Zooming in on a Pandemic: From the Global to a Hyperlocal Catchment Area Community Needs Assessment

Pinecrest-Queensway Community Health Centre

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November 2020

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Indigenous Land Acknowledgement

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Pinecrest-Queensway Community Health Centre acknowledges that our offices and program sites which are located in the West-end of Ottawa, are on the unceded, unsurrendered Territory of the Anishinaabe Algonquin Nation whose presence here reaches far back in time. PQCHC respects and affirms the inherent and Treaty Rights of all Indigenous Peoples across this land and acknowledges the historical oppression of lands, cultures, and the original Peoples in what we now know as Ottawa.

Thank you

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To the many staff, partners, and residents, thank you to each of you who helped to distribute the surveys, your outreach and promotion efforts, and to help make this community research happen in the midst of a pandemic.

Cover Graphic courtesy of FreePix.com

Zooming In: Executive Summary

The COVID-19 outbreak, which started in Wuhan, China, has affected the whole world in a short time. The outbreak was declared a pandemic in March 2020, having continued to the time this report is being prepared. The pandemic has had significant and arguably long-lasting impacts on our economy, social lives, our collective and individual psychology, our work, learning, and ways of being in our world.

From March to April 2020, a preliminary needs assessment (Phase I)[1] was carried out by PQCHC Community Health Services (CHS) to determine the urgent needs of residents that they serve. This initial assessment was for the purposes of assessing immediate needs and allocating resources, however, it was not intended to provide a fulsome snapshot of gaps in services. In July of 2020, after a short time of reflection a second needs assessment (Phase II) was initiated. Its objectives were to build upon the first by deepening the questions asked to inform the future direction of services, as well as determine where to best allocate resources for the interim. The diversifying needs of area residents have prompted changes in the programs provided during this period, and, through some short-term reports, many are learning how marginalized communities are disproportionately affected by the impacts of the pandemic.

This report is prepared for internal use and to share with partners the results of Phase II- which yielded 305 survey responses. Surveys were completed online, by phone, or in-person respecting physical distancing. The findings point to the complex needs of area residents, as well as highlighting the challenges around accessing food, primary care, and technology, in addition to a multitude of novel economic and psychosocial difficulties. Results demonstrate that the COVID-19 pandemic has had a detrimental impact on residents' overall health, particularly when viewed through the lens of the Social Determinants of Health.

Data yielded a wealth of information for the CHS department to consider in planning and is grouped into six key themes that were consistent across all neighbourhoods surveyed. This report outlines a brief scan of context-specific literature, key thematic findings, and moves to recommendations that can

6 Key Thematic Findings

Social Isolation, Loneliness, Stress

Food (In)Security

Digital (In)Equity

Vital Learning: Education, Schooling, Employment & (Re)Training

Housing: Personal Health & Community Safety

Community Outreach: Public Health Promotion & Community Development

[1] This report and Phase I are available at www.pqchc.com

contribute to evidence-based program planning based on the needs identified by residents themselves.

Objective of the Needs Assessment

The primary objective of this Phase II (July to September 2020) is to follow-up on Phase I to determine how needs may have shifted, and to ensure that services are relevant and responsive to the communities served. With the view to best determine how to plan, deliver, and evaluate the impacts of programs, PQCHC Community Health Services can improve the allocation of resources.

The second objective of this assessment is to take time to be reflective. It is important to document the work underway and get an evidence-based pulse of residents needs in this period in time within the catchment area. In general, within this field it is a challenge to carve out the time to reflect on what was done at a particular point in time and what efforts worked and which did not. This piece can serve as a place to house emerging needs during this snapshot in time.

Situating Community Health: A Contextualizing Literature Scan

During this time, in addition to the global coronavirus pandemic, there have been several social and political movements at the forefront. The global spotlight on police-community race relations, mental health, and an outright demand for systemic and structural change in institutions overall, all came to an apex during the time this assessment was being carried out. It is for these reasons that the recommendations coming out of this report are closely aligned with what is happening outside of Ottawa, as the catchment area is but a microcosm of broader social and political issues and movements during this time.

Accordingly, in situating the context within which this assessment was carried out, calls for an intersectional approach to both the pre-existing literature, work that was being concurrently carried out in Ottawa by other Community Health Centres, in addition to understanding how the Social Determinants of Health (SDoH) are implicated in every individual response yielded through this assessment.

In this type of social research and inherently social work, there must always be space for the anecdotal--this is captured within the various questions asked in the survey. However, the objective of this work is to gain an evidence-based picture of what the current needs are within the communities served. Furthermore, because there is not yet an abundance of literature on the socio-economic impacts of the pandemic, particularly at the local level, this literature scan replies heavily upon the “grey literature” that is not academic in nature, rather, is a compilation of what is relevant and available specific to the catchment area at this time.

It is not uncommon to draw upon the grey literature when there is not enough evidence-based study on a new phenomenon. Nonetheless, we can begin to see a clearer picture of how and why the pandemic is greatly impacting the local community by contextualizing and situating this needs assessment within the current socio-economic climate, given the literature and evidence we have access to, and specifically against the backdrop of the Social Determinants of Health. For this reason, a brief scan of the grey literature and similar studies is useful in situating community health research in this geographic area at this specific point in time.

PQCHC Phase I Needs Assessment

As soon as COVID-19 migrated to the Ottawa area in March 2020, PQCHC's Community Health Services department immediately began carrying out Phase I of a needs assessment with residents within the catchment. The assessment took 2 months and was intended to get a pulse on people's immediate and basic needs as well as be a vehicle for "wellness checks" with residents. These wellness checks were initiated in response to the COVID-19 pandemic to identify the prevalence of various needs including food security, computer access and internet access. In addition to asking people 3 key questions in these domains, residents also had the opportunity to speak to other needs they might have. The information gathered through this catchment-wide assessment not only helped to inform the immediate response to the pandemic, but it has also greatly informed Phase II of the more detailed needs assessment reported on here. Phase II began in July 2020 to delve deeper into the needs of the community to inform the future direction of programs and services and to determine where to best allocate resources.

During Phase I, 1,171 records of both successful and unsuccessful contacts were collected. A "successful contact" was any communication achieved with a service user who provided information on household needs. A central limitation to this was that there were variations in data collection and staff were unable to remove unsuccessful contacts without compromising data, and there was a limitation for determining total number of households reached. There were also differences in how data was collected and recorded across programs, limiting the analysis. Despite these limitations, this initial assessment provided a snapshot in time, however as the pandemic has continued for several months since, people's situations may have changed. The common themes identified in Phase I provided useful direction so that programs and services are continuously responding to the needs of the community.

While many area families were food insecure prior to the pandemic, food security became an urgent need with the loss of employment, the reduction of work hours, daycare and school closures and the closing of non-essential programs that provided food during programming. Further, access to technology was deemed a critical need for many families who responded

to Phase I of the survey. Families mentioned access to internet and technology to be increasingly vital as many homeschooled their children. Devices must also be well-functioning and have up-to-date software to keep up with this new virtual way of interacting, connecting, and learning. Seniors also have high technology needs, as access to computers or devices was required for social connection, receiving services (many of which have moved online) and to purchasing food and other essentials. And lastly, the third theme was about internet access. Being that technology is only a gateway to communication and information if one has internet access, households without access are greatly disadvantaged and more socially isolated. A variety of other needs were communicated through the wellness checks, all of which can be found in the Phase I report, available through PQCHC Community Health Services.

The Social Determinants of Health in the Context of a Pandemic

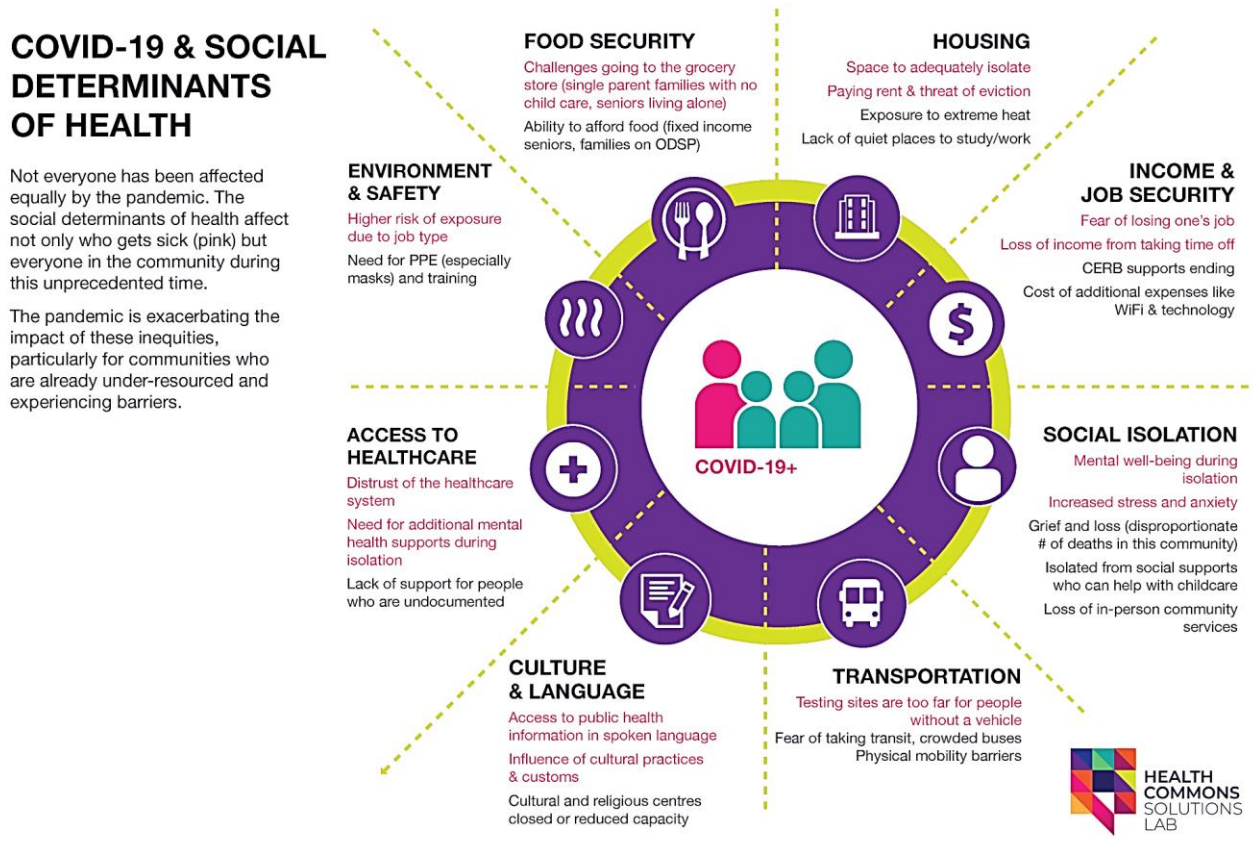
Pinecrest-Queensway Community Health Centre is an innovative community based, multi-service center. It strives to meet the needs of individuals and families within the diverse communities in its catchment area. PQCHC works in partnership with individuals, families, and communities to achieve their full potential, paying particular attention to those facing barriers to access, including those who are most vulnerable and at risk. In essence, the work that is carried out addresses the many Social Determinants of Health (SDoH) that impact people's everyday lives.

