Centre for Health Promotion
UNIVERSITY OF TORONTO

People's Voices:
Poverty and Health Services in Toronto

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1.0 Introduction

Currently Canada has no official poverty line; not surprisingly, then, measuring poverty has been the subject of much debate (Canadian Council on Social Development, 2000). Predominantly, the before-taxes low-income cut-offs established by Statistics Canada have generally been used as the benchmark for establishing poverty rates in this country. According to the most current data (1998), 16.9% of Canadians fall below the low-income cut-offs established by Statistics Canada.. This picture is even more bleak for children, single-parent families, minorities and those living with a disability. For example, Statistics Canada figures for 1996 indicated that 1.5 million children were living in "straitened circumstances"; that number represented a 60% increase since 1989 (Ross, 1998).

Poverty figures are more grim for the city of Toronto. The percentage of people living below the low-income cut-off was 21.1% for 1996. Activists have argued that food bank use and the cost of renting accommodations in Toronto have increased significantly over the past decade – this in light of the fact that social assistance rates were reduced by over 21% in 1995 when the Harris government came to power (e.g., information gleaned on-line from: http://www.welfarewatch.toronto.on.ca). As one health promoter opined – "the city of Toronto is in crisis" (Raphael, 1999).

The debilitating effects of poverty have been well documented. For example, Ross (1998) summarizes results from two recent surveys of Canada children – the National Longitudinal Survey of Children and Youth (NLSCY) and the National Population Health Survey (NPHS):

> *"Data from the surveys indicate that rates of poor health, hyperactivity, and delayed vocabulary development are much higher among low-income families than among children in middle- and high-income families."* (p. 2).

Children in low-income families are also much more likely than children in high-income families to have a problem with vision, hearing, speech or mobility (Ross, Roberts, & Scott, 2000). The negative effects of poverty are certainly not limited to children. Adults in low-income households are more likely to report their health as poor or fair than adults in middle- or high-income families. Serious health problems also face adults living in poverty: they are more likely to have vision, hearing, speech, mobility and cognition problems than adults earning higher incomes (Canadian Fact Book on Poverty, 2000). Adults living in poverty also suffer from chronic conditions like asthma, high blood pressure, stomach ulcers, and the effects of stroke more than adults in middle- and high-income categories (Canadian Fact Book on Poverty, 2000).

Add to this dismal picture the claim that the gap between the rich and poor in this country is increasing, not decreasing (Canadian Fact Book on Poverty, 2000). It is apparent, therefore, that poverty is becoming an increasingly important issue for policy makers and health service managers. The current study has sought to investigate a deeper understanding of the factors that influence low income consumers' use of health and health-related services. Although this document reports on findings from Toronto, this project is a joint venture between the Centre for Health Promotion Studies at the University of Alberta and the Centre for Health Promotion at the University of Toronto, and, low income consumers from both Edmonton and Toronto were

involved in the study. This Toronto report will eventually be amalgamated with the results from the Edmonton site to form a final cross-site report.

In particular, the current study attempted to answer the following questions:

1. Which services do low income consumers access?;
2. What are low income consumers' perspectives on patterns of health services use?;
3. What are low income consumers' perspectives on determinants of health services use?;
4. What are low income consumers perspectives on the accessibility, quality, relevance, and appropriateness of available health services?; and
5. What are low-income consumers' perspectives on how services can be altered and improved to better meet their needs?

The Toronto study investigated four separate communities in Toronto and partnered with local community health centres in developing and implementing the research to address the above questions. These non-profit organizations offer a continuum of services which promote individual and community ownership over health. Community health centres provide a range of primary health and non-institutional services with an emphasis on illness prevention, health promotion, health education, and community development. This report highlights the results across the four Toronto communities in addressing the above questions. It is hoped that the following discussion can help policy decision makers, service providers and advocates in planning health and health-related programs in the future.

1.1 Methodology

The study was divided into two phases: in Phase One, 100 individual interviews were conducted with low income consumers in four Toronto communities (25 per community). The four communities (and the community partners) were:

- Regent Park (Regent Park Community Health Centre);
- South Riverdale (South Riverdale Community Health Centre);
- Former City of York (York Community Services); and
- Lawrence Heights (Lawrence Heights Community Health Centre).

Recruitment criteria for potential Phase One and Phase Two low income participants were specified by each of the community partners. Listed in the table below are the recruitment criteria for each of the four communities.

Community	Recruitment Criteria Specified by Community Partner
Regent Park	• Individuals who lived in the community, were living on a low income, did not use health-related services, were single men or women 16 years or older, and/or were new to Canada.
South Riverdale	• Individuals who lived in the community, were living on a low income, did or did not use health-related services, were involved in a harm reduction (or substance abuse) program, and/or had come from China within the last three years.
Lawrence Heights	• Individuals who lived in the community, were living on a low income, did or did not use health services or programs, and were single parents and/or were living with a disability.
Former City of York	• Individuals who lived in the community, were living on a low income, did or did not use health-related services, were of a Caribbean background, and were 16 years of age or older (preferably youth aged 16 to 24).

Potential participants were recruited by posting flyers in various agencies, organizations, and buildings in each of the four communities. Participants volunteered to participate and were paid $25 for their time. Most participants self-identified as living on a low income; however, in some cases where it was unclear if a participant was indeed "low income", guidelines provided by Statistics Canada were used.[1] Because of difficulties in recruiting enough participants for the study, it should be noted that some individuals who exceeded the Statistics Canada guidelines were included in the study – this occurred mostly in the York site.

For this study "health" was defined broadly to include physical, emotional, and spiritual well-being. To address the research questions outlined earlier, respondents were asked a number of mostly open-ended questions about how they stay healthy, what services and supports they use to stay healthy or to help them cope, the reasons for using the services they do use, facilitating and inhibiting factors in using services, and recommendations for how services for low income consumers could be improved (please see Appendix One for the Interview Schedule). The Phase One interviews were conducted in the Fall and Winter of 1999/2000.

All 100 Phase One interviews were transcribed and coded. In Phase Two a summary of that information was produced for each of the four communities. Next, one focus group in each of the four communities was conducted with low income consumers. The focus group included some participants who participated in Phase One, along with participants who were new to the study. Again, new participants were recruiting by posting flyers in each of the four communities. All participants in the focus groups were also paid $25 for their time. The

[1] According to Statistics Canada families are living on a low income if their before-taxes income is: 1 person - $17,409 or less; 2 people - $21,760 or less; 3 people - $27,064 or less; 4 people - $32,759 or less; 5 people - $36,618 or less; 6 people - $40,479 or less; and 7 people or more - $44,339 or less.

purpose of the focus groups was to convey the results from the individual interviews and solicit feedback on those results, as well as to further discuss recommendations for bettering services in the future (please see Appendix Two for the interview guide). These focus groups were conducted from June to October, 2000.

Finally, three additional focus groups were conducted with policy makers, service providers, and advocates in November/December 2000. Participants for these focus groups were recruited by contacting different agencies, organizations, and government officials and inviting them to participate in the groups. The participants in the focus groups were those individuals who volunteered to participate. The purpose of those focus groups was also to provide feedback on the results from the individual interviews and to solicit feedback, discuss further recommendations for improving services, and to address how the results should best be disseminated.

All of the focus groups were also transcribed and coded. Based upon all of the information collected from Phases One and Two, a report for each of the four sites was produced. This final Toronto report summarizes the information found in the four individual site reports.[2]

1.2 Limitations of the Study

There was no attempt to try to select an overall representative sample of low income individuals in the communities. First, the recruitment criteria were set by the community partners in an attempt to solicit information from residents they were most interested in hearing from. Second, recruiting potential participants included posting flyers in various locations throughout the community and waiting for individuals to call and inquire about participation; thus, only those people particularly motivated to participate were included in the study.

As part of the overall study, it was felt that community-based individuals should conduct the interviews with participants. The purpose of using community-based individuals was two-fold: to help the participants feel more comfortable, and to provide training opportunities for individuals in the community. Although they were provided with training in completing the interviews, conducting qualitative interviews is a particular skill developed over time. Thus, in many interviews, not all questions were asked and not all issues, complaints, or comments were probed or followed-up in much detail. The results provided in the following report should be interpreted with these limitations in mind.

Nonetheless, although there may have been some drawbacks in using inexperienced interviewers, it should be noted that the community-based interviewers did report many positive

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[2] For copies of the individual site reports please contact the Centre for Health Promotion, 100 College St., Suite 207, Banting Institute, Toronto, Ontario M5G 1L5 (Phone: 416-978-1809/ Fax: 416-971-1365).

impacts of their experience with the study. In a focus group designed to discuss their experiences, the interviewers reported that they believed their communication and listening skills had been enhanced, they had learned more about people in their communities, they met new and interesting people, and they realized that there are many differences amongst people who share their own culture and background. Overall the interviewers felt very positively about the interviews and felt that it was important to use community-based staff in this type of study. That is, they believed that it helped the participants to feel more comfortable and to be more open and honest in their responses and opinions.

1.3 Demographic Profile of Study Participants

The demographic profile varied site-by-site because of the nature of the communities themselves, and because the recruitment criteria was determined by the community partners in each of the sites. The demographic profile for each of the four sites is included in Appendix Three.

Provided below is a brief demographic profile of the 100 participants involved in Phase One:

- **Age:**
  - Ranged from 16 to 85
  - Average age was 37.9

- **Gender:**
  - 64 women
  - 36 men

- **Education:**
  - Less than grade 9 education: n=9
  - Some or completed high school: n=41
  - Some college, technical or trade: n=25
  - Completed university: n=16
  - Graduate degree: n=4
  - Missing information: n=8

- **Ethnicity:**
  - Approximately 2/3 of the sample were *not* of Canadian, British or English descent.
  - Ethnicity varied considerably from site to site; ethnic or cultural groups represented included French, Native, Caribbean, Chinese, African, European, and Eastern European.

- **Main source of income:**
  - Employment (full-time, part-time or casual): n=25
  - Social assistance: n=50
  - Pension: n=7
  - Employment insurance: n=2
  - Other: n=11
  - Not receiving an income: n=2
  - Missing information: n=8

- **Income level:**
  - Less than $10,000: n=44
  - $10,001 to $15,000: n=19
  - $15,001 to $20,000: n=11
  - $20,001 to $25,000: n=7
  - $25,001 to $30,000: n=3
  - More than $30,000: n=3
  - Missing information: n=13

Although not directly asked, issues regarding participants' living situations or circumstances did become apparent in the interviews. For example, there were a number of participants from the two downtown sites who were homeless, or had been homeless. There were also a number of participants, mostly from the South Riverdale site (because of the recruitment criteria for that site) who were dealing with an addiction to drugs and/or alcohol. Finally, the sample included a number of newcomers to Canada, single parents, and individuals living with a disability. Unfortunately, because the questions were not asked directly, it is difficult to provide the numbers for these categories.

2.0 Services Used by Low Income Consumers

In the individual interviews, and in the focus groups, participants were asked about the types of things they did to stay healthy, including what services or resources they used in this regard. Respondents reported using a variety of health and health-related, or community-based, services. However, they also recognized the importance of self-care in achieving and maintaining good health.

2.1 Self-Care

Almost all participants recognized the importance of self-care and indicated different ways that they tried to keep healthy including trying to eat well, exercise, get adequate rest, and think positively:

> *"Well, first of all we try to eat healthy. I think that's the main thing .... Exercising is another ... thing. And ...just try to, I mean try to stay happy, when I say happy I*

mean we try to laugh, I try even under stressful times at least. We have times where we laugh, and you know, we gather together ..." (resident; individual interview).

