

# West Central Health Assessment Project

## Final Report

November, 2006



## Table of Contents

EXECUTIVE SUMMARY	4
-------------------	---

### **Chapter 1: Introduction**

Project Background	5
Project Goals	5
Project Coordinator	6
Steering Committee	6
Associated Groups	6
Methodology and Approach	7
Community Involvement	9

### **Chapter 2: West Central Community Profile**

Location/Map	10
Demographics	11
Diversity	12
Education	12
Income/Employment	12
Health Indicators	13
Non-medical Determinants of Health	14
Health Services in the Community	16
Service Delivery Issues	17
Contextual Information	18

### **Chapter 3: Surveys**

Background/Process	18
Sample Survey	19
Common Themes	20
Results	20

### **Chapter 4: Key Informant Interviews**

Background/Process	21
Sample Questions	21
Common Themes	23
Results	24

## **Chapter 5: Focus Groups**

Background	25
Community Facilitator	25
Focus Group Format	26
Dotmocracy	28
Common Themes	29
Results	30
Top 5 Community Priorities	30

## **Chapter 6: Community Health Priorities**

Summary of Results	31
Top Healthy Aspects	31
Top Unhealthy Aspects	31
Top Activities to Improve Health	32
Top 5 Overall Priorities	33
Safety and Crime	34
Physical Environment	34
Healthy Lifestyle	34
Healthy Childhood	35
Community Involvement	36
Analysis	37
Final Word	38

References	39
------------	----

Appendix A	40
------------	----

List of health related services and programs in the West Central Community

## **Executive Summary**

The West Central Health Assessment Project was a six month research project designed to identify the health priorities of the West Central Community of Winnipeg. The goal of the project was to develop a report that could assist funding agencies and service providers to develop programs and services that addressed the health needs and priorities of West Central community residents.

The project was started at the request of funding agencies who were receiving many applications for funding related to health from community organizations and service providers in the West Central area. The health assessment was overseen by a steering committee, who, together with the project coordinator, developed a research design. This design included the use of health promotion material, surveys, collaboration with other community consultation processes, as well as 10 key informant interviews and 8 focus groups with diverse groups within the community. A final meeting was held in early November to bring the results back to the community and provide an opportunity for further community input. This information was analyzed and is presented within this report. A summary of the finding is provided below.

### **Top 5 Overall Community Health Priorities**

- 1) Safety and Crime
- 2) Physical Environment
- 3) Healthy Living/Food Security
- 4) Healthy Childhood
- 5) Community Involvement

### **Common Themes**

- 1) ***Poverty*** was a theme that was a key factor in each of these priorities identified by the community. It was likely not identified as a priority in and of itself by participants because it is a reality that affects EVERY aspect of their lives. It was discussed frequently and appears to be at the root of most of these concerns.
- 2) ***Stress and Mental Health*** was another theme that was present throughout the health assessment. Again, it is a reality that touches every aspect of people's lives – a by-product of poverty. For many people in this community, just surviving and meeting basic needs is stressful.

## **Project Background**

In recent years, service providers have seen an increasing need for health and health determinant-related programming and services. Funders have seen a rise in applications for funds for such programs. The West Central Health Assessment ran from May 2006 to November 2006. It was initiated by four partner organizations (Klinik Community Health Centre, St. Matthew's Maryland Community Ministry, Spence Neighbourhood Association and the Diocese Aboriginal Ministry), who wanted to develop a health promotion/priority plan with community and collateral service providers to address health promotion, community building and program sustainability in the West Central Community. Funding for the project came from Neighbourhoods Alive! and Manitoba Health (check with Rosemarie on this).

## **Project Goal**

The primary objective of the project was to develop a report that identifies the health priorities of the West Central Community. This report is intended to be used to help funding agencies and program and service providers in future planning, priority setting and resource development. This can promote healthy living in the West Central Community. These priorities were determined through a series of community focus groups, key informant interviews and surveys.

## **Project Coordinator**

The West Central Health Assessment Project Coordinator is Freyja Arnason. She studies at the University of Manitoba, and is completing her thesis for a Master's of Arts in political studies.

## **Steering Committee**

The first step in the project was to form a steering committee to oversee the research, and to advise and assist the project coordinator, particularly in making community contacts. Committee membership consisted of representatives from local service providers:

Rosemarie Gjerek	Director of Health education	Klinik Community Health Centre
Gerry Pearson	Director–	Healthy Living Program
Genny Funk-Unruh	Community Outreach Worker –	Klinik Community Health Centre
Pamela Zorn		Winnipeg Regional Health Authority
Inonge Aliaga	Executive Director –	Spence Neighbourhood Association
Ingrid Derry Peters		St. Matthew's Community something

## **Associated Groups**

- Healthy Living Program
- Klinik Community Health Centre
- Spence Neighbourhood Association
- St. Matthew's-Maryland Community Ministry
- West Central Community Service Providers
- West Central Community Residents

## **Methodology**

The West Central Health Assessment Project employed several methods of research to create the final report. Qualitative research, including census information and health indicators, were used to provide a background and profile of the West Central Community. The project includes an up to date inventory of neighbourhood associations, community organizations, and service providers working in the West Central Community. The project coordinator was also involved closely with other community consultations taking place at the same time – providing the community with a sense of continuity and reaching as many community members as possible. Primary research took the form of surveys, key informant interviews, and focus groups

### **Project Activities:**

**The following activities were undertaken during the course of developing this report**

- 1) The project mandate was reviewed and objectives were clarified with the steering committee
- 2) Trust building and familiarity activities took place in the West Central area, through participating in community events
- 3) Conducted a review of literature related to health promotion, community-based participatory research practices, and community-based health research models
- 4) Gathered qualitative, health-related information on the West Central Area
- 5) Health promotion information was developed for use throughout the process. This included an accessible, easy to understand diagram that linked health to the various determinants of health. It also served as a health survey, with questions in the bottom portion of the paper.
- 6) From this research and the discussions with the steering committee, a research plan for the project was developed consisting of community contact/outreach and surveys; a series (at least 10) of key informant interviews with residents in the community; a series (10) of focus groups on health issues and priorities in the community.
- 7) Community health surveys were distributed at the Ellice Street Festival in June, promoting awareness about health in the community and eliciting responses from residents regarding their perceptions on the meaning of health and identifying factors that help keep them either healthy or unhealthy. Participation in this process was overwhelming, with over 100 surveys filled out by community residents in one day.

- 8) Participated in the Neighbourhoods Alive! Community Assessment focus group process throughout June. The project coordinator attended each focus group and asked community health-related questions and distributed the health survey at the end of the session. This served to familiarize the community with the health assessment project and the project coordinator, and to highlight many of the community's perceived assets and deficits, as well as development priorities.
- 9) Key informant interviews were conducted – they have been recorded and identities of the key informants will be protected.
- 10) Focus groups were conducted. The groups were selected to represent as many community members as possible: women, youth, seniors, aboriginals, young mothers, general community meeting, service providers, new Canadians, drop-in centres etc. Reports have been written on each of these focus group meetings.
- 11) The collected information was synthesized and a power point presentation was created.
- 12) A community meeting was held in November where this information was presented to community residents who participated in the Health Assessment project research process. Feedback, input and final comments about the information was gathered.
- 13) A final report was developed, highlighting the community health priorities, areas for improvement, possibilities for improvement and directions for future research.
- 14) The report and information was distributed to service providers to assist with program development/planning.



