

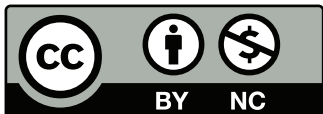
# From Neighbourhood to Community

## Health and Social Supports North of the Danforth

Denise Lamanna, South Riverdale Community Health Centre

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## **PROJECT PARTNERS**

This project is a partnership between South Riverdale Community Health Centre, the Toronto East Local Immigration Partnership (LIP) based out of WoodGreen Community Services, and the Massey Centre for Women. The Steering Committee appreciates the generous support of The Wellesley Institute through a Community-Based Research Grant. The views and opinions expressed in this publication do not necessarily reflect those of The Wellesley Institute. An Advisory Committee was formed to share knowledge about the NODA area, assist in outreach, and contribute to the identification of policy and programming responses. It is composed of a diverse group of organizations that work to support the wellbeing of the neighbourhood, and South Riverdale Community Health Centre is grateful for the insight and dedication of this group.

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Family Resources

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# EXECUTIVE SUMMARY

## **SOCIAL DETERMINANTS OF HEALTH**

The environments in which we live and the opportunities offered to us affect our health and our life expectancy. The significance of social determinants of health has been widely documented, and is a better group of predictors for life outcomes than almost anything done at an individual level. The distribution of income, access to education, affordable housing and employment opportunities, as well as the degree of social cohesion within communities, are each strong predictors of health in the population.

Increasingly, researchers are also finding that these opportunities are tied to geography, and so place-based interventions have gained increased focus. Canadians are coming to understand that where one is born and where one lives deeply affects life chances. This causal relationship between social and economic resources and health status disaffirms Canada's egalitarian values. The analysis of health and social needs of the NODA neighbourhood has been undertaken to explore these dynamics as part of the collective effort to remedy socioeconomically-linked disparities of health.

## **THE NODA NEIGHBOURHOOD & RESEARCH PROJECT**

The area north of the Danforth, between Broadview and Donlands, is an overlooked community in need of support. Sometimes called Pape Village, this is an area dominated by aging, private-market, high-rise buildings and outlined with small houses. It has become a settlement area for newcomers, primarily from Eastern Europe and parts of Asia, and a quarter of all families are designated as low-income. Few local community or social services are located within walking distance. Many of the emerging needs within these blocks of tall towers confirm the same themes identified in United Way's 2011 report, *Vertical Poverty*. It is within this framework that this research was approached.

The neighbourhood coined "NODA" (North of the Danforth) is bound by Broadview Avenue, Donlands Avenue, Mortimer Avenue, and O'Connor Drive. The centre of this neighbourhood, both in its geography and its community, is the Pape Avenue and Cosburn Avenue intersection. The NODA neighbourhood encompasses the City of Toronto neighbourhood Broadview North, but extends east of this as well to include parts of Old East York and Danforth Village-East York.

The identification of a high-need neighbourhood with few health and social services indicates that there are supports needed. However, there was a lack of information as to how service providers and policy makers could provide the most effective supports for the neighbourhood. This project focused

on the state of the social determinants of health within the neighbourhood and sheds light on the neighbourhood's priorities and interests, assets, and common barriers to accessing services. The report supports the thoughtful and effective design of services for NODA residents; additionally, the findings and recommendations developed herein have implications for other neighbourhoods struggling with similar housing, infrastructural, and socioeconomic challenges.

## **KEY FINDINGS**

**HOUSEHOLD FINANCIAL STABILITY:** Employment services for adults, employment services for youth, food security programs, and stable housing supports are often run independently from one another, but many residents of NODA experience these challenges as deeply linked. Adults with skilled work experience feel there are few appropriate employment supports in their community. The insufficiency of support for both individuals that are newly housed and those with restricted mobility leaves many without stable housing situations.

**FOOD SECURITY:** Food security was an issue for many NODA residents. Many felt that a community garden, if well implemented, would be an activity they would be interested in learning more about. However, most considered this to be a potential hobby rather than a viable method to improve their household's access to healthy, low-cost food. Community kitchens garnered a strong and positive response for their capacity to turn necessary chores into pro-social, healthy activities.

**CHILDCARE:** The exorbitant fees, lengthy subsidy wait list, inadequate numbers of spaces (particularly for infants), need to re-apply as a child ages, and poor alignment of childcare hours with many parents' hours of work are significant issues, making access to childcare limited for many in the NODA community. When compounded, these barriers to accessing licensed childcare become overwhelming for families.

**CHILD & YOUTH PROGRAMS:** The City of Toronto's East York Community Centre (EYCC) is the primary – and nearly the sole – provider of child and youth programs in the NODA neighbourhood. Its children's programs frequently hit maximum capacity and costs were a challenge for many people. Youth felt disengaged in this neighbourhood that provided so little in youth programming.

**PRIMARY HEALTHCARE & DENTISTRY:** NODA residents experienced multiple barriers to accessing healthcare services, namely the difficulty in scheduling a timely appointment and the distances required to travel to the physician's office. Many residents utilize walk-in clinics as an accessible alternative, but would prefer easier access to their primary care providers. Dental care is described as a need in the neighbourhood, but this may be more connected to the high cost of dental care and a lack of awareness of

Toronto Public Health dental services.

**PUBLIC SPACE & COMMUNITY:** There is a noted lack of indoor and outdoor public space for social connections amongst friends, family, and neighbours. Such spaces are vital in cultivating community anywhere, and are even more important for apartment-dense communities where space is at a premium for most residents. Residents are interested in creating a central community space for social gatherings. They are also interested in developing a facilitated, informal skills exchange program where neighbours can teach one another and learn in a collaborative environment.

**BARRIERS TO ACCESS:** A lack of information, difficulty accessing and affording transportation, caregiving responsibilities, and other financial challenges were identified as significant barriers to being able to access services.

## **RECOMMENDATIONS**

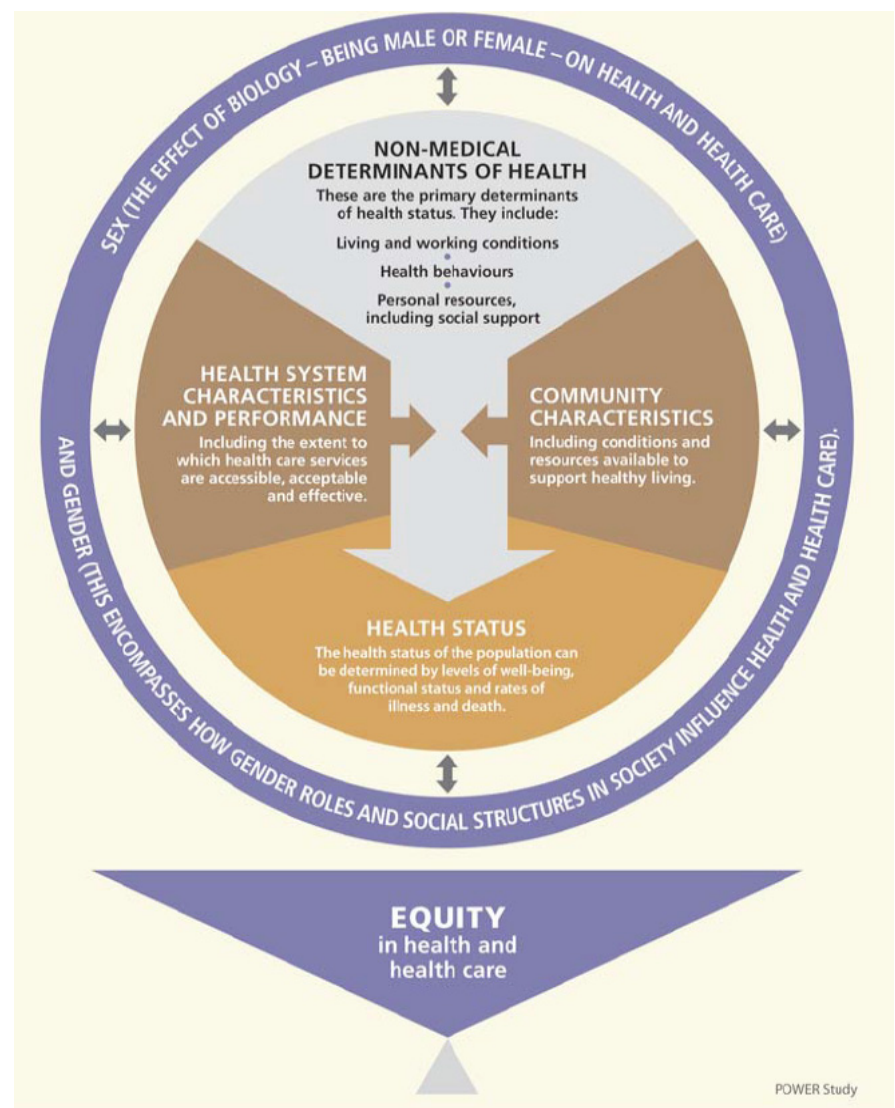
A series of 15 recommendations are made to support the health and well-being of the NODA community. These are related to the social determinants of health, improving access to services, and community assets. To find the *Recommendations* section, please see the *Table of Contents*.

