

# working together



**Health in the Hubs Phase 1:**  
Neighbours and Nurses Working Together



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### Health in the Hubs Phase 1: Neighbours and Nurses Working Together

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## Executive Summary

Health in the Hubs is an ongoing partnership between the McMaster University School of Nursing (SON) and three local community planning teams (LPT) representing different neighbourhoods in the City of Hamilton: Crown Point, McQuesten, and South Sherman. The partnership is not a time limited project. Rather, it is an ongoing contribution by the SON to work initiated and driven by local residents, service providers and members of places of worship to make these neighbourhoods a healthy and safe place to live, work, play and raise a family.

This report describes the results of a community consultation undertaken by the SON in partnership with LPTs in three neighbourhoods. This phase of the project known as Health in the Hubs Phase 1: Neighbours and Nurses Working Together, set out to work side by side with the LPTs in collecting opinions about what people thought were the main issues affecting the health and happiness of people living in their neighbourhood. The project applied a community-based participatory research approach where residents from each LPT who have knowledge of local neighbourhood conditions were hired and equitably partnered with nursing students and faculty researchers to carry out the research. Hiring local residents and working side by side with LPTs was integral to the project from both a philosophical and practical approach. It was more than a symbolic gesture. The local resident coordinators hired from the neighbourhoods were able to develop information gathering strategies, to adjust the language used in the survey tools and to demonstrate a commitment to the project beyond a paid role. The Health in the Hubs team believed this was an example of a local capacity building intervention that created mutual ownership of the project. Moreover, the team knew that the resident coordinators hired for the project had considerable knowledge about their neighbourhoods and strong networks from which they were able to facilitate the gathering of opinions. Together, local residents and nursing students (supervised by faculty) conducted door-to-door interviews which included three open-ended survey questions. The goal of this community consultation was to produce a list of: 1) priority issues, 2) causes, and 3) strategies to address the issues developed by residents in each neighbourhood.

A total of 681 participants from the three neighbourhoods generated 1,205 issues, 956 causes and 1,032 strategies. To understand the results of the consultation, two levels of analysis were conducted. In the first level, data on issues was coded using the Ottawa Charter for Health Promotion (1986) on fundamental conditions and resources for health. From this analysis results were presented to the three LPTs where decisions were made on a top issue to be the focus of Phase 2 of the project: Street Smarts ↔ Book Smarts. The three issues chosen, one per neighbourhood, were: walkability of the neighbourhood (Crown Point); job creation through social enterprise (McQuesten); and beautification of the neighbourhood (South Sherman). In Phase 2, community members act as co-investigators working alongside academics to determine the best practice strategies for addressing the issues selected.

A further level of analysis was conducted using the software NVivo 9. This level of analysis was conducted in order to generate major and minor themes derived from the data on issues, causes and strategies. In examining the data for themes identified pertaining to the issues, there were some similarities as well as differences amongst the three neighbourhoods. Quality of neighbourhood life, cleanliness and illegal activities was cited as a top five theme for all three neighbourhoods. But even amongst these shared issues, the words used to describe the theme varied. For example, a unique word used to describe cleanliness in Crown Point was “soot”; in McQuesten it was “pests” and in South Sherman “sanitation.” Within each shared theme the residents chose particular words to reflect at the ground level what was happening in each neighbourhood.

Each neighbourhood was also unique in describing the issue of most concern. In Crown Point, descriptions of the environment related to air quality and soot were mentioned as having a key impact on health. In addition, major east-west and north-south thoroughfares presented health and safety concerns for the families living in the areas as these

roads encourage rapid transit through the neighbourhood and provide little, if any, benefit to the residents of the area. In McQuesten, concerns over lack of available jobs and youth unemployment were raised. In South Sherman, issues of quality of neighbourhood life as a result of property concerns and illegal activity were an urgent priority.

When themes were grouped into categories, similarities amongst the three neighbourhoods were less apparent. There was a great deal of variability between neighbourhoods on what respondents identified as important issues. One neighbourhood consistently stood out as different from the other two for each category and the outlier was never the same neighbourhood. For Crown Point it was Environment & Neighbourhood; for McQuesten it was Employment & Education; and for South Sherman it was Crime & Safety. The only category similar amongst the three neighbourhoods was Environment & Neighbourhood. In understanding challenges faced by urban environments, this Phase 1 project demonstrates that even though certain neighbourhoods might be similar from a socioeconomic point of view, they were quite diverse in identifying priorities for their neighbourhoods.

The key lesson learned in the process of working side by side with LPTs was that prescribed approaches for generating opinions employing outsider, expert generated ideas had little resonance with people living in neighbourhoods. Instead, learning what residents said was important and the words they used to describe their concerns offered insights into what was most enlightening. Paying attention to potential approaches residents believed may be of use offered opportunities for residents and the university to work together as partners and to choose what might work in shaping the way forward. There appeared to be much untapped potential to make sustainable change to improve the health and happiness of people living in their neighbourhoods.

### **Key Messages**

- Local residents have strengths and resources, not the least of which is intimate knowledge about their neighbourhoods.
- Research conducted in neighbourhoods will need to consider processes that: achieve trust, are mutually owned, co-evolve, are co-produced, and make a commitment beyond the scope of the project.
- Residents in three neighbourhoods shared common observations on their priorities regarding health and happiness.
- Although neighbourhoods might be similar from a socioeconomic point of view and have shared experiences, individual neighbourhoods can be quite diverse in identifying their priorities and in moving forward on matters of interest to them.

## Introduction

Health in the Hubs is an ongoing partnership between the McMaster University School of Nursing (SON) and three local community planning teams (LPT): Crown Point, McQuesten, and South Sherman. The partnership is not a time limited project. Rather, it is an ongoing contribution of the SON to the work initiated and driven by local residents, service providers and places of worship to make these neighbourhoods a healthy and safe place to live, work, play and raise a family. This report describes the work of our partnership between January 2010 and August 2011. This introduction will summarize the background, rationale and work leading up to the initiation of Phase 1 in January 2011.

The SON demonstrated its commitment to local neighbourhoods in 2009 with a number of initiatives, including the assignment of Dyanne Semogas to begin working with the McQuesten LPT and develop an understanding of the resident-centred approach through connecting with, and learning from, David Derbyshire, the neighbourhood community development worker. The purpose of the assignment was to begin to build a relationship with the community. Building relationships and commitment to being a member of the LPT is a key value in our partnership. Through the partnership a sense of community need and opportunities for the School to contribute to the community began to emerge.

The release of the Code Red series in the Hamilton Spectator in February 2010 created other opportunities. The series was a touchstone in that it generated conversation and reaction in the Hamilton community. In terms of our partnership, the findings of Code Red were affirming of the observations being made, but that future work could not and should not be characterized as only a reaction to Code Red. The Spectator articles coincided with other local developments that expanded the work of the SON in the community.

In April of 2010, Homestead Christian Care began construction of an affordable housing project in the Crown Point area. The design of the building included the retention of commercial space. Steven Rolfe, director of program development at Homestead and a part-time faculty member with McMaster's SON, saw the potential of inviting the School to expand its community development and health promotion education/activities to this neighbourhood. The potential for the project was seen immediately and discussions began.

An initial idea included the development of a clinic space. This was in response to identified community needs through the work of the LPTs and supported by many of the findings published in Code Red. In May 2010 Dyanne Semogas and Steven Rolfe began to plan a proposal for a nurse-led nurse practitioner (NP) clinic in anticipation of a provincial RFP in the fall of 2010. The RFP from the Ministry of Health and Long-Term Care came out two weeks after initial discussions.

The process of writing the NP clinic proposal involved a number of individuals including: Dyanne Semogas\*, assistant professor, McMaster School of Nursing; Steven Rolfe\*, program and education director, Homestead Christian Care, and assistant clinical professor, McMaster School of Nursing; David Derbyshire, community development worker, Wesley Urban Ministries; Marg Harrington, director of administration, McMaster School of Nursing; Catherine Tompkins, associate dean, McMaster School of Nursing; Ruta Valaitis, associate professor, McMaster School of Nursing, and Dorothy Hall Chair in Primary Health Care; Olive Wahoush, assistant professor, McMaster School of Nursing; Anne Malott, Community Midwives, and assistant professor, McMaster Midwifery Program; and Sue Grafe, RN (EC), Good Shepherd. Gathering information and developing support for the initiative further underscored the need for accessible health services in the identified communities and affirmed community strengths with the generous offers of support from residents, LPTs, service providers and municipal government. The proposal was submitted and provided a clear plan for developing a service that had community support, building space established, organizational structure articulated, and clear evidence of need.

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\*These authors contributed equally to the preparation of this report.

