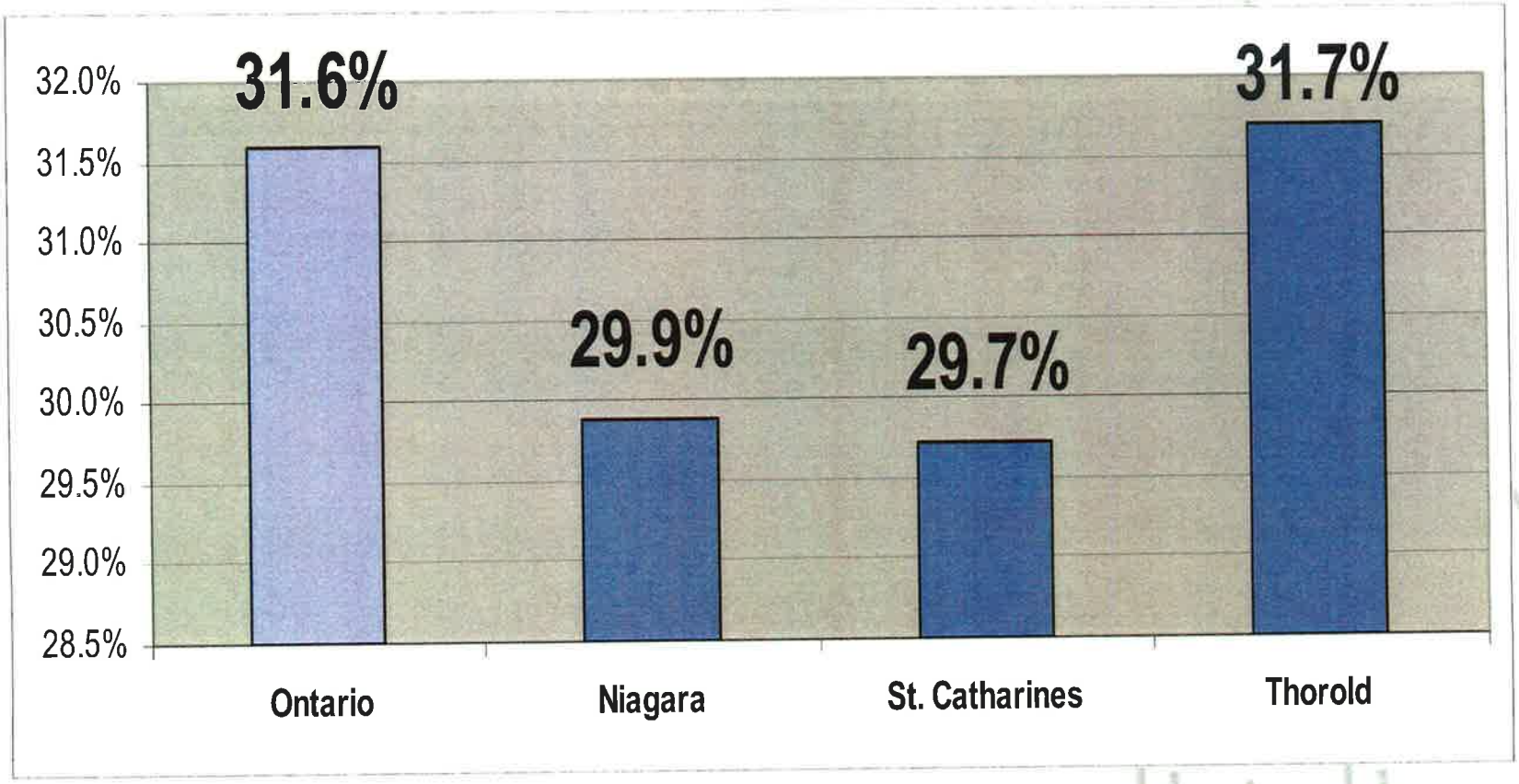
Age Distribution – Youth