## **Community Involvement**

This project has emphasized community involvement and participation. Guidance was sought from two experts in the field of international and community development (Dr. Judith Harris (UofW) and Dr. Bruce Arnason (PhD – international development/project management – University of Bradford, England). The research process was designed to promote health and healthy living while gaining information and opinions about health issues and priorities from community residents.

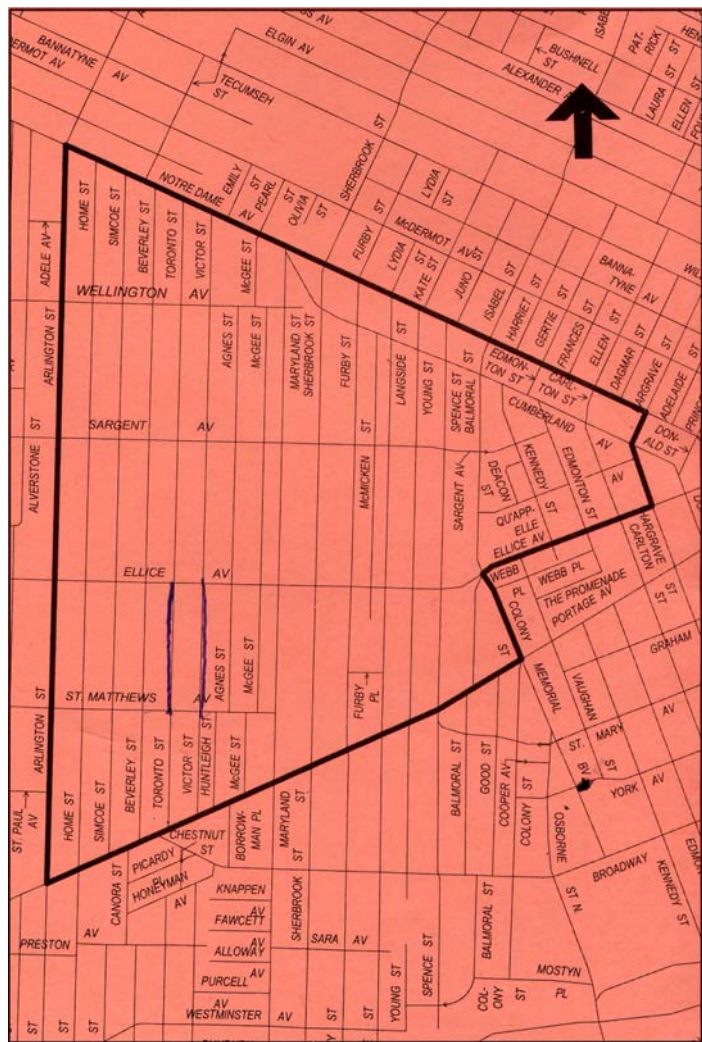
Participation in the Neighbourhoods Alive! community consultation focus groups allowed us to reach many community members and groups, and raise questions about health. Our own focus groups have provided the opportunity to examine community health issues in further depth with community residents. The key informant interviews have allowed for the study of even more complex and detailed opinions on community and health.

The project employed two community residents to help facilitate the focus group meetings and 2 community residents to provide childcare at the meetings. Food for the focus groups was provided by the local Ellice Café and the catering group at Wolseley Family Place. A final community meeting was held on November 9<sup>th</sup>, at St. Matthew's church. All community members who participated in this research process were invited to learn the findings of the health assessment and provide further input into the results and recommendations included in this report.

## West Central Community: Background Information/Profile

All statistical information was gathered from the neighbourhood profiles in the 2001 census. This information represents the most current socioeconomic information available. These socio-economic factors have been closely linked to health, which allows us to analyze, understand and predict health needs and priorities in the community.

### Location/map



## Demographics

In order to understand the community health priorities it is essential to identify who lives in the community. In 2001 there were 9725 people living in the Daniel McIntyre neighbourhood and 5885 people in St. Matthew's, making a total of 15,610 people in the heart of the west central community. These people are more mobile within the city of Winnipeg than people in other areas and less mobile out of the province and internationally. There is a high concentration of children aged 0-19 years in the area, in comparison to the rest of Winnipeg and approximately equal numbers of men and women. The total population of the West Central Community has been declining in numbers since the 1970's. It will be interesting to see the results of the 2006 census.

\*NOTE: Wherever possible, Daniel McIntyre and St. Matthew's census profiles were used instead of the Downtown West neighbourhood cluster statistics, because the cluster statistics incorporate information about areas that include Wolseley, Minto, and Polo Park, which may have a different demographic and extend beyond the boundaries of the community this report is concerned with. However, where information for the "core" west central area was unavailable, the Downtown West statistics were used.

POPULATION BY AGE	DANIEL MCINTYRE			CITY OF WINNIPEG
Age Group	Male	Female	%	%
0-4	430	355	8.1%	5.9%
5-9	335	360	7.1%	6.6%
10-14	395	380	7.9%	6.6%
15-19	400	385	8.1%	6.6%
20-24	340	380	7.4%	7.2%
25-29	390	255	6.5%	7.0%
30-34	345	325	6.9%	7.0%
35-39	460	365	8.5%	8.2%
40-44	390	395	8.0%	8.2%
45-49	315	330	6.6%	7.7%
50-54	270	270	5.5%	6.9%
55-59	175	225	4.1%	4.9%
60-64	145	180	3.1%	3.9%
65-74	220	360	6.0%	7.0%
75+	195	410	6.2%	6.3%
<b>TOTAL</b>	<b>4,775</b>	<b>4,955</b>	<b>100.0%</b>	<b>100.0%</b>

POPULATION BY AGE	ST. MATTHEWS			CITY OF WINNIPEG
Age Group	Male	Female	%	%
0-4	225	225	7.7%	5.9%
5-9	230	205	7.4%	6.6%
10-14	215	180	6.7%	6.6%
15-19	175	200	6.4%	6.6%
20-24	215	240	7.8%	7.2%
25-29	220	175	6.7%	7.0%
30-34	265	210	8.1%	7.0%
35-39	325	200	9.0%	8.2%
40-44	195	260	7.8%	8.2%
45-49	225	180	6.9%	7.7%
50-54	145	185	5.6%	6.9%
55-59	135	90	3.8%	4.9%
60-64	75	105	3.1%	3.9%
65-74	180	155	5.7%	7.0%
75+	115	315	7.3%	6.3%
<b>TOTAL</b>	<b>2,940</b>	<b>2,925</b>	<b>100.0%</b>	<b>100.0%</b>

## **Diversity**

The West Central Community is culturally diverse with approximately 18% identifying as Aboriginal and 40% identifying as visible minorities. Immigrants from many different countries make up about 38% of the neighbourhood. Highest concentration from one country is from the Philippines. There are over a dozen different religions within the community. A large percent are Roman Catholic, and a large number of people have no religious beliefs.