## INTRODUCTION

This report is the product of a research project aimed at documenting the health and social needs of residents living in an overlooked neighbourhood in Toronto. The area that we call “NODA” (North of the Danforth) does not have health and health promotion services that are sufficient to support well-being in a lower-income area. This combination of high need and poor access to services indicates that residents’ health and quality of life are being compromised today; it also suggests that without increased support, these health and social issues may become more problematic over time.

The environments in which we live and the opportunities offered to us affect our health and our life expectancy. The significance of social determinants of health has been widely documented, and is a better group of predictors for life outcomes than almost anything done at an individual level. The distribution of income, access to education, affordable housing and employment opportunities, as well as the degree of social cohesion within communities, are each strong predictors of health in the population. The image below depicts the interconnectedness of health determinants, access to services, resources, sex, gender, and health status<sup>1</sup>.

Increasingly, researchers are finding that these opportunities are tied to geography, and so place-based interventions have gained increased focus. Canadians are coming to understand that where one is born and where one lives deeply affects life chances. This causal relationship between social and economic resources and health status disaffirms Canada’s egalitarian values. The analysis of health



1 Clark, Jocelyn P. and Arlene S. Bierman. “The POWER Study Framework.” In *Project for an Ontario Women’s Health Evidence-Based Report: Volume 1*, edited by Arlene S. Bierman. Toronto: St. Michael’s Hospital and Institute for Clinical Evaluative Sciences, 2009, 6.



and social needs of the NODA neighbourhood has been undertaken to explore these dynamics as part of the collective effort to remedy socioeconomically-linked disparities of health.

## **FOCUSING ON NEIGHBOURHOODS**

In the past decade, Toronto has been re-oriented in its approach to poverty and social services by focusing on its neighbourhoods. The 140 neighbourhoods of Toronto show significant variance in their composition, each with unique demographics, assets and areas of need. In 2004, United Way Toronto and the City of Toronto formed the Strong Neighbourhoods Task Force, and developed place-based recommendations to support high-need areas. In the same year, United Way Toronto and the Canadian Council on Social Development released *Poverty by Postal Code*<sup>2</sup>, a highly influential document that unified and galvanized a broad array of organizations dedicated to well-being in the city. This not only garnered support for neighbourhood-based health and social supports, but also drew attention to the increasing spread and concentration of poverty in Toronto's inner suburbs. More recently, United Way Toronto's *Vertical Poverty*<sup>3</sup> report has added greater clarity to the situation with its analysis on the levels of poverty in Toronto's private-market, high-rise apartment buildings.

At the same time, the merits of focusing on the neighbourhood level have received academic attention and support. In 2002, a highly influential sociology journal identified that sociologists were paying increased attention to neighbourhoods and published a review article on the topic<sup>4</sup>; that article is now the third most frequently cited article to ever be published in the journal, indicating the increasing levels of attention paid to this approach to understanding population health and community planning<sup>5</sup>. Though some of the mechanisms through which neighbourhoods impact individual well-being are disputed amongst academics, there is an agreement that the neighbourhood context strongly affects social and health outcomes.

The focus on neighbourhoods is particularly relevant in Toronto, which has seen both a rapidly wid-

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2 United Way of Greater Toronto and the Canadian Council on Social Development. *Poverty by Postal Code: The Geography of Neighbourhood Poverty* 1981-2001. Toronto: United Way of Greater Toronto, 2004.

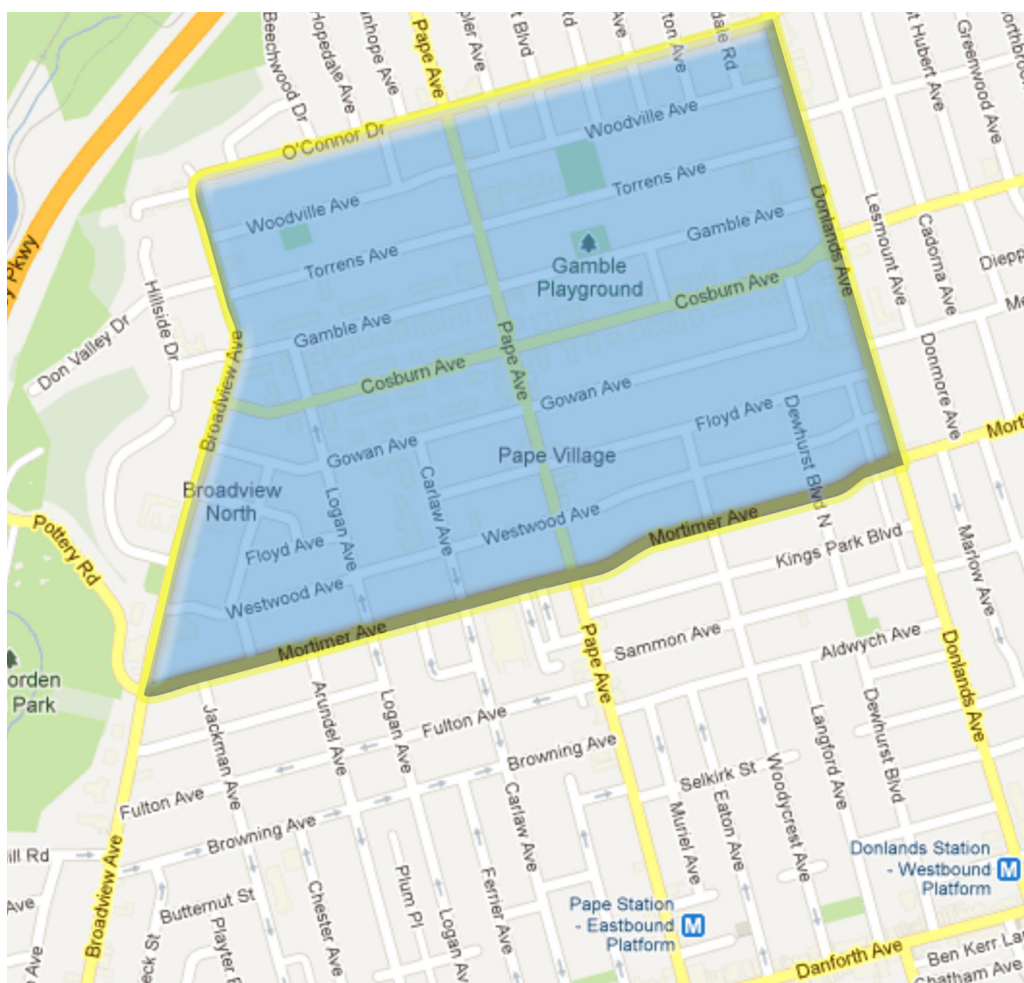
3 United Way of Greater Toronto. *Vertical Poverty: Declining Income, Housing Quality and Community Life in Toronto's Inner Suburban High-Rise Apartments*. Toronto: United Way of Greater Toronto, 2011.

4 Sampson, Robert J., Jeffrey D. Morenoff, and Thomas Gannon-Rowley. "Assessing 'Neighbourhood Effects': Social Processes and New Directions in Research." *Annual Review of Sociology* 28 (2002): 443-78.

5 Annual Reviews. *Most Cited Reviews*. 2011.

ening disparity in income across the city<sup>6</sup>, as well as a spatial concentration of poverty in inner suburban neighbourhoods<sup>7</sup>. In the mid-2000s, the City and United Way Toronto formally identified 13 priority neighbourhoods, selected on the bases of having disproportionately high social risk factors and correspondingly poor social outcomes in such diverse areas as education, health, crime, and housing, coupled with low access to community resources and social services. There are many good reasons why the 13 priority neighbourhoods have been a focus for Toronto’s resources, and the NODA project supports the promotion of health and well-being in these severely disadvantaged areas. However, the inevitable downside of focusing on specific neighbourhoods is the tendency to overlook other neighbourhoods without that priority designation, including the difficulty in identifying new neighbourhood areas of need as they emerge.

