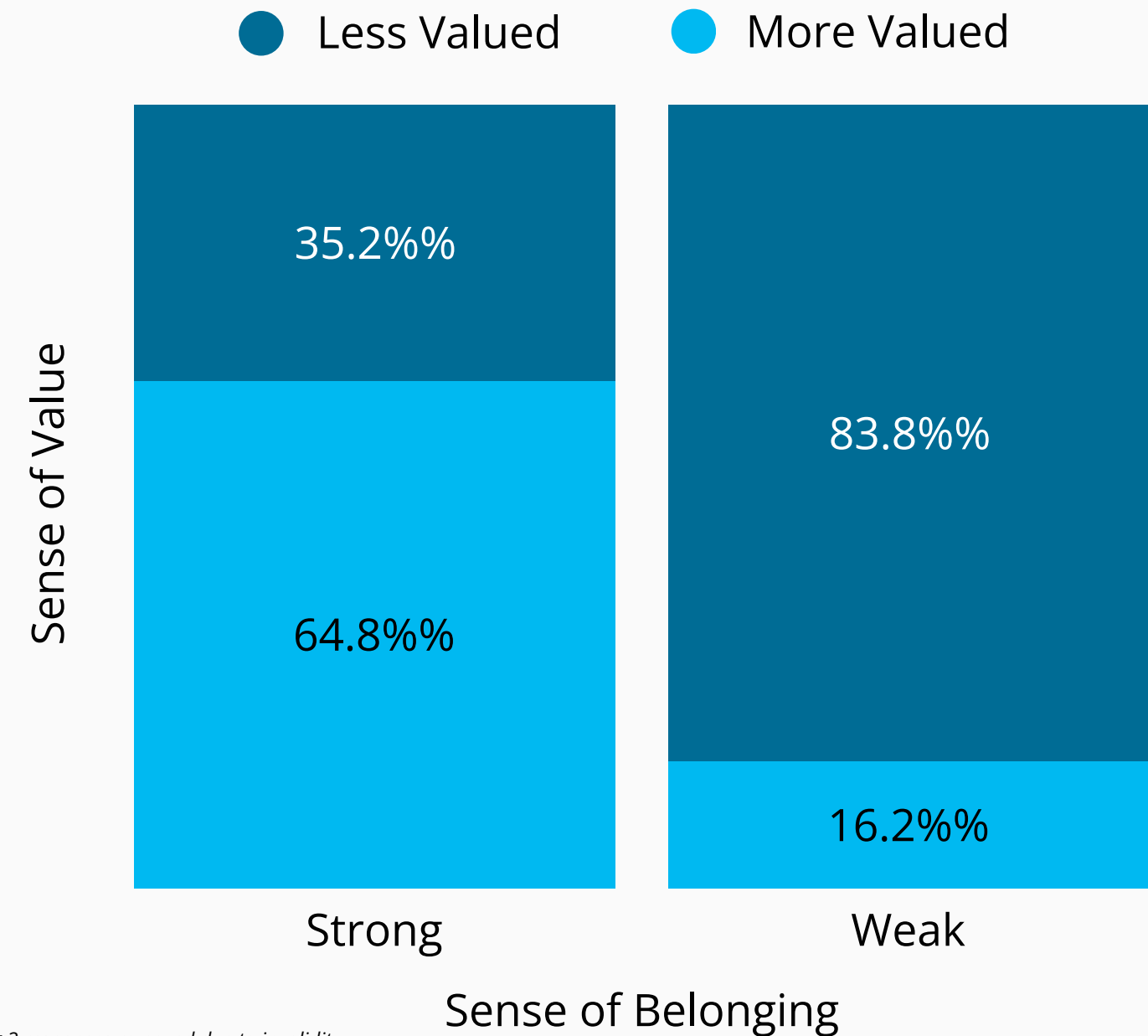
Social Factors Influencing Community Health

Reported # of close friends and familial relatives (n = 385; n = 386)*



*19 responses removed from close friends and 18 responses removed from close relatives due to invalidity

Sense of belonging intersecting with sense of value (n = 401*)

