# Community Needs Assessment of Health and Social Services in Notre-Dame-de-Grâce

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## SUMMARY

This community needs assessment is intended to evaluate the assets, weaknesses, gaps, and needs in the NDG community in regards to health and social services. This report describes needs that should be addressed in order to improve the health and well-being of individuals and families living in the NDG community. This community needs assessment provides the NDG Community Council, its stakeholders, and residents with a clearer understanding of health and social service needs in the community. It highlights what local residents, outreach workers, and service providers perceive to be the most pressing needs in the NDG community. This assessment also serves to identify barriers and difficulties when accessing health and social services, particularly those experienced by underserved populations such as youth, seniors, people living with disabilities, visible and racialized minorities, and newcomers, refugees, and asylum seekers living in the NDG community.

A concurrent mixed methods research design was employed to collect quantitative data and qualitative information. Methods to collect data and information included two surveys, three focus groups, three one-on-one interviews, and academic research. The quantitative data and qualitative information gathered are presented separately in the results section and then integrated and merged in the discussion and analysis section of the report. The discussion and analysis section analyzes the convergence and divergence of quantitative data and qualitative information, highlights NDG resident experiences and community responses to the COVID-19 pandemic, identifies assets and strengthens within the NDG community, and evaluates community weaknesses, gaps, and needs. Assets and strengths in the NDG community include:

- Strength and capacity of community-based organizations to provide health and social services and resources to NDG residents;
- Presence of profound support, solidarity, and mutual aid among NDG residents and within NDG neighbourhoods;
- Importance of community outreach workers as creative, compassionate, dedicated, and knowledgeable advocates and support systems to NDG residents, and;
- Strength and resiliency of community-based health and social service organizations working diligently to fill NDG resident needs, particularly during the COVID-19 pandemic.

Additionally in the discussion and analysis section of the report, the quantitative and qualitative results of this assessment are categorized into themes which identify health and social service needs and issues throughout the NDG community. Key community weaknesses, gaps, and needs include:

- Shortage of available family doctors in the NDG community and the Montréal-West area;
- Absence of available and accessible medical walk-in clinics in the NDG community;

- Presence of significant wait-times in medical walk-in clinics and emergency rooms;
- Presence of significant language barriers when interacting with health and social services in the NDG community;
- Lack of translation services in health and social services in the NDG community;
- Lack of available, free and affordable language education in the NDG community;
- Difficulties of visible and racialized minorities when accessing health and social services in the NDG community;
- Struggles of newcomers, refugees and asylum seekers in Canada when accessing health and social services in the NDG community;
- Important concerns and issues with transportation, particularly when travelling to health and social services in the NDG community and the Greater Montréal Region at large;
- Lack of free mental health supports and services (counselling, crisis intervention, ongoing social support, psychologists, etc.) in the NDG community that serve people of all ages, particularly those serving youth, seniors, parents, caregivers, and newcomers to Canada;
- Presence of significant struggles with social isolation, particularly during the COVID-19 pandemic;
- Need for more peer support groups to support community members in regards to a variety of issues (ex. pregnancy loss, mental health, parenting, language barriers, etc.);
- Lack of knowledge, information, education, and awareness of health and social services in the community among residents, particularly those who are newcomers to Canada and to the NDG community;
- Need for an online community resource guide or “portal” that provides information regarding health and social services in one accessible and simple place;
- Need for more advocacy and accompaniment to health and social services in the NDG community;
- Need for more exercise groups and activities in the community;
- Significant issues regarding accessibility concerns for people living with disabilities such as mobility limitations, hearing and visual impairments, intellectual disabilities, etc.;
- Persistent issues with funding and financing for community-based organizations;
- Significant concerns relating to access and accessibility for people of varying abilities and diverse residency statuses;
- Lack of cultural safety and cultural competency within community-based organizations, and;
- Need for more interdisciplinary holistic team approaches that focus on biopsychosocial intervention approaches.

Recommendations and suggestions for the forthcoming NDG Community Council Strategic Plan (2022-2027) are provided in the report. These include fifteen detailed

recommendations and suggestions, aiming to improve and increase access and accessibility to health and social services in the NDG community. Briefly, these include:

1. Increasing access to family doctors in the NDG community;
2. Improving access to medical walk-in clinics in the NDG community;
3. Improving access to mental health services and supports;
4. Addressing social isolation and increasing social engagement and inclusion;
5. Increasing awareness, education, and information about health and social services available in the NDG community;
6. Improving access to and accessibility of health and social services for people with limited knowledge of the official languages;
7. Improving access to and availability of free and affordable language education courses and workshops in English and French;
8. Improving access to health and social services and supports for visible and racialized minorities;
9. Increasing access to health and social services and supports for newcomers, refugees, and asylum seekers;
10. Improving access to and accessibility of public transportation and adapted public transportation;
11. Increasing advocacy and accompaniment services;
12. Increasing opportunities to improve resident health and well-being;
13. Improving accessibility to health and social services for people living with disabilities;
14. Supporting community-based organizations that require more robust funding and financing, and;
15. Improving cultural safety and cultural competency in health and social services.

Recommendations and suggestions highlighting advocacy opportunities for the NDG Working Group on Health are also presented. This is followed by a brief section regarding implications for future research, actions, and initiatives and concluding remarks.

# INTRODUCTION

## What is a Community Needs Assessment?

In general, community needs assessments are used to examine "how organizations, communities, and social structures (including political, economic, and social systems) contribute to or sustain problems or issues experienced by the multiple individuals, families, groups, and organizations that comprise the community" (Hardina, 2012, p. 126). Community needs assessments provide a "snapshot" and general impression of what is happening in a specific community at a particular time (Hardina, 2012;Kirst-Ashman & Hull, 2012).

These assessments can help identify which groups of people in the community are affected by specific problems, the gaps in service delivery, availability, and accessibility, and how power is distributed within the community and among stakeholders (Hardina, 2012;Kirst-Ashman et al., 2012;Royse et al., 2009). Community needs assessments also serve in identifying the strengths and assets that exist within communities and highlight the resiliency and resourcefulness of residents, groups, and community organizations (Hardina, 2012). These assessments are often conducted by community organizers and social workers by distributing surveys to residents, conducting interviews with key stakeholders within the community, and analyzing quantitative data and qualitative information (Hardina, 2012;Royse et al., 2009).

## Purpose:

The purpose of this community needs assessment is to assess the existing health and social service needs in the Notre-Dame-de-Grâce (NDG) community of Montréal-West. For the purposes of this assessment, the NDG community is defined as a residential neighbourhood in the West End of Montréal (NDGCC, 2020). It comprises two wards, Loyola to the West and Notre-Dame-de-Grâce to the East (NDGCC, 2020). NDG is bordered by four independent enclaves (NDGCC 2020). Its Eastern border is shared with the City of Westmount, Québec, and to the North and West, it is bordered by the cities of Montréal West, Hampstead, and Côte-Saint-Luc (NDGCC, 2020). It is currently one half of the municipal borough of Côte-des-Neiges–Notre-Dame-de-Grâce (CDN-ND)(NDGCC, 2020).

For the purposes of this assessment, health and social services are defined as services that: 1) Provide health care services (ex. emergency medical care, medical examinations, diagnoses, treatments, prevention, walk-in clinics, etc.); 2) Provide residential care for medical and social reasons (ex. long-term residential care facilities, in-home nursing services, etc.), and; 3) Provide social assistance (ex. counselling, welfare, child protection, community housing, transitional and subsidized housing, vocational rehabilitation, child care, etc.)(Government of Canada, 2020).

**Background & Context:**

Research for the NDG community needs assessment began in mid-November 2019. However, on March 16th, 2020, the COVID-19 public health emergency triggered a province-wide shutdown. The NDG Community Council immediately closed its offices and all research activities were paused in order to respect public health measures and keep the community safe.

Many NDG community organizations, including the NDG Community Council, began to slowly reopen their doors in the summer of 2020. This allowed for the NDG Community Council to continue its community needs assessment of health and social services in the NDG community, while also providing an opportunity to investigate the impacts of the COVID-19 pandemic on service provision and access for NDG residents.

**Objectives:**

This community needs assessment intends to address the following objectives in relation to health and social services in the NDG community:

- To successfully collaborate with NDG residents, community workers, public and non-profit organizations, and other community stakeholders to identify existing health and social service needs in the NDG community;
- To provide recommendations and suggestions for improving and strengthening health and social service provision in the NDG community and Montréal-West;
- To understand the impacts of the COVID-19 pandemic on service provision and access for NDG residents;
- To highlight important future steps and directions for the NDG Community Council Strategic Plan (forthcoming, 2022-2027) and the NDG Working Group on Health;
- To educate and inform residents, community workers, and other community stakeholders about existing health and social services in the NDG community, and;
- To engage NDG residents, community workers, non-profit organizations, and other community stakeholders in advocating for more robust health and social service provision in the NDG community.

The intended outcomes of this community needs assessment in relation to health and social services in the NDG community are as follows:

- To collaborate with NDG residents, community workers, public and non-profit organizations, and other community stakeholders to identify existing health and social service needs in the NDG community;
- To provide recommendations and suggestions for strengthening health and social service provision in the NDG community and Montréal-West;

- ❖ To integrate recommendations and suggestions from community needs assessment report into the forthcoming Strategic Plan of the NDG Community Council (2022-2027);
- ❖ To offer recommendations and suggestions to the NDG Working Group on Health for improving access and accessibility of health and social services in the NDG community;
- ❖ To use evidence-based research to help inform the development of social policies regarding health and social service provision in the NDG community;
- ❖ To educate and inform residents, community workers, non-profit organizations, and other community stakeholders about existing health and social services in the NDG community, and;
- ❖ To empower residents, community workers, non-profit organizations, and other community stakeholders to advocate for more robust health and social service provision in the NDG community.

**Structure of Community Needs Assessment Report:**

This community needs assessment report follows a basic report structure that can be navigated by using the table of contents and corresponding page numbers. The report begins with an overview highlighting the demographics and health of the population living in the NDG and the current status of health and social services in Montréal-West and NDG communities. It proceeds with an explanation of the methods and methodology utilized to collect the quantitative data and qualitative information used in this report. Limitations of the research and results are then discussed, followed by a description and summary of the quantitative and qualitative results.

The report continues with a detailed discussion and analysis of these results in relation to health and social services in the NDG community. Subsequently, recommendations and suggestions are provided along with general conclusions and implications for future research, actions, and initiatives. Formal citations are provided throughout the text and an APA 7th edition references cited list can be found at the end of the report.

## OVERVIEW OF HEALTH AND SOCIAL SERVICES AND CURRENT DEMOGRAPHICS

### Health and Social Services in Montréal Central-West and NDG:

The Integrated Health and Social Services University Network for West-Central Montreal or the Centre Intégré Universitaire de Santé et de Services Sociaux du Centre-Ouest-de-l'Île-de-Montréal, is also known as the CIUSSS West-Central Montréal. The CIUSSS West-Central Montréal is part of Québec's provincial public health care system that provides healthcare and social services to populations living in the Western regions of Montréal. The CIUSSS West-Central Montréal network serves approximately 362,000 people, in partnership with over 30 complementary healthcare facilities. These services include: the Jewish General Hospital, three specialized hospitals, five Local Community Services Centres or Centres Locaux de Services Communautaires (also referred to as CLSCs), two rehabilitation centers, four residential centres, two long-term geriatic residences, and two day centres. There are over 10,000 employees providing healthcare and social services, including approximately 700 registered physicians. These physicians are paid directly by Québec's Provincial Government and not by the CIUSSS West-Central Montréal network.

The Health and Social Service Centres or the Centre de Santé et de Services Sociaux (CSSS) Cavendish is the main administrative office of the CIUSSS West-Central Montréal network that services the NDG, Côte-Saint-Luc, and Montréal-West neighbourhoods. The two closest CLSCs in the NDG region are the CLSC Benny Farm and the CLSC René Cassin. Both CLSCs offer blood and specimen testing, vaccinations, nursing services, psychosocial support and social work services, sexual health services, preventative services, rehabilitation and reintegration services, and public health prevention and promotion activities. Family Medicine Groups or Groupes de Médecine de Famille (GMF) are also integral to providing health and social services in the NDG community. GMFs are groups of physicians who work closely with nurses, social workers, and other health professionals to provide healthcare and social services. GMFs only serve patients who are registered with a physician working at the GMF and patients must register through the Québec provincial-wide waiting list with their health card number in order to be assigned a family doctor.