## **Education**

The West Central Community lags behind the rest of Winnipeg in terms of education. Only 8.7 percent of adults in the community have a university bachelor's degree or higher compared with 18.3 percent in the rest of Winnipeg. Almost 42% of adults in the West Central Community do not have a high school diploma.

## **Physical Environment**

There is a mix of businesses, houses and apartment complexes in the West Central Area. It is a "walkable" community, meaning that schools, stores, community centres etc are fairly concentrated, which is convenient for many residents who do not have access to vehicles. This is an older community with large, beautiful trees and character buildings, however many buildings are in need of repair.

## **Housing**

Mix of large family houses, apartment buildings, owners and renters. Between 50 and 60% of people in the community are renters. Average rent is approximately \$450 per month vs. \$541 in city of Winnipeg. Average value of a dwelling is around \$48,000 vs. \$100,525 in Winnipeg. Most buildings in the area were constructed before 1946, and many are in need of major repairs.

## **Income/Employment**

Unemployment is more than twice as high in this area (11.5%) than in the city of Winnipeg on average (5.7%). Average employment income is about \$18,000 in the West Central community and \$29,145 in the city of Winnipeg. This low income may be associated with myriad other factors, including low education/skill levels.

## **Families**

There is almost twice the number of 5 or more person families in the West Central area than in Winnipeg as a whole. There are significantly more single mothers (about 25%) in the West Central neighbourhood than in all of Winnipeg (15.4%).

## **Health Indicators**

We are going to talk about health indicators and non-medical determinants of health\*\*\*\*\*“Health indicators are standardized measures by which to compare health status and health system performance and characteristics among different jurisdictions in Canada” (*Canadian Institute for Health Information*). Health Indicators are useful in monitoring the health of populations and the functioning of their local health system through quality comparative information on:

- the overall health of the population served
- the major non-medical determinants of health in the region
- the health services received by the region's residents
- characteristics of the community or the health system that provide useful contextual information (CIHI)

Transition – point out relevance

## **Major Non-Medical Determinants of Health**

A variety of non-medical factors have been proven to have a significant effect on health. Many of these factors are related to socio-economic status. The following indicators are a combination of the Health Canada “health determinants”, indicators used by the Canadian Institute for Health Information and indicators used by the Manitoba Child Health Atlas (2004) as non-medical determinants of health.

### **Life Stress**

This refers to the proportion of population aged 18 and over who described their level of life stress as “quite a lot”. Although statistics for this specific region do not exist, it is apparent that stress levels are often high among people of low socio-economic status. (*Statistics Canada, Canadian Community Health Survey, 2003*) Stress was repeatedly mentioned as an “unhealthy” factor in the focus groups, interviews and surveys of this project. Stresses included :worries about money, concern about losing children to gangs, drugs or CFS, poor health related stresses (mental illness, diabetes), worries about addiction, stress about safety in the community, stress caused by sub-standard housing, isolation and many other factors.

### **Sense of Community Belonging**

Research shows a high correlation between sense of community belonging and physical and mental health (*Stats Can, Canadian Community Health Survey, 2005*). This health assessment supports this correlation. Community involvement and belonging were constantly identified as healthy activities. More community involvement was seen by residents as a way to improve the overall health of the West Central Community.

### **Leisure-time /Physical Activity**

Leisure time and physical activity are stress relievers. Physical activity has immeasurable health benefits. Many people in this community feel like they do not have the time or money to enjoy these activities. However, many people in the community do a lot of walking, and it makes them feel healthy.

### **Smoking Status/Alcohol Use**

Statistics show that people who smoke, drink or use narcotics on a regular basis are more likely to have health problems. Addictions were identified, during the course of this research, as significant problem for many people in the West Central community. This contributes a variety of health problems, including family dysfunction/separation, inability to maintain employment, increased risk of various physical ailments/disease, etc.

\* NOTE: It was suggested by several people throughout this research that addictions were closely associated with stress levels. If people in the community were taught how to manage their stress or if they had more respite, leisure-time, physical activity and coping skills, it could help fight addiction.

### **Dietary Practices**

A healthy diet is essential to overall good health. Although most people in the community understand the importance of a healthy diet and have a fairly accurate idea of what a healthy diet is, many feel that they do not have enough money to pay for both rent and healthy food. Healthy food like lean meat, fruits and vegetables are expensive. Some have said that they do not know recipes to cook healthy food, or that they do not have time to cook healthy food. Some do not even have access to the appliances needed to cook. Many have said it is inconvenient to go to the larger stores (outside the area) where it is possible to buy healthy food at better prices.

### **Unemployment Rate**

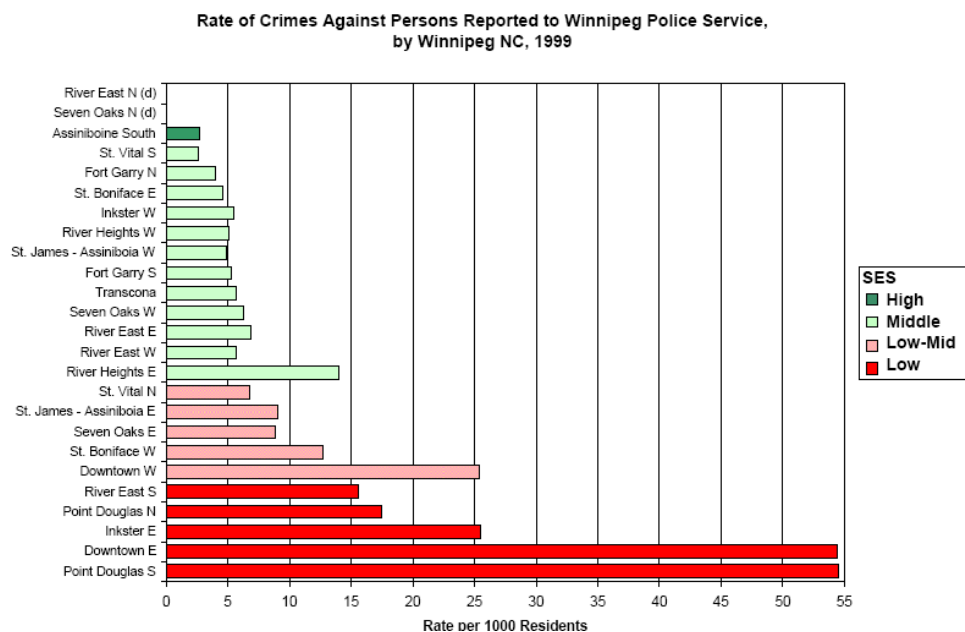
The unemployment rate refers to the proportion of the labour force aged 15 and over who did not have a job during the reference period. The unemployment rate is a traditional measure of the economy. Unemployed people tend to experience more health problems. *(Source: Statistics Canada, Labour Force Survey, special tabulations.)* The unemployment rate in the West Central community is 10.5%, which almost twice as high as the rest of Winnipeg that has a rate of 5.7% unemployment.