"I try to live happily.... I try to get my rest, drink plenty of fluids .... I try to eat the four food groups ..." (resident; individual interview).

"[I] try [to] eat properly. Try and get three meals a day. Try and take time out in every day to ... do some meditation, have quiet time .... [And I] try [to] go for long walks ..." (resident; individual interview).

There were some differences across sites regarding self-care. In the Regent Park site there were a number of individuals who were homeless and their perception of "self-care" was a little more basic than some of the other respondents:

"I try to stay dry for one thing .... Try to stay as clean as possible while I'm ... out [and] around ..." (resident; individual interview).

"You must stay clean.... That's how my hand got infected. I wound up about 10 days without a shower. That's no good ..." (resident; individual interview).

Further, the issue of keeping up-to-date on health issues was only raised at the Lawrence Heights site, where several respondents reported that one way they stay healthy is to keep informed on these issues:

"I read all sorts of books ...[on]... health" (resident; individual interview).

"Well basically keeping in touch whenever you have a problem or being honest and relating anything that's going on .... Also I talk to my doctor about anything that's going on, so I use my doctor. I ... ask questions if I don't know anything. If I need advice I ask questions to better improve my health and my daughter's health ..." (resident; individual interview).

"If you do not take care of yourself, nobody will take care of you. Everybody has to have their own goals ..." (resident; focus group).

"I interview doctors. You have to be pro-active about your health. I know about myself. You need to educate yourself..." (resident; focus group).

2.2 Health-Related Services

In all sites nearly everyone interviewed reported that they would see a doctor if they were not feeling well, were ill, or were injured. Unfortunately, however, it was not always clear from responses if participants had a regular family doctor; nor was it always clear if the doctor was located in a private practice, a community health centre, or a walk-in clinic. When patterns of visits to doctors were reported, it was clear that there was a large number, perhaps even a disproportionate number, of respondents who saw a doctor on a fairly regular basis for specific, and sometimes serious, health issues or conditions:

> *"I had quadruple by-pass open-heart surgery. I've got neuropathy with diabetes so to stay healthy I constantly monitor myself. I look after dressing my foot and things like that. I go to three specialists. I have a cardiologist I go to and I have my family doctor I go to ..."* (resident; individual interview).

> *"I've just come through about 10 years of anaemia. I've lost a lot of weight and now I've been seeing a doctor for the last 6 weeks every Tuesday ..."* (resident; individual interview).

> *"I see the doctor at least once every two weeks because I have asthma too ..."* (resident; individual interview).

> *"I go to see my doctor once a week sometimes twice a week ...sometimes three times a week. I go to my doctor quite a bit ... for depression and chronic pain ..."* (resident; individual interview).

> *"My family doctor I go to every week for the drug test ..."* (resident; individual interview).

> *"I [need to] ... know what was really wrong because of the diabetes sometimes…. When my sugars are up or down ... then I usually go see [a doctor] ... to see if I'm allowed to take different kinds of medicines like vitamins or anything, and just mainly about my health, things like the high blood pressure, the cholesterol.... Manic depression ...I see them about that too ..."* (resident; individual interview).

There were, however, almost an equal number of participants who reported that they visited a doctor only when an issue or condition was serious enough, or for regular health maintenance purposes:

> *"If it's not major then like we try to do something for ourselves like using some home remedies but if it's major we go see the doctor ..."* (resident; individual interview).

> *"...it depends on how severe it is. Like I don't usually like ... to go to the doctors and stuff .... I'd rather ... take care of it myself until it's like [serious] .... I know if I have a broken bone or something I'll see a doctor [or] if ... I feel really sick to where I can't eat or I'm throwing up, then I'll see the doctor ..."* (resident; individual interview).

> *"Usually a couple of times a year I'm here [at South Riverdale Community Health Centre] to see my doctor just for the normal routine ..."* (resident; individual interview).

> *"I don't take for granted the system. I go when I have to go ..."* (resident; individual interview).

> *"I go [to the doctor] to keep in tune with my health .... [It's] preventive ... You don't wait 'til something happens to you then go to look after it ..."* (resident; individual interview).

> *"If I'm really sick like I need [a] medical ... I ... have the doctor check me out to see what's going on with me and it's not that serious I just stay home and drink stuff like I just don't run to the doctor I'll just try to make myself better ..."* (resident; individual interview).

> *"I would only visit a doctor when I'm sick. I mean like if I'm really really sick, something that wouldn't pass, you know that kind of thing .... But if it is something casual, like I suffer from allergies from time to time, I don't come to the doctor unless it can be serious ..."* (resident; focus group).

When asked about the use of Emergency Rooms (ER), most participants indicated that they only visited an ER in very serious or extreme situations:

> *"If I ... have anything wrong ... anything major I ...walk into the hospital, if I got a cut or need stitching or something"* (resident; individual interview).

The main reason given for this limited use was because the long waits deterred people from going to the hospital. For example, one respondent reported that because of the long waits at ERs, she would only go to a hospital *"if it was a dire emergency"* (resident; individual interview). This theme emerged in the focus group with advocates as well:

> *"Certainly with the emergency rooms, waiting a long time is a big decision to go in there. Sometimes even when critical care is necessary and we try and help a person or encourage a person to go to the emergency room because they are so ill, they will still not want to go because of the amount of time that they have to wait or, because of the incredible amount of inconvenience.... Sometimes they also prioritize other things as being more important ..."* (advocate).

Nevertheless, although many complained about the waiting periods, ERs may be the main source of health care for the homeless population in Toronto:

> *"There are so many homeless people in Toronto that our experience is that the predominant amount of care that they get is in the Emergency Departments. In fact most of their care is in the Emergency Departments .... Easy access is probably an important criteria that they use. The emergency room is very accessible to them because it's open 24 hours a day. You can ... walk in [and] ... if there is a long waiting period they can just leave and show another time"* (advocate).

At the Regent Park and South Riverdale sites, there were several homeless respondents who indicated that they used the Wellesley Health Bus, sponsored by the Rotary Club, to see a health care professional, or simply to collect personal hygiene products and vitamins:

> *"I use it ...every week ...for vitamins, socks, shampoo, toothbrush, toothpaste ... ear plugs, foot powder ..."* (resident; individual interview).

> *"I use the health bus sometimes if I need vitamins and socks and things like that"* ... (resident; individual interview).

> *"Well usually just the health bus that comes around to different drop-in centres where I go just to get soap, shampoo, toothbrushes ..."* (resident; individual interview).

> *"[I use] the Health Bus. When my feet get really bad I use it every week ..."* (resident; individual interview).

Several of these respondents remarked on the helpfulness of this service:

> *"I've [had] ... a few physical problems lately. Now, I have an OHIP card. I could have gone to a doctor, but I didn't. But the fact that the Health Bus was there, I went in, because it's less formal. I felt more comfortable, they were very friendly, so now I've been frequenting the Health Bus every week ..."* (resident; focus group).

> *"I like the people in the health bus a lot ..."* (resident; individual interview).

In the York and Lawrence Heights sites, several people indicated that although they had a family doctor, they did not always see him/her because it was easier to access a walk-in clinic in the immediate community, rather than have to pay to travel to see their family doctor, and that *"it's much ... quicker"* (resident; individual interview) to go to a walk-in clinic.

2.3 Social or Community-Based Services

There were no sweeping patterns of use of social or community-based services across all sites. That is, respondents mentioned a variety of services used, however, no particular type of service was used at all sites. The types of services used were somewhat related to the recruitment criteria at each of the sites. For example, in the Regent Park and South Riverdale sites, there were a number of respondents who were homeless; these individuals generally used a wide variety of services:

> *"... On Sundays I help out and get a lunch ... the community centre on Church Street. I go there quite a bit. There's some of the people that have become very close personal friends of mine. I go on Tuesdays and Thursdays to Metropolitan United and have lunch. Council Fire is a great place, I sleep there some times .... I also go on Mondays to St. Simons ... [and] I sleep there sometimes ..... [And] I've been staying lately at the Seaton House [but] you can never get in the shower .... So when it comes around Sunday I say well 'gees I haven't had a shower since Wednesday and I want to go to church' so I'll go to St. Simons to have a shower there .... And Sanctuary where I worship has a shower, but you can only have a shower after 2:00 o'clock and only on Wednesday so I sometimes take a shower there ..."* (resident; individual interview).

At these two sites there were also a number of respondents who were not working and were new to Canada; thus, a number of people reported using resource centres or job placement services as well as using services for newcomers to Canada. At the South Riverdale site, individuals with addictions problems were recruited for the study; therefore it is not surprising that respondents from this site reported using addictions and counselling services.

At the Lawrence Heights site, single parents and/or individuals living with a disability were recruited for the study. Again, it is not surprising that respondents reported using counselling services, drop-in programs, and parenting programs. At the York site, where recruitment of the low income target population was most difficult, there were a number of participants who were making a little more money than the rest of the sample. This extra income may have allowed these individuals to use recreational or gym facilities – more respondents at this site reported using those services than at any other site.

Finally, given that participants were living on low incomes it is also not surprising that there were a number of participants that relied on food banks for food security.

3.0 Reasons for Using Services and Supports and the Importance of These Services in Low Income Consumers' Lives

3.1 Basic Survival

At the Regent Park and South Riverdale sites, many of the respondents indicated that they needed the social or community-based services to basically survive – without the services they did not feel like they could make it, or at the very least, their lives would be made much more difficult. For example:

> *"[Without the services] I would be dead now. [They are] vital. You have to access the community-provided services ..."* (resident; individual interview).

> *"[Without the services] I would probably be dead ... without that lifeline I'd be dead ..."* (resident; individual interview).

> *"My life would be in jeopardy ..."* (resident; individual interview).

> *"It would be very difficult to exist without them ... in many cases it's a matter of life and death ..."* (resident; individual interview).

> *"[The services] stop me from going hungry .... They put clothes on my back .... I'd be dead [without them] .... It's a matter of life and death ..."* (resident; individual interview).

> *"[Without the services] I'd be dead ..."* (resident; individual interview).

> *"I don't think I would survive without them. I need services to survive .... I'd be very depressed [without the services]. How else would I live? ..."* (resident; individual interview).

> *"Truly, [the services] are important to me. I'd be lost without them .... My life has taken a complete turnaround the last 17 months. Without all these health services I don't know where I'd be. I'd probably be dead .... I'm an alcoholic and an addict and [I have been] recovering now for 17 months and without these services for me I'd be dead .... And I've got my life back, I've got my family back in my life, I've got my self-respect back, I've got my morals back .... And I'm very, very grateful for what I have today ..."* (resident; focus group).

3.2 Illness, Injury and Health Maintenance

Many respondents also reported on the importance of having health-care services available to treat illnesses and injuries, and also to maintain their health. In many instances, the availability of health-care services was also important to survival:

> *"I wouldn't exist [without the health care services] .... I couldn't exist. I could never pay for the drugs I'm on, I could never pay the orthopaedic not as it is now. If those things weren't in place I would be probably on the street unhealthy ... on the street it's as simple as that"* (resident; individual interview).

> *"[Without our health plan] most of our income would go directly to health care. [The health plan] is very very important. This is as essential to us as food and water ..."* (resident; individual interview).

> *"I think it's very important because if they didn't have these services I would probably be in hospital. I would probably be sick ..."* (resident; individual interview).

> *"Basically I'd fall apart without them .... I'd be dead, simple as that ..."* (resident; individual interview).

Many people also appreciated having a universal health care system available to them:

> *"If me and my family don't use health related services, it would be a bad place to live .... It would be miserable ..."* (resident; individual interview).

