SPNO Engaging Marginalized Communities
May 27, 2011
Webinar
Project was funded by

- Ontario Ministry of Health Promotion and Sport – Healthy Communities Fund (Provincial Grant Stream)
- Halton Healthy Communities Partnership through Halton Region Public Health Department
Webinar Objectives

• **Learn about a recent pilot project** and strategies used to engaged marginalized community members in a local healthy communities partnership planning process,

• Understand the **benefits of engaging and sustaining involvement of community members from marginalized situations** in community planning initiatives and policy development, and

• **Explore the importance of using a social determinants of health framework** to understand the challenges faced by community members living in marginalized situations.
SPNO Pilot Project Objectives

The stated objectives of the Engaging Marginalized Communities Project were:

a) to work collaboratively with local Public Health Units (PHUs) and other local partners to plan and implement the Healthy Communities Ontario Policy Framework for Community Action in four communities across Ontario;

b) to reach out, engage and support marginalized persons with high health risks to participate in the planning processes for development and implementation of the Framework for Community Action;

c) to build the on-the-ground capacity for community members, local health practitioners and a broader set of partners (e.g. municipal parks & recreation, public education, non-profit community services, etc.) to engage and work effectively with members of marginalized communities in the planning and implementation of health promotion strategies to achieve better health outcomes; and

d) to document the process of outreach and engagement of marginalized communities in the planning process as an action planning model for potential use in other communities across the province.
The Four Pilot Sites

Halton
Peterborough
Sudbury
Waterloo
What do we mean by *engagement*?

- Inform
- Consult
- Involve
- Collaborate
- Empower

Source:
International Association for Public Participation (iap2.org)
Project Framework for Engagement

- Relationships
- Social Determinants of Health
- Information ➔ Consultation ➔ Shared Planning ➔ Shared Decision-making
- Community leaders
- Non-traditional approaches
- Continuous reflection
What do we mean by *marginalized*?

- People excluded from meaningful participation in society

- The four pilots sites focused on those living in low income and included newcomers, youth, and people with disabilities
Any questions about the pilot project so far?
The Halton Context

- The median household income after taxes:
  - Halton $69,014
  - Ontario $52,117

Source: Statistics Canada
• In 2006, there were over 8,000 families and 37,000 individuals living in poverty in Halton.
• Between 2000 and 2005, the number of low income families has jumped by 40%.

• In 2005, over one in three Halton (36%) low income families were extreme low income families.

• For a family of four, it means that they have to survive with an annual total income of less than $20,000 (the LICO threshold is $38,610).

Engagement Process:
Building relationships, developing capacity, gaining trust, generating evidence & commitment for change

Community Soundings
- Conversations
- Looking for leaders

Survey process, Results and Mapping
- Leadership development & relationship building
- Evidence for SDH and HC risk factors

Confirm and clarify findings
- Commitment for future work from Community members

Presentation to Community Partners
- Opportunity to share the "voice"
- Opportunity to influence decisions

Commitment to take action, based on what community said
- Network of people living in low income

Back to Community

Back to Community for Action
Strategies we used

Community Soundings:

• Outreach:
  – The *process* of locating, contacting, and recruiting groups that are invisible, hidden, or otherwise difficult to engage.

• Meet people in their own safe spaces – this is about *going out*, not *drawing* people in!

• Relationship building
  – Give a little of your self

• Trust building
Strategies we used

Community Soundings: (cont...)

• Ask questions and *listen*
  – *What is going well for you and your family?*
  – *What is your biggest headache?*

• Stay open
  – know that you are not the expert here
  – relinquish control!

• Identify leaders
Strategies we used

Community-based participatory research

• Worked with local leaders
• They surveyed people in those same community spaces and used their own natural networks to connect
• Mapped results
• Took the results back out to community to share, confirm and be challenged!
• Work towards community ownership of the findings...developing champions
Challenges we faced

• Duplication/over taxing and already over-taxed community or community members
• Social determinates of health – challenges to participation
• Communication with team
• Large area to cover/transportation
• Convincing people that someone cares what they think
• Process...time consuming ...never able to work as fast as you would like to!
Community Soundings: Survival, Resiliency and Solidarity

- Key themes (what is going well):
  - Courage
  - Unsung heroes...many stories
  - Volunteers and informal networks
  - Community that sees possibilities where others see deficit
  - The work of local faith groups
• A community member who monthly draws together others living with mental health issues and organizes a cooking class; a time of chopping and stirring, eating together and supporting one another.

• A community member who saw an abandoned playground and transformed it into a community garden.

• Many community members who look out for one another, calling around with news of good gas prices, or sales at grocery stores. People just looking to make a difference in their neighbourhood providing social support to those around them.