Some GMFs have super clinics located within them that serve community members who do not have a doctor or who have a doctor registered at another GMF, but cannot obtain an emergency appointment. Super clinics provide increased access to a broader range of primary healthcare and social services for semi-urgent and simple urgent needs. The main objectives of super clinics are to reduce long wait-times in hospital emergency rooms and to provide access to physicians to individuals and families who have not yet been assigned a family doctor. There are currently five GMF walk-in clinics and super clinics in the public CIUSSS West-Central Montréal network. There are also four public-private GMF super clinics located in the NDG and surrounding neighbourhood.

Additionally, the Government of Québec operates two free and confidential telephone consultation services called 8-1-1 Info Santé and 8-1-1 Info Social. These services promptly put the caller in contact with a nurse and/or psychosocial worker who evaluates the person's situation and offers advice, resources, and services.

There are also a wide range of community resources and services available to NDG residents. Community organizations offer services and resources that address a diverse range of needs including: child and family supports, community action projects, education services, employment and income supports, food services, healthcare services, services supporting homeless individuals and families and those living in precarious housing situations, language education programs, cultural community services, services catering to the needs of community members regardless of their immigration status (ie. refugee and asylum seekers, undocumented people, etc.), supports for people living with intellectual and physical disabilities, justice and advocacy groups, material assistance and housing services, mental health and substance use support services, psychosocial supports, services and supports for seniors, and sports and recreation services.

**Demographics and Social Determinants of Health in Montréal Central-West and NDG:**

The NDG neighbourhood is one of the most populous in Montréal. Based on the most recent data available, there are presently 67,475 people living in the NDG community (Ville de Montréal, 2017). Youth between the ages of 0 and 14 years old make up 16.2% of the NDG population. Roughly 15.8% of the NDG population are seniors 65 years old and over, 39.5% of whom live alone. Approximately 66.9% of the population live together as families composed of two adults and children. Single-parent families make up 33.8% of the population, while 18.8% of the population are living alone.

The population of NDG is highly diverse and is composed of a diversity of ethnic and visible minorities. Immigrants make up 39.1% of the NDG population, which is higher than the overall average (34%) for the entire Island of Montréal. There is also a higher rate of newcomers and new immigrants in the NDG community (9.2%) compared to the overall average (7.3%) for the entire Island of Montréal. Although newcomers arrive from a multitude of regions, the most common countries of origin include China, Iran, Philippines, and France. There is also a higher rate of visible minorities living in the NDG community (35.5%) in comparison to the whole Island of Montréal (32.9%).

According to the 2016 Census conducted by Statistics Canada, there are 15,690 people (23.7%) 15 years of age and older who are low-income individuals living in the NDG-Westmount federal riding. This means that 23.7% of people 15 years old and over living in the NDG-Westmount neighbourhoods were likely to spend 20% or more of their income on food, shelter, and clothing than the average family. Moreover, roughly 26.2% of children under the age of 6 were identified as living in a low-income family, in comparison to the overall average (22.8%) for the Island of Montréal. For seniors aged

65 and older, 21.6% were identified as low-income. Furthermore, the majority (64.8%) of households in the NDG identified as renters and of these households, 40.3% indicated that they spent 30% or more of their income on their rental housing. Roughly 44.3% of people surveyed also indicated that they had moved in the past 5 years.

Given that many factors impact the health and well-being of citizens, the social determinants of health can help us better understand how the experiences of health and well-being differ across individuals, groups, communities, and nations (Braveman & Gottlieb, 2014). The social determinants of health are the "conditions in which people are born, grown, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status within and between countries" (World Health Organization, 2020).

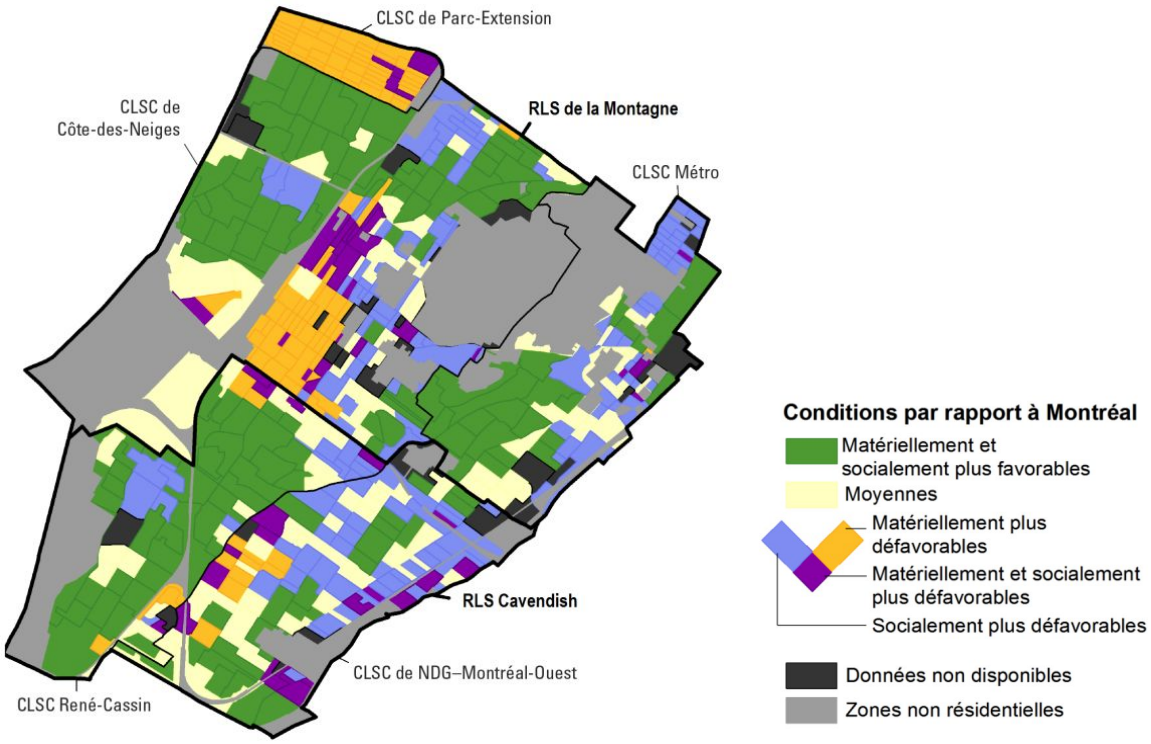
Key social determinants of health factors include socioeconomic status, education, neighbourhood and physical environment, employment, access to health care, and social support networks (Artiga & Hinton, 2018;Braveman & Gottlieb, 2014). More specifically, the social determinants of health include: **1) Economic stability** (employment conditions, income, expenses, debts, medical bills, supports); **2) Neighbourhood and physical environment** (housing, transportation, safety, parks, playgrounds, geography); **3) Education** (literacy, language, early childhood education, vocational training, higher education); **4) Food** (hunger, access to healthy options); **5) Community and social context** (social integration and exclusion, support systems, community engagement, discrimination, stress), and; **6) Health care system** (health coverage, provider availability, provider linguistic and cultural competency, quality of care)(Artiga & Hinton, 2018).

The health and well-being of NDG residents are inevitably shaped by these social determinants of health. The most recent profile of the health and well-being of service users living in the CIUSSS West-Central Montréal network was conducted by the Regional Direction of Public Health Montréal in 2018. Overall, people living in the CIUSSS West-Central Montréal network are aging less rapidly than elsewhere in Montréal, however by 2033, one fifth of the network's population will be 65 years old or over.

The report also demonstrates that people living in the CIUSSS West-Central Montréal network are the most materially advantaged, indicating that they have access to the material necessities necessary to maintain one's life including the ability to afford and have access to shelter, food, clothing, and other basic life essentials (Little & McGivern, 2016). However, the same populations do not stand out as being socially advantaged, meaning that some people living in the network do not have the characteristics, identities, and positions that would help them succeed socially and economically in society (Little & McGivern, 2016). This means that some people do not have access to higher paying employment opportunities, are not members of the dominant social and ethnic groups, and lack the ability to change their social and

economic positions in society (Little & McGivern, 2016). Moreover, although people living in the network report having higher levels of education in comparison to other CIUSSS networks, there is still a significant proportion of people living in the CIUSSS West-Central Montréal who fall below the low-income cut-off lines.

This map and corresponding legend demonstrates that the populations served by the CSSS Cavendish network, particularly by the CLSC Benny Farm (formerly the CLSC de NDG-Montréal-Ouest), are more materially and socially disadvantaged in comparison to the populations served by the CLSC René Cassin.




(Source: Portrait de Santé de la Population CIUSSS Central-West Montréal, Direction Régionale de Santé Publique de Montréal, 2018)

Overall, in comparison to other territories, people living in the CIUSSS West-Central Montréal network are more physically active, have lower rates of tobacco and alcohol use, and have lower rates of obesity. However, the report also indicates that within the CSSS Cavendish network (serving NDG, Côte-Saint-Luc, and Montréal-West neighbourhoods), there are less favourable health outcomes. For example, there are higher rates of asthma, cancer, and mental health conditions among the CSSS Cavendish populations. Furthermore, across the entire CIUSSS West-Central Montréal network, at least one third of the population is living with at least one chronic physical illness or mental condition.

# METHODS AND METHODOLOGY

## Methodology & Research Design:

This community needs assessment utilized a mixed methods approach to collect data and information. Mixed methods approaches involve the "collection, analysis, and integration of quantitative and qualitative data in a single or multiphase study" (Hanson, Creswell, Plano Clark, Petska & Creswell, 2005, p. 224). Mixed methods approaches allow for us to use the strengths of both quantitative data (numerical and statistical data) and qualitative information (words, pictures, narratives)(Nagy Hesse-Biber, 2010). Mixed methods makes it possible to triangulate data, which refers to the use of more than one method while studying the same research question(s) in order to examine the same dimension of a research problem (Nagy Hesse-Biber, 2010). By converging the data collected by multiple methods, it is possible to enhance the credibility of the research findings (Nagy Hesse-Biber, 2010). Mixed methods approaches also allow for complementarity, which provides the researcher with a fuller understanding of the research problem and helps clarify research results (Nagy Hesse-Biber, 2010). It also simultaneously enables the collection of generalizable and contextualized data throughout the process (Nagy Hesse-Biber, 2010).

For the purposes of this community needs assessment, a concurrent mixed methods research design (a specific type of mixed methods approach) was employed (Hanson et al., 2005). This means that quantitative and qualitative research was collected and then analyzed at the same time and equal attention was given to both forms of data and information (Hanson et al., 2005). In this type of research design, data analysis is also separate and the integration and merging of data takes place in the interpretation stage of the data and results (Hanson et al., 2005). This interpretation generally involves discussing and analyzing the extent to which the data converge and/or diverge (Hanson et al., 2005). Concurrent mixed methods research designs are helpful for confirming and cross-validating research findings (Hanson et al., 2005).

Basic descriptive statistical analysis using Microsoft Office Excel and Google Forms was utilized to analyze all numerical quantitative data collected with two resident surveys. These basic descriptive statistics include sample sizes and percentiles (Schneider, 2009). The qualitative data collected through two surveys, three one-on-one interviews, and three focus groups were analyzed using thematic analysis. Thematic analysis is a method for "identifying, analyzing, and reporting patterns (themes) within data. It minimally organizes and describes your data set in rich detail" (Braun & Clarke, 2006, p.79). Essentially, the researcher searches across their data set to find repeated patterns of meaning and emerging themes become the categories of analysis (Braun et al., 2006;Fereday & Muir-Cochrane, 2006). These emerging themes and patterns are presented in the results section of this report and interpreted in the discussion and analysis section alongside the quantitative results.

## Methods:

### 1) Surveys:

For this community needs assessment, data collection relied on multiple quantitative and qualitative methods. Firstly, two separate surveys were conducted to collect information about health and social services in the NDG and also to gather information about the impacts of the COVID-19 pandemic on the community and their access to health and social services. Both surveys consisted of closed (yes/no/multiple choice) and open-ended (comment based) questions, offering both quantitative data and qualitative information to be analyzed. Both surveys were conducted in English and French, with identical questions used.