The SDoH influence the overall health of populations. They capture people's overall health from primary health care to non-medical health and include factors such as income; social support networks; education; employment/working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; age; gender; culture; race, and more. One's social position, class, income level, and connectedness to others directly determine their health outcomes. These are important indicators in people's real lives that will position one to reach their full healthy potential, or not. Poverty, systemic racism, structural inequities can be barriers to and have a greater influence upon an individual's health than biological or environmental conditions.

For these reasons, it is important to understand how COVID-19 is impacting individuals beyond their individual primary health. The Community Health Services team at PQCHC, plans and evaluates all their work through the kaleidoscopic lens of the SDoH. Positioning the efforts made by the Team assists in better understanding the relationship between how the COVID-19 pandemic is impacting area residents and for the Team to most accurately determine where to focus the resources.

This pandemic sheds a light on pre-existing inequities and inequalities within society, and in fact, appears to be accentuating these. As the infographic (provided by Health Commons Solutions Lab) illustrates, many individuals who contract or are impacted by COVID-19 have

many reasons why testing positive for can be additionally stressful beyond one's immediate primary health.



Marginalized Communities: Local Research and Trends

During this Community Needs Assessment, in addition to the unprecedented coronavirus, another monumental event occurred in June 2020: The Ottawa Board of Health declared systemic racism a public health issue. In a unanimous decision, the Ottawa Board of Health declared racism and discrimination make people less healthy. This vote came amid another important public concern around racism in our city and broader society as the world turned a spotlight on police brutality and systemic discrimination.2 Ottawa Public Health began collecting race-based data in June to get a fuller picture of the impact of COVID-19 and the barriers that some residents face getting health care in Ottawa.

At the time of writing this report, Ottawa Public Health (OPH) confirmed that 66% of people who have tested positive for COVID-19 in Ottawa are racialized. Race-based data is confirming what some on the front lines of the COVID-19 pandemic have been saying for months, that the novel coronavirus affects communities of colour at a disproportionate

[2] https://www.cbc.ca/news/canada/ottawa/ottawa-public-heath-racism-1.5613517

rate.3 It was also revealed that Ottawa's least privileged areas have COVID-19 infection rates above the average, while those that are more privileged have rates below the average. Ottawa communities that are poorer, more racialized and home to higher numbers of recent immigrants are experiencing a COVID-19 infection rate nearly twice the city's more well-off areas.4

This high number of positive tests for COVID-19 among racialized populations demonstrates pre-existing inequalities. Attention to the disproportionate numbers points to the work that needs to be done to address changes data collection, ensuring policies and programs are more coordinated, and that holistic approaches to community care and partnerships to address this longer-term are adopted.

During a September 2020 technical briefing carried out by members of the Ottawa Health Team,[5] a diverse group of health and social services providers that coordinates community-based approaches to promoting health and wellbeing, not only reinforced the discrepancy in COVID-19 numbers among racialized residents, but also shared a plan to develop a strategy aimed at minimizing the impact of the virus in racialized communities. The strategy will address the specific health and socioeconomic factors that make people from non-white backgrounds, immigrants, and newcomers more likely to both catch COVID-19 and experience worse health outcomes.6 The strategy proposes a much more holistic approach to address inequities and the surge in COVID-19 among Ottawa's most marginalized and racialized communities- and in a culturally competent way. This is key information for PQCHC, as a health centre that is situated among one of the most diverse areas within Ottawa and serving a population of racially and ethically diverse families who are living at or below the poverty line. This trend is in alignment with statistics for Ontario noted in a provincewide report, as detailed below.

Research carried out in the beginning of the pandemic by the Institute for Clinical Evaluative Sciences (IC/ES) reinforced the fact that poverty and marginalization put people at a greater risk of poor health, which can be tied to any combination of factors from high stress levels, to food insecurity, to crowded or nonexistent housing.

The IC/ES report outlined that compared with Ontarians not tested for COVID-19, those tested- and those confirmed positive- were more likely to live in neighbourhoods with greater residential instability, material deprivation and dependency, and lower income status.[7] The up-to-date dashboard provides an overview of the sociodemographic and

[3] https://www.cbc.ca/news/canada/ottawa/covid-19-strategy-racialized-communities-1.5730934
[4] https://www.cbc.ca/news/canada/ottawa/ottawa-covid19-race-income-immigration-1.5625245
[5] To learn more about the Ottawa Health Team please see: https://www.ottawaoht-eso.com/
[6] https://www.cbc.ca/news/canada/ottawa/covid-19-strategy-racialized-communities-1.5730934
[7] Chung H, Fung K, Ferreira-Legere LE, Chen B, Ishiguro L, Kalappa G, Gozdyra P, Campbell T, Paterson JM, Bronskill SE, Kwong JC, Guttmann A, Azimaee M, Vermeulen MJ, Schull MJ. COVID19 Laboratory Testing in

clinical characteristics of individuals tested and confirmed positive for COVID-19 in Ontario.[8] The dashboard is updated on a biweekly basis using timely data provided by ICES' data partners.

Those confirmed positive also were more likely to live in communities with a relatively greater concentration of immigrants and visible minorities. Preliminary reports have stated that immigrants and refugees account for nearly half of Ontario's positive COVID-19 cases but only account for a quarter of the total population in Ontario.

While this assessment was being carried out, there was another timely research study that released survey results. Ottawa Public Health released the findings of "The Mental Health of Ottawa's Black Communities."9 The research was conducted between April and November 2019 and was released during the 2020 pandemic. The data included in the report is helpful at providing some insights as it provides a snapshot of what was gathered pre-pandemic before COVID-19 excessively affected the African, Black, Caribbean (ACB) community in Ottawa.

The data was gathered before the tragic death of George Floyd, an African American man who was killed during an arrest after a store clerk alleged he had passed a counterfeit $20 bill in Minneapolis, and the suspicious or very public violent deaths of countless other black people in various countries at the hands of law enforcement. During this time there were also several First Nations and Aboriginal men and women whose arrests turned violent or resulted in death. While this type of activity had been taking place for decades, let alone centuries, these very public cases were centre stage within the social/ media sphere at this time. Furthermore, the trial regarding the death of Abdirahman Abdi, a Somali-Canadian man with mental health issues was also front and centre in the discourse around police-civilian brutality in Ottawa.

For this reason, the report may have looked quite different had the research been conducted at this time as opposed to more than a year ago. Having recognized this, we can learn a lot at the local level from what was revealed through this study. A total of 130 people from Ottawa's African Caribbean Black (ACB) community participated in a 15-20 minute self-administered or interview-led survey (n=100), or a 60-minute face-to-face interview (n=30) conducted by Ottawa Public Health:

> "There is a lack of representation in current data on the perceptions, experiences and needs of Ottawa's ACB community in accessing mental health services. This study was designed to address gaps in our understanding of the barriers to access, which

Ontario: Patterns of Testing and Characteristics of Individuals Tested, as of April 30, 2020. Toronto, ON: ICES; 2020

[8] https://www.ices.on.ca/DAS/AHRQ/COVID-19-Dashboard.

[9] https://www.ottawapublichealth.ca/en/reports-research-and-statistics/resources/Documents/MHOBC_Summary-Report_English.pdf

> are both structural and systemic in nature. Findings reveal a number of significant obstacles: stigma, rooted in cultural sensitivities, racism, absence of employment and financial security, and lack of access to care providers with cultural competence or similar cultural and racial identity, among others."[10]

48% of survey respondents experienced some prejudice or unfair treatment in the past 12 months, related to their race and/ or the stigma around mental health. Conversely, 87% said they felt 'very strongly, strongly or somewhat connected' to their community. Social connectedness was viewed as key to managing and caring for one's health.

Ottawa's Coalition of Community Health Centres' Research

Months into the coronavirus pandemic, the Coalition of Community Health Centres began a process of needs assessment throughout their member health centres. Because PQCHC had already yielded an abundance of preliminary information about immediate needs, the centre was positioned a few steps ahead and decided instead to begin their own Phase II of the survey research. Having said this, PQCHC was in close collaboration and communication with the Coordinator of the Coalition and used several of the Coalition's survey questions in Phase II of the assessment. In this way, PQCHC could be contributing to the broader Coalition survey data while fine-tuning it to where they were at in the process. PQCHC will be extrapolating the data that matches the questions in the Coalition survey to be able to compare and contrast results.

Children and Youth

Due to the lack of data from a youth perspective in this current research, this report draws on other research and reports that have highlighted the impacts of the pandemic on children and youth. While pre-existing reports do not necessarily apply to the PQCHC catchment area, much can be learned from these and we can draw some general conclusions to inform our work.

The "Raising Canada 2020" report[11] found that the harsh realities facing young Canadians during the pandemic has exacerbated threats to mental illness, food insecurity, child abuse, physical inactivity and poverty: "Since the outset of the pandemic, we have been worried that children were being disproportionately impacted," said Sara Austin, founder and CEO of Children First Canada. The report is jointly published by Children First, University of Calgary's O'Brien Institute for Public Health and the Alberta Children's Hospital Research Institute.

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[10] https://www.ottawapublichealth.ca/en/reports-research-and-statistics/resources/Documents/MHOBC_Summary-Report_English.pdf

[11] Raising Canada 2020 Children First Canada, the University of Calgary Cumming School of Medicine's O'Brien Institute for Public Health, and the Alberta Children's Hospital Research Institute.