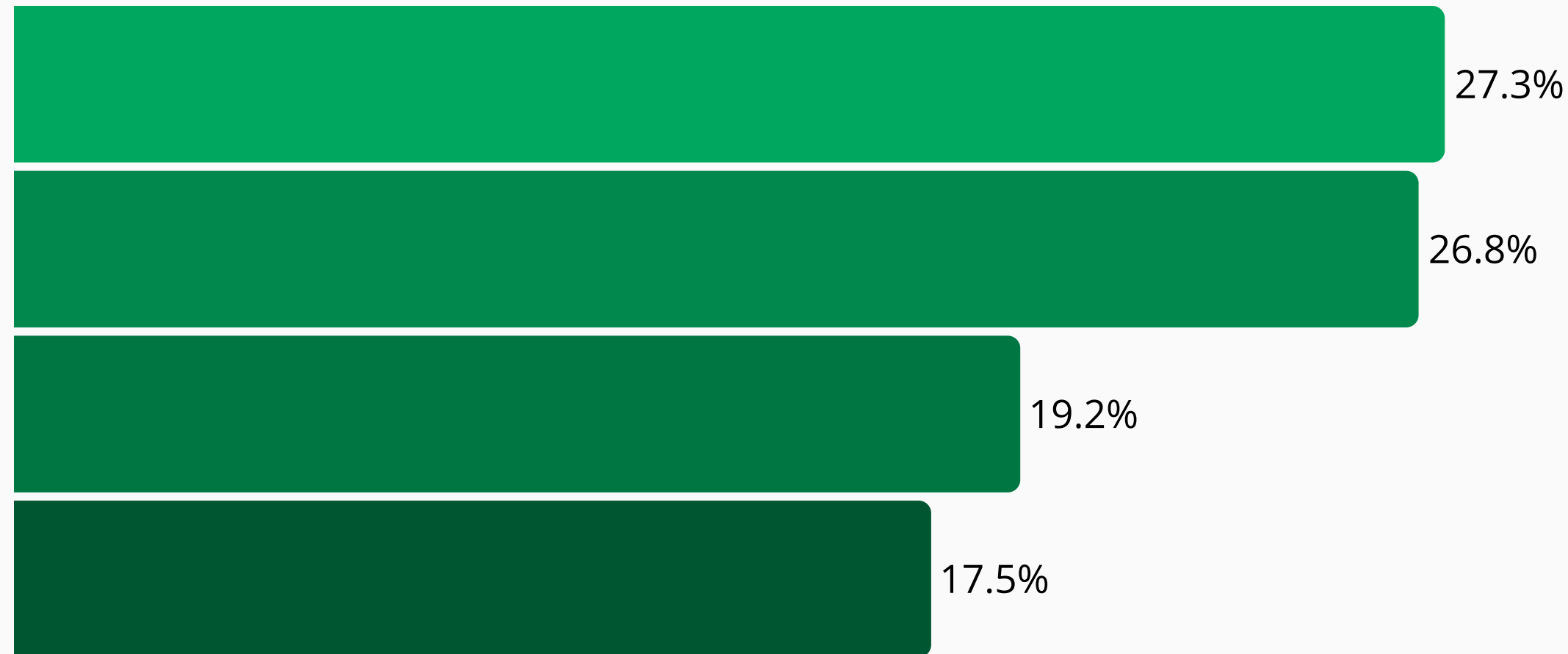


* 3 responses removed due to invalidity.

Community Strengths and Assets

Top four reported community assets and strengths in RS-MD (N = 404)

- Amenity accessibility
- Social capital
- Natural environment
- Sense of security



Social capital refers to social ties, cultural dynamics of behaviours, social articulations (e.g., norms, trust, expectation of reciprocity), and support or cooperation in the community.

3 in 4

(72.5%) surveyed community members feel a strong sense of belonging.

Housing

#1 concern (19.3%)

#2 need (60.8%)

- **Housing is defined as a secure shelter that supports physical, mental, and social well-being.**
- Housing costs was the **#1 concern across every demographic group.**
 - Housing quality was the #4 concern (7.2%).
- RS residents put slightly more importance on housing, as 19.3% of RS responses indicated worries compared to 16.8% of MD responses.
- Female respondents were slightly more concerned about housing costs (19.5%) than male respondents (18.7%).
- The 45-64 age group had the highest proportion of responses (22.1%) concerned about housing costs, while those aged 65 and older had the lowest proportion (15.3%). Those aged 13-24 and 25-44 had similar responses (18.2%; 18.8%).

Renting
a home is

**5x more
common**

than owning a
home among
surveyed RS-MD
participants.