## Low Income Rate (income for the year prior to the Census)

Low income rate refers to the proportion of population in economic families and unattached individuals with incomes below the Statistics Canada low income cut-off (LICO). The cut-offs represent levels of income where people spend disproportionate amounts of money for food, shelter and clothing. Low income rate is a widely used measure of socio-economic status. Higher income is associated with better health (Statistics Canada, 1996 and 2001 Census). The average low income rate in the West Central area is at least twice as high as the average low income rate in the rest of Winnipeg.

## Crime/Safety

When people are worried about their basic physical safety, stress levels increase and their health suffers. In the West Central Area, crime and safety are serious concerns. These concerns are supported by statistics.



Source: Manitoba Child Health Atlas 2004

[http://www.umanitoba.ca/centres/mchp/reports/child\\_inequalities](http://www.umanitoba.ca/centres/mchp/reports/child_inequalities)

**Other non-medical determinants/indicators of health:** childcare, healthy childhood, recreation programs, parks/green space, education, job skills training, employment, housing, environment, infrastructure, family, parenting, and other factors.

## **Health Services Received by Residents/ Existing Programs and Services**

Residents of the West Central Area, like all Canadians, have access to the services provided by the Canadian health care system. Although there is no hospital directly in the West Central community, both the Health Science Centre and the Misericordia Health Centre are very close. There are numerous walk-in clinics and a variety of other health-related services, including services that address non-medical determinants of health. The following section provides a brief overview of the kinds of services and programs currently available to community residents. While it is not the mandate of this health assessment to provide a comprehensive summary or analysis of existing services and programs in the West Central area, the report highlights some of the common problems and pitfalls of program and service delivery. Appendix A provides a current list of health service organizations, community social service organizations and community and recreation centres in the West Central area. There may be some overlap between categories.

### **Types of Service Available**

A variety of health services are available in the West Central Community. They range from medical clinics, chiropractic clinics and holistic health services to numerous programs and services that address health determinants. A few of these programs are: The Healthy Living Program which provides programs, outreach and education to community residents about eating healthy, being physically active and reaching individual health potential. Healthy Start for Mom and Me programs are very popular in this area, as are community gathering places like St. Matthew's Church, MERC, Ma Mawi (FULL NAME) and the West Central Women's Resource Centre, where services and programs are offered relating to childcare, parenting, cooking, job skills and training and many other health-related issues. There are also crisis hotlines, food banks, shelters and addictions counselling services. For a full list of health related services in the area see Appendix A.



### **Common Problems of Service Delivery**

Without conducting a major study on the coordination of service providers in the West Central Area, it is only possible to make general observations about potential problem areas in regard to service delivery. Service providers generally work well together and share common goals of community development and the improvement of quality of life for community residents. Problems with coordination, overlap, competition for limited resources are common in any community. Although there was some limited discussion of these issues throughout the health assessment, this is not something that most residents identified as a problem. In general, residents expressed a desire for more and expanded programs and services. Also, many people commented on the lack of advertising for existing programs, and their uncertainty of how to access the programs. Many people expressed a preference for one central location where they could access all types of programs and services, for their entire family.

### **Useful Contextual Information**

There is a high concentration of Aboriginal people in the West Central Community – many experience a particular set of problems including culture shock and period of adjustment when moving to the city from northern communities. The special situation of Aboriginal health in Canada, which is significantly poorer than the health of other Canadians, may also play a role in the overall health of this community.

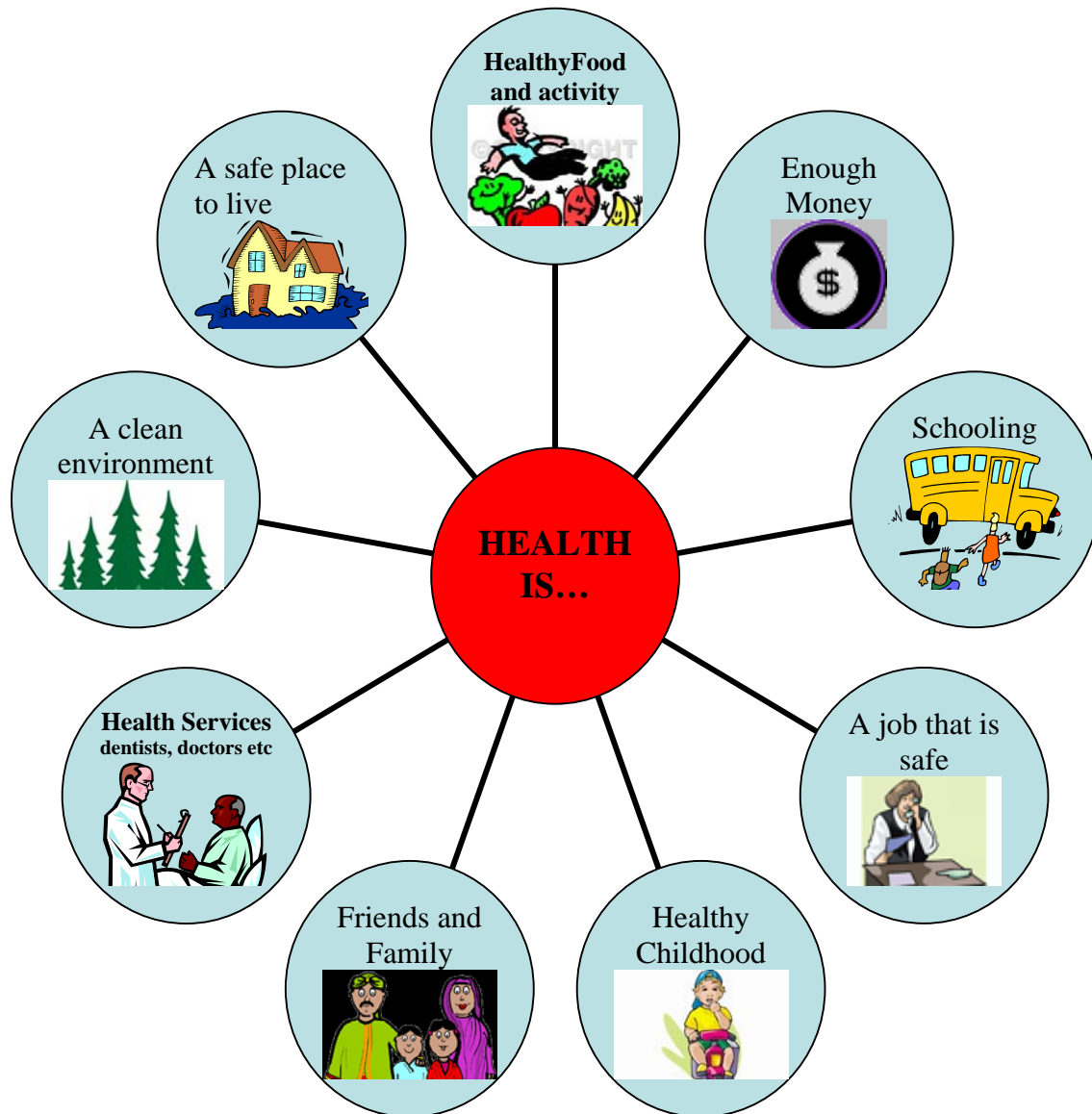
The next step in the project was to conduct key informant interviews, which is examined in the following chapter.