The report states that youth mental health has also been affected with 57% of participants aged 15 to 17 reporting their mental health is worse than it was prior to physical distancing measures. Kids Help Phone has reported an increase in conversations about physical, sexual, and emotional abuse. The report states that "as kids go back to school, reports of suspected child abuse may potentially increase with children encountering trusted adults."

According to the statistics in the abovementioned report, one-in-five Canadian children live in poverty. This number is an average across the country, so, we can deduce that in highly marginalized and lower-income areas, this number may well be higher, and therefore the barriers increase in terms of healthy outcomes as do the potentials for Social Determinants that highly influence one's health.

In addition to the resident surveys for this needs assessment, and because of a lack of youth response, some partners were able to provide feedback on trends that they are seeing or hearing of in the community, particularly with regards to youth needs. While this input is not directly from youth surveys or focus groups, it is important to note the feedback from youth-serving service providers. The general themes that emerged from this feedback are as follows:

Partners have reported that youth needed a safe place to gather, like more drop-in centres or hours allotted to them within existing centres, specifically on the weekends. Service providers shared that having online drop-in groups are not necessarily suitable for youth to be able to connect more informally, and they are hearing of "Zoom fatigue" from youth. While some service providers mentioned that youth are not looking for online programming, the same amount of providers suggested that youth are voicing that they do wish to have more opportunities to join virtual fitness programs, as the absence of these has "really affected the mental and physical health of youth who in the past were part of sports teams and youth gym drop-in programs." A space where youth can participate, or lead art-based workshops or drop-ins was recommended.

According to those who work most closely with area youth, they need more workshops and forums geared towards their demographic/ age group such as "Know Your Rights" types of learning forums wherein they would learn about civic engagement and also their rights and responsibilities in terms of police-youth interactions that many have within the area. There is also an interest in additional mentorship type of programs, volunteering opportunities, as well as more employment workshops and employment opportunities for area youth.

Partners who provided feedback also suggested that PQCHC and other area partners can make a more concerted effort to outreach to youth in plain language with materials that might better interest youth, such as via social media platforms. Increasing collaboration and drawing upon existing networks and partnerships that are youth-serving was recommended. There is also a growing awareness that all services and supports will be better received if carried out through a trauma-informed lens.

To further the evidence on these trends, the PQCHC Pathways to Education team is currently conducting a needs assessment with youth and their parents. In addition, PQCHC CHS will continue to collect feedback from youth-serving service providers for future use and all the feedback will be used to help shape any future assessments.

Methodology

Methods used in the survey include a combination of one-to one interview, phone interviews and online surveys. Virtual focus groups were made readily available, however there was no uptake on these.

The researcher used the Phase I survey, a survey designed by the Ottawa Coalition of Community Health Centres, and feedback from front-line and seasoned staff to develop the survey questions. Once a draft was prepared it was circulated for feedback and revisions were made. There were 15 questions within the survey, including open-ended and Likert-scaled questions. Because there were more questions on this survey than the Phase I survey, which had 3 questions, it was expected that the survey would yield more fulsome qualitative answers, which it did. Additionally, because the survey was anonymous, it is likely that respondents would be more forthcoming with their unmet needs and concerns about their overall health and well-being.

PQCHC had the survey translated into 4 languages- English, Somali, French and Arabic, as these are the languages the health centre most usually hears requests for. Even still, the Russian and Chinese Seniors groups that are served by PQCHC programs were consulted through the Multicultural Seniors program where Russian and Chinese translators were able to assist with the completion of the survey. Only a small fraction of online surveys were submitted in Somali, French or Arabic- 98% of the online surveys were completed in English. The survey itself was housed within Microsoft Forms so that it could be mailed out as a link and the PQCHC main website. All staff were provided a write-up about the survey and a link. The survey was available in all 4 languages online as well as in hard copy. Most of the surveys were completed online and by telephone interview with the researcher, however 15 paper copies were received.

In terms of "access" to survey respondents, this was a new challenge imposed by the impacts of the pandemic. The community-based programs that residents would usually attend were not being carried out in person. While many programs continued in a virtual space and staff continued to work with and gather residents, programming happened in a way that might not have been conducive to surveying people and carrying out a needs assessment in a larger online group.

Furthermore, while some programs were able to quickly pivot to a move to online programming, there was not capacity for every program to do so. For this reason, there was

limited access to people and despite a elaborate and highly coordinated outreach and promotional plan, those who could be reached to complete the survey were either those who staff had already been maintaining contact with, or, those who received the online survey link by way of postcard, flyer, email, or a phone call.

Data was collected and compiled into Microsoft Excel spreadsheets and coded for key words and themes. Through analysis of the qualitative and quantitative answers, handfuls of themes began to emerge, however upon closer analysis, only 6 key themes remained relevant and most populated. These 6 themes are addressed within the findings.

Limitations

As with any research, there are various limitations within this Community Needs Assessment. It is important to take a few moments to reflect on the limits of this assessment and provide some rationale as to why and how these limitations could not be reduced or altogether abated.

The allotted timeline of the research is the first and foremost limitation. The initial period to design, carry out, and analyse the survey was two months. Two summer months in the height of a pandemic when a majority of PQCHC programs were still on pause or just beginning to start up again in an online format. The summer months and the restrictions imposed around physical distancing meant that drop-in's and larger in person social programs were not being carried out in the same ways and surveying people was not possible. While youth centred summer programs were not being carried out in person, the Community Houses and other programs continued to reach youth through delivering art activity kits, hosting Zoom meetings and carrying out wellness checks. Even still, many of these initiatives were not ideal for a needs assessment survey.

In ideal circumstances, there would be a broader and much more through consultation process in designing the survey questions. In the interest of time, the survey questions were drafted based on the objective of the assessment, the results of Phase I, and in utilizing a pre-existing survey that was designed and coordinated by the Coalition of Community Health and Resource Centres. Some of the questions in the PQCHC survey were integrated from the Coalition survey so that results could be compared with greater ease across neighbourhoods in Ottawa.

As time moved on, it became clear that more survey responses would be yielded by keeping the survey open to the public for an additional 3 weeks. As the survey deadline extended, so too did the project deadline from September to November. Once the survey "closed" a preliminary analysis was carried out to confirm where the gaps may be in the data. As mentioned previously, there was a gap in the data in terms of in youth perspective. During the timeframe of this assessment, Ottawa continued to be in Stage 2 of the pandemic and physical distancing and self-isolation were realities. Youth were not in recreational or

academic programs. The timeframe of this survey closing in mid-September also meant that it closed just as many children and youth were heading back to school, whether in-person or virtually.

There are some geographic limitations to the data as well. As mentioned, outreach was carried out through existing relationships and opportunities, such as through the food banks. For this reason, people who were already accessing certain services would have been more likely to be offered a survey. Food banks in Pinecrest Terrace, Morrison Gardens, and Foster Farm are the areas from which most survey responses were received. There was also a significant amount of survey responses from Winthrop Court and Regina Towers area. While intentional outreach efforts happened in other neighbourhoods, a smaller percentage of surveys were received from other areas. Due to a lack of data yielded from some neighbourhoods, it points to a need for more targeted outreach in the future and increased collaboration with area partners.

Despite intentional and focussed efforts to hear from youth in our catchment area, we were unable to draw information from youth beyond the 6% of youth survey responses. Due to the shift in programming for youth, a reduction in staffing, the summer months, and youth being indoors more so than ever before, it was challenging to even get anecdotal reports and experiences from youth. While focus groups and virtual interviews were made available, there was not the uptake in interest that we had hoped for. One of the limitations of the method is that surveys are not an ideal way to facilitate youth feedback. Due to a lower than preferred response rate from youth, PQCHC is continuing to seek youth input about what they view as needs within their neighbourhoods and services they access. Now that school is back on schedule and the PQCHC Pathways to Education tutoring and mentorship programs are again working with youth directly, they continue gathering information through the youth they are directly serving. Pathways staff are currently carrying out an assessment that is building upon these findings- referred to as Phase III of the Community Needs Assessment.

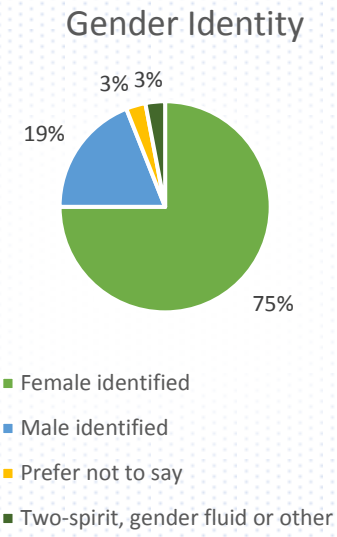
In terms of the methodology overall, while the survey was translated into 4 languages, as was the outreach and promotional materials, this did not equate to getting the uptake from the remarkably diverse communities within the catchment area. The survey was able to reach people who are already connected with PQCHC and various hub programs, however, it failed to draw upon the experiences of the harder to reach isolated individuals or those for which the language barrier was not reduced enough on our part.

Findings

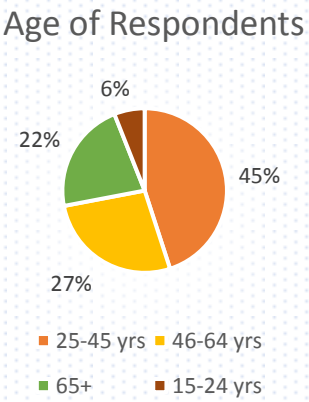
In addition to outlining the demographic information, the findings are presented through the 6 key themes that emerged out of the data analysis. Within each of these themes the survey questions are presented, accompanied by a summary of the answers and some

quotations within that answer. The number of respondents that indicated an answer are noted in brackets (i.e.: n=35) to provide a clear idea of how many respondents of the 305 selected a specific indicator in their answer.

Demographics



The demographic information is captured here within pie charts. Of the 305 responses we received 75% came from female-identified people. In social survey research as a method, it is not uncommon that women are far more likely to complete a survey than any other gender; respondents certainly confirmed this time-tested fact as the majority of answers were from females. Our reason for asking about gender is two-fold: The Community Health Services wanted to know if the survey was reaching the diversity of the populations served through PQCHC, and secondly, if there is a specific demographic of residents reached that are perhaps not being served in the best way possible.



For age of respondents, 45% were ages 25-45 years old, followed by those up to age 64 and then seniors being 22% of the responses. Youth only account for 6% of responses, the reasons for this has been previously discussed in terms of limitations and challenges with access to a younger demographic.