Employment

#2 concern (11.3%)

#5 need (58.2%)

- This theme includes finding a good job, receiving enough income for daily expenses, and meeting the requirements for employment.
- Employment appeared as a primary concern across all demographic groups except for the 65+ age group, expectedly.
- 14.2% of male respondents expressed concerns about employment compared to 10.7% of female respondents.
- Employment support was indicated as a particularly significant need for respondents aged 13-24 and 25-44.

58.2%

of participants felt that employment services were a high need in RS-MD

71.8%

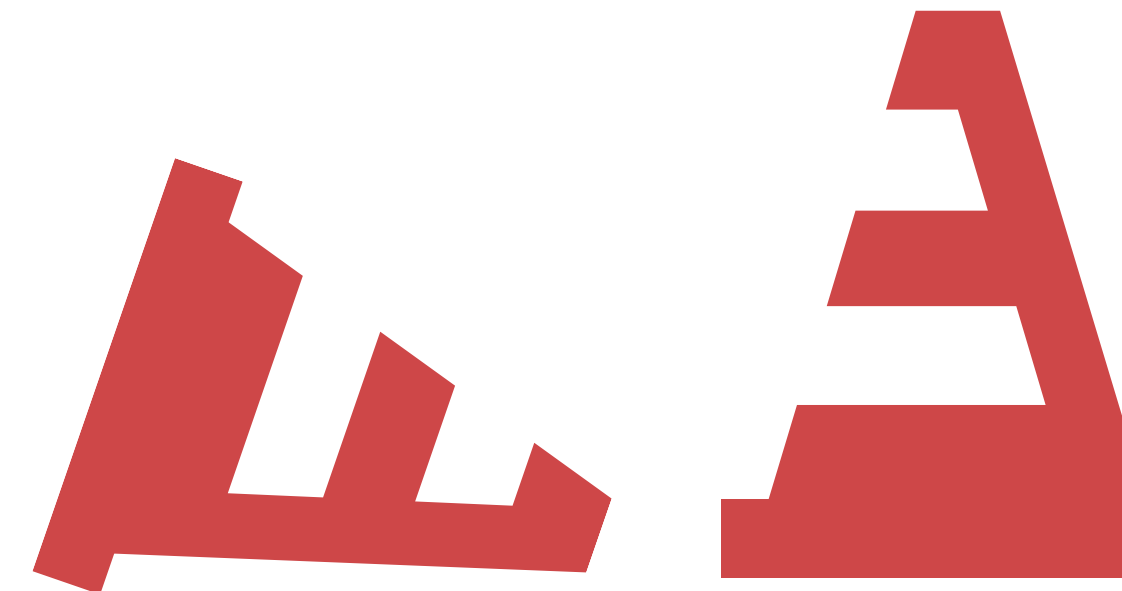
respondents rely on part-time work or financial assistance.

Community Safety

#3 concern (9.1%)

#10 need (51.5%)

- Safety includes physical safety, sense of security, and crime and policing.
- MD residents ranked safety at #2 (11.4%), while RS residents ranked it at #3 (7.9%).
- A majority of racial-ethnic groups similarly ranked safety as a top 4 concern.
 - Latin American respondents showed one of the highest proportions of concern (11.5%), while Black-African respondents had the lowest proportion (5.2%).
- There was little to no difference in reported concern between age and gender groups, consistently ranking #3 or #4.
- As a service need, youth and older adults had community safety or crime prevention programs in their top 3 service needs. Working adults reported it as an average need (#11, #13).



Healthcare Service Accessibility

#5 concern (6.6%)

#1 need*

- Concern tended to vary by neighbourhood and ethnic-racial group.
 - RS residents were less likely to be concerned (5.3%) about health care service accessibility in comparison to MD residents (8.4%).
 - Black-African respondents were the least likely to show concern (3.8%), while White-North American (8.3%) and Latin American (7.8%) respondents showed the most concern.
- *Different healthcare services were perceived to have different levels of need:
 - The #1 service need expressed by respondents among all healthcare services was free or low-cost dental services (69.3%).
 - Primary healthcare services ranked #4 (59.8%) and mental health services at #6 (57%).
 - Sexual health clinics (41.2%) and addiction services (32.5%) ranked at #17 and #20.

