



**Hamilton Urban Core  
Community Health Centre**

**Focus on the Inner City:  
*Report on a Community Survey***

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## **Acknowledgements**

Hamilton Urban Core Community Health Centre gratefully acknowledges the participation of the community members, community leaders and service providing organizations in our community survey. We appreciate the time taken to organize groups, or to join in the discussions or to complete the survey and we value the responses and opinions shared with us throughout the process. Information gathered in this survey will be used to help guide Hamilton Urban Core in responding to the service needs of individuals, families and communities in the “core”.

## **Introduction**

Hamilton Urban Core is a vibrant agency mandated to provide health and health-related services to populations that experience barriers to accessing services. The Centre has been operating for the past 14 years and is an important part of the service mosaic in Hamilton.

Community health centres in general and Hamilton Urban Core in particular, have a long and substantial history of providing services and programs to diverse populations for many years. In many ways, CHCs are the trailblazers not only for team-based approaches in primary health care but also for expanding the definition of health and providing services based on the social determinants of health as a routine component of the service experience.

Identifying as an inner city health centre, Hamilton Urban Core reaches out individuals, families, group and communities who are marginalized, and often excluded, and who experience tremendous barriers to accessing the services and information they need to maintain good health and actively participate in the life of the community.

The quality of services provided by the Centre is as important as the range and relevance of service. As such, Hamilton Urban Core has a strong commitment to quality in all aspects of service delivery, community development and client interaction.

Quality service is also directly linked to learning about and understanding the need of the community and responding effectively. For this reason Hamilton Urban Core decided to conduct a community survey as one way in which to hear about the experiences and concerns of individuals, community groups, service providing agencies and organizations. The survey will also serve to identify service gaps and emerging trends, inform our service and program planning and identify potential areas to influence public policy.

## **Community Context**

The community survey focused primarily on the area defined by Wards 2, 3 and 4. This particular area was chosen because it is consistent with Hamilton Urban Core's primary service area and commitment to outreaching to the most marginalized in communities in Hamilton.

In a report on income and poverty the Social Planning and Research Council of Hamilton noted that nearly 90,000 individuals in Hamilton are living in poverty which represents slightly less than 20% of the city's population. Closer examination of neighbourhood data reveals that the number of people living in poverty in the "urban core" is actually 40% greater than those living in other

neighbourhoods or areas in Hamilton. Some of the other characteristics that describe the survey area include:

- Higher rates of unemployment and underemployment
- Greater number of new immigrants and refugees
- Higher percentage of homeless individuals
- Areas that may be categorized as food deserts
- High levels of sub-standard housing and long wait lists for affordable housing

High rates of poverty and other social factors are known to impact on access to services and information, life experiences, and health outcomes which underscores the importance of the focus on the survey area.

## **Approach**

The approach used for this community survey consisted of the following components:

- Literature Review
- Community Survey
- Provider or Agency Survey
- Focus Group
- Key Informant Interviews
- Findings
- Summary

Each of the components is described in this report

Two questionnaires were used in this survey which were both developed using the social determinants of health as a basis. Incorporating the social determinants of health in the questions would help in providing Hamilton Urban Core with a better snapshot of both health and health-related needs.

One survey was disseminated to the general public in wards 2, 3, and 4 in which 200 individuals responded. The other survey was distributed to service providing agencies and organizations using an online tool to which there were 27 responses received. Both surveys asked questions concerning service categories such as Housing, Employment Services, Food Security, Transportation, Mental Health, and Health Care.

English as a Second Language (ESL) and Language Instruction for Newcomers to Canada (LINC) classes were targeted specifically to ensure representation of new immigrants and refugees. Surveys disseminated in these classes were administered by teachers who offered to help and in some cases they also

provided assistance completing the survey. For some of the participating students who were just beginning to learn English interpretation or translation services were provided and some concepts like racism, and transgendered required definition and further explanation. The concept of mental health proved to be a difficult concept to explain for the teachers and difficult to deal with for the students.

A total of 6 focus groups were conducted in which 41 people participated and shared their experiences. Focus group questions related to 5 service categories:

- Health Care Services
- Mental Health Services
- Housing Services
- Employment Centres
- Food Services

Additionally, Hamilton Urban Core conducted two key informant interviews to research the needs of new immigrants and refugees. The key informant interviews were conducted by members of Hamilton Urban Core staff who were better connected to the community and had the ability to communicate with newcomers in the language of their choice.

