



United Way

UNITED WAY'S COMMUNITY QUEST

A Summary of United Way's Community-Based Research to Inform
Our Focus on Poverty and Health in Our Community

May 2011

United Way's Community Quest

This summary describes key themes identified in recent research conducted by United Way of Halifax Region as well as statistics from recognized data sources. The information has provided guidance for volunteers and staff as we looked at the challenges we face as an organization determined to realize positive community impact.

In 2009, our strategic plan identified two crucial success factors that would require change for this organization: develop and measure our own United Way outcomes and raise more money for the United Way Community Fund. The two are inextricably linked. Getting focused on major issues affecting our community means we can have significant impact. When we can clearly explain how we are changing community conditions, we can raise more resources.

With this as our objective, in 2010, we hosted focus groups, invited participants to respond to a web based survey and organized public meetings to consult with local citizens. More than 300 residents responded. When secondary research was added to our findings, we convened four symposiums of volunteers and staff to identify the local issues that will drive future decisions.

After many hours of discussion and deliberation, we have identified two issues as priorities for our United Way: Poverty and Health. Other key themes were discussed at length and it is our expectation that these (ie. housing, youth, seniors) will be included within the strategies supporting the two major issues of poverty and health.

It is important to include the responses people gave when asked what United Way's role should be in addition to funding:

- Advocacy – help people have a voice
- Facilitator – of community members and government as well as community networks
- Information and Public Awareness – about the community and how to access programs and services
- Leadership – influencing public policy
- Neighbourhood Development – expanding Action for Neighbourhood Change into more neighbourhoods
- Partnerships – working with others to address social needs
- Community Building – getting people engaged in their communities
- Volunteerism – increase the level of volunteerism

This research will guide our work into the future. **Change starts here!**

Catherine J. Woodman
President & CEO



Graphic summary of Open Space community discussion in Summer, 2010

*Poverty

PEOPLE SAID

People talked about having enough money to live a dignified life, the stigma of living in poverty, and the long-term impact of poverty on families and children. They identified the high cost of living related to healthy food and housing, not being able to pay for programs and

activities for themselves or their children, and challenges related to social assistance. People also referred to the inability to make rent, the need for food banks, debt loads, particularly for students, and the concentration of poverty in specific neighbourhoods.

WHY IS THIS IMPORTANT?

Generally speaking, wealthier people and people of higher social status have better health. In contrast, people living in poverty are unhealthier due to, for example, reduced access to safe housing and an insufficient amount of nutritious food. Moreover, individuals with lower income and social status have less control over their circumstances, especially stressful situations, and people with few options are more vulnerable to diseases.

The healthiest populations are not only those that are wealthy, but also those that have a relatively equal distribution of wealth. A large gap between rich and poor can cause social problems and jeopardize the health of the population as a whole.

THE FACTS

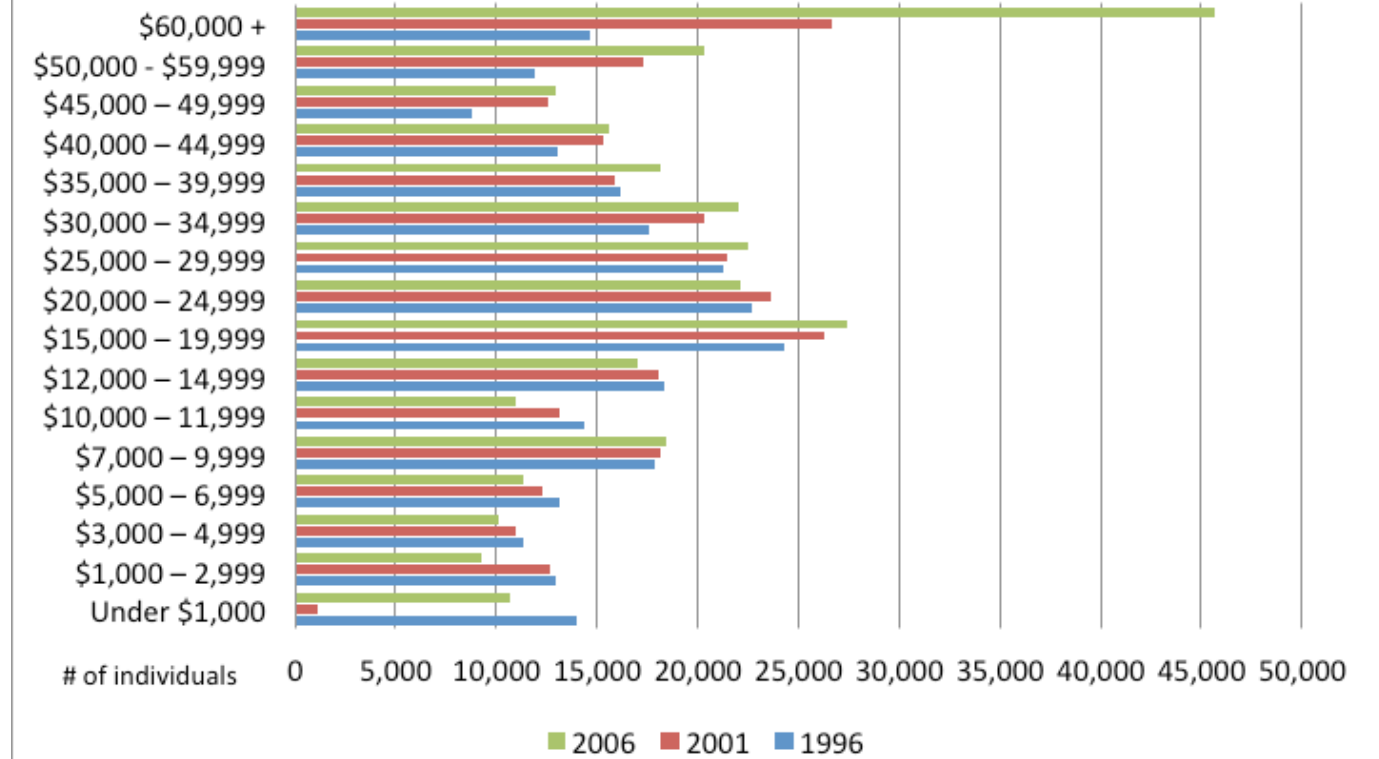
Census data tell us that from 1996 to 2006, income increased for almost all groups in HRM. Increases were proportionately larger for higher income groups, and the gap between rich and poor grew. During the same period,

the number of families and private households with low income decreased, but the number of unattached persons older than 15 years with low income increased by 33%.

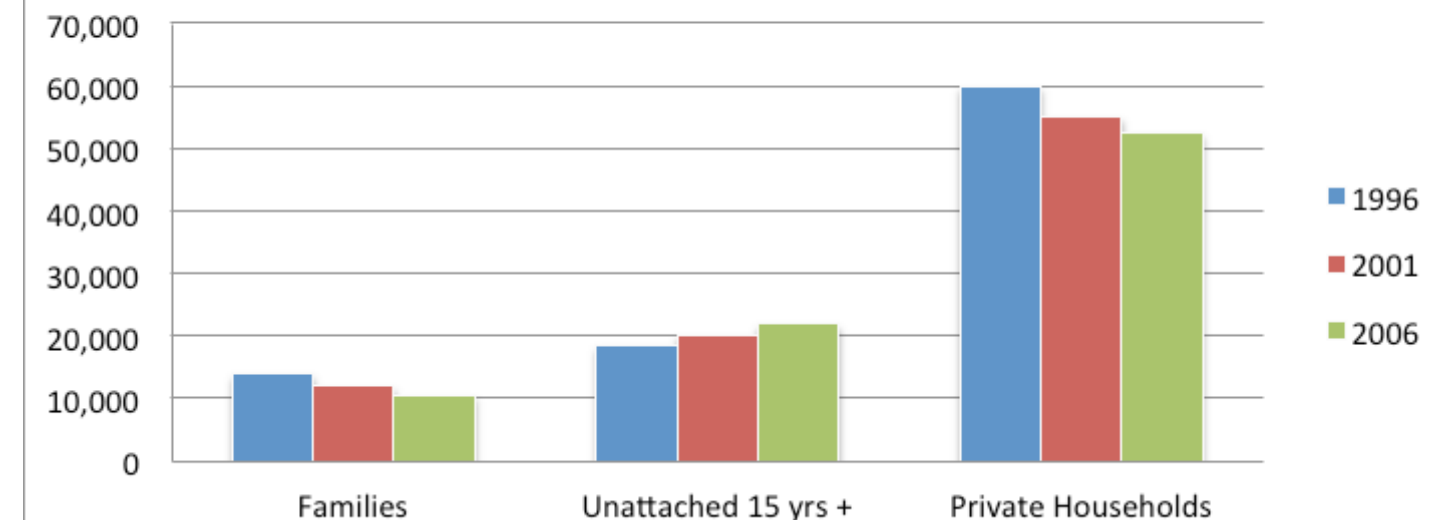
*Themes

An attempt has been made to rank the themes in order of how often specific reference was made to each theme. There was significant overlap among the themes, however, which makes these rankings open to interpretation. Themes are Poverty, Affordable Housing/Homelessness, and Transportation, Health, Social Capital, Education, Employment.

Income Distribution by Individual



Low Income



Affordable Housing/ Homelessness, and Transportation

PEOPLE SAID

People talked about the way that rising costs of rent and utilities are driving people to slum apartments or out of housing. They described how persons with addictions have trouble finding housing, the trouble that youth leaving foster care have accessing housing, and the stigmatization of people who are homeless. People spoke

of the need for affordable and supportive housing for seniors, and the lack of housing options.

People also talked about the high cost of transit, poor routing, and the link between transportation and access to employment.

WHY IS THIS IMPORTANT?

Housing, indoor air quality, and the design of communities and transportation systems can significantly affect people's well-being. Safe and secure housing is a foundation for meeting other needs in life.

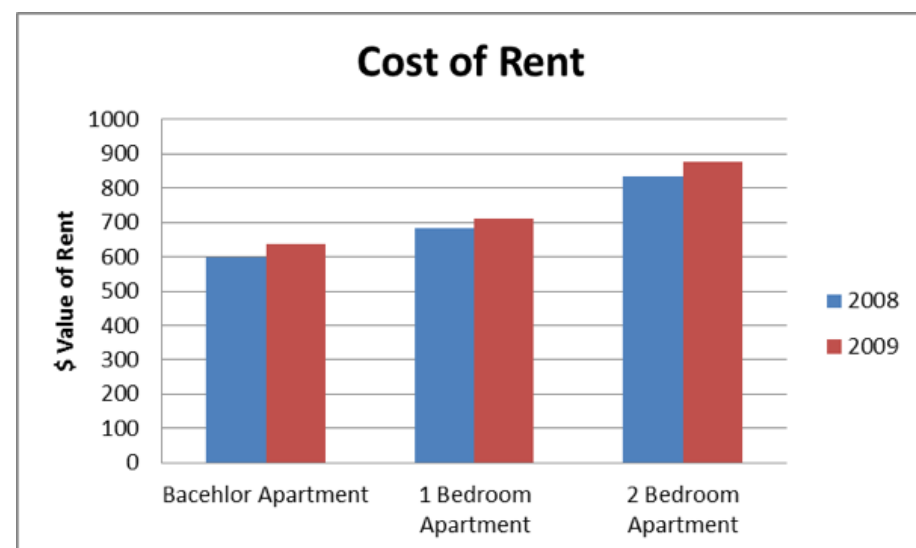
Urban design leading to high dependence on automobiles has been suggested as a factor contributing to rising obesity, as people drive rather than walk or cycle. Those without access to affordable and sufficient transportation lose opportunities for social engagement and suffer reduced access to employment.

THE FACTS

From 2001 census data, 22,385 households (16.3% of the households in HRM) were 'core need households' not having sufficient income to access housing that meets general standards of:

- adequacy – not requiring any major repairs
- suitability – enough bedrooms for the residents
- affordability – costing less than 30% of before-tax household income.

Three-quarters of these 'core need households' (73%) rented their accommodation, and the remaining 27% owned their own homes. Core need households were headed, in decreasing order, by people who were non-family members (50%), seniors (26%), lone parents (24%), immigrants (8%), and aboriginals (2%). The average cost of rent increased from 2008 to 2009, while the rental vacancy rate fell by 14.7%. The number of public housing units stayed the same, and the number of rent supplements increased slightly.



Health

PEOPLE SAID

People talked about timely access to health services, the cost of health services, and obesity as a health problem not receiving enough attention. Many comments focused on mental illness as an issue that is on the rise, and the driver of many other problems such as housing and crime. They spoke of the stigmatization of people with a

mental illness, and how mental health and life skills are not properly addressed among youth. People also talked about lack of parenting skills, managing work-life balance, and the difficulty of learning about, and connecting with, existing services and programs.

WHY IS THIS IMPORTANT?

Although access to insured health services is largely unrelated to income, many Canadians with low and moderate incomes have limited or no access to health services such as eye care, dentistry, mental health counselling and prescription drugs. Shorter hospital stays and increased care at home and in communities may be placing increased physical, financial and emotional burdens on families, and women in particular. Community health can be improved by creating an active transportation system, providing recreation opportunities for all community members, and making sure sufficient and healthy food is available to everyone.

problems and make choices that enhance well-being. Individual choices are greatly influenced by the socio-economic settings where people live, work, learn and play. A low socioeconomic environment offers fewer choices, and makes it more difficult for people to choose healthy lifestyles, such as a nutritious and sufficient diet.

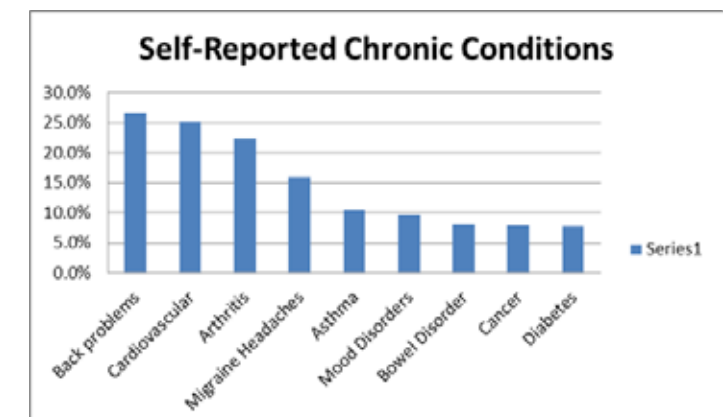
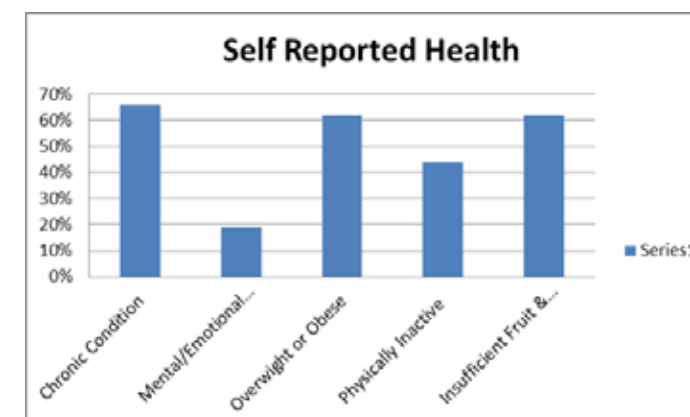
Each person's social and economic experiences have a powerful influence on his or her well-being. Coping skills acquired in the first few years of life enable people to interact effectively with the world they live in, and deal with the events, challenges and stress in their daily lives. Self-reliance, problem-solving and making informed choices help people deal with challenges in a positive way, rather than resorting to risky behaviors such as drug and alcohol abuse.

A person's well-being is linked with his or her ability to cope with challenges, develop self-reliance, solve

THE FACTS

In a survey carried out by Capital District Health Authority, 66% of respondents reported having at least one chronic condition. Of the 62% who did not meet the daily requirement of fruit and vegetables, those with an annual income of less than \$20,000 were more likely to fall below

the daily requirements. Those who were physically inactive were most likely to fall below the daily requirements for fruit and vegetables.



Social Capital

PEOPLE SAID

People talked about not knowing their neighbours, safety, being proud of their neighbourhood, and the importance of their community/neighbourhood.

People spoke of youth turning to crime (and drugs) because of limited options such as positive job opportunities and programs, crime resulting from troubled home lives and poor parenting, and the prevalence of bullying and in-school violence.

People also talked about lack of respect for others and for property among youth, and how systems of punishment and rehabilitation are ineffective for youth.

People described the lack of volunteers for organizations, the need to engage seniors as volunteers, and the need to engage youth with seniors. People also identified a relationship between volunteerism and community awareness and information.

WHY IS THIS IMPORTANT?

People who have supportive families, friends, and communities tend to enjoy better health. Social support networks can help people solve problems, deal with hardship, and maintain control over their life. Positive social relationships also give people a sense of satisfaction and well-being, and a sense of belonging.

The values and norms of a society influence the health and well-being of individuals. Social stability, respect for diversity, safety, good working relationships, and

close-knit communities reduce many potential threats to good health. Community participation and the strength of social networks within a community are reflected in the institutions, organizations and informal giving practices that people create to share resources and build attachments with others. Unhealthy social environments, such as those that result from family violence, can have a devastating effect on people's health, especially that of women and children.

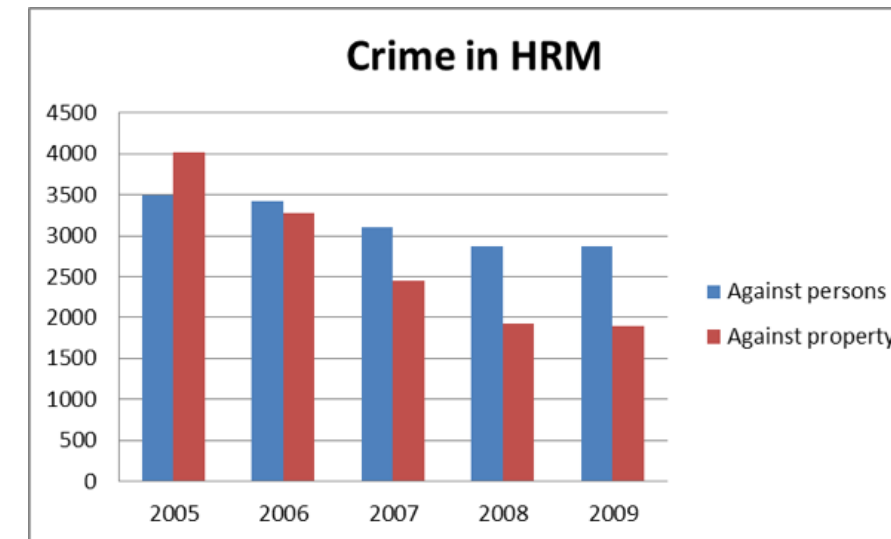
THE FACTS

For sense of belonging in HRM, 90% of respondents agree/strongly agree with the statement, "I like the neighbourhood in which I live", and 82% feel like they belong to their community. Capital District Health Authority found that only 67% of respondents indicated they have a strong/very strong sense of belonging to their community.

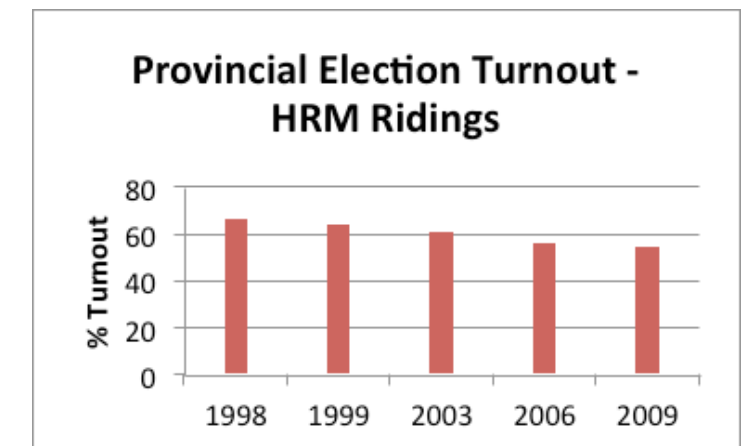
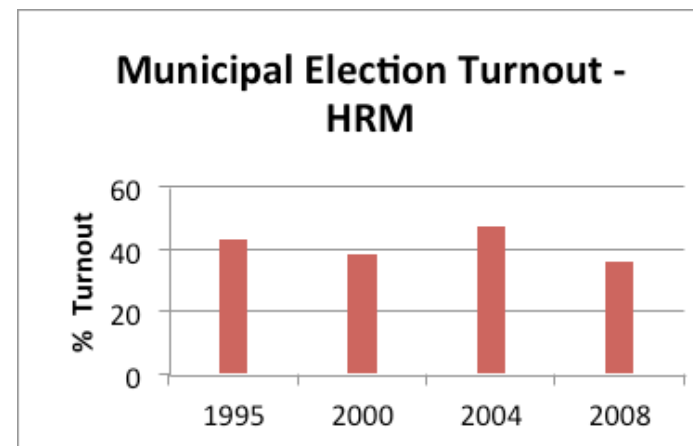
For community participation in HRM 52% have never volunteered at a neighbourhood/community organization or event. Corporate Research Associates found in HRM that 74% completely agree/mostly agree with the statement, "there are people in my neighbourhood who take initiative and get things done", 32% volunteered

at a local service agency in the past year, 23% participated in plans or projects to improve their neighbourhood, and 13% joined a neighbourhood association or group in the past year. Conversely, 38% agree/mostly agree that people in their neighbourhood have little power over what happens in their neighbourhood.

Crimes against property dropped faster than crimes against persons between 2005 and 2009. Across the province, youth crime changed little between 2006 and 2008, with the number of non-violent crimes being approximately double the number of violent crimes.



For civic participation, 34% of HRM residents attend a public meeting about a Municipal matter once or twice a year; 60% have never attended a public meeting. Participation in provincial elections declined from 1998 to 2009.



Education

PEOPLE SAID

People talked about the lack of education, poor quality of education, limited access because of cost, student debt load, and post-secondary education being out of reach

for many. They also referred to the lack of affordable childcare making it difficult for mothers to access education.

WHY IS THIS IMPORTANT?

Education increases opportunities for job security, income security, and job satisfaction. Furthermore, education promotes good health by providing people with problem-

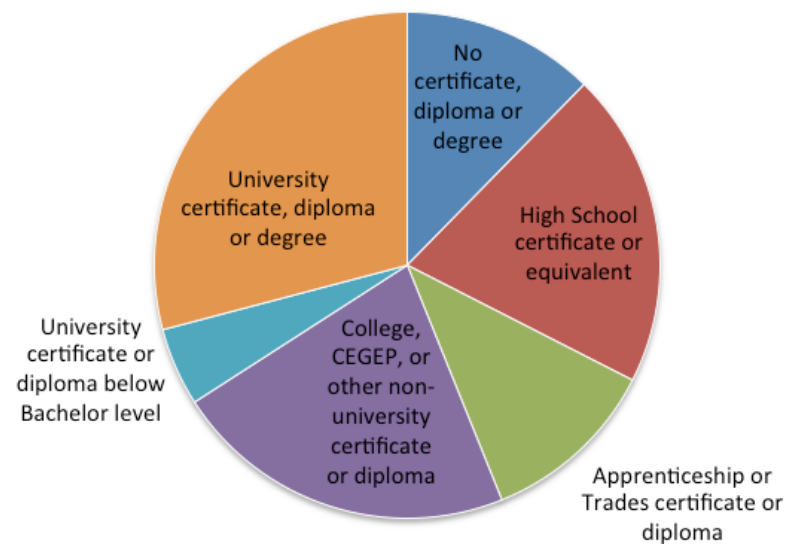
solving skills and by giving them a sense of control over their life. Individuals with lower education are less able to access and understand information about how to lead a healthy lifestyle.

THE FACTS

Census data tell us that the number of people in HRM with a college or trades certificate or diploma, and university certificate, diploma or degree, increased between 1996 and 2001. By 2006, the proportion of the population with a high school certificate or equivalent had increased.

In general, increasing the level of education increases the level of income. There has been an increase in the disparity between the wages of college graduates and the wages of individuals with less than a college degree .

Educational Achievement 2006



Employment

PEOPLE SAID

People talked about the lack of employment opportunities for youth and youth's need for positive job opportunities. They referred to lack of transportation as a barrier to

employment, and the lack of affordable childcare making it difficult for mothers to access employment.

WHY IS THIS IMPORTANT?

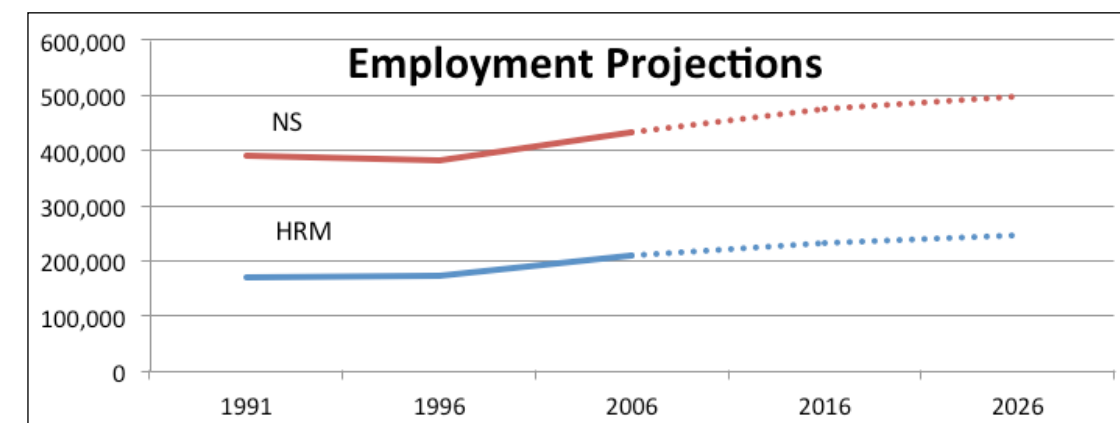
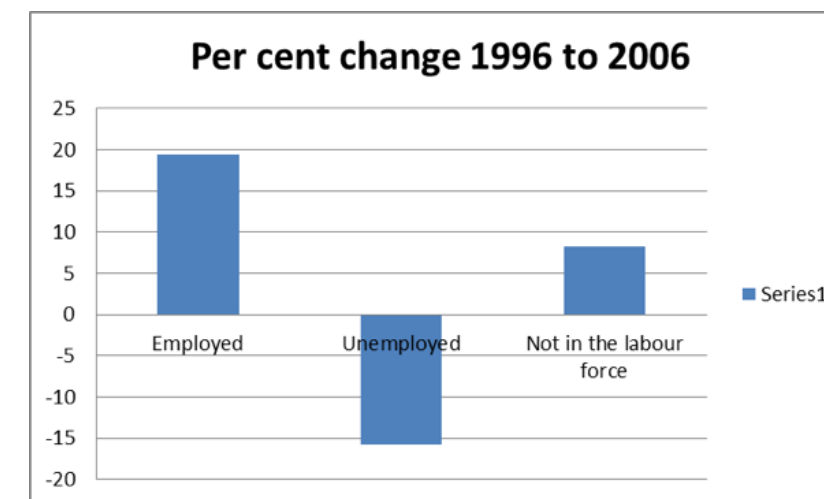
Unemployment, underemployment, and stressful or unsafe working conditions are strongly associated with poorer health. People who have control over their work and low job-related stress are healthier and tend to live longer. Employment provides money, a sense of identity and purpose, social contacts and opportunities for personal growth. Unemployed people suffer significantly more physical and mental health problems than employed people.

Unpaid work is also a major source of stress for many people, especially women. Several hours of housework, childcare, and/or caring for elderly relatives each day on top of a full-time paid job can take a serious toll on a person's health. Canadian women report higher work stress levels than men.

THE FACTS

People who are counted as part of the labour force may be either employed or unemployed. People who are not counted as part of the labour force include retirees, at home parents, persons under 15 years of age, and students.

The number of employed people in the labour force increased in HRM by 19.4% between 1996 and 2006, the number of unemployed people decreased by 15.8%, and the number of people not in the labour force increased by 8.2%. The unemployment rate in 2006 was 6.3%.



Who is Affected

Although the themes have been presented as separate entities affecting a variety of people, there is considerable overlap among the themes, and within populations. This is exemplified in the way focus group participants talked about seniors and youths, and the many comments people made about these two groups.

SENIORS

People talked about the growth of this population and the far reaching impact these changing demographics will have, the impoverishment of seniors, and their declining incomes and increasing costs of housing, care, and services. People discussed the need for expanded eldercare, the lack of activities, programs, and social

opportunities, their lack of transportation and housing options, and caring for seniors as a stressor for families. They described the stigmatization of the elderly, the need for opportunities to match seniors and youth, and the relationship between seniors and health care, affordable and supportive housing, and volunteerism.

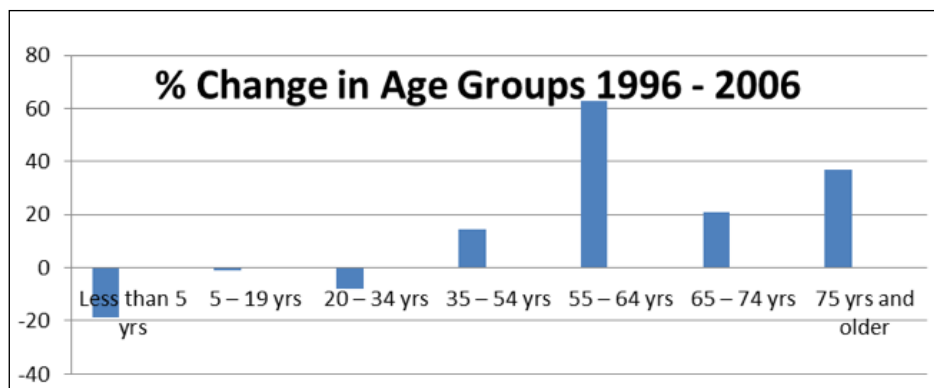
YOUTH

People talked about the lack of affordable activities for youth, the way that community groups and parents are competing against drug dealers, gangs, and pimps, and the lack of personal, social, critical thinking, financial literacy, and life-skills education for youth. People spoke of youth volunteerism not being cultivated, and concerns

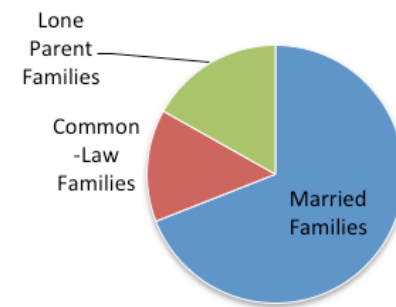
around mental health, pregnancy, bullying, violence, and lack of respect. People also talked about quality of and access to education, and lack of employment opportunities for youth. They also linked concerns about youth with crime, poverty, and mental health.

ALL AGE GROUPS

Although Halifax has a relatively young population with more than 50% of the population under 40 years of age, the largest growth is occurring in the 55 and over age group. The number of children less than 5 years of age declined by 18.9% between 1996 and 2006.



Family Make-Up 2006



FAMILIES

Family structure is changing, with a 54.3% increase in common-law families between 1996 and 2006, and lone-parent families increasing by 16.9%.

Data Sources

Primary Research

Nine focus groups (eight were homogeneous for youth, seniors, first voice, donors, community leaders, residents in neighbourhoods, residents in rural settings and young families, the ninth was a random mix of all groups.)
 Open Space Meeting
 Web based survey

Volunteer Review

Recruited to summarize notes from focus groups, Open Space and survey responses:
 Kathy Moggridge
 Belinda Smith
 Candace Stevenson
 Kevin Stoddart
 Julie-Ann Vincent
 Doug Vincent

United Way Symposium Participants (November, January, February, March)

Representation from:
 Board of Directors
 Community Resources Committee
 Campaign Management Team
 United Way staff

Secondary Research

This report was informed by research collected by:
 Canadian Institute for Health Information
 Canada Mortgage and Housing Corporation
 Capital District Health Authority
 Community Action on Homelessness
 Corporate Research Associates
 Corporate Research and Policy Services/Cantwell & Company
 Federation of Canadian Municipalities
 Greater Halifax Partnership
 Halifax Regional Municipality
 Province of Nova Scotia Department of Education
 Province of Nova Scotia Community Counts
 Statistics Canada

Special thanks to Marjorie Willison, Chebucto Connections, for compiling this report on our behalf. Chebucto Connections is a United Way partner, engaging residents in the area from Armdale to the Pennants, providing a hub for community activity.

Values

I believe in my community.

I believe that its success depends on the people who live in it.

That everyone has something to contribute.

That everyone deserves respect.

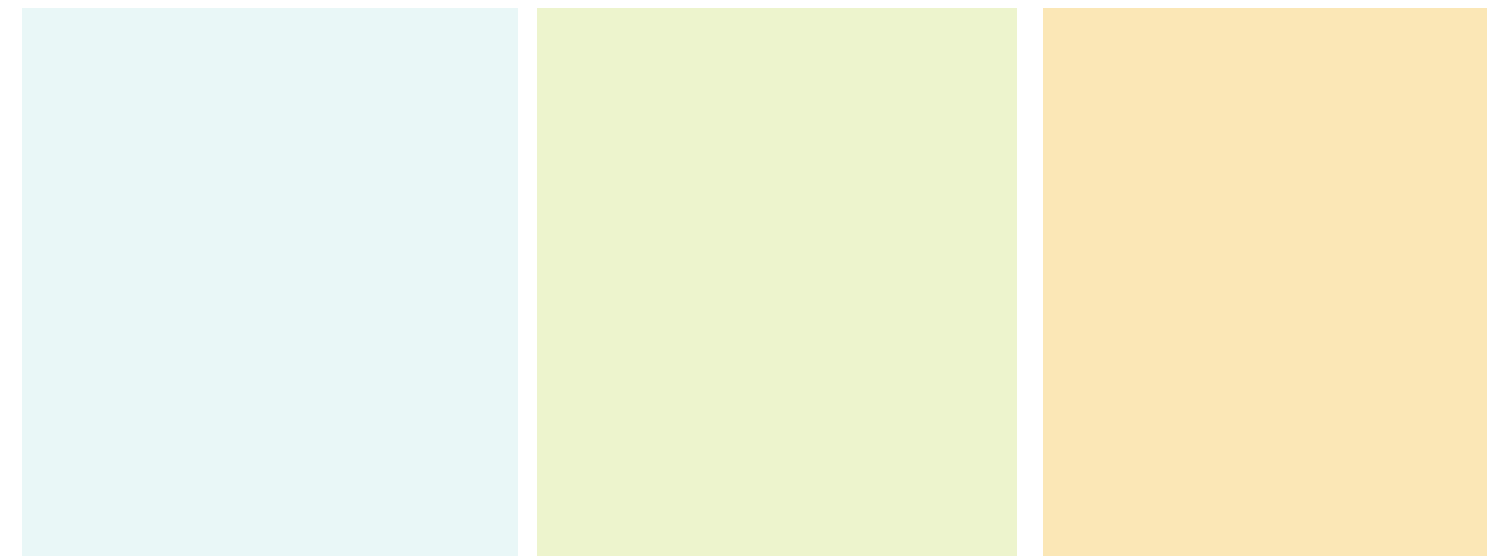
That everyone's potential can be realized.

That diversity is vital. That every person has value.

That everyone needs help and everyone can offer help.

That a safe, supportive community is everyone's responsibility.

I believe in possibility.



Vision

Our vision for community is that neighbourhoods are thriving, supportive and safe places, community partners share knowledge resources and skills and everyone can have a healthy life and participate in the community.

Mission

United Way brings people and organizations together to build vibrant neighbourhoods and strengthen our community.



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