## THE NODA NEIGHBOURHOOD



The NODA neighbourhood is bounded by Broadview Avenue, Donlands Avenue, Mortimer Avenue, and O'Connor Drive (see map). The centre of this neighbourhood, both in its geography and its community, is the Pape Avenue and Cosburn Avenue intersection. The NODA neighbourhood encompasses the City of Toronto neighbour-

6 Hulchanski, J. David. *The Three Cities Within Toronto: Income Polarization Among Toronto's Neighbourhoods, 1970-2005*. Toronto: Cities Centre, University of Toronto, 2010.

7 United Way of Greater Toronto and the Canadian Council on Social Development, *Poverty by Postal Code*. 2004.

hood Broadview North, but extends east of this as well to include parts of Old East York and Danforth Village-East York.

## SETTING

The area north of the Danforth is one neighbourhood that did not fall within the City's priority areas. Sometimes called Pape Village, this is an area of mainly privately-held buildings that has become a settlement area for newcomers from Eastern Europe and parts of Asia. Few local community or social services are located within walking distance. Part of the former city of East York, it is comprised of high-rise towers in its core and houses along the borders. Many of the emerging needs within these blocks of tall towers represent the same themes identified in United Way's 2011 report, *Vertical Poverty*.

There are several major roads cutting through NODA, and there is little public green space in the immediate vicinity. Public transit in the area is provided by T.T.C. buses, and all of the major roads in NODA have a bus route. The nearest subway station is 1.2 km from the Pape Avenue and Cosburn Avenue intersection. The fares for the T.T.C. have increased steadily over the years, and chronic underfunding has led to open discussion about the potential for more fare increases in the coming years.

## DEMOGRAPHICS

Demographic information was compiled using data from the 2006 long-form census at the census tract level, for which boundaries approximately align with the NODA boundaries. For this population of 20,255 individuals, key demographic information is listed below in Tables 1-4<sup>8</sup>. Additional data on income, education, source countries, language, transportation, and housing, as well as information on census tracts used, can be seen in Appendix A.

While many areas of Toronto have become higher-need neighbourhoods, as noted above, the level of support that is necessary in the NODA neighbourhood still stands out. Almost half of households have incomes under \$40,000, and the educational attainment of NODA residents is slightly below the city average. A clear majority of NODA residents are tenants, and with nearly half of residents living in high-rise buildings, the density of the neighbourhood is illustrated.

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8 Data from Census of Canada 2006, special order by Toronto East Local Immigration Partnership.

Table 1: Income of private households (2005)

	NODA	Toronto
Under \$20,000	21.6%	17.2%
\$20,000-\$39,999	25.5%	20.8%
\$40,000-\$59,999	18.5%	17.7%
\$60,000-\$79,999	12.2%	13.5%
\$80,000-\$99,999	7.2%	9.4%
\$100,000 and over	15.0%	21.5%

Table 2: Family structure

	NODA	Toronto
Couple families without children	34.9%	32.7%
Couple families with children	43.6%	47.0%
Lone-parent families – female	19.6%	17.2%
Lone-parent families – male	1.9%	3.1%

Table 3: Immigrant status

	NODA	Toronto
Non-immigrants, born in Ontario	44.0%	41.3%
Non-immigrants, born outside Ontario	7.0%	6.5%
Immigrants	47.2%	50.0%
Non-permanent residents	1.8%	2.2%

Table 4a: Housing – Tenancy

	NODA	Toronto
Renters	62.1%	46.0%
Owners	37.9%	54.0%

Table 4b: Housing – Type

	NODA	Toronto
Low-rise buildings (2-4 stories)	16.2%	16.6%
High-rise buildings (5 or more stories)	46.6%	38.7%
Single-detached house	21.2%	27.3%
Semi-detached house	10.3%	7.2%
Row house	0.9%	5.6%
Duplex	4.6%	4.4%

## **HEALTH & SOCIAL SERVICES IN NODA**

The NODA neighbourhood does not have the health and social services that are necessary to meet the need indicated by the demographics and geographic scope. At the time the NODA project began, the neighbourhood was not included within any Community Health Centre's catchment area. South Riverdale Community Health Centre (SRCHC) has now expanded its catchment to include NODA residents; however, both SRCHC's main and client-serving satellite locations are not close to the NODA neighbourhood. Toronto East General Hospital is located relatively near to the NODA neighbourhood, and is equipped to support major health concerns.

The Toronto District School Board offers adult ESL classes at a school centrally located within NODA. Health and social services in Toronto's Northeast end tend to cluster on or around Danforth Avenue, where they can be accessed by subway and are visible to pedestrians. Newcomer settlement and employment services can be found on Danforth Avenue, where programs are offered by WoodGreen Community Services and Newcomer Women's Services Toronto. Pathway to Possibilities (PTP) Adult Learning and Employment provides support for adults with moderate English-language skills. Also on Danforth Avenue are Oasis Addiction Recovery Society and Alternatives: Mental Health Counselling Services.

The primary source of recreational programming in the area is the City of Toronto's East York Community Centre (EYCC). It includes an indoor swimming pool, exercise machines, gymnasium and multi-purpose rooms, and offers both drop-in and registration-only classes for adults, youth, and children. Within EYCC, the Toronto Public Library runs a small branch named Todmorden Room. The branch works within its resources, providing a single small room with books, two computers equipped with internet and a printer, and seating for a maximum of four people. It offers 28 hours of service weekly.

The NODA neighbourhood includes seven licensed childcare centres that are able to provide subsidies through the City of Toronto, of which three accept infants (aged 0-18 months). Children's programming can be accessed without charge at the Massey Centre for Women's Ontario Early Years Centre. Some youth programs and facilities are provided by East York Strategy, Eastview Neighbourhood Community Centre, and Touchstone Youth Centre. East York Strategy aims to reduce crime and support youth's positive development, and organizes sports leagues, drop-in evenings, and events, and those available to the NODA neighbourhood are run largely out of Bethany Baptist Church. Eastview Neighbourhood Community Centre has worked with revolving community spaces, which has caused regular disruptions to their capacity to provide youth programs. Touchstone Youth Centre offers a short-term residence

program for homeless and precariously housed youth, and much of their programming is embedded within this framework.

## **RESEARCH METHODS**

This project utilized mixed research methods to study the NODA neighbourhood, with the aim of striking a balance between attaining a larger research sample and having in-depth discussions with NODA residents. Over a three month period (October 2011 – January 2012), a literature review, surveys and focus groups were conducted. The survey and the focus group guide were developed by SRCHC staff in consultation with the Steering Committee. Both documents received ethical approval from the Community-Based Research Centre (CBRC)<sup>9</sup> on June 24 2011. The final versions of the survey and focus group guide can be seen in Appendices B and C.

Shortly before data collection began, the NODA project learned of prospects in the works for food security programming in the neighbourhood, specifically around developing community gardens. To support the implementation of these programs, the focus group guide was modified to ask about participants' thoughts on community gardens and how they might be effectively introduced. It should be noted that while food was discussed within the focus on food security, residents also chose to talk about food in broader discussions around social services and community engagement.

### **SURVEY**

Two community researchers were hired to approach people at their homes and administer this short survey. One was a long-time resident of the NODA neighbourhood, and the second was a resident of Toronto's East end suburbs. A total of 119 surveys were completed in the NODA area, for which participants did not receive compensation. While the majority of surveys were completed in full, a minority of surveys designated to be complete do contain questions that participants elected not to answer. For each question on the survey, between 2-8% of participants declined to provide a response.

The responses were stratified with respect to type of housing, so that the percentage of survey respondents in high-rise apartments is consistent with the number of NODA residents in high-rise apartments. Of the 119 survey respondents, 113 were comfortable having their housing information recorded. Of these 113 respondents, 49.6% live in high-rise apartments (5 or more stories), 12.4% live in low-rise apartments

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<sup>9</sup> More information on the Research Ethics Board at the Community-Based Research Centre can be found at <http://www.cbrc.net/research-ethics-board>.

(2-4 stories), and 25.6% live in detached or semi-detached houses. The remaining proportion lives in duplexes, triplexes, row houses, or indicated “other”. No other efforts to stratify were considered feasible within the scope of this project

## FOCUS GROUPS

In addition to surveys, focus groups were facilitated with residents of this area. Three focus groups were held at a church that is centrally located within the neighbourhood, and whose pastor is a member of the Advisory Committee. The number of participants ranged from 5-6, and the minimum length of each focus group was 1.5 hours. Each of these three groups was led by the Research Facilitator, and a member of the Steering Committee assisted by taking notes. Participants received \$20 compensation and two T.T.C. tokens. These participants were recruited by posting flyers at local organizations. One of the community researchers also spent time in NODA approaching individuals in public spaces and outside apartment buildings, where the majority of NODA residents live, to introduce the project and recruit focus group participants. Various efforts were also made by members of the Advisory Committee to reach out to their networks and organizations’ clients.