In terms of respondents cultural and ethic identity, the percentage of respondents are as follows:

37% North American
14% Middle Eastern
11% African
9% Eastern European
5% South Asian
3% East/ Southeast Asian
3% Indigenous, First Nations, Inuit
3% Latin, Central South American
2%Caribbean
3% British
8% preferred not to answer or stated “other”
2% Southern European or French, French Acadian

Referrals Made

The survey asked for respondents to complete a separate section of the survey if they felt that they might benefit from a referral to the PQCHC Community Health System Navigator. This survey work yielded 56 referrals for which people would have received more support and wrap-around about their needs and situation. While anecdotally, there appears to be a demand for counselling, there are increased barriers to services because of the lockdown and decrease in face-to-face confidential counselling. Many agencies and social services have virtual assistance available, however this is not helpful for those who do not have internet connectivity or a computer to have meetings. The central themes for which referrals were made are as follows:

- Employment/training
- Housing matters, including pest management (bed bugs)
- Housing issues with other tenants
- Food Insecurity
- Mental health/counselling
- Prenatal supports (education) and Post-natal (breastfeeding)
- Advocacy with other agencies
- Financial Counselling and Benefits queries
- Loneliness/Isolation/Social Programs
- Assistance with tutoring or home-schooling supports

Most Helpful Programs and Services

Survey respondents were asked what programs and services they have found most helpful during the pandemic. A list of 15 choices was provided, and respondents could check off as many as they chose to. The Top 5 most helpful services as identified by respondents are:

1. Food programs through Community Houses and Food Bank (n=144)
2. The support of Community House staff, community workers and other program staff (n=116)
3. Learning how to use online chats, Zoom™, and other technology methods (n=79)
4. Access to health supplies (masks, sanitizer, toilet paper, etc.) (n=62)
5. Tips on keeping family healthy (n=58)

While these are the top 5 programs and services respondents found most helpful, for the rest of the list, these are the services people are finding most helpful at this time, (marked in order of most selected): Mental health supports (n=49); Online programming and supports for adults (n=47); Resources about rent, mortgage, or financial assistance (E.I., CERB) (n=41); Knowing where to go or who to call for specific assistance in your preferred language (n=38); Employment supports (to retrain, find a job, employment counselling) (n=28); Help with homeschooling/tutoring (n=28); Online programming and supports for youth (n=20); Substance use supports (n=4) Other (n=43).

"Since the pandemic started, I have gone into deep depression like never in my life. I have been to hospital a few times because of complete panic attacks. Now I must take meds and I am still so overwhelmed because of bed bugs, the drug addicts in my building, and we had a fire here on Sunday. Someone put a couch in the stairwell instead of in the garbage and someone lit it on fire. There is a crack house across the street and people in my building keep letting those people in too which is making matters worse."

The qualitative feedback in the open-ended question about "other" helpful services, respondents wrote praises and thanks to Community House staff, certain program leaders and community partners. One senior woman shared that "the most helpful to me during pandemic was the Old Forge. They lent me an IPad from the government to use and have taught me how to Zoom and I did my first social program online and loved it! The Old Forge has also done wellness checks on me which has been so helpful. They tell me about programs too. The staff have been so helpful with cleaning home and check ins."

"Everyone is doing their best. If I need support, I know I can always get what I need from the Community House. They have been great during all of this pandemic."

"PQ, LHIN, Winthrop court have all been giving me so much support and I am so grateful for that. I don't feel as stressed now because I am able to get support through them. They've helped me deal with so much."

Most Reported Challenges

Being equally interested in learning what people feel their biggest challenges have been since the onset of the pandemic, the survey asked "What have been your biggest challenges since the beginning of COVID-19? (Check all that apply)"

The top challenges respondents expressed are:

1. Increased stress due to COVID (n=198)
2. Loneliness and Isolation (n=172)
3. Ability to afford and access food (n=131)
4. Paying bills (n=94) linked to a loss or reduction in employment (n=91)
5. Loss or reduction in Employment (n=91)

When people reported "other" we learned of the following additional challenges in this order: Homeschooling your children (n=89); Access to health supplies (masks, sanitizer, toilet paper, etc.) (n=70); Access to mental health supports (n=60); Access to medical care or medications (n=58); Keeping your teenagers safe and busy with positive activities (n=55); Access to adequate internet for work or homeschool (n=38); access to childcare (n=47); Inadequate space to work or study (n=37); Access to substance use supports (n=5).

Six Key Themes

Through analysis of survey responses that addressed questions around challenges, lifestyle shifts, access to information and resources, gaps in service, and what PQCHC could do to strengthen service delivery, 6 key themes emerged. These key themes were consistent across all neighbourhoods surveyed. This section will address each of these key themes through statistical accounts coupled with direct quotations from respondents that were captured in open-ended questions and interviews with the view to demonstrate the experiences and input of area residents.

Social Isolation, Loneliness, Stress

From the outset of one-on-one phone interviews, it became immediately clear that isolation and loneliness are top concerns among residents. As the researcher making the phone calls to complete the survey, when asked about what one's biggest challenges have been during the pandemic, respondents immediately opened up about their loneliness and how the lockdown, and being isolated at home is taking a drastic toll on their health. For most telephone interviews, it was as though a pressure valve was released. As soon as respondents had a listening ear on the phone, they began to divulge their fears, feelings, and anxieties around the pandemic and how it is impacting their life. For this reason, what was expected to take 10 minutes to carry out phone interviews, in many cases became one hour. With a list of resources and numbers on hand, respondents were given immediate advice as to who to call and for what information. The survey research itself served as a catalyst for PQCHC Community Health Services to provide even more comprehensive supports, and in many cases, was a first step in an intervention process where residents could ask for and receive more intensive wrap-around supports.

On Isolation and loneliness

"Biggest stress has been not being able to see some of my grandkids because I am high risk. Because I don't have access to a computer and internet I can't even Facetime or Facebook with them either. Now that the kids will be going back to school it will only be harder because I can't see all of my grandkids which then makes me feel lonelier and more stressed."

"I've had Depression, panic attacks, feeling abandoned, etc. since this all began."

"I am also missing the exercise classes at PQ and I think the hardest thing for me has been the isolation. The socialization was so low at first because of my lack of technology, but it is getting better now. YouTube has kept me a lot of company as I listen to different talks on there"

On Stress

"My dad was in a nursing home and we couldn't see him then he passed."

"The biggest stressor has been caring for my aging Mother who has dementia and not being able to leave her alone. It is a lot of stress on one person. She is having delusions too that I was going to hurt her and that is so hard for me to deal with. To top it off I have my own health concerns and I leave them on the back burner."

"My 18-year-old son has been stressing me because he has no job and is bored and because he is not working on weekend he is walking around getting into trouble."

Referrals were taken and shuttled off to the PQCHC System navigator who then followed up. However, during these interviews via telephone, many residents just needed someone to talk to and hear about their concerns and fears about the coronavirus. For this reason, coupled with the data yielded through the surveys, it becomes even more clear that there is a need for support groups, social circles, and places wherein people can interact with their neighbours and friends.

While this study did not set out to explicitly analyze the psychological effects of COVID-19, through the interviews and the qualitative answers provided within open-ended questions in the survey, it is clear that there is an increase in self-reported anxiety and depression levels of those who completed the survey. This increase is a common theme seen across several studies and community surveys across the city to the national level.

There are two realities that became clear throughout the interviews and analyzing the survey responses:

- People who had pre-existing mental health issues have stated that their signs and symptoms have been amplified due to a variety of factors since the onset of the pandemic
- People who said that they did not have pre-existing mental health issues, now identify as having one or more due to the stress, isolation, loneliness, or fear that they have been subject to throughout the pandemic.

Respondents of both the online surveys and phone interviews consistently expressed feeling extremely disconnected from their families. In some cases, respondents said their fatigue and "burn-out" is extreme with caregiving for older parents with little supports in place. For some, the isolation and lack of places to visit friends and see familiar faces was apparent as one woman shared that she is missing her regular soup group and other programs that offer snacks and socialization. One man shared much positivity and care for his neighbours in sharing that "I am making a real effort to interact with my neighbours. Even during this wild time, I've made a lot of my neighbours happy, especially the loneliest ones. I've reached out to them and just offered my ear or a small gesture, especially to older people who are so isolated, being left alone, who have no one even asking them what they need or if they are ok."

Others have genuine concern for their neighbours and friends as they witness how the pandemic is impacting other's overall wellbeing. As one shared that people are "losing it" in their isolation and behaving so differently that they don't even want to talk as much as they used to because they are getting too used to being alone. Me? I have interests and lots of things I can be doing to occupy my time, but many people do not. This is causing some unhealthy habits developing like drinking, depression and stress."

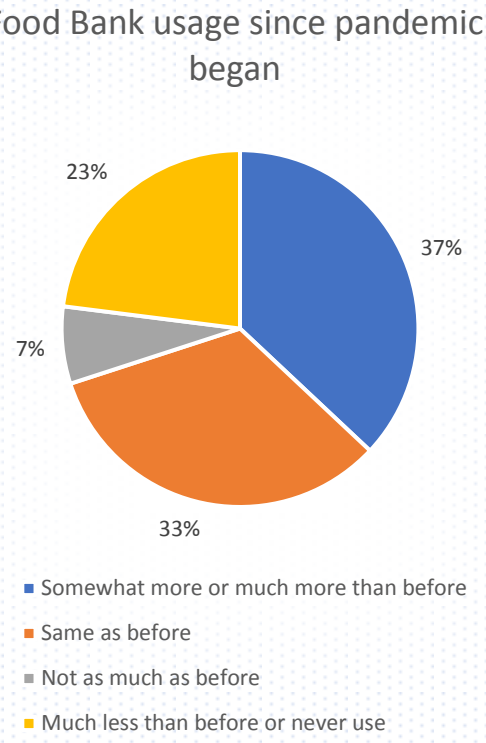
Included in this theme of social isolation, a few words on parenting supports. There is a consensus among parents with children and youth in the home that parenting support groups would be a good use of resources. Parents who are staying at home would like to be able to chat with and meet with other parents for social support and to share resources such as childcare and to network: "My kids are missing playdates a lot so they are feeling the isolation and loneliness. Also, the barrier of needing to go out and get food but having to bring my kids and feeling judged or getting in trouble for bringing them into the store. I am already anxious to bring them in the store and the staff at the grocery store don't empathize with that."