• Volunteers who work in region-wide food initiatives that distribute food to neighbours.
Community Soundings: Survival, Resiliency and Solidarity

• Key Themes (headaches):
  – Mental health
  – Housing
  – Access to healthy food
  – Transportation
  – Access to recreation
Individuals surveyed by Dissemination Area
Halton Region, 2010

# Individuals surveyed by DA
1 - 4
5 - 14
15 - 30

Source: Community Development Halton
© 2011 Community Development Halton, all rights reserved

Engaging Marginalized Communities

Survey Response

N=558

[ ] number of individuals surveyed

[ ] zero or no data

[ ] Area with response

[94] Acton
[62] Milton
[52] Georgetown
[179] Burlington
[163] Oakville
[78] Halton Hills
Social Determinants of Health

Halton Region, 2010
(N=558)

- Do not have enough money: 65%
- Cannot afford healthy food: 59%
- Hard to find and keep a job: 41%
- Not enough education to get a good job: 33%
- Cannot cope with stress in my life: 27%
- Do smoke: 26%
- Do not have access to good transportation: 26%
- Do not feel good about myself: 23%
- Do not feel belonging to community: 22%
- Do not feel good about housing: 17%
- Do not have access to social services: 17%
- Do not have good support: 16%
- Do use illegal drugs: 13%
- Do not feel safe in community: 10%
- Health is affected by drinking alcohol: 10%
- Do not feel safe at home: 9%
- Do not have a doctor (nurse practitioner): 8%
- My children are not happy or healthy: 5%

% responses

Source: Community Development  Halton
The Intersection of the Social Determinants of Health: Food, Housing and Mental Health

“Can’t afford where I live. I find it hard to keep healthy fresh food in my house for a whole month.”

“Do I have to choose every month between shelter and food?”

“I am a single mom who works full time at minimum wage. I can not afford to go into a grocery store.”

“I have a big problem with the services in Town. They have a way of embarrassing you to the point where I have gone without food to avoid accessing these services again.”

“I feel that having more access to healthy food and increased access to physical activities and recreation are the most important because it creates a healthier person and increases self confidence.”
Engaging Marginalized Communities
"Do not have enough money"
by Dissemination Area
Halton Region, 2010
(N=558)

# individuals
by DA
1 - 3
4 - 9
10 - 21
zero or no data

Source: Community Development Halton
© 2011 Community Development Halton, all rights reserved
Engaging Marginalized Communities

"Do not have enough money"
by Dissemination Area
City of Burlington, 2010

(N=179)

Source: Community Development of Halton, City of Burlington

© 2011 Community Development Halton, all rights reserved
Engaging Marginalized Communities

"Cannot afford healthy food"
by Dissemination Area
Halton Region, 2010
(N=558)

# individuals by DA
1 - 4
5 - 10
11 - 18

zero or no data
Area with response

Source: Community Development Halton
© 2011 Community Development Halton, all rights reserved
Ministry priorities
Halton Region, 2010
(N=558)

- Access to healthy food: 56%
- Access to physical activity and recreation: 22%
- Smoke free environments: 18%
- Supports through mental health promotion: 17%
- Substance misuse: 12%
- Injury prevention: 11%

Source: Community Development Halton
Defining Access

• **Dignity**: People should not feel “less “as the result of asking for assistance to meet basic needs

• **Quality**: Second rate, dented, and expired do not reflect quality and they take away from dignity.
Defining Access

• **Affordable:** People would prefer to be able to purchase their own goods and services, making their own choices within a framework of affordability.

• **Location:** When income and transportation are challenges, opportunities to access goods and services, meet basic needs and be involved in community, need to be close to home.
Engagement Benefits... for community organizations

• Information
  - especially qualitative that you will not be able to get anywhere else
• New perspective and new ideas
  – May take you outside of your “box”
• Helps you to ensure that that your programs, services and policies are reflective of community needs
• Local solutions, neighbourhood building
• Transparent and accountable
Engagement Benefits for the Community

• Build local capacity and leadership
• Stimulates activity
• Raises community members awareness of rights and responsibilities
• Ownership for information
• Opportunities for networking and learning from one another across the communities
What did we accomplish?

• Community survey team members participated in Healthy Communities Partnership planning process
  – Presented at Partnership meeting
  – Able to bring some powerful messages to community partners
  – Influenced the recommended actions planning process

• Involved in other community-based planning processes to make neighbourhood change

• Developed some great new partnerships and helped facilitate other community connections

• Some community leaders participating in other community development/advocacy training initiatives
What did we accomplish?

• Opened the door for us as an organization to continue to engage in the community – focused on neighbourhood building

• The work has been seen as legitimate and we have been invited to share the information that the team collected and influence other processes (e.g. Food Council, Local food bank)

• Has started new dialogues with community partners about new ways of working with marginalized communities and working towards better access
Key Learning

• Practical support for participation (transportation, child care, encouragement...)

• Importance of relationship and trust building

• Be looking for ways that people can contribute their gifts to the initiative
Key Learning

- **Information>>Consultation>>Shared Planning>>Shared Decision-making**
  - To move into the shared planning phase of the engagement process need to be focused on action. It is through shared action that the voices of the marginalized individuals and communities are honoured and shared planning can take place.

- Rely on the wisdom in the community
- Know that it takes time
- Dignity: Critical to honour the contribution of those who you are working with
Social Planning Network of Ontario
What do we still need to do?

• LOTS!!
  – Sharing: changing peoples perspective
  – Continual engagement
  – Practical use of the research
  – Build on the new knowledge in community
  – Facilitate opportunities for people to come together to make change
    • Those living in low income
    • Community workers working with people in low income
  – Institutionalize the process of engaging marginalized community members in this community in planning and policy work
What does this mean for policy development?

• Opportunities for people-centred advocacy and policy development

• Empowering people in community through opportunities to create and use solid evidence and information tools to identify their issues and influence decision-makers

• Capacity for policy develops over time – training and support

• Legitimacy will develop over time

• Opportunity to understanding issues from community perspective and change attitudes

• Good policies can result that reflect needs of marginalized communities
Questions?