## Literature Overview

A brief scan of literature was conducted to provide further context to the community survey.

- **Poverty**

While there are a number of social determinants of health there appears to be a high level of agreement with the notion that “poverty and social disadvantage ultimately are the root cause to ill health.” In this regard poverty is the overarching factor influencing all other social determinants and quality of life factors.

*“Good health involves reducing levels of educational failure, reducing insecurity and unemployment and improving housing standards. Societies that enable citizens to play a full and useful role in the social, economic and cultural life of their society will be healthier than those where people face insecurity, exclusion and deprivation”. (WHO second edition)*

According to a UN declaration poverty is "a condition characterized by severe deprivation of basic human needs, including food, safe drinking water, sanitation facilities, health, shelter, education and information. It depends not only on income but also on access to services." (Indicators of Poverty & Hunger Dr David Gordon 2005)

Relative poverty means being much poorer than most people in society and is often defined as living on less than 60% of the national median income.” (WHO Second Edition)

Statistics Canada has a measure of income levels based on family size and spending habits on basic needs such as food, shelter, clothing, and transportation called Low Income Cut Off's or (LICOs) but there is no official definition of poverty. LICOs have been used by many researchers as a useful indicator to measure poverty in their demographics. And it is especially useful when talking about poverty as a social determinant of health.

The deprivation index is another measure of poverty researched by the provincial government, the Daily Bread Food Bank, the Caledon Institute of Social Policy and Statistics Canada.

According to research, the items in the deprivation index are all widely seen by Ontarians as being necessary for a household to have a standard of living above the poverty level. Indicators used for the index include the following:

- i. Do you eat fresh fruit and vegetables every day?*
- ii. Are you able to get dental care if needed?*
- iii. Do you eat meat, fish or a vegetarian equivalent at least every other day?*
- iv. Are you able to replace or repair broken or damaged appliances such as a vacuum or a toaster?*
- v. Do you have appropriate clothes for job interviews?*
- vi. Are you able to get around your community, either by having a car or by taking the bus or an equivalent mode of transportation?*
- vii. Are you able to have friends or family over for a meal at least once a month?*
- viii. Is your house or apartment free of pests, such as cockroaches?*
- ix. Are you able to buy some small gifts for family or friends at least once a year?*
- x. Do you have a hobby or leisure activity?"*

The deprivation index is a useful tool because unlike the LICO the index it provides an image of the lived realities of being poor that goes beyond statistics.

- **Employment**

There are several reports that note the importance of an adequate income or meaningful employment to maintaining good mental and physical health. In recent years there has been resurgence in the campaign for a living wage, fair wages and adjusting social assistance financial levels. On one hand employment is tied directly to the ability to provide and/or pay for essential items such as food, clothing and shelter; on the other hand the importance of meaningful employment to mental wellness and fostering a sense of belonging is also noted. Both considerations are important to a healthy and vibrant community

- **Housing**

Safe, affordable housing is understood to be a basic human right yet the literature reveals that in many cities housing has become a significant issue for individuals and families who are living in poverty or are considered to be the working poor. Often the issue of affordable housing is intertwined with homelessness or the risk of becoming homeless. The Public Health Agency of Canada defines poverty in relationship to the indicator of affordable housing noting that the definition of 'affordable housing' must be seen as those who only pay 30% of their income on housing. Homelessness may be understood as living on the streets, staying in temporary, emergency, or transitional housing, staying in areas not intended for human living, being at eminent risk of eviction and being unable to afford current housing. The problem with affordable housing has become so widespread that a national campaign titled "Pay the Rent, Feed the Kids" was initiated to draw attention to the very real challenge experienced by families every day.