There is also a suggestion from mostly senior respondents for more services for seniors' services in two of the most senior populated buildings (McEwan Terrace and Regina Towers) within the catchment.

Food (In)Security

Food security, or lack thereof, was a topmost theme that emerged through the data analysis. Even for those who did not state that food insecurity was a top challenge for them during the pandemic, these same respondents later went on to discuss this barrier within the qualitative answers for open-ended questions or during phone interviews. Forty-three percent of respondents stated that their biggest challenge during the pandemic has been their ability

to afford and/or access food. One of the survey questions related to food security asked: Think about before the COVID-19 pandemic compared to the present. How often have you made use of food programs since the pandemic began (i.e.: Food Bank, Food Hamper, Breakfast Boxes)?



As shown in the accompanying pie chart, 37% stated that they are using the Food Bank somewhat more or much more than before the pandemic began. It is important to note that due to the way in which the data was collected for this question, it is challenging to disaggregate the 23% who either use the food bank much less than before or never. As one of the Community House Coordinators pointed out, there are many residents now using the food bank that had never accessed it before the pandemic, but the survey did not set out to measure new client use, so this question could have been better phrased, or a follow-up question asked.

Further to this insight, the residents who use the Community House services of any type are the residents that PQCHC staff have more information about and can contact, just as these clients know more about the services offered through the Community Houses and PQCHC. It is the residents that we are not reaching, and the new clients that are making use of services offered that we might consider learning more about in future needs assessments.

Within the catchment area there are a handful of more marginalized or lower-income neighbourhoods, and there have been ongoing efforts to advocate for more affordable food and convenient sources of food. Many of these neighbourhoods are in a "food desert" without easy access to food. Some programs that were in place prior to the pandemic were halted which created a further "food desert" in some communities. For example, for many years a Mobile Market was helpful to bring local fresh food to neighbourhoods by a market bus, however this was halted throughout the winter months and throughout the pandemic. Although bringing the food into these neighbourhoods through the Mobile Market eliminated some barriers to access, this was not a solution for everyone as the cost of food was prohibitive for some as residents reported that the cost of the produce at the Mobile market was costly and therefore not always economically sound to purchase. There is a one sole grocery store within the area, however it is costly and not easily accessible to everyone

by foot or transit. There is also a Walmart within the catchment, which is not conveniently accessible to all and harder to get to from the neighbourhood's that are furthest from the Bayshore area.

In terms of feedback from respondents, while many are appreciative of the Food Bank and services offered through the PQCHC led Community Houses throughout the pandemic, some say "we need more food services as it is still not enough" and "we still need better choices of healthy food at the Food Bank."

Food Banks

There are 3 Food Banks that traditionally run out of the PQCHC led Community Houses (Foster Farm, Pinecrest Terrace, and Morrison Gardens). There is also a Food Bank that runs out of the Britannia Woods Community House which serves the Winthrop Court and Michele Heights communities.

During this time, partners attempted to meet the increase in demand for food through pilot projects and increased support. For example, the Ottawa Food Bank increased their monthly allotment of food to those accessing the food bank and also provided additional funding for staffing and purchasing supplies and equipment, the Ottawa Network For Education shifted their breakfast program resources to delivering breakfast boxes directly to be distributed to community members through the community houses and the Cooking For Cause program through Parkdale Food Centre, partnered with local restaurants to provide healthy, homecooked frozen meals to community members.

The Michele Heights and Winthrop Court Community Houses that did not previously have Food Banks within the neighbourhood deeply benefited from having additional food programs in their area they had never had before. In the neighbourhoods of Pinecrest Terrace, Foster Farm and Morrison Gardens where the Food Bank has been run for years through the dedication of community volunteers; staff quickly pivoted to begin facilitating the Food Bank as the volunteers were often times unable to continue to volunteer due to their age and risk for serious complications should they contract COVID-19. This meant that at the outset of the pandemic staffing resources were diverted and redeployed to the operation of the three foodbanks (deemed an essential service) until a more stable staffing model could be established. This meant the redeployment of staff from youth programming, community houses without foodbanks and other PQCHC programs and departments.

A change of duties and procedures had to be implemented quickly and staff were incredibly flexible and committed to ensuring this essential service continued. This meant that staff took on the responsibility of unloading delivery trucks, finding creative ways to safely store increased shipments of food, taking orders for food box pick-ups/ appointments, and personally delivering food bank orders to those most isolated that could not get to the

community house to pick up orders. While staff were highly flexible and quickly tried to adapt to this whole new workload, it became apparent that the infrastructure to support the increase in demand and food deliveries was stressed. It was a significant shift to moving from an abundance of experienced community volunteers each week to having staff doing this at a reduced capacity.

For a few weeks in April, to enable community foodbanks to take a breather, establish policies, procedures and sustainable staffing/volunteer models as well as to allow the Ottawa Foodbank time to sort out its supply chain model under the new and increased pressures presented by the pandemic, the Ottawa Food Bank provided grocery gift cards for residents who are serviced by the Community House Food Banks. Community members had to access this gift card support through their community foodbank (determined by geographic boundaries). Residents not connected to the three foodbanks operated through PQCHC were directed to their community foodbank and staff played a role in bridging this connection.

We leveraged this work to complete the first phase of the needs assessment by completing a wellness check and assessments with residents when they phoned in to request a gift card through the Food Bank. In Phase I of this research, House Coordinators and Community House Staff, as well as the PQCHC System Navigators, asked residents about their basic needs and were able to provide grocery gift cards provided by the Ottawa Foodbank and other supplies to hundreds of residents. The impact and appreciation for the Community House staff was clearly apparent throughout the data as many respondents specifically named and thanked staff for their help, compassion, and flexibility in getting supplies and gift cards to their doors.

In recognition that some residents may not have received gift cards in communities where food banks are not directly located, in May, PQCHC spent funding provided by Ottawa Community Foundation to provide gift cards to residents in Michele Heights and Winthrop Court that did not get a gift card through the Ottawa Foodbank. Community House Coordinators also used this as an opportunity to connect with residents to complete a wellness checks, get them additional supplies they may need and to ensure their needs were captured in Phase 1.

All gift cards were mailed to residents along with an information package (translated into 4 languages) that contained current information related to COVID-19 and supports and resources available in the community.

Challenges and Opportunities within Food Security

While there were a number of challenges in terms of quick changes to the PQCHC led Community House Food Bank models, there were also a large amount of resulting successes: All of the Community House Food Banks changed their model to appointment

based to ensure physical distancing, with pickups scheduled 10 to 15 minutes apart. Client's feedback was that they were happy that they no longer had long waiting times at the house to get their order, as they called in, gave their order choices and pickup was quick and safe and they appreciated the new format. There are a couple of drawbacks to this model in that some clients enjoyed the social interactions with others during their wait times prior to COVID-19 restrictions which allowed those that were isolated a chance to interact with others. This appointment-based model also requires more staff time as they need to book appointments over the phone, pre-pack food boxes, as well at have more staff at the front door to greet and distribute the orders.

Historically, clients picking up their food each week would often take the time to chat with staff as a way of connecting and reducing their feelings of isolation. A few extra minutes to chat seemed to make a world of difference, just to have someone to ask how they are and to listen. All the House Coordinators reported that because of the changing needs during the pandemic, they noticed an increased and deepened connection with clients, especially those that did not historically reach out to the House for supports. While this is due to increased need, despite the context, this provided an opportunity to better outreach to residents and build new connections within the neighbourhood as well as strengthen and sustain existing relationships with households. Community house staff report that they feel the House is now seen for many as more than just a food centre, but a resource centre and hub of information within the community. There have been increased efforts to track the emotional support, crisis intervention and referrals that the Houses are making.

On Food Security

"I need safe, affordable RELIABLE grocery delivery, or access to full masks. I'm losing weight faster than is safe because I can't get reliable, COVID-free food. I have to quarantine everything for four days (at room temperature) to be safe because I'm in a very high-risk household. Fresh food does not last long enough."

"I just started using Community House so I can't compare it to before, but the breakfast boxes have been useful"

"The staff at the Community House are angels. They have saved me so many times throughout this whole thing and I am so appreciative and indebted for the help!"

Another success is that additional food security programming was secured to support communities that do not have a community foodbank directly located in their neighbourhoods such as partnerships with a local farmer to provide fresh produce, the aforementioned breakfast box program and frozen meal deliveries and a partnership with a local vet to provide dog/cat food to residents.

There is a lot of positive feedback about the Food Banks through the Community Houses in that people have really appreciated the increase in the amount of food they are receiving and the quality of the food they are being offered. As one woman said "I have appreciated the frozen meals that we have been getting from the Community Houses. These make sense because we can save them, and it is good, healthy food that won't go bad in the freezer."

Digital (In)Equity

The theme of digital equity emerged with distinct clarity throughout the data analysis. When referring to digital equity, we can look to sources within the field that have helped to define what digital inequity means in our society, for example:

"Digital inequity is a growing divide between those who have the resources, ability and knowledge to access the internet and reliable technologies and those who do not. Digital equity refers to whether all people can readily access and effectively use the technology that allows them to participate in society."[12]

Otherwise known as the "digital divide," this can be considered as another indicator to account for inequities among marginalized and lower-income neighbourhoods. The results of this research demonstrate that there is a clear difference between willingness to participate online and the capacity to participate in online. When asked if respondents have participated in any type of online programming, activities or training since the pandemic began, 42% said that they have, 58% had not tried any social programming online.

51% percent of respondent's state that they would be willing to participate in social programming, training or other service offered online. However only 44% of all interested respondents say they would have the means to participate with a tablet, computer, or phone. People said that while they would be interested, they may not have

On Digital Equity

"The Bingo that you guys did online was fun and should do more often during this time so we can have some fun online"

"Provide short interactive online modules (no more than 20 minutes in duration) that assist individuals in planning, implementing, and following through on their job search efforts."

"I heard that the house was doing a program on Zoom, but it was after the fact and I tried to download Zoom, but I need help. I'd like to participate in online programs if someone can show me how to."

[12] Alliance for Healthier Communities Bulletin, Sept. 17th, 2020

reliable internet or enough computers or other devices within the home to be able to commit to a program or appointment. Just 16% of respondents said they would not be interested in online programming at all. For those who have participated in some online programming, the qualitative feedback was positive and hopeful.