Considerations were made to protect the interests of NODA research participants. During surveys, participants remained anonymous by having their name unrecorded and their addresses disconnected from their surveys. Focus group participants’ names and contact information were recorded for planning purposes, and later destroyed. Participants were asked to protect the confidentiality of each other’s words in potential future interactions with one another. Participants interested in learning the results of the project submitted their contact information, which was recorded and stored separately from the information they shared in surveys or focus groups.

In addition to focus groups held with residents from across NODA, a shorter focus group was held at the Parent Council meeting of a school located within the NODA neighbourhood. The Principal of this school is a member of the Advisory Committee. This group included 20 participants, and was 30 minutes in length. It was led by the Research Facilitator, and a community researcher supported the effort through note-taking. Participants at this focus group did not receive any compensation. Each focus group attendee was given a short demographic survey. The Parent Council attendees are not representative of the neighbourhood as a whole, but are a special population likely to be regular users of key health and social services, such as childcare programs. Of the respondents, 100% of participants spoke English as the primary language within the home, and 84.2% lived in a detached or semi-detached

house. As demographic information suggests that the participants in the surveys and three other focus groups are a more accurate reflection of the NODA neighbourhood as a whole, the more representative findings are discussed in this report, and the findings of the Parent Council focus group are discussed in a more supplementary fashion.

## DATA ANALYSIS

Data was organized and analyzed by identifying the most frequent responses made on the surveys and the dominant themes in the focus groups. Some findings were echoed in both the surveys and the focus groups; others were said more powerfully in either one or the other. Findings were brought to the Advisory Committee for reflection and discussion. Overall, members of the Advisory Committee considered much of the findings to be consistent with the perceptions that they had developed through their work in and around the NODA neighbourhood. Many of the recommendations included below originated from this discussion.

## FINDINGS & DISCUSSION

### SERVICES SUPPORTING HOUSEHOLD FINANCIAL STABILITY

Many households within NODA are struggling financially. While employment services for adults, employment services for youth, food security, and stable housing supports are often run independently from one another, many residents of NODA experience these challenges as deeply linked. Because food security programs were a focus for the NODA project, a discussion on this topic can be found in the following section, titled Food Security.

While it is recognized that those struggling financially will need support with different facets of their lives, the co-ordination of such supports has been a continuous struggle in Toronto's health and social service sector. There are significant challenges to the provision of varied services and referrals to populations with multiple needs, including the prevalence of project-based and problem-focused funding models over wraparound and place-based models. However, the latter paradigm has recently demonstrated strong successes<sup>10 11 12</sup>, and deserves greater consideration in the strategic design of the promotion of

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10 Boston Consulting Group. *BCG Assessment of Pathways to Education*. Toronto: Boston Consulting Group, 2011.

11 Glazier, Richard H., Brandon M. Zagorski, and Jennifer Rayner. *Comparison of Primary Care Models in Ontario by Demographics, Case Mix and Emergency Department Use, 2008/09 to 2009/10*. Toronto: Institute for Clinical Evaluative Sciences, 2012.

12 Wilson, Kate J. Literature Review: *Wraparound Services for Juvenile and Adult Offender Populations*. Davis: Center for Public Policy Research, University of California Davis, 2008.



health and well-being in low-income communities.

Many NODA residents were aware that employment services are available on Danforth Avenue, but consider this too far to be easily reached. In seeking employment, one requires regular access to certain tools and materials, such as internet-equipped computers, printers, and telephones, as well as occasional access to scanners and fax machines. For this reason, it is important that such tools be accessible within the neighbourhood. Ease of access to such tools increases the number of jobs that individuals can pursue.

Another issue raised with employment services was related not to location, but to programming structures. Some participants felt that employment services are too frequently designed for adults with minimal experience in skilled work environments, and do not appropriately serve the diversity of unemployed and underemployed Torontonians. For adults with post-secondary educational qualifications and/or skilled work experience in Canada or their countries of origin, it was considered demoralizing and unhelpful to receive detailed instruction on writing résumés or dressing for interviews. This sentiment was expressed most strongly by internationally-educated immigrants. While all participants recognized the vital role that such fundamental services play for those needing this help, the demand for a greater diversity in employment services for adults was stressed.

Diversity in employment supports extended to those geared to youth as well. Though some employment supports can be offered in identical forms to both youth and adults, many other forms need to or could be modified to be more suitable for young people. For example, the educational qualifications and work experience will generally be lower amongst youth, and would affect what types of work to which they can apply. Additionally, youth's schedules may be more flexible than those of adults, which could allow for more diverse employment supports. Some research participants suggested that job mentoring and shadowing opportunities could be facilitated by engaging local businesses. This would expose youth to new career options, as well as foster networking. Additionally and just as important are the functions that mentorship could perform in connecting youth to their local community. There are very few programs or spaces aimed to engage youth in NODA with their community, and such multi-functional program design would help to address this issue.

Segments of the Canadian population are facing major obstacles in attaining employment, including internationally-educated immigrants and youth. The 2006 Census found that only 75% of internationally-educated immigrants are employed, and under 1/5th of internationally-educated immigrants aged

25-64 are employed in their field of study<sup>13</sup>. Youth (aged 15-24) are also struggling, and had an unemployment rate in Toronto of 18.1% in 2010<sup>14</sup>. Data from 1976-2010 shows that youth in Canada consistently face higher rates of unemployment than the Canadian population as a whole. However, as discussed earlier, employment in no way guarantees a life outside of poverty, and the population of Toronto's working poor has seen a rapid and steady increase.

The challenges faced by NODA residents in accessing materials and tools for employment-seeking are significant but there are opportunities. Access to telephones could be supported through promotion of the City of Toronto's Metro Voicemail Project and potentially a facilitation of the Talk2One program. The former provides members with a low-cost voicemail, and the latter provides members with a free voicemail, as well as a capped number of talking minutes. Internet and printer access are more difficult to facilitate. The Toronto Public Library is a common location for access to these tools; however, the only branch within NODA offers only limited resources.

The need for safe, well-maintained, and affordable housing was an issue that arose recurrently but peripherally. There was a concern that individuals who were coming out of homelessness and were now newly housed were often only precariously housed. Many of the factors that contributed to their initial homelessness may still be relevant, and ongoing support is needed to stabilize their situations and help them maintain housing. There was a perception that homelessness was becoming a greater problem, or at least a problem of greater visibility, within the NODA neighbourhood. Other mentions of stable housing supports were often made in conjunction with other issues, such as by relating rental costs to income levels (including social assistance rates), or small, more affordable apartments to the lack of children's play space. Finally, additional comments were made that there were inadequate supports for seniors and people with disabilities to be able to continue independent living within their own homes.

## FOOD SECURITY

The definition of food security used by the World Health Organization is one where "all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life...including both physical and economic access to food that meets people's dietary needs as well as their food preferences"<sup>15</sup>. As discussed in the Research Methods, focus group participants were asked about food security programs with the goal of supporting program prospects that were already in the works. However, food is a primary

<sup>13</sup> Plante, Johanne. *Characteristics and Labour Market Outcomes of Internationally-educated Immigrants*. Ottawa: Statistics Canada, 2010.

<sup>14</sup> Toronto Community Foundation. *Toronto's Vital Signs*. Toronto, 2011.

<sup>15</sup> World Health Organization. *Food Security*. 2012.

human need, and research participants also chose to discuss food and nutrition issues within broader discussions around social services and community engagement. As will be discussed in Public Space & Community, community cooking and meals were valued for their capacity to foster positive, community-minded cohesion in the NODA neighbourhood in a way that was compatible with the busy lives of the residents. These programming possibilities received strong, positive responses from participants. This section on Food Security primarily focuses on other facets of food security within the neighbourhood.

The ability to attain healthy food was a theme throughout the three focus groups on which analysis is centred. At least a quarter of these focus group participants were regular or semi-regular clients of local food banks, which indicates a high need for food security programming in the neighbourhood. There were two food banks in or near the NODA neighbourhood at the time of the focus groups, but one has recently closed due to the sale of its land. Participants in the focus groups discussed the loss of this food bank as the loss of a safety net. The food bank being closed was considered to be of lower quality, with participants describing food that was often expired or unhealthy being provided in a space in need of maintenance. The remaining food bank has absorbed the clients of the former, resulting in a doubling of its catchment area. Daily Bread has re-directed food resources to the remaining food bank, but at the time of writing, the resources of space and staffing are in short supply.