Health services ranked by need

#1 FREE OR LOW COST DENTAL SERVICES

#2 PRIMARY HEALTH CARE SERVICES

#3 MENTAL HEALTH SERVICES

#4 SEXUAL HEALTH CLINICS

#5 ADDICTIONS SERVICES

Food Security

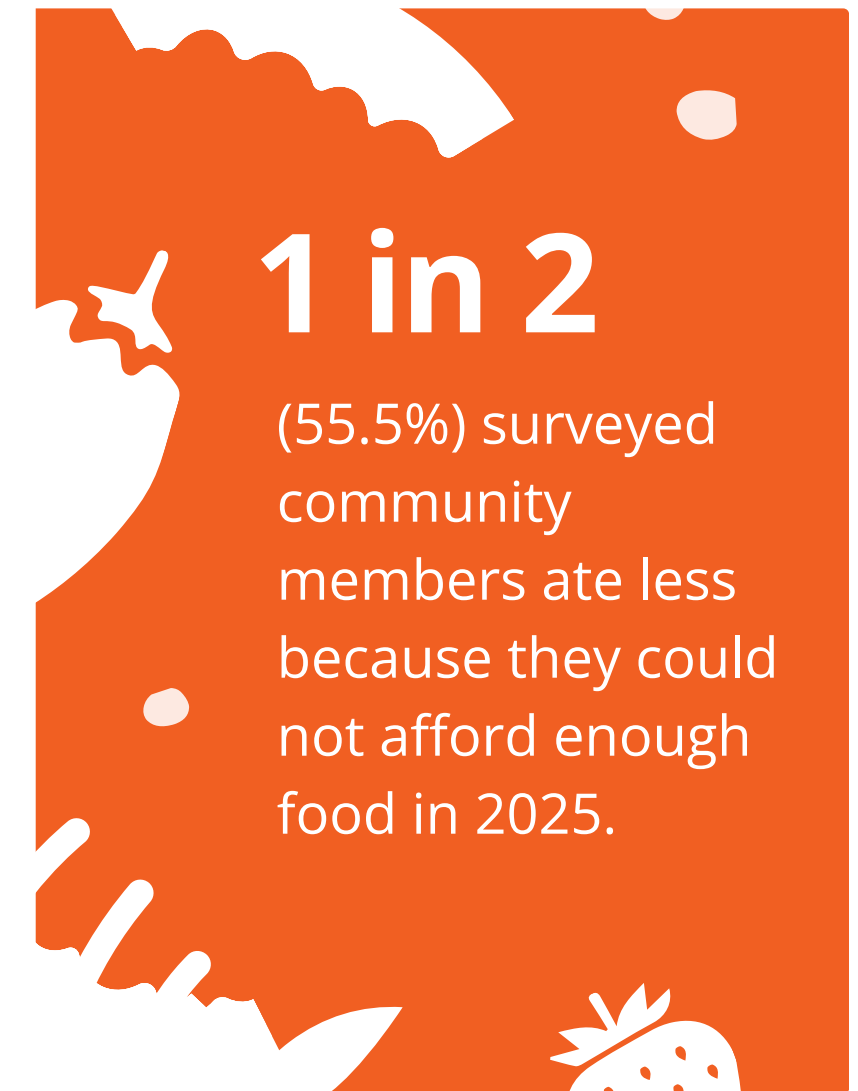
#6 concern (6.3%)

#3 need (60.3%)

- 14.3% of respondents indicated eating less at least once a month and 23.3% at least once a week.
- 64.4% of respondents worry about affording adequate food.
- 54.4% worry that their family may run out of food before they have the money to buy more.

SERVICE PROVIDER

I would say, like, maybe 90% of our clients are working adults. But based on our food insecurity issues, those people still have to access the food bank for food, even though they are working.



Community Concerns and Service Needs Matrix

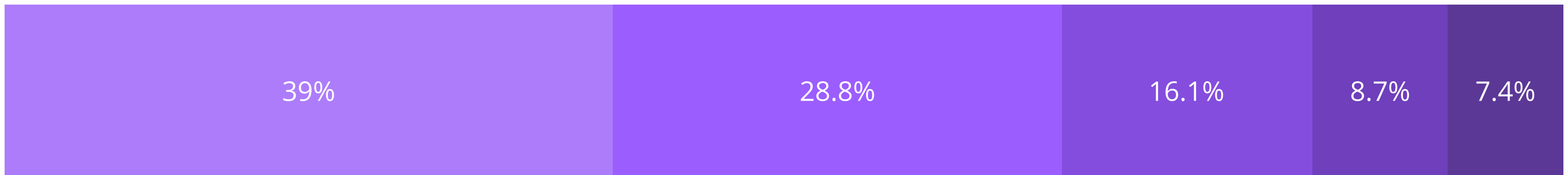


- Percentile values were used for this intersectional analysis and visualized on a matrix graph.
- This matrix requires mindful interpretation when generalizing and considering actual needs and concerns in these communities.
- Items listed as low service needs or concerns do not negate them as potential or actual issues affecting the residents in these neighbourhoods.