> *"[Without health care services we] probably wouldn't be as healthy as what we're trying to maintain .... We'd probably get sick more often because you [couldn't] get help ..."* (resident; individual interview).

> *"[Life] would be really hard [without the health care services]. [It's] very, very ... important ..."* (resident; individual interview).

> *"[Without health care services] ... that would be very difficult... because you know for a low income person like me I would have to pay for every visit. I'm paying for my medication, but I would have to pay plus for medication, plus for the visit, for travelling, oh that would be too much ..."* (resident; individual interview).

> *"It would be very difficult to pay because I don't have the money to pay. I'm on very low fixed income ..."* (resident; individual interview).

Several of the newcomers to Canada also expressed the importance of having affordable health-care services available to them, through the CHCs, because they did not yet have OHIP cards:

> *"Those services are very important to me. For example, if there is no South Riverdale Community Health Center I would have problems to see a doctor especially the first three months when I was in Canada because I did not have coverage of OHIP. Those services are very important to newcomers without those services their lives will be very awful ..."* (resident; individual interview).

> *"We are new in Canada and have not had OHIP cards yet. Recently, our income is low. We were referred by friends to come here to obtain ... services .... Regent Park Health Center provides services and programs covered basic needs of newcomers. Also reduce our expenses for health care and also reduce our tension and pressure on us. The health center also provide information about how to take care our baby ..."* (resident; individual interview).

3.3 Coping with Day-to-Day Life

In all of the sites, respondents talked about how the services they used were important in helping them cope with day-to-day life. For example, participants in each of the sites talked about the importance of having social interaction with others, breaking their isolation, and just being with other people:

> *"... to mingle with other people because if I stay alone, then it's not good for health emotionally ..."* (resident; individual interview).

> *"Because when you're alone all the time with babies you kind of go crazy, you're not around adults. You need to be around other people ..."* (resident; individual interview).

> *"[The drop-in centres are places] where I can relax and I can ... collect my thoughts ... and socialize with certain people who may have the same problems that I may have .... When I get lonely or I [feel] ... isolated ... [like] I'm not part of the world anymore ..."* (resident; individual interview).

> *"To maintain well-being .... To keep a sound mind ... especially if you're home with kids and you need that outlet, that break .... Being out there with somebody else instead of being at home by yourself and ... feeling all lonely and trapped when your husband is gone and everybody's gone it's just with the baby it could get really lonely .... So I've always gone to those groups that you know interact. I can learn something new and ... have some skills later on when I decide to go back to work full time..."* (resident; individual interview).

> *"Because I need support, it really helps me get through the week. I need human contact. I don't have any [family] here .... It's my only way of getting contact with people... It gets me through the week. Sometimes that's the only place I go to..."* (resident; individual interview).

Participants in each of the sites also talked about the importance of services in helping them cope, providing support, and basically dealing with personal and family stress:

> *"When I'm feeling down, every couple of weeks I go in and just talk .... Sit down and talk when I feel stressed .... [Without this service] I would probably go crazy ..."* (resident; individual interview).

> *"I go to my doctor and my counsellor and say 'I can't deal with these problems' and see if either of them can try to give me a solution ..."* (resident; individual interview).

> *"When [I'm] depressed ... I can call and go anytime [to the community centre] and someone is there to see me ... and help me through my problem ..."* (resident; individual interview).

> *"[The] parenting program ... really empowers me ... All the services I got all over, they changed my life. I'm really grateful.... I was an abusive parent and then I got help and I saw that I was an abusive parent and that it was because I was an abused child and an abused wife… I got really good support, for all that I got I'm really grateful ..."* (resident; individual interview).

At the South Riverdale site, some respondents reported on the importance of having addictions services available to them:

> *"[The services help] to keep my addictions under control [and to] feel positive ..."* (resident; individual interview).

> *"My counsellor has helped me with a lot of my drug problems and my anger problems. I could still be in jail or on drugs .... That's helped me a lot ..."* (resident; individual interview).

At the Lawrence Heights site, respondents who participated in parenting services reported on the importance of those services:

> *"There's always things you have to learn about different ages. Like now [my daughter is] 3 years old so ...I like to learn what appeals to her and ... she's learning the language now to talk. So they read stories, play with other children and with us we have a group that we go in and we talk about things that are happening today ...how we're feeling, how we're coping ... It's good to get out and do things like that ..."* (resident; individual interview).

> *"I'm a single mother with two children. They have helped me with my problems and to continue with my life .... I want to be prepared .... I want to prevent problems ..."* (resident; individual interview).

3.4 Food Security

Participants also reported using a food bank when their income was insufficient to buy all of the groceries that they needed. Many of these participants indicated that regular use of a food bank was necessary to maintain food security:

> *"Food banks [have] always been a part [of my life] because a lot of times I didn't have money to buy groceries .... Everyone needs to eat to survive ..."* (resident; individual interview).

> *"I don't have enough money to buy food ..."* (resident; individual interview).

> *"I use the Salvation Army River Street Food Bank once, twice a month because my income is…I'd say it's at the poverty line ..."* (resident; individual interview).

> *"I live on [the food bank] once a month. It's that bad ..."* (resident; individual interview).

> *"[The food bank] has [helped me] to survive ... they got me out of starvation ..."* (resident; individual interview).

> *"I could never could keep up the groceries. My money is basically to buy the meats and the dairy, to buy the milks. My can goods and cereals come from there ..."* (resident; individual interview).

3.5 Circumstances Influencing Use of Services

Respondents were asked directly if the following circumstances affected their use of services: familiarity with a service or if a family member or friend had used the service, ease in getting to the service, affordability, and quality of the service provided. Most respondents in each of the sites reported that these were important considerations for them when deciding to use a service:

Familiarity:

> *"If I'm not familiar with it I don't think I'd go there. I would go to check it out but I wouldn't go there ... unless I knew what it was all about ..."* (resident; individual interview).

> *"If I hear about [programs] or [my friend] hears about them, we usually go together .... so when I go to these programs, I know somebody in them ..."* (resident; individual interview).

Easy to Get to:

> *"I like it to be close and easy ..."* (resident; individual interview).

> *"If it involves taking a bus forget it... because half the time you don't have money to go to the appointments .... Like sometimes you have something wrong with you and they send you to a hospital or something to ... see a specialist [and] you can't afford to go. The doctor here used to send me to the orthopaedic hospital. A lot of times I got to cancel it because I couldn't afford to go down there ..."* (resident; individual interview).

Affordability:

> *"I don't go to services that cost a lot of money ..."* (resident; individual interview).

> *"If I have to pay, I wouldn't go ..."* (resident; individual interview).

Quality of Service:

> *"if I've been to a doctor and I'm not happy with the service, I'm not going to go back... "* (resident; individual interview).

> *"If I wasn't getting the quality I need then I wouldn't use it anymore..."* (SR25)

Nonetheless, there were others who felt that if they wanted to access a service, familiarity and easiness in getting to the service were not crucial considerations. With regard to quality of service, some people felt that because of their low incomes they could not be too "choosey":

Familiarity:

> *"If the program seems interesting, I'll try it no matter what ..."* (resident; individual interview).
>
> *"when I know there's something I go and I try [it]"* (resident; individual interview).

Easy to get to:

> *"location would be great, but ... I'm willing to go just about anywhere to get the kind of care that I or my family needs..."* (resident; individual interview).
>
> *"If it's something I really want, I'll go the distance ..."* (resident; individual interview).

Quality of Service:

> *"I can't really be too picky on that kind of thing..."* (resident; individual interview).
>
> *"The quality is important as well, but funds can force it because if you need a particular service, and you don't have the money, well then ...not that you don't want quality, everybody needs quality, but what can you afford? ..."* (resident; individual interview).

4.0 Facilitating and Inhibiting Factors in the Use of Services

4.1 Impact of Income or Income Status on the Use of Services

At all sites, an individual's income level, as well as their income status, were influencing factors in the use of services. On a very basic level, their income level necessitated the use of services, as indicated previously when reporting on the importance of services in these individuals' lives. In addition to that, however, income levels also inhibited the use of certain services – that is, low income levels resulted in not being able to afford some services or resulted in a lack of choice about what services they could access. Some respondents also believed that their income status, or their appearance or neighbourhood they lived in, resulted in inequity of

service. Finally, many respondents reported that even though their incomes were low and use of services was often necessary, there was a desire to be self-reliant.

4.1.1 Lack of Choice

Many participants recognized that their lack of income resulted in a lack of choice in services that they could use:

> *"My income status dictates that I have no choice ..."* (resident; individual interview).

> "*If my income is improved I believe that I will have more choice to get services"* ... (resident; individual interview).

> *"I just take what I can. You can only go by what you can afford ..."* (resident; individual interview).

> *"If I was making a lot more income, I would be able ... to choose better services .... [But when] your income is not as much as you would like it to be ... you just have to settle for what you can afford ..."* (resident; individual interview).

Participants indicated that there were services they would like to use, but could not, because of their low incomes. In particular, participants reported that it was difficult or impossible for them to afford proper dental care. The lack of affordable dental care was reported to have many negative impacts in the lives of the respondents, as well as members of their families:

> *"Cost is the main issue .... [The] dentist has always given me the option of pulling [my bad tooth]. I didn't want to lose my teeth because I'm still young ..."* (resident; individual interview).

> *"My son needs [dental work done] and he can't even get it covered.... He needs braces you know for his teeth because they're all crooked and he gets ... stuff in them and everything else and [social assistance] don't cover that ..."* (resident; individual interview).

> *"My ... daughter she had a real dental problem [and] I never had the money ... to take her to the dentist and for that reason she never use to smile much because …every time she smiled she said she [thought] that some of the people would laugh at her ..."* (resident; individual interview).

> *" [I] need to have good teeth when I look for job but my tooth is terrible and I don't know how to help myself this way. Nobody could pay for that tooth ....*

> *Once I had two [teeth that were] painful, one I treat but another one I should take out because after I have to wait so long time to next month .... It's terrible. It makes us unmarketable because I could not find a job with bad tooth ..."* (resident; individual interview).

> *"Social assistance only covers so much, so you know, I can't afford to fix my teeth, so they're being pulled out one by one ... I can't afford to get them fixed, so the government only affords to pay them to get yanked ... [And] ... if you have bad teeth ... bad mouth, it's going to affect your health and you're going to get sick .... It's a shame .... You go for a job…who's going to hire you with no teeth in your mouth? It doesn't look nice for a new employer ..."* (resident; individual interview).

Participants also reported that extended health care was also very limited if they were on fixed incomes, and therefore certain services were simply not affordable:

> *"Not all these guys take OHIP so, you know, so if you've got to pay for it and you're on a low income you just... can't afford to see a doctor.... You go to a chiropractor you even have to pay over and above what OHIP pays and if you can't afford it you just don't go. You know you have to pay $20 or $40. People just don't go because they know they can't afford it you know, because they're on government assistance. You know how many times I refused to go to appointments with specialists and stuff because I can't afford what they're going to charge me ...? They charge over and above the OHIP and OHIP doesn't cover everything ..."* (resident; individual interview).

> *"I have trouble with back pain and I just cannot [afford] to go .... There's lot of things OHIP [doesn't] cover ..."* (resident; individual interview).

> *"The [blood pressure] pills I take, I know I'm not getting the right ones because I can't afford it ..."* (resident; individual interview).

> *"Approximately ... two years ago I had this rash ... and [the doctor] prescribed something for me and I used it but …the container, the substance, was finished before the rash was gone and I had to buy the next one, but my mom never had the money and so the condition got worse .... I was ashamed of it because it was in visible areas and I didn't want to wear certain things and I felt bad for my mom because she couldn't afford it ..."* (resident; individual interview).

