Participatory Research:

Emerging Voices of Marginalized Communities in Halton

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Participatory Research: Emerging Voices of Marginalized Communities in Halton

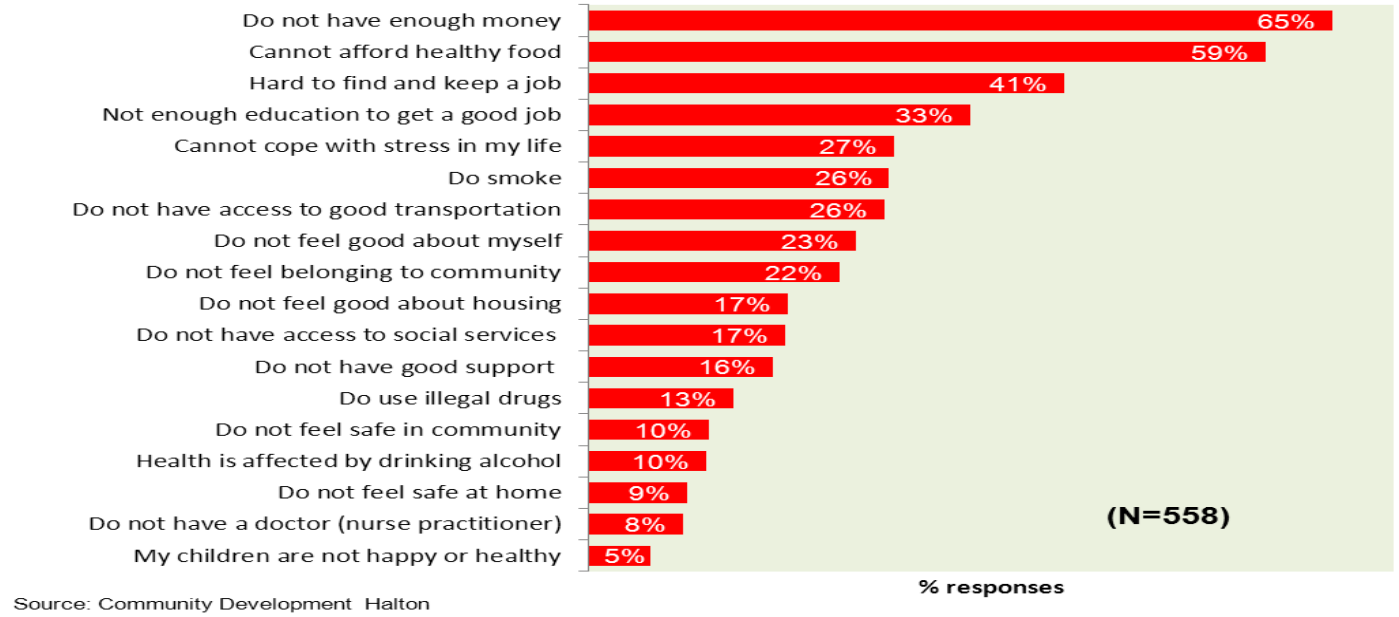
In the fall of 2010, Community Development Halton worked with a team of community surveyors to connect with low income people in Halton Region. The survey was brought to people at a variety of locations across the Region: food banks, community suppers, social housing, Our Kids HUBS, community programs, neighbourhood centres, and social service agencies. **The focus of the survey was those living in low income; those not often consulted in public planning processes**. This fact sheet is a snap shot of the findings based on the 559 responses to the survey.

Figure 1 shows the challenges with the social determinants of health reported by those who completed the survey. **The top issues were money, access to healthy food, finding and keeping a good job, not having enough money to get a good job, and not being able to cope with the stress in their life.**

Many people provided comments about their experiences, with housing challenges being the number one concern. When we checked back with people in community about the survey results, they told us that the **housing they live in may be of good quality but they cannot afford it. The stress associated with the affordability of housing compounds the stresses related to access to healthy food, a sense of helplessness and mental health issues**.

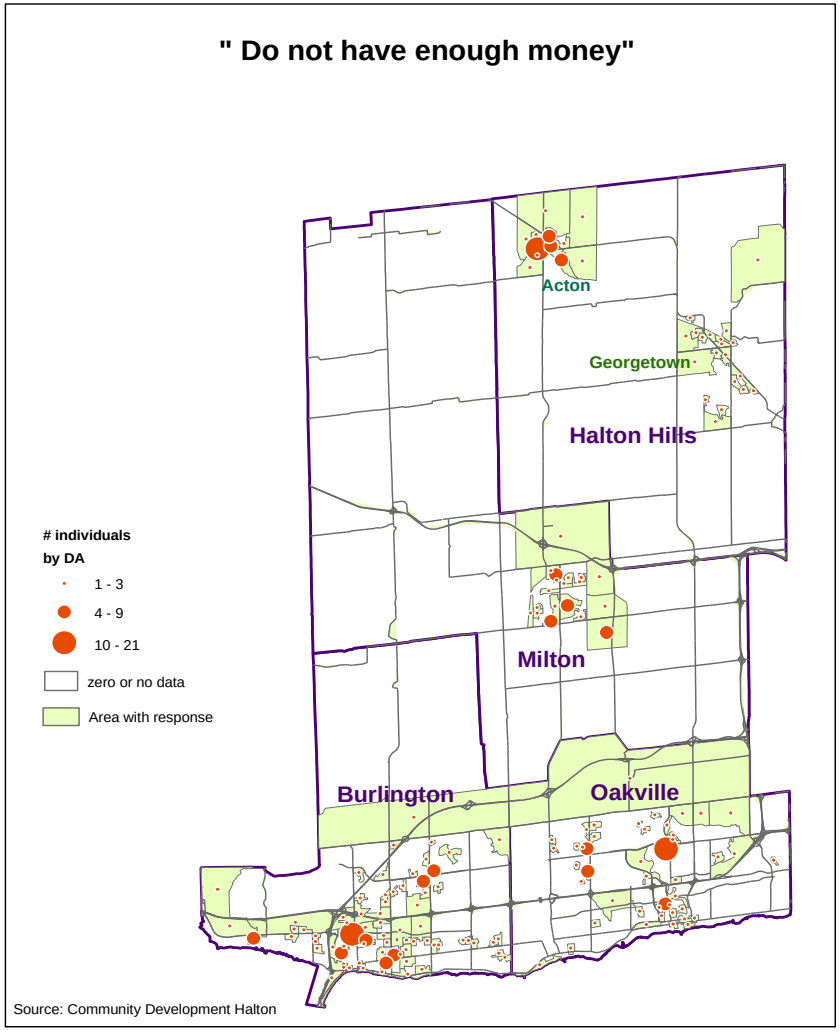
The maps on page 2 are a sample of the work done to reveal the geographic distribution pattern of participants experiencing these challenges. It is evident that those challenges experienced by individuals are not evenly or randomly located throughout the community. There are geographic clusters of participants for each of the challenges. ***Each challenge has its own geographic distribution pattern. Closer examination of the clusters may reveal underlying causes.*** For example, participants experiencing challenge to "afford healthy food" may not have easy access to a grocery store, or healthy food is not available in the neighbourhood corner store.

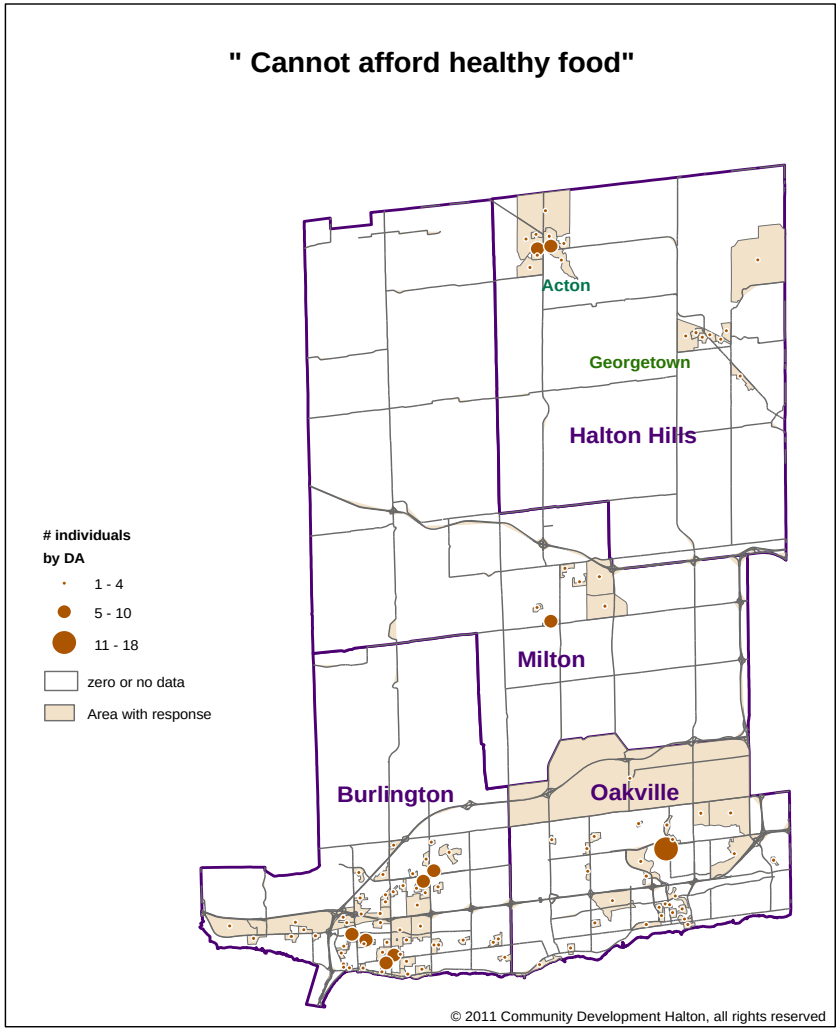
Figure 1 - Reported Challenges with the Social Determinants of Health
Halton Region, 2010



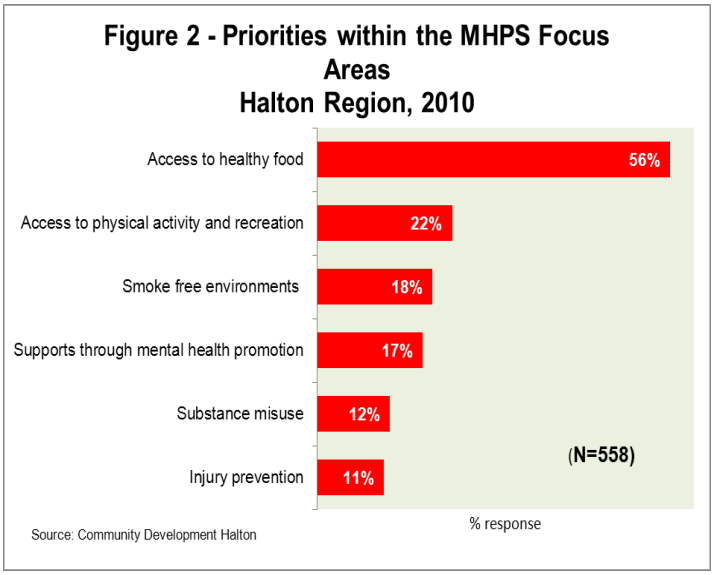
Source: Community Development Halton

Engaging Marginalized Communities
Halton Region by Dissemination Area
(N=558)

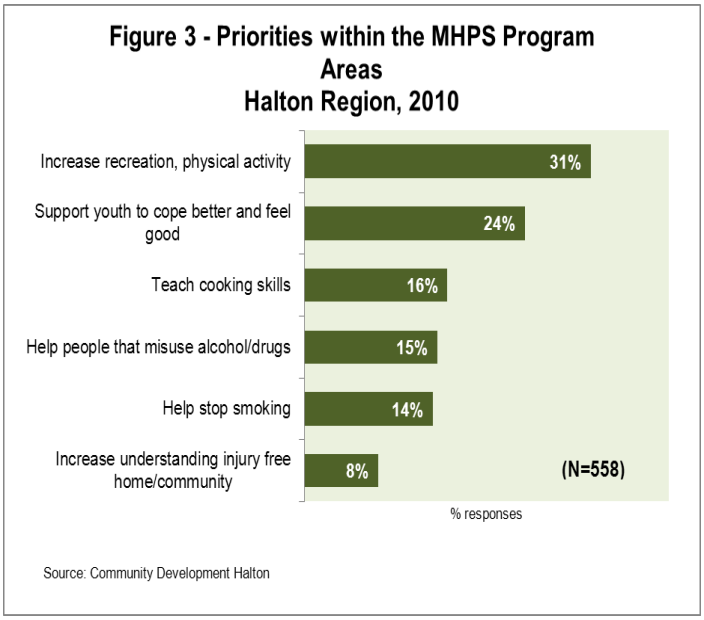




The survey also asked people what their priorities were related to the Ministry of Health Promotion and Sport's Healthy Community Focus Areas. Figure 2 details those results, with **access to healthy food being by far the number one priority.**

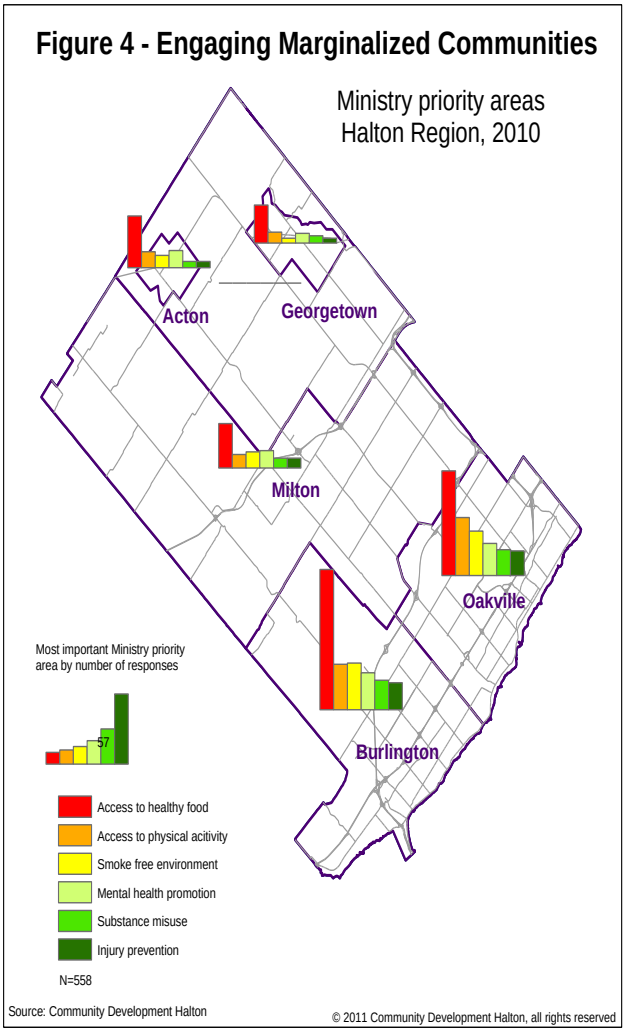


In addition, the survey asked people about the program areas suggested within the Ministry's Healthy Community Framework. Figure 3 shows that the **top priorities were: access to physical activity and recreation and supporting youth to cope better and feel good.** Looking at responses in Figures 2 and 3, there is an important disconnect between the six



priority areas and the Ministry's related suggested programs. The most glaring example is the dissonance between concern over access to healthy food and the program approach to teaching cooking skills.

It is important to note that there are local differences in how people responded to the survey when the results were broken down by municipality or local community. Figure 4 provides a visual demonstration of local similarities and differences regarding the six priority areas for survey participants in each of the communities. It is recommended that policy decision makers and program and service planners use a local lens when planning for the Healthy Community Partnership.



In community meetings where people in low income were asked to review the results and provide feedback, we asked them to define **access** from their perspective. We think the four components of their definition are important for service providers to understand to be aware of as they plan.

Access was defined highlighting the following key points:

Dignity

Programs and services need to allow for access with ***dignity.***

- People should not feel "less "as the result of asking for assistance to meet basic needs or to become part of community.
- This may also mean that a program or service embraces the contributions of those who are willing to contribute to make a program or service the best that it can be.

Quality

Next, people talked about programs and services that are of ***quality***.

- Second rate, dented, and expired do not reflect quality and they take away from dignity.

Affordability

Affordability is critical and intuitive to access.

- People would prefer to be able to purchase their own goods and services, making all their own choices within a framework of affordability. That would contribute to dignity.

Location

Finally, ***location*** was listed as essential for access.

- When income and transportation is a barrier to the access of goods and services, basic needs must be met in people's neighbourhoods and close to home.