There is much evidence demonstrating the high cost of eating nutritious food in Toronto. The annually calculated Nutritious Food Basket estimates the cost of feeding a family composed of two adults (male and female), one adolescent (male) and one child (female) to be \$172.84 weekly<sup>16</sup>. Groceries are still more expensive if following the nutritional standards laid out in Canada's Food Guide, even when creating frugal meal plans<sup>17</sup>. Healthy eating is out of reach for many Torontonians, and demographic information informs us that food insecurity is likely to be prevalent in the NODA neighbourhood.

Participants had varied levels of interest in community gardens, with a mixture of great enthusiasm, total lack of interest, and a majority that hesitantly felt it could be a positive experience if thoughtfully designed. Recognized positive aspects included increased access to healthy food, the active and hands-on nature of gardening, the ability to include children in gardening, and the increased "greening" of public space. Interestingly, the function of community gardens in providing increased access to healthy food was not one that was emphasized or highlighted by participants, despite the food insecurity detailed

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<sup>16</sup> Toronto Public Health. "2011 Nutritious Food Basket Calculation Chart." *The Cost of the Nutritious Food Basket in Toronto*. May 2011.

<sup>17</sup> Burkot, Ilona, Laura Burr, and Jane Lac. "Putting a price tag on healthy eating in Toronto." *In The Edible City: Toronto's Food from Farm to Fork*, edited by Christina Palassio and Alana Wilcox, 84-91. Toronto: Coach House Books, 2009.

above. There was a sense that gardening would be an enjoyable outdoor activity for families, but one that is more of a hobby than a viable method to improve the household's access to good food.

Many participants felt that the household's food expenses would not be reduced by the introduction of community gardens. There was a concern that expenses would inevitably spiral out of control due to the need to purchase gardening tools and supplies. It was considered vital that these items be provided and maintained on site. There was also a belief that the food might be stolen before the gardeners were able to harvest it. NODA residents were also aware that their neighbourhood has a low supply of parks and children's play spaces; there was a fear that the introduction of gardens would necessarily reduce this further. In response to this, a participant enthusiastic about community gardens suggested a decentralized system of gardens, where patches of grass too small to be otherwise used could be transformed into tiny gardens. Certainly the introduction of community gardens will need to be mindful as to size and placement.

A finding that needs further exploration was the tendency for participants that were accessing food banks to be less interested in community gardens than those that did not access food banks. However, it must be stressed this relationship was found amongst a total of 16 focus group participants, and so it cannot be generalized.

## CHILDCARE

Residents of NODA were very clear about their struggles in finding appropriate childcare. This gap in service means that children miss out on the positive social experiences and cognitive development that well-planned programming can provide. Moreover, the gap creates a considerable level of stress for parents that cannot provide constant, attentive, and creative child-minding. It also limits education and employment opportunities if a parent must stay home with the child. The 2010-11 results of the Early Development Instrument (EDI) demonstrates that young children in the Broadview North neighbourhood – included within NODA – are more likely to have low scores than high scores on each of the five domains of early childhood development<sup>18</sup>. This suggests that improved access to children's services, such as high-quality childcare or kindergarten, are needed to support families living in NODA to foster positive development of the next generation.

There is a need for childcare that is available, affordable, and compatible with parents' work schedules. It was considered enormously difficult to access childcare that met these three elements, while also ensuring a level of quality and safety for the children. This applies to childcare for infants and children

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18 Mothercraft. Toronto-Danforth: 2012/11 EDI Results. Toronto: Canadian Mothercraft Society, 2010/2011.

not yet attending school, as well as childcare that operates before and after school for school-aged children. NODA residents felt that childcare centres frequently did not have available space, the time families spent waiting for childcare subsidies was too long, and centres often would not take the child at times that would allow a parent to commute to and from the place of work.

The NODA neighbourhood contains nine licensed childcare centres, of which seven have fee subsidy programs. Subsidies are available to parents that are employed or enrolled in a school and have an identified financial need. The median family income in the NODA neighbourhood qualifies for a significant childcare subsidy, but there is a great divergence between subsidy qualification and subsidy attainment. As of October 2011, there were 19,796 children on a waitlist for one of the 24,000 childcare subsidies held by the City. This massive waitlist can be attributed to the fact that “the available funding...is only enough to support 28% of Toronto’s low-income children”<sup>19</sup>. The transition to full-day kindergarten over the coming years will affect the number and allocation of childcare subsidies, but it remains unclear exactly how this will unfold.

For the purposes of licensed childcare, children aged 0-10 are divided into four age categories. Generally, childcare centres do not serve all four age categories, and so the struggle to find a childcare centre with available space begins anew each time a child ages out of the centre’s services. The issue of available space is markedly more difficult for finding childcare for infants (0-18 months). Few childcare centres accept infants, possibly due to the increased staffing required to meet the mandatory 1:3 ratio. While this creates a challenge for all working parents that need to find childcare between the conclusion of parental leave and the child’s 18 months milestone, it disproportionately affects low-income parents that cannot afford a 12 month parental leave. The compounding of these obstacles produced a significant level of stress for families. Childcare is known to be a pressing issue throughout Toronto, but higher proportions of lone-parent and low-income families leave those in the NODA neighbourhood with a particularly heavy burden.

In addition to the struggle in finding affordable childcare for parents’ hours of work, there is a difficulty in finding short-term childcare that would allow parents to attend programs and service to support their own well-being. Some research participants clearly expressed regret at missed opportunities to access health and social services due to their caregiving responsibilities. Few programs offer childcare on site, and this constitutes a significant barrier to accessing services. Some NODA residents suggested

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<sup>19</sup> Toronto Children’s Services. *Fact Sheet: Toronto’s Licensed Childcare System* - Fall 2011. City of Toronto, 2011, 1.

that it would be helpful to connect to an informal but facilitated babysitting network, in which parents could provide emergency childcare for one another.

## CHILD & YOUTH PROGRAMS

The principal service provider of child and youth activities in NODA is the City of Toronto's East York Community Centre (EYCC). However, parents described children's programs that quickly reached maximum capacity, and left them without programming for their children. The fitness room had initially attracted the interest of the NODA project's youth participants, but participants commented that machines were frequently out of service. As there are so few options in the neighbourhood for community services, it could be expected that the demand for EYCC activities exceeds its resources. In addition to the struggle in accessing programs and facilities, the perception that many EYCC activities are unaffordable was found to stem from a lack of awareness of the Welcome Policy. The Welcome Policy allows individuals and families in Toronto living below the low income cut-off to access several community centre programs of their choice without charge. However, it requires that an application be submitted, for which awareness of the policy is a prerequisite. Strengthening the local community's role in the community centre is key to supporting the identified needs of NODA residents.

Children's programming at the Massey Centre for Women's Ontario Early Years Centre (OEYC) was well liked by focus group participants, but was frequently at maximum capacity. Though rarely mentioned by research participants, East York East Toronto's Family Resource Centre offers a semi-structured play space for children aged 0-6 and their caregivers. Its lack of user fees would fit the needs of many families in NODA; however, similar to the Massey Centre, its location is inconveniently far for some NODA residents. For others within the NODA neighbourhood, a lack of awareness of the program may be precluding its usage.

Parks and playgrounds for children was a frequently cited social need amongst NODA survey respondents. In a community dominated by high-rise towers, children and youth have very little space within their families' personal property. This issue of public space, and particularly public green space, is discussed further in Public Space & Community.

Only a minority of participants were youth (15-24 years), and so it could be expected that youth issues were not as frequently stated. However, youth who did participate in both surveys and focus groups were emphatic that they are offered extremely little in terms of youth-focused programming. Within focus groups, adult participants frequently agreed with these statements, acknowledging the need for greater

support for youth in their positive development and community engagement. Youth focused on both employment and recreational services, particularly those that might help them better connect to their local community.

Respondents were frustrated by their inability to fully participate in the life of their city, and the struggle to utilize their own and their families' free time in ways that were meaningful and joyous. The lack of programming and services that support families with children creates a substantial level of stress for families. Child- and youth-focused programs and services need to be scheduled, located, and priced in such a way that works for families in this neighbourhood.

## PRIMARY HEALTHCARE & DENTISTRY

Residents expressed a need for conventional physical treatments, namely primary healthcare, walk-in clinics, and dentists. While a sizable proportion of residents had a family doctor<sup>20</sup>, there were clear barriers identified to accessing healthcare services. Some individuals had changed their primary residence and elected to stay with the same doctor so as to maintain a consistent source for healthcare. While there are benefits to this decision, it meant that location and travel became problematic. Many participants found they could not get an appointment quickly enough to support them when they experienced immediate health concerns, and utilized walk-in clinics regularly. The numbers of respondents that were interested in increasing walk-in clinics in the area – often in addition to an increase in general primary care practitioners – speaks to the major role that these clinics have taken on in the healthcare sector. In addition to types of services, some residents also perceived a lack of culturally appropriate services. It was difficult for individuals without strong English language skills to find a primary care provider with whom they had a common language, and at least one participant had experiences with a culturally insensitive physician.