> *"I feel depressed. I need physiotherapy. I need massage. But nobody give it to me because its not covered on the health card. They give me pills, but it's not healthy ..."* (resident; individual interview).

> *"For the ... health coverage they call it 'vanity'.... Yeah it's just if you want to take care of yourself you're being too vain .... They say 'we don't cover that, that's considered vanity, that's not important' ... But then how do they expect you to get on your feet and get a job when they have you so low on the ground that you look like crap ..."* (resident; individual interview).

Related to this, many participants also reported that they would like to have access to more "alternative" or preventive health care services, including herbal remedies, vitamins, health food, massage therapy, yoga, chiropractic, etc., but these services simply were not affordable:

> *"I would like to be able to get my daily recommendation of vitamins, but I don't ... because they are too far priced, they are out of reach price-wise for me .... If I was financially better off I don't think I would delay ... going to [physio] therapy, I wouldn't delay ... eating better, I wouldn't delay getting proper vitamins ..."* (resident; individual interview).

> *"There are services I would really ... like to have access to, but because of poverty, I don't. And that's alternative forms of medicine ..."* (resident; individual interview).

> *"For my illness they were saying you know try this acupuncture or try massage therapy and ... I can't afford it ..."* (resident; individual interview).

> *"I would like to use all health foods [but] I just can't afford it ..."* (resident; individual interview).

This theme was echoed in the focus group with service providers:

> *"We're getting more and more [people where] ... we're finding ... they need more than just the standard health care. They might need a chiropractor or some other specialist and they can't afford it, so although they're doing the best they can with what they have, they need more service than they may get"* (service provider).

Finally, another theme that emerged from the study was the lack of recreational facilities and programs for low income consumers:

> *"I would use more recreational program like gyms ... I would use more like physical fitness centre ... and also tai chi kind of a martial art classes so that costs money there ... Private ... places... I would use more ..."* (resident; individual interview).

> *"The recreation services now cost money in the community centres so there are services that I can't use anymore because they cost money and you have to sign*

> *up for them ahead of time and pay ....Whereas before you could just go sign up if available and use the services .... There are some resource programs in the centres which charge a nominal fee but they charge $23 or $50 here over a period of time and you want to do two or three things in the community centre, interesting things, that used to [be] ... much much lower cost .... It adds up ..."* (resident; individual interview).

> *"My physical health is horrible. My doctor wants me to go to a gym. Sports equipment, and get the therapy going and doing treadmills and the whole thing, and I can't afford it"* (resident; focus group).

> "*My kids, my two boys, love hockey [but] we can't afford that ..."* (resident; individual interview).

> *"I wanted to belong to a ...to a fitness club but I couldn't afford ... it .... Living in the City of Toronto, I'll tell you, when a man pays his rent, pays his bills, there's not much left ... I'll tell you that much ..."* (resident; individual interview).

> *"I look for free programs. Like [they have] piano but I can't put my children in these kinds of programs because I don't have the money ..."* (resident; individual interview).

> *"Well right now we don't have a lot of money so ... there are some things that you would like to do but you ...you can't afford it.... For example, like the Parks and Rec programs – things like that you have to pay for. I mean there are many times that I wanted to use some of their programs but I couldn't afford to because it [went] ...over my budget or beyond my means .... There are programs and things that I would like to be a part of, or my daughter to be a part of, and [we] can't afford it .... For instance my daughter's a good artist and she has that energy that could be expressed that way and I find it hard to find some place that's affordable around here. I know there are places but the prices that they are asking I just can't afford them and I figure that would ... increase her self-esteem ..."* (resident; individual interview).

Participants in the Policy makers' Focus Group also mentioned the inaccessibility of recreation programs for low-income consumers:

> *"User fees have just decimated access to programs right across the city. There's been a horrific [impact] ... and [the] 3 or 4 recreation centers in the city where they waived [user fees] are packed to the rafters with people and overcrowded, and others that ... would have a hundred people in them, [have] four because people can't afford them. It's a real mess..."* (policy maker).

4.1.2 Inequity of Service

At all sites there were respondents who felt that income status was an inhibiting factor in receiving better quality service. That is, they felt that they were treated poorly because of their income status, the way they looked, their race, or the neighbourhoods in which they lived:

> *"If you have money you can get better services, better treatment ..."* (resident; individual interview).

> *"[In] some places these people can treat you however they want, you can't do anything about it, because you'll either get barred from the place, or they'll call the cops on you, and you're not going to be believed, just because you're a street person and the way you look ..."* (resident; individual interview).

> *"You get treated according to what you're wearing and what you look like ..."* (resident; focus group).

> *"When you're on the system ... people know it ... they know if you're poor. If you're poor, you only get a certain amount .... People that have more, get a different kind of treatment ..."* (resident; individual interview).

> *"People on low income for the most part they get [rushed] treatment – in and out …. Less caring.... There's definitely a stigma put on it.... If you ... tell them you're on family benefits and you have no car, no job ... that person can't wait to get out of the room fast enough.... Once you're on [social assistance] ... everyone knows…. They put you in that very very low category ..."* (resident; individual interview).

> *"I felt that if I was white I might have got better treatment or listened to better"* (resident; individual interview).

> *"The level of service that you get has a stigma attached to it. The stigma would be the way you dress when you step inside ... especially from a Black point of view. If a Black person enters an environment and that person is not dressed properly, then you're seen as a crook or you know somebody of that sort.... If you get social assistance, that is a stigma because people tend to say 'well you're sitting on social assistance' and sometime it is beyond your control .... Where you live .... because if you live in [Metro Toronto Housing] ... people tend to brand you ..."* (resident; individual interview).

Participants in the focus groups with policy makers, service providers and advocates also reported that their experience had been that low-income people are treated differently:

"I do think that what happens to low-income people is that they are consistently confronted with this different attitude. And of course if I walk into an emergency room and somebody else walks in who was obviously poor, badly dressed or whatever, that there's just a different dynamic between what happens for me, and it's not with everybody, but it just happens. So here you are, you might see that different dynamic, in fact you might have a high sensitivity to it, because ... you're being jerked around by the food bank, you're being jerked around by every place you go .... I'm not saying everywhere, but I do think that experience is there…" (policy maker).

"Just how people get treated because of class ... it is very deep rooted. Everything from how people talk to how they dress to how they look ..." (advocate).

"My first hand experience is if a client who is homeless, and I hate to say visually appears to be homeless, goes to an emergency room, they seem to have to wait enormous amounts of time to get service ..." (advocate).

"They're very discriminated against, and often times legally" (policy maker).

"Some of the clients that I am aware of prefer not to go to a family practice clinic or ... where they might be surrounded by people who are well dressed or very different than them. Sometimes they have a lot of difficulties with hygiene or clean clothes or what have you. So they feel more uncomfortable going to a place like that so sometimes going to the emergency dept they might blend in more easily ..." (advocate).

4.1.3 Desire to be Self-Reliant

Many respondents reported that they tried to be self-reliant, particularly when trying to cope with their day-to-day problems, and only used services as a last resort.

"Some things are personal .... I use programs and services as a last resort because there's nothing else to use ..." (resident; individual interview).

"I don't like people knowing my personal business .... I feel I can handle it ..." (resident; individual interview).

"I work [problems] out on my own. I try to just deal with the problem the best I can, but I don't use any kind of services for anything I just work them out on my own.... Like that's the last resort ..." (resident; individual interview).

> *"In general, if I have problems that cannot be resolved on my own, I will seek supports and services .... Usually I try to resolve problems by myself first ..."* (resident; individual interview).

In most cases, respondents were proud of their ability to deal with issues or problems on their own. Sometimes, however, particularly in the South Riverdale and Regent Park sites, participants reported that their pride inhibited them in using services that were necessary for coping and/or survival. Some respondents felt ashamed or uncomfortable in using these services – for example:

> *"I use the services ... when I'm no longer able to do it on my own .... Because for me that's almost like a failure .... With all my pride ... going to ... professional help ... it means that I wasn't able to get rid of the problems on my own .... It makes me feel shame ... not so much what people think because I don't care ... it's just because I don't like to feel weak ..."* (resident; individual interview).

> *"Your pride gets in the way. It makes me feel uncomfortable .... I wish I didn't have to use [the services] all the time ..."* (resident; individual interview).

> *"It makes me depressed, let's put it that way. When I think 'oh no I don't want to [use the food banks].... I mean they are useful but I try to ... stay away if I can ..."* (resident; focus group).

> *"I don't like to beg like sometimes you see that you need something and you really don't feel that you should be asking but you really need it .... Well it kind of makes me a little awkward but once you get talking with the people and you see how friendly they are it's easier to ask. .... The uncomfortable part of it is asking. I find it's hard for me to ask ... It is hard for me to ask but I know it's got to be done otherwise I can't survive out there ..."* (resident; individual interview).

> *"I feel bad about it, because I wasn't able to deal with it on my own .... Like you feel, you lose your self-respect and pride ..."* (resident; focus group).

4.2 Service Provider Behaviour or Characteristics

A very clear theme that emerged from the data was that the behaviour or characteristics of the service providers had a very powerful influence on consumers' reactions to a service, and in some cases, whether or not they used the service at all. In particular, respondents indicated the importance of being treated with respect:

> *"Sometimes you go to a place and like you go there people just look at you like you're just down there. No respect ... and I think like we're all human beings and people should give respect to one another ..."* (resident; individual interview).

> *"The caring, the way they don't make you feel…you can keep your dignity and get services ..."* (resident; individual interview).

> *"I don't want people to disrespect me because I have no money.... If you don't respect me, how can you help me out?.."* (resident; individual interview).

> *"Manners, respect, especially respect. The doctor is really willing to know what the problem is ..."* (resident; individual interview).

> *"The way people treat you. If they treat you with respect then you're bound to come back ..."* (resident; individual interview).

Participants in the focus groups with policy makers, service providers, and advocates also reported that their experience with low-income consumers was that being treated with dignity and respect was important:

> *"Frequently I've heard clients comment on being treated with respect. That is very important; they value that very highly – being treated like a human being"* (advocate).

> *"One of the big things is the issue of dignity and respect ..."* (advocate).

Respondents also reported that they wished to be treated with compassion and understanding, and that service providers should listen to their needs, and be welcoming and friendly:

> *"Friendliness and being understanding of your needs .... Like they're there to help ..."* (resident; individual interview).

> *"How they make you feel welcome .... There's somebody that [cares] about you and they want to help you ..."* (resident; individual interview).

> *"How they accept you.... The acceptance ... how comfortable people make you ... feel. Like you're wanted in certain areas, or within certain settings ..."* (resident; individual interview).

> *"Welcoming workers, facilitators who are supportive not judgmental. It really helps when the facilitators are really welcoming..."* (resident; individual interview).

"[My doctor] actually takes the time to listen and I appreciate that ..." (resident; individual interview).

"The type of service you receive. People who know how to be empathetic or sympathetic .... People that you can feel comfortable enough to talk to and open up to when necessary ..." (resident; individual interview).

"Compassion and understanding are the two big things ..." (resident; individual interview).

All of the above issues were important to respondents. Many different participants reported on instances where the service providers they dealt with were rude, uncaring, judgemental, and asked too many personal questions – this seemed to be particularly true at food banks and social assistance offices:

"It's not your right to be here, it's a privilege for you to be here [at the Welfare Office]. You sit down and you wait .... They got to treat us like we're people. People don't want to be on welfare, they have to be. Doesn't mean they're any better than we are" (resident; focus group).