## CHAPTER 3: Surveys

### **Background/goal – health promotion**

An important aspect of the health assessment project was to incorporate the principle of health promotion. This was accomplished through the creation of a health promotion pamphlet, used throughout the process. This included an accessible, easy to understand diagram that linked health to the various determinants of health. It also served as a health survey, with questions in the bottom portion of the paper. These community health surveys were distributed at the Ellice Street Festival in June, promoting awareness about health in the community and eliciting responses from residents regarding their perceptions on the meaning of health and identifying factors that help keep them either healthy or unhealthy. Participation in this process was high, with over 100 surveys filled out by community residents in one day. This health promotion information/survey was also distributed at every community focus group and meeting attended, including the Neighbourhoods Alive! community consultations and the key informant interviews. On the next page is a sample of the community health survey that was used.

## SAMPLE HEALTH PROMOTION/SURVEY



What is health?

What makes you healthy?

What makes you unhealthy?

What things in your community make you unhealthy?

## **Common Themes and Comments**

Top 5 responses to health survey questions:

### **What does the term “health” mean to you?**

- 1 healthy eating
- 2 balance
- 3 physical activity
- 4 well being/happiness
- 5 Safety

### **What helps keep you healthy?**

- 1 healthy eating
- 2 community involvement/ personal connections
- 3 a safe place to live
- 4 mental state – happiness, laughter
- 5 physical activity

### **What makes you unhealthy?**

- 1 unhealthy diet
- 2 lack of activity
- 3 addictions
- 4 not enough money
- 5 stress/mental health

### **What in the community makes you unhealthy?**

- 1 crime – violence, gangs, prostitution, drugs
- 2 unclean environment – not enough green space, garbage, litter
- 3 unsupervised children and poor parenting
- 4 poverty, not enough money
- 5 stress/mental health

## **Results**

### **Top 5 Community Priorities from Surveys**

- 1 Healthy Eating
- 2 Safety/Crime
- 3 Physical Activity
- 4 Stress/Mental Health
- 5 Physical Environment

## **CHAPTER 4: Key Informant Interviews**

### **Background**

The 10 key informant interviews were designed in order to obtain in-depth and detailed opinions and information about health priorities in the west central community. Interviews lasted from 45- 75 minutes and covered a variety of topics.

For reasons of confidentiality, the ten key informants will not be named in this report. All key informants were community residents identified by members of the steering committee and by other key informants. They represent both men and women from their early 20's into their 70's, as well as a variety of ethnic, social and economic backgrounds. Key informant interviews were digitally recorded and are kept on a password-protected computer. Transcripts of the interviews are available on request from the project coordinator. Below is a list of the questions and topics covered in the key informant interviews

### **Questions/topics covered**

#### **Key Informant Interview Questions**

When you hear the word health, what sort of things come to mind?

What makes you healthier?

What makes you unhealthy?

What makes your community healthy?

What makes your community unhealthy?

What services and programs do you use in your community? (this questions needs more explanation – some people will not understand what is meant by service and programs)

What kind of programs might help to keep you healthy?

How does what you eat make you feel healthy/unhealthy?

Can you access the foods that make you feel healthy?

What might help you eat healthier?

Do you feel like you get enough physical activity?

What kind of physical activity would you like to do?

What would help you get more exercise?

How does sleep affect your health?

Do you have meaningful involvements outside your home, such as paid work, or volunteer work? How does this contribute to feeling healthy or unhealthy?

Do you feel like you live in a clean environment?

What would help make your neighbourhood feel cleaner?

Do you feel safe in your community?

What would help you feel safer in your home and in your community?

Do you feel like you have a safe and clean place to live?

How does the place you live (your house, room, or apartment) make you feel healthy or unhealthy?

What things in your community cause you stress?

Are family and friends a healthy influence in your life?

Do you feel connected to your neighbours and community?

Do you feel like you have good access to health services like dentists, doctors, nutritionists etc.?

Where do you go for help if you have a health question or problem?

Tell me about a time when you felt healthy.

Tell me about a time when you felt unhealthy.

What needs to happen to make this community healthier?

## **Common Themes and Comments**

### **Concepts of health**

- Health is having a positive attitude
- Safe community
- Healthy diet
- Spending time with kids and family
- Being a good parent/grandparent
- People taking care of each other
- Having a safe place to live
- Healthy lifestyle

### **Healthy things in the neighbourhood**

- People walk a lot
- Food banks are helpful, but they don't solve the problem
- Community meeting places, and community gatherings and events
- People and connections
- Programs at MaMawi, St. Matthew's Drop-in, MERC, New Life Ministries, SNA, Wii Chiiwaakanak Learning Centre

### **Unhealthy things in the neighbourhood**

- Crime and safety issues – prostitution, gangs, drugs
- Poor quality rental housing – scared to ask landlord for improvements
- Unsupervised children late at night
- Racism and discrimination
- Garbage on the streets
- Addictions
- Not enough emphasis on education
- Sometimes it is hard to get to know neighbours because they are so transient
- Not enough green space and parks
- Food is too expensive

### **Activities to improve health in the neighbourhood**

- Keep drop-in centres open later and on weekends
- Improve housing quality but keep rents stable, get rid of slum landlords
- People aren't treated like "people" when they are on social assistance
- Need more good job training and opportunities
- Get people to work together, increase community involvement
- Create better green spaces
- Have more programs for youth, and teach better parenting

- Clean up the neighbourhood – litter, garbage, drugs
- More police and community watch and better lighting
- Safe transportation to and from programs
- More help for people with addictions

## **Results**

### **Top 5 Community Priorities from Key Informant Interviews**

- 1 Community Involvement
- 2 Housing
- 3 Safety and Crime
- 4 Recreation and Programs (especially for children)
- 5 Healthy Lifestyle



## **CHAPTER 5: Focus Groups**

### **Background/goal**

The focus groups were designed to include many different members of the West Central community. We held focus groups in places where people already met and designed them in order to include as many different groups within the community as possible. Focus groups were held with:

- West Central Women's Resource
- Healthy Start for Mom and Me - MERC
- Community Seniors
- Ma Mawi (FULL NAME)
- St. Matthews Drop –In
- Service Providers
- Daniel McIntyre High School
- Focus Group Open to whole community

### **Community Facilitator Role**

As a part of the community involvement aspect of this health assessment, each focus group was co-facilitated by a community resident, trained in group facilitation. This was designed to increase community ownership over the project and to make other residents feel more comfortable and inclined to share their opinions during the consultations. Two excellent community facilitators, found through the skill bank, were employed during our health assessment research process. Their names are Rhonda Starr and Carolyn Moar. Both women are leaders who have lived in the community for many years and have extensive community knowledge.

## **Setup/Plan of the Focus Group Meetings**

### **Purpose**

1. To gather information from residents of the West Central community about health problems and priorities in the area. This information will be analyzed with other research and compiled in a strategic plan which identifies community health issues and priorities and gaps in services.
2. To engage community residents in the research and development process and empower them to direct change in the neighbourhood.
3. To educate community residents about health determinants and promote healthy living.
4. To supplement information gathered in key informant interviews, in other community research projects and from other secondary sources (social indicators etc.).