Furthermore, respondents were asked: "Does your household have enough computers, tablets, and cellphones for everyone who needs them to access essential information, schooling or maintain employment? If no, please comment." 61% said yes and 31% said No. A further 8% of respondents said no, they did not have enough computers within the home for everyone who needs one and provided additional comments around this such as: "I need an actual computer to be able to look for jobs and when I was homeschooling my kids and teens. I can't do all that is needed on my cell phone and I get charged extra for data too so it's stressful" and "we have 1 computer for 4 adults in the house it is not enough to look for work, be social, pay bills and stay connected to friends." When asked about accessing technology from the home, one telephone respondent said "No, we have 1 computer and 6 people who need so my wife and I have to use our cellphones for things we should be using computer for."

While many respondents do have access to a computer or internet, they do not have enough internet bandwidth for what they need to accomplish. For example, one man shared that he has enough phones and computers in the home but doesn't have enough data or the internet connectivity needed for school and work. A mom shared that "I have laptop, but all family works from home; internet connection is not good all the time. I have no Wi-Fi and not enough devices, and for old computers Zoom does not work." One younger respondent said that she would like to try to do some programs online but does not know where she can get a lesson to learn how to do this.

For respondents within the PQCHC catchment area, the digital divide is having an impact on people's feelings to be able to access adequate healthcare as well. Many respondents pointed out that it is one thing to use a computer to Zoom with friends socially or enjoy a fun program, but quite another to try to have an adequate appointment with one's Doctor about a physical issue when the Doctor can be with you in the same room. A number of respondents express concern with the possibility that healthcare is headed into a virtual space, and without reliable internet or computers, or capacity or even willingness to learn, they fear they could be left behind within a rattled and overburdened health care system. During one-to-one interviews, it was especially the case that there is a need for seniors to have better access to technologies needed to connect with service providers and on a social level. As one 60-year-old woman shared: "Doctors and walk in clinics are only doing online meetings? How can my doctor diagnose me or something physical without seeing me?"

This learning demonstrates how the pandemic has further isolated those who were previously struggling with isolation and loneliness. To deepen the complexity of this

situation, this research revealed that while many people may wish for greater belongingness and connectedness to the outside world, especially during the pandemic, they do not have access to the world through technology. Examples were provided about "wi-fi" hotspots being within bigger buildings that get a lot of traffic in "normal" times (such as recreation centres and malls), however these hotspots for free wi-fi have not been useful during the pandemic as people are not able to gather in these places. Furthermore, even areas near parks (like Tim Horton's with a park behind it, for example) are only useful for outdoor meetings during the summer months but will not be during the winter. There are recommendations to work with the City of Ottawa and other agencies to create relevant and useful mobile hotspots where residents can access reliable internet.

> As of 2018, 16.6% of Ontario Households in the lowest income quartile had no internet access at home, compared to 5.5% for all Ontario households
>
> Ottawa Neighbourhood Equity Index

The Ottawa Neighbourhood Equity Index is a tool to assess and compare unnecessary and unfair differences at a neighbourhood level on factors impacting wellbeing. The Index measures how each neighbourhood is doing in five domains of wellbeing supported by 28 indicators. The Index states that the digital divide is not just an issue of internet accessibility, but one related to household income levels. The Canadian Internet Use Survey states "As of 2018, 16.6% of Ontario Households in the lowest income quartile had no internet access at home, compared to 5.5% for all Ontario households."[13] For more neighbourhood-specific information about internet access and the digital divide, the Neighbourhood Equity Index has a section on digital inclusion.[14]

Having basic dial-up internet with one computer in a home of six who all need to get online for work, school, training, medical reasons, or to socialize—is not enough, however the cost of internet for some, is unreachable. Much advocacy work has been done on this issue in recent years leading up to the pandemic. For example, Ottawa Community Housing, ACORN Ottawa, and others have worked hard to make affordable, reliable internet more accessible to area residents. In 2018, low-income families became eligible to get a $10-per-month internet plan under an initiative from the federal government and Internet Service Providers, pushed by ACORN.

The Canadian Radio-television and Telecommunications Commission (CRTC) declared internet a basic service in 2016. The CRTC made the case that everyone should have access to internet in the same way as water and power.[15] In pre-pandemic 2019, the Federal

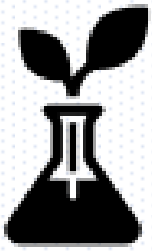
[13] https://neighbourhoodequity.ca/digital-inclusion-ottawa/
[14] https://neighbourhoodequity.ca/digital-inclusion-ottawa/
[15] https://www.cbc.ca/news/politics/crtc-internet-essential-service-1.3906664

Government did announce that it is not realistic to meet this goal until 2030. Advocates of this cause continue to press for a more rapid response to this as internet is a basic need for most people now.

The Executive Director of OpenMedia, says disproportionate access to the internet is often talked about in terms of only affecting the North or remote communities, however, the current public health crisis has shown the problem is just as common in many cities. "When something like the COVID-19 pandemic hits, we really see what happens when you don't prioritize it. We see how far people are being left behind."[16] Further, the co-chair of the Britannia chapter of ACORN Canada in Ottawa, says many low-income families have no choice but to pay the high costs imposed by internet service providers (ISP). "You might decide to spend less on your grocery bill because you need internet access for that week."

In sum, the pandemic had cast a shadow onto pre-existing inequities and services that many residents find too costly to access or do not have the training or skills to use. The internet has become an even more "basic" human need as people need to consult their doctors, meet teachers, take courses, etc. online.

Vital Learning: Education, Schooling, Employment & (Re)Training



Overall, education and access to education has been deeply affected by the pandemic, this theme intricately linked to that of Digital (In)Equity.

This assessment points to the fact that there is not simply a *desire* for continued learning or training because of the pandemic, but a vital *need* for learning and re-training as the world of work and education shifts at an exponentially rapid rate- perhaps faster than any one period in modern history. Survey respondents indicate feeling pressure with the regards to the speed with which the demand for reliable technology is growing, as well as the need to be technologically savvy, and struggling to keep up with the pace.

This demand became most apparent for parents who tried to quickly pivot to not only become teachers to their homeschooled children, but savvy enough to support this learning in a virtual sphere. There was a steep learning curve to become Microsoft Teams, Google Classroom, and Zoom literate, and quickly.

While the best efforts were made at the height of the pandemic to provide adequate online remote learning after schools were shut down, it is important to recognize that for individuals and families, hundreds of students were unable to access education online because of a lack of technology and supports. From parent respondents we heard that the

[16] https://www.cbc.ca/radio/spark/working-from-home-data-surge-a-balancing-act-for-isps-tech-expert-1.5511650/internet-is-the-only-lifeline-they-have-canada-needs-to-confront-digital-divide-amid-covid-19-crisis-1.5513206

On Learning and Employment

"We need to be able to use the computers in the community house again, it would be helpful for training and work"

"You are doing a great work. But please help more new immigrants find a job."

"We need more programs for youth where they can learn to interact with others, and training them for their first job, and help to get ID like SIN card."

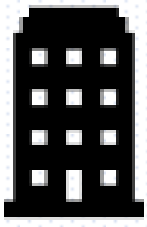
"I would like job help or training for my son and I"

accessibility issues were due to not enough computers the home for everyone who needs one to school or work, reliable internet access due to cost, and overall confusion or lack of supports around the remote teaching methods being used, and/or not benefitting from what teaching is offered because of language and technology barriers.

Data suggests that there is a thirst among residents to participate in adult education and training. In pre-COVID times, there was an abundance of resident training and employment training programs offered through a broad suite of PQCHC services across departments. PQCHC Health Promoters, Youth workers, Community Workers and Community House Coordinators have historically been hubs of informative and "connectors" within the neighbourhoods to promote new programs, trainings, and other opportunities. As contact has been significantly reduced with these knowledge brokers, residents are not as informed about potential opportunities. Secondly, for the past 7 months, there have simply not been such opportunities as service providers and residents alike have adapted to the restrictions of the pandemic and staff have also had to learn new tools to delivery their programs, and assess whether the same programs are needed or if there are new, emerging needs.

There is shared concern among respondents that they will either not find adequate employment, or, that they will not be qualified for jobs due to the fact that they may need to be "computer savvy" and current in expectations about working online. The fear of the changing nature of employability with physical distancing and the potentially ongoing pandemic is a real threat for some respondents at this juncture.

Housing: Personal Health & Community Safety



The themes of personal and community safety emerged out of the data; however, all concerns and feedback could be placed within the broader theme of housing. Data gathering that relates to housing issues within the neighbourhoods was gathered in one-to-one interviews and over phone interviews. This is presumably because there was a listening ear

and respondents could speak more to their personal situation than on a survey with limited room for qualitative feedback.

Most of the data around safety and housing was related to social housing apartment buildings in lower-income areas. There is reportedly increased tensions and neighbourly arguments as the pandemic lingers on and people are forced to stay within their homes with limited space, and more importantly, limited outdoor public spaces for them to enjoy. Respondents from one specific apartment building provided information over the phone to the researcher during interviews, the interviewer in turn passed referrals on to the resident, and/ or to the landlord, and in some cases, the police if there was a safety concern or if the respondent consented to providing their contact information.

While there is a broad range of community development and neighbourhood-based supports in place that provide advice and education to residents about how to call Bylaw, Security, or the police, just as in pre-pandemic times, if not more so, respondents report feeling fearful to report a neighbour for suspected criminal activity or harassing behaviour for fear of retribution. This is but one indication of how isolated respondents feel in their homes with limited social supports. A few quotations from the surveys capture this trend from an experiential standpoint. One woman shared that she has "*been feeling scared to see people in the neighbourhood during most of the pandemic because everyone is on edge.*"

On Safety

"Living in (neighbourhood) during this pandemic has been the hardest thing I have ever done. I have seen the drug dealing and prostitution get ten times worse. The (landlord) is not paying attention or doing enough about these issues while the people like me feel scared and unsafe."

"I have been living in isolation with my 3 kids, but also in fear as I have been getting harassed constantly by a man who I am nervous about. I just finally went to the hospital yesterday and asked for help and now you're calling me to ask me what I need. It's extremely helpful; it's like a sign that I am not alone anymore."