- **Mental Health**

Stress and addiction are everyday realities for many in the community. In addition, public interpretation and understanding of mental health and mental illness does not consider a range of issues as mental health which complicates matters further. Continuing anxiety, insecurity, low self-esteem, social isolation and lack of control over work and home life are all mental health issues that may have a powerful effect on one's health and wellness. According to the World Health Organization such psychological risks can accumulate during life and increase the chances of poor mental health and even premature death. There are many other aspects to mental health and well-being that are being considered in current research and service areas that may not have previously been recognized as mental health issues such as depression, anger, surviving torture and war and racism and discrimination. There remains a high degree of stigma associated with mental illness creating social exclusion, isolation and shame for many families and across communities. Certainly this exacerbates the situation and research informs that this cycle of misunderstanding and stigma contributes significantly to further isolation and anxiety.

- **Racism**

The Ontario Human Rights Commission in its description of racism notes "the social construction of race remains a potent force in society with real consequences for individuals. At the institutional or systemic level, racism is evident in organizational and government policies, practices, and procedures and 'normal ways of doing things' which may directly or indirectly, consciously or unwittingly, promote, sustain, or entrench differential advantage for some people and disadvantage for others." Some consideration to race has been given in research and policy formation with limited results and in many instances not

enough relevance. With renewed focus on the social determinants of health racism and racialization are being seen as important considerations to factor in considering access to services, programs and information.

- **Food Security**

An assumption can easily be made that the key driver for eating is of course hunger; however what we choose to eat is not determined solely by physiological or nutritional needs. Economic factors influence food choice in a number of ways that includes consideration of cost, household income and availability of and access to food and culture. Certainly poverty and low-income are undeniably the greatest risk factors for household food insecurity. Eating fruits and vegetables every day is used throughout the literature as a reliable indicator of healthy eating patterns and therefore presumably better overall health. In this regard access to and availability of good quality, affordable food makes more difference to what people eat than health education. (WHO second edition)

- **Transportation**

Most of the literature considers transportation as a determinant of health from two general areas related to health promotion. The first area relates to the social context or how transportation may be a factor in promoting good health and social activities for individuals and the community. Activities or initiatives in this area may be related to reducing the use of cars, taking public transportation as an alternative, promoting walking or cycling for exercise and being environmentally concerned. The second general area, conversely, relates to transportation as an access issue particularly for marginalized communities where access to such services as health care, grocery stores, employment, banks and other locations is dependent on public transportation. Where there are barriers to transportation due to poverty, lack of availability, distance, language, mental health issues or other barriers individuals and communities may have very limited choices in services and supports and poorer health outcomes. Certainly the degree of isolation and disengagement is more pronounced where transportation is limited or unaffordable.

## **Survey Results**

Two questionnaires were used in this survey which were both developed using the social determinants of health as a basis. Incorporating the social determinants of health in the questions would help in providing Hamilton Urban Core with a better snapshot of both health and health-related needs.

One survey was disseminated to the general public in wards 2, 3, and 4 in which 200 individuals responded. The other survey was distributed to service providing agencies and organizations using an online tool to which there were 27

responses received. Both surveys asked questions concerning service categories such as Housing, Employment Services, Food Security, Transportation, Mental Health, and Health Care.

The indicators used to develop the survey questions were established from the literature review to provide a baseline of health determined by specific categories:

- Health behaviours
- Socio-economic conditions
- Environmental factors

61% of the survey participants identified as female and 39 identified as male. Following is a summary of the results of the surveys.

## Results Related to Food Security

Concern about not having enough money to buy a complete month’s worth of food every month was a problem expressed to varying degrees by survey respondents.

**In the past year, how often have you been worried that food would run out before you had enough money to buy more?**

Almost Every Month	Some Months	1 or 2 times	Never	No Response
34.5%	19%	14.5%	29.5%	2.5%

53% of people surveyed reported being worried every month or some months that their food would run out before they had enough money to buy more food

The responses regarding emergency food access were divided almost equally between those who had access to food banks or soup kitchens because they did not have enough food (45.5%) with those who did not access these services (48.5%).

94% of the women responding to the survey who were worried that food will run out before they get money to buy more food reported having responsibility for a dependent; 90% of those women had to access a food bank within the last year.

➤ **Barriers**

Barriers related to Food Security:

- income
- transportation
- high food prices
- lack of community gardens
- limited choice and availability of nutritious food

Participants suggested that food banks offer food vouchers as well food products; that Hamilton should have more community gardens and grow more food locally. It was noted, however, that the cost of locally grown food must be affordable as some responded that locally grown food is usually more expensive and not in places that are easy to get to.

