REGENT PARK YOUTH HEALTH ACTION PROJECT RESEARCH REPORT

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A project of Regent Park Community Health Centre
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Regent Park Youth Health Action Project Research Report

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Table of Contents

Table of Charts

REGENT PARK YOUTH HEALTH ACTION PROJECT

EXECUTIVE SUMMARY

In 2005, Regent Park Community Health Centre (RPCHC) received funding from the Ministry of Health and Long Term Care to identify current and future health service needs of community residents in the context of a massive neighbourhood revitalization project. Over the next 12 years all existing units of social housing in the neighbourhood will be replaced by both affordable and market value housing, both on and off-site of the original Regent Park area.

RPCHC in partnership with the Regent Park Neighbourhood Initiative created the Health Access Project (HAP) to explore the health needs in a changing Regent Park. HAP determined that a significant contribution could be made by focusing on youth and in 2006, the Youth Health Action Project (YHAP) was created to investigate youth health and health access needs in Regent Park.

Regent Park has the highest concentration of teenagers in Toronto, according to 2001 census data. It also has the highest rate of family poverty and a high proportion of racialized and newcomer populations. In keeping with community-based research methods, YHAP aimed to encompass the diversity of community members, recognize their expertise and involve them in the project to identify priorities, build capacity and generate advocacy.

Eleven youth developed and delivered the project in partnership with HAP staff. These youth devised the data collection tools, carried out the research, analyzed results and conducted evaluations. From January to April of 2006 the youth were engaged in learning activities related to health care systems, research methodologies, and leadership and presentation skills. Research data was collected from May to June using a structured interview

schedule and youth-facilitated focus groups. The age range of youth consulted was from 12 to 26 years of age; 56 youth responded to the survey and 54 participated in focus groups (6 focus groups).

Overall, youth in Regent Park were articulate, knowledgeable and concerned about health and health care access issues they face. They spoke clearly of the discrimination and stigma they confront as youth, as residents of Regent Park, as members of a low-income population and as a result of their racialized and or newcomer status. They were also clear about their interest in managing their health, addressing inequities in health care and making healthy life choices for themselves and their families.

The data collected from the focus groups and the survey are presented together in the report. The findings from the focus groups and the survey are the same. The highest rated issue by the respondents was poverty and access to health services. Respondents emphasized how being from a low-income community affects their health and access to health services, not just through availability and affordability but also as a result of stigma attached to them as members of this community. In communities such as Regent Park, health issues are often compounded by the emotional stresses of systemic poverty, racism and other forms of discrimination. Youth were also articulate and heartfelt about the struggles faced by themselves and their families as racialized and/or newcomer populations.

Mental/Emotional health and coping with violence rated as major issues for youth in Regent Park. Other significant health and health care concerns included: asthma and allergies (also frequently compounded by economic disadvantage and social instability).

Addictions also ranked as a major health issue for youth. This may be a reflection of peer behaviour but may also reflect their experiences living in a community where adult members struggle with substance use and mental health issues.

Respondents agreed they want health services available nearby and preferably all in one building. Youth also felt strongly that their use of services depends on what is available and whether it's developed and delivered in a youth-friendly manner.

Respondents were also asked about their preferred health services, as youth are far more likely to access services and thus competently manage their health care if those services are appropriate and inviting. High in priority for the provision of all services is the guarantee of confidentiality; many youth feel betrayed by service providers and frequently not seen as mature enough to manage their own health care. Youth want service providers who are patient, listen and explain things thoroughly, respect young people, are non-judgmental, understand the complexity of youth lives, and with a genuine concern for youth health. They want a dedicated physical space housing a variety of health services including those related to sexual health, drug awareness, drug and alcohol rehabilitation programs, and alternative medicine; they also want the space to be clean and comfortable.

In conclusion, it's abundantly clear from the YHAP research that the health and health access needs of Regent Park youth are not being adequately addressed. As Regent Park pursues its twelve- year redevelopment plan, it is imperative that youth health and youth access to health services and information remain at the forefront of the Social Development Plan. Resources are critically needed not only to create these services but also to ensure that these services are provided by practitioners who honour and understand the needs of the youth community. The question is not whether the needs of the youth are taken into consideration in the development and implementation of social policy, but how. The recommendations contained in this research report provide a place to begin.

INTRODUCTION

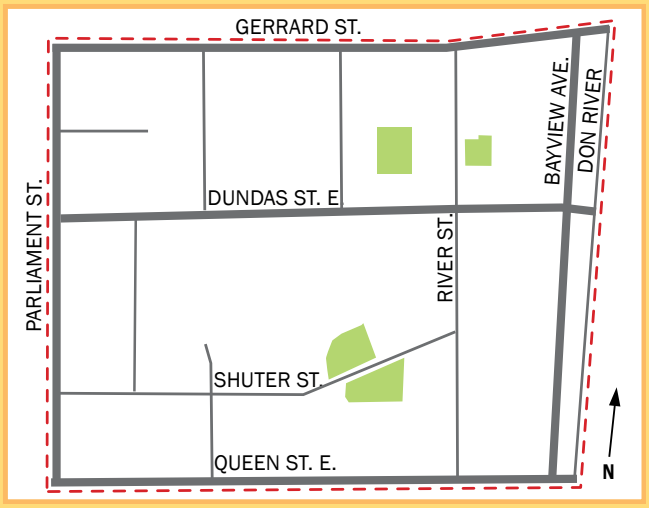
Today's youth are the seeds and sprouts of our social and civic gardens of tomorrow. Yet youth are, on the whole, an often overlooked group. They are caught somewhere between being dependent children and independent adults, seen either as too young to make their own decisions or too old to require support and assistance. Youth (who, for this report, are between 12 to 26 years of age) face many transitions in the form of physical, emotional, social, familial and spiritual changes; many weather these transitions with resilience. But, like any other group, the health and well-being of youth are affected by factors such as poverty, social stigma, access to health services, social status, education, employment, physical environment, gender and culture (Health Canada, 2000; Hutchinson and Stuart, 2004). To ensure a vibrant, diverse and thriving garden of the future the needs of youth, today, must be addressed. This report is the documentation of a project by Regent Park Community Health Centre to inquire into the health care barriers and needs of youth in Regent Park. The information gathered from the youth-driven research is complemented by demographic data, health utilization data and other research to reflect a fuller picture of the needs of Regent Park youth.

Regent Park is in the early stages of a massive urban renewal project on a scale unprecedented in Canada. Over the next 12 or more years, the vision is to create a healthier community with a stronger infrastructure that is better integrated into the overall fabric of the City of Toronto. Toronto Community Housing Corporation currently states that all existing 2083 units of social housing in the area will be replaced both on and off-site of the original Regent Park area, and at least 700 additional affordable housing units will be created, some also off-site in the surrounding community. Demolition of Phase One (bordered by Parliament, Oak, Sackville and Dundas streets) took place concurrently with the research for this project and was at the forefront of much of the discussion and responses. Reconstruction of this area began in the fall of 2006 and is slated to be completed by end of 2008, when Phase Two will begin. There are six phases in total to be implemented in two-year periods over 12 years. All residents who are relocated during demolition and construction have the right to return once the new buildings are completed.[1]

In 2005, the Regent Park Community Health Centre (RPCHC) received funding from the Ministry of Health and Long Term Care to identify current and future health and health service needs of Regent Park residents in the context of revitalization. A partnership

REGENT PARK

Map 1
Regent Park Neighbourhood



Regent Park is comprised of census tracts 30 and 31. According to the United Way of Greater Toronto (2004), Poverty by Postal Code Study census tract 31 is the lowest income census tract in Ontario and census tract 30 is the fourth lowest. Census tract 33, Moss Park, which is part of the Regent Park Community Health Centre service population, is the fifth lowest. Over 79% of the populations in the Regent Park neighbourhood are from racialized groups and, in the last two decades, the area has become an immigrant settlement community with 63% of residents speaking a first language other than English.

1 More information on the redevelopment of Regent Park can be found at the TCHC website, www.torontohousing.ca.

between the Regent Park Neighbourhood Initiative (RPNI)[2] and RPCHC was established and together these organizations set about to ascertain what services and supports need to be developed for the new community to be a truly revitalized one. The new partnership was called the Health Access Project (HAP). Drawing on each organization's strengths, RPNI carried out extensive consultations with residents, local service provider organizations, grassroots groups and other stakeholders to create a Community Plan[3] and RPCHC undertook a Key Informant Survey documenting twenty-five Regent Park service providers' perceptions of health access issues in Regent Park and the potential impact of the redevelopment on health services.[4]

All of this research was carried out using community-based research principles which recognize and honour the expertise of community members and utilize community partnerships to identify priorities, build capacity and develop advocacy (Travers and Flicker, 2005; Minkler and Wallerstein, 2003). In consultation with both RPCHC and RPNI and after an environmental scan, evaluation of resources, reports and other community planning activities, it became clear that Health Access Project could make a significant contribution to the health of Regent Park residents by focusing on youth health.

To best explore this issue, the HAP created the Youth Health Action Project (YHAP) to directly investigate the concerns and experiences of youth. In keeping with community-based research methods, the project was developed, delivered, analyzed and evaluated by Regent Park youth in partnership with HAP staff. This report is a summary and discussion of the findings and documentation of the continuing need to prioritize youth health during the redevelopment of Regent Park.

2 The Regent Park Neighbourhood Initiative (RPNI, previously known as the Regent Park Residents' Council), was established to advocate and protect the interests and assets of residents, and to work in partnership through its committees and other means to identify, assess, address and evaluate issues brought forward by the community (www.rpni.org).

3 *Embracing a Changing Landscape: A Community Effort in Planning for a New Regent Park*, July 2006.

4 *RP Health Access Project Key Informant Report*, RPCHC, 2005.

BACKGROUND

YOUTH PROFILE

Table 1
Regent Park Youth Profile

	Age 15-19	20-24	Total
Total	1005 (38%)	745	1750
Female Youth:			48%
Male Youth:			52%
Age 15-19 in the Labour Force:			23%
Age 20-24 in the Labour Force:			62%
Unemployment rate:	22%	28%	
Youth Low income:			72%
Youth living with family:			53%
School Full Time:	84%	62%	75%
School Part Time:	4%	8%	
Immigrant youth:	68%	64%	66%
Recent Immigrant/refugees:			18%
Racialized youth:	84%	72%	79%
Top Religion: Muslim			25%

Source: Statisitics Canada 2001

1. Youth Demographic in Regent Park

According to the 2001 Census (the latest census for which data was available at the time of this report), Regent Park had the highest concentration of teenagers in Toronto (50% higher than the overall city average and highest rate among all the 140 neighbourhoods identified in the census). The percentage of Regent Park residents aged 19 and under has remained at over 38% each recent census year (1991, 1996, 2001). The ratio of females to males is higher among ages 15-19 and lower among ages 20-24.

Regent Park youth are disproportionately affected by poverty in comparison to the rest of Toronto. According to the *Poverty by Postal Code study*, the two Toronto neighbourhoods with the highest rates of family poverty in 2001 were located in Regent Park, one having an extraordinary high family poverty rate of 72.8% and the second having a 59.1% poverty rate (United Way and CCSD, 2004). The incidence of low income in Regent Park was the highest among the 140 neighbourhoods in Toronto for families with children under 18 years (80.1% compared to 27.7% for the city as a whole) and for youth aged 15-24 years (72.0% compared to 26.5% for the city as a whole) (City of Toronto, 2005; RPCHC, 2007).

In the fully redeveloped Regent Park, poverty and youth will remain significant issues. Statistical projections based on 1000 residents income increasing from low to middle income (with the total population remaining the same), show that the incidence of low income for the two census tracts will still be the highest among Toronto's 140 neighbourhoods (RPCHC, 2006). Furthermore, even though there will be a decrease in the concentration of rent-geared-to-income housing, it is reasonable to assume that more youth will likely move into market value homes in the neighbourhood, and that the number of youth will remain the same or increase (RPCHC, Dec 2006).

Yet, despite the high proportion of youth, indicators are that the use of primary care and prevention services by youth in Regent Park is lower than city average (RPCHC, 2007).

While it is impossible to accurately predict how demands on primary and secondary health services will shift and change with the redevelopment of Regent Park, obstacles such as the higher burden of poor health and barriers to access experienced by low income and racialized people, combined with lengthy waiting lists for services at RPCHC, are unlikely to be addressed without adequate planning, implementation and dedication of resources. Since youth health and youth access to services will similarly remain significant concerns, it is imperative that youth are engaged in the process of re/creating this "new" neighbourhood.

2. YHAP Researchers

The Youth Health Action Project (YHAP) was created in January of 2006 with eleven Regent Park youth. An advisory committee consisting of four youth worker representatives from Dixon Hall, Kiwanis Boys & Girls Club, Regent Park Community Health Centre and Regent Park Neighbourhood Initiative was formed to guide the project. This committee managed the selection of researchers based on a range of skills and experience; thirty-one youth applied, twenty-one were interviewed and eleven were chosen.

These researchers ranged in ages from 15-21 years. Six were women and five were men, representing the ethnic, cultural and newcomer diversity of Regent Park. One participant had experienced relocation due to Phase One of the redevelopment. While most had never done group-based work or research before, a few have leadership positions in the community. All eleven youth participated in design of the tools and outreach strategy, conducting the research, analysis of the findings and creation of the dissemination plan (see Appendix A: YHAP Methodology and Appendix B: YHAP Project Description).

3. Method

The YHAP researchers determined that a combination of focus groups and survey using a structured interview schedule would be the most effective method to gather information.

The focus groups were designed to enable sharing of health and health service information between participants and facilitators, provide mutual support among participants and to capture many voices. The group setting also allowed for participants to stimulate and build on each other's responses. Each focus group was an hour and a half in length and was conducted by at least three YHAP facilitators.

The interview schedule was developed to reach youth perceived to be harder to access for focus groups, including those less connected to services in Regent Park or who would feel uncomfortable sharing thoughts and feelings in a group setting. The survey helped to ensure consistency and completeness of responses and also allowed for clarification, deeper probing, mutual learning and referrals to services.

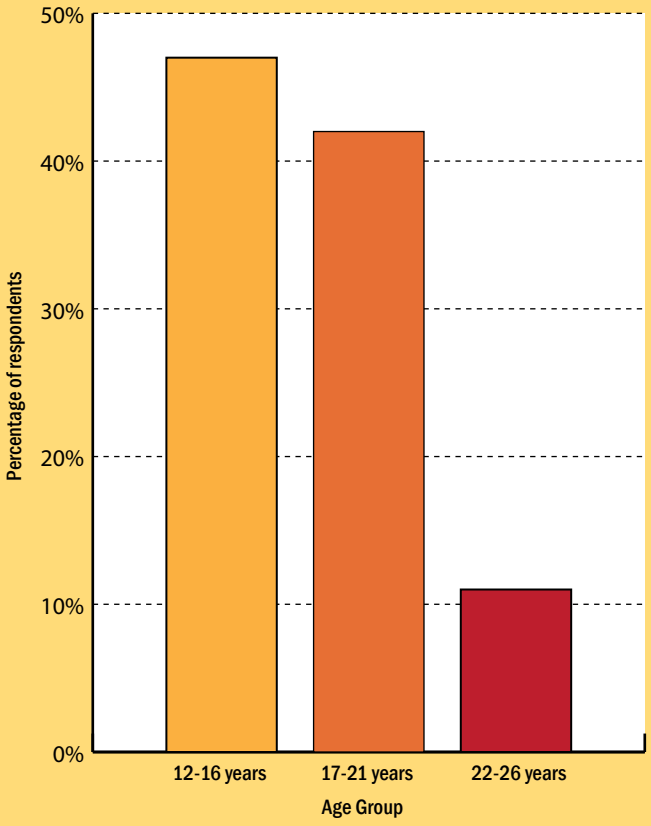
All respondents were given information about the project and their consent was requested prior to their participation in the interview or focus groups and they also received a copy of Regent Park Youth Health Services brochure.

4. Who We Talked To

YHAP consulted with 110 Regent Park youth on what they considered to be the main youth health and health access issues in Regent Park. Fifty-six youth participated in the survey and fifty-four youth participated in focus groups (6 focus groups). YHAP thus consulted approximately 8% of the Regent Park youth population.

CHART 1
RESPONDENTS BY AGE

Chart 1
Respondents by Age
Percentage Distribution (N=110)



a. Respondents Age *(see Chart 1)*
Overall among the 110 youth who participated in the focus groups and survey, 47% were between the ages of 12-16 years and 42% were in the age group of 17-21 years.

The survey was primarily administered to younger youth in the age group of 12-19 years whereas the youth who participated in the focus groups were a mixed group with more than half (63%) in the age group of 18-26 years

b. Ethnic Ancestry
Respondents self-defined their ethnic ancestry. The majority survey participants were Somali (23%), Sri Lankan (20%) and Bengali (14%).

Focus group participants' ethnic ancestry was representative of the Regent Park youth community but due to inconsistency in data collection a definitive reporting of ancestry cannot be made.

c. Gender
An equal proportion of young men and women responded to the survey. Gender data was not collected for the focus groups but YHAP researchers recorded that these groups were also fairly split between young men and women. None of the respondents identified themselves as transsexual or transgendered.

5. Definition of Health

In establishing an overall meaning of "health", YHAP used the World Health Organization definition: Health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity (WHO, 1948). The youth researchers added physical, mental, social, emotional and spiritual states or conditions of individuals, families, groups and communities. Often discussion led to the various elements contained in these definitions: physical health (your body); mental/emotional health (stress, anxiety, depression, feeling good about yourself, etc.); social health (external support, or the connection to community, family, friends, etc.) and spiritual health (internal support, or feeling connected to the world, higher power, religion, etc.).

Most respondents agreed with the more holistic definition of health in which mental/emotional, social, spiritual health is included alongside physical health for individuals, groups and communities. When asked which of these aspects of health are most important to them, survey respondents ranked mental/emotional health (89%) and physical health highest at 87% respectively. Social health was a close third (84%) followed by spiritual health 64%. What is evident in these responses is the immense significance that Regent Park youth place on issues of psychological and social well-being, at least equally or even more so than physical health. This significance is discussed further in the project findings.

PROJECT FINDINGS

The findings from the survey and the focus groups are presented together in this report. The focus group participants and the survey respondents are hereinafter referred to as respondents. The health issues are organized in order of importance as stated by youth respondents.

1. Youth Health Issues

a. Poverty and Youth Health

YHAP research respondents emphasized how being from a low to no income community affects their health and access to health services. The majority of the respondents said youth in Regent Park have "different problems" getting health care than youth outside Regent Park, and most indicated the main reason for the difference was being poor. One respondent observed, "Regent Park is poor, and poor youth are treated badly."

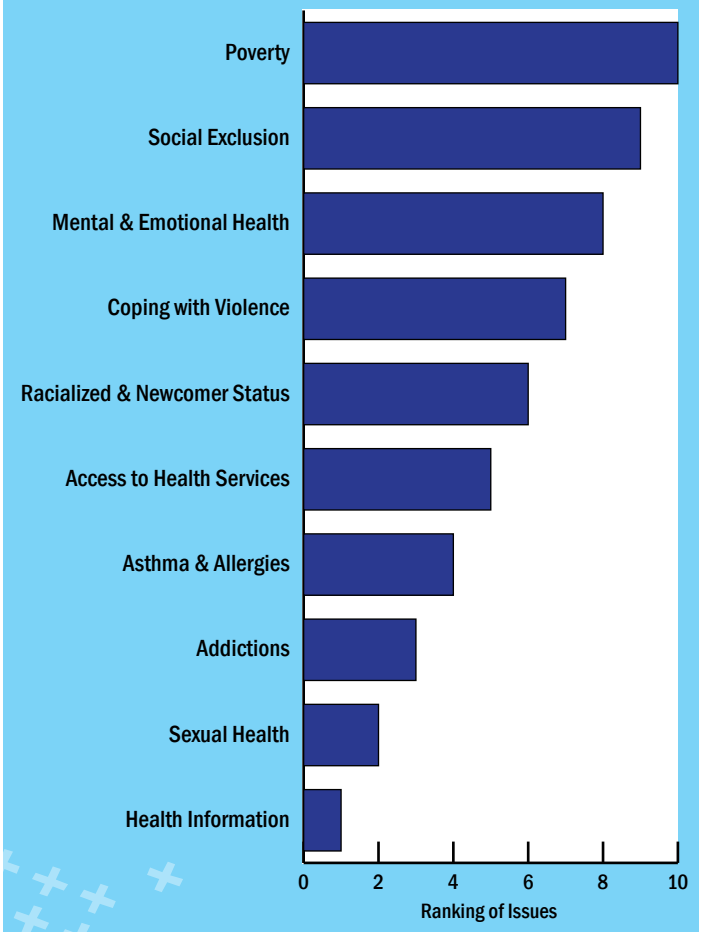
> "We are low income people and that makes it hard to get the services we need."
>
> - Comment by Regent Park Youth

Youth reported that they and their families are not able to afford dental care, prescriptions for medicine, eyeglasses, or mental health supports. Inability to access these and other services was ranked as one of the most important issues. One focus group made up of young mothers emphasized the economic barriers they face to good health, citing especially the lack of sufficient social assistance and housing. Governmental and social service programs focusing on supporting children under the age of six were commended but at the same time seen as unfair to those over six who are abandoned by both funding and services.

Income is a significant predictor of poorer health and of greater need for health services (Heath Canada, 1999; Canadian Population Health Initiative, 2004). Studies have shown that adoption of health risk behaviour is often in response to material deprivation and stress (Raphael D., 2006). Importantly, health is generally poorly maintained where the costs of prevention and care are prohibitive. A GTA survey of agencies serving vulnerable groups, found that poor oral heath is concentrated within low income, recent immigrant and other marginalized groups that are unlikely to have dental insurance coverage. Furthermore, fifty three per cent of immigrant adolescents compared to 27% of Canadian-

CHART 2: YOUTH HEALTH ISSUES

Chart 2
Youth Health Issues
(N=110)



born adolescents do not have regular preventive dental care, the main reason for lack of access being cost. (Leake, 2006). While there are some free and low rate programs and services available, there are still large gaps in service[5].

The correlation between poverty and inadequate dental care can be applied to a host of other health care services, especially as public insurance coverage for services (such as optometry and physiotherapy) is eliminated for the majority of the population. Without adequate resources or support, services dispensed at a direct cost to the consumer become inaccessible. Furthermore, even in low-income neighbourhoods where the burden of poor health is higher, the resources to meet the demand for insured health services is often inadequate. People routinely experience long waiting list to access health care.

b. Social Exclusion[6]

"Rich people have better care than Regent Park residents."

- Regent Park Youth

The majority (76%) of respondents stated that the combination of their low-income status and the stigma of being youth from Regent Park significantly affects their access to health care. These youth know that Regent Park has a negative reputation across Toronto and feel that they are "seen as trouble". Service providers often stereotype youth when told where they live, and assume that they and every youth from Regent Park uses or deals drugs, carries guns and needs birth control.

Research corroborates that youth are often discriminated against, estranged from mainstream society, criminalized or seen as problems in their community. This stigmatization impacts youth health and well-being; for example, depression, anxiety, insomnia, eating disorders, and suicide have been linked to this kind of social exclusion (Sargani, Ali and Stuart, 2005).

c. Mental/Emotional Health

Mental health was the second highest rated health issue. A focus group made up of younger youth (14-15 yr olds) was very articulate and knowledgeable about issues of mental health. They described how people in their community are depressed and stressed, that someone who looks healthy physically may still be unhealthy mentally or emotionally.

The YHAP research took place at the time the first buildings were being destroyed for Phase One of the redevelopment, and this change was at the forefront of many of the youth responses. While many feel that revitalization will be good for the community, some worried about its effects on health and noted that mental health, especially depression, can be exacerbated by stressful events such as relocation and change.

Information about the prevalence of mental health issues among youth in Ontario is limited. However, according to the Institute for Clinical Evaluative Sciences, incidence of mental health disorders among adolescents is two to four times higher than among adults (ICES Atlas, 2006). A recent study by the Centre for Addiction and Mental Health showed that 25% of adolescents and young adults were likely to experience an episode of depression by age 24, yet fewer than 20% receive high-quality care. It is estimated that only 25% of youth with mental health problems in Ontario seek help (Adlaf and Paglia-Boak, 2005).

In communities such as Regent Park, mental health issues are often compounded by the cumulative effects of poverty, racism and discrimination. For example, the social experience of low income individuals increases their likelihood of developing mental illness, since living in poverty may lead to a lack of opportunity and consequently to hopelessness, anger and despair (PHAC, 2003). Poverty may also increase the risk of exposure to chronic or traumatic stress, one of the strongest correlates of mental health status (Stephens *et al.*, 2000). Mental health is the top reason for hospitalization for male youth in the city of Toronto and the second most common reason (after pregnancy) for females aged between 15-19 years (RPCHC, 2006). Additionally, Regent Park youth are raised in a community where the prevalence of mental health issues and stresses among adults is high. At RPCHC, a mental health issue is four times more common as a reason for a health care visit than any other.

d. Coping with Violence

When respondents were asked about the issues facing youth in Regent Park that affect their health they mentioned people getting shot, violence in the community, drugs, crime, stress, depression and poverty. Other forms of violence identified by youth in the community include physical violence, peer pressure and bullying. Overall in Toronto youth are disproportionately represented among victims of violent crimes as well as persons charged. Youth aged 12-17 years have the highest rate of being victims of sexual assault and robbery.[7]

While research shows that crime and violence in the Regent Park neighbourhood may be decreasing, the existing violence has an effect on the hearts and minds of youth and, as one young person said, "the spirit of the community."[8] The YHAP research was conducted during a summer when there were reports of gunfire and an increase in police presence in the community. Many participants drew a connection between living in an area where guns exist and shootings occur and mental and emotional health. Some youth described themselves as feeling fearful, depressed and stressed. Others felt desensitized to the violence but were scared that something may be wrong with them because of this.

5 In Toronto free dental care is available under provincial program funding to children in low income families who have urgent needs that are causing pain or infection and to persons on social assistance (coverage has restrictions). In addition, through municipal funding, Toronto Public Health provides dental services to school children under 18 from low income families

6 Social exclusion is described as being the inability of certain groups to participate fully in society (Galabuzi, 2004)

7 Youth between the age group of 18-24 years represent 9% of the Toronto population, however in 2005 they constituted 18-20% of victims of sexual assault, non-sexual assault and robberies, and 25 % of the victims of homicide (Toronto Police, 2006).

8 The number of violent crimes decreased 25% between 2001 and 2005; however, among the city's 16 police divisions, Division 51 Regent Park has the second highest rate of exposure to violent crimes (RPCHC, 2006).

e. Racialized and Newcomer Youth

While the research did not explore in-depth the experiences of health and health care access for racialized and newcomer youth, the majority of youth consulted fell into one or both of these categories. Several youth reported experiencing racism when accessing services, and described a compounded stigma and discrimination based on their ancestry. They also discussed the challenge of being part of a newcomer family and the stress involved in balancing the world of home and family with that of a new culture and society.

Among reported post-migration stresses faced by immigrant and refugee youth are marginalization, cultural conflict, communication difficulties, intergenerational conflict, role reversals, parental expectations, and intrapersonal conflicts over acculturation, values and ethnic identity (Hyman and Beiser, 2000; Khanlou *et al.*, 2002). Newcomer youth in the YHAP study also made the point that immigrant adults can have a difficult time with health care services due to language barriers. Youth cited the challenge experienced by their parents, who cannot speak English, trying to communicate with health care providers who do not speak their language.

The majority of the Regent Park youth are immigrants (70% higher than City of Toronto) and racialized (60% higher than City of Toronto). The South Asian youth from Bangladesh and Sri Lanka constitute the majority followed by African, Caribbean and Vietnamese (City of Toronto, 2005). Given the current socio-political climate and the wide spread prevalence of discrimination against Muslims, the youth experience of prejudices and its effect on their health status and opportunities for good health is an area which demands further study.

According to Citizenship and Immigration data, the ethno-cultural diversity of youth is changing. The number and proportion of Vietnamese, African and South Asian youth increased between 1996 and 2001 and likely further increased since then, as did the number of youth from West Asia and Arab countries (RPCHC, 2006). However, demographic and health information is rarely broken down according to the diverse populations of youth, which is a serious limitation of existing statistics.

f. Access to Health Services

Lack of access to health care was another one of the issues identified by Regent Park youth. The respondents stated that health services should be available nearby and that the waiting list at RPCHC is extremely frustrating. The youth also mentioned that having health services and programs available was not in itself sufficient. They indicated that their use of services depends greatly on what is offered (whether it is youth friendly), the capability of the service providers to work with youth, and the extent to which youth feel empowered to access programs. There is further discussion of this topic on What Youth Want later in this report.

> "Doctors should show you how to prevent illness instead of giving you band aid solutions."
> - Respondent

Generally, the use of pediatricians and family physicians by youth

is lower among youth as compared to children and adults. It is also lower in low-income youth populations than those with higher incomes and is lowest among male youth (RPCHC, 2006). A Planned Parenthood Study (2005) found that male youth are more likely to go to an emergency department when they become really sick than visit a clinic or a health centre for check-up, prevention or for treatment of an illness. The percentage of emergency department visits with no regular care provider is reported to be 1.7 times higher among youth in Regent Park than the Toronto city average (RPCHC, 2006) Since low income is a significant predictor of poor health and hence greater need for health services it is safe to assume that while visits to practitioners are less frequent the actual health care needs are higher.

The Ambulatory Physician Care for Adults in Primary Care in Ontario Report (2006) points out that nearly 1/3 of males and 1/6 of females between the ages of 20-39 years may not be receiving regular preventative care. This trend is more pronounced among youth from low-income groups. Children under age 18 living in low income areas in Ontario were also less likely to have a physician visit than children living in higher income areas; a higher rate of preventive and primary care visits was related to a lower rate of emergency department use (Guttmann, 2006).

With the current level of primary care resources, only 15% of the clientele RPCHC presently served are youth between the ages 15-24. Considerable constraints on resources and the aforementioned waiting list make it difficult to accept any additional youth for primary care services. These constraints also limit the development of new services and programs specifically designed to serve youth.

g. Asthma and Allergies

Asthma and Allergies was one of the health issues identified by YHAP respondents. The respondents raised concerns about redevelopment construction as a contributing factor to respiratory ailments. Asthma rates are used as a standard indicator of health since it (Asthma) can be controlled with medication and adequate health care. Additionally, economic disadvantage and social instability can disproportionately expose residents to hazardous environmental conditions such as dust mites, cockroaches, inadequate ventilation, etc. (PHAC, 2003). In Regent Park, the number of youth visiting physicians or hospital emergencies for respiratory conditions is 20% higher than the city average (RPCHC, 2007).

h. Addictions

Respondents rated addictions as the number one health issue besides the identified systemic access issues for youth in Regent Park. Although there is no specific information available on drug or alcohol use by Regent Park youth studies by Centre for Addictions and Mental Health indicate that approximately 8% of youth between 15-24 years are affected at any point in time by a dependence on alcohol or illicit drugs (Adlaf and Paglia, 2001) and 16% of students may have a drug use problem (Adlaf and Paglia-Boak, 2005).

Furthermore, research has shown a clear link between substance use and mental health. Youth report that using substances is a way to cope with other issues. Research studies indicate that youth with

substance use problems are about three times as likely to have a concurrent mental health concern as youth without a substance use problem, and that mental health issues such as anxiety and depression often precede problem substance use (Adlaf and Paglia, 2001). [9]

The high significance given by youth to the problem of addictions may also be a reflection of their experience living in a community where adults struggle with substance use and mental health issues. RPCHC reported in 2006 that depression, schizophrenia, stress reactions and substance use problems were in the dominant 10 presenting health conditions among clients. This list changed from the previous year in terms of the frequency of mental health issues (from 3 times to 4 times more common) and the emergence of substance use problems.

i. Sexual Health

Sexually transmitted infections were also identified as one among the top 10 health issues in the YHAP research.

Youth in Regent Park are sexually active and YHAP found a general consensus that not enough sexual health services and prevention information are available.

While the overall teen birth rate is declining in Toronto, the birth rate in Regent Park is still double the city average. The incidence of Chlamydia, the most common STI, is also higher in Regent Park than the city average with reported rates highest among females aged 15-19 years and males aged 20-24 years (City of Toronto, 2005). In Canada, almost 30% of new HIV infections are among people in the age group 15-29 years, almost half of whom are young women (AIDS Committee of Toronto, 2007), making HIV infection a serious concern for the Regent Park youth population.

> "It's embarrassing to ask for condoms."
> - Regent Park Youth

The rate of pap smear testing for women aged 18-44 years is 5% lower in Regent Park than in the city as a whole. Regent Park ranks second lowest for rates of pap smears among females aged 45-69 years and 20th for lowest rate of pap smears among females aged 18-44 years[10] (RPCHC, 2007).

j. Health Information

Lack of access to health information was a frequently mentioned concern in the YHAP research. Access to health information and prevention (which is primarily achieved through access to information) were identified as common health issues by respondents. Respondent's specifically indicated they did not know where to find information on youth health services or prevention. YHAP researchers discovered that many youth do not know very much about the health care system in Canada and their rights in

HEALTH ACCESS ISSUES

Box 1
Top Health Access Issues Identified by Youth

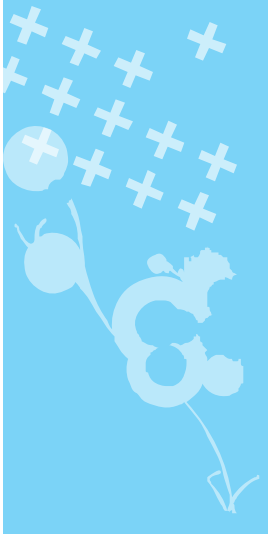
Confidentiality/Perceived Lack of Anonymity
- Youth do not believe that health providers honour their confidentiality
- Youth reported stories of broken confidences by health services

Treatment by Health Services
- Youth feel their issues are dismissed
- Youth do not feel respected or treated like they are capable of making health decisions

Not Able to Afford Health Services
Most frequently reported are:
- Dentist
- Optometrist
- Prescriptions

Health Service Gaps
- Not enough doctors, nurses, counsellors in Regent Park CHC
- Waiting time to see a doctor
- Health services not available (e.g. affordable dentists, sexual health services)
- Lack of youth-friendly/youth specific services
- Lack of prevention programs dealing with sexual health and addictions

Access to Health Information
- Inadequate health information in Regent Park CHC, especially information understandable by youth
- Inadequate information about where to go for health services or health information



9 In 2005, 6% of all students (about 62,000 Ontario students) report both hazardous drinking and elevated psychological distress (Adlaf and Paglia-Boak, 2005).

10 It is important to note that these figures exclude pap smears among RPCHC primary care clients as these figures are based on OHIP billings. RPCHC chart audits show a higher percentage of pap smears among its clients.

accessing services. The lack of information combined with the multiple barriers that young people in Regent Park face have a defining effect on the overall access to health services. As YHAP researchers summed up: "There may or may not be weaknesses in the available health services but if youth don't feel strong enough to access them, then the services themselves are irrelevant."

2. Health Service Experiences

a. Positive Experiences

While mentioning positive experiences with the health services, youth mentioned friendly and non-judgemental care providers who were easy to talk to, explaining things well, are understandable and pay attention to what the youth think is important

They also stated emphatically the importance of being able to trust their service provider and believe that confidentiality is kept. Convenience (services close by and all housed in one building), having someone of the same gender and or cultural background, and a service environment and space comfortable to youth ranked next in priority for youth.

b. Negative Experiences

The majority of the Regent Park youth do not believe that health providers honour their confidentiality. Youth claimed their confidence in health providers was betrayed. They cited instances wherein the health provider communicated with parents without their consent or gave a false reason for administering a test (when testing for drugs). When discussing the possibility of lodging a complaint, research respondents said that they were either not aware of the complaint mechanism or did not deem the process trustworthy.

> "Doctors sometimes hide information, even when it is about you."
> - Regent Park Youth

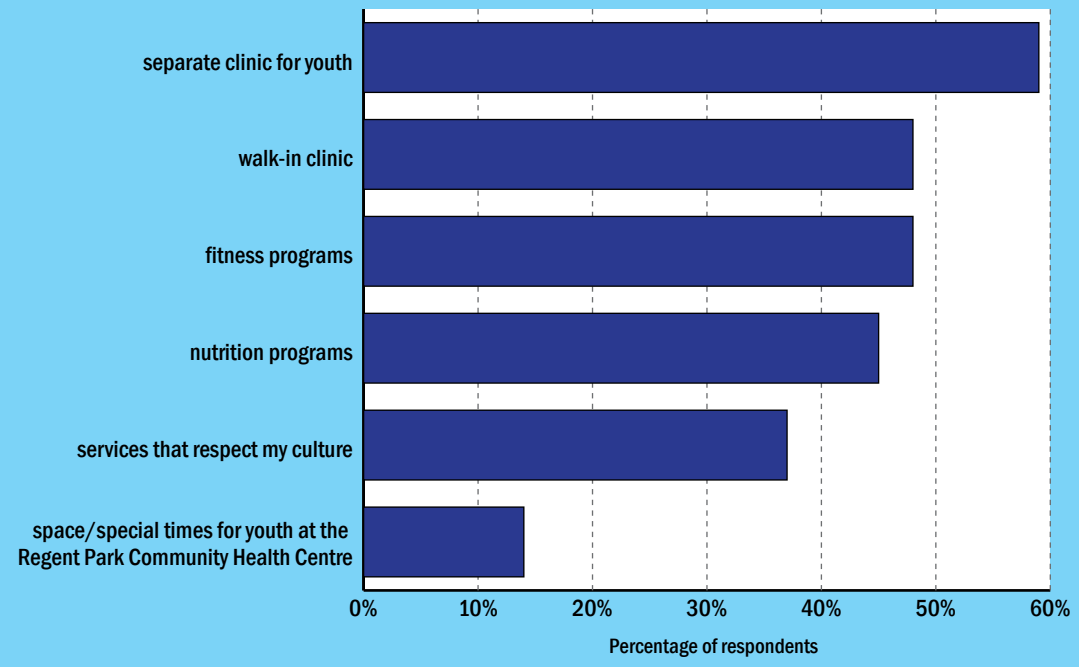
Some youth felt that their heath care provider may hide information from them. Youth felt especially uneasy if the provider knew their parents. This perception of untrustworthiness undoubtedly has an impact on health decisions. For example, a young woman revealed her fears about asking her doctor for abortion advice since she believes her doctor would inform her parents.

Regent Park youth felt their concerns tend to be dismissed in comparison with the health concerns of adults. Respondents described how doctors often act like parents, and assume the youth are not mature enough to make decisions about their health care. Several youth attested to being refused health care service because their parents were not present.

Chart 3

Health Services Youth Would Like to See in Regent Park

Percentage Distribution (N=110)



It is interesting to note that the desire for fitness and nutrition programs is quite high relative to other service options and may partly be a result of current public health messaging to "eat well and exercise". But given the low income of Regent Park residents, some concern was expressed that this messaging makes youth feel inadequate because they cannot afford healthy food and gym memberships. YHAP researchers also speculated that youth might be indicating they want more community support for nutrition and recreation programs.

Others were concerned that providers do not understand the complexity of youth health issues and that, psychiatrists especially, are often too quick to prescribe medications.

The focus group of young mothers expressed a desire for more understanding from practitioners about the chaotic nature of their lives, and that missed appointments do not reflect a lack of concern for themselves or their children. Overall, respondents felt they are treated differently because they do not have money or a source of income, and/or because they do not always know their rights.

Some respondents were critical of waiting time to get an appointment and time spent waiting at the reception once they had arrived for an appointment. Youth who preferred a service provider of the same culture or ethnicity claimed that if they had to travel a great distance to find such a practitioner they would consider it inconvenient and it would deter them from seeking health care.

3. What Regent Park Youth Want *(see Chart 3)*

The question of what ideal youth health services would be like elicited more discussion and comments than any other question in the research. Responses to this question fell roughly into three categories: the services that would be provided, the expected qualities of service staff, and the structure of the physical space.

a. Ideal Youth Health Services

Respondents expressed an interest in a range of services, including: a separate youth clinic, dedicated space and times at the Regent Park Community Health Centre, and a 24 hour walk-in clinic for themselves and their families. The majority of youth want more doctors and nurses, and more affordable or free counselors, dentists and eye care services.

Other desired services were those related to sexual health, drug awareness, drug and alcohol rehabilitation programs, and access to alternative medicine. The young mothers' focus group specifically noted a need for pediatricians, gynecologists, day care, and transportation support to get to and from appointments.

Again, discussion by respondents went beyond the individual physical notion of health to include services connected to maintaining good health. They want a place to hang out that has a kitchen for food preparation, recreational and gym facilities and offers employment programs. They also want these services to be designed with youth input, specifically for youth, in a setting that is welcoming to young people. The services should be free, easy to access, have flexible hours, and of good quality.

Access to health information is also a priority. The young people of Regent Park want more than one way to find and receive information about health issues and health services (e.g. a phone helpline, a website, etc.). Moreover, they also need information to be provided in a format that is accessible and understandable to them. Materials should be created by youth so they are understandable to youth. Respondents also expressed an interest in workshops on issues such as healthy sexuality and nutrition.

High on the priority list for the provision of all services is the guarantee of confidentiality and its establishment as a right.

Protection of this right would include understandable and safe ways to make complaints about services and providers.

> "We need people who are from our community, who understand us."
> - Regent Park Youth

b. Expected Qualities of Staff

Youth need service providers who are patient, who listen and explain things thoroughly, respect young people, are non-judgmental, understand the complexity of youth lives, and are genuinely concerned with youth health.

Some participants felt that service providers need to be trained to communicate with young people and not make any assumptions. It was felt that every staff person, including reception, need to be youth friendly. One of the suggestions put forward by the youth to achieve a youth friendly environment was to train and employ youth staff.

The youth in Regent Park mentioned that health services should reflect and cater to the diverse needs of the youth. Thirty-seven per cent of respondents indicated they need services that respect their culture and one in five mentioned that they want translation services. Some thought a shared cultural or ethnic background is very important, especially in relation to the context in which they live. Others did not want to see service providers of same cultural or ethnic background for fear of being judged according to cultural expectations of them as a young person.

Other qualities youth would also like to see in service providers are that they reflect and have knowledge/experience with their gender, socio-economic conditions of the Regent Park youth and be more visible and connected in the community. Some youth believe that service providers should live in Regent Park.

c. Ideal Physical Space

The majority of the respondents agreed they want a separate youth health centre with multiple health services available in one space. They want it to be a youth-friendly environment: big, clean and colourful, with comfortable sofas, posters on the walls, music playing, wheelchair accessible and with private spaces so youth "can go some where and talk".

A common desire was to have access to food, whether in the form of a kitchen to use or food vending machines. The space should have computers, entertainment (video, TV, games, magazines, etc.) and a recreational area. Some also desired a designated smoking room.

> "There should be more workshops or training sessions designed to educate, inform and provide youth with supports that encourage them to lead a healthy life."
> - Regent Park Youth

CONCLUSION

It is clear from the YHAP research that the health and health access needs of Regent Park youth are not being adequately addressed. Lack of access to health care, mental health, addictions, asthma, allergies and coping with violence were identified as priority issues by youth. This trend was particularly true for low income, newcomer and racialized youth. As Regent Park pursues its 12 year redevelopment plan it is imperative that youth health and youth access to health services and information remain at the forefront of the social development plan. Resources are needed to create a variety of youth health services, prevention programs, information, and practitioners who honour and understand the needs of the youth community. Given the diversity of youth in Regent Park, and the high concentration of their numbers, it is unlikely that their health care needs will be met otherwise.

It is equally important that youth remain engaged and involved in the process of re/creating this new neighbourhood and its services. Research shows that relevant and accessible services result from involving youth in identifying needs as well as planning and delivering services (Health Council of Canada, 2006; Federal/Provincial/Territorial Advisory Committee on Population Health, 2000). For example, very little concern was expressed by respondents about smoking or body weight—two issues that dominate public service messages about health care—which suggests that resources and support directed to these issues are unlikely serving any great need.

Regent Park youth clearly demonstrated in the process of this research project that they are interested in the health and access issues that they and their peers experience. They are articulate and knowledgeable about the limitations and challenges in the current health care services. The youth are also keenly interested in managing their health, and see it as an integral element of the overall quality of their lives.

Despite the barriers and challenges described in this report, the YHAP research found a sense of community pride and resilience in the youth consulted. Respondents identified the need for "joy" and "hope" in people's lives as a significant health issue and felt strongly that this connection be honoured if the barriers to health access are truly to be eliminated. Youth also mentioned that stable community support and a roster of people to talk to could serve as useful preventative measures.

Addressing the youth health and youth health access needs of today will alleviate many of the demands on the system tomorrow. Providing a healthy and safe place to grow and flourish, with the real-life equivalents of adequate nutrients, sunlight and clean water will result in a diverse, vibrant and resilient civic and social garden for the benefit of all who inhabit it. The question is not whether the needs of young people be taken into consideration in the development and implementation of social policy, but how. The following recommendations resulting from this research project provide a place to begin.

RECOMMENDATIONS

1. Issues for Further Exploration

Several issues emerged during the YHAP research that warrant further inquiry:

- Young people's experience of, hopes, dreams and fears for, the redevelopment of Regent Park.

- While YHAP was pleased with the diversity of youth consulted, some sub-populations were not well captured. Data was not collected on how many youth were homeless/ street-involved or not in school. There were low numbers of youth with Spanish, Vietnamese and Caribbean ancestry and no participation of Aboriginal youth, youth with disabilities or incarcerated youth. Although there were research questions with regard to sexual orientation and the experiences of Lesbian, Gay, Bisexual and Transsexual/Transgender (LGBT) youth there was very little response. YHAP researchers suggest that lack of anonymity in the research may have contributed to the poor response from the LGBT youth.

- The research did not explore the relationships between attitudes and perceptions of health and health care and social and ethnic backgrounds. For example, whether traditional/ cultural knowledge and practices towards health and healing affect individual health and access to health services.

- While different types of services (e.g. doctors, social workers, dentists) were identified in the introduction to both the focus groups and the survey, distinction between these services was not maintained in the collection of the responses. A more detailed exploration of the different wants and needs specific to each service would provide a clearer picture for planning in future.

2. Overall Recommendations

1. That the City of Toronto and the Toronto Central Local Health Integration Network (TC-LHIN) reduce health inequalities as part of the Regent Park redevelopment by considering Regent Park youth needs on the same footing as the health needs of youth in the thirteen "priority neighbourhoods".

Significant health inequalities exist in Ontario and Toronto as documented by the Institute for Clinical Evaluative Sciences, published research and local health partnerships. Health strategies across Canada have not necessarily led to improvements in equity; in fact, there is as danger that inequities will widen unless a focused effort is made through health planning and funding to reduce them. Furthermore, while identification of "priority neighbourhoods" is a step towards such reduction, inequalities may worsen for high needs communities not identified as one of these neighbourhoods. RPCHC serves the lowest income community not only in Toronto but in Ontario (according to Statistics Canada's low income cut-off) and therefore challenges the City of Toronto, TC-LHIN to ensure that resources for health are equitably directed to communities with the greatest need.

2. That the City of Toronto, TC-LHIN and grantors support the development of a comprehensive youth health strategy for east downtown young people that: addresses information and service gaps; responds to the needs of the diverse youth population in Ontario; engages, empowers and supports the youth in Regent Park and its neighbouring communities.

MOHLTC funding announcements in the fall of 2006 acknowledged that the primary care provided by community health centres is an effective use of health system resources and relieves pressure on emergency departments and hospitals. Yet the existing gap in health services in east downtown is only partially addressed by these investments. While the MOHLTC, the City of Toronto and many grantors are investing in the "13 priority neighbourhoods" of Toronto, health inequalities; access barriers and health service gaps have not been a factor in these funding decisions. Moreover since Regent Park was not included as one of these neighbourhoods, many of the existing health needs and health inequalities may not be addressed by focusing solely on these thirteen neighbourhoods.

3. That the City of Toronto and TC-LHIN support Regent Park CHC and other Regent Park youth-serving agencies to create a centralized community hub that promotes access to health services, resources and information. These services should be developed in collaboration with the Regent Park youth community.

The redevelopment of Regent Park provides a unique opportunity to change the way young people experience their health and well-being. Local studies, such as the YHAP research, recommend the development of youth-focused, youth-positive, comprehensive services close to home in conjunction with provision of relevant health information.

4. That the Regent Park community, including youth, continue to be involved in determining the health service infrastructure and services throughout redevelopment of the Park.

Many of the most important determinants of youth health—youth relationships, youth identity, youth-parent/ caregiver communication, youth engagement, resilience and

empowerment—are not captured in traditional health planning databases. The available research is limited thus only reflecting a partial reality of the diversity of youth experiences. Including youth from the community in the planning and development of services will help to create this knowledge within the community and ensure that the resulting programs and services are relevant and appropriate.

5. That the City of Toronto, TC-LHIN, MOHLTC and grantors support the creation of health information that is relevant to youth including websites, pamphlets, posters, workshops, etc., created by and for youth.

Youth are in a transitional age between being children and becoming adults and they experience unique physical, emotional and social changes. Very few services are designed to address the specific health needs of this age group. Accessible information needs to be reflective of youth culture, visually appealing to youth and covering topics relevant to them. Research has demonstrated that health information composed and designed by youth is more likely to be used (Health Council of Canada, 2006; Federal/Provincial/Territorial Advisory Committee on Population Health, 2000).

6. That all levels of government, members of the Regent Park community, service providers and grantors continue to work together to reduce risks and increase protective conditions for youth, and work to support and build on the resilience and capacities of Regent Park youth.

The health of youth is primarily determined by conditions outside the health care system. The current focus on neighbourhoods as places where health is created and measured, and where health care and other services are developed and delivered, has increased attention to community health assets and resources. Strategies that keep community in mind and include a focus on social equality, eliminating racism and dismantling the processes of marginalization, are necessary to improve youth health and reduce health inequities between groups of youth.

Appendix A

REGENT PARK YOUTH HEALTH ACTION PROJECT

Appendix A
PROJECT DESCRIPTION

1. Background and Approach

The Youth Health Action Project (YHAP) was created in January 2006 as an initiative of the Health Access Project. HAP is a partnership between Regent Park CHC and the Regent Park Neighbourhood Initiative aimed at identifying the services and supports that need to be bolstered for the new community of Regent Park to be a truly revitalized one. YHAP focused on the health issues and needs of youth in Regent Park.

A community-based research approach was used to guide the project. This collaborative approach to research attempts to equitably involve all participants in the process and acknowledges the individual strengths of everyone involved (Minkler and Wallerstein, 2003). The research was focused on a topic that is important to the community and aimed to gain knowledge and recommend actions in order to create social change.

The young people involved in the Youth Health Action Project are valuable members of the community and have proven themselves capable of partnering in both the identification of community health issues and the development of solutions. The active involvement of Regent Park youth in this project ensured the research was relevant, engaging and accessible to the youth being consulted. Enabling youth to lead the project also helped in recruiting hard-to-reach youth, increased community credibility, and improved analysis.

2. YHAP Researchers

A YHAP advisory committee was created to guide the project. It consisted of four youth worker representatives from Dixon Hall, Kiwanis Boys & Girls Club, Regent Park Community Health Centre Health Access Project and Regent Park Neighbourhood Initiative.

The participants ranged in ages from 15-21 years. Six were women and five were men, representing the ethnic, cultural, and newcomer diversity of Regent Park. Participants were chosen based on a range of skills and experience; most had never done group-based work or research before while a few have leadership positions in the community.

3. Project Phases

The initial stage of YHAP was from January 2006 to May 2006 during which participants shared and learned in three main areas. The first of these areas was to explore the concept of health and health access; participants learned about the health status of Regent Park residents, the Canadian health care system and the community health centre system and shared their personal experiences of health and health access.

The second area focused on what research is (various methodologies, how to conduct research, how to do various forms of data analysis), the history of research with communities, and their own experiences with research. Thirdly, the youth shared and learned skills in advocacy, leadership development, group dynamics, outreach strategies, presentation skills (including video making) and the development of action plans.

These group sessions were facilitated using popular education methods, often with youth participants leading the discussions and tasks. There were opportunities to do both individual and group work.

The research was conducted from May to June 2006. In June many participants left the project for employment or other commitments. Two participants organized data input and initial analysis of the research. In September 2006, four members of the group reconvened to continue the analysis and plan further actions. Other members expressed interest in returning for future action components of the project, such as presentation and dissemination of the findings.

In January of 2007, YHAP researchers began a round of presentations on their research findings to a variety of groups in the community. To date, they have presented to over 140 people.

Project and process evaluations were conducted on two levels: group-specific evaluation and project-wide impact. Photography and video recording were used to document the process and actions of the group.

4. Project Outcomes

The YHAP has been very successful. *Box 2* shows a list of project outcomes composed by the youth at the beginning of the project. These outcomes were largely achieved in a number of significant ways.

Personal and group learning happened in the first three stages of the project where participants researched and learned about health care issues and research methodologies. The RPCHC Community Health Director delivered a presentation for YHAP participants on the history, values, vision, mission of RPCHC and the Health

GOALS & OBJECTIVES

Box 2

YHAP Goals and Objectives

(as written by YHAP)

Project Goal

To inform, educate, inspire and make changes to youth health care in Regent Park.

Project Objectives:

- Educate others and ourselves about youth health care access/issues through research
- Research existing programs
- Educate youth about health issues
- Inspire others through determination
- Present our findings
- Make decision-makers accountable

Personal Goals

Learning goals:

- Personal learning
- Group learning
- Health issues/services of youth in Regent Park.

Impact Goals:

- Get youth programs
- Eliminate obstacles for youth in access to health care
- Make Regent Park aware of youth health issues
- Inform youth on access to health services

Promotion approach to healthy communities. In January of 2006, two YHAP youth participated in a Wellesley Institute course titled "An Introduction to Community-Based Research" and reported back to the group. Learning and skills development continued through the data collection and presentation phases of the project. One participant noted in an evaluation "I think this project has helped me to know my rights and what I deserve when it comes to health care, and not be afraid to speak on it."

In April of 2006, three members of YHAP made a presentation to twenty clinical and community health staff of RPCHC. The youths' objectives for the meeting were to: share their thoughts and feelings about health care access for youth in Regent Park; with RPCHC staff and to build a relationship with RPCHC staff to better understand each other's perspectives; and begin to work together to advocate for youth health services. Ten staff members signed up to be kept informed of the project's developments.

Five members of YHAP also met twice with the RPCHC social work team to look at working together to improve access to social work services for youth. In July, Regent Park Focus Radio broadcast a show on the objectives and activities of YHAP including an interview with HAP staff.

YHAP members had the opportunity to discuss their concerns and findings with George Smitherman, MP and Minister of Health for Ontario, and Pam McConnell, MPP for the area, at a Regent Park summer community event called "Sunday In The Park" in 2006. Mr. Smitherman agreed to a further meeting with YHAP participants to continue to discuss the issues.

5. Group Process Outcomes

It is important to emphasize the group process outcomes, which often go undocumented in such research projects. The evaluation revealed that awareness of youth health access issues had grown considerably in the group, and most of the group members were keen to continue working on this or other related projects. Furthermore this group of eleven Regent Park youth are from cultures that do not often work together on community projects and, while conflicts did occur, the group overall created a space in which to disagree safely.

Involvement in the project also created support for the youth to pursue tasks and goals outside the immediate mandate of the project. For example, group members received employment references from HAP staff and assistance in composing letters for university or college admission and for scholarship applications. These efforts have led to successful post-secondary school admission and employment, and some group members have become more engaged in other community groups and events.

The community based research approach facilitated a youth-driven process that allowed full participation and enabled the youth to have a great deal of ownership over the project. In particular, the process supported participants exploring and believing, on both an individual and group level, that their thoughts and opinions matter. They developed new understanding about their place within their communities and their potential to affect issues. They also discovered a desire to educate and assist others, not just for

their personal gain or the strength of the group but for the benefit of their community.

This kind of meaningful youth involvement, where youth have opportunities to learn skills, connect with others and have their voices heard, results in youth who are better equipped to make sustainable personal and community change. Such success can counter the ongoing social exclusion of youth and frequent vilification of young people in our society. This is particularly important in Regent Park where youth are often misrepresented and perceived as creating problems in the community.

Appendix B

REGENT PARK YOUTH HEALTH ACTION PROJECT

Appendix B
METHODOLOGY & SAMPLE

1. Method

The YHAP research project conducted a survey with an interview schedule and organized focus groups to collect data. The YHAP team developed both these instruments. Data was collected between May and June, 2006.

a. Interview Schedule

The interview schedule was developed to reach youth perceived to be harder to access and those not connected to services in the Regent Park. Especially, those who would not attend prearranged focus groups or would feel uncomfortable sharing thoughts and experiences in a group setting. This method also allowed for peer-to-peer contact whereby YHAP researchers were able to connect with other youth in a way that facilitated discussion, learning, clarification and connection.

Prompts were used to elicit specific information based on previous research on health and health access barriers in low-income neighbourhoods. While distributing and collecting a questionnaire may have been an easier approach, the group felt that this interview method of delivery allowed for face-to-face discussion, clarification of meaning and deeper probing. Survey respondents were given an information and consent form and also received a copy of a Regent Park Youth Health Services brochure.

The research group also discussed creating an on-line survey but due to time constraints this initiative did not happen.

b. Focus Groups

The focus groups were designed to share information on health and health services between participants and facilitators and to provide mutual support among participants and to capture many voices. The groups also helped participants to stimulate and build on each other's responses. Each focus group was one and half hours long and was conducted by at least three YHAP facilitators—two leading the discussion and one recording responses on flipchart paper.

c. Outreach and Sample

The outreach strategy to identify participants was developed by YHAP researchers. The objective was to get a diverse sample of youth in Regent Park that included a variety of ages, cultures, and genders it included those in school, unemployed and working. However information on the make-up of respondents was not solicited except for: age, gender, cultural/ethnic background and sexual orientation.

In total, 110 Regent Park youth (or approximately 8% of the Regent Park youth population) participated in the research: 56 youth responded to survey and 54 youth participated in six focus groups.

YHAP researchers conducted interviews using a stratified random sampling method at various locations in the Regent Park neighbourhood such as schools and youth groups and Pathways to Education tutoring sites. Pathways to Education provides academic, social, financial and advocacy support to Regent Park youth who are in high school.[11] The YHAP researchers set up a decorated, inviting table at each tutoring site in the community with signs stating the purpose of the research. Pathways employees also agreed to inform tutoring students of YHAP research. Participation in the research was voluntary. Snacks were provided at the YHAP table as an incentive to participate.

Since Pathways' cohort is restricted to youth attending high school, the focus group outreach aimed to connect with youth of high school age who were not attending school and older youth. Focus groups were also conducted with younger youth in order to explore issues in a way not possible with the interview schedules.

d. Research Analysis

The initial data analysis and identification of themes were completed by the project staff and a YHAP team member. A contractor carried out statistical analysis of the data from interview schedules. Later the YHAP group verified the data analysis to ensure quality and validity of the research.

This report is not a complete description of the responses and discussion gathered. It is a summary of those topics and issues deemed most important by the YHAP team.

11 For more information, visit www.pathwaystoeducation.ca.

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