Of the 305 responses received, clusters of residents mentioned health and safety concerns for their own deteriorating mental health due to bed bugs within their housing unit. While the majority of these respondents live in one specific neighbourhood, 98% of these are women, living alone, with pre-existing health issues. Bed bugs are a pressing concern for these people as they try to navigate the correct processes for reporting. Respondents who highlighted this as an issue find barriers with having the situation addressed in a timely manner, and in many cases, it is because the

individual does not have the capacity to prepare the unit for treatment (i.e.: decluttering, moving furniture).

"I haven't found a lot helpful these days. I have had bed bugs and am getting eaten alive and for the last 2 weeks (the landlord) was going to spray my apartment, but it keeps not happening. Today someone came to spray but because no support staff have helped me clean the place up and out, the man could not spray. I am so fed up."

Further to this, there were several complaints about leaking units and water issues in one of the neighbourhoods within the area. Due to the pandemic, maintenance and fixes such as leaks may not have been deemed essential fixes at the time, however this is being addressed at the time of writing this report.

Community Outreach: Public Health Promotion & Community Development

Respondents stated that one of their top needs at this time is to receive and know where to access public health information in their preferred language. Residents report that while the pandemic situation in Ottawa is constantly changing, it is difficult to stay abreast on the latest news and the rapidity with which it is delivered- especially in a second and third language. Many stated that the information is updated daily, however it is confusing as the number of positive case counts fluctuate so much from one day to the next, respondents are beginning to feel desensitized to the alarming rise and fall in COVID-19 cases.

Every respondent had some level of information about COVID-19 and how to protect themselves and their families, however based on the asks from respondents about more information needed about COVID-19 and prevention and staying safe, it is recommended to continue awareness-raising about the constantly changing situation in the local area and the critical importance of public health measures such as wearing masks and strict physical distancing. Additionally, there is an ask for more promotion about PQCHC services, what programs are offered as is demonstrated by the following quotes:

"PQ to promote programs more pro-actively. I wish I knew what services you offered. Perhaps more communication on neighbourhood Facebook sites?"

"I don't even know all the services that are offered through the community house and other places so it would be helpful to let people know so we can use them more and access those services."

"It would be good to know about more programs in our area for all ages kids and parents. A parent support group would be good thing for you all to look at."

"I did not know items were available at house."

While PQCHC has all its current programs on its central website, this finding speaks to the fact that not all area residents know what services are available to them through the Centre. This also speaks to the findings related to digital inclusion in that not all people who could benefit from PQCHC services learn about these by pro-actively seeking out information on the internet, especially if they do not have access to hardware and reliable internet connectivity. For these reasons, the suggestions to increase the promotion of PQCHC services, as well as COVID-19 prevention and safety, are highlighted within the recommendations.

Survey Respondent Recommendations

Residents were asked what extra supports they need to get themselves and their families through COVID-19. The survey probed them to think about what they need today and moving forward throughout the next year.

The top 5 most populated responses are as follows:

1. Ability to access/afford food (n=158)
2. More opportunities to interact with neighbours (n=110)
3. Stress management (n=106)
4. Tips on keeping myself and my family healthy (n=99)
5. Employment support (to retrain or find a job) (n=93)

Other supports requested moving forward were indicated by respondents in this order: Mental health supports (n=88); Online programming and supports for adults (n=88); Access to health supplies (masks, sanitizer, toilet paper, etc.) (n=88); In-person programs and supports for adults (n=86); Support with tutoring/ homeschooling (n=69); In-person programs and supports for youth (n=58); Online programming and supports for youth (n=54)

The survey included an open-ended question asking residents to share what they would like PQCHC team to know to help guide our services and how they are delivered. Several recommendations were made around the need for various types of peer-led and support groups for single parents, seniors. Respondents also asked for more employment supports for youth and adults as well as access to re-training programs. Additional recommendations from respondents have been highlighted in as quotes throughout this report.

Going forward, PQCHC Community Health Services (CHS) might consider assessing community needs in an ongoing way throughout the COVID-19 pandemic, as various needs have been amplified within the few months between Phase I & II of the research. This would include a continuous feedback-loop with the considerations and guidance from frontline staff.

PQCHC Community Health Service might explore sharing this and other relevant assessments and best practices across the centre, partner agencies, and other stakeholders to learn from or use as a launching pad for their own client needs assessments. CHS, with appropriate expert partners, might consider continuing to monitor the psycho-social impacts that the pandemic may have on client's behaviour, safety, and wellbeing.

Findings from this assessment point to several possibilities to explore. Through careful analysis and consideration of the data, these are the principal recommendations for programming, services and supports, as well as departmental considerations for Community Health Services in light of the COVID-19 pandemic.

Recommendations

Supplement and Scale Programming to Meet Current Needs

Support Peer-led Social and Support Groups

Increase Food Security

Grow Digital Capacity Building

Generate Community-based Computer Hubs

Support Racialized Community Members More than Ever

Invest in Trauma-Informed Ways of Working

Foster Awareness of PQCHC Services through Promotion

Supplement and Scale Programming to Meet Current Needs: Programming that worked a year ago, even if it could be re-opened, may not be the same program that would be most effective today. Respondents voiced that there is a gap in programming due to physical distancing restrictions and people are missing their usual programs. However, given that some of these venues for programs cannot safely operate at this time, allocating resources to programs that can work at this time, specifically those that have been evaluated for their positive outcomes, might be considered. For example, while an in-person art group in greatly missed by residents, it might be temporarily supplemented with virtual programs that address belonging and connection through creativity as their central outcomes. For programming that has evolved or continued to operate in a new way during the pandemic, it is recommended that staff share their best practices so that these may be scaled cross-departmentally and inter-agency. As one might take a Vitamin D supplement during the dark

winter months, we might need to consider supplementing our "social prescriptions" during this time, while what is truly needed is not available in its purest form.

Support Peer-led Social and Support Groups: Results demonstrate that there is increased demand for social groups and support groups such as peer-led support groups, parent support groups, social groups for stay-at-home and/or single parents, social and educational groups for seniors and youth. While developing such groups within the community can require resources, they do not need to be led by PQCHC. Neighbourhood-based social groups can be informal. Residents can be encouraged to start up their own social groups within their neighbourhoods and through social media- this option does not require staffing oversight. Conversely, from a program planning perspective, PQCHC CHS might consider increasing staffing capacity and other resources to dedicate time to identifying resident leaders, supporting them through training opportunities and facilitating peer-led groups and initiatives in a more formalized way.

Increase Food Security: Beyond traditional food bank models, several other neighbourhood-based methods to distribute and offer food might be increasingly considered. Initiatives such as breakfast boxes or outdoor physically distanced programs that offer food can help to fill the gap in household food insecurity, however, this will be more of a challenge in the cold months especially if there are not additional staffing resources available. With the requirement for virtual programming in mind, this might be done through online programs that demonstrate creative and healthy cooking or food preparation, how to start a neighbourhood soup exchange, how to maintain a winter pantry, or community soup kitchens or "Lunch and Learn" online sessions where a guest speaker visits and people can still break bread together, however remotely. For cooking classes or soup groups done virtually, perhaps there is an opportunity for residents to pick up a small amount of ingredients at the Community House or a food bank to carry out that week's virtual cooking lesson. Community Health Services might prioritize increased efforts and brainstorming around how to facilitate food-based groups in the coming months.

Grow Digital Capacity Building: For computer and technology training, consider adding more programs, or elements of tech-training into existing programs, so that people can become aware about how to use technologies such as Zoom, Google Meets, Microsoft Teams, which may increase the participation in social groups, employment, and tutoring programs. There is a thirst among residents to participate in adult education and training. Given the current circumstances, it is recommended to leverage relevant partnerships to grow the capacity of both staff and residents to deliver and participate in online workshops, training, and programming.

Generate Community-based Computer Hubs: Expand and scale hubs within the community that are neighbourhood-based and accessible where people can access the internet and computers more easily. It is recommended to explore a library or loan model whereby people could sign out tablets or laptops from area agencies or the community houses for

short- to medium term use. There might be further consideration of leveraging partnerships and building new ones to generate capital for more computer hubs in the neighbourhoods.

Support Racialized Community Members More than Ever: PQCHC has a longstanding history in supporting racialized residents within its diverse catchment area. Given the literature that underscores the current sociopolitical climate for Black, Indigenous, and People of Colour (BIPOC) and the overwhelmingly disproportionate rate at which COVID-19 is touching their lives, PQCHC might enhance efforts with area partners to investigate and plan for the best possible health and wellbeing outcomes. These anticipated and ideal outcomes would be best determined in consultation with the BIPOC community so that planning and implementation best addresses the scope of their needs. Systemic and everyday racism are having negative impacts on BIPOC's ability to follow public health advice about how to protect against COVID-19. Many public health units, including Ottawa's has named racism as a public health crisis. Through an organizational commitment to advancing equity, PQCHC can increase their efforts to best support the BIPOC community. Further to this, it is recommended that PQCHC unpack the COVID-related barriers that relate to able-ism, other 'isms', as well as the intersectionality of social inequities that are being amplified for many area residents.

***Invest in Trauma-Informed Ways of Working*:** While efforts are well underway in the Community Health Services department to become more trauma-informed, adopting a trauma-informed lens in *all* the work being carried out throughout the department remains key. With increased learning and training opportunities for staff, trauma-informed care might more quickly become mainstreamed into all facets of planning and implementation to ensure it is not being added-on only to projects and initiatives that are deliberately or intentionally addressing trauma. Survey responses have demonstrated that various types of trauma and ways of coping with it are prevalent within the communities served by PQCHC. It is recommended that Community Health Services might increase its attention to outreaching, programming, recruiting, and training through a trauma-informed lens.

***Foster Awareness of PQCHC Services through Promotion*:** Findings point to the necessity for PQCHC to promote programs and services in even more accessible, age-suitable, and culturally engaging ways, particularly for individuals that are not being reached at this time. This might include increased social media presence, posting programs on neighbourhood Facebook pages, and more individualized targeted outreach. This includes more advertising and promotion of the multiple employment services offered for adults and youth, Community House services, and social programming. This increase in promotion can be carried out through social media, e-newsletters, community bulletins, and Community Houses.