➤ **Gaps in Services**

Potential Gaps in services were identified as:

- Community education regarding food donations
- Availability of fresh fruits and vegetables
- Programs that provide options for affordable food

## Results Related to Housing

The Public Health Agency of Canada defines *'affordable housing'* as those who only pay 30% of their income on housing. Community members were asked to provide information about their housing costs and not surprisingly 75% of those responding spend at least half of their income on rent or mortgage payments.

**Q: Taking your best guess, how much of your income is spent on rent or mortgage?**

Less than half	Half	More than Half	Almost All	Don't Know	No Response
8.5%	16%	39%	20.5%	12%	4%

In total 75.5% of community members surveyed said that they spend half and more of their income on rent or mortgage. Of particular note is that 20.5% said that they spend almost all of their income on rent.

Viewing homelessness as the result of a lack of safe, affordable and adequate housing the survey inquired about feelings of safety. When asked if people feel safe where they live 26.7 % indicated that they do not feel safe where they live or are not sure if they feel safe where they live. However 71% of those responding

clearly indicated that they feel safe where they live. Further exploration of this question may provide additional information.

It is interesting to note that 30-40% of those asked who rent or have a mortgage did not know their rights as a tenant. They did not know that there are free legal services to help tenants advocate for themselves, nor did they know where to get information about legal clinics or the Landlord and Tenant Act.

➤ **Barriers**

Primary barriers identified by survey respondents for individuals and families accessing affordable housing are:

- Lack of adequate income to pay rent or mortgage
- Lack of safe, clean affordable housing
- Racism and discrimination experienced by tenants

Survey participants suggested that culturally appropriate information should be available regarding tenant rights, transitional housing, property standards and other subjects related to housing.

➤ **Gaps in Services**

There was unanimous agreement about the lack of affordable housing in the City as a primary service gap.

## Results Related to Employment

40% of people surveyed said there were not enough services to find and keep a job. 36% said yes there were enough services to find and keep employment. However, a lot of respondents wrote on the survey that there were “not enough jobs out there in the first place.”

Do you think that there are enough services to help you find and keep a job?

Yes	No	Don't Know	No Response
36%	40%	16%	8%

Many people did not respond to the employment questions in the survey. It is suspected that a high number of individuals in the survey are not working which may be an explanation for the low response rate in the employment section. Of those who completed the questions 47% indicated that they either do not work in a safe environment or don't know if the work environment is safe.

Some survey comments noted that “just because you know your rights doesn’t always mean you can enforce them”. It appears that the issue of worker safety is relevant among the survey respondents. While workplaces are required to uphold applicable employment legislation and inform employees of their rights reporting violations or unsafe work conditions is still highly political and frightening for people.

➤ **Barriers**

Barriers identified regarding access to employment:

- Lack of training for the positions available.
- Lack of recognition of experience / skills / education
- Language barriers
- Little or no work experience or history
- Affordable transportation

Suggestions for addressing these barriers included implementing meaningful mentoring programs or activities, providing job interview skills training, and ensuring that cultural and language appropriate information about employment services and training is readily available.

➤ **Gaps in Services**

Survey respondents indicated that the gaps in employment services may be addressed by:

- Ensuring there is an accreditation process that is accessible to recognize and evaluate skills/ education /experience of foreign trained professionals and workers
- More jobs available for people that pay a living wage
- Providing alternative education options
- Ensuring there is adequate, timely, affordable and reliable public transportation.

## **Results Related to Transportation**

Transportation refers to the various ways in which people are able to move around the city or community. Concerns about transportation are often connected to income and the nature of work, the location of an individual’s home and the extent of social supports.

**Can you afford to take a bus when you need to?**

Yes	No	Don't Know	No Response
59%	35%	3%	3%

72% of the survey respondents identified taking the bus as their mode of transportation. Of those taking the bus 59% indicated that they can afford to take the bus when they need to. However, a high proportion (35%) of the community survey respondents indicated that they cannot afford to take the bus when they need to potentially limiting access to job opportunities, housing and affordable and nutritious food. It is important to note that a monthly bus pass for an adult in Hamilton is 87 dollars.