### **West Central Health Assessment Focus Group Format**

**1 hour and 35 minutes**

#### **1. Introduction/Ground Rules**

- thank people for coming, their input is valued
- introduce ourselves
- Give West Central Health Assessment Project Background
- Define the neighbourhood boundaries
- Explain the purpose of the focus group – what we want to accomplish
- Logistics (time line, food, washrooms, childcare, etc.)
- Emphasize that respectful language is important and that there are no wrong answers
- Explain the moderators role – to makes sure that everyone is heard and to keep the discussion going
- Explain tape recording, ask if anyone objects

#### **2. Group introduction –**

- Get everyone to introduce themselves

#### **3. Ask people to share a story about a time when they felt very healthy or unhealthy, and what factors caused them to feel that way.**

**4. What is health?**

- In light of the discussion, what are the groups opinions on the nature of health?

**5. What in this community makes people healthier?**

- what are the assets/strength and areas of potential for health in the community

**6. What in this community makes people unhealthy?**

- what do you see as problem areas in the community that have a negative effect on health?

**7. Dotmocracy**

- each person gets 6 stickers
- go over the categories
- people are instructed to place their stickers on the areas that they felt needed to be focused on in terms of health – the areas most important to improving and maintaining the health of the west, central community

**8. Discussion about Dotmocracy**

- List 4 or 5 top choices
- Why are these areas important?
- What should be done about them?

**9. Summary**

- Moderators summarize the discussion
- Give opportunity for final comments

10. Thank the participants and have the prize draw

11. Have them hand in their health survey sheet with any additional comments.

## **Dotmocracy**

Dotmocracy is a game that was used in the focus groups to help participants identify the areas that need to be focused on to improve health in the community. Two large poster boards were placed on the wall with a variety of categories and pictures to illustrate the categories. Each participant received 6 stickers to place on the categories that they felt were the most important in relation to health in the community. Categories included:

Healthy eating	A clean environment	Women's issues
Healthy childhood	Recreation	Streets/roads
Parenting	Youth	New Canadians
Community involvement	Seniors	Stress/mental health
Enough money	Physical activity	A safe place to live
Schooling	Green space	Childcare
Discrimination/racism	Addictions	Access to medical services
Jobs	Safety/crime	Aboriginal issues

## **Top 5 priorities identified in dotmocracy**

- 1 parenting
- 2 healthy childhood
- 3 discrimination/racism
- 4 healthy eating
- 5 enough money

## **Common Themes and Comments**

### **What does “Health” mean?**

- Money – having basic needs met
- Spending time with family, helping others
- Safe clean environment
- Good job
- Eating right
- Walking
- Good loving, caring home
- Good relationships
- Healthy habits – no addictions, good hygiene, getting rest,
- Having time to relax and laugh

### **Healthy aspects of the community**

- People knowing each other, neighbours
- Volunteering
- Community BBQs, street festivals, sales
- Green spaces and community gardens
- Street patrols
- Programs offered in places like MERC, St. Matthew’s Church, MaMawi, Women’s resource Centre, Sherbrook Pool
- Skills bank, healthy start, house of opportunity, community cupboard, recreation, family fun nights

### **Unhealthy aspects of the community**

- Drugs and dealers, prostitution, gangs, violence
- Needles/ condoms and garbage in general
- Crime –stealing, abuse, jacking or being jumped
- Poor lighting/over hanging trees, dense bushes
- Crumbling infrastructure –streets and roads
- Racism and racial profiling
- Parks are unsafe – need more light and adult supervision
- Community centres – need more kids programs – need more family programs
- Not enough parental involvement
- Safe transportation to and from programs
- Slum landlords, poor housing- rising rents
- Addiction – alcohol, sniffers, all kinds of drugs, gambling – cause stress and problems

## **Results**

### **Top 5 Community Priorities Identified in Focus Groups**

- Physical Environment
- Safety/Crime
- Healthy Childhood
- Community Involvement
- Healthy Lifestyle – diet, activity and habits

## Chapter 6: Community Health Priorities

### Summary of results

#### Top healthy aspects of the community

- 1 Community involvement - opportunities to volunteer, knowing people, feeling like part of a community increases feelings of safety, self-esteem and health
- 2 Gathering spaces with programs - Churches like St.Matthews, MERC, Schools, MaMawi, West Central Women's Resource Centre, and others
- 3 Street patrol, safe walk programs

#### Top unhealthy aspects of the community

- 1 **Crime and violence** - sex trade, fear of being 'jumped', gangs, murders, groups of violent children, drug dealers, vandalism, theft – all make people feel unsafe and increase stress levels in the community. There is particular concern for the safety of children, seniors and women and this fear increases at night
- 2 **Physical environment** - poor housing, not enough good safe green spaces, garbage on streets, graffiti, poor roads and sidewalks
- 3 **Discrimination/Racism** -specifically towards Aboriginal people – it is hard to get a job, people make incorrect negative assumptions, feel harassed by security in stores
- 4 **Addiction** – all kinds of addiction cause a variety of social and economic problems in the community, contribute to crime, dysfunction in families, and increased stress levels)
- 5 **Stress/Mental health** -many people struggle with depression, and stress levels are very high. People are concerned about safety, trying to cope with addictions, having enough money to meet basic needs, losing their kids to gangs, violence, drugs and CFS, etc.

### **Top activities to improve health in the community**

- 1 **Make the community safer** – more lights, more street patrols, community watch, police, safe places for people (especially kids) to go at night, increase recreation for youth
- 2 **Clean up the community** – better garbage disposal, pick up litter, get rid of graffiti, more community gardens, change vacant lots into green space, fix roads and sidewalks
- 3 **More programs** – resources for parents of children of ALL ages, family programs and excursions, more drop-ins with extended hours (late at night and weekends), more respite, programs to help adults relax and deal with stress, more recreation for children and youth. “healthy start is great, but you are not always pregnant”
- 4 **Food Security** - social security checks do not allow for all basic needs – especially the purchase of expensive healthy foods like lean meats, fruits and vegetables. Healthy food is not as accessible in the West Central Area as it is in other areas – the stores are more expensive and transportation to other areas is difficult and time consuming. Many people in this area know what healthy eating is, but have a very hard time incorporating it into their lives. Junk food is cheaper and easier, the kids don’t complain. Some people don’t have the time to cook, or don’t know recipes. Others, particularly Aboriginal people, have stated that some people perceive “healthy eating” as “eating like a white man”. Cultural sensitivity is an important aspect of food security.
- 5 **Promote racial tolerance** – through education and community gatherings



## **Top 5 Overall Community Health Priorities**

- 1) Safety and Crime
- 2) Physical Environment
- 3) Healthy Living/Food Security
- 4) Healthy Childhood
- 5) Community Involvement

## 1) **Safety/Crime**

- People do not feel safe outside– particularly at night. Some people feel trapped in their homes, afraid to venture outside - especially children and seniors, but also adults.
- Gangs, violence, theft, vandalism, sex trade and drugs are all serious concerns of residents.
- This concern about physical safety contributes significantly to high stress levels, which have very negative effects on health.
- Suggestions from residents to improve this have been more foot patrols, better lighting, more green space where community members can meet and make the area feel safer, cameras in parks etc..