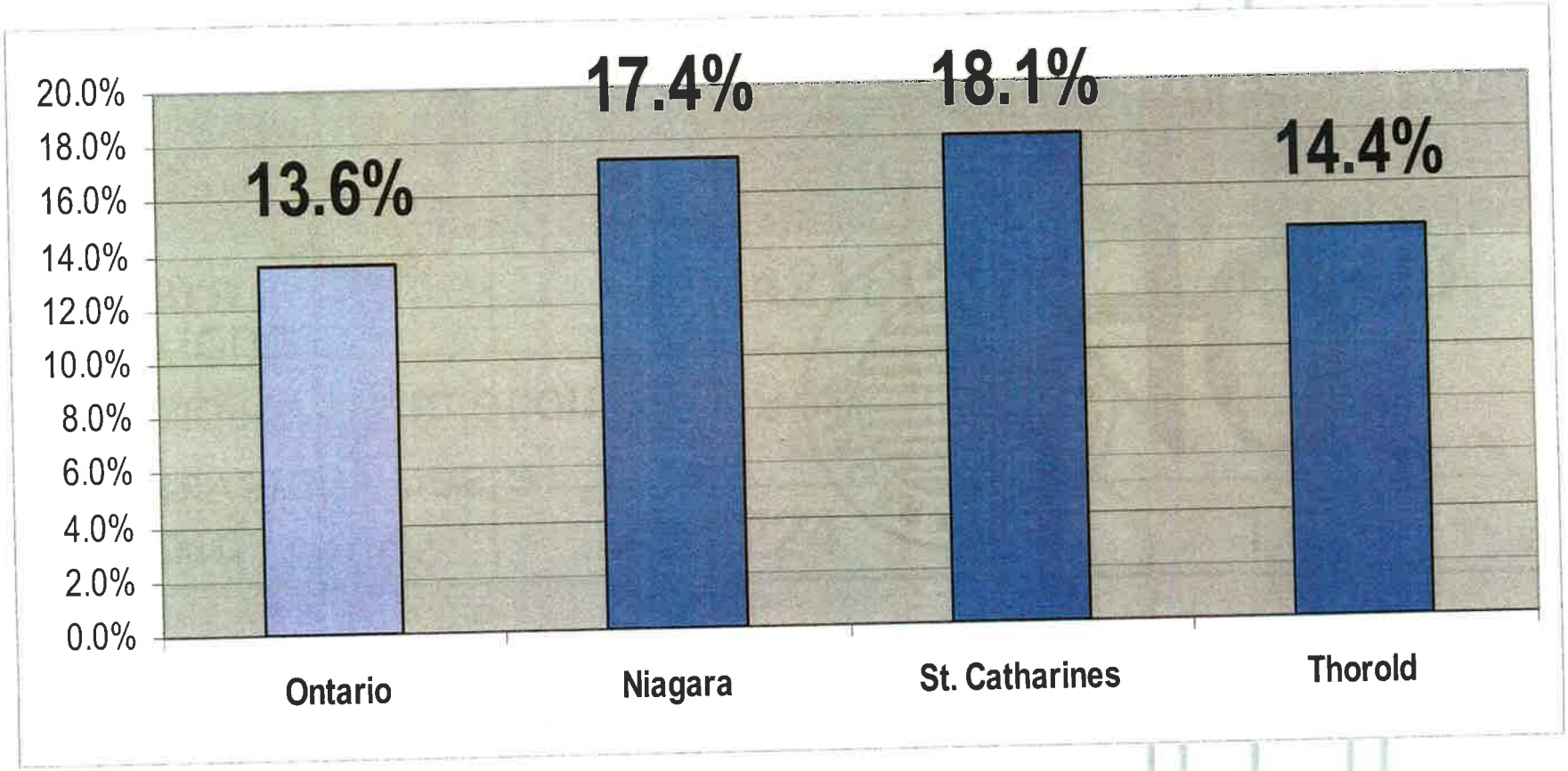
Population age 24 years and younger (2006)