The experiences of NODA residents are consistent with those expressed elsewhere in the province. At 90.3%, a large majority of Toronto residents have a family doctor<sup>21</sup>. However, this rate is 117 per 100,000 population in Toronto. Though the rate of doctors is better in Toronto than in many other areas of Ontario, it is not surprising that it is difficult to schedule appointments in a timely fashion. Across Ontario, 15.4% of the population reported experiencing barriers to routine care, and 25.1% experienced

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<sup>20</sup> 67.2% of survey respondents listed a doctor amongst health services used. It is expected that an additional proportion does regularly access a doctor, but did not list the service.

<sup>21</sup> Statistics Canada. "Health Profile." *Statistics Canada Catalogue No. 82-228-XWE*. Ottawa, October 25, 2011.

barriers to immediate care for minor health problems<sup>22</sup>. The most commonly cited barriers were the length of time spent waiting in the doctor's office, and the difficulty in scheduling an appointment. While this problem extends beyond the boundaries of the NODA neighbourhood, it may be a more serious issue within the neighbourhood than elsewhere in the province. There is considerable evidence demonstrating that low-income households are more likely to be living in poor health<sup>23 24</sup>. The NODA neighbourhood includes a much higher proportion of low-income households than the Canadian population as a whole. A multidisciplinary, holistic approach that utilizes the skills of nurse practitioners, doctors and other healthcare providers has been successful within many Community Health Centres, and is a viable response to the healthcare needs of the NODA neighbourhood.

Residents also discussed a need for dental care in the area. However, this need is likely connected to barriers to accessing dental care, rather than an absence of dental care itself. The Ontario Dental Association (ODA) lists 17 dentists at nine locations within one kilometre of the Pape Avenue and Cosburn Avenue intersection<sup>25</sup>. The majority of these dentists are general practitioners. However, since nearly all dental care is excluded from OHIP coverage, visiting a dentist can be a significant burden for those without access to private insurance. The shift in labour market trends towards temporary jobs<sup>26</sup>, and the rising population of the "working poor"<sup>27</sup> strongly indicate decreased access to health and dental insurance through employment. These missed opportunities to identify oral health problems will in many cases lead to worsened and compounded medical conditions. To address this issue, Toronto Public Health manages multilingual free and low-cost dental care clinics across the city, including a clinic on Danforth Avenue, one block East of Broadview Avenue. It is likely that the issue of dental care in the NODA neighbourhood is not due to a lack of dentists, but a combination of low financial means, a lack of awareness of Toronto Public Health dental care, and a lack of resources to travel to the nearest clinic. It is possible that there are barriers to accessing Toronto Public Health dental care in addition to the lack of awareness, and these remain to be explored.

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22 Sanmartin, Claudia, Francois Gendron, Jean-Marie Berthelot, and Kellie Murphy. *Access to Health Care Services in Canada*. Ottawa: Statistics Canada, 2004.

23 Pampel, Fred C., Patrick M. Krueger, and Justin T. Denney. "Socioeconomic Disparities in Health Behaviors." *Annual Review of Sociology* 36 (2010): 349-70.

24 Prus, Steven G. "Comparing Social Determinants of Self-Rated Health Across the United States and Canada." *Social Science & Medicine* 73 (2011): 50-9.

25 The true number may be slightly higher, as the ODA advertises that approximately 80% of Ontario dentists are members of the organization.

26 Morissette, Rene, and Anick Johnson. *Are Good Jobs Disappearing in Canada?* Ottawa: Statistics Canada, 2005.

27 Stapleton, John, Brian Murphy, and Yue Xing. *The 'Working Poor' in the Toronto Region: Who they are, where they live, and how trends are changing*. Toronto: Metcalf Foundation, 2012.



## PUBLIC SPACE & COMMUNITY

The observations of NODA residents that there is nowhere to go and little to do extend beyond structured programming to encompass informal public spaces. The NODA project originally aimed to learn about what types of health and social services need to be added or improved in the area. Yet, one of the strongest findings in this project has been that residents of NODA are deeply interested in building public spaces that are relaxed and social, as well as opportunities for informal, bottom-up community engagement. This is less about the provision of services, and more about the offer of space and the facilitation of community-building processes.

A significant proportion of participants felt that while the EYCC met the terms of a municipal Community Centre, its community-oriented qualities could be improved. People felt that the physical layout and atmosphere of the centre were not very welcoming, and the centre could provide more opportunities for community engagement. The EYCC is a natural space for community development, but residents feel this element has not been realized within the working mandate. There is enormous opportunity here for partnerships between the EYCC, local community agencies, and interested residents to work together and create responsive support systems for the neighbourhood.

The scarcity of public parks and playgrounds was a frequently stated issue in the NODA neighbourhood. While many research participants framed this as a needed support for children, larger discussions around public space suggest adult respondents may be interested in accessing parks for their own benefit as well. A public park holds many of the public space qualities that appeal to NODA residents, as they can be social, informal, affordable, and supportive of personal health. The capacity to leave the private dwelling to spend time with friends and family, as well as meet one's neighbours, is being rapidly diminished for segments of the population. A study on the walkability of high-rise-dominated neighbourhoods in Toronto found public space to be highly valued, and that "neighbourhood parks are among a community's most valued and intensively used assets"<sup>28</sup>. Public parks rank highly for sociability, relaxation, exercise, and affordability. They offer not only public space, but public green space. Accessible green space has been connected to a variety of positive health outcomes in diverse locations. These include the ability to cope with stressful life events<sup>29</sup>, capacity for concentration in children

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<sup>28</sup> Hess, Paul M., and Jane Farrow. *Walkability in Toronto's High-rise Neighbourhoods*. Toronto: Cities Centre, University of Toronto Press, 2011, 79.

<sup>29</sup> Van den Berg, Agnes E., Jolanda Maas, Robert A. Verheij, and Peter P. Groenewegen. "Green Space as a Buffer between Stressful Life Events and Health." *Social Science & Medicine* 70, no. 8 (2010): 1203-10.

with Attention Deficit Disorder<sup>30</sup>, and a reduction in mortality caused by circulatory diseases<sup>31</sup>. Unfortunately, the NODA neighbourhood lacks park and playground space. The value of the green space that is still available in City of Toronto parks and schools needs to be recognized, and its upkeep managed so as to meet the needs of NODA residents.

The NODA neighbourhood needs a space where individuals can drop in, make themselves comfortable, and interact with others in a casual social environment. The level of agreement amongst participants in the three focus groups on which analysis is centred, particularly on an issue that was not the original focus of the research project, was an unexpected event. They are interested in having access to activities that can begin spontaneously, such as board or card games, and are less interested in instructor-led, “icebreaker”-style activities meant to assist with meeting strangers. It was said that this community space would need to offer both open as well as group-specific (ex. seniors, families with young children, youth) hours. Another common statement regarding community space was the integration of food. The planning and preparation of food is a process that expends time, energy, and finances, all of which are acutely understood to be finite resources. The preparation of healthy food often constitutes even greater expenditures. Amongst those working in social services, especially in marginalized communities, it is well known that the ability to offer food in programs is highly valued. This is the case amongst participants of the NODA research project, several of whom spoke of their inability to purchase and provide healthy food for themselves and their families.

While NODA residents are very interested in public space, some were also clear about their difficulties in finding time for all that they need and want to do in a day. Out of this concern came conversation about the transformation of tiring chores into pro-social activities. A program such as this was considered more compatible with the lived realities of NODA residents. Food again became a very important focus. Many participants were interested in community kitchens and dinners, with the emphasis that they would need to be free or low in cost. On this subject, one participant suggested a fee equivalent or less than a TTC fare, as NODA residents were accustomed to spending that value just on travel to a program. Other suggestions for the development of activities included life skills such as sewing or making t-shirts. A key element to the facilitation of activities within public space was the interest of NODA residents in making this a primarily volunteer-run process. They were interested in sharing their talents and learning from

30 Taylor, Andrea Faber, Frances E. Kuo, and William C. Sullivan. “Coping with ADD: The Surprising Connection to Green Play Settings.” *Environment and Behavior* 33 (2001): 54-77.