**Results Related to Health Care**

Although there are a number of health care delivery models throughout the community access to quality health care and health services remains a significant challenge for hundreds of individuals and families. Most of the respondents surveyed indicated that they have a place where they usually receive their health care. Various types of health care services such as the hospital, walk-in clinics, doctor's office and community health centres were among those identified by survey respondents. Interestingly while 81% noted that they have a place to go for health care, nearly 40% indicated that they do not have a regular health care provider.

**Thinking of a recent time, was there ever a time when you felt that you needed care but you could not get to see your health care provider?**

Yes	No	Don't Know	No Response
27%	60%	9%	8%

**Why do you think you did not receive health care?**

Income	Health Card	Language	Don't Know	No Response
11%	13%	17%	14%	45%

It is important to note that not all of the survey respondents completed questions about access to health care; in fact, the most significant number is the category of "no response". It is unclear if people were unwilling or unable to respond or if the lack of response in this area was an indicator of any sort.

➤ **Barriers**

Survey responses noted the following barriers to accessing health care and services:

- Lack of transportation or inability to pay transportation cost
- Lack of information in plain language
- Language barriers
- Cultural differences and lack of cultural competence

➤ **Gaps in Services**

Survey respondents identified the need for more family physicians that provide holistic, client-centered, gender specific health care based on the social determinants of health and health care provided by culturally competent professionals who have received anti-racism training as ways in which to address current challenges and barriers.

## **Results Related to Emotional Wellness/Mental Health**

While the perception of mental health is improving there remain negative stereotypes and a lack of social supports for individuals and their families who are living with mental illness or who have mental health issues.

Income and employment status were most identified as stressors followed closely by physical and emotional well-being. Racism, language, and discrimination causing stress registered high with respondents. These numbers at first were thought to be general statements about stress. However, after further analysis all but five who responded as experiencing racism, discrimination, and language as the cause of stress in their life also identified themselves as having taking English as a second language course indicating that they may be new immigrants, new Canadians or refugees.

Several individuals noted that they felt the need to speak with a professional regarding the stress in their life.

**Have you ever needed to talk to a health professional about your stress?**

<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
41%	49%	10%

However, it also appears from the responses that there was reluctance to actually speaking with a professional as well as to identifying why they did not speak to a professional.

### Did you talk to a professional?

Yes	No	Don't Know	No Response
26%	66%	2.5%	5.5%

## Barriers Identified in the Service Provider Survey

Lack of information about mental health services is the number one barrier identified by service providers responding to the survey. Language, cultural differences and transportation were also identified as key barriers.

Culturally appropriate information to reduce the stigma attached to mental health is one solution that was provided. Interpretation services for those who experience language barriers and transportation assistance for those who have to go to medical appointments were also suggested. 33.3% of those responding also felt that mental health professionals should have anti-racism training.

### ➤ *Gaps in Services*

Respondents identified the need for service providers who delivered holistic, client centered, gender specific health care based on the social determinants of health and services to be provided by culturally competent professionals who have received anti-racism training.

### Top Four Responses to Gaps in Services

- ✓ Client-centered approach
- ✓ Cultural competence
- ✓ Anti-racism training
- ✓ Gender-specific care

## Focus Group Outcomes

There were a total of 6 focus groups completed for the purpose of the community needs assessment. Questions were asked around 5 service categories. They are:

- Health Care Services
- Mental Health Services
- Housing Services
- Employment Centres
- Food Services

Members of the community were invited to share their experiences about using these services in the city.

Focus groups participants were provided with information about the research project and its intended use. Ground rules for participation were established with the participants and individual consent forms were signed.

Community members were all aware of the services offered in the community and they had accessed various types of services within the last year. Most people heard about the services from friends and neighbours or from an agency that they would regularly visit such as a soup kitchen or a community health centre; or an immigrant service agency. In some instances the focus group itself was a source of information as a couple of community members explained.

*“I didn’t know that there were free legal clinics to help deal with bad landlords”*

*“Really, you can just call your local MP and they will help!”*

Community members found the information from these service agencies helpful and easy to understand. However, almost every member of each focus group complained about a lack of information from their health care provider. The majority of participants access family doctors and noted that appointments are very “quick” and felt there was not enough time spent. It was noted that newcomers to the country did not always have access to translated information as service agencies and providers do not necessarily have translated materials about the services they offer.