Statistics Canada 2007. 2006 Community Profiles

Age Distribution - Seniors

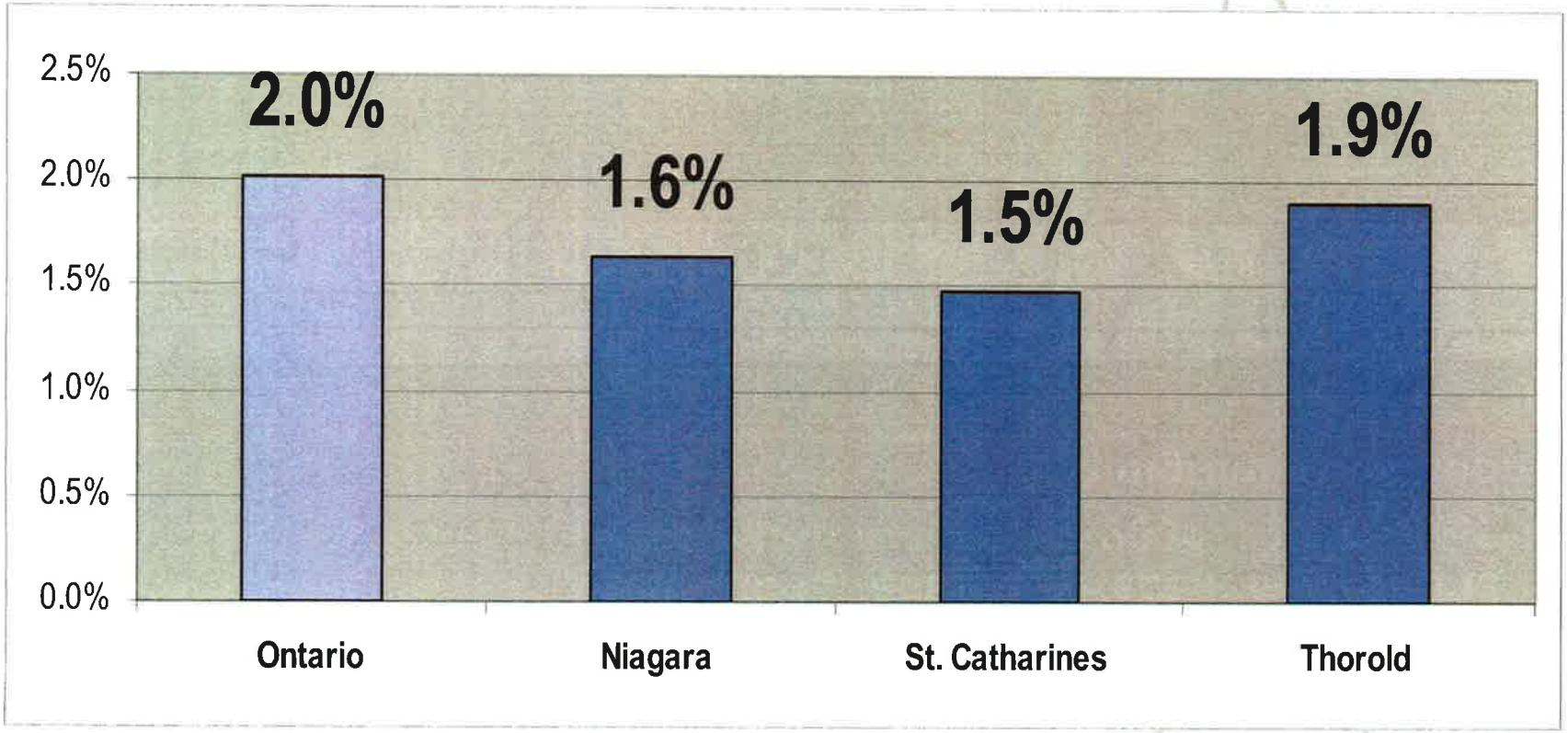
Population age 65 years and older (2006)



Statistics Canada 2007. 2006 Community Profiles

Aboriginal Peoples

Population of Aboriginal Identity (2006)



Statistics Canada 2007. 2006 Community Profiles

Immigrants and Racialized Communities

Community	Total immigrant population (%)	Recent immigrants, 2001 – 2006 (% of immigrant population)
Ontario	28.3	17.1
Niagara	18.0	10.4
St. Catharines	21.1	12.9
Thorold	14.2	4.5

Statistics Canada 2007. 2006 Community Profiles

Racialized communities as a percentage of the total population (2001):

Ontario	**19.1%**
HNHB LHIN	7.0%
St. Catharines	6.6%
Thorold	2.5%

(Socio-economic indicators atlas, HNHB LHIN, Spring 2006)