31 Mitchell, R., and F. Popham. “Effect of Exposure to Natural Environment on Health Inequalities: An Observational Population Study.” *The Lancet* 372 (2008): 1655-60.

neighbours in a collaborative and supportive environment. Once again, the strength of agreement amongst respondents who were interested in participating in an informal skills exchange was a major finding of this project. Specific workshops could include life skills as discussed above, and some were interested in diversifying to include sports and seminar-style lessons. Some felt that they did not have enough opportunities in their daily lives to keep their minds and bodies active, and wanted to see such opportunities made available.

Though neighbourly, volunteer-led workshops were repeatedly suggested with enthusiasm, many residents also recognized the value of having community service agencies come in to lead programs and workshops. Suggestions included programs on parenting, attaining government-issued identification, health supports, and employment supports. Outreach needs to be done to connect with the community, spread awareness of available services, and just “check in” on the neighbourhood. Community health centres would be well-equipped to take on this role, but the issues of space and catchment area have been significant challenges in providing programming for the NODA neighbourhood.

The innovation conceptualized by NODA residents of a drop-in social space with informal activities and a skills exchange program is not known by the contributing members of this project to exist within Toronto. However, models that contain some of these elements have been identified. In research on youth and public space in Toronto, it was identified that drop-in spaces without structured programming are often devalued because youth are seen as “just hanging out”<sup>32</sup>. The researchers, in contrast, elect to affirm the importance of such places because youth need healthy, safe spaces to interact with peers and supportive adults. Similarly, a review commissioned by United Way Toronto has been found that, particularly in programming aimed at at-risk youth, the offer of an unstructured, safe, and youth-friendly space is important both as an end in itself, and as a way to connect disengaged youth to services<sup>33</sup>. The Community Hubs being introduced across Toronto, led in large part by United Way Toronto, have each purposefully been designed to include such space in order that social networks are strengthened and the Hubs remain community-focused. With its community space and wraparound, locally responsive approach to service provision, a United Way Community Hub could truly anchor and support this neighbourhood.

Across Toronto, agencies working for adults have recognized the importance of creating drop-in space

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32 Social Planning Toronto; Saving Public Access to Community Space Everywhere. *Another Winter, Another Spring: Toronto Youth Speak Out About Space*. Toronto: Social Planning Toronto; SPACE, 2011.

33 Bonnell, Jennifer, and Tom Zizys. *Best Practices for Youth Programs*. Toronto: United Way of Greater Toronto, 2005.

to engage and build community. One such model is Mustard Seed, organized by the Sisters of St. Joseph in Toronto. This program combines structured programming and unstructured, regularly scheduled drop-in hours for adults. Similarly, the now inactive Shoelace Collective in Woodbine Heights facilitated a combination of community meals, informal gatherings for parents and caregivers, conversation groups, and job referrals. A more thorough review of such drop-in spaces will need to be conducted to determine how such a space could be developed within NODA. There is the capacity to learn from others' experiences in finding well-positioned space, creating a social and inclusive environment, and promoting the space to community members.

The concept of a volunteer-led, grassroots skills exchange program has some precedent. One case, called Free Skool, has been organized in many Canadian, British, and American cities. The Free Skool model promotes inclusion, self-reliance, and collaboration in a decentralized system whereby anybody can submit a proposal to facilitate a series of lessons on a subject of their choice. It must be noted that Free Skools have an explicit political affiliation with the small population that supports anarchism; however, the fact that this represents a particular political ideology does not diminish the potential value of the Free Skool concept. Websites such as Skills2Exchange and SkillsBarter have a similar model, where individuals can register to teach and learn new skills; the majority of their exchanges are one-on-one, and thus are less focused on a broader community-building agenda. More research will need to be done to identify other models that could be adapted and introduced to the neighbourhood. Of course, the clustering of diverse programming that is responsive to the neighbourhood and centrally located has several successful precedents from which to adapt.

## BARRIERS TO ACCESSING SERVICES

NODA residents identified three primary challenges in their capacity to access health and social services: lack of information, transportation, and finances, with the lack of information considered to be the largest issue. Of the survey respondents that perceived barriers to access, 43.6% named a lack of information as being a contributing factor. This was a particularly large issue in relation to the Welcome Policy managed by the City of Toronto's Parks, Forest, and Recreation. Many low-income focus group participants were either unaware of the Welcome Policy, or had learned of it only recently. This includes adults connected to Ontario Works, who are automatically eligible for Welcome Policy memberships. Several participants stated that their only method of learning of health and social services was to walk past the storefront. Participants suggested delivering flyers in the mail, greater diligence by service providers in

maintaining up-to-date websites, and creating public bulletin boards.

Transportation is also described as a significant issue. While the rates of vehicle ownership in NODA are unknown, it was clear that many participants relied on public transit. T.T.C. service in NODA is dominated by buses, and there is also a subway station located 1.2 km from the Pape Avenue and Cosburn Avenue intersection. Bus service is frequent during the morning and evening rush hours, but less frequent outside of these hours. It is particularly difficult on weekends, when several bus routes operate only twice per hour. Moreover, the proximity to Pape subway station has meant that bus routes tend to begin at the station, which necessitates time-consuming transfers. In addition, TTC fares are too expensive for many residents. At the time of writing, a parent with two children will pay \$7.60 for a round-trip commute to a given destination. If this is the necessary transportation cost to accessing weekly or daily services, it rapidly becomes unmanageable for many NODA residents. Of course, the burden of transportation costs is intrinsically tied to the location of health and social services, and the significance of this barrier can at least partially be attributed to the scarcity of services located within walking distance.

Some parents did not have personal contacts that could provide short-term childcare, and thus their caregiving responsibilities frequently prevented them from attending programs and services, as discussed above in Childcare. The provision of childcare at programs would greatly enhance the capacity of some parents to access support services. Moreover, the facilitation of community and strengthening of social networks in the NODA neighbourhood has the potential to improve relations between neighbours and help fulfill this need.

Participants described the financial difficulties associated with regular attendance at health and social services. The fees required for program enrolment were pointed to as sometimes being prohibitively expensive, but the larger issue may be the compounding of direct and indirect costs of program participation. Program fees are sometimes only the first cost to consider, as individuals may also need to pay for transportation, childcare, and sometimes food and drink.

# RECOMMENDATIONS

The following recommendations have been developed in response to the needs and opportunities in the NODA community. However, the greatest and most effective supports must stem from federal and provincial policy shifts. A co-ordinated effort by upper levels of government to scale back income disparities is fundamental to any substantial improvement in public health.

## • SOCIAL DETERMINANTS OF HEALTH

**1. The provision of childcare supports through provincial and federal governments be co-ordinated and scaled up to meet the demand. Though public childcare centres and subsidies are managed municipally, the enormity of the problem necessitates greater involvement from higher levels of government.**

**2. The provincial government invest in adequate, affordable housing for Torontonians so as to reduce economic, social, and health-related disparities.**

- a) Revitalize the conditions of private-market, high-rise apartment buildings for quality of life in the long-term.
- b) Implement funding supports that can counter the rising cost of living.
- c) Promote greater knowledge about tenants' rights and options for enforcing the responsibilities of landlords.

**3. Employment Ontario assesses the current framework for funding and managing its agencies. The requirement that employment supports serve the general population rather than offer specialized services may not be an effective approach in a city as large and diverse as Toronto.**

- a) The framework may not be adequately serving the diversity of individuals seeking employment. Youth, internationally-educated immigrants, and people with professional work experience are underserved by this system.
- b) While the development of job-seeking skills is a necessary component, an increased focus on directly connecting job-ready individuals with employers would be valuable.

**4. Community agencies target youth-specific programming within NODA. There is a need to support youth's personal development and capacity to make constructive contributions to their communities. This includes opportunities to further education and employment, as well as physical and mental health.**

- a) The linkage of youth programming to the availability of youth-friendly spaces and facilities must be recognized in funding models and planning processes.
- b) Particularly for at-risk and disengaged young people, qualified youth workers are needed to foster these connections and support positive life choices.

**5. Provincial government, municipal government and non-governmental funders support wraparound and place-based support systems, such as the Community Hub model, with appropriate organizational and funding structures.**

- a) This is particularly relevant in underserved neighbourhoods such as NODA, where the deficiency of locally accessible services is a fertile ground in which to introduce a more complete service system.

#### **• ACCESS TO SERVICES**

**6. The provincial government, Toronto Central LHIN and medical community reduce barriers in accessing general practitioners and work to scale back the dependence on walk-in clinics. An improvement in primary care would support both population health and public healthcare expenditures.**

- a) Though South Riverdale Community Health Centre has recently expanded its catchment to include NODA, there is a significant distance between the neighbourhood and the CHC's services. A satellite location within or close to NODA is an option needing consideration.