## 2) **Physical Environment**

- This includes availability of decent affordable housing for both renters and owners, grants to improve housing, control over slum landlords, rent control.
- Cleaner streets and sidewalks with less graffiti, litter and better garbage removal.
- More safe green space and parks where children can play and adults can gather – keep drugs and gangs out of the parks.
- Better lighting
- Improved quality and maintenance of the streets and sidewalks

## 3) **Healthy Lifestyle/ Food Security**

- Eating healthy is perceived by residents to be an essential part of a healthy lifestyle. It is also perceived to be too expensive – fruit, vegetables and meat are not affordable on a regular basis, and social assistance checks only go so far. Many people feel they spend their food money on rent.
- Reasonably priced healthy food is not as accessible in this community and transportation to cheaper stores is not practical or easy.
- People in the community are aware that eating healthy is important and understand that it involves staying away from fast food and eating lots of fruits and vegetables. However, translating healthy living into reality is difficult because of the expense and the time and effort required. On mother said *“I have six kids. The youngest ones already don’t live with me. It would take all day for me to go*

*to each store in the neighbourhood to get the cheapest fruits, vegetables and healthy food. I don't know recipes to make healthy food. I want my kids to be healthy, but it is hard."*

- Current assets identified by the community are the community cupboard, food banks, the healthy living program, community gardens, cooking programs, preserve group, and others. Residents have expressed a desire for more of these kinds of programs.
- Residents said that a healthy lifestyle also involves being active, staying away from unhealthy habits like addictions and crime, having good relationships and feeling connected to other people
- More free and accessible exercise/recreation programs, and relationship and stress workshops would be helpful. Programs like healthy start are wonderful, but need to be extended

#### **4) Healthy Childhood**

- There is a need for more childcare and respite in the area. Stat
- More parenting classes for parents with kids of all different ages and teaching/helping parents to cope with all the stresses in their lives. *\* People perceive that there is a need for OTHER parents to have parenting classes, not themselves. Traditional parenting classes are not often successful in this neighbourhood – however programs like healthy start are very popular and should, perhaps to extended and expanded.*
- It was very clear in the focus groups that parents in the area are afraid of losing their kids – to gangs, violence, crime, drugs and Child and Family Services – resentment toward CFS is very high
- More programs and recreation for children and youth like the ones offered at MERC – MERC has a friendly, welcoming environment and people like to go there. More after school and weekend recreation program are needed, so kids have some place safe to go. 24 hours a day, 7 days a week. More free programs at places like Sherbrook Pool.
- Family activities are important so parents get involved. Especially desired are outings to show children different and interesting things
- Education is an important part of a healthy childhood, and the drop-out rate in this neighbourhood is perceived to be too high.
- Better job training for youth and adults – good job helps parents to be healthy and healthy parents have healthy children

## 5) Community Involvement

- Community gathering places are an asset – MERC, WCWRC, MaMawi, St. Matthew's were repeatedly recognized as healthy assets in the community. They are also places that offer a range of services and help in one location, with familiar people who they know and trust - which is important in this community
- People feel healthy when they are involved – enjoy opportunities to volunteer, learn new skills, meet new people
- There should be more outreach and better advertising for the existing programs and services in the community. Some people are afraid to access these services because they assume that they must go through CFS
- Green space is related to community involvement – people working together, being outside together in groups makes the streets feel safer, people really enjoy the street festivals and knowing their neighbours makes them feel safer.

## Analysis

- The community had no problem seeing health from a broad perspective and easily connected health to various aspects of well-being.
- There were differences between perceptions of individual health and community health. When asked what made them healthy/unhealthy, people identified healthy eating, physical activity, stress, personal connections and healthy habits as the most important factors. When asked specifically about health in the community people identified safety/crime, parenting, healthy childhood, physical environment and poverty as key factors.
- Safety and Crime and Physical Environment were by far the top 2 priorities identified by the community. The other 3 priorities in the top 5 are fairly interchangeable in terms of order of importance to the community.
- Many people suggested that parenting classes were needed in the community – for other parents, never for themselves. However, it is likely that many of the people who would benefit most from such classes, would not choose to attend. Service providers have also said that traditional parenting classes do not work well in this community. The popularity of programs like Healthy Start, suggest that the extension of a program like this might be more appropriate for this community. It is felt that there is a lack of programs for parents with kids age 5 to 12 years.
- There were many similarities between the priorities identified by the West Central health assessment and the findings of other recent community consultations. Safety/Crime, Community Involvement and Physical Environment were the most common themes.
- Diversity and variety of programs were seen to contribute to healthy community. Co-location of programs was seen to be advantageous because it limited transportation and logistic difficulties for community residents (example: MERC, St.Matthew's, MaMawi, Women's Resource Centre)
- All of the issues discussed in this report are interrelated. Together they shape the health of the people in the community. By improving one area, positive effects may be far reaching. It has been suggested that helping people cope with stress may lessen the prevalence of addiction, which may help people be better parents, have healthier children, and get better jobs. Increased respite for parents, implemented in a positive way, may also improve quality of life for both children and parents. Better quality housing may decrease depression levels and improve respiratory ailments, which may allow people to be more physically active, which will have a long term effect on their health.

- Health is related to all aspects of our lives. By working to improve the quality of life for people in the West Central Community, we are also working toward creating a strong and healthy community.

### **Unifying themes**

Each one of the community's top 5 priorities is related to the issue of **poverty**. While some participants identified poverty as the underlying root of the health issues in the community, most people discussed poverty only in relation to other determinants of health. Income levels in the community do not stretch far enough to cover the basic necessities or allow for a sense of security. In order to help the community reach its full health potential, this root problem needs to be addressed.

**Stress** is the other unifying theme of the results. It is a by-product of poverty and a very real problem for residents of the West Central community. Many participants feel like they don't ever get a reprieve from the stress in their lives. Numerous people said that they don't know how to cope with their stress and that they often end up coping by turning to addictions.

### **Applying the Results**

- The final health assessment report will be distributed to service providers and community organizations in order to help them set priorities and develop programming that meets the health priorities of the West Central community.
- Presentations of the findings of the health assessment will be held for funders, to help them make decisions regarding services and programs in the West Central area
- This report may serve as the basis for coordination and discussion amongst funders, community organizations and various levels of government
- Results could be used to inform, focus and coordinate community health policy and new initiatives

### **Policy Implications**

Community priorities and people who were interested in them. The report highlights the community priority areas for which service providers may want to support. Service Providers and funders could use this as input while mandate, timing and duration of this direct what policy directions can be taken and will vary, there are some areas that come though as strongly indicated and focused for future policy. Addressing poverty, crime and safety and community involvement. Safety and Crime Colocation could be achieved by

This study focused on a wide range of health determinants. Community residents immediately understood the correlation between these various health determinants and being healthy. Although we have identified 5 (preliminary) community health priorities, it is essential to note that all of these health priorities, as well as ones not listed are interrelated. They are often dependent on each other. Many of the barriers to being healthy in this community are directly or indirectly related to poverty. As such, a holistic approach to community development may be the most promising way to create a healthier community. Health, poverty and community development are not separate issues.