Community Mental Health Indicators and Status

- A majority of PHQ-9 survey respondents showcased some form of depression (61%)
- The 25-44 age group has the highest proportion of individuals affected by signs and symptoms of depression:
 - Only 27% experience minimal to no depression symptoms.
 - Approximately 1 in 5 individuals aged 25-44 from the RS-MD community exhibits severe depression symptoms, whereas 1 in 10 individuals aged 45-64 from the RS-MD community exhibits the same severity.
- Youth have the greatest proportion of moderately severe depression.
- Male-identifying respondents (44%) were slightly more likely to report minimal to no depression symptoms compared to females (38.2%).
- MD shows the greatest share of respondents experiencing severe depression symptoms, but RS has more residents experiencing moderate or moderately severe depression symptoms.

● None-Minimal ● Mild ● Moderate ● Moderately Severe ● Severe



Taking Action



Benefits and Uses of CHNA Findings



(Expressive Arts Participant, 2022)

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**Our focus
today
is here**

What change do you want to see in the community?

Who can help make that change happen?

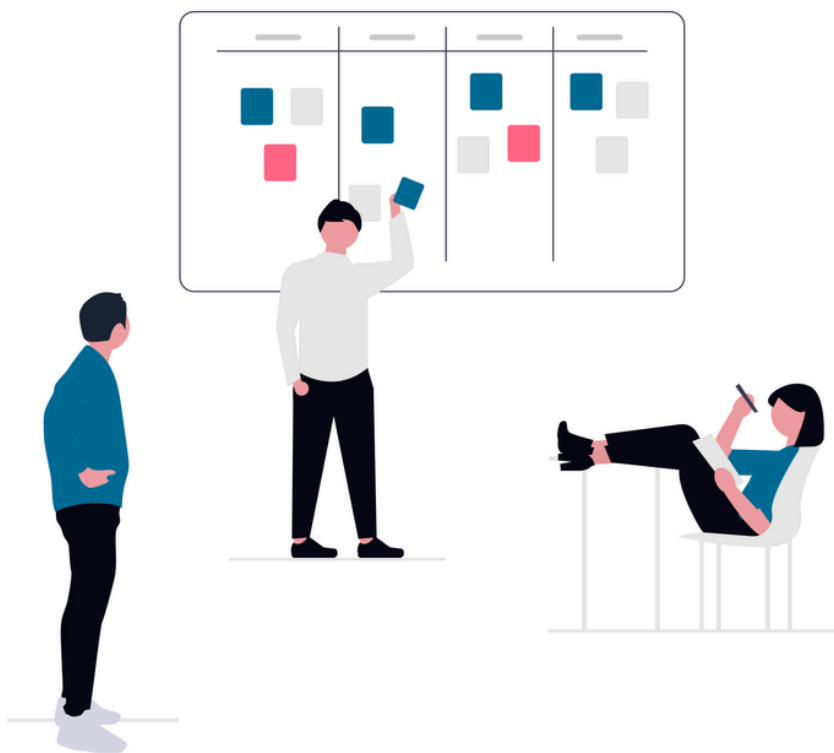
Let's Take Action

Break into groups focusing on one key issue from the CHNA or in your community (it might not be in the top concerns talked about today):

- What **affects** you most when it comes to this issue ?
- What **changes** would make the biggest difference?

Talk about:

- Who has the **power** to make changes? Who are your potential **allies/partners**?



What can you do in terms of advocacy?

How can we support you to do that?



Priority Action

What do you want to learn next when it comes to advocacy tools?

- How to contact your local Councillor effectively
- Template letters/emails for advocacy
- Upcoming community consultations/meetings
- How to delegate at Council meetings
- Attending & speaking at public meetings
- Social media advocacy strategies
- Connecting with local media
- Other?



Thank you!

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