The Ministry of Health did not award Hamilton a nurse-led NP clinic. However, this disappointing decision provided an opportunity for further reflection and led directly to the Health in the Hubs initiative. While we maintain that the needs for an NP clinic are irrefutable and remain, there were aspects of the process that were dissatisfying.

In particular, the framework of the RFP was very limiting. It was an RFP for a specific organizational model of service delivery. While we maintain that there remains a need for accessible primary care, there was little opportunity to explore a comprehensive approach to addressing complex community needs in this context. A comprehensive approach would include active community development, health promotion, examining social determinants of health and broad sectorial involvement beyond health care.

In September 2010, the team that developed the NP proposal reaffirmed their commitment to working in the Crown Point and McQuesten neighbourhoods and added the South Sherman hub. It was and is a continuation of the work initiated by the SON prior to the NP clinic proposal, but made use of the proposal process towards the following objectives:

- I. To actively work with residents and service providers in neighbourhoods as a partner utilizing the existing best practice model in place in each hub.
- II. To capitalize on the expressed good will of the health service community, municipal government, LPTs and residents expressed at the time of the proposal.
- III. To broaden the scope of the SON's involvement in these communities to include health promotion and addressing social determinants of health in addition to supporting primary care development.
- IV. To create opportunities for enhancing neighbourhood strengths.
- V. To contribute to the development of an active, contributing partnership between McMaster University and local communities that is mutually sustaining and beneficial.

The proposal team went back to the LPTs in Crown Point, McQuesten and South Sherman to describe the objectives of the involvement of the SON and to seek direct endorsement and involvement in working on ways to address these objectives. Unanimous approval was provided and the Health in the Hubs Phase 1 and Phase 2 proposals were generated. Phase 1: Neighbours and Nurses Working Together set out to work side by side with the LPTs in three neighbourhoods to collect opinions about what people thought were the main issues affecting the health and happiness of people living in their neighbourhood. Phase 2: Streets Smarts ↔ Book Smarts is currently a Hamilton Community Foundation funded research project. Events past Phase 1 (post-August 2011) are not described in this report.

## Health in the Hubs Phase 1: Neighbours and Nurses Working Together: Community Consultation

The McMaster University SON provided funding to Health in the Hubs Phase 1. The project was launched January 2011, where door-to-door community consultation using open-ended survey questions was completed in April 2011, and data analysis was completed in August 2011. The overall goal of the project was to gather resident opinions in three neighbourhoods related to what people thought were the main issues affecting the health and happiness of people living in the neighbourhoods. The plan to implement the project included:

- Continued assignment of two faculty members (Dyanne Semogas and Steven Rolfe) to attend LPT meetings in the identified hubs.
- Assignment of one community health nursing class and fourth-year research methods students to the project for the winter term in January 2011, and in the spring term 2011.
- Posting a position for and hiring one resident from each neighbourhood to work with Health in the Hubs as hubs coordinators. The role of the coordinator was to utilize their local knowledge of their neighbourhoods to elicit resident opinion of health issues in their neighbourhood.
- Collection of the opinions and development of a report to be used by the LPTs. Reporting of preliminary data to the LPTs in June 2011 and selection by the LPTs of a priority issue to address in Phase 2.
- Release of the final report by October 2011.
- Act as the foundation for Health in the Hubs Phase 2, where evidence-based and best practice approaches together with residents will identify strategies to address the top issue identified by the three neighbourhoods in Phase 1.



## Description of the Three Neighbourhoods\*\*

### Crown Point

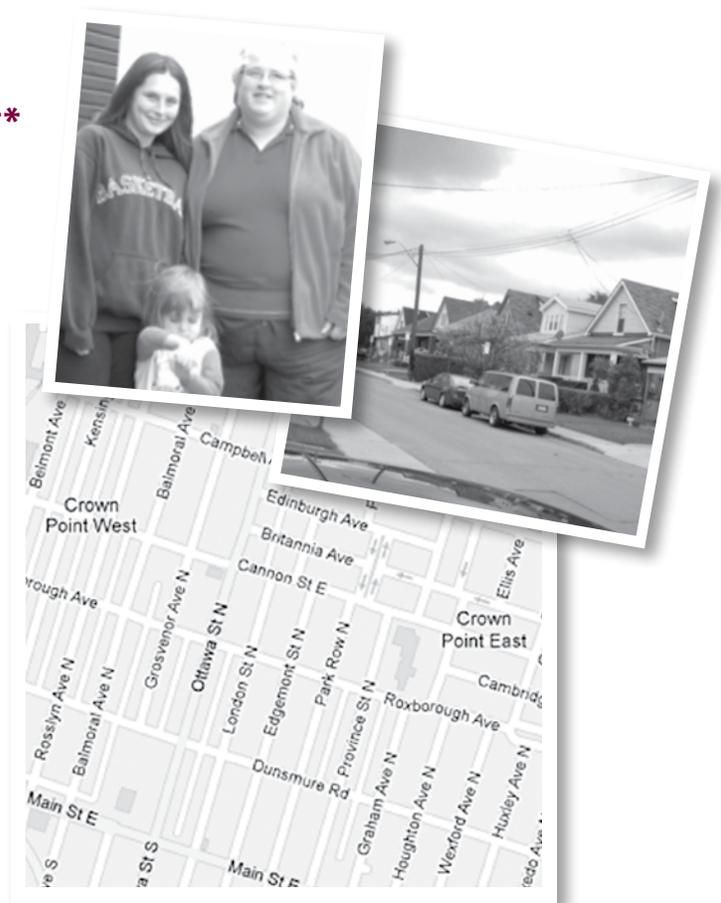
Much like the other two neighbourhoods involved in Health in the Hubs, Crown Point is an inclusive, hybrid neighbourhood comprised of a number of originally City-identified neighbourhoods that have now come together to build on the assets that exist within their surrounding areas. When the Hamilton Community Foundation began to engage residents through its Tackling Poverty Together II initiative aimed at improving the quality of life for people living in this general area, the boundaries of Crown Point were identified by the residents and not by an allocation from a City document.

The Crown Point community in Hamilton was defined as the area comprising Kenilworth Avenue to Gage Avenue, east to west, and Burlington Street to the Niagara Escarpment (Lawrence Avenue), north to south. Significant landmarks in this community include Delta Secondary School, the Ottawa Street shopping district, Gage Park, the Centre on Barton and Arcelor-Mittal Dofasco. There is a high density of major industrial development in the northern sector with the numbers of manufacturers steadily decreasing in recent years.

A major rebirth of the commercial potential of Ottawa Street, one of the north-south routes, has provided a destination shopping opportunity for antique and fabric shoppers with cars or using public transit from across the city and beyond. Major east-west and north-south thoroughfares encourage rapid transit through the neighbourhood. Kenilworth Avenue is a four-lane thoroughfare as is Main Street East, and all three transit ways define communities within the community. A CN rail line bisects the community north of Barton Street. The redevelopment of the Centre Mall, once an enclosed mall where local residents would gather to spend their afternoons and shop for necessities, has now been replaced by big box stores.

Housing consists mainly of detached, single-family dwellings laid out in a square grid; there are few high-rise apartment dwellings in this area. The housing stock of Crown Point can best be described as pre and post war low density single family homes with a concentration of homes owned by working class families representing the majority in the south to a more even split between owner occupied and rental accommodation to the north. The majority of housing appears to have been constructed from 1930 to 1960 in order to serve at that time, a thriving industrial base. The housing stock has had an impact on the diversity of this neighbourhood. While the older smaller single family homes are affordable for young families, they are also home to many seniors who have raised their families and remained in their golden years and thus there is a blend of seniors and young families with children.

Significant community centres within the boundaries include the Kiwanis Boys and Girls Club and the YWCA on Ottawa Street. There are some parks. There are two grocery stores serving the community located at the far corners of the community, and these are more than one kilometre from a significant portion of the community; therefore, they are more accessible by car or public transit.



\*\*The descriptions were written by David Derbyshire, who for more than nine years has been working in community development in these neighbourhoods. For additional in-depth profiles of the three neighbourhoods, see Hamilton Community Foundation (2009) and Mayo, Patterson, Jaffray (2009).



## McQuesten

The McQuesten neighbourhood is bounded by Parkdale Avenue on the west side and the ravine now known as the Red Hill Expressway on the east side. Queenston Road is to the south and the CN track north of Barton is to the north. The original houses of the neighbourhood were constructed as temporary accommodation during the Second World War to house fighter pilots who trained at the local air strip on land that now abuts the Red Hill Expressway and serves as the playing fields of the community.

With young men returning from the Second World War, manufacturing opportunities flourished and young families required affordable housing. The federal, provincial and municipal governments of the day established the housing complex that now makes up the majority of the area we refer to as McQuesten. Young parents and their children were able to be housed in two, three and even four-bedroom homes, with new schools and accessible employment and recreation programs.