Education (2001)

% of population by level of educational attainment, ages 20 – 34

Community	Less than high school education	University degree
Ontario	13.2	25.7
Niagara	13.3	17.2
St. Catharines	12.9	20.5
Thorold	11.6	17.7

- **High school:** More Niagara residents (38.9%) have completed their high school education compared to Ontario (33.7%)
- **Trades**: More Niagara residents have a trades certificate (9.8%) or college diploma (20.8%) as compared to the province as a whole (7.9% and 19.5% respectively)

Statistics Canada 2001

Language (2006)

First Language *'mother tongue'*

Community	English (%)	French (%)	Other (%)
Ontario	68.4	4.1	27.2
Niagara	80.4	3.3	16.1
St. Catharines	78.7	2.3	18.9
Thorold	82.8	2.0	15.0

Knowledge of neither English nor French:

Ontario	**2.2%**	St. Catharines	0.7%
Niagara	0.6%	Thorold	0.9%

Statistics Canada 2007. 2006 Community Profiles

Employment

Unemployment rate (2006): Ontario and Niagara = 6.3%

- Niagara's labour market has made a significant shift from **manufacturing to sales and service**, which made up the largest segment of the labour force in 2006.
- The unemployment rate of Niagara's most **recent immigrants** is 12% *(Ontario – 13%)* *TOP Report, Niagara Training & Adjustment Board, January 2007*
- Unemployment rates among **people with disabilities** in general are at least 50% both nationally and provincially. *ON Assoc. of Food Banks, 2006*

Community	Unemployment Rate, 2001 (%)	Participation Rate, 2001 (%)
Ontario	6.1	67.3
Niagara	5.8	63.8
St. Catharines	6.5	62.2
Thorold	6.2	66.7

Statistics Canada 2001

Income (2001)

Community	Average individual earnings ($)	Government Transfers (%)
Ontario	47,299	9.8
Niagara	42,126	13.2
St. Catharines	42,941	13.8
Thorold	40,282	12.5

Individual Low-income cut-offs 'LICO' after-tax by size of community, 2006 (*poverty lines)*

Ontario: $17,570

St. Catharines: $14, 859

Niagara: $14,859

Thorold: $13,154

Income (2001)

Community	Median family income ($)	Median income, lone-parent ($)
Ontario	61,024	33,724
Niagara	56,787	32,334
St. Catharines	54,775	32,479
Thorold	57,433	31,525

Family of four, Low income cut-offs 'LICO' after-tax by size of community, 2006 (*poverty lines)*

Ontario: $33,221

$28,095

St. Catharines:

Niagara: $28,095

Thorold: $24,871

Housing (2006)

Community	Owned Dwellings (%)	Rented Dwellings (%)
Ontario	71.0	28.8
Niagara	75.6	24.4
St. Catharines	69.1	30.9
Thorold	80.3	19.8

- Across the Region of Niagara, there were **4000** households on the waiting list for rental assistance in June of 2004.
- There is a high percentage of Niagara residents paying more than 30% of their income on rent

(Region of Niagara, Department of Community and Social Services, 2007).

Household Composition

- In 2001, 27.8% of Niagara seniors (age 65 years and older) lived alone compared to 25.1% of seniors across the province. *(Ontario Trillium Foundation, Niagara Regional Profile 2004)*
- Lone-parent families as a percentage of all families (2006):

Ontario:	**15.8%**
Niagara:	16.4%
St. Catharines:	18.3%
Thorold:	16.4%

- Female-led lone-parent families make up 80.1% of lone-parent families in Niagara.
- Compared to provincial rates (2.9%), there are more male-led lone-parent families in Niagara (3.2%).

Statistics Canada 2007. 2006 Community Profiles

Faith (2001)

- Protestants make up the largest religious group in Ontario, City of St. Catharines and the Niagara Region.
- There is a slightly higher percentage of Roman Catholics found in Thorold than the other areas.