**7. Municipal urban planners reform zoning regulations to support and not restrict community-oriented programming within high-rise apartment buildings.**

- a) Zoning by-law 1156-2010 includes regulations for amenity rooms and common spaces within

Residential Apartments that can potentially hinder agencies from working in these spaces.<sup>34</sup>

**8. The Toronto District School Board's Full-Service, Model, and Priority School initiatives are steps in the right direction, and expansion in respect to both number of schools and duration of services within the NODA catchment area.<sup>35</sup>**

- a) Neighbourhood improvement is a long-term process that requires the stable provision of space where service providers and community members can connect.

**9. Service providers, provincial, and municipal governments create community-based services that integrate with the lives of residents.**

- a) Services can support the accomplishment of necessary life tasks (ex. meal preparation) in ways that are cognizant of residents' lived realities, including pressures of time and finances, and work to improve health, self-efficacy, and social connections.
- b) Services need to build upon existing community assets and capacity, allowing the neighbourhood to strengthen its social cohesion and promote health through social well-being.

**10. Service providers conceptualize and co-ordinate outreach and communication strategies as an integral component of program design. Processes of service promotion and community connection are vital in creating supportive programs. Collaboration within and between service providers is most effective in the creation of high-quality, organized communication strategies.**

- a) The effective circulation of information sometimes necessitates a reduction in the quantity of information. The phenomenon of "information overload" can decrease the efficacy of communication strategies. The co-ordination of communication strategies within and between agencies may lead to more organized and successful connections.
- b) Print materials can be posted at accessible locations within the neighbourhood. Bulletin boards equipped with a glass cover might be located within the common spaces of apartment buildings and/or existing community-oriented organizations. Culturally appropriate and multilingual information may be needed.

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<sup>34</sup> This expansive by-law is currently under review, but it is not expected that this element will be modified.

<sup>35</sup> It is expected that in September 2012, an elementary and a middle school within NODA will be jointly designated as Model Schools, which will provide locally available services for the NODA neighbourhood.



## • **COMMUNITY ASSETS & SOCIAL CAPITAL**

### **11. The City of Toronto recognize and protect public space as a long-term investment in Toronto's quality of life.**

- a) There is a finite supply of public green space in the urban setting. The protection of these spaces requires that appropriate policies be implemented and upheld.
- b) Walkability in urban and inner suburban neighbourhoods is supportive of public space, and requires conscientious urban planning.

### **12. Service providers promote community and civic engagement in the neighbourhood through community-led advocacy and community-oriented program design.**

- a) The NODA neighbourhood is a collective of people that are ready to unite, advocate, and work for community improvement. Involvement of the community in shaping their neighbourhood is a form of empowerment, and organizational support is necessary to facilitate this process.
- b) With thoughtful design, all programs and services have the potential to contribute to community and civic engagement.

### **13. The organizations of the NODA Steering Committee are dedicated to ensuring that a team of dedicated individuals and organizations work to support the NODA neighbourhood through the planning and implementation of programming, as well as advocacy for supportive policies.**

- a) Building upon the approach taken by the NODA Advisory Committee and others, it is important to have a diverse collective of educators, healthcare workers, politicians, religious leaders, community support providers, and interested residents.

### **14. Community organizations develop space-programming partnerships so as to maximize resources and offer accessible programming for residents in their immediate community.**

- a) Space and facilities within the neighbourhood are significant assets, and may be underutilized. An inventory of these spaces is a necessary step in realizing their potential for the community.
- b) The presence of community-minded property management firms in the NODA neighbourhood is an opportunity to work with and within high-rise apartment buildings. Such programs

benefit landlords, tenants, and the neighbourhood as a whole.

**15. Community organizations develop and enhance indoor and outdoor spaces for unstructured social gatherings that are welcoming, informal, and regularly available.**

- a) A combination of group-specific (e.g. youth, seniors, women) and open hours could better foster its initial promotion and its long-term capacity to reduce social isolation and cultivate community.
- b) The City of Toronto's Parks, Forestry and Recreation Division has the capacity to re-imagine its spaces in a way that meets this demand.

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## APPENDIX A: ADDITIONAL DEMOGRAPHIC INFORMATION (2006)

Table 1: Median income (2005)

	NODA	Toronto
Private households	\$43,800	\$52,833
Economic families	\$55,990	\$59,184 <sup>1</sup>

Table 2: Education

	NODA	Toronto
Less than Grade 9	14.4%	12.4%
Grade 9 – 13	20.4%	21.1%
Trades certificate or diploma	7.7%	6.2%
College	19.6%	16.4%
University	37.9%	43.9%

Table 3: Most Frequent Source Countries

	NODA
Albania	18%
Bulgaria	10%
Philippines	8%
Romania	5%
Pakistan	5%

Table 4: Most Frequent Home Languages (excluding English)

	NODA
Greek	23.8%
Serbian	12.6%
Mandarin	10.5%
Bulgarian	6.3%
Cantonese	5.5%

Table 5: Transportation for work

	NODA	Toronto
Public transit	48.4%	34.4%
Car, truck, van	44.1%	55.9%
Walked	4.9%	7.0%
Bicycle	2.0%	1.7%
Other	0.6%	1.0%

Table 6: Housing – Condition of Dwellings

	NODA	Toronto
Require regular maintenance only	59.5%	66.7%
Require minor repairs	29.9%	26.6%
Require major repairs	10.6%	7.8%

Census tracts used - NODA:

5350184.02

5350184.01

5350185.01

5350185.02

## APPENDIX B: SURVEY

1. How long have you lived in this neighbourhood? \_\_\_\_\_ weeks \_\_\_\_\_ months *or*  
\_\_\_\_\_ years

\_\_\_\_\_ Don't know \_\_\_\_\_ Refuse to answer

2a. Do you use any health services? What type?

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Don't know \_\_\_\_\_ Refuse to answer

Types Used: \_\_\_\_\_

Approximately where are they located? \_\_\_\_\_

2b. Do you use any social services? What type?

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Don't know \_\_\_\_\_ Refuse to answer

Types Used: \_\_\_\_\_

Approximately where are they located? \_\_\_\_\_

3a. What types of health services would you like to see added to your neighborhood?

Types Needed: \_\_\_\_\_

3b. What types of social services would you like to see added to your neighbourhood?

Types Needed: \_\_\_\_\_

4. Do you participate in any programs or organizations in this neighbourhood? If so, which type?

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Don't know \_\_\_\_\_ Refuse to answer

Types Used: \_\_\_\_\_

5. What would make it easier for you to get involved in neighbourhood services?

---

6. Please tell me a little about yourself.

Gender:

\_\_\_\_\_

Age:

\_\_\_\_\_ Youth (15-24) \_\_\_\_\_ Adult (25-64) \_\_\_\_\_ Senior (65 or older)

Were you born in Canada?

\_\_\_\_\_ Yes \_\_\_\_\_ No

What is the language most frequently spoken at home?

\_\_\_\_\_

Do you ever have difficulties speaking or writing in English?

*Check all that apply:*

\_\_\_\_\_ Yes - speaking \_\_\_\_\_ Yes - writing \_\_\_\_\_ No

What type of home do you live in?

\_\_\_\_\_ Low-rise (2-4 stories) \_\_\_\_\_ High-rise (5 or more stories)

\_\_\_\_\_ Detached duplex or Row house \_\_\_\_\_ House

\_\_\_\_\_ Other



## **APPENDIX C: FOCUS GROUP GUIDE**

### **Introductions**

Participants introduce themselves by saying

- Length of time living in the neighbourhood
- What area they lived in before moving to this neighbourhood
- Do they have any family, friends, or acquaintances that live within walking distance

### **Services**

1. As a group, generate diverse examples of health and social services.
2. Participants individually write health and social service organizations that are geographically accessible to them, regardless of whether they have previously accessed these services.
3. Are there any health or social services in the neighbourhood that you think could be improved? How?
4. Are there additional health or social services that you would like to see in the neighbourhood that aren't here already? If so, what types?
  - Doctors, dentists, and children's programs are some of the things that people felt they needed when we were doing surveys. Would you agree, disagree, or modify that?
  - Would you be interested in programs related to food and nutrition? (ex. community gardens, community kitchens)
5. Research Facilitator to name 2 service types, and participants construct a model on how each of these might be implemented – where could it be located, what are potential challenges, what is a reasonable user fee (where applicable), could volunteers have a role, etc.
6. What would make it easier for you to get involved in neighbourhood activities?
  - More information, transportation, and financial support were some of the most common statements when we were doing surveys. Would you agree, disagree, or modify that?
7. Is there anything you would like to add about what services would be valuable in this neighbourhood