Over the years the type of housing has shifted from single family homes and duplexes to include a prominent row of apartments near the north boundary of the neighbourhood as well as a cluster of some 260 townhouses that run through the heart of the neighbourhood. Many of the single and duplexed homes have been sold off to occupants and the “temporary” accommodation is now completely owner occupied. This has created a unique 50 – 50 mix of affordable housing units as well as owned homes.

The neighbourhood has an abundance of green space and the tree lined streets are something to behold whether during the height of summer when leaves and flowers are in bloom or in the fall when the colours on the streets as well as in the Red Hill are spectacular.

The economy of Hamilton has also undergone a change during this time span. Manufacturing jobs that were once the life blood for families living in McQuesten have decreased and some would say have vanished, and with it the employment opportunities for residents of our neighbourhood.

The growing number of immigrants and refugee families that are drawn to this neighbourhood because of its affordable accommodation, as well as long-time residents, are no longer able to find a living wage job as manufacturing is now done almost exclusively off shore.

Over the last nine years community development workers, with the support of the Hamilton Community Foundation and more recently Wesley Urban Ministries, Banyan Community Services and the SON (to name a few), have been assisting the residents of this community to recognize and build on their assets and to mobilize these assets to help make their neighbourhood a healthy and safe place to live, work, play and raise a family.

As the capacity of the residents of McQuesten increased, an LPT made up of residents, service providers, places of worship and institutions, came together to coordinate the efforts of those who are looking to make a difference. Strong local resident leadership and committed service providers work hand in hand to bring the assets of the community to bear on the issues neighbourhood residents identify as priorities.



## South Sherman

The South Sherman community is bounded by two outstanding features of our beautiful city. To the south we have the escarpment, Hamilton's portion of the Bruce trail with its dramatic rise in elevation and an abundance of trees and natural beauty. To the north we have another characteristic that is inseparable from any description of Hamilton and that is the industrial heartland epitomized by the CN tracks that run just north of Barton Street. Sanford Avenue, both north and south to the west, and Gage Avenue, north and south to the east, complete the boundaries of this varied and changing neighbourhood.

The housing stock of this neighbourhood is as varied as the residents themselves. At the south end there are large and at one time luxurious estates that once housed some of Hamilton's leaders of industry who invested in the city and contributed to making it a manufacturing powerhouse. To the north there are the smaller habitats of the workers whose blood, sweat and tears fed the very industries their neighbours to the south established and owned.

The changing economic reality of Hamilton has contributed to the changing face of South Sherman. Many of the south end homes have been divided into duplexes and triplexes, with renters now vastly outnumbering owners. The smaller more affordable homes in the central and northern portions of the neighbourhood are still occupied by families who typically work hard at one or sometimes two jobs while still keeping just one step ahead. Many of the shops that exist along the three or four major roads that sub divide the neighbourhood struggle to make ends meet.

Residents of this neighbourhood are often referred to as "salt of the earth" or "blue collar" Hamiltonians. This was never more evident than the time when (with the support of a group of churches at the time known as the "East Hamilton Five") residents came together and approached the Hamilton Community Foundation about establishing a "hub" in their neighbourhood. They were quickly put in touch with a community development worker from Wesley Urban Ministries who assisted the original group in understanding and adopting an "asset based" model of community development and the establishment of a "local planning team" made up of residents, service providers, places of worship and institutions who were committed to working together to make their neighbourhood a healthy and safe place to live, work, play and raise a family. Resident leadership was recruited, their capacity developed and together they are working to build on the strengths that exist within their neighbourhood to address some of the challenges that lay ahead. As the site of the revitalized stadium that will be the focal point for the upcoming Pan Am games, the South Sherman LPT and the community as a whole are well positioned to take advantage of the opportunities ahead.



## Methodology

Health in the Hubs is a community-university initiative focused in three select neighbourhoods in the city of Hamilton. These neighbourhoods include: Crown Point, McQuesten and South Sherman. There are presently two phases to the project.

Phase 1, completed in August 2011, applied a community-based participatory research approach where residents from each LPT who have knowledge of local neighbourhood conditions were equitably partnered with nursing students and faculty researchers. Together, local residents and nursing students (supervised by faculty) conducted door-to-door interviews which included three open-ended survey questions. The goal of this community consultation was to produce a list of: 1) priority issues, 2) causes of those issues, and 3) strategies to address the issues as identified by residents in each neighbourhood. The results of this are the focus of this report. Drawing on the analysis of survey responses, the findings were then used to inform the development of targeted evidence-based strategies in Phase 2, which is currently underway.

In Phase 2: Street Smarts ↔ Book Smarts, community members as co-investigators will work alongside academics to determine from their experience the fit between what the research says is the best way to address the selected issues identified by the community in Phase 1, and what they know of their own neighbourhoods. The Phase 2 project will examine the process and impact of an evidence-informed, community-based, capacity building, development and implementation partnership.

### Surveying Residents

For interviewing residents in the three neighbourhood hubs, we devised a questionnaire including demographic questions and three open-ended questions. The open-ended questions were constructed to elicit responses related to what residents believed were local issues related to the health and happiness of their neighbourhood. A copy of the questionnaire is included in the appendix. The questions included a script to follow for those administering the survey. In addition, respondents were asked to give responses to what they believed were the causes of, and strategies for, each of the issues identified. Respondents were then asked a series of questions about themselves, including age, gender, ethnicity, country of birth, economic status, marital status, children, length of residency in the area, and knowledge of the LPT.

The questionnaire was piloted in January 2011 and the final surveys were undertaken in late January 2011 until April 2011. Door-to-door surveys were conducted by a team comprised of SON faculty, neighbourhood coordinators (local residents hired for this phase of the community consultation), and third-year undergraduate nursing students taking a community course from the SON. In training and briefing the survey team, we worked closely with each LPT chair to help build links to local groups to include in the surveys and to build relationships with LPTs that would carry over to Phase 2 of the community project. The surveys were conducted door-to-door, as well as in public spaces or at service programs. As the primary method for obtaining opinions was door-to-door canvassing or utilizing existing community activities, the surveys completed represent a convenience sample. The local coordinator recorded each location. Review of the streets surveyed does suggest that a broad cross section of each community was interviewed.

The time of year and day for conducting the survey is noteworthy. Many surveys were conducted on Wednesday afternoons owing to the availability of students. Other surveys were conducted on weekends. The weather on many occasions was cold, rainy or snowy. All of these factors contributed to the characteristics of the convenience sample and may have influenced their responses (e.g. need more snow removal).

## **Ottawa Charter for Health Promotion**

Respondent answers to the questions of: 1) what issues were of concern to them (up to three); 2) what they believed the causes of the issues were; and 3) possible strategies to address the issues and causes, were entered into Excel files. In addition, demographic data was entered, including: age, sex, marital status, children living in household, country of origin, employment status, number of years living in the neighbourhood, and awareness of the LPT.

For this community consultation, each participant was permitted to generate up to three issues, causes and strategies. There was a total of 681 participants (Crown Point: 285; McQueen: 199; South Sherman: 197).

In order to quickly report the priority issues of residents to LPTs, the first level of analysis applied the Ottawa Charter for Health Promotion (1986) to the issues data set. According to the Ottawa Charter there are fundamental conditions and resources for health, including: peace, shelter, education, food, income, stable eco-system, sustainable resources, social justice and equity. In addition, the category of "other" was created for issues that did not fit into the Ottawa Charter conditions. Each Ottawa Charter condition was assigned a definition during a discussion between faculty and students (see appendix). The data from the surveys was entered into a database by fourth-year undergraduate nursing students taking a research course who were trained and supervised by faculty. Data was then coded using the categories and definitions for the Ottawa Charter for Health Promotion. A team of two students supervised by faculty assigned an Ottawa Charter condition to each issue for all three neighbourhoods (see appendix). Demographic data was analyzed using Excel. Coded data and demographic data were summarized into a one-page plain language document for presentation to the three LPTs in May and June 2011. Note: data entry was not completed until July 2011, thus this level of data analysis did not include the entire data set as compared to the second level of analysis.

The results of this first level of analysis indicated two top issues of concern per neighbourhood. These included:

### **Crown Point:**

1. Peace: crime; safe streets; graffiti; youth
2. Stable Eco-System: litter; soot; air pollution; walkable spaces.

### **McQueen:**

1. Peace: vandalism; drugs
2. Income: poverty; unemployment; jobs not available.

### **South Sherman:**

1. Peace: crime; shooting; drugs; prostitution
2. Stable Eco-System: overgrown grass; weeds; factories; needles; litter.

From this initial analysis, meetings were conducted with LPTs to decide on which issue would be the focus of Phase 2 of the project. From the meetings the issues that were chosen included: Crown Point: walkable spaces; McQueen: employment through social enterprise related to food accessibility and consumption; South Sherman: beautification of the neighbourhood.