### ***Food Environment***

Common themes among the focus groups about food services are that many people experience food insecurity and have to access a food bank or soup kitchen. People feel that the food given at food banks is minimal and little choice is available.

*“They give out very little food”.*  
*“There needs to be more food banks”*

Food banks require personal information and identification to provide individuals with food and those participating in the focus group had strong comments about these criteria. Seniors in the group who accessed food banks noted that they are astounded by the amount and nature of information required by the food bank. Some noted that food banks require proof such as “bills and how much income you make”.

*“It is degrading to have to go to a food bank in the first place;  
and even more so for the little amount that I get”*

The group noted that for those who are diabetic or have special diet requirements such as with Halal food, the food bank is just not a good option for them. And the group commented on what they felt is a prevalent problem for food banks in Hamilton which related to the overwhelming amount of expired food that is donated to the food banks. They further noted that it seems as though these items may go unchecked by the food bank staff and then are distributed to the public. Expired food from food banks was noted as a problem by many of the participants who also indicated a desire to eat “food that is good for you”. Most at the focus group agreed that it is important to inform or educate the public about appropriate donations since they are the primary source of food supplied to the food banks.

At the same time, community members did have a many positive things to say about food banks and soup kitchens. Overall, there was a feeling of gratitude that these services are available. One particular service was mentioned numerous times as having great food service.

*“They give out the most food.”  
“You can go there many more times than other ones.”*

### ***Housing Services***

Community participants in the focus groups had a lot of experience with housing. Many applied for affordable housing, some were renters, and others have accessed and used shelters.

Participants reported that there is no affordable housing in Hamilton; and the wait list for affordable housing is several years long.

One participant commented:

*“If you are single, they won’t even consider putting you on the wait list.”*

The group generally felt that rent is very expensive in the city and that there is no rent control. Participants expressed that landlords are very often difficult to deal with. They noted that they (the landlords) “never seem to want to fix anything and only provide band aid solutions when they do”. In addition to this, it was noted that the problem of bed bugs is getting worse in the city and landlords are not managing the situation very well. Some participants commented that landlords try to deal with the bed bug issue by spraying an apartment here or there in a building.

*“Don’t they know that they have to do the whole building...spraying one apartment just moves the bugs around....they will be back in a month”*

As stated earlier many members of the community are not aware that there is free legal help to assist those who have problems dealing with landlords. This offered a bit of hope for those experiencing problems because they expressed being tired of going to the tribunal to bring forward issues.

The focus group of seniors happened to live in ‘affordable housing’ meaning that the rent was based on the income of the individual. Some members of the building paid full market value rent and some did not. There were many, many complaints about very real safety issues including broken concrete at the entrance of the building or seniors being required to paint the community room in the building themselves. The group felt strongly that they are being taken advantage of and wrongfully pushed around.

New immigrants expressed a fear in raising any issues with housing as they felt that that the landlord will “kick them out” for standing up for themselves. In some cases participants noted that their complaint was turned around on them in a negative way. For example, negative comments were made about some of the families and their children in what was believed to be a way to avoid the dealing with the real problems with the living conditions. One participant recalled an exchange with the landlord where instead of dealing with the complaint about the housing the landlord responded publicly saying:

*“Look at them with all their kids...they wrecked this place”*

Many participants have accessed shelters and generally felt that shelters are an unsafe environment.

### **Health Care**

All members of the focus groups have accessed health care services of some sort. The health service locations identified most frequently by the group by participants included the doctor’s office, walk-in clinic, pain clinics and hospitals. A few people accessed community health centres and the group expressed an interest in hearing more about the range of services available at a community health centre.

Community members shared their experience of long wait times and the need for more doctors. Every focus group explained that when they finally get to see their doctor after waiting so long they are usually examined quickly and then rushed out of the office.