While this research did not directly ask about COVID-19 understanding and awareness, it is recommended that PQCHC improve the quantity and quality of COVID-related education and increase dissemination of this information. This might include establishing what people want

and need to know about COVID-19, dispelling myths, informational materials that cover topics such as how to get tested, where to get tested, when and why to get tested. Further, Community Health Services might consider more closely partnering with PQCHC primary care staff and Ottawa Public Health in order to plan and implement neighbourhood-based awareness-raising. This could include awareness about the severity and threat of COVID-19, the efficacy of protective measures including hand washing, surface cleaning, mask wearing, other personal protective equipment, physical distancing, and sharing this information in a way that is relevant to residents. Where residents are not receiving enough information about COVID-19 protective behaviours, they may be more likely to engage in higher-risk behaviour.

PQCHC Community Health Services can anticipate that area residents may become more socially isolated and lonely as the winter season approaches and the restrictions resulting from the pandemic may continue to make it challenging for people to actively engage in face-to-face interactions and supports. For this reason, it is recommended that increased or re-allocated resources be made available for outreaching to residents that staff know are living alone and isolated, and to people who may require some encouragement to make the call for support or join in on a virtual group.

While the purpose of this assessment was to determine what needs have yet to be met, an opportunity remains to innovate and explore how to reach those who are not currently being reached. The highest isolation rate presumably remains with those who do not have a connection to the multitude of ways that staff are attempting to outreach to them. It is recommended that "cold-call" wellness checks to doors less frequented remain a target population to reach out to.

In sum, the COVID-19 pandemic is having substantial impacts across the world. This needs assessment worked to zoom in on how it is impacting residents living in the PQCHC catchment area in order to address the impacts and inform the planning and implementation of programs so that staff can best respond. It is important for PQCHC CHS to keep a pulse on what some are calling the "shadow pandemic" in that there are multiple complex and competing impacts of the pandemic on community health and individual well-being, aside from primary health. This report has only skimmed the surface of the mental health impacts of COVID-19, not to mention how this may well be amplified for New Canadians or people with a history of trauma. At this critical juncture, it is key to make every effort to work in a trauma-informed way, especially for those have unmet mental health or social needs that may be amplified by monumental shifts in routine and physical separation from loved ones and communities.

This report highlights how the pandemic has had deeply impacted systemically disadvantaged populations that are already marginalized. It also highlights how the Social Determinants of Health are uncertain for many residents who have barriers to accessing services and supports ranging from housing to employment to a healthy social life. The

recommendations resulting from this survey research and the suggested strategies for achieving these objectives are aligned with the broader social determinants. Strengthening community-based collaborations to alleviate barriers to COVID-19 protections experienced across the area is a strategy with weighty potential: Both to minimize the impacts of COVID-19 in area communities, and to continue to reduce disparities and increase positive health outcomes for all.

Appendix 1: Survey

PQCHC Community Needs Assessment

Pinecrest Queensway Community Health Centre (PQCHC) provides many health and community services for all ages in the area that you live. Considering the COVID-19 pandemic, we would like to know the needs of the community so we can better serve you and your family. Your feedback and guidance matter to us.

Please take 5-8 minutes to complete this survey by visiting www.pqchc.com and click "Community Needs Assessment Survey." You may also scan this QR code with your smartphone device or tablet to complete the survey.

Your answers will be anonymous. Your answers will help us shape our services and how we can best deliver those services to you.

Please complete the survey before August 18th, 2020.

If you would like a referral to our System Navigator, or, if you'd like to be entered into a draw to win 1 of 10 $50.00 grocery or Walmart gift cards, please leave your preferred contact information at the end of the survey. This information will also be kept confidential.

For any questions or assistance in completing the survey over the phone, please call Robynn Collins, Health Promoter, at 613-327-2162 or email r.collins@pqchc.com

1. **Does your household have enough computers, tablets, and cellphones for everyone who needs them to access essential information, schooling or maintain employment?**

   - ❑ Yes
   - ❑ No
   - ❑ If no, please comment:

2. **Have you participated in any online programming, activities, or training since the start of the pandemic?**
   - ❑ Yes
   - ❑ No

3. **If you were invited to a social program, training, or other service online would you: (check all that apply)**
   - ❑ Be interested in participating?
   - ❑ Have access to BOTH internet and a device at home to participate?
   - ❑ Not be interested in participating?

4. **Think about before the COVID-19 pandemic COMPARED TO the present. How often have you made use of food programs since the pandemic (i.e.: Food Bank, Food Hamper, Breakfast Boxes):**
   - ❑ *Much more than before*
   - ❑ *Somewhat more than before*
   - ❑ *Same as before*
   - ❑ *Not as much as before*
   - ❑ *Much less than before or never use*

5. **What programs/services have you found most <u>helpful</u> during the pandemic? (Check all that apply)**
   - ❑ Food programs through Community Houses and Food Bank
   - ❑ The support of Community House staff, community workers and other program staff
   - ❑ Employment supports (to retrain, find a job, employment counselling)
   - ❑ Learning how to use online chats, Zoom™, and other technology methods
   - ❑ Online programming and supports for youth
   - ❑ Online programming and supports for adults
   - ❑ Help with homeschooling/tutoring
   - ❑ Mental health supports
   - ❑ Substance use supports
   - ❑ Resources about rent, mortgage, or financial assistance (E.I., CERB)
   - ❑ Access to health supplies (masks, sanitizer, toilet paper, etc.)
   - ❑ Knowing where to go or who to call for specific assistance in your preferred language
   - ❑ Tips on keeping you and your family healthy
   - ❑ None
   - ❑ Other things that you have found helpful:

6. **What have been your biggest challenges since the beginning of COVID-19? (Check all that apply)**
   - ❑ Ability to access/ afford food
   - ❑ Loss of or reduction in employment
   - ❑ Access to childcare
   - ❑ Homeschooling your children
   - ❑ Keeping your teenagers safe and busy with positive activities
   - ❑ Inadequate space to work or study
   - ❑ Paying bills (utility, rent, mortgage, cell, etc.)
   - ❑ Loneliness/ isolation
   - ❑ Increased stress due to COVID-19 and its impacts
   - ❑ Access to mental health supports
   - ❑ Access to substance use supports
   - ❑ Access to medical care or medications
   - ❑ Access to health supplies (masks, sanitizer, toilet paper, etc.)
   - ❑ Access to adequate internet for work or homeschool
   - ❑ Accessing information in your preferred language
   - ❑ None
   - ❑ Other things you have found challenging:

7. **What extra supports do you need to get you/your family through COVID-19? Think of today and through the next year. Check all that apply.**

   - ❑ Ability to access/afford food
   - ❑ Employment support (to retrain or find a job)
   - ❑ More opportunities to interact with your neighbours
   - ❑ Mental health supports
   - ❑ Substance use supports
   - ❑ Childcare
   - ❑ Support with tutoring/ homeschooling
   - ❑ Internet access
   - ❑ Online programming and supports for youth

- ❑ Online programming and supports for adults
- ❑ In-person programs and supports for youth
- ❑ In-person programs and supports for adults
- ❑ Stress management
- ❑ Financial counselling
- ❑ Access to resources about rent/mortgage assistance
- ❑ Assistance with completing government applications such as CERB
- ❑ Access to health supplies (masks, sanitizer, toilet paper, etc.)
- ❑ Knowing where to go or who to call for assistance in your preferred language
- ❑ Tips on keeping myself and my family healthy
- ❑ Tips on reintegrating into work and/or school
- ❑ None
- ❑ Other supports you feel would be helpful:

8. If you are under the age of 18 (or have youth in your home under the age of 18) what additional programs or services would you find most useful to have in your community?

9. What would you like us to know to help guide our services and how they are delivered?

Demographic Info

10. What is your postal code?

11. Which of the following best describes your ethnic or cultural identity? Check one.

- ❑ Indigenous (First Nations, Inuit, Metis)
- ❑ African (i.e.: Burundian, Congolese, Eritrean, Ethiopian, Ghanaian, Nigerian, Rwandan, Somalian, South African)
- ❑ North American (i.e.: Canadian, American, Mexican)
- ❑ East/ Southeast Asian (i.e.: Cambodian, Chinese, Filipino, Japanese, Korean, Vietnamese)
- ❑ Middle Eastern (i.e.: Afghan, Armenian, Iranian, Israeli, Turkish, Lebanese)
- ❑ Latin, Central South American Origins (i.e.: Columbian, Peruvian, Salvadorian)
- ❑ French (i.e.: Acadian, French)
- ❑ Oceania (i.e.: Australian, Pacific Islanders)
- ❑ British Isles (i.e.: Scottish, Welsch, Irish, English)
- ❑ South Asian (i.e.: Bangladeshi, East Indian, Punjabi, Pakistani, Sri Lankan, Tamil)
- ❑ Eastern European (i.e.: Czech, Hungarian, Latvian, Polish, Romanian, Russian, Slovak, Ukrainian)
- ❑ Southern European (i.e.: Bulgarian, Croatian, Greek, Italian, Portuguese, Serbian, Slovenian, Spanish)

- ❑ Northern European (i.e.: Danish, Finnish, Icelandic, Norwegian, Swedish)
- ❑ Caribbean (i.e.: Barbadian, Guyanese, Haitian, Indo-Caribbean, Trinidadian/ Tobagonian, Jamaican, West Indian)
- ❑ Prefer not to say
- ❑ Other

12.Please select your age

- ❑ under 15
- ❑ 15-24
- ❑ 25-45
- ❑ 46-64
- ❑ 65 or older

13.Which of the following best describe your gender identity?

- ❑ Female
- ❑ Male
- ❑ Gender fluid
- ❑ Intersex
- ❑ Non-binary or Genderqueer
- ❑ Questioning
- ❑ Trans Female/ Trans Woman
- ❑ Trans Male/ Trans Man
- ❑ Two-Spirit
- ❑ Do not know
- ❑ Prefer not to answer
- ❑ Other

14.Would you like additional help? If so, we can refer you to our System Navigator who is a friendly, non-judgmental support person who can listen to your needs, advocate with other providers on your behalf, and direct you to programs and services to meet your needs. You can share your name, phone number, or email address in the box and let us know if you will require translation. Your contact will only be shared with the System Navigator confidentially.

Name
Email Address
Phone Number Interpretation Required?

15.If you would like to be entered into a draw to win 1 of 10 $50.00 grocery or Walmart gift cards, please leave your contact info. Please enter your name, email address, or phone number to contact you. It will be kept confidential and only used to contact you about your winning.

Name
Email Address
Phone Number