### **References**

Statistics Canada, 2001 Census Data

Manitoba Child Health Atlas

Key Informant Interviews

Focus Groups

Survey Data





## **Appendix A:**

### **Health and Wellness Centres in the West Central Area**

Accent Care Home & Hospital Health Services  
420 Notre Dame Ave 237-8899

Alverstone Chiropractic Centre  
831 Sargent Ave 774-6485

Arlington Chiropractic Office  
9 - 794 Sargent Ave 783-8474

Balmoral Medical Center  
5-555 Balmoral St 943-8705

Beverly Physiotherapy & Sports Injuries  
747 Ellice Ave 774-8385

Canadian Mental Health Association - Manitoba  
2nd Flr - 836 Ellice Ave 953-2350

Canadian Mental Health Association - Winnipeg Region  
432 Ellice Ave 982-6100

Central Health Services  
1st Flr - 1317 Portage Ave 772-4000

Ellice Medical Clinic  
878 Ellice Ave 783-6464

Envoy Medical Dispatch Inc  
857 Sargent Ave 786-4444  
Healthy Start For Mom And Me  
2nd Flr - 400 Edmonton St 772-5928

Healthy Living Program  
641 St. Matthew's 783-6159

Horizon Chiropractic  
101 - 1311 Portage Ave 784-5400

House of Nutrition Ltd  
770 Notre Dame Ave 75-9044

Jebamani's Childrens Clinic  
986 1/2 Portage Ave 774-1300

Klinik Community Health Centre  
870 Portage Ave 784-4090

McMicken Medical Clinic  
544 Ellice Ave 786-2496

MI Chinese Health Care Centre  
885 Notre Dame Ave 779-7799

Osborne Health Clinic  
2nd Flr 834 Ellice Ave 786-1772

Rafiq Walk-In Clinic  
713 Portage Ave 783-4449

Rothman William Dr.  
9 - 794 Sargent Ave 783-8474

Sargent Medical Clinic  
3 - 505 Sargent Ave 772-2927

Spectrum Health Centre  
677 Portage Ave 772-7700

West End Family Chiropractic  
947 Valour Rd 775-0536

Wolseley Wellness Centre  
1062 Portage Ave 774-5521

Yan Accupuncture & Chinese Med Clinic  
105-912 Portage Ave 772-0599

Yurkiw Chiropractic  
104 - 912 Portage Ave 775-2225

### **Community Social Services**

#### [Adoption Options](#)

1313 Portage Ave 774-051

#### [Age & Opportunity/West End Senior's Centre](#)

644 Burnell Street 772-9581

[Aiyawin Corporation](#)

1079J Wellington Ave 985-4242

[Alternative Solutions Transition Program](#)

1064 Portage Ave 775-9413

[Arlington Haus](#)

880 Arlington St 783-3752

[Aurora Family Therapy Centre](#)

515 Portage Ave 786-3251

[Avicenna Medical](#)

598 Ellice Ave 786-4673

[Canadian Mental Health Association - Winnipeg Region](#)

432 Ellice Ave 982-6100

[Canadian National Institute for the Blind](#)

1080 Portage Ave 774-5421

[Community Development Worker](#)

102 - 583 Ellice Ave 944-4542

[Community Garden Project](#)

641 St Matthews Ave 774-3957

[Community Improvement Assoc.](#)

514 Maryland St 775-4929

[Community Interest Resource Alliance](#)

514 Maryland St 227-1118

[Community Police Office](#)

699 Broadway Ave 986-7678

[Core Labour](#)

563 Ellice Ave 661-2673

[Ellice Place Seniors Centre](#)

555 Ellice Ave 784-1277

[Family Centre of Winnipeg](#)

4th Flr - 393 Portage Ave 947-1401

[Family Community Centre](#)

100 - 475 Sargent Ave 775-9934

[First Jobs for Youth](#)

430 Langside St 783-0290

[Healthy Start For Mom And Me](#)

2nd Flr - 400 Edmonton St 772-5928

[House of Opportunities](#)

561 Ellice Ave 925-3595

[International Centre](#)

406 Edmonton St 943-9158

[John Howard Society of Manitoba Inc.](#)

583 Ellice Ave 775-1514

[Joint Inner City Ministries](#)

641 St. Matthews Ave 772-7734

[Klinik Community Health Centre](#)

870 Portage Ave 784-4090

[Knox CED Society Inc.](#)

400 Edmonton St 942-4579

[Lazarus Housing](#)

514 Maryland St 775-4929

[Ma-Mawi-Wi-Chi-Itata Centre Inc](#)

2nd Flr 743 Ellice Ave 925-0348

[MB Chinese Senior Citizen Centre Inc](#)

644 McGee St 772-6257

[Mediation Services](#)

302-1200 Portage Ave 925-3410

[Neecheewam Inc.](#)

591 Sherbrook St. 775-9240

[Nehemiah Project](#)

514 Maryland St 775-4929

[New Directions for Children & Families](#)

491 Portage Ave 786-7051

[Opportunities for Independence Inc](#)

1070 Portage Ave 957-5113

[Pregnancy and Family Support Service](#)

555 Spence St 772-9091

[Reaching E-Quality Employment Services](#)

305 - 1200 Portage Ave 947-1609

[Restorative Resolutions](#)

3rd Floor - 583 Ellice Ave 945-8581

[Saigon Centre](#)

458 Balmoral St 774-2635

[Sexual Assault Crisis Program](#)

870 Portage Ave 786-8631

[Social Skills Re-entry Program](#)

201 - 583 Ellice Ave 774-1749

[Society 2000](#)

700 Notre Dame Ave 772-1512

[Spence Neighbourhood Association](#)

2nd Floor - 430 Langside St 783-5000

[Spence Skills Bank](#)

563 Ellice Ave 783-9401

[SSCOPE](#)

2 - 1000 Notre Dame Ave 987-6300

[St. Matthews Maryland Community Ministry](#)

641 St Matthews Ave 774-3957

[Sunshine House](#)

140 Spence St 774-0708

[West Central Community Program](#)

103 - 365 McGee St 772-9315

[West Central Women's Resource Centre](#)

583 Ellice Ave (Lower Level) 774-8975

[West End Library Branch](#)

823 Ellice Ave 986-4678

[Winnipeg Child & Family Services](#)  
835 Portage Ave 783-6332

[Winnserv Inc](#)  
101 - 960 Portage Ave 783-8654

[Youth With A Mission Urban Ministries Winnipeg](#)  
443 Furby St 774-7072

**Community/recreation centres**

[Isaac Brock Community Club](#)  
715 Telfer St North 775-3869

[Magnus Eliason Recreation Centre](#)  
430 Langside St 986-6163

[Orioles Community Club](#)  
444 Burnell St 783-6941

[Sherbrook Pool](#)  
381 Sherbrook St 986-5926

[Zoohky Memorial Hall](#)  
635 Sargent Ave 783-0080