The first survey, titled “NDG Assessment of Community Needs”, was the primary method of assessing health and social services in the NDG community. The survey provided a brief overview of the objectives and purpose of the community needs assessment and also a definition of health and social services. The survey also provided a brief statement regarding confidentiality and informed consent that respondents agreed to when submitting the online survey. This survey was conducted between February 13th, 2020 and March 16th, 2020. This survey was widely circulated through the NDG Community Council social media platforms (FaceBook) and promoted through the weekly newsletter, email listservs, official website, and various tables and committees organized by the NDG Community Council. Posters and flyers promoting the survey were also distributed at the NDG Community Council office and during two community outreach kiosks. The survey consisted of a mix of 16 closed and open-ended questions and 9 questions regarding the demographics and identities of respondents.

The second survey, titled “NDG Assessment of Community Needs: COVID-19 Follow Up Survey”, was a follow up survey dedicated to understanding how the COVID-19 pandemic impacted residents and their access to health and social services in the NDG community. The second survey provided a brief overview and reminder of the first survey, explained the objectives and purpose of the follow up survey, reiterated the definition of health and social services used in the first survey, and provided a refresher of the statement on confidentiality and informed consent that respondents agreed to when submitting the first online survey. This survey collected responses between July 7th, 2020 and July 27th, 2020. This survey was only circulated to residents who had responded to the first survey (“NDG Assessment of Community Needs”) and those who had also entered a valid email address while filing out the first survey. The second survey consisted of a mix of 7 closed and open-ended questions and 8 questions regarding the demographics and identities of respondents.

The questions for both surveys can be reviewed in Sections 1.1 and 1.2 of the Appendix.

2) **Focus Groups:**

Three focus groups were also conducted. Oral permission to share the findings of all focus groups was obtained from all focus group participants during the sessions. Two of these focus groups consisted of residents from the NDG community who participated in two different activities facilitated by the NDG Community Council. One of these resident focus groups was conducted during a “Lunch Club” at a seniors-only (55+ years old) low-income housing residence (also known as Habitations à Loyer Modique or HLM) on January 30th, 2020. The second resident focus group was conducted during an English Language Conversation Class at the NDG Community Council offices on February 18th, 2020. The same three open-ended questions were asked during both focus groups. The third focus group consisted of outreach workers serving the NDG community who participated in a quarterly outreach worker meeting organized and facilitated by the NDG Community Council. This focus group was conducted on February 13th, 2020 and consisted of two open-ended questions. All focus group questions can be reviewed in Sections 1.3 and 1.4 of the Appendix.

3) **Interviews:**

Two one-on-one interviews were conducted with representatives who directly oversee health and social service provision at two unique services in the NDG community. The first interview was conducted with the Coordinator of the Health Clinic operated by a community organization called Head & Hands (3465 Benny Avenue) on November 28th, 2019. The interview consisted of 21 open-ended questions. The second interview was conducted with a General Physician (GP) working at the Clinique MDCM-STAT (5515 Saint-Jacques Street) on December 5th, 2019. The interview consisted of 21 open-ended questions. A third one-on-one interview was also conducted with the Executive Director and Chief Executive Officer of the Queen Elizabeth Health Centre (QEHC)(2100 Marlowe Avenue) on November 15th, 2019. This representative is responsible for managing the overall operations of QEHC, which is a large non-profit health and social service centre in the NDG community. This representative also oversees the rentals of each section of the building to various health and social service providers. The interview consisted of 25 open-ended questions. Written permission to share the findings of each interview was obtained from all three interview participants. Selected questions and responses are presented in the results and discussion and analysis sections. All interview questions can be reviewed in Sections 1.5, 1.6, and 1.7 of the Appendix.

4) **Research:**

This community needs assessment also relies on research to highlight the most recent overall demographics and health of the NDG and Montréal-West populations. Research and information provided by Statistics Canada, the Regional Direction of Public Health Montréal, the City of Montréal, the CIUSSS, funders such as Centraide of Greater Montréal, and peer-reviewed academic journal articles also help to capture the current situation of health and social services in the NDG community.

## LIMITATIONS

The research conducted for this community needs assessment can help identify the general situation of health and social services in the NDG and the experiences of community members. It can also help shed light on the existing strengths, weaknesses, and gaps of health and social services and resources in the community. However, it should also be noted that this community needs assessment and the research undertaken also have a number of limitations to consider.

Firstly, the research conducted for this community needs assessment does not follow a rigorous scientific research design. Although feedback was received from NDG Community Council staff members and some NDG residents before the first survey was launched, the process of data collection and analysis was not rigorously evaluated or scrutinized. Additionally, although the use of very basic descriptive statistics is helpful in understanding common trends, it does not allow for correlations within the data to be identified and inferred. This means that the interpretation and analysis of results is limited in scope and depth.

Secondly, it should be noted that the sampling of participants for focus groups and surveys is imperfect. Given the overall population size of the NDG community, the sample sizes for the first and second surveys are not statistically significant, nor are they representative of the actual NDG population groupings. Additionally, both surveys were only able to gather responses from specific portions of the NDG population, specifically those who have consistent access to internet service, computers, laptops, and cell phones. The first survey titled “NDG Assessment of Community Needs” was promoted through the NDG Community Council FaceBook page, the weekly newsletter, email listservs, the official website, and through various tables and committees organized by the NDG Community Council. This means that only people who were following and/or included in these social media platforms and listservs were aware of the survey. Posters and flyers promoting the survey were also distributed at the NDG Community Council office and during two community outreach kiosks, however reach was limited and only a few people filled out the survey after receiving a flyer or seeing a poster. This resulted in the capturing of certain voices and not of others in the community, which further limits the ability to interpret and apply the results in a rigorous manner.

Thirdly, the second survey titled “NDG Assessment of Community Needs: COVID-19 Follow Up Survey” was only circulated to residents who had responded to the first survey (“NDG Assessment of Community Needs”) and those who had also entered a valid email address while filing out the first survey. Of the 108 people who filled out the first survey, only 67 people entered a valid email address. Of these 67 people, only 51 responded to the follow-up survey. This means that only 47.22% of the original respondents answered the second survey. This also indicates that any findings related to the impact of COVID-19 on the NDG community are limited in scope because it only captures the experiences of 47.22% of respondents who answered the first survey.

Fourthly, interviews and focus groups were not voice or video recorded. This made the transcription of these research sessions impossible. Therefore, results from the interviews and focus groups rely solely on the notes taken by the researcher at the time of the session. However, one-on-one interview notes were sent to all three participants afterwards, reviewed by them, and subsequently approved, allowing for transparency and accuracy wherever possible.

Lastly, the geographic boundaries of the NDG community complicated the research process. The overview of health and social services and the demographics and health of the NDG and Montréal-West populations rely on a mix of data provided by Statistics Canada, the Regional Direction of Public Health Montréal, the CIUSSS West-Central Montréal, the CSSS Cavendish, and Centraide. Depending on the source (federal, provincial, municipal, local), the geographical boundaries differ slightly. This means that making comparisons and inferences between data sources was difficult and at times even impossible.

# RESULTS

## QUANTITATIVE DATA:

### Surveys:

1) **Survey One: "NDG Assessment of Community Needs"**

**Sample Size (n = 108):**

After merging and reviewing all English and French survey responses and removing duplicates, 108 unique individuals responded to the first survey. Of these 108 respondents, 100 identified themselves with a postal code belonging to the NDG. The 8 remaining respondents all identified themselves with postal codes in the very close surrounding neighbourhoods (Côte-Saint-Luc and Westmount) and identified themselves as part of the NDG community.

**Demographic Profile of Respondents:**

The majority of respondents (79.63%) identified themselves as female and a smaller percentage as male (17.59%). One respondent identified themselves as non-binary and two respondents prefered not to answer. The majority of respondents (81.47%) were between 26 and 64 years old. Seventeen (15.74%) respondents were age 65 or older. One respondent was between 18 and 25 years old and two respondents preferred not to answer. The family composition of respondents varied. Of the 108 respondents, 46 people (42.59%) identified as living as a couple with at least one child, while 10 people (9.26%) identified themselves as a single parent with at least one child. Roughly one quarter of respondents (25.93%) identified themselves as single and 20 people (18.52%) identified as living as a couple without children.

The vast majority of respondents (87.04%) identified themselves as Canadian citizens. Of the 108 respondents, 11 people (10.17%) identified themselves as permanent residents, one person identified themselves as a temporary resident, and one person identified themselves as a refugee or asylum seeker. One person preferred not to answer.

The main mode of transportation used by respondents varied. Just under half of the respondents (46.3%) said they used public transport as their main form of transportation and (31.48%) of respondents said they used a car. Thirteen people said they walked, two respondents said they used a bicycle, and one respondent said they used taxi services. Of 108 respondents, 8 people (7.4%) answered "Other" and provided a written response. Five of these respondents specified that they used a mix of transportation including public transportation, driving a car, and walking. The other three respondents specified that they used adapted public transportation for seniors and people living with disabilities.

**Access to Health Care System in the NDG:**

Almost all respondents (99.07%) reported having a valid health card with the Québec Health Insurance Board, also known as the Régie de l'Assurance Maladie du Québec (RAMQ). Only one respondent reported not having a valid RAMQ health card. This respondent also identified as a refugee or asylum seeker.

The majority of respondents (86.11%) indicated that they currently have a family doctor and fifteen respondents (13.89%) reported that they do not. Of the 93 respondents who reported currently having a family doctor, 48 (51.61%) of them indicated that their doctor is located in the NDG or Montréal-West area while 37 people (39.78%) reported that their doctor is located in another area. Eight respondents chose to respond "Other" and reported that their family doctor was located in one of the following locations: Côte Saint-Luc, Westmount, Villeray, Ville-Marie, or Ville St. Laurent. Of the 15 respondents who reported not currently having a family doctor, 9 of them (60%) reported being registered on the provincial waiting list (GAMF) while six people (40%) reported not being registered. Of the nine respondents who indicated that they were currently on the provincial waiting list, three people had been on the waiting list for 6 months to 1 year, four people for 1 to 2 years, one person for 2 to 3 years, and one person for over 3 years.

**Knowledge and Use of Health and Social Services in the NDG:**

Overall, respondents indicated that they find information regarding health and social services in a variety of ways. Eighty-eight respondents (81.49%) reported that they seek information by conducting a general internet search. Fifty-nine people (54.63%) indicated that they ask a friend or neighbour for information. Forty-nine respondents (45.37%) reported that they were referred by a health or social service professional and 35 people (32.41%) said they asked a known representative at a local community service. Just under one third (30.56%) of respondents indicated that they consulted pamphlets and brochures for information about health and social services in NDG. The majority of respondents (63.55%) had used 8-1-1 Info-Santé/Info-Social before, while 31.78% had not used it. A small portion of the respondents (4.67%) indicated that they did not know what 8-1-1 Info-Santé/Info-Social was.

The majority of respondents (85.19%) reported that they had used services at the CLSC Benny Farm and 12.96% indicated that they had heard about the services, but never used them. Just over one third of people indicated that they had used services at the CLSC René Cassin whereas 40.74% reported that although they had heard of the services, they had never used them. Almost three quarters (74.07%) of respondents had used services at the Queen Elizabeth Health Complex and 16.67% of respondents were aware of the services although they had not used them. Although only 11 respondents (10.19%) reported having used the services at Head & Hands, 76 people (70.37%) indicated that they had heard of their services. Over half of the respondents (59.26%) had never heard about the Clinique MDCM-STAT, 24 people (22.22%) had

heard of the clinic, but never used their services, and 20 people (18.52%) had used their services.

The majority of respondents indicated that they had heard about, but never used the following services: Batshaw Youth and Family Services, Force Médic Clinic (Westminster), NDG Senior Citizens' Council, Giant Steps School, Ometz Agency, Drug Use and Addictions Services Montréal, Alzheimer Society of Montréal, Elizabeth House, Mosaik Family Resource Centre, Lethbridge-Layton-Mackay Rehabilitation School, Women on the Rise, and Nourri-Source Montréal Cavendish Sector. Additionally, over half of the respondents reported never having heard about the following services: Parents Engagés pour la Petite-Enfance, Forward House, Open Door, AMI-Québec, Montréal Autism Centre, Henri-Bradet and/or St. Margaret's Day Centre, and O3 - On Our Own.