"You can't tell me that it would ... be written, and it would never be quoted, but we all know that the mandate of people in the social services industry is to give you a 'hard time', so that you'll either a) give up or b) behave in such a way that you're penalized. End result being it's favourable to them and less favourable to you. Now we all know that it's a mandate that isn't written or said, but we know it's there ..." (resident; focus group).

"At the welfare offices... sometimes you receive bad treatment from the workers, as if money was coming out of their own pockets. It is a very drastic attitude. It is a very bad situation especially for people who are unemployed. For this reason some people don't use the services .... I wouldn't go to welfare if I didn't need it .... Most people use it because they need it. They have no choice but to resort to welfare, otherwise they become homeless ..." (resident; individual interview).

"I'm not even going to go in [this one food bank] ... because of how rude they can be to you .... Because I feel so ashamed .... I would never do that to even a dog or a cat .... How can they do that to a person? ..." (resident; focus group).

"I [had] an experience with the food bank. I'm not going [to] any more to food banks.... I was ... really, really [in] need.... I had to move twice ... in three months ...and I really didn't have [any] money. It was like being humiliated .... I know that some people can take advantage ... but they don't have to judge to treat everybody ... that way ... I really [needed] it ..." (resident; individual interview).

> *"Sometimes they ask you way too many questions and it makes you feel stupid ... like they ask you really personal questions like 'where did all your money go?' ... and it ... makes me feel bad because you have to use [the food banks] ..."* (resident; individual interview).

Some people also commented on the lack of caring shown by doctors:

> *"One time I [went to a] walk-in clinic…this ... Dr. Idiot he makes me feel very uncomfortable because he's not like doctor, he's like businessman ..."* (resident; individual interview).

> *"As a parent, you know your child…[and] in your opinion, your child is really sick right? But I don't know maybe because they see a lot of cases everyday and all day they're not very ... personable ... and sympathetic towards your situation. It's just like you're another number ..."* (resident; individual interview).

> *"They don't listen ... doctors do not listen ..."* (resident; focus group).

Participants in the focus groups with policy makers, service providers and advocates also discussed the importance of service provider behaviour:

> *"[The results from this study] re-affirmed some information that we had gathered at the District Health Council on a project we were doing around homeless health.... We had consultants [conduct]... four focus groups [with] homeless people, and overwhelmingly that's what they said.... The main determining factor of where they would go for service was the way they were treated by the people ..."* (policy maker).

One service provider, from a food bank, explained why questions are asked of clients:

> *"You have a standard set of questions you have to ask them... [Some people will think] that you're automatically being rude and nosey, when in fact …we tell them straight up, 'we want to give you some food and this is how we go about giving it to you' and they might consider it rude but we need to know"* (service provider).

Nevertheless, service providers did recognize that some front-line staff displayed rude and punitive behaviour toward consumers:

> *"I am so fed up with giving training to my staff and to my volunteers and seeing the same behaviour over and over and over again ..."* (service provider).

> *"The people who use the food banks themselves are so angry and so ashamed that they become so punitive against themselves ...and that's what gives a lot of service providers the power to be so punitive with these people that they face. Because they have such anger and such self-loathing towards themselves that this is transmitted, that the person who provides the services actually becomes the abuser ..."* (service provider).

As well, service providers recognized that there are reasons why it is difficult to keep good people in front-line positions at many of these services:

> *"There's no services or incentives to keep ...that happy ... person sitting behind the glass, because they get burned out and move on .... Same with the doctors .... You just finally get one that you like and ... she's good, she's got another job, she's gone, right. So we have to look at the way that we're like revolving door people out of those communities .... It's some place you go and put in your time until you can get you know a nice office .... There's no incentives. There's no saying we value servicing these communities well.... [There are no] ... incentives there to ... stay ..."* (service provider).

4.3 Quality of Service

There were a few respondents at the sites that reported that the environment or atmosphere of a facility was an influencing factor in whether or not they used a service. For example, several respondents commented that some facilities were unclean and unsafe. One participant worried that some shelters or hostels had *"health problems"* that worried him, and that they were not very clean (resident; individual interview). Another respondent remarked on the unclean pool facilities in the community:

> *"I like to use it but it's not clean. One time my son go off into this swimming pool, after the swimming ... my son take infection and we [had to] go ... to the hospital ..."* (resident; individual interview).

Some respondents also remarked that there was the threat of violence at some facilities:

> *"I have heard firsthand of other hostels that are quite violent. There's always the threat. They laugh, make jokes, that if you fall asleep, when you wake up your shoes are gone, or any personal belongings are gone. So a lot of people don't go to those particular places because of that ..."* (resident; focus group).

> *"There's one [place here] ... for physical fitness, for working out .... There is a place in this area, that ... is free, but I've yet to walk through the doors .... To be*

honest with you, I get intimidated by all the dealers out the front ..." (resident; focus group).

"The implication of violence .... And drug use .... The implication of violence is worse than violence itself. Threats, threats, the threat of violence" (resident; individual interview).

"It also depends on the people who go there. Sometimes you find people who are drunkards and like they're mouthy and verbally abusing you, then I mean nobody's going to stay there ... because you go there for stress so you don't need no stress from other people ..." (resident; individual interview).

"I don't like going to that [community centre] ... because my friend got shot like last week over there so I don't like going over to that neighbourhood ..." (resident; individual interview).

Some respondents also complained about the lack of quality in the food provided at food banks:

"half the time [the food has] expired and the [food] they are selling [is] no good" (resident; individual interview).

"it's ... only garbage .... I stop going .... This kind of food it's not healthy" (resident; individual interview).

Finally, some respondents discussed the importance of having an environment that was welcoming, friendly, not crowded, and generally pleasing. For example, one man reported that he liked using facilities where there was a *"friendly environment ... nice setting ... [and] peaceful atmosphere"* (resident; individual interview).

4.4 Accessibility

Respondents in each of the sites remarked on the problem of waiting for medical services: in obtaining an appointment with a doctor, in waiting for the doctor at the time of the appointment, and in accessing services at Emergency Rooms:

"You wait for a long time .... For example, once ... the doctor called my father and I brought him here [Regent Park Community Health Centre], and they probably mixed up the doctors names, and we've been waiting for so long, about hour or hour and a half, and they said 'sorry the names [got] mixed up' and then the doctor doesn't have any time, and you have to try another day. It's common. They postponed the appointment for a month ..." (resident; focus group).

> *"To make appointments you have to make [them] ... way ahead of time. It's a big problem. It isn't good .... Even in the emergency room, there's a long wait ..."* (resident; individual interview).

> *"The waiting time [to get a doctor's appointment] is too long.... [and] the waiting time is too long, especially [in] Emergency [Room]. You could be dying and they don't look at you ..."* (resident; individual interview).

> *"It can take forever to get an appointment. You can die waiting to get an appointment.... You come [to the Lawrence Heights Community Health Centre] you have to wait two weeks to see my doctor here ..."* (resident; individual inerview).

Policy makers, service providers, and advocates also recognized the problem of waiting lists for CHCs and the long waits in ERs:

> *"I just read a report today from the Association of Community Health Centers ... and they specifically mentioned their waiting lists. All community health centers have waiting lists, their rosters are full ..."* (policy maker).

> *"Certainly with the emergency room, waiting a long time is a big decision to go in there sometimes, even when critical care is necessary .... We try and help a person, or encourage a person, to go to the emergency room because they are so ill [but] they will still not want to go because of the amount of time that they have to wait or because of the incredible amount of inconvenience, or sometimes they also prioritize other things as being more important ..."* (advocate).

Respondents at the Regent Park and South Riverdale sites also remarked on the long line-ups and limited hours of operation for some street-based services, as did the participants in the focus group with policy makers:

> *"For all these places, there's like line-ups and certain hours, so like every day, you're just, you can't do nothing, just your basic survival ..."* (resident; focus group).

> *"There are places where there are phones to be accessed ... but sometimes they are very difficult to use because you can't stay on the phone very long. There's a line-up of about 10 people waiting so you can't really flesh out any discussion you may have with any other party that you want to talk to ..."* (resident; individual interview).

> *"Health and social services are an issue after 4:30 [or] 5:00 [p.m.] ... as well as on weekends.... So if you are in any kind of crisis, it is hard to find a place in Toronto that can help you ..."* (policy maker).

Lack of transportation, or inadequate money to cover transportation costs, was also reported by some participants as an inhibiting factor in accessing services, for example:

> *"If it involves taking a bus forget it... because half the time you don't have money to go to the appointments ..."* (resident; individual interview).

Several respondents reported that lack of affordable transportation prevented them from attending therapy appointments, in finding a place to live, and in job-hunting. The problem of lack of transportation was discussed in the focus groups with policy makers and service providers as well:

> *"When they can't get a Wheel Trans ride you know they aren't accessing services ..."* (service provider).

> *"The other thing is a lot of people who [are living on] low-incomes don't have access to a car and if things are out of the way, there can be a great program but if they can't get to it ..."* (policy maker).

Given the problems with affording transportation it is not surprising that many respondents from the different sites also mentioned that having services that were easy to get to, or were in close proximity was a facilitating factor in using services.

Finally, there were a few respondents from the Lawrence Heights site that remarked on factors which helped facilitate their involvement in programs offered at Lawrence Heights Community Health Centre. That is, the provision of bus tickets and child care enabled these respondents to participate in the CHC programs.

5.0 Recommendations for Bettering Services for Low Income Consumers

In general, one theme that emerged from the study was that recommendations for services for low-income consumers could be grouped into two categories: systemic change versus "band-aid" improvements. Several people, particularly in the focus groups that were conducted, remarked that many improvements could be made in low-income peoples' lives if income levels were raised, more affordable housing was available, and there was greater coordination or integration of services. Further, it was recommended by many that there is a need for greater consumer input in service planning. In addition to these systemic changes,

however, many of the individual respondents, as well as participants in the focus groups, did recommend enhancements or improvements to existing services.

5.1 Systemic Changes

5.1.1 Income Levels

In each of the sites respondents reported on their struggles with living on social assistance, or on low incomes:

> *"It's impossible. It's draining, it's stressful, it's discouraging ...and of course, the more and more ... I hear about the government [and] the cutbacks it even gets more discouraging ..."* (resident; individual interview).

> *"When it comes to social services ... it's not like you want to bite the hand that feeds you type of thing…. But it's just ... not sufficient to get by with in today's times, in today's society ..."* (resident; individual interview).

> *"You know people ought to try living on government assistance and see how hard it is to get proper things that they need..... You know when you can't feed yourself because you're not getting enough money, and you have to rely on food banks and you're not getting proper food to feed these kids then how can they grow up healthy? ..."* (resident; individual interview).

Given the struggles that low income people face, respondents in the sites, as well as participants in the focus groups with policy makers, service providers, and advocates, discussed the importance of making changes to existing assistance programs, and raising the income levels of consumers:

> *"There are times when ... cash is tight in my house and you know ... 'oh, maybe you can go and ... they would give me some social assistance for maybe a month or so', but then you realize ... that's not how it works .... You have two kids at home ... You're expected to survive..."* (resident; individual interview).

> *"Another thing I don't think is fair is the Child Tax in Social Services ... Social Services they take from that. When that cheque that you get from Social Services is more like your rent and your groceries ... [and] you need that ... then like maybe when you get your child tax [you use it] for your bills, you know what I mean…. It is unfair because ... you've got to budget different, like all over again ..."* (resident; focus group).

"If we made sure that people had enough money to feed themselves, they wouldn't have to go food banks…. The fact is ... our whole society is not valuing people and meeting their basic needs so that they can have dignity ..." (service provider).