While this analysis was very valuable in bringing the issues to LPT tables for decision making, it was determined that the categories were very broad and forced into predetermined Ottawa Charter conditions. In addition, there were too many responses left unlabeled in the "other" category (n=76). Furthermore, analysis to identify causes and strategies was needed. Thus, a process to further define and generate categories from the data for issues, causes and strategies was undertaken.

## Using NVivo 9 to Analyze Issues, Causes and Strategies

Once this initial analysis was presented and discussed at the LPT meetings and decisions were made about Phase 2 directions, the data was further analyzed thematically by research coordinator Nancy Murray using the software NVivo 9. The data pertaining to issues, causes and strategies entered into the NVivo 9 files became the second level of analysis. This level of analysis was conducted in order to generate major and minor themes derived from the data. It was felt that this analysis would yield results that were grounded in the data rather than assigned to pre-existing conditions from the Ottawa Charter. It was believed that subtle differences between neighbourhoods not easily differentiated by the Ottawa Charter could provide further understanding of the issues each neighbourhood faced. Data for issues, causes and strategies was identified by the location where the data was collected and then this was grouped to permit neighbourhood-specific results to be pulled.

First-level codes were assigned to all responses. For example, the responses for issues for the neighbourhood stating “ugly black dust all over patio” and “garbage and pollution, our city looks dirty here,” were grouped under a minor theme called “sanitation garbage pollution environment.” This minor theme was grouped with similar minor themes including: “graffiti, bedbugs, cockroaches and mice” and “need clear safe water” into the major theme called cleanliness.

Minor code names were taken verbatim when possible from the data to maintain the integrity of the message/meaning. Major themes were organized under headings/groupings.

### ■ Issues

The 18 major themes generated from respondent answers for issues were:

Behavioural Issues; Cleanliness; Communication; Education; Financial; Food; Government; Health Care; Illegal Activities; Infrastructure-Maintenance; Law Enforcement; NGOs; Parenting; Personal; Property; Public Transportation; Quality of Neighbourhood Life; and Recreation.

### ■ Causes

The 20 major themes generated for causes were:

Cleanliness; Communication; Education; Environment; Financial & Work; Government Response; Health Care & Social Programs; Illegal Activities; Infrastructure; Law Enforcement; Parenting; Personal; Personal Health; Property; Quality of Community Living; Recreation; Transportation; Values; Workplace; and Youth.

### ■ Strategies

The 20 major themes generated for strategies were:

Child & Youth Programs; Cleanliness; Communication; Education; Families & Parenting; Financial & Employment; Government Support; Health; Health & Social Care; Illegal Activities; Infrastructure; Land Beautification; Law Enforcement; Nutrition; Personal; Property Management; Quality of Neighbourhood Life; Recreation; Transportation; and Women.

The themes were then grouped under five broad categories. These included:

**1. Employment and Education:**

education; financial (financial and work related under causes); financial employment (under strategies).

**2. Public Services, Programs, Private Enterprise:**

government (government response under causes); infrastructure-maintenance (infrastructure under causes); public transportation (transportation under causes); NGOs; health care (health and social programs/care under causes and strategies).

**3. Environment/Neighbourhood Space:**

quality of neighbourhood life (quality of community living under causes); cleanliness (cleanliness-safety under strategies); environment (under causes); property (property management under strategies); and land beautification (under strategies).

**4. Crime & Safety:**

illegal activities (illegal under causes); law enforcement; behavioural (under issues); youth (under causes); child and youth programs (under strategies).

**5. Healthy Living/Relationships:**

communication; social programs (under causes); parenting (families-parenting under strategies); personal (personal health under causes); recreation; food (nutrition under strategies); values (under causes); women (under strategies).

## Results for the Three Neighbourhoods: Crown Point, McQuesten, South Sherman

The results reported for the three neighbourhoods: Crown Point, McQuesten and South Sherman, are arranged as follows:

a) demographics of participants compared to the 2006 census data; and b) survey results.

The survey tool asked for demographic information of participants. These were reviewed and compared to the 2006 census tract data to determine alignment of the sample with the community population, as described in the tables to follow. Analysis of the demographic data was restricted to description and does not imply a representative sample. Results for each neighbourhood are presented in the following pages.

For three neighbourhoods, 681 participants generated a total of 1,205 issues, 956 causes and 1,032 strategies.



## Crown Point Neighbourhood

### Demographics

There were 285 participants completing the assessment of which roughly 34% per cent were male and 66% were female. The age distribution of respondents was: 40% were between the ages of 20-39; 30% were between the ages of 40-59 years of age; and those over 60 years of age represented 23% of the sample, which when compared to the 2006 census, is much higher than Hamilton and provincial rates.

Table 1: Demographic indicators of the survey population: Crown Point

Sample Characteristics and Comparison Using Census Data 2006				
Characteristic	Sample %	Prov. Average	Hamilton CMA****	Average Local
Male	34%	-	-	-
Female	66%	-	-	-
Percentage of People over age 60	23%	14%	15%	11%
Single Parent Families (both sexes)	18%	13%	14%	19%
Unemployment Rate	29%***	6.4%	6%	10%

\*\*\* Unemployment is a good example of where the geography of the neighbourhood influences the characteristics of the sample. On one street eight of nine respondents stated they were unemployed, whereas on other streets unemployment was below average by sampling.

\*\*\*\* CMA: Central Metropolitan Area

### Issues, Causes, Strategies

There were a total of 331 issues identified. The top five themes pertaining to issues identified by respondents were:

Table 2: Issues: Crown Point

Themes	n	%
1. Quality of Neighbourhood Life	64	19.3
2. Cleanliness	62	18.7
3. Illegal Activities	52	15.7
4. Infrastructure-Maintenance	47	14.2
5. Health Care-Social Care	21	6.3

“The Centre Mall redevelopment is not pedestrian friendly.”  
- a resident from Crown Point

1. Quality of Neighbourhood Life referred to in this neighbourhood as air quality, air pollution and inconvenience of shopping/banks/restaurants.
2. Cleanliness referred to in this neighbourhood as soot, pollution, environment, garbage, and graffiti.
3. Illegal Activities referred to in this neighbourhood as crime and vandalism.
4. Infrastructure-Maintenance referred to in this neighbourhood as snow removal, parking, and pedestrian safety.
5. Health Care-Social Care referred to primary care accessibility and social work availability/distribution.

Of least concern were: 1) communication, parenting, NGOs and government (less than 1%); 2) education, food and personal (all less than 2%).

## Crown Point Neighbourhood

There were a total of 263 causes identified. The top five themes pertaining to causes identified by respondents were:

**Table 3: Causes: Crown Point**

Themes	n	%
1. Cleanliness	64	24.3
2. Youth	37	14.1
3. Infrastructure	36	13.7
4. Quality of Community Living	29	11.0
5. Illegal Activities	24	9.1

“ There is ugly black dust all over the patio. ”  
- a resident from Crown Point

1. Cleanliness referred to in this neighbourhood as factory/industrial waste management, pollution, poor sanitation and garbage unmanaged.
2. Youth referred to in this neighbourhood as idle youth and poor behaviours.
3. Infrastructure referred to in this neighbourhood as conditions of roads and streets; difficult parking; too many cars; and presence of railways.
4. Quality of Community Living referred to in this neighbourhood as big box stores replacing smaller ones, and poor air quality.
5. Illegal Activities referred to in this neighbourhood as crime, drugs, traffic speed and volume.

The causes infrequently identified were: health care and social programs; personal causes; personal health; values; and workplace (all being less than 1%).

There were a total of 285 strategies identified. The top five themes pertaining to strategies to address the issues identified by respondents were:

**Table 4: Strategies: Crown Point**

Themes	n	%
1. Cleanliness	62	21.8
2. Infrastructure	43	15.1
3. Law Enforcement	33	11.6
4. Quality of Neighbourhood Life	25	8.8
5. Health Care/Social Care	20	7.0

“ The factory owners should come and live down here for a month and then they will know what we are talking about. ”  
- a resident from Crown Point

1. Cleanliness in this neighbourhood referred to as industries accountability; enforce bylaws; increase regulations; and lower emissions.
2. Infrastructure in this neighbourhood referred to as improve snow removal; limit speeds; add speed bumps; find more parking; manage driveways; and improve railway related strategies.
3. Law Enforcement in this neighbourhood referred to more police presence; patrol and enforcement; and police attending LPT meetings.
4. Quality of neighbourhood life in this neighbourhood referred to as improve convenience to shopping; and bring back mall.
5. Health Care/Social Care in this neighbourhood referred to as attract and increase doctors; increase accessibility to health care buildings; more addiction treatment; increase number of clinics; and help elderly.

The strategies that were less frequently identified as helpful were: personal, women, and health (all less than 1%).

■ When themes were grouped into one of five categories the results were as follows:

**Table 5: Combined Themes: Issues, Causes, Strategies: Crown Point**

Category	Issues %	n	Causes%	n	Strategies%	n
Employment & Education	4.8	16	6.5	17	5.3	15
Public Services, Programs, & Private Enterprise	24.5	81	23.6	62	28.8	82
Environment & Neighbourhood	41.4	137	40.3	106	37.2	106
Crime & Safety	23.9	79	26.2	69	17.5	50
Healthy Living & Relationships	5.4	18	3.4	9	11.2	32
No issue or cause or strategy	0	0	0	0	0	0
<b>Total</b>	<b>100%</b>	<b>331</b>	<b>100%</b>	<b>263</b>	<b>100%</b>	<b>285</b>

“ Clean up the area  
and have media stop  
promoting this as a poor  
neighbourhood  
and a dirty one. ”

- a resident from Crown Point

## McQuesten Neighbourhood

### Demographics

There were 199 participants completing the assessment of which roughly 48% per cent were male and 52% were female. The age distribution of the respondents was primarily under 50 years of age (approximately 80%). In fact, 21% were under 20 years of age. The age distribution over 60 years of age was 9%. When comparing this sample to the 2006 census for McQuesten, this neighbourhood has the most youth under 15 years of age in Hamilton and the median age is lowest in the city (Mayo, Patterson, Jaffray, 2009). A separate “Kids Survey” was conducted by children living in the area but is not incorporated into this data as the questions were constructed by children and differed from the open-ended questions of this community consultation. In looking at the sample compared to the census, it appears that older adults were underrepresented in this sample. The number of lone parent families for the survey was higher than the Hamilton CMA but lower than the McQuesten census tract data. The unemployment rate of those in the sample between the ages of 20-60 was very high compared to the Hamilton CMA, provincial rates, and for McQuesten census tract data.

Table 6: Demographic indicators of the survey population: McQuesten

Sample Characteristics and Comparison Using Census Data 2006				
Characteristic	Sample %	Prov. Average	Hamilton CMA	McQuesten Census Tract
Male	48%	-	-	-
Female	52%	-	-	-
Percentage of People over age 60	9%	14%	15%	12%
Single Parent Families (both sexes)	16%	13%	14%	27%
Unemployment Rate	43.7%	6.4%	6%	10.7%

“ Make career opportunities more available to people in the neighbourhood. ”

- a resident from McQuesten

## Issues, Causes, Strategies

There were a total of 299 issues identified. The top five themes pertaining to issues identified by respondents were:

**Table 7: Issues: McQuesten**

Themes	n	%
1. Financial, Work Related	59	19.7
2. Quality of Neighbourhood Life	37	12.4
3. Illegal Activities	31	10.4
4. Recreation	31	10.4
5. Cleanliness	30	10.0

“ People are looking for jobs or trying to find another job.”  
- a resident from McQuesten

1. Financial in this neighbourhood referred to as lack of income; unemployment; cost of schooling; no part time work; and no summer jobs for youth.
2. Quality of Neighbourhood Life in this neighbourhood referred to as noise, and need improved pet care by owners.
3. Illegal Activities in this neighbourhood referred to as drugs; fights and violence; and vandalism.
4. Recreation in this neighbourhood was referred to as lack of recreation options; and more recreation programs needed for children and youth.
5. Cleanliness in this neighbourhood referred to as garbage and pests.

Of least concern were: 1) health care and NGOs (less than 1%); 2) public transportation; government; behavioural; and communication (all being less than 3%).

There were a total of 271 causes identified. The top five themes pertaining to causes identified by respondents were:

**Table 8: Causes: McQuesten**

Themes	n	%
1. Financial, Work Related Causes	52	19.2
2. Quality of Community Living	40	14.8
3. Education	33	12.2
4. Cleanliness	28	10.3
5. Infrastructure	18	6.6

“ Youth with nothing better to do.”  
- a resident from McQuesten

1. Financial, Work Related Causes in this neighbourhood referred to lack of income; unemployment; lack of job opportunities; and high cost of living.
2. Quality of Community Living in this neighbourhood referred to as noise; partying; irresponsible pet owners; accessibility of stores; and shopping for fresh food being difficult.
3. Education in this neighbourhood referred to as lack of education and life skills; and language barriers.
4. Cleanliness in this neighbourhood referred to as irresponsibility; pollution; sanitation; garbage unmanaged; and poor pest control.
5. Infrastructure in this neighbourhood referred to as snow removal; road repairs needed; sidewalk repairs needed for pedestrian safety; and housing maintenance.

The causes infrequently identified were: health care and social programs; personal values; and workplace (all being less than 1%).

## McQuesten Neighbourhood

There were a total of 301 strategies identified. The top five themes pertaining to strategies to address issues identified by respondents were:

**Table 9: Strategies: McQuesten**

Themes	n	%
1. Education	38	12.6
2. Financial Employment	34	11.3
3. Cleanliness	27	9.0
4. Law Enforcement	27	9.0
5. Quality of Neighbourhood Life	24	8.0

“Housing management should have yearly inspection checks within each unit and fix what is important.”  
- a resident from McQuesten

1. Education in this neighbourhood referred to as promoting education; keep kids in school; creation of ESL classes; and parenting classes.
2. Financial Employment in this neighbourhood referred to as increase job opportunities; employment services; funding; and financial support.
3. Cleanliness in this neighbourhood referred to as pest control solutions; garbage solutions; get rid of fire pits; responsibility of owners; and enforce bylaws.
4. Law Enforcement in this neighbourhood referred to as more police presence, patrol and enforcement.
5. Quality of Neighbourhood Life in this neighbourhood referred to as pet owner education and responsibility; increase community engagement; and support each other.

The strategies that were less frequently identified as helpful were: health; illegal activities; land beautification; and women (all less than 1%).

When themes were grouped into one of five categories the results were as follows:

**Table 10: McQuesten**

Category	Issues %	n	Causes%	n	Strategies%	n
Employment & Education	27.1	81	31.8	86	23.9	72
Public Services, Programs, Private Enterprise	13.7	41	12.9	35	18.6	56
Environment & Neighbourhood Space	24.7	74	29.9	81	23.0	69
Crime & Safety	14.4	43	10.3	28	16.6	50
Healthy Living & Relationships	19.1	57	15.1	41	17.9	54
No issue or cause or strategy	1.00	3	0	0	0	0
<b>Total</b>	<b>100%</b>	<b>299</b>	<b>100%</b>	<b>271</b>	<b>100%</b>	<b>301</b>

## South Sherman Neighbourhood

### Demographics

There were 197 participants completing the assessment of which roughly 40% were male and 60% were female. The age distribution of the respondents was: 28% were between the ages of 20-39 years of age; 46% were between the ages of 40-59 years of age; and 17% were over 60. When comparing this sample to the 2006 census for South Sherman, this neighbourhood has a slightly higher portion of older adults compared to the census for Hamilton and the province. The unemployment rate amongst the sample is also higher than the Hamilton and provincial rates that appeared in the census in 2006.

Table 11: Demographic indicators of the survey population: South Sherman

Sample Characteristics and Comparison Using Census Data 2006				
Characteristic	Sample %	Prov. Average	Hamilton CMA	Average Local
Male	40%	-	-	-
Female	60%	-	-	-
Percentage of People over age 60	17%	14%	15%	13%
Single Parent Families (both sexes)	13%	13%	14%	28%
Unemployment Rate	12%	6.4%	6%	10.3%

### Issues, Causes, Strategies

There were a total of 575 issues identified. The top five themes pertaining to issues identified by respondents were:

Table 12: Issues: South Sherman

Themes	n	%
1. Illegal Activities	176	30.6
2. Quality of Neighbourhood Life	69	12.0
3. Property	54	9.4
4. Cleanliness	44	7.7
5. Recreation	39	6.8

“There is drug dealing on the corner in the middle of the day.”  
- a resident from South Sherman

1. Illegal Activities in this neighbourhood was referred to as crime; drugs; prostitution; theft; and break and enter.
2. Quality of Neighbourhood Life in this neighbourhood was referred to as need sense of community; need better pet ownership; inconvenience of shopping, restaurants, banks, and mall; air pollution; air quality; and environment.
3. Property in this neighbourhood was referred to as absentee and irresponsible landlords; access to safe and affordable housing; multi-unit dwellings; and unregulated group homes.
4. Cleanliness in this neighbourhood was referred to as sanitation, garbage, pollution, environment, and graffiti.
5. Recreation in this neighbourhood was referred to as lack of recreation options; lack of programs for children and youth; more parks; and need for social drop in centres.

Of least concern were: NGOs, public transportation, government and communication (all being less than 1%).

## South Sherman Neighbourhood

■ There were a total of 422 causes identified. The top five themes pertaining to causes identified by respondents were:

**Table 13: Causes: South Sherman**

Themes	n	%
1. Financial	81	19.2
2. Illegal Activities	61	14.5
3. Property	41	9.7
4. Quality of Community Living	40	9.5
5. Health Care/Social Programs	30	7.1

“ Neighbours  
throwing garbage  
on properties.”  
- a resident from South Sherman

1. Financial in this neighbourhood was referred to as poverty; unemployment; lack of job opportunities; lack of income; cost of living; and resources.
2. Illegal Activities in this neighbourhood was referred to as drugs too available; traffic speed and volume; and synchronized lights.
3. Property in this neighbourhood was referred to as lack of responsible landlords and owners; homelessness; lack of affordable housing; property standards; rooming houses; and multi-unit dwellings.
4. Quality of Community Living in this neighbourhood was referred to as transient population and culture.
5. Health Care/Social Programs was referred to in this neighbourhood as addictions, and mental health related causes.

The causes infrequently identified were: communication, environment, personal health, and transportation (all being less than 1%).

■ There were a total of 446 strategies identified. The top five themes pertaining to strategies to address issues identified by respondents were:

**Table 14: Strategies: South Sherman**

Themes	n	%
1. Education	51	11.4
2. Law Enforcement	49	11.0
3. Quality of Neighbourhood Life	48	10.8
4. Financial/Employment	43	9.6
5. Recreation	41	9.2

“ Too many large  
homes have been  
transformed into  
duplexes/triplexes.”  
- a resident from South Sherman

1. Education in this neighbourhood was referred to as promote education; keep kids in school; provide youth related education; and provide nutrition, cooking classes, and budgeting classes.
2. Law Enforcement in this neighbourhood was referred to as more police presence, law enforcement, and alley safety.
3. Quality of Neighbourhood Life in this neighbourhood was referred to as increase community engagement; support each other; neighbourhood watch; welcome newcomers; and community kitchens.
4. Recreation in this neighbourhood was referred to as community recreation centres; gyms; more parks; and playgrounds and equipment.
5. Cleanliness in this neighbourhood was referred to as garbage solutions; clean up solutions; and responsibility of owners.

The strategies that were less frequently identified as helpful were: women; public transportation; and child and youth programs (all less than 1%).

■ When themes were grouped into one of five categories the results were as follows:

Table 15: South Sherman

Category	Issues %	n	Causes%	n	Strategies%	n
Employment & Education	9.0	52	24.2	102	21.1	94
Public Services, Programs, & Private Enterprise	10.4	60	13.0	55	15.7	70
Environment & Neighbourhood	29.1	167	25.1	106	27.8	124
Crime & Safety	37.2	214	23.7	100	15.9	71
Healthy Living & Relationships	12.7	73	13.0	55	19.5	87
No issue or causes or strategy	1.6	9	1.0	4	0	0
<b>Total</b>	<b>100%</b>	<b>575</b>	<b>100%</b>	<b>422</b>	<b>100%</b>	<b>446</b>

“ Licensing of rental properties, better follow-up of citizens’ report, clarification/better enforcement of bylaw. ”

- a resident from South Sherman

## Comparing Results of the Three Neighbourhoods

In examining the data for the 18 themes identified pertaining to issues there appears to be some similarities as well as variability amongst the three neighbourhoods. For example, Quality of Neighbourhood Life was either the first or second top theme cited by all three neighbourhoods. Cleanliness and Illegal Activities also appeared in the top five issues as themes for all three neighbourhoods. Of little importance, for example, the theme of Public Transportation was cited by less than 2% of respondents in McQuesten and South Sherman and by only 2.7 % of respondents in Crown Point. Unique themes for issues appearing in one neighbourhood as a top five theme and not in the other two neighbourhoods as a top theme include: Infrastructure (14.2%) and Health Care (6.3%) in Crown Point; Financial/Work related in McQuesten (19.7%); and Property in South Sherman (9.4%). Many examples of variability between neighbourhoods were evident for issues. For example, Financial was cited as a theme for 19.7% of McQuesten respondents, but not for residents of Crown Point who cited Financial only 3.6% of the time, while South Sherman cited financial a total of 6.4%. Cleanliness was a theme for 18.7% of Crown Point residents, but only 7.7% for those living in South Sherman, while 10% of respondents in McQuesten cited the theme of Cleanliness. Likewise, discrepancies were noted for Illegal Activities (South Sherman 30.6%, McQuesten 10.4%, Crown Point 15.7%); Recreation (McQuesten 10.4%, Crown Point 2.4%, South Sherman 6.8%); and Infrastructure-Maintenance (Crown Point 14.2%, South Sherman 5.7%, McQuesten 9.7%). Of equal importance was examining how neighbourhoods defined each theme.

For example, top themes for issues shared by each neighbourhood:

■ **Quality of Neighbourhood Life** was defined as:

- Crown Point: air quality; air pollution environment; and inconvenience of shopping/banks/restaurants.
- McQuesten: noise; and need improved pet care by owners.
- South Sherman: need sense of community; need better pet ownership; inconvenience of shopping/restaurants/banks/mall; air pollution; air quality; and environment.

■ **Cleanliness** as a top theme for issues shared by each neighbourhood was described as:

- Crown Point: air quality, soot, pollution, environment, garbage, and graffiti.
- McQuesten: garbage, pollution, and pests.
- South Sherman: sanitation, garbage, pollution, environment, and graffiti.

■ **Illegal Activities** as a third shared top five theme for issues shared by each neighbourhood was described as:

- Crown Point: crime, and vandalism.
- McQuesten: drugs; fights and violence; and vandalism.
- South Sherman: crime; drugs; prostitution; theft; and break and enter.

Discrepancies were noted for causes. Infrastructure was an important cause for residents of Crown Point (13.7%) but not for residents of South Sherman (3.6%), while only 6.6% of McQuesten residents cited Infrastructure as a cause of issues of concern. Similar discrepancies were noted for causal themes related to: youth; property causes; and financial-work related causes.

Large discrepancies were noted for themes pertaining to strategies. Education was cited as a strategy by 12.6% of residents living in McQuesten and 11.4% of South Sherman residents, but was only cited by 2.1% of residents in Crown Point. Financial and Employment Strategies were cited as themes by 9.6% of South Sherman respondents and 11.3% of McQuesten respondents, but only cited by 3.2% of respondents in Crown Point. In Crown Point, cleanliness was cited as a theme by 21.8% of respondents and 9% in McQuesten, but in South Sherman Cleanliness was cited by only 7.2% of respondents. Infrastructure was seen as an important strategic theme in Crown Point 15.1% and in McQuesten 7.6%, but only by 4.3% respondents in South Sherman.

When themes were grouped into categories similarities amongst the three neighbourhoods were less apparent. What became evident was that there was a great deal of variability between neighbourhoods on what respondents identified as important issues. One neighbourhood consistently stood out as different from the other two for each category and it was never the same neighbourhood. The only category that had similarities amongst the three neighbourhoods was Environment & Neighbourhood.

**Table 16: Three Neighbourhood Comparison**

Category	Issues%			Causes%			Strategies%		
	CP	McQ	SS	CP	McQ	SS	CP	McQ	SS
Employment & Education	4.8	27.1	9.0	6.5	31.8	24.2	5.3	23.9	21.1
Public Services, Programs, & Private Enterprise	24.5	13.7	10.4	23.6	12.9	13.0	28.8	18.6	15.7
Environment & Neighbourhood	41.4	24.7	29.1	40.3	29.9	25.1	37.2	23.0	27.8
Crime & Safety	23.9	14.4	37.2	26.2	10.3	23.7	17.5	16.6	15.9
Healthy Living & Relationships	5.4	19.1	12.7	3.4	15.1	13.0	11.2	17.9	19.5

Note: CP=Crown Point; McQ= McQuesten; SS= South Sherman

“Lack of flowers in the boulevard. It used to be beautiful.”  
- a resident from South Sherman

## Discussion

In Health in the Hubs Phase 1 we set out to work side by side with the LPTs in three neighbourhoods to collect opinions about what people thought were the main issues affecting the health and happiness of people living in their neighbourhoods. Having entered the project through prior established participation in LPTs, we had a level of respect for potential informants and a degree of confidence in asking open-ended questions of residents. Hiring local residents and working side by side with LPTs was integral to the project from both a philosophical and practice approach. It was more than a symbolic gesture. The local resident coordinators we hired from the neighbourhoods were able to develop information gathering strategies, to adjust the language used in the survey tools, and to demonstrate a commitment to the project beyond a paid role. We believe this is an example of a local capacity building intervention that created mutual ownership of the project. Moreover, we knew that the resident coordinators hired for the project had considerable knowledge about their neighbourhood and strong networks from which they were able to facilitate the gathering of opinions. In short, we attempted to begin a conversation with local residents and co-produce results as opposed to asking people to respond to issues we had generated solutions to, and strategies we might have prescribed. In addition, when the initial Ottawa Charter analysis was brought to LPTs, there was in-depth discussion on whether the findings resonated with resident members and from that feedback we were encouraged to conduct further analysis.

The three neighbourhoods selected for the community consultation in Phase 1 all have unique strengths, histories, populations and physical characteristics. All three neighbourhoods were identified with poorer health outcomes in the Code Red report (Hamilton Spectator, 2010). What they have in common are engaged citizens and strong LPTs with a common vision for making their neighbourhood a healthy and safe place to live, work, play and raise a family. Working together, mobilizing social networks, building on existing strengths and forging partnerships, these neighbourhoods are able to take action to address the social, economic and environmental challenges residents face. When asking residents about their health and happiness, it came as no surprise that what people describe was more related to social, economic and environmental influences on health than the delivery of health services itself. This finding is reflected in much of the current evidence about health and well-being and emphasizes the importance of the social determinants of health (see Marmot, 2010).

The project results indicate that there were shared concerns amongst the three neighbourhoods surveyed. But even amongst these shared issues, the words used to define the concerns varied. For example, unique words used to describe Cleanliness in Crown Point was soot; in McQuesten pests; and in South Sherman sanitation. Within each shared theme, then, the particular words chosen by residents reflect at the ground level what is happening in each neighbourhood.

In short, each neighbourhood was unique in describing issues of particular concern to where they lived. In Crown Point, descriptions of the environment related to air quality and soot were mentioned as having a key impact on health. Residents also spoke of the natural and man-made barriers that carve the neighbourhood into sectors that are problematic to overcome. Major east-west and north-south thoroughfares present health and safety concerns for the families living in the areas as these roads encourage rapid transit through the neighbourhood and provide little if any benefit to the residents of the area. In McQuesten, concerns over lack of available jobs and youth unemployment were raised. It must be noted that McQuesten respondents had a very high unemployment rate compared to Hamilton CMA and provincial rates. This may have influenced those results. However, at the LPT meeting where 62 people from the neighbourhood (most of whom were residents) met to decide what issue they wanted to work on in Phase 2 of the project, the decision was made to address employment through social enterprise focusing on food accessibility and consumption. In short, the lack of job opportunities resonated with those at the LPT meeting. It was an urgent issue and the neighbourhood knew it had strengths to build upon related to food through their previous efforts in establishing a community garden and having a community kitchen. In South Sherman, issues of quality of neighbourhood life as a result of property concerns and illegal activity were of most concern.

Of particular interest was the expression of the need by residents for improved health care access in Crown Point. As two of the original applicants for the NP clinic, both Crown Point and South Sherman noted a need for health care services. In Crown Point there was an expressed need for more doctors and clinics. In South Sherman people noted that those with addictions and mental health concerns needed more treatment programs and support. This lack definitely affected what residents describe as their Quality of Neighbourhood Life.

Comparing the results of this community consultation with the Vital Signs Report (Hamilton Community Foundation, 2011) where more than 400 people across the city of Hamilton were surveyed on their perceptions of the quality of life in the city on 12 key indicators, there are some differences and similarities (Vital Signs Report 2011). Looking at a sample of three of 12 indicators and using the Vital Signs rating scale of green: "I am satisfied our community is moving in the right direction"; yellow: "I am concerned about our community"; and red: "the community needs to take immediate action"; this is how Phase 1 Health in the Hubs results compare to the Vital Signs Report:

- **Environment:** was rated green by Vital Signs respondents whereas Crown Point rated this as the top issue out of five and all three neighbourhoods rated this as important when grouped into categories.
- **Safety:** was rated yellow by Vital Signs respondents whereas South Sherman rated Crime & Safety in their neighbourhood as the top issue when further categorized.
- **Employment:** was rated red by Vital Signs respondents and McQuesten residents rated Employment as the top issue out of five.

While this comparison is merely illustrative, it demonstrates the value of gathering an overall snapshot of citizens' perceptions of the city as well as examining differences and similarities experienced by those responding at the neighbourhood level. There are indeed strong indicators that the city is moving forward in a positive way on a number of fronts as cited in the Vital Signs report. But that "behind some of the good news indicators" (Vital Signs, 2011), there is agreement between Vital Signs and the results of this community consultation that there are disconcerting effects experienced by many people living in our community. This is incontestably expressed by the people living in three neighbourhoods who said that in some measure their neighbourhoods were not a safe and healthy place to live, work, play and raise a family and believed that targeted strategies to effect change in their neighbourhoods were an urgent priority.

When themes were grouped into categories, similarities amongst the three neighbourhoods were less apparent. What became evident was that there was a great deal of variability between neighbourhoods on what respondents identified as important issues. One neighbourhood consistently stood out as different from the other two for each category and it was never the same neighbourhood. For Crown Point it was Environment & Neighbourhood; for McQuesten it was Employment & Education; and for South Sherman it was Crime & Safety. The only category that had similarities amongst the three neighbourhoods was Environment & Neighbourhood.

In taking action to make change happen, respondents offered some strategies that implied the need for government to intervene. These strategies were often referred to as related to public services and safety (i.e. within the purview of municipal government service delivery and government policy). Many approaches suggested by residents, however, were not seen as wholly dependent upon government and public services. For example, in addressing the illegal dumping of garbage on private property, enforcing bylaws was seen as one strategy but other suggestions proposed concentrated on efforts to make properties more attractive in an attempt to dissuade these behaviours. This supports the work of LPTs in demonstrating capacity within neighbourhoods backed by multiple and diverse partners to work together in finding a wide range of solutions. In planning strategic interventions by municipal governments in particular, the results of this

community consultation indicate that an important consideration in planning interventions (that will have uptake by residents and have meaningful impact) is the value in listening to people to help build on the strengths and resources that are present, and paying attention to the influence of individual differences found at the level of neighbourhoods. In other words, it is important to gain the understanding that the principal stakeholders are the people with the lived experience from that neighbourhood. As suggested by Halpern, (2010), there is much to be learned about how public services can “not just be delivered but co-produced with citizens” (p.5). Governments that commit to arranging for their representatives to sit on LPTs as has been instituted in South Sherman by the ward councillor is one example of how a meaningful discourse can be developed between government and the people. Additional strategies aimed at government policy might be considered in response to what one resident in South Sherman described as “tax breaks for small business as incentive to self-employment.” Economic stimulus strategies for entrepreneurs at the local level that can cultivate what is described by Isenberg (2010) as “entrepreneurial ecosystems” may be worthy of attention in improving the health and happiness of people in neighbourhoods.

In examining Phase 1, not the least of which was taken from community feedback sessions, it was concluded that processes aimed at placing the voice of residents at the centre of decision making (Lasker & Guidry 2009) served as the essential building block in building trust between residents and our team. By not only employing residents to collect data in their own neighbourhoods and by respecting the LPTs decision making on where action needs to be taken, the final and perhaps most important result was the engagement of residents to further the process of building capacity in neighbourhoods. For the SON, hiring residents to work on this project and supporting the decisions of residents reaffirmed the School’s commitment to continue its partnership in strengthening the health of neighbourhoods.

The findings and the lessons learned by engaging with neighbourhoods in Phase 1 act as the foundation in moving forward on the priorities set by each of the three neighbourhoods. In the course of the next chapter of Health in the Hubs, decisions by residents will come to bear including what other partners are needed at the table, and what roles these partners can play in working with LPTs to take action on making sustainable change in neighbourhoods. This focus will be further explored in Phase 2 of the Health in the Hubs endeavour.

## ■ Limitations

There are several limitations to this Phase 1 project. These include:

- The results do not necessarily represent the entire population living in the neighbourhood: (see census data comparisons). For example, not all age groups were proportionately represented such as those over 60 years of age in the McQuesten neighbourhood who were under represented in this community consultation, and those over 60 years of age in South Sherman who were slightly over represented. Another example is unemployment rates were higher for the sample in all three neighbourhoods compared to 2006 census tract data.
- Answers to questions were not transcribed verbatim but rather written out by students and residents and thus there is potential for lost data or data that was misinterpreted.
- Data entry for the first level of analysis was conducted by students and not staff. There was a potential for more error as a result. The second level of analysis used data entered by a research coordinator.
- Use of appreciative inquiry may have generated different responses regarding the issues of concern. It may have produced far different results had we started with as Carter (2006) notes, “actively searching out the best and focusing on what is good, strong, already working and being achieved” (p.48). It is recommended that future assessments be conducted using this approach.
- The time of year data was collected (winter) was not ideal for students and residents and more in-depth conversations may have been generated under better weather conditions.
- The time of day (afternoons) limited conversations with those who were at home during the day, whereas conducting the survey during different times of the day may have yielded different results.

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# working together

## Health in the Hubs Phase 1:

### Neighbours and Nurses Working Together

# Appendix A

## Health in the Hubs Phase 1: Questionnaire

### Interviewer:

(For Door-to-Door):

- “Hello, my name is \_\_\_\_\_ and we are McMaster students (or neighbour) working for the local neighbourhood planning team.”
- “What we are doing today is conducting a community consultation and hope that you have a few minutes to help us.
- “We want to collect opinions about what people think are the main issues affecting the health and happiness of people living in the neighbourhood. This might include things like: safety, food, environment, health services etc.”
- “Your answers will be added to a list. This list will include: what people say are the issues facing the neighbourhood and the list will also include the solutions people recommend for making the neighbourhood a better place to live.”
- “This list will be used by the neighbourhood planning team to come up with a plan to deal with the issues people say are important. Your answers are anonymous and will not be used to identify you.”

### Interviewer asks:

1. In your opinion, what do you think is the **main issue** affecting the health and happiness of people living in your neighbourhood?
2. What do you think is the **next** most important issue affecting the health and happiness of people living in your neighbourhood?
3. Are there **any other issues** that you think are important for us to know?
4. Can you think of reasons why these issues are happening in this neighbourhood?  
(What might be the cause of each of these issues?)
5. In your opinion, how can these important issues be fixed?

“Now I would like to ask you a few general questions about yourself.”

### Demographics

- Length of time in the Neighbourhood;
- Knowledge about the Local Neighbourhood Planning Team;
- Age;
- Sex;
- Marital Status;
- Children Living in House and Ages;
- Employment; and
- Country of Birth.

Table 17: Health in the Hubs Phase 1: Questionnaire Form

Issue(s)	Cause(s)	Strategies/Solutions
Issue 1.		
Issue 2.		
Issue (other)		

## Appendix B

### Community Feedback Session: Crown Point May 2011

Table 18: Health in the Hubs: Crown Point: Coded Issues

Ottawa Charter Codes	1st choice	2nd choice	3rd choice	Totals	Issues described within codes
Peace	60	29	12	101	Crime, safe streets, safety by the tracks, behaviour of teenagers, vandalism, graffiti, prostitution, street racing
Shelter	10	0	1	11	Access to housing, condition of rental properties, cost of rent
Education	1	1	1	3	Need for education of children, access to schools
Food	8	2	0	10	Access to grocery stores
Income	6	5	5	16	Need for jobs, cost of living, economic revitalization
Stable Eco-System	50	35	8	93	Litter, soot, air quality, air pollution from cars and factories, access to walkable spaces, overall appearance
Sustainable Resources	41	22	3	66	Access to primary health care, transportation, infrastructure, including sewers, water, snow removal services
Social Justice and Equity	0	1	0	1	Family life
Other	12	3	1	16	Parking, lack of street parking, lack of event parking
<b>Total</b>	<b>188</b>	<b>98</b>	<b>31</b>		

**Street names included:** Graham, Kenilworth, Ottawa, Rosslyn, Park Row, London, Edinburgh, McNutty, Robins, Beach Road, Cambridge, Britannia, Frederick, Wexford, Dunsmure, Depew, Roxborough, Cochrane, Avondale, Northcote, Balmoral

## Appendix C

### Community Feedback Session: McQuesten June 2011

Table 19: Health in the Hubs: McQuesten: Coded Issues

Ottawa Charter Codes	1st choice	2nd choice	3rd choice	Totals	Issues described within codes
Peace	39	16	5	60	Vandalism, bibi guns, drugs, youth beating up kids, prostitutes and druggies, violence - late night/early morning
Shelter	16	7	2	25	City housing did not fix problems in the house, cockroaches, garbage at backyard and animal wastes, long-time waiting for Hamilton housing
Education	7	9	1	17	ESL classes at the community centre, nowhere to learn English, financial literacy
Food	3	4	2	9	Getting healthy foods, accessibility of fresh food, sometimes I need more food
Income	47	11	3	61	Poverty (lack of jobs), unemployment, low income, youth need chance to work in summer, jobs not available
Stable Eco-System	37	14	5	56	Garbage management, pollution, snow removal, big holes in street, cracks in sidewalk, playgrounds for kids, ferral cats, pet feces on sidewalks and parks
Sustainable Resources	30	17	8	55	Not enough programs for families, childcare, special plan for transportation program for seniors, more health services
Social Justice and Equity	1	3	2	6	Not enough sharing in Canadian society, racism to immigrants, area has bad name, racism lack of education/ knowledge
Other	18	13	6	37	Community communication, programs at McQuesten not too late at night, volunteer burnout, depression
<b>Total</b>	<b>198</b>	<b>94</b>	<b>34</b>		

**Street names included:** Oriole, Britannia, Parkdale, Melvin, Brampton, Queenston, Adair, Hayes, Armstrong, Eastwood, Reid, Roxborough, Delena, Grimsby, Eastdale, Beland, Barton, Eaton, Brunswick.

## Appendix D

### Community Feedback Session: South Sherman June 2011

Table 19: Health in the Hubs: South Sherman: Coded Issues

Ottawa Charter Codes	1st choice	2nd choice	3rd choice	Totals	Issues described within codes
Peace	68	61	33	162	Crime, shooting, prostitution, drugs, poor police surveillance, robbery, alcohol drinking, safe streets, vandalism
Shelter	22	17	9	48	Access to housing, absentee landlord, illegal duplexes, overcrowding, bed bugs and rodents, abandoned buildings, unsafe and dirty rental situations
Education	1	1	3	5	Closure of schools, lack of involvement in schools, inadequate class time for learning, school of the arts in Scott Park
Food	9	7	7	23	Fresh foods, healthy eating, lack of access to special diet foods, access to food, poor quality food at food banks, meal planning
Income	20	9	0	29	Poverty, availability of jobs, low income, increase cost of living, welfare cycle, failing steel industry
Stable Eco-System	34	24	33	91	Overgrown grass/weeds, factories, sewage system, needles, condoms, improper waste management, littering, poor air quality, snow and ice removal, water, leash-free park for dogs
Sustainable Resources	21	27	29	77	Lack of social activities, no walk-in clinics, no amenities, access to health care, midwives, cost of medical services, overload of social services in one area
Social Justice and Equity	2	5	1	8	Difficulty contacting politicians, poor quality of life, need Islamic school, Canadian embassy in Syria, media talking bad about Islam
Other	8	10	5	23	Parking, media, flu, being new to the area, lack of purpose, lack of awareness of neighbourhood hubs
<b>Total</b>	<b>185</b>	<b>161</b>	<b>120</b>		

**Street names included:** Main, Wentworth, Case, Sherman, Clinton, Carrick, King, Gladstone, Spadina, Fairholt, Pinky Lewis, Cathy Weaver, Kiwanis, Albert, Leinster, Cumberland, Barton, Vineland, Melrose, Garfield, Barnsdale, Gage, Dunsmure

## Appendix E

### Ottawa Charter for Health Promotion Definitions

- I According to the Ottawa Charter for Health Promotion (1986) the fundamental conditions and resources for health are defined as follows for the purpose of coding the Health in the Hubs data:
  1. **Peace:** free of conflict. It is the relationship with others in the community; crime and safety (personal, community, occupational). Social support.
  2. **Shelter:** a safe, affordable, secure, functioning home.
  3. **Education:** encompasses equitable access; opportunities for learning (life-long); developing life skills. Self-help.
  4. **Food:** secure access; quality (nutritious); knowledge; skills (how to prepare); affordable.
  5. **Income:** secure enough to meet needs; living wage. Manageable costs for housing, utilities. Control over life circumstances.
  6. **A stable eco-system:** land for cultivation (gardening); green space; recreation space; absence of pollution – noise, light, water, air.
  7. **Sustainable resources:** service availability; health and social services; transportation.
  8. **Social justice and Equity:** society free of discrimination due to religion, race, sex, language. A society that recognizes human rights.
  9. **Other.**

\*Definitions were arrived at through discussion with faculty and students