*“I had many things to talk to my doctor about...I get so rushed that I leave without even talking or asking half the questions I wanted too.”*

*“They never give you enough information about your health...it’s like they just don’t care.”*

Many community members expressed frustration with the health care system. Some blame doctors for over prescribing highly addictive pain medication and others expressed great concern over the cost of medication. This was an issue particularly amongst seniors between the ages of 60 and 65 who do not have their medication covered by the Canada Pension Plan (CPP) and feel that there only choice is to go on social assistance to survive.

*“I have worked all of my life; now I have to go on welfare just to get my medication...it’s ridiculous.”*

### ***Mental Health***

Not many focus group members have accessed mental health services or did not feel like admitting to it or discussing it. When asked about how they defined mental health most people were informed. Despite a broad range of services under the umbrella of mental health, focus group respondents still said that mental health is stigmatized. Of those that have accessed mental health services they commented that they did not like their experience.

There were members of the focus group that did have good experiences accessing services for treatment of addiction and detoxification centres.

New immigrants expressed that they like the fact that if they see someone in the community who has mental health issues they are not laughed at or abused. Some commented that mental illness is neither understood nor tolerated in their country of origin.

*“Even the children chase those people away with sticks”*

Community members commented that they believed that mental health services are only for extreme cases such as with chemical imbalances and were not aware that depression and anger were considered mental health issues.

## Conclusion

*The World Health Organizations report titled ‘Social Determinants of Health, The Solid Facts Second Edition’ states that...” While medical care can prolong survival and improve prognosis after some serious diseases, more important for the health of the population as a whole are the social and economic conditions that make people ill and in need of medical care in the first place. Life expectancy is shorter and most diseases are more common further down the social ladder in each society. Health policy must tackle the social and economic determinants of health. Nevertheless, universal access to medical care is clearly one of the social determinants of health. Health equity is for everyone”. (WHO, The Solid Facts Second Edition)*

In the process of the community survey 6 focus groups were held and 227 survey responses received providing a snapshot of the issues and concerns of individuals, groups, communities and service agencies in the inner city. A number of key items were highlighted regarding food access, housing, income, access to services and social inclusion that can be used to assist in planning and with communication with other service providing agencies and community partners. This snapshot also is a call to action for Hamilton Urban Core to continue to outreach to and engage marginalized populations.

The community survey summary will be reviewed by the management of Hamilton Urban Core as next steps are carefully considered.

## Terms and Definitions

**Community:** for the purposes of the survey, community refers to groups of people with a shared geographical location, as well as groups of people with a common bond (such as culture, race, language) and groups of people of common interest

**Cultural competence:** refers to the ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds and religious beliefs in a manner that recognizes, affirms and values cultural difference and similarities

**Deprivation index:** is a list of items which are widely seen as necessary for a household to have a standard of living above the poverty level

**Emotional wellness:** refers to the degree to which an individual feels positive and enthusiastic about themselves and their life

**Food security:** food security exists when all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life

**Health care:** refers to the wide range of health services and programs available throughout the community or city

**Immigrant:** One who moves from his/her native country to another with the intention of settling for the purpose of forging a better life or for better opportunities which may be for a variety of personal, political, religious, social or economic reasons

**LICO:** refers to the Low-Income Cut-Off. LICO is an index that represents an income threshold where a family is likely to spend 20% more of its income on food, shelter and clothing than the average family, leaving less income available for other expenses such as health, education, transportation and recreation

**Mental health:** a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (World Health Organization)

**Racialization:** The process through which groups come to be designated as different, and on that basis subjected to differential and unequal treatment. In the present context, racialized groups include those who may experience differential treatment on the basis of race, ethnicity, language, economics, religion, culture, politics, etc. That is, treated outside the norm and receiving unequal treatment based upon phenotypical features (Canadian Race Relations Foundation)

**Racism:** A mix of prejudice and power leading to domination and exploitation of one group (the dominant or majority group) over another (the non-dominant, minority or racialized group). It asserts that the one group is supreme and superior while the other is inferior. Racism is any individual action, or institutional practice backed by institutional power, which subordinates people because of their colour or ethnicity (Canadian Race Relations Foundation)

**Refugee:** A person who flees their country of nationality because of a well-founded fear of being persecuted for reasons of race, religion, nationality, culture, gender, torture, abuse, sexual orientation, and/or membership of a particular social group, or political opinion

**Social determinants of health:** The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries. (World Health Organization)

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