"My basic and essential difficulty with all of this discussion is that even recreation user fees wouldn't be an issue if people had enough money to pay them. Bitchy food bank workers and poor quality food in food banks wouldn't be an issue if people had enough money to go to Loblaws. I mean all of these things are by their very nature due to low income and low incomes that are going down and not improving, and you know the one magic bullet to improve things would be to improve people's income and you know you would start with welfare, because the lowest of low income people are on welfare ..." (policy maker).

5.1.2 Housing

Participants in each of the sites, as well as those in the focus groups with policy makers, service providers, and advocates recognized the need for quality, affordable housing, and for greater rent control policies:

"More co-op structured facilities because that would mean the people that actually live there are the people that are having the say-so over what's going on ..." (resident; focus group).

"The real problem in the city is the housing problem and lack of subsidized housing ..." (resident; focus group).

"The rents are so high and you only get a certain amount, like with Social Services. Like I'll give you an example of myself. My rent is $750 and I'm in like the 900's and I have two kids, but with a two bedroom I was lucky, they told me I was lucky because it's only $750 ....There's no ... rent control…" (resident; focus group).

"Affordable well maintained housing .... And of course it has to be geared to the size of the family ..." (service provider).

"And also have [the affordable housing] in the communities ... so you don't pull them out and send [them] to Scarborough ..." (service provider).

5.1.3 Integration or Coordination of Services

Policy makers, service providers and advocates, as well as a few low income participants, identified a lack of coordinated or integrated services for consumers, for example:

> *"When I talk to people, it's pretty obvious that ...social service providers don't actually know a lot about the health care system, so too the health providers don't know about the social services ..."* (policy maker).

> *"If the services would be more integrated.... You have the feeling sometimes that you work one against each other ... you have one philosophy here and one philosophy there, one approach here ..."* (resident; individual interview).

Some recommendations were made to help improve the system:

> *"The more we can integrate services into particular single access points, I think the better for clients .... Well I think community health centers are built on that model. But I would like to take them a step further and think about the Quebec model where we have social services and health services all integrated under one roof ..."* (service provider).

> *"And integrated reporting. I think the funders need to get down to the business of looking at what information they need to collect and then we could collect that information once ..."* (service provider).

5.1.4 Consumer Input

During Phase One of the study, low income consumers were asked if they had ever tried to influence the way that services were provided. Unfortunately, this question was not asked of all participants; nonetheless, where data is available there seemed to be a rough split between respondents who had provided input at some point, and those who had not. When participants had tried to influence the way services were provided, most reported that they had spoken with service providers directly to suggest ways in which services could be improved. There were also a number of participants who had participated in agency or community meetings. Many of the participants recognized the need for low income consumers to become more involved in service planning. For example:

> *"I think [improving services] should be done on a community basis .... People within the community ... know exactly what was needed, they know what their needs are as opposed to bureaucrats ... sending in people .... You need to survey the people, get a feedback from them first, before you do anything. Because you*

> *can't put in service ... that ...doesn't have use to people in that community ..."* (resident; individual interview).

Participants provided many suggestions regarding how consumers could provide their input including: sitting on Boards, attending community meetings, forums and panels, providing written suggestions via a suggestion box, writing to councillors, M.P.s and M.P.P.s, and talking to service providers and service managers directly.

In Phase Two, low income consumers were also asked how low income people could be more involved in influencing service planning and delivery. There was a recognition that low income consumers need to vote, and need to become more involved in order to influence policy decisions:

> *"Most poor people don't vote ... that's why they don't address our problems because we're not voting ..."* (resident; focus group).

> *"Surveys ... through the community centre, through schools, through the church ..."* (resident; focus group).

> *"I think another way to improve these services is to do what you are also doing right now. If you do more market research, more studies [with consumers] ..."* (resident; focus group).

> *"Surveys like these. Group discussions .... Community meetings also ..."* (resident; focus group).

> *"By going to places like this [i.e., the interview] and any other place that's trying to survey"* (resident; focus group).

> *"In parliament or whatever they have all these different ... cabinets and ... the people who make decisions and ... all these committees go down ... these are all people who have had a name in society already, who [don't] necessarily ... know what it is to be stressed out because 'gee, I was sick this week and I couldn't go to work' .... These are people who have benefits who ... if the child has an emergency, they don't have to worry about that because ... they have benefits .... So on these different boards, like the Board of Health, they should have people from low-income backgrounds and that sort of stuff ..."* (resident; focus group).

Participants in the focus groups with policy makers, service providers and advocates also felt that the quality and relevance of services could be improved if there was greater consumer input:

"...sitting around the table and asking them what is missing and what are the gaps in your community but sometimes you don't see low income people sitting at that table which I think is a real problem because you don't hear ... what all the shortages or the gaps are from their perspectives ..." (advocate).

"To systematically move the consumers up the participation chain. So sort of move people from increasing access to the services to increasing participation in how those services are actually delivered, to in fact designing the system and the services at the beginning ..." (policy maker).

5.2 Improvements and Enhancements

5.2.1 Increase Funding and Expansion of Services

Respondents at each of the sites recommended a number of different areas where services and resources should be expanded and better funded. The five main areas recommended for greater funding and expansion included: dental services, extended health care services (e.g., prescriptions, chiropractic, massage, physiotherapy, etc.), mental health or counselling services, ER and physicians' services, and recreational programs and facilities:

"Lower costs.... I can't afford to pay so much because I have three children and I'm single so ...the cost of doing dental work if it can be a subsidized ..." (resident; individual interview).

"Even like chiropractors [are] not covered or ... massage therapists and all that .... You've got to pay for that ..." (resident; individual interview).

"Well, prescriptions would be good, because I pray every day that my kids don't get sick. That's part of my prayer when I get up every morning.... maybe not all of it [covered] but at least something ..." (resident; focus group).

"Having a psychiatrist covered under OHIP and not having to wait a year to get into see somebody ..." (resident; individual interview).

"If you go to an emergency room should be obviously if you're going to the emergency room it's an emergency and you shouldn't have to like wait for someone. You shouldn't have to wait two weeks for a doctor's appointment ..." (resident; individual interview).

"Groups where parents can go and be active like a gym and stuff like that you know? Or learn how to do crafts, different crafts or on outings with their kids .... Recreational programs ..." (resident; individual interview).

"[The] government needs to open ... for people who have low incomes … swimming pools, aerobics.... For children it is very necessary .... It's healthy .... Healthy for future in Canada..." (resident; individual interview).

5.2.2 Improve Service Providers' Behaviour

Another clear theme that arose from the data was the recommendation from all the sites, and from Phase One and Phase Two participants, that services could be bettered if the behaviour of some of the service providers was improved:

"Perhaps a training or a retraining to staff ...to see what it's like on the other side of the fence, might be an idea .... They need a reality check. These people need to realize that if us as clients stop lining up, you as a person don't have a job anymore. It's as logistical as you can get. So I don't know if it's as simple as a retraining, a reality check, I don't know what, but certainly the issue needs to be addressed ..." (resident; focus group).

"The social services office too. The need to ... maybe have something, which is mandatory for them to take, so they have more compassion for the clients that come to their windows and to their doors for help ..." (resident; focus group).

"Providing the workers with more training which would teach them to be more sensitive, good manners .... That would help them to understand that they are dealing with human beings who are just like them ..." (resident; individual interview).

"The people that are working there should accept you for who you are .... [They're] there to help ... not judge ..." (resident; individual interview).

"The whole issue of just treating people with respect regardless of ... what their status is something that wouldn't cost a lot ..." (resident; focus group).

5.2.3 Improve Quality of Service

Most of the recommendations for improvements to the quality of service, made by respondents, were site-specific. [Please refer to the site reports for more information.] For example, at the Lawrence Heights site, there were some recommendations for improving services at the Community Health Centre. One participant believed that the group facilitators should be more prepared and organized. Another participant felt that the management of the Centre should be improved, but did not provide specifics. Participants in the focus group discussed how some of the food banks were not properly operated, and felt that the food banks should be more "fair" when distributing food to clients.

At the South Riverdale site, several participants had specific recommendations about how existing services could be improved. One respondent felt that services could be improved by *"brighten[ing] things up a little"* (resident; individual interview). Another respondent thought that the food banks could have *"more food"* (resident; individual interview). Similarly, one respondent felt that the free meals at different organizations could be improved . Finally, two respondents felt that the way the ESL classes were taught could be improved: for example, one of these respondents remarked that they should teach the course in a more *"lively way"* (resident; individual interview).

At the Regent Park site, many participants also had specific recommendations about how existing services could be upgraded. For example, a few respondents felt that the facilities of the local community centre could be made better by improving the rules and regulations and cleaning up the swimming pool. As well, drug dealers were usually present outside of the facility, and it was felt that issue needed to be addressed as well:

> *"The community centre over there, it's supposed to be for everybody, but the... crowd, the people that are outside the door, makes you even scared to go in ..."* (resident; focus group).

> *"If the community centre over here was like cleaned up and ... I'm not saying it's dirty, but ... if all the drug dealers and everything were all gone then I'd probably go there ... but I'm not going to go there when my life's threatened ..."* (resident; individual interview).

Two respondents felt that hospital services could be improved: one felt that they should be more welcoming for people with mental health problems, and another recommended that they have customer service departments, much like department stores.

5.2.4 Increase Access to Information and Entitlements

A very clear theme that emerged from the study, particularly in the Regent Park and South Riverdale sites, as well as in the focus groups with policy makers, service providers and advocates, was that many people were not aware of all the existing services that could assist them, nor were they aware of certain entitlements that should be available to them. Several participants commented on just a general lack of knowledge about what services were available, and that there should be a more concerted effort to disseminate information to potential consumers:

> *"I [do] not know how many services or supports are available right now. I came from Mainland China [and] I am not used to asking for services and supports .... [The] local community health centre ...promote their services more than right*

> *now. If you have [a] service and want people to use them you should let people know ..."* (resident; individual interview).
>
> *"All programs ... should be advertised more and more ... to the public .... Telling everybody where the meal is, where the clothing [is] and how to .... make it easier for them ..."* (resident; individual interview).
>
> *"It's a matter of being knowledgeable, and knowing where to go and not to go .... For example, do you know how I learned about all the different meals that are available? Just before I became homeless, or when I became homeless, and I came down, I was spending money, that I couldn't afford on certain things that I found out later were available to me free of charge. Such as meals, accommodation. Now, I learned from somebody that I befriended on the street. But there was no one area where I could go for official information to tell me these things. To have something like that set up would be great. Maybe there is and I'm just not aware of it ..."* (resident; focus group).
>
> *"There is not a lot of publicity about the community centre because I have friends living around here and they didn't know about this community health centre.... And now that I'm coming here I know that there are more community health centres and there are even ... some programs in there and I really didn't know. This lack of information about the services that the community health centre has... why they don't print ... flyers to [people] who are speaking Spanish because there is a lack of information about the services..."* (resident; individual interview).

It was suggested by several of the low income consumers, as well as by policy makers, service providers, and advocates, that one way to ensure proper dissemination of information was to have "advocates" or someone available at different services who could help low income consumers "navigate" the system:

> *"I'd love to find a support somebody, an advocate, who can help me get through all this bureaucracy and red tape to find a place to live that I could afford .... Information has been so bad coming out of the family benefits for me .... I don't understand why they can't give you a sheet saying this is what you can have or what you qualify for, this is how you go about it and how many times you can have it. You always have to go out and dig and look and find out and nobody tells you anything and I find that a real real setback ..."* (resident; individual interview).
>
> *"I also want one [person] who has resources at their fingertips who can tell me what resources they have and how we can work together to get it ..."* (resident; individual interview).