Statistics Canada 2007. 2006 Community Profiles

Transportation

Transportation presents a major barrier to accessing health care and is limited in the area. Potential goals of the *Regional Niagara Transportation Strategy* include:

- **Improvements to local transit service**
- **Improving travel within the region**
- **Improving travel beyond the region**
- **Ensuring affordability and accessibility**

As the population ages, more people will require transportation services, especially to access health care services.

Health Status

Births and Deaths

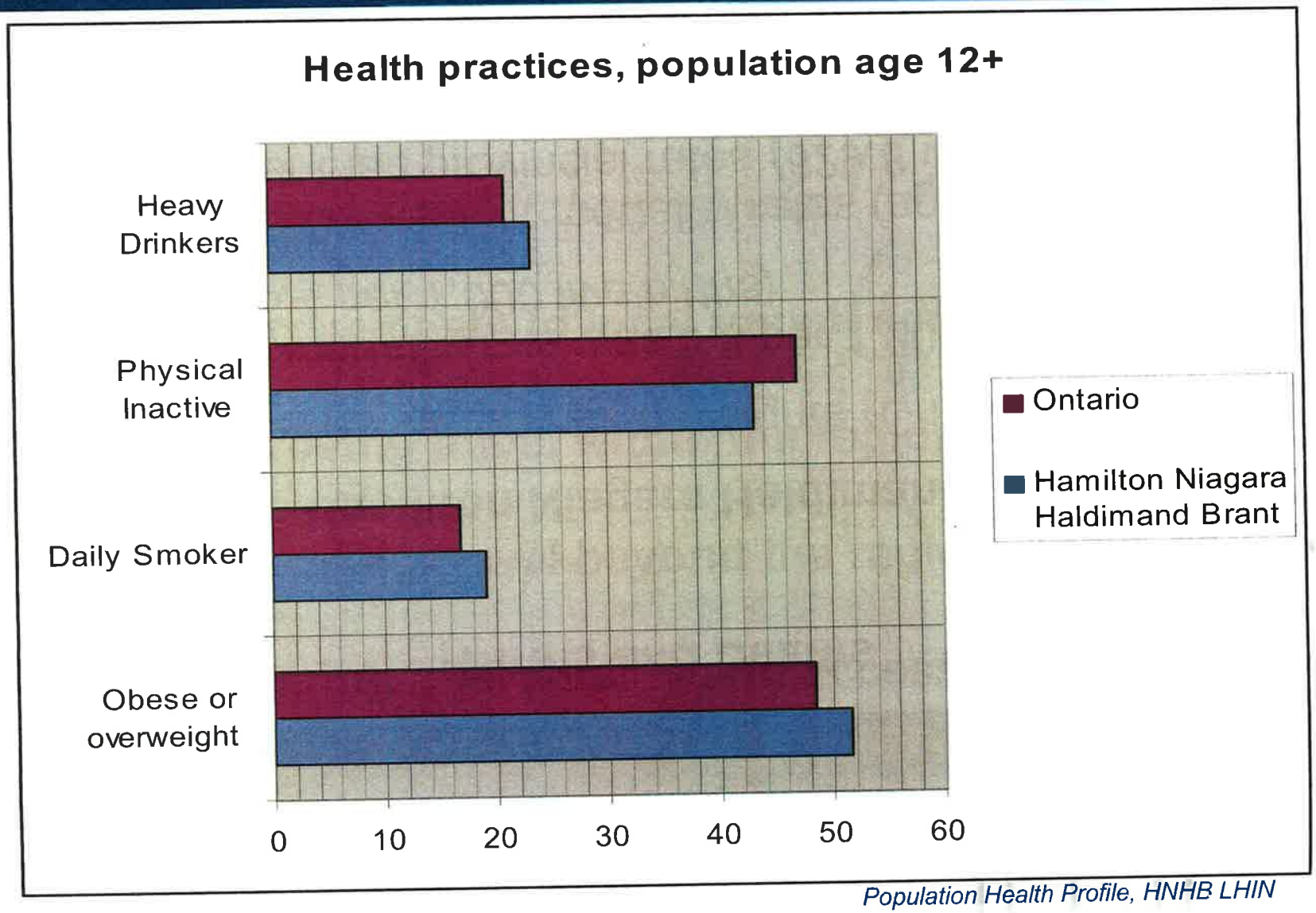
In 2001, in the **Hamilton Niagara Haldimand Brant LHIN**:

- 5.3% of babies had low birth weights *(Ontario: 5.6%)*
- The infant mortality rate was 5.8 per 1,000 live births *(Ontario: 5.4 per 1,000 live births)*
- Between 2000 – 2001, mortality rates (age-standardized) were higher than provincial rates *(629.8 versus 602.6 per 100,000 respectively)*

Population Health Profile, HNHB LHIN

Heart disease and **cancer** are the leading causes of death in Niagara.

Health Practices



Population Health Profile, HNHB LHIN

Health

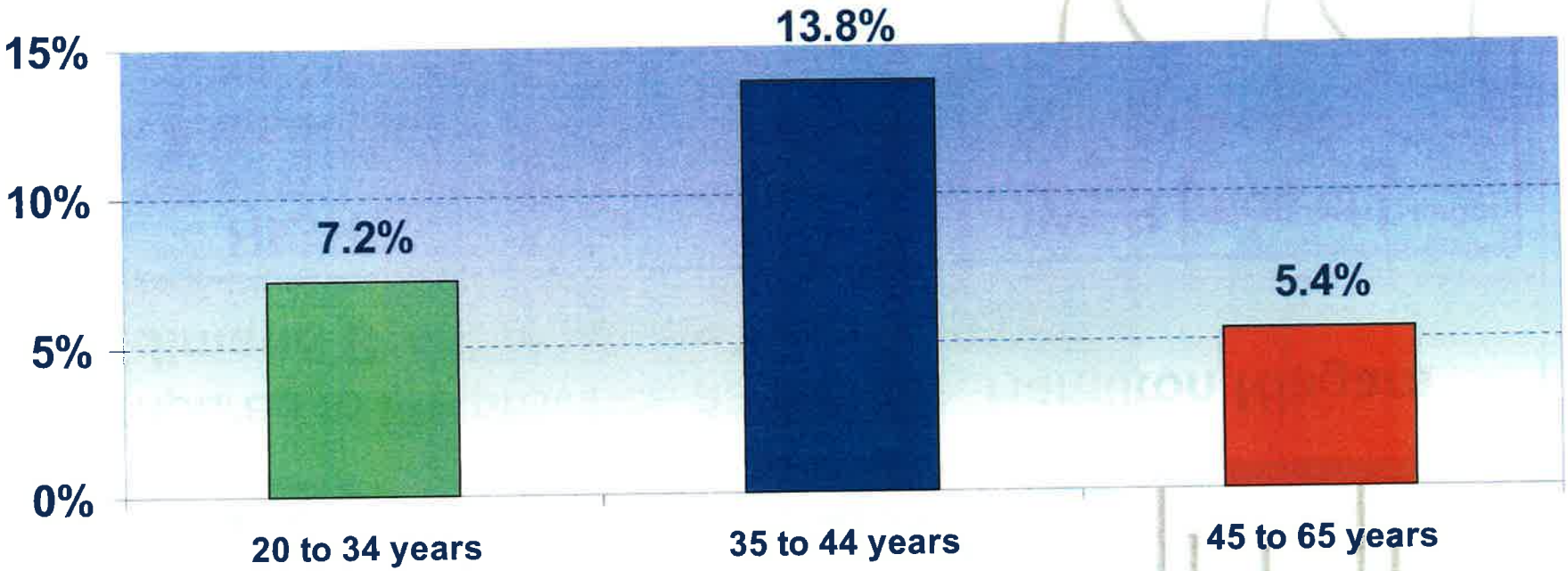
Compared to the province as a whole, **Hamilton Niagara Haldimand Brant** residents have (2003):

HIGHER rates of	**LOWER** rates of
• Flu shots • Contact with a medical doctor from 2004 – 2005 (Age 12+) • Arthritis / rheumatism • High blood pressure • Hospitalization (age-standardized)	• Mammograms • Pap smears • Residents who report that their health is 'excellent' or 'very good'

Population Health Profile, HNHB LHIN

Mental Health

Contact with health professionals about mental health in past 12 months, Niagara Regional Area Health Unit (2003)



Canadian Community Health Survey, 2003

Access to Family Physicians

As of 2004, there were **75 family physicians/100,000** population in the HNHB LHIN, significantly lower than the provincial rate of 86 family physicians/100,000 population.

As of October 2006, communities within the HNHB LHIN, with the exception of Hamilton, were designated as having **family physician vacancies** by the Underserviced Area Program (UAP) of the Ontario Ministry of Health and Long-Term Care.

Within the HNHB LHIN area, the UAP designated family physician vacancies vary by municipality. **St. Catharines has a UAP of 26 doctors**, the highest in the Niagara Region

It is expected that many family physicians currently practicing in the area may **retire or semi-retire** in the next few years. This will increase the burden on the remaining primary healthcare services and practitioners.

Small Group Discussions

Your thoughts

Questions for discussion:

1. ***STRENGTHS***: What health and social services or programmes are working well in the area?
2. ***GAPS***: What are the top five primary health care needs in the area?
3. ***PRIORITIES***: What staff, services and/or programmes should be part of the GSCCHC?
4. ***LOCATION:*** Where should the Centre be located?

Community Consultation Findings

Barriers to wellness

Limited transportation	Municipalities are not linked; transportation beyond region is limited; issues of accessibility and affordability
Shortage of primary health care professionals	Doctors; mental health assessment and treatment across the lifespan; geriatrician; specialists
Complexity of health and social issues	Persons with overlapping health concerns are screened out by health care practitioners

Barriers to wellness

Poverty	Lack of access to comprehensive primary health care services; lack of transportation; no doctor or benefits
Cultural and linguistic barriers	Lack of cultural awareness; lack of interpreters
Stigma and discrimination	Experienced by lesbian, gay, bisexual and transgender populations; people with mental health and addictions etc.
Social isolation	Experienced by seniors; youth; populations without housing etc.
Under-funded organizations	Organizations are at risk of losing funding; providing programs without adequate funding

Populations in greatest need of primary healthcare

Children	Lack of mental health services specific for children; parents may also experience mental health challenges
Francophone communities	Lack of French language health and social services; lack of French-speaking health practitioners; lack of transportation; low income; French may be second language for newcomers

Populations in greatest need of primary healthcare

Immigrants and refugees	Lack of transportation; language and cultural barriers; mental health issues; lack of interpreters; unfamiliarity with Canadian health care system; wait period for health coverage; low paying jobs; no health benefits
Lesbian, gay, bisexual and transgender populations	Stigma; health practitioners unaware of health issues specific to LGBT populations; overlapping health and social issues

Populations in greatest need of primary healthcare

People experiencing low income	Lack of access to comprehensive primary health care services
People with chronic health concerns	Shortage of primary health care practitioners; lack of specialists
People with chronic pain	Labeled as 'drug-seeking,' assumed to have an addiction, doctors reluctant to prescribe pain medication, inadequate follow-up

Populations in greatest need of primary healthcare

People with mental health and/or addiction issues	Unstable housing; at risk for homelessness; complexity of health issues; turned away or screened out; use emergency department and walk-in clinics for primary health care; no continuity of care; interaction with the criminal justice system; discharged from detention or hospital without community supports; labeled as non-compliant; lack of transportation; over-medication; turned away if addiction is active

Populations in greatest need of primary healthcare

People with physical or developmental challenges	Inaccessible health services; stigma; lack of transportation; invisible to healthcare providers; aging population; high unemployment rates; lack of dental care; low income; interaction with criminal justice system; mental health issues; inaccurate diagnosis; screened out

Populations in greatest need of primary healthcare

Seniors	Rapidly growing population; lack of transportation; lack of social support; doctors retiring; complex health issues; doctors only assess one issue per visit; low income; addiction issues
Sex trade workers	Transient; mental health and addiction issues; lack of access to comprehensive primary healthcare services; use emergency department and walk-in clinics for primary care; labeled as non-compliant; no fixed address or telephone number

Populations in greatest need of primary healthcare

Youth	Lack of youth-specific programs; lack of mental health services; mental health and addiction issues; involvement with criminal justice system; no diagnosis or misdiagnosis of health learning issues; lack of social support; street involvement; disconnected from education system

In general, GSCCHC should…

- Be ***warm***, respectful, receptive and non-judgmental
- Take a ***holistic*** and non-medical approach
- Be ***truly*** accessible
- Offer ***extended*** and ***weekend*** hours with ***24 hour access***
- Offer ***transportation*** supports and/or services
- Have ***linguistically*** and ***culturally*** competent staff that address issues of burnout and receive ongoing ***anti-oppression training***
- Collaborate with existing service providers to make use of their ***expertise***
- Assist residents to ***navigate*** the healthcare system

Programmes / services GSCCHC should offer

Accompaniment	Anger management
Addiction services (counseling, methadone, needle exchange support)	Assistance with completing paperwork (ODSP)
Advocacy	Case management
Alternative health care (naturopathy, massage therapy, holistic nutrition, financial support for remedies, acupuncture)	**Chronic disease management & education** (Heart disease, diabetes, high blood pressure, HIV/AIDS, Hepatitis C, rapid testing)

Bold = *most commonly mentioned*

Programmes / services GSCCHC should offer

Community development **Crisis management** (crisis line) **Dental care** **Employment services** **Eye and hearing clinics** **Financial counseling** **Food security** **Foot care**	**French language health services** (primary care, mental health services, across the lifespan, with particular focus on seniors, children, women and newcomers, volunteers, transportation, integrated, holistic, doctors, nurse practitioners, social workers)

Programmes / services GSCCHC should offer

Health bus	Laboratory
Health education	Life skills
Health promotion (smoking cessation, reading labels, weight management, falls prevention)	Literacy programs
Home visits	**Medication management, education and follow-up**
Housing support (with particular focus on youth)	**Mental health services** (across the lifespan, address mild to moderate mental health issues and concurrent disorders)
Information and referral	

Programmes / services GSCCHC should offer

Newcomer specific-programs (advocacy, settlement, TB testing)	**Peer-lead programs** (with focus on homeless and mental health)
Outreach	**Pharmacy**
Pain clinic	**Physical activity**
Parenting skills (for those with children and youth)	Pre and post-natal care
Pediatric care and consultation (FASD, well baby checks)	**Primary care**
	Recreational programs
	Sexual and reproductive care

Programmes / services GSCCHC should offer

Sleep clinic

Social support groups

Social work

Stress management

System navigation

Transportation support (gas allowance, bus tickets)

Volunteer opportunities (barrier free)

Wound care

Staff GSCCHC should offer

Access to specialists	**Interpreters**
Advocates	**Mental health workers**
Chiropodists	**Nurse Practitioners**
Community workers	Outreach workers
Counsellors	**Pharmacist**
Dermatologists	**Psychiatrists**
Dietitians	Psychotherapist
Doctors	Settlement workers
Financial counsellors	**Social workers**
Geriatrician	**System navigator**
Health promoters	**Volunteers**

Location of GSCCHC

Suggested locations

- In the downtown core of St. Catharines
- Point of access in Thorold
- On the border of St. Catharines and Thorold

Other criteria

- Accessible by public transportation
- Ample free parking
- Close to: other service providers, pharmacy, schools, churches, residential and commercial areas
- Must be fully accessible
- Ground level
- Mixed income neighbourhood
- Safe

Collaboration & Governance

- Many organizations consulted have expressed interest in collaborating with GSCCHC in the future

  Ideas for partnership – Co-location, referrals, consultation advocacy, program space, program design & delivery, research, professional development, service coordination, staff recruitment & retention, community planning & development, advisory role

- Many people have also indicated an interest in sitting on the Board of Directors

Next Steps

- Continue consultations with priority populations and service providers
- At the end of March 2008, submit final report to the Hamilton Niagara Haldimand Brant LHIN that will include recommendations regarding:

  Priority populations, catchment area & location, key services, staffing, governance structure

- Establish the first Board of Directors
- Find a location
- Begin hiring staff
- Anticipate opening the CHC doors before the end of 2009

Thank you…

This event would not have been possible without the help of:

Ruth Davies, Greater St. Catharines CHC Community Coordinator

Canadian Corps and Westminster United Church

Local organizations that participated in the community consultation

Greater St. Catharines Steering Committee

City of St. Catharines interns

Centre Development Team, AOHC

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