In one to three word short form responses, respondents also named services and resources that they had used, but were not included on the list provided in the survey. These included: New Hope Seniors Centre, Fondation de la Visite, Depot Community Food Centre, Carrefour Jeunesse Emploi, Bienvenue à Notre-Dame-De-Grâce, McGill University Health Centre, L'Abri en Ville, Royal Victoria Hospital, Montréal Children's Hospital, Catherine Booth Hospital, LMC Montréal Glen (Specialized Diabetes Clinic), Miriam Centre, Tracom Crisis Centre, Perform Centre, Benny Farm and NDG Public Libraries, and a number of specialized physiotherapists.

**Access and Accessibility of Health and Social Services in the NDG Community:**

Roughly 39.81% of respondents indicated that health and social services were very easy (6.48%) or easy (33.33%) to access in NDG. Forty-six respondents (42.59%) indicated that accessing services were somewhat easy to access, while sixteen respondents (14.81%) said it was not easy and three respondents (2.79%) indicated that it was not easy at all. The majority of respondents (65.74%) reported feeling very comfortable (24.07%) or comfortable (41.67%) when accessing health and social services in NDG. One quarter of respondents (25.93%) said they felt only somewhat comfortable, nine respondents indicated that they had not felt comfortable (6.48%), and two people (1.85%) indicated that they had not felt comfortable at all when accessing health and social services.

The majority of respondents (57.41%) reported that health and social services are very accessible (18.52%) or accessible (38.89%) at the CLSC Benny Farm and/or CLSC René Cassin. Just under one third of respondents said that health and social services were only somewhat accessible (30.56%) and thirteen respondents (12.03%) indicated that these services were either not accessible (8.33%) or not accessible at all (3.70%).

The wait-time of respondents during their last visit to a medical walk-in clinic (without an appointment) in NDG varied. Thirteen respondents (12.04%) indicated that they had waited less than one hour, while 21 respondents (19.44%) reported waiting

between one and two hours. In contrast, 40.74% of respondents indicated that they had waited anywhere between two to six hours. In addition to this, six respondents (5.56%) indicated that they had waited for over six hours during their last visit. Roughly one-fifth of respondents (22.22%) reported that they had never used a medical walk-in clinic in the NDG area.

The wait-time of respondents during their last visit to an emergency room (ER) at a hospital also varied. Ten respondents (9.26%) indicated that they had waited less than one hour, while 12 respondents (11.11%) reported waiting between one and two hours and 18 people (16.67%) reported waiting between two and four hours. In contrast, over one third of respondents (37.96%) indicated that they had waited anywhere between four to ten hours. In addition to this, 14 respondents (12.96%) indicated that they had waited for over ten hours during their last visit. Thirteen respondents (12.04%) said they had never used an ER at a hospital.

## 2) Survey Two: "NDG Assessment of Community Needs: COVID-19 Follow Up Survey"

### Sample Size (n = 51):

After merging and reviewing all English and French survey responses and removing duplicates, 51 unique individuals responded to the second survey. Of these 51 respondents, 48 identified themselves with a postal code belonging to the NDG. The 3 remaining respondents all identified themselves with postal codes in the very close surrounding neighbourhoods (Côte-Saint-Luc and Westmount) and identified themselves as part of the NDG community.

### Demographic Profile of Respondents:

The majority of respondents (78.4%) identified themselves as female and a smaller percentage as male (21.6%). The majority of respondents (76.5%) were between 26 and 64 years old. Eleven (21.6%) respondents were age 65 or older. One respondent was between 18 and 25 years old. The family composition of respondents varied. Of the 51 respondents, 19 people (37.7%) identified as living as a couple with at least one child, while only 1 person (1.9%) identified themselves as a single parent with at least one child. Just over one third of respondents (37.3%) identified themselves as single and 12 people (23.5%) identified as living as a couple without children. The vast majority of respondents (86.3%) identified themselves as Canadian citizens. Of the 51 respondents, 5 people (9.9%) identified themselves as permanent residents, one person identified themselves as a temporary resident, and one person identified themselves as a visitor or tourist.

### Impacts of COVID-19 Pandemic and Access to Health and Social Services:

Over half of the respondents (56.9%) indicated that the COVID-19 pandemic had impacted their mental health, while 68.6% also reported that their social well-being was

affected and 21.6% said that their spiritual well-being was also impacted. Twelve respondents (23.5%) also said that their physical health had been impacted. Over one third of respondents (35.3%) indicated that their financial well-being and stability was affected by the pandemic as well. Only six respondents (11.8%) reported that they were not impacted by the pandemic in any way. A small number of participants also included a few words to describe how the pandemic impacted them including: not being able to connect in a real way with neighbours and friends in local urban spaces, and experiencing frustration and loneliness because of their inability to travel far away to visit family and friends due to travel restrictions.

Almost half (49%) of respondents said they had not used any community services and resources in the NDG area since the beginning of the pandemic. Only 15.7% indicated that they had accessed the CLSC Benny Farm or CLSC René Cassin and 13.7% reported that they had used the services at the Dépot Community Food Centre. Six respondents also entered short-form responses to name community resources and services that they had accessed, but were not included in the list provided. These included: NDG Community Council Tax Clinics, Hear Québec (for hearing loss needs and their emergency grocery program), Forward House, Mission Bon Accueil, and public parks and splash-pads that were eventually opened for children to use.

Over three quarters of respondents (76.5%) indicated that they had not learnt about or used any services and resources in the NDG area since the beginning of the COVID-19 pandemic that they were not previously aware of. Two respondents also entered short-form responses to name community resources and services that they had accessed, but were not included in the list provided. These included: the Côte-des-Neiges Black Community Association for emergency food baskets and the NDG Senior Citizens' Council's grocery shopping service for seniors.

Almost half (47.1%) of the respondents reported that they had not encountered difficulties when accessing health and social services in the NDG area. However, ten respondents (19.6%) indicated that they had encountered difficulties when accessing health and social services and twelve respondents (23.5%) were unsure if they had encountered difficulties. For the ten respondents who answered "Yes, Encountered Difficulties", they were asked a follow-up question, the results of which are discussed in the upcoming qualitative section. Four respondents specified in "Other" that they had not tried to access any health or social services and resources in the NDG area. One respondent indicated in "Other" that they had been unable to access a physician at the CLSC Benny Farm because they were not a registered patient with any doctor.

## QUALITATIVE INFORMATION:

### Surveys:

1) **Survey One: "NDG Assessment of Community Needs"**

**Health and Social Services in the NDG Area:**

Of the 108 respondents of the first survey, 43 people (39.81%) submitted an open-ended written response to the optional question “What health and social services do you wish existed in NDG?”. Of the 108 respondents of the first survey, 51 people (47.22%) submitted an open-ended written response to the optional question “What would you like to share with us?”. A number of themes emerged while reviewing the responses to these two open-ended questions. These included: availability and access to mental health supports, availability and access to medical walk-in clinics, services at CLSCs, availability and access to family doctors, supports for social isolation and peer support groups, supports for families, youth, and women, language services and barriers, preventative services, accessibility and supports for people living with disabilities and special needs, services for nutrition, information and advocacy, art and activities, and alternative health resources.

**Availability and Access to Mental Health Supports:**

Multiple respondents stated that there is a significant lack of free mental health support services (counselling, crisis intervention, ongoing social support, psychologists, etc.) in the community that serve people of all ages. Long waitlists were also noted by the same respondents and they also suggested expanding the funding available to existing mental health services in the community and creating new resources in order to fill service gaps. Mental health support services for youth were also suggested, along with support services for parents and caregivers who are caring for a child and/or young person living with mental health struggles. One respondent also spoke about the lack of mental health supports available to newcomers and new residents of the NDG neighbourhood:

> *“With the amount of immigrants in the neighbourhood, there is still no service aimed at helping with mental health issues as a result of migration. The sense of otherness, of being rootless, of being at times worthless and not connected to what your kids are or are becoming in the new country. There's a disconnect in services and no specific mental health help for new Canadians and citizens.”*

**Availability and Access to Medical Walk-In Clinics:**

Numerous respondents stated that there are not enough medical walk-in clinics in NDG and stated that the wait-times at existing medical walk-in clinics are long. Multiple respondents spoke about the stress of waiting in a busy and *“cramped”* waiting area with other individuals and families who were sick. At least five respondents stated the need for a free emergency medical walk-in clinic in the NDG that operates 7 days a week/24 hours a day, including on holidays. One respondent also described their experience with a paid wait-list monitoring service at the Queen Elizabeth Health Complex:

*“At the Queen Elizabeth walk-in, they have a ticket number monitoring service that alerts you when 9 people are ahead of you, 4 people and then 2 people. So although we didn't see a doctor until 6 hours later, we were able to go home and our sick daughter could take her naps and eat at her pace, instead of waiting at the hospital. My only problem with the service is that it costs 4.50$, which can be a very large sum to someone who struggles to pay for an STM ticket. As a service, I believe it should be free. It would alleviate wait-time stress. That being said, as a person with a stable income, I was willing to pay 20$ for this service as it was a huge time saver and improved the quality of my daughter’s day.”*

**Services at CLSCs:**

Over eight respondents suggested that the CLSC Benny Farm and CLSC René Cassin should have more family doctors, nurses, and social workers available and that the wait-times are often very long. One respondent also stated that the CLSC Benny Farm is *“only good for blood tests or flu shots”* because there are never any doctors available. Another respondent also said that they were frustrated when they discovered that physicians working at the CLSC Benny Farm were only seeing patients that were registered with them and not available to see walk-in patients. Multiple people suggested creating a medical walk-in clinic at the CLSC Benny Farm that would have doctors, nurses, and social workers easily accessible to the public. A number of respondents also suggested that the CLSCs, in general, should be open 7 days a week/24 hours a day for all patients and provide more medical services and social activities for residents. One respondent also suggested using numbers to call patients in for their blood tests, as opposed to using first and last names. They suggested that this would increase confidentiality and respect the dignity of patients using the CLSC services. Another respondent encouraged the CLSC to treat all service users with politeness and respect.

In regards to accessing mental health services at the CLSCs, one respondent noted that there was a lack of information provided about the process, the amount of allotted sessions, and that the mental health services *“seemed to take an individualistic approach, and weren't geared to an understanding of arts work vis à vis macro level social and economic issues”*. These sentiments were echoed by another respondent who said:

*“Health is not to be seen as the absence of disease, but as well-being and wholeness. The CLSC and all the health and social services networks are not interested in the person, but their problem.”*

**Availability and Access to Family Doctors:**

Numerous respondents spoke about the lack of family doctors accepting new patients in the NDG community. Many said that it is a difficult process to find a doctor and that it takes a long time. One respondent summed up the opinions of a number of respondents when they said: *“Residents should have easier and quicker access to find*

*a family doctor".* One respondent also noted that although they now have a family doctor, they said it *"took a number of years to be assigned one"* and the person still knows *"many people who are struggling to find one"*. Another respondent mentioned that their current physician will be retiring soon and they have been unable to line up a doctor to take them on as a patient. One person also mentioned that they are having trouble getting a reference to a dermatologist because they are not registered with a family doctor and their child is suffering from psoriasis and eczema.

**Supports for Social Isolation and Peer Support Groups:**

Many respondents stated the need for more support services for social isolation and the creation of peer support groups that are population specific (seniors, youth, queer folks, people with disabilities, newcomers to Canada, etc.). One respondent suggested establishing intergenerational activity groups to bring together people of all ages and also creating informal social contact groups for seniors to connect. Another resident summed up the call for support services to break social isolation and increase community peer support when they said:

> *"A large proportion of our community struggles with poverty. The shame around it makes this issue all the more insidious as those who suffer it tend to try and hide the fact. We need easier access and better supports for those who are in this situation. Not just support for *poverty*; but, support for humans, for *community members*. We all make up this village. We need to be supporting one another better. Physically, emotionally, we all have times of need."*

**Supports for Families, Youth, and Women:**

Multiple respondents mentioned the need for support services that cater to families, youth, and women. Counselling services for families living with a family member struggling with mental health issues, particularly children and/or adolescents, were mentioned multiple times, as was the need for counselling services to help mediate family conflicts and disagreements. The lack of availability and access to pediatric services was also mentioned by two respondents. One respondent also suggested providing more support services for parents and caregivers who are raising a child who lives with dyslexia, dysphasia, autism, and/or ADHD. Another respondent suggested the creation of Youth Clubs in the NDG community and also offering youth mentoring programs to help support the growth and development of young people.

Overall, female respondents expressed a need for specific supports that cater to women living in the NDG community. One respondent supported the creation of a Women's Centre in the NDG neighbourhood. One respondent who identified as female also mentioned the need for support groups for mothers suffering from postpartum depression and anxiety. She said:

*"I suffered from this and ended up at Emerg* [emergency room] *a few times, in-patient mental health, and TRACOM. What I really needed was to connect with other mothers experiencing the same thing, with a trained facilitator."*

Another respondent who identified as a lone parent of a young child stated the need for *"better medical support for those with ongoing medical issues from organizing and advocating to physical support in day to day and/or in special circumstances"*. This respondent described calling *"everywhere"* including hospitals, CLSCs, and other organizations to arrange support after a major abdominal surgery and stated that they never received any follow-up or support. One respondent also suggested the need for pregnancy loss support groups when dealing with miscarriages or other medical complications associated with pregnancy.

**Language Services and Language Barriers:**

Multiple respondents who identified as French-speaking stated that there were not enough services available in French in the NDG community. In contrast, multiple respondents who identified as English-speaking noted that there were not enough services available in English in the NDG community.

One respondent suggested that *"multilingual services need to be more accessible in the neighbourhood"* and said they had difficulties finding information and gaining access to services in languages other than English and French. The same respondent also suggested creating a translation service that would be available 24 hours a day, 7 days a week to residents who are trying to access health and social services in the NDG community.

**Preventative Services:**

One respondent stated the need for *"more sexual education workshops for youth, adults, and older adults"*. The same respondent also mentioned the need for naloxone training in the community, which is an opioid overdose reversal antidote.

**Accessibility and Supports for People Living with Disabilities and Special Needs:**

Multiple respondents indicated the need for more services for people with disabilities and special needs and also the need to make physical spaces more accessible to service users of varying abilities. One respondent provided concrete examples of how resources and services in the community can become more accessible for people who are visually impaired and for those with hearing loss:

*"Things need to be more accessible for those of us who are visually impaired or totally blind; info in Braille and large print for example, audible cues such as talking elevators and braille on the buttons, braille and large print signage and accessible info for the hearing impaired as well."*

**Services for Nutrition:**

One respondent stated that there is a need in the NDG community for more services focusing on nutrition and fitness. Another respondent suggested creating more *"community kitchen access programs"* that would provide free and affordable fresh food, cooking classes, and nutrition workshops.

**Information and Advocacy:**

A significant number of respondents indicated the need for more information and advocacy in the NDG community in regards to health and social services. Multiple respondents suggested creating a multi-purpose resource centre for health, social services, affordable housing, and legal resources in one central location with workers who are able to direct people to the proper services. These workers would also be able to advocate on behalf of NDG residents and bring their concerns and needs to the forefront of information and service referrals. Respondents also suggested providing an easy-to-use and accessible online resource directory or *"community health portal"* that includes all community resources. Additionally, respondents who identified themselves as new to the NDG community stated that they were not aware of community resources and wished there was an easy and accessible way to communicate what is available in the community. One respondent mentioned that the resources compiled by 2-1-1 (a Greater Montréal helpline and resource web service) are not easy to use and lack comprehensive and up-to-date information. Another respondent suggested hosting public presentations and information sessions to inform people about services in the community.

Two respondents referred to stigma and hearing negative stories about health and social services in the NDG. One of these respondents suggested that *"there needs to be better communication about social services that isn't stigmatized"*. The other respondent stated that they are not very open to using NDG health and social services because they have only heard negative stories and experiences and *"usually don't bother"* whenever they are in need of support. One respondent also left a comment simply stating "Black Lives Matter", however they provided no further context or suggestions in their comment.

**Art and Activities:**

One respondent stated the need for *"more Art Hives"* in the community and another respondent suggested establishing more art programs, along with other physical and mental activities, to engage seniors in the NDG community.

**Alternative Health Resources:**

One respondent noted the lack of availability and access to alternative medicine and health resources in the community. They suggested increasing access to services that provide *"meditation, reiki, aromatherapy, and chromatherapy"* (colour therapy).

2) **Survey Two: "NDG Assessment of Community Needs: COVID-19 Follow Up Survey"**

**Encountering Difficulties When Accessing Services During COVID-19 Pandemic:**

Of the 51 respondents of the second survey, 10 people (19.61%) responded "Yes" to encountering difficulties when accessing services in the NDG area. These respondents then submitted an open-ended written response to the question "You answered 'Yes' to encountering difficulties when accessing services in the NDG area. If you are comfortable, please name the service(s) and describe what happened". A number of themes emerged while reviewing the responses to this question. These included: access to family doctors, access to medical walk-in clinics, services at CLSCs, availability and access to employment and financial hardship, access to housing services, access to libraries and community centres, difficulties submitting tax returns, and access to educational information.

**Access to Family Doctors:**

Four respondents mentioned that they were unable to access their family doctors in person. Three of these respondents said that telephone follow-ups did happen, but were not sufficient. One of these respondents said they tried calling their doctor's clinic multiple times, but never received a call back.

**Access to Medical Walk-In Clinics:**

Two respondents shared that it was difficult for them to access medical walk-in clinics. One respondent said that medical centres in the NDG were not accepting patients unless there was an *"urgent need"* and the other respondent said they were refused access to pediatric services for their child because it was *"not urgent enough"*.

**Services at CLSCs:**

One respondent reported experiencing a lack of information and receiving contradictory information regarding the services available at the CLSC Benny Farm during the COVID-19 pandemic:

> *"I need blood tests to help diagnose a problem and the CLSC is not actively doing blood tests when I call. Yet others say they are. I have no idea what is going on."*

**Availability and Access to Employment and Financial Hardship:**

Two respondents spoke about their difficulties finding available employment and accessing employment options. One respondent mentioned that one company had *"canceled their recruitment process"* and put them in a *"very difficult financial situation"*, and even as the reopening began, another company cancelled the person's already

accepted candidacy. The second respondent said that their work did not transition to *"tele-work"*, nor did their company *"pay any compensation"*, even for an OPUS (transit) card and they were expected to go to their workplace *"every single day from the first day of pandemic"*, which put them at a *"big risk"*.

**Access to Housing Services:**

One respondent shared an anecdotal story about their friend trying to access housing services:

> *"A black friend of mine and her two sons have been desperately seeking out social housing or something reasonable, in her price range, but was unable to access services to help her in this endeavour."*

**Access to Libraries and Community Centres:**

One respondent noted that it was difficult not being able to access libraries and community centres. They said this made it difficult to entertain their children alone at home.

**Difficulties Submitting Tax Returns:**

Two respondents said they encountered difficulties when completing and submitting their 2019 tax returns.

**Access to Educational Information:**

One respondent shared that it was difficult to access information regarding when educational institutions will reopen:

> *"Colleges would not answer the phone and they changed the start date of the course, yet still there is no confirmation when they* (are) *gonna start finally!"*

**Open Feedback Regarding Health and Social Services During COVID-19:**

Of the 51 respondents of the second survey, 24 people (47.06%) submitted an open-ended written response to the optional question "What would you like to share with us?". A number of themes emerged while reviewing the responses to this open-ended question. These included: family support, services at CLSCs, difficulties with doctors and pharmacists, social isolation, mental health and community disconnect, access to employment services, family support, and support from community-based organizations.

**Services at CLSCs:**

Four respondents reported being not satisfied with the services provided by the CLSC Benny Farm. One respondent shared the following story:

> *"I needed to inject medicine at home due to my physical disability last year. Despite the fact that my doctor prescribed it twice, the CLSC Benny did not provide the necessary services thoroughly. I think there is no supervision of the work of the injection department. I wish I could use another CLSC."*

Another respondent spoke about being frustrated with the lack of access to CLSC Benny Farm blood-test services. They said that they waited outside for one hour before the CLSC Benny Farm opened in hopes of getting a blood-test and were then refused. One respondent also suggested that the CLSC Benny Farm should create a community resource accessible to all people that provides updates on the CLSC Benny Farm services and any changes that arise, especially during public health emergencies.

**Difficulties with Doctors and Pharmacists:**

One respondent noted that it is *"difficult to negotiate with doctors and pharmacists over the telephone"* during tele-health follow-up calls.

**Social Isolation, Mental Health, and Community Disconnect:**

Numerous respondents spoke about feeling socially isolated and noted the negative impacts that the COVID-19 pandemic has had on their mental health. A number of respondents also mentioned that they experienced or witnessed some instances of community disagreement and disconnect throughout the COVID-19 shutdown. The following are testimonies from these respondents:

> *"I had to remove myself from Facebook due to the toxicity of NDG-related groups and conversations and discussions related to the pandemic."*

> *"I live alone and consequently felt the isolation. I have been very annoyed and disillusioned by the number of people who do not follow the rules...I notice the difference in my mood. I see others become judgmental and argumentative, so I know I am not the only one having difficulty in these times. My physical problems have increased due to an improper work set up."*

> *"I think that adjusting to these new measures and norms, as we reopen our community, has left a lot of people feeling unsure, confused, or helpless in their social roles and the solidarity and agency needed to cope with this pandemic."*

> *"I feel trapped. I don't feel confident enough to go out and about. I wish there were more accessible outdoor activities, events, markets, etc., where we could social distance, but still take advantage of the summer."*

*“I’m finding the political aspects a little anxiety provoking.”*

*“It has been difficult to work and have the kids at home. It is really stressing.”*

**Access to Employment Services:**

Two respondents shared their experiences with employment services in the community. One respondent was not satisfied with the services provided by an employment service in the NDG community:

> *“It's not fair some people stay in their comfort at home and receive their regular salary pretending they are working from home, but they don't do anything at all while many eligible job seekers like myself lose easily their job opportunities, no protection, nothing! I am mainly mentioning the employment consultants at* (names organization) *who never take care of their clients!”*

Another respondent suggested that the NDG Community Council should *“evaluate the productivity of employment agents”* and evaluate if they are *“really useful”* or not.

**Family Support and Support from Community-Based Organizations:**

Multiple respondents mentioned receiving support from family members and from community-based organizations. One senior respondent spoke warmly about the family support they received from their daughter and from community-based organizations:

> *“We had one daughter in town who did online shopping for themselves and us, quarantined the goods, washed them, then delivered them to us 1x a week. Otherwise, pharmacy delivered meds, organic farm delivered fruits and vegetables. We have no car, but not needed with everyone delivering what we needed. We are 72 and 76 so feel quite fortunate to have all our needs met.”*

Another respondent spoke about being grateful to other families who offered support and the hard work of community-based organizations. However, they also mentioned that they were disappointed that the CDN-NDG Borough had not been very supportive in spreading the word about resources:

> *“One of the best services we've accessed is other parents - doing childcare swaps with them. I helped to develop a website to support people to find resources in this time* (provides url address) *and so far the Borough hasn't been very supportive in getting the word out about it. I'm disappointed in that. The non-profits in CDN-NDG have been doing incredible work. I've increased my donations to these orgs.”*

Another respondent mentioned that although they continued to receive emergency food baskets from two different food banks, there was less food provided, particularly less fresh vegetables. However, the same respondent did say they appreciated and were grateful for the frozen dishes provided by the *"La Tablée des Chefs"*, Forward House, and the Depot Community Food Centre.

**Focus Groups:**

1) **Focus Group #1:**

**Participants:** 12 (7 women, 5 men)

The first resident focus group was conducted during a "Lunch Club" at a seniors-only (55+ years old) low-income housing residence (also known as Habitations à Loyer Modique or HLM) on January 30th, 2020. Three open-ended questions were asked consecutively: 1) What health and social services do you often use in NDG and why?, 2) What do you like about these services and what do you wish was different about these services?, and 3) What health and social services are missing in NDG and what services do you wish existed in NDG? A number of themes emerged when reviewing the responses provided to these questions. These included: transportation, community centres, exercise and HLM activity room, taxes, language barriers, support and health services, parks and green spaces, food security, volunteering, and churches and religious groups.

**Transportation:**

Many residents noted that they use the adapted transportation bus to get around the community at least once a week and sometimes multiple times a week. One resident said they use the regular bus system because they are more mobile. Some residents noted that they walk to get around the community, but usually in the summer, spring, and fall when it is not as cold or icy. Many residents noted that getting out and moving around the community during the winter is very difficult. Many residents said they use public transportation and adapted transportation to do their groceries or go shopping for other items.

**Community Centres, Exercise, and HLM Activity Room:**

Two residents mentioned that they attend an exercise group at a local community centre at least twice a week and really enjoy being active and socializing with other people who participate in the exercise group. Many residents noted that they used to enjoy a yoga program that was hosted in their HLM activity room. However, the program was canceled last year and a number of residents mentioned that they missed it and wished it would start again. Residents mentioned that they wished there were more on-going activities such as yoga and Bingo nights. One resident noted that Bingo nights are not allowed any more because the residents are not allowed to *"play for money"* because it is considered gambling.

**Taxes:**

Many residents inquired about the upcoming tax clinics provided by the NDGCC. They said they rely on the tax clinic services to complete their yearly taxes and were happy to know that the service would be returning. One resident mentioned that he was very eager for the tax clinic to start because he would receive some money in a tax return and that he really needed the extra money, even if it was not a significant sum.

**Language Barriers:**

A majority of the residents did not speak English or French as their first language and spoke English or French as their second or third language. Languages spoken in the HLM building include: English, French, Italian, Korean, Spanish, Chinese, and Russian. Two residents mentioned that they would like to participate in an Italian language group so they could learn Italian and also improve their English in order to communicate with others better. According to participants, information on posters in the HLM are often only posted in French and then translated by residents into English so more people can read and understand them.

**Support and Health Services:**

Two residents spoke about wishing they had someone to come check on them in the HLM building. They wished someone was able to pass by their apartment on a daily basis or every other day to make sure they were alright, ask how they were, and offer any support or help they may need. One resident said her physician's office is located at the Queen Elizabeth Health Complex (QEHC), but that she has not accessed the QEHC walk-in clinic before.

**Parks and Green Spaces:**

The vast majority of residents spoke about the winter being difficult and making it hard for them to leave the HLM residence. They spoke warmly of the park and courtyard just behind their building and said they enjoy spending a lot of time out there during the spring, summer, and fall. A number of the residents also mentioned that they enjoy the activities and events (ex. Art Hive, live music, etc.) that take place in the park.

**Food Security:**

Residents noted that they enjoy when a community-based food bank visits twice a month. It is an opportunity to socialize and eat a healthy meal. One resident said she wishes the Food Bank could visit at least once a week or that another food service organization could come twice a month so the residents could eat together for free at least once a week.

**Volunteering:**

One resident has been an active volunteer at the Montreal Children's Hospital for many years in the pediatric cancer wing. She visits with the children at least three or four times a week and arrives at the hospital by either walking or by public transportation. She reads and plays with them while she is there. She said that it is important for them to have an older person there so they know someone cares and that it is important for her to *"feel needed"* by the children and it gives her a sense of purpose.

**Churches and Religious Groups:**

Many residents mentioned the importance of attending church or mass to worship and also to socialize with friends and other church-goers. One resident mentioned that he is a member of an evangelical church and that he attends a weekly potluck with church members where they share food and coffee/tea. Another resident said she attended a Catholic church in the East of Montreal with her adult children every Sunday morning. A number of residents mentioned that they like to attend mass on Sunday mornings in the HLM activity room. They said they enjoy the time to worship together and to socialize, have food, tea, and coffee.

2) **<u>Focus Group #2:</u>**

**Participants:** 12 (8 women, 4 men)

The second resident focus group was conducted during an English Language Conversation Class at the NDG Community Council offices on February 18th, 2020. The same three open-ended questions were asked consecutively during this focus group. A number of themes emerged when reviewing the responses provided to these questions. These included: access to health services and medical care, transportation, difficulties of newcomers to Canada with language barriers and knowledge, and language education.

**Access to Health Services and Medical Care:**

Multiple participants noted that there were not nearly enough family doctors in the community and that it is very hard to find a family doctor that will take you as a patient. One participant noted that there is clearly a shortage of family doctors across Quebec and this really affects residents in a negative way. These participants also said there were long wait-times to receive health care and see a doctor. One person also mentioned that there is a lack of quick access to medical care and health services, particularly in regards to eye and ear specialists. This person said that it is often either impossible to get an appointment with a specialist and if they do get an appointment, they had to wait between one to two months to see the specialist. This person described the case of her son who was having emergency vision problems and he could not

access an eye doctor for over two months. This person said it was basically impossible to get access to an eye doctor in an emergency situation.

**Transportation:**

All participants said that the STM is a major problem in the community. Multiple participants said that the bus does not arrive on time and when it does, it is constantly full of people and there is no space and people cannot get on the bus. A number of participants said they were particularly unhappy about the 105 Sherbrooke bus route and said it is constantly full of people no matter what time of day it is. One person suggested that the NDG needs more *"accordion buses*" (two buses attached together) to accommodate the large volume of people that need to ride the 105 Sherbrooke bus route. One person suggested that the city needs to put more digital/electronic bus monitors at the bus stops with geo-location so that people can see which bus is coming and at what time and include an estimated time of arrival for each bus.

**Difficulties of Newcomers to Canada with Language Barriers and Knowledge:**

Multiple participants spoke about the lack of services available in other languages aside from English and French. A number of participants mentioned that it is very difficult to access English and French language classes. One person said there are private English classes that exist, but that they cost between $300-400 and the person said that they simply could not afford this as it is too expensive, particularly as a newcomer to Canada. A number of newcomers admitted that they simply are not aware of and do not know how to access information about the services and resources in the community and in the greater Montréal area.

**Language Education:**

Multiple participants said they really appreciated the English Language Conversation Group run by the NDG Community Council. However, they also said that they wished there were more opportunities for free and formal (ex. higher quality, professional) English language education classes in the community and in Montréal in general. They wished that there were more professionally trained teachers available to help teach free classes. They also said that free language classes had very long wait-lists and that they often had to wait very long times to access free language services. They also wished there were more conversation and language classes available for people with varying levels of language (ex. beginner, intermediate 1, intermediate 2, advanced 1, etc.). Ultimately, multiple participants agreed together and said they wished there were more free, formal, and higher quality language classes available in the community.

### 3) Focus Group #3:

**Participants:** 6 (5 women, 1 man)

The third focus group consisted of outreach workers serving the NDG community who participated in a quarterly outreach worker meeting organized and facilitated by the NDG Community Council. This focus group was conducted on February 13th, 2020 and consisted of two open-ended questions: 1) What are the most common concerns you hear from service users in regards to health and social services in NDG?, and 2) What gaps, issues, and/or problems can you identify in health and social services in NDG? A number of themes emerged when reviewing the responses provided to these questions. These included: language barriers, transportation and travel, newcomers and refugees in Canada, referrals and wait-times, accompaniment and process, education and awareness, and 8-1-1 and CLSC services.

**Language Barriers:**

All workers identified language as a barrier or obstacle to accessing services. English and French are sometimes not the first or second language of some service users and this makes accessing services very difficult for them. One worker gave an example from an emergency room triage: The receptionist nurse spoke English and the service user spoke French. The nurse was unwilling to speak French and the service user had a very difficult time trying to explain what was wrong and what she needed access to. Multiple workers said they often need to call services (ex. governmental, community-based, etc.) on behalf of their clients because they are unable to speak English or French. One worker said it is very complicated because the representative over the phone does not want to speak with the outreach worker because it is confidential information, but it is very difficult to communicate properly with the client in order to get their informed consent so the worker can speak with the representative. The policies of governmental services often restricts the worker from speaking on the service user's behalf and makes it very difficult for them to access the services that they need.

**Transportation and Travel:**

Multiple workers spoke about the difficulty of getting to health and social services, even those located in the NDG community. When their service users are referred to services that are not in the NDG (ex. on the far East side of Montreal), it is even harder for them to get there with the bus and metro systems, especially if they do not have a car, and especially in the winter.

**Newcomers and Refugees in Canada:**

Multiple workers said that refugee and newcomer families are often preoccupied with settling, finding a place to live, finding employment, transferring their driver's license, and finding a school for their children. They said that often health and social

services are low on their priorities because they need to take care of other priorities first. Two workers also mentioned that they had witnessed discrimination and racism in health and social services towards refugees and newcomers to Canada who were accessing services. One worker spoke about how she witnessed service providers making a lot of cultural assumptions based on the fact that a service user was an immigrant and was demonstrating very discriminatory behaviour towards the client before, during, and after the client gave birth.

**Referrals and Wait-Times:**

All workers identified wait-times as often very long and cumbersome. Referrals *"timing out"* and becoming *"expired"* were also discussed by the focus group. In at least two cases, workers spoke about situations where their referrals had timed out because the service user had not used the specialist (ex. dermatologist, gynecologist) for 24 months. They said the service users were forced to go back to their family doctors or to a walk-in clinic to get another referral for the same medical issue or a very similar issue.

**Accompaniment and Process:**

Multiple workers said it is often difficult for service users to access services because they lack the knowledge or mental capacity or stamina to follow the referrals that they are given. The process was described as difficult and long to access services (ex. long process, multiple wait times, multiple referrals to different locations, needing specific paperwork and documents, etc.). One worker said that the process takes a lot of time and stamina and some service users end up giving up because it is simply too hard to access. The worker said that service users become tired, exhausted, and have too many other things going on and often their health is lower on their priority list compared to other things they have to do (ex. work, eat, childcare, etc.).

Multiple workers suggested accompaniment as a way of supporting service users through this process and that it would be helpful for clients to have someone support and educate them during the long processes. They said that accompaniment would also make it easier for one outreach worker to introduce the service user to another outreach worker and act as a *"bridge"* between the services. They noted that it is helpful for service users to be introduced to new workers by a worker they already know and trust. They mentioned that accompaniment would help streamline services and make them easier and faster to access for service users. A *"buddy system"* (peers-with-peers) was also suggested (ie. people who have been through the system could be volunteers to help others access the same service). At least three workers suggested that using volunteers from community organizations could serve this function and/or provide accompaniment for people needing support.

**Education and Awareness:**

Multiple workers suggested that awareness raising and education was needed among NDG residents to inform them of the services that are available, how to access

the services, and where they can find support to access the services. One worker spoke about how the information available about services is often *"dry"*, boring, and uses jargon and that it would be helpful to have informational brochures and pamphlets that are simple, quick to read, and accessible for all ages and languages.

**8-1-1 and CLSC Services:**

Multiple workers said they found it difficult to access services at the CLSC. Some said that calling 8-1-1 is not very helpful and often you are asked to leave your name and number and hope that the CLSC will call you back. Workers said that when the CLSC does call you back, the call comes from a private number and is often ignored by the service user because they do not know where the phone call is coming from. Additionally, one worker spoke about how the prioritization level of the CLSC and 8-1-1 intake is very complicated and is not helpful at all. The same worker said that unless a service user calls and says they are going to commit suicide, they are often put on "low priority" and then asked to leave their name and number and will receive a call back days later. The worker said that *"it seems like you need to say you're suicidal to actually get any help"*. They said that this form of prioritization is *"very frustrating and discouraging"*.

**Interviews:**

Two one-on-one interviews were conducted with representatives who directly oversee health and social service provision at two unique services in the NDG community. A third one-on-one interview was also conducted with a representative who is responsible for managing the overall operations of a large non-profit health and social service centre in the NDG community. Themes emerged as selected questions and responses for each interview were reviewed.

1) **Interview #1:**

The first interview was conducted with the Coordinator of the Health Clinic operated by a community organization called Head & Hands (3465 Benny Avenue) on November 28th, 2019. Themes included: funding and financing, accessibility, cultural safety and competency, and harm reduction, and anti-oppression.

**Funding and Financing:**

The H&H Health Clinic Coordinator expressed that it is a constant struggle to find funding and said there is *"never enough of it"*. H&H receive public federal and provincial government funding, as well as money from community funders such as Centraide and also private donations. They are also forced to limit their services and service hours because of their lack of robust financial resources.

**Accessibility:**

According to the H&H Health Clinic Coordinator, the building is mostly accessible for people using mobility devices (ex. wheelchair, scooter, other mobility aid, etc.). They are hoping to install automatic door buttons and hand-rails, however the Coordinator said that infrastructure changes are expensive and they do not have enough funding to do this yet. Services are provided in English, French, and Spanish. There is also one medical assistant who speaks American Sign Language (ASL). There are currently no adaptations for people living with visual impairments, however they would like to offer this in the future.

Additionally, according to the H&H Health Clinic Coordinator, all youth between the ages of 14 and 25 years old can access their services and there is no need for them to present a valid RAMQ card upon check-in. Additionally, youth do not need to be a documented refugee or asylum seeker to access their services.

**Cultural Safety and Cultural Competency:**

According to the H&H Health Clinic Coordinator, there is a lack of trauma-informed care and practices in many organizations. H&H is trying to incorporate this approach at the Health Clinic and want to integrate it into the whole H&H organization. The H&H Coordinator expressed that cultural safety and competency are strong at the organization and they take it very seriously. They are always looking for ways to increase their cultural competencies and value feedback highly.

**Harm Reduction and Anti-Oppression:**

The Health Clinic Coordinator expressed that H&H operates on harm reduction and anti-oppressive principles based on non-judgement, holism, and trauma-informed approaches. Anti-racism and anti-discrimination are very important practices for the organization and they take their role in the community very seriously. They also function on models of youth empowerment, autonomy, and informed consent. They do not require parents or guardians to be present for youth to access the services provided at the Health Clinic. H&H also honours the concept and actions concerning Indigenous solidarity and are currently one of the only organizations in the NDG with an Indigenous solidarity statement.

2) **<u>Interview #2:</u>**

The second interview was conducted with a General Physician (GP) working at the Clinique MDCM-STAT (5515 Saint-Jacques Street) on December 5th, 2019. Themes included: accessibility, interdisciplinary biopsychosocial approach, cultural safety and cultural competency, and administrative barriers and bias.

**Accessibility:**

The GP from Clinique MDCM-STAT reported that the building is fully accessible for people with mobility devices (ex. wheelchair, scooter, walking aid, etc.). Services are provided in English and French. However, the GP noted that there is a lack of accommodations for people with vision and hearing impairments and would like to address this in the future. The GP also stated they would like to be able to offer ASL translation services in the future.

According to the GP, patients are required to present their valid RAMQ card upon check-in to access the walk-in clinic and GMF located at the Clinique MDCM-STAT. Medical office assistants will help patients who do not have a valid RAMQ card by filling out the application with them and directing them to other health services that can care for them in the meantime.

**Interdisciplinary Biopsychosocial Approach:**

The GP stated that the Clinique MDCM-STAT provides a *"cradle to the grave"* health care approach, meaning that the clinic serves people of all ages including newborns, youth, young adults, adults, aging adults, and seniors. The Family Medicine Group (GMF) clinic applies a collaborative interdisciplinary biopsychosocial approach and a family medicine model instead of an exclusive medical model that only *"focuses on one problem at a time"*. A team of doctors, nurses, social workers, psychologists, and other health professionals focus on understanding the entire situation of each client including understanding their home life, support systems, education, strengths, challenges, and resources. The GP described this as a *"holistic approach"*. The GP said that the GMF clinic also provides "continuity of care", meaning that family physicians can quickly access important information about their patients' off-hours health care visits, prescriptions, referrals, and supplemental follow ups. Patients are also able to access the other health professionals at the GMF even if their specific physician is away on vacation or not working that day. The GP stated that the Clinique MDCM-STAT GMF provides consistent follow up and a *"home for each patient"*.

**Cultural Safety and Cultural Competency:**

The GP expressed that the GMF clinic serves all patients and provides personalized services to a wide range of patients. The GP stated that no formal training is offered to address and improve cultural safety and competency at the Clinique MDCM-STAT. However, the GP said that they make a significant effort to hire people from all cultural backgrounds and they make a meaningful effort to be inclusive to everyone.

**Administrative Barriers and Bias:**

The GP spoke about difficulties with *"administrative red tape"* and the requirement of filling out a significant amount of paperwork. The GP mentioned that they

feel *“helpless, hopeless, and powerless”* as a health professional because *“there is only so much”* that they can do *“to change the system”*. The GP noted that there are also individual and governmental biases that exist, which ultimately impact and influence the healthcare that people receive or do not receive, both in the public and private healthcare systems. The GP stated that these problems, among others, have created a *“black market of health care in Canada”* where financially stable people are able to pay for better healthcare and *“jump the line”* ahead of others.

3) **<u>Interview #3:</u>**

The third one-on-one interview was conducted with the Executive Director and Chief Executive Officer of the Queen Elizabeth Health Centre (QEHC)(2100 Marlowe Avenue) on November 15th, 2019. This representative is responsible for managing the overall operations of QEHC, which is a large non-profit health and social service centre in the NDG community. This representative also oversees the rentals of each section of the building to various health and social service providers. Themes included: funding and financing, accessibility, and cultural safety and competency.

**Funding and Financing:**

According to the Executive Director (ED), funding is a consistent challenge for the QEHC. The organization is completely auto-financed and revenues come from services such as parking fees, renting rooms to professionals, imaging paid for by RAMQ, and wait-time ticket services. Securing recurring or annual funding has been a challenge since the beginning of the QEHC. If they do receive funding, they often invest in infrastructure upgrades such as retrofitting windows, updating elevators, and installing other accessibility aids. The ED said that often they have to upgrade in progressive stages because they do not have enough funding to upgrade everything at the same time.

**Accessibility:**

According to the ED, the building is accessible and is equipped with elevators, entrance ramps, and wide corridors. All staff speak both French and English. The QEHC is not fully equipped, however, to provide services to people requiring ASL translation or to people with significant hearing impairments. The ED specified that these limitations are due to their funding constraints and they would like to provide these services in the future as funding becomes available.

All patients are required to present their valid RAMQ card upon check-in. The ED also stated that the QEHC offers a new asylum and refugee health clinic that requires a referral from PRAIDA (Programme Régional d’Accueil et d’Intégration des Demandeurs d’Asile - Regional Program for the Reception and Integration of Refugees and Asylum Seekers). The QEHC also has a partnership with two programs that serve the needs of people living with autism and intellectual disabilities (ie. Giant Steps Program, See Things My Way).

**Cultural Safety and Cultural Competency:**

The ED reports that cultural safety and cultural competency are “non issues” at the QEHC. The ED stated that there is no discrimination and asserts that the staff are caring, open, and welcoming to all people. The ED believes that the inclusion of visible minorities (people of colour, people of all ages, people with disabilities, etc.) working at the QEHC creates a welcoming, accepting, and open environment for all residents regardless of their background.

## DISCUSSION AND ANALYSIS

### Convergence and Divergence of Quantitative Data and Qualitative Information:

The quantitative data collected in both surveys provides an overall view of the situation of health and social services in NDG and Montréal-West. The qualitative information collected in both surveys provides rich and detailed accounts of the experiences of residents, community outreach workers, and community service providers with health and social services in the NDG community. The focus groups and one-on-one interviews conducted also help enhance, confirm, and reinforce a number of findings from the quantitative data and qualitative information collected in both surveys.

There are a number of instances in which the quantitative data and qualitative information collected converge and diverge from one another. Firstly, although the vast majority of respondents (86.11%) said that they currently have a family doctor, the qualitative information collected demonstrates that residents struggled to find a family doctor and experienced long wait-times to be assigned a physician. The qualitative information collected in the surveys, through focus groups, and through one-on-one interviews pointed to the lack of available family doctors in the NDG community and the long wait-times to be assigned one. Furthermore, of the 93 respondents who indicated that they currently have a family doctor, only 51.61% of them said that their family doctor was located in the NDG or Montréal-West area. These suggestions indicate the need for more family doctors in the NDG community and the Montréal region at large.

Secondly, the quantitative data demonstrated that wait-times at medical walk-in clinics can be quite long. For example, 19.44% of respondents indicated that they waited between one to two hours and 40.74% of respondents noted that they waited anywhere between two to six hours at a walk-in clinic. In the qualitative information collected, multiple people also noted long wait-times at clinics and spoke about the stress of waiting in a busy and *"cramped"* waiting area with other individuals and families who were sick. Emergency room wait-times were also identified as being long by respondents, potentially indicating that they accessed those services for non-urgent reasons because they were unable to access a medical walk-in clinic or believed it would be faster than a medical walk-in clinic. At least five respondents stated the need for a free emergency medical walk-in clinic in the NDG that operates 7 days a week/24 hours a day, including on holidays. These repeated suggestions point to the need to increase the capacity of current medical walk-in clinics and to create more clinics in order to improve availability and access to non-urgent medical healthcare.

Thirdly, there was divergence within the quantitative data and qualitative information gathered regarding access to knowledge and the awareness and use of health and social services in the community. It appears as though respondents find information regarding health and social services in a variety of ways. For example, the majority of respondents (81.49%) reported that they seek information by conducting a general internet search. Fifty-nine people (54.63%) indicated that they ask a friend or neighbour for information. Forty-nine respondents (45.37%) reported that they were

referred by a health or social service professional and 35 people (32.41%) said they asked a known representative at a local community service. Just under one third (30.56%) of respondents indicated that they consulted pamphlets and brochures for information about health and social services in NDG. Moreover, just under two thirds of the respondents (63.55%) had used 8-1-1 Info-Santé/Info-Social before and just under one third (31.78%) had not used it at all. Additionally, a small portion of the respondents (4.67%) indicated that they did not even know what 8-1-1 Info-Santé/Info-Social was. This indicates that the 8-1-1 Info-Santé/Info-Social resource is not being used to its fullest potential. Respondents also suggested providing an easy-to-use and accessible online resource directory or *"community health portal"* that includes all community resources in one place.

In addition to this, it seems as though the awareness and use of resources varies in the community depending on the service in question. For example, the majority of respondents (85.19%) reported that they had used services at the CLSC Benny Farm and 12.96% indicated that they had heard about the services, but never used them. Just over one third of people indicated that they had used services at the CLSC René Cassin whereas 40.74% reported that although they had heard of the services, they had never used them. The majority of respondents indicated that they had heard about, but never used many other resources and services. However, a significant portion of services and resources in the community were unknown to the vast majority of respondents or in some cases, unknown by all of the respondents. Yet in contrast, respondents also identified a number of resources and services that had not been included in the surveys, indicating that in some circumstances, respondents were able to seek out and access services that catered to their specific needs and identified them as useful and helpful resources for themselves and other community members.

Fourthly, access and accessibility of health and social services in the community emerged as common topics and themes from both the quantitative data and qualitative information gathered. Overall, the quantitative data indicated that 39.81% of respondents believe that community-based services and resources in the NDG area are either very easy or easy to access. However, 42.59% of respondents said that services are only somewhat easy to access, sixteen people (14.81%) identified that services are not easy to access, and three people said that they were not at all easy to access. This indicates that services and resources in the community may not be simple or easy to gain access to for certain community members.

Furthermore, the majority of respondents (65.74%) said that they felt very comfortable or comfortable when accessing services and resources in the NDG community. However, 25.93% of respondents indicated that they only felt somewhat comfortable, nine people (6.48%) noted that they did not feel comfortable, and two respondents said they did not feel at all comfortable when accessing health and social services in the community. This means that roughly one third of respondents (34.26%) noted that it was only somewhat comfortable, not comfortable, or not at all comfortable to access health and social services in the community. It should be considered a significant issue that one third of respondents (one out of three people) reported feeling

this way. It should also be noted that the qualitative information revealed a number of negative and troubling circumstances in which respondents were denied access to resources or were unsatisfied with the services they had received. A number of respondents also indicated that many services and resources are not accessible for people living with disabilities (ex. mobility limitations, visual and hearing impairments).

Finally, the quantitative data and qualitative information collected from surveys and focus groups highlighted a divergence in experiences and opinions of respondents in regards to the services provided by the CLSC Benny Farm and CLSC René Cassin. For example, 57.41% of respondents said they believe that the services at the CLSC Benny Farm and/or CLSC René Cassin are very accessible or accessible. However, almost one third of respondents (30.56%) said the services are only somewhat accessible and thirteen respondents (12.03%) indicated that these services were either not accessible (8.33%) or not accessible at all (3.70%). This means that 46.29% of respondents noted having concerns about the accessibility of the services provided by the CLSC Benny Farm and/or CLSC René Cassin. Qualitative information gathered also highlighted a number of concerning and troubling experiences of community members, particularly at the CLSC Benny Farm.

Overall, these issues of access, accessibility, quality, and comfort in health and social services in the NDG area demonstrates a number of community needs. Converging quantitative data and qualitative information demonstrates the need to create more accessible and comfortable services in the community that serve the needs of diverse residents including people living with disabilities, people from visible minorities, people who do not speak English or French as a first language, newcomers to Canada, and many other diverse community members who are deserving of and desperate to access health and social services.

**NDG Resident Experiences and Community Responses to COVID-19 Pandemic:**

Overall, residents identified that the COVID-19 pandemic negatively impacted their social and/or mental well-being. Additionally, over one third of the respondents also indicated that their financial well-being was also impacted and roughly one fifth of respondents also identified that their physical and/or spiritual well-being was affected. The qualitative information confirmed these resident experiences. Multiple respondents spoke about social isolation, negative impacts on their mental health, and feeling disconnected from the community because of public health measures.

Interestingly, almost half (49%) of the respondents said that they did not use any services in the NDG community during the COVID-19 pandemic. This, however, could reflect that the data collected does not represent the actual NDG population groupings and does not include meaningful sample sizes of newcomers to Canada, low-income individuals and families, at-risk youth, isolated seniors, and other potentially marginalized and disenfranchised residents. Only roughly 15.7% of respondents indicated that they had used services at the CLSC Benny Farm and/or CLSC René Cassin and 13.7% used the services offered by the Depot Community Food Center.

Moreover, just over three quarters of the respondents (76.5%) noted that they had not learnt about any community services that they were not previously aware of before the COVID-19 pandemic. Only ten respondents (19.6%) stated that they had difficulties when accessing services and almost half of the respondents (47.1%) said that they did not. Just over one fifth of respondents (23.5%) were unsure if they had difficulties accessing services.

For the ten respondents who indicated that they had difficulties accessing services during the COVID-19 pandemic, the qualitative information collected was enlightening. The information revealed that multiple respondents had difficulties accessing their family doctors, even by telephone, and found it difficult to converse and negotiate with their doctors and pharmacists through tele-health appointments. Multiple respondents also noted that they experienced difficulties when trying to access medical walk-in clinics during the COVID-19 pandemic when their health issues were not deemed urgent enough. Respondents also mentioned struggling with the lack of information from the CLSCs and having difficulty accessing the services at the CLSC Benny Farm and not being satisfied with the services provided during the COVID-19 pandemic. In addition to this, a number of respondents stated that they struggled to access adequate employment services and opportunities and housing support services throughout the pandemic.

**Community Assets and Strengths:**

There are many strengths and assets in the NDG community that help support community members and serve their diverse needs. Firstly, community-based organizations were identified as supporting residents and their unique needs including access to healthcare and social services, food security, family support, and advocacy services. It seems that community-based organizations are extremely valuable resources and services in the community that residents value and uphold as important and meaningful to them.

Secondly, respondents from both surveys spoke about the support they received from other community members, particularly during the COVID-19 pandemic. It appears as though some respondents experienced some community disconnect throughout the pandemic, while others found profound support and solidarity in the community. Respondents spoke about the mutual aid and support they received from their neighbours and family members, especially in regards to childcare, social isolation, and food security.

Thirdly, outreach workers indicated the importance of supporting and advocating on behalf of their service users. It seems as though outreach workers use their creativity, compassion, dedication, and knowledge to help educate, support, and advocate for service users on a regular basis. Community outreach workers also offered numerous productive and efficient solutions to address community needs including accompaniment, streamlining referral processes, breaking down language barriers, improving support for newcomers to Canada, and increasing education and awareness

in the community. It appears as though community outreach workers are extremely valuable resources in the community.

Lastly, a number of NDG residents also noted the resilience, strength, and solidarity of community-based organizations (with the exception of CLSC Benny Farm), particularly in regards to their quick and relevant responses to the COVID-19 pandemic. A number of respondents were impressed with the proactive responses of community organizations and one respondent even said that they had increased their financial support (donations) to these organizations to honour their good work. It appears as though community-based organizations in the NDG have the capacity to provide service users with essential health and social services, even when under significant pressure and stress during public health emergencies.

**Community Weaknesses, Gaps and Needs:**

A number of community weaknesses, gaps, and needs emerged throughout the research review, discussion, and analysis phases of the quantitative data and qualitative information. In no particular order, these included the:

- Shortage of available family doctors in the NDG community and the Montréal-West area;
- Absence of available and accessible medical walk-in clinics in the NDG community;
- Presence of significant wait-times in medical walk-in clinics and emergency rooms;
- Presence of significant language barriers when interacting with health and social services in the NDG community;
- Lack of translation services in health and social services in the NDG community;
- Lack of available, free and affordable language education in the NDG community;
- Difficulties of visible and racialized minorities when accessing health and social services in the NDG community;
- Struggles of newcomers, refugees and asylum seekers in Canada when accessing health and social services in the NDG community;
- Important concerns and issues with transportation, particularly when travelling to health and social services in the NDG community and the Greater Montréal Region at large;
- Lack of free mental health supports and services (counselling, crisis intervention, ongoing social support, psychologists, etc.) in the NDG community that serve people of all ages, particularly those serving youth, seniors, parents, caregivers, and newcomers to Canada;
- Presence of significant struggles with social isolation, particularly during the COVID-19 pandemic;
- Need for more peer support groups to support community members in regards to a variety of issues (ex. pregnancy loss, mental health, parenting, language barriers, etc.);

- ❖ Lack of knowledge, information, education, and awareness of health and social services in the community among residents, particularly those who are newcomers to Canada and to the NDG community;
- ❖ Need for an online community resource guide or “portal” that provides information regarding health and social services in one accessible and simple place;
- ❖ Need for more advocacy and accompaniment to health and social services in the NDG community;
- ❖ Need for more exercise groups and activities in the community, and;
- ❖ Significant issues regarding accessibility concerns for people living with disabilities such as mobility limitations, hearing and visual impairments, intellectual disabilities, etc.

Community weaknesses, gaps, and needs also revealed themselves in the one-on-one interviews conducted with community health and social service providers. In no particular order, these included the:

- ❖ Persistent issues with funding and financing for community-based organizations;
- ❖ Significant concerns relating to access and accessibility for people of varying abilities and diverse residency statuses;
- ❖ Lack of cultural safety and cultural competency within community-based organizations, and;
- ❖ Need for more interdisciplinary holistic team approaches that focus on biopsychosocial intervention approaches.

## RECOMMENDATIONS AND SUGGESTIONS

### NDG Community Council Strategic Plan 2022 to 2027:

The NDG Community Council will soon begin envisioning its new Strategic Plan that will set out its objectives, goals, and action plan for the following five years (2022 to 2027). This needs assessment of health and social services in the NDG community will nourish these future objectives, goals, and actions. Increasing access to health and social services in the community and improving the health and well-being of residents have been ongoing issues of importance to the NDG Community Council as reflected by the current Strategic Plan for 2016-2021.

It is recommended that the new Strategic Plan (2022 to 2027) focuses at least one primary goal on improving access to health and social services in the NDG community. In order to address the health and social service needs of residents, specific long-term initiatives dedicated to improving the health and well-being of all residents are required. Some specific and detailed recommendations and suggestions for future actions and initiatives include:

1. **Increasing access to family doctors in the NDG community.**
   - 1.1. Through outreach initiatives, identifying residents struggling to find family doctors in the community and providing them with resources to connect with healthcare professionals in the NDG community.
   - 1.2. Providing support to residents to register for the provincial waiting list (Québec Family Doctor Finder - GAMF).

2. **Improving access to medical walk-in clinics in the NDG community.**
   - 2.1. Through outreach initiatives, identifying residents struggling to access medical walk-in clinics in the community and providing them with resources to connect with other, more accessible non-urgent medical services in the NDG community.
   - 2.2. Supporting and advocating for increased access and accessibility in existing medical walk-in clinics in the NDG community.
   - 2.3. Compiling a list of medical walk-in clinics in the NDG community and noting the strengths and limitations of each clinic.

3. **Improving access to mental health services and supports.**
   - 3.1. Supporting the establishment, development, and financing of services that cater to the specific mental health needs of youth, parents, caregivers, seniors, and newcomers, refugees, and asylum seekers in Canada.
   - 3.2. Supporting education and information campaigns dedicated to raising awareness about mental health, mental health stigma, and community resources serving people with mental health conditions.
   - 3.3. Initiating and disseminating information about peer support groups to residents living in the NDG community.

4. **Addressing social isolation and increasing social engagement and inclusion.**
    - 4.1. Identifying residents living in the NDG community who are socially isolated and decreasing their social isolation through community outreach, engagement groups, peer support groups, social outing groups, and one-on-one support.
    - 4.2. Through community outreach work, maintaining regular contact with residents identified as socially isolated and connecting them to the appropriate health and social services in the NDG community.
    - 4.3. Building networks and strengthening connections with community-based organizations aiming to support people who are socially isolated by engaging in specialized community projects in the NDG community.

5. **Increasing awareness, education, and information about health and social services available in the NDG community.**
    - 5.1. Routinely organizing and hosting outreach kiosks and informational presentations to provide information and resources related to health and social services in the NDG community.
    - 5.2. Advocating for and helping establish an online community health portal that compiles health and social service resources in one easy and accessible location.
    - 5.3. Advocating for the improvement of health and social service provision, access, and accessibility in the NDG community.
    - 5.4. Mobilizing residents to become active advocates for the improvement of health and social service provision, access, and accessibility in the NDG community.

6. **Improving access to and accessibility of health and social services for people with limited knowledge of the official languages.**
    - 6.1. Supporting the establishment, development, and financing of translation services specifically designed to help people with limited knowledge of the official languages (English and French) in accessing essential health and social services in the NDG community.

7. **Improving access to and availability of free and affordable language education courses and workshops in English and French.**
    - 7.1. Supporting the establishment, development, and financing of language education courses and workshops in English and French specifically designed to help people with limited knowledge of the official languages living in the NDG community.

8. **Improving access to health and social services and supports for visible and racialized minorities.**
    - 8.1. Building networks and strengthening connections with advocacy and outreach groups that serve visible and racialized minorities living in the

NDG community by engaging in specialized consultations and community projects.

8.2. Logistically and financially supporting events, activities, and other community initiatives serving the needs and interests of visible and racialized minorities living in the NDG community.

8.3. Advocating as allies for improved access to health and social services and supports for visible and racialized minorities.

**9. Increasing access to health and social services and supports for newcomers, refugees, and asylum seekers in Canada.**

9.1. Building networks and strengthening connections with advocacy and outreach groups that serve newcomers, refugees, and asylum seekers living in the NDG community by engaging in specialized consultations and community projects.

9.2. Logistically and financially supporting events, activities, and other community initiatives serving the diverse needs and interests of newcomers, refugees, and asylum seekers living in the NDG community.

9.3. Advocating for community services to improve access and accessibility for residents regardless of their residency and documentation status.

9.4. Advocating as allies for improved access to health and social services and supports for newcomers, refugees, and asylum seekers living in the NDG community.

**10. Improving access to and accessibility of public transportation and adapted public transportation.**

10.1. Supporting community initiatives that encourage the expansion and accessibility of public transportation in the NDG community.

10.2. Initiating projects with the City of Montréal, the Côte-des-Neiges-Notre-Dame-de-Grâce Borough, and other official constituency offices to improve and strengthen public transportation infrastructure and urban planning projects.

**11. Increasing advocacy and accompaniment services.**

11.1. Supporting the establishment, development, and financing of advocacy and accompaniment services that serve the diverse needs and experiences of residents living in the NDG community.

11.2. Advocating for and supporting the creation of a more clear and streamlined process for health and social service information referrals.

**12. Increasing opportunities to improve resident health and well-being.**

12.1. Building networks and strengthening connections with community organizations that host exercise groups and group engagement activities.

12.2. Supporting the establishment, development, and financing of exercise groups and activity groups that serve a wide range of NDG residents.

12.3. Continuing to support the work of the NDG Working Group on Health and their initiatives and projects focused on improving resident health and well-being.

**13. Improving accessibility to health and social services for people living with disabilities.**

13.1. Building networks and strengthening connections with community organizations that serve the specific and diverse needs of people living with disabilities.

13.2. Supporting the establishment, development, and financing of advocacy and accompaniment services that serve the diverse needs and experiences of people living with disabilities.

13.3. Advocating for community services to improve accessibility in their organizations including the inclusion of visual and hearing impairment aids, ramps, elevators, American Sign Language (ASL) translation, adapted communication techniques, and other accessibility adaptations.

**14. Supporting community-based organizations that require more robust funding and financing.**

14.1. Clearly communicating funding opportunities in a timely and regular fashion to health and social service providers in the NDG community.

14.2. Supporting and aiding community-based organizations in finding and applying for robust funding opportunities in order to finance health and social service provision in the NDG community.

**15. Improving cultural safety and cultural competency in health and social services.**

15.