"Even the social service providers are no longer able to take them through the process to get the income. All a welfare worker can do is hand a package to the person who may or may not be literate, who may or may not speak English, and so on and so forth .... I'd love to have I don't know a dozen floating people who just run out into the food bank and sit down with everybody to see just if they're getting all of the things they're entitled [to] ..." (policy maker).

"There seems to be room for coordinators ... [because] people just don't know [what services are] ... there or how to get them, or how to navigate the system There is really a [need] ... for somebody to help them navigate the system, to help [get them] ... in the right direction to get the right service" (policy maker).

6.0 Discussion

The literature to date clearly demonstrates a relationship between poverty and poor health (Williams & Fast, 1998; Canadian Fact Book on Poverty, 2000; Manitoba Centre for Health Policy and Evaluation, undated). Given the debilitating effects that poverty can exact in people's lives, this study sought to gain a better understanding of service usage by low income consumers. In summary, the following research questions were addressed:

- Which services do low income consumers access?;
- What are low income consumers' perspectives on patterns of health services use?;
- What are low income consumers' perspectives on determinants of health services use?;
- What are low income consumers perspectives on the accessibility, quality, relevance, and appropriateness of available health services?; and
- What are low-income consumers' perspectives on how services can be altered and improved to better meet their needs?

This current study was interested in giving a voice to low income consumers – and their messages were quite clear. As described in the previous sections, low income consumers are accessing a variety of health, social and community-based services for basic survival, to help deal with illnesses, injuries, and to maintain their health, and to help them cope with day-to-day problems and issues. Some participants need to rely on services on an ongoing basis in order to get by and to survive; others use services on an as-needed basis. Participants described in sometimes very poignant terms the reasons they need the services that they do access, and explained their importance in their lives. The low income consumers involved in this study, as well as the policy makers, service providers, and advocates interviewed, also described what factors help facilitate use of services, and what factors inhibit use of services. The helpfulness and thoughtfulness of service providers certainly helps consumers feel comfortable in using services; affordability and ease in accessing services were also important facilitating factors in the use of services.

All participants also provided input on how services could be improved in the future. It is clear that many participants felt that many service areas were under-funded. In particular, low income consumers would like to have greater access to health and health-related services that are currently out of their reach economically. Nonetheless, many participants also recognized the need for more systemic changes to the social services system – that is, if low income consumers were able to make more money, or had more affordable housing, they probably would not need many of the services that they did use.

Other researchers and health promoters in the field have also argued that addressing poverty and public policy will have more positive effects on health, than focussing solely on an individual's lifestyle:

> *"It increasingly is contended that it is not fair to place sole responsibility for health on individuals. Concern has been expressed that the emphasis on individual responsibility masks the effects of social, economic, and political factors on health behaviour choices available to individuals living in poor families"* (Williams & Fast, 1998, p.2).

> *"The 'it's your own fault' message about the causes of heart disease is still being given despite the rapidly growing body of research that finds that the economic and social conditions under which people live are the major factors determining whether they fall prey to heart disease. And it is these precursors of heart disease, such as living on low income, lack of shelter and food, and shortage of health and social services that are showing ominous increases among Canadians"* (Raphael, 2001).

With poverty levels on the rise, the gap between the haves and the have-nots increasing, the unravelling of the social safety net in the past decade, and the relationship between poverty and poor health, many have recognized the need for the government to address poverty and health issues. Ross (1998) argues that:

> *"The more support we can provide to people in the form of educational opportunities, the greater the likelihood that they will become productive, self-supporting (and tax-paying) citizens. And the more public services we can provide – such as in education, child care, health care, and access to culture and recreation – the less likely it is that a child's life chances will be severely limited by their family's income. Our goal in Canada should be to reduce the 'poverty of opportunity' for children and to increase the number who make a successful transition to adulthood"* (p. 3).

7.0 Conclusion

Although the present study has its limitations, it was not without richness of data. The information provided by participants delivered an important message as to the difficulties faced by low income consumers in the four Toronto communities and the need for the services and supports that they used. It was clear from their responses that access to health-care and community-based services was necessary, and that those services should be affordable and accessible. The desire to be treated well, and with respect and dignity, by service providers was another evident theme in the study. Systemic changes to the health and social service systems are needed, as are improvements and enhancements to existing services. It was clear also that improvements need to be made in disseminating information to low-income consumers – to ensure that they are accessing their entitlements, as well as to be aware of all the different services and supports that are available to them in the community.

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Appendix One: Interview Schedule for Phase One

Interviewer Name: _____
Interview Participant Code: _____
Date:_____

Note to Interviewer: notes in italics are Instructions to Interviewer; do not read to Participant

Before you begin the interview, make sure ...

- the Participant has read the Information Sheet
- the Participant has signed the Consent Form
- the tape recorder is on and works
- you have "coded" the tape with Participant Code, your initials, and date and recorded this information on tape
- you have filled in the box above

A. Opening Script

Before we begin, I want to explain some of the words we'll be using throughout the interview so that everyone has the same understanding.

1) The first is **"health or being healthy**". Being healthy means different things for different people. For this study, being healthy means more than not being sick. Being healthy is being able to cope and manage your life. It means feeling good physically, socially, emotionally, and spiritually. Throughout this interview, we would like you to think about health in this way.

2) We will also be using the words **supports, services**, **resources and programs**. For the purpose of this interview, health-related supports, services, resources, and programs includes all of the following things:

   a) medical or health care services covered by OHIP, like family physician, hospital use, a specialist

   b) health services not covered by OHIP, such as a chiropractor, naturopath, massage therapy, traditional healers, and other such services

   c) other supports and services that people use to stay healthy, such as food banks, self-help groups, social support groups, recreational programs, herbal remedy stores, religious services, or other things like that.

Any questions?

I will be taking some notes during the interview to help me stay on track and remember what you have said.

B. Interview Questions

☞	People can do lots of different things to stay healthy and different things to cope when they are not feeling well. We want to start with asking you to think about your own health.

1. a) What do you (and your family) do to stay healthy?

If necessary probe with:

- What medical services do you use?
- What other health resources or programs do you use?
- What social programs or services do you use?
- What other community resources and programs do you use?

b) What do you (and your family) do when you're not feeling well; for example, when you are ill or injured?

If necessary probe with:

- What medical services do you use?
- What other health resources or programs do you use?
- What social programs or services do you use?
- What other community resources and programs do you use?

If Participant <u>DOES NOT USE</u> any of these kinds of services or supports, <u>go to Question 3</u>.

2. Which of these services or resources do you (and your family) use most often?

Skip Question 3 for Participants who <u>USE</u> supports or services listed in Question 1.

3. You have not mentioned using any kind of program or service to help you stay healthy or to help you when you are not feeling well. What are your reasons for not using any kind of service or program?

Probe if necessary with: What prevents you from using health-related services or programs?

☞	The next few questions are about when and how often people use health-related supports and resources.

4. In the past 6 months, did you (or your family) use any services or programs?
_____ YES _____ NO

If YES, ask a) & b) and list agency (if necessary), type of service, & how often below.

- For Participants who USE services, go through all services & programs given in 1a &b. - Do not ask about lifestyle & nutrition choices like exercise, eat well, sleep etc.
- Probe, if necessary with: Did you use any other service within the past 6 months that you haven't mentioned yet?

a) What services or programs did you use? Did you use ...?
b) How often did you use them?

Name of Agency	Type of Service	Frequency

For Participants who DO NOT USE services and supports, Skip Q.5 and 6 and Go to Q. 6A.

☞	The next few questions are about why people use various health-related services and supports. People use different kinds of services and supports for different reasons.

5) In general, what are your reasons for using the supports and services you have told me about?

There are some other reasons people have for using particular supports and services for their health. I would like to go through some of these with you to see if any have ever applied to you. Do you use programs and services ...

Repeat "Do you use supports and services ..." every 2-3 items.

Enter a ✓ or Y for Yes
Enter a ✗ or N for No

For YES responses to a- g, ask person for more info about their experience, unless they have already given you detailed info in Q. 1 or 2); Examples of probes include:
"Would you tell me about a time when (*state reason*)? What did you do?"
a) _____ when you are ill?
b) _____ when you don't have the money or resources to meet your needs ?
c) _____ when you have family or personal stress?

d) _____ when you feel lonely or isolated?
e) _____ when you have a problem to deal with?
f) _____ when you don't know what else to do to cope?
g) _____ because you have been required to do so by a professional or agency?

Does using a service or program depend on ... *(Repeat this phrase as needed)*

For <u>YES</u> responses to h-k, ask person for more info, unless they have already given you detailed info in Q. 1 or 2); Examples of probes include:
"Is this factor more important with some services or programs than with others?"

a) _____ how familiar it is to you?
b) _____ on whether your friends or family members use the same service?
c) _____ how easy it is to get to?
d) _____ how affordable it is?
e) _____ the quality of the service you receive?

☞ The next few questions are about how well health-related services and supports meet people's needs. Please keep in mind that, for this study, being healthy means feeling good physically, socially, emotionally, and spiritually.

For Participants who USE services, <u>ask Q.6, a, and b</u>.
For Participants who DO NOT USE services, <u>ask Q. 6A, a, and b.</u>

6) Overall, how well do the programs and services that you have used meet your needs (and your family's needs)?
Probe if necessary: - How helpful are the supports and services that you have told me about? *(If necessary, probe with responses to Q. 1a &b)*

6A) Overall, how well are you able to meet your (and your family's) health needs?

Ask the following questions, unless they have clearly answered them:
a) What kinds of things make you or <u>would</u> make you feel comfortable using services or programs?

b) What kinds of things make you or <u>would</u> make you feel uncomfortable using services or programs?

7) What would life be like for you (and your family) if you could not use health-related resources and services?

Probe: - How important is it for you (and your family) to be able to use health-related programs and services (that you have told me about)?

8) Did you ever feel that you were not getting as good service as other people?
____ Yes ____ No

If says YES, ask (a):
a) What made you think so? What happened?

9) In particular, do you think your income status affects the quality of service you receive? _____ Yes _____ No _____

Make sure Participant answers about "income status" not "income level". If necessary, explain by saying: "this question is really asking about whether positive or negative views of people who live on low incomes affect the quality of service you receive."

If says YES, ask for details. Example of probes include:

a) What made you think so? What happened?

10) Have you or your family ever needed or wanted to use a particular service or support, but have not? _____ Yes _____ No

If Participant says YES, then ask (a) and (b):

a) What services or supports did you want to use?

b) What were your reasons for not using that service or support?

11) In particular, does your income status affect (or determine) the services or programs you choose to use or not use? _____ Yes _____ No

Make sure Participant answers about "income status" not "income level". If necessary, explain by saying: "This question is really asking about whether positive or negative views of people who live on low incomes determines which services or programs you choose to use."

If Participant says YES, then ask (a) & (b):
a) What services or supports do you choose not to use?

b) What made you feel that way? What happened?

"I just want to quickly remind you that, for this study, health supports and services includes medical services covered by OHIP like specialists, health services not covered by OHIP like a chiropractor, and other programs and resources that people use to stay healthy emotionally, socially, physically, or spiritually - like drop-ins, recreation programs, or spiritual services."

12) How could the services and programs that you (and your family) use or would like to use be made better?

13) What services and programs would you like to see that are not available?

14) How do you learn about the services and programs that are available to you (and your family)?

☞ The next question is about the influence people feel they have over health-related services and supports. In the past few years, there has been a lot of talk about making sure the general public has more input on decisions about how health services and supports are organized and delivered.

15) Have you ever tried to provide suggestions on what or how services and programs are delivered? _____ Yes _____ No

If participant is not able to answer, say the following:

Some people provide suggestions by telling service providers what they think about certain services or about services that are not available; Others go to meetings or work on committees dealing with health services and supports. What kinds of things have you done to provide suggestions on services or programs?

If YES, only ask (a).
If NO, ask (b) and (c).

a) Please tell me more about that situation? What service was it? What did you do?

b) Would you like to have a say on what or how services and programs are delivered?

If says, NO, skip (c). If says, YES, ask (c).

c) In what ways would you want to provide suggestions on what or how services and programs are delivered?

C. BACKGROUND QUESTIONS

☐ *Fill in Participate Code here. You can turn off the tape recorder at this point.*

> ☞ This is the last section. So that we can give a general description of people who took part in the study, we ask some general questions about people's age, education, family, ethnic background, and income.

1) *Sex of Participant* Male_____ Female _____

2) What is your age? _____

3) What is your level of education? *(Read the entire list and check off all that apply)*
_____ Less than Grade 9
_____ Grade 9-13
_____ College, Trade, or technical certificate/diploma
_____ University undergraduate degree
_____ University graduate degree
_____ Other _____

4) How would you describe your ethnic identity or background? For example, French, English, Portuguese, Chinese, Irish, Ojibway, like that) _____

5) What is your occupation? _____

6) Now, I will read off a list of sources of income. Please tell me which ones apply to you. Are you receiving income from: *(Check off all that apply)*
_____ Full-time employment
_____ Part-time employment
_____ Irregular, casual, or seasonal employment
_____ (Un)Employment Insurance
_____ ODSP - Ontario Disability Support Program (Family Benefits)
_____ Ontario Works (General Welfare)
_____ Pension (Disability, Senior's, etc.)
_____ Another source of income: _____
_____ Not receiving an income

If Participant is living with partner, ask Q.7. ___ *Check here if <u>not</u> living with Partner*

7) Now, how about your partner? Is s/he receiving income from:*(Check off all that apply)*
_____ Full-time employment
_____ Part-time employment
_____ Irregular, casual, or seasonal employment
_____ (Un)Employment Insurance
_____ ODSP - Ontario Disability Support Program (Family Benefits)
_____ Ontario Works (General Welfare)
_____ Pension (Disability, Senior's, etc.)
_____ Another source of income: _____
_____ Not receiving an income

8) What has been your (or your family's) main source of income during the past 12 months?
_____

9) What was your <u>total</u> family income last year? _____

For Participants who refuse to give an exact income, say the following:
Would you mind showing me in which range of income your annual family income is?
If refuses to give range, check here _____ .

If Participant agrees, show the Participant the following ranges of income and check the appropriate one.

_____ $0 - $5,000	_____ $30,000 - $35,000
_____ $ 5,000 - $10,000	_____ $35,000 - $40,000
_____ $10,000 - $15,000	_____ $40,000 - $45,000
_____ $15,000 - $20,000	_____ $45,000 - $50,000
_____ $20,000 - $25,000	_____ $50,000 - $55,000
_____ $25,000 - $30,000	_____$55,000 and over

If Participant has children living with him/her, ask Q.10.
_____ *Check here if has no kids.*

10) How old are your children? *(Fill in the age of each child below; If has more than five children, add to bottom of this list)*

_____ Child 1
_____ Child 2
_____ Child 3
_____ Child 4
_____Child 5

Distribute a handout summarizing key responses for selected questions before interview

Low income people:

1. How do the responses fit with your own experiences?
   - What are similarities? What are differences?

2. How can services and programs for low-income people be made better?

3. What services and programs would you like to see for low-income people that are not now available?

4. What policy changes are needed? (City, provincial and federal)

5. How could low-income people be involved in influencing services, programs, and policies?

6. Who should be told about the results of this study?

Service Managers, Advocacy Groups, Policy Decision-makers

1. How do these responses fit with your knowledge of low-income peoples' experiences?

2. How can services and programs for low-income people be improved?

3. What services and programs should be provided for low-income people that are not now available?

4. What changes in policies are needed?

5. How could the findings be used to effect change in services/programs and in policies?

6. How could [service managers/advocacy groups/policy decision-makers] be involved in influencing policies, services, and programs for low-income people?

7. How should low-income people be involved in influencing services/programs/policies?

8. Who should be told about the results of the study?

9. What are the best ways to communicate this information?

Appendix Three: Demographic Profile by Site

Lawrence Heights Demographic Profile:

	Individual Interviews (n=25)	Focus Group (n=9)
Gender:		
• women:	20	7
• men:	5	2
Age:		
• 16 to 24:	1	1
• 25 to 29:	0	0
• 30 to 39:	8	1
• 40 to 49:	8	4
• 50 to 59:	0	0
• 60+:	8	3
• average age:	46.7	47.8
Education:		
• less than grade 9:	4	1
• grade 9 to 13:	9	7
• college/trade/technical:	8	1
• university undergraduate degree:	1	0
• university graduate degree:	2	0
• missing information/not provided:	1	0
Income:		
• 0 to $5,000	2	1
• $5,000 to $10,000	9	2
• $10,000 to $15,000	9	3
• $15,000 to $20,000	4	2
• $20,000 to $25,000	0	0
• $25,000 to $30,000	0	0
• $30,000 to $35,000	1	0
• missing information/not provided:	0	1
Main Source of Income:		
• employment:	2	0
• ODSP	9	3
• Ontario Works:	6	4
• pension	5	2
• another source of income:	3	0
• missing information/not provided:	1	0

Lawrence Heights Demographic Profile (cont'd):

	Individual Interviews (n=25)	Focus Group (n=9)
Ethnicity:		
• English, Canadian or of British origin:	7	4
• Spanish	5	0
• Jewish or Jewish/Mix:	3	2
• English Canadian/Mix	2	0
• Russian/Ukranian	2	1
• Caribbean or Caribbean/Mix	2	1
• Portuguese	1	0
• African	1	0
• Maltese	0	1
• Missing information/not provided	1	0

Living Situation and Life Circumstances:

Although not directly asked about their current life circumstances, it appears from responses given in interviews, that many of the 25 respondents in the individual interviews and a couple of the 9 focus group participants were single parents. As well, a number of the 25 respondents from the individual interviews, and several of the respondents in the focus group were living with a disability. Finally, approximately several of the 25 respondents from the individual interviewers were newcomers to Canada. One of the nine participants in the focus group was relatively new to Canada – she had come to Canada from Russia five years earlier.

Former City of York Demographic Profile:

	Individual Interviews (n=25)	Focus Group (n=5)
Gender:		
• women:	23	4
• men:	2	1
Age:		
• 16 to 24:	4	2
• 25 to 29:	3	1
• 30 to 39:	7	2
• 40 to 49:	5	0
• 50 to 59:	1	0
• 60+:	0	0
• average age:	32.4	27.6
Education:		
• less than grade 9:	2	0
• grade 9 to 13:	9	5
• college/trade/technical:	10	0
• university undergraduate degree:	1	0
• university graduate degree:	0	0
• missing information/not provided:	3	0
Income:		
• 0 to $5,000	0	1
• $5,000 to $10,000	3	1
• $10,000 to $15,000	3	1
• $15,000 to $20,000	4	1
• $20,000 to $25,000	6	1
• $25,000 to $30,000	2	0
• $30,000 to $35,000	1	0
• missing information/not provided:	6	0
Main Source of Income:		
• employment:	16	2
• Ontario Works:	5	2
• Employment Insurance	1	0
• another source of income:	1	0
• missing information/not provided:	2	1

Former City of York Demographic Profile (cont'd):

Ethnicity:

- in the individual interviews, all participants had a Caribbean background, although the description of that Caribbean background ranged somewhat: 6 people described their background simply as "Caribbean"; 9 described their ethnicity as Jamaican or Jamaican/mix; 7 described their ethnicity as "English"; and 1 described her/his ethnicity as "aboriginal"; information was missing on 2 individuals
- in the focus group 2 individuals described their ethnicity as African or English & African; 1 described her ethnicity as "English"; and 1 described her ethnicity as "East Indian"; information was missing on 1 individual

South Riverdale Demographic Profile:

	Individual Interviews (n=25)	Focus Group (n=10)
Gender:		
• women:	12	4
• men:	13	6
Age:		
• 16 to 24:	2	2
• 25 to 29:	5	1
• 30 to 39:	9	2
• 40 to 49:	7	4
• 50 to 59:	1	0
• 60+:	2	0
• missing information	0	1
• average age:	35.3	33.4
Education:		
• less than grade 9:	1	1
• grade 9 to 13:	12	5
• college/trade/technical:	5	3
• university undergraduate degree:	7	2
• university graduate degree:	0	0
• missing information/not provided:	1	0
Income:		
• not receiving an income:	1	0
• 0 to $5,000	3	2
• $5,000 to $10,000	14	5
• $10,000 to $15,000	4	2
• $15,000 to $20,000	0	1
• $20,000 to $25,000	0	0
• $25,000 to $30,000	1	0
• missing information/not provided:	2	0
Main Source of Income:		
• not receiving an income:	1	0
• employment:	3	2
• ODSP:	6	2
• General Works:	12	4
• Pension	2	2
• another source of income:	1	0

South Riverdale Demographic Profile (cont'd):

	Individual Interviews (n=25)	Focus Group (n=10)
Ethnicity:		
• English, Canadian or of British origin:	9	6
• Chinese/Asian:	5	1
• Native or Native/Mix:	4	1
• African:	1	1
• French or French/Mix:	3	0
• West Indian:	1	1
• "Mixed":	2	0

Living Situation and Life Circumstances:

Although not directly asked about their living situation or life circumstances, it appears from responses given in interviews, that a number of the 25 respondents from the individual interviews, and a couple of the 10 respondents in the focus group, were currently or previously homeless or living in a shelter or hostel situation. It also appears that about many of the 25 respondents from the individual interviews, and several of the 10 respondents in the focus group were dealing with addiction problems. Finally, there were approximately several newcomers to Canada, from China, who participated in the individual interviews.

Regent Park Demographic Profile:

	Individual Interviews (n=25)	Focus Group (n=8)
Gender:		
• women:	16	4
• men:	9	4
Age:		
• 16 to 24:	9	1
• 25 to 29:	2	0
• 30 to 39:	3	2
• 40 to 49:	7	3
• 50 to 59:	2	0
• 60+:	2	1
• average age:	35.2	41.7
Education:		
• less than grade 9:	2	2
• grade 9 to 13:	11	3
• college/trade/technical:	2	1
• university undergraduate degree:	7	1
• university graduate degree:	2	1
• missing information/not provided:	1	0
Income:		
• not receiving an income:	1	0
• 0 to $5,000	8	4
• $5,000 to $10,000	6	3
• $10,000 to $15,000	3	0
• $15,000 to $20,000	3	0
• $20,000 to $25,000	1	1
• missing information/not provided:	3	0
Main Source of Income:		
• not receiving an income:	1	0
• employment:	4	1
• Employment Insurance:	1	0
• ODSP:	3	5
• General Works:	9	0
• another source of income:	6	1
• missing information/not provided:	1	0

Regent Park Demographic Profile (cont'd):

	Individual Interviews (n=25)	Focus Group (n=8)
Ethnicity:		
• English, Canadian or of British origin:	7	4
• Chinese:	5	2
• African (Somalian & Ethiopian)	4	0
• French or French/Mix:	3	0
• Caribbean:	2	1
• "Mixed":	2	0
• Portuguese Canadian	1	0
• Italian Canadian	0	1
• missing information/not provided:	1	0

Living Situation:

Although not directly asked about their living situation, it appears from responses given in interviews, that a number of the 25 respondents from the individual interviews, as well as several of the 8 respondents in the focus group, were homeless or living in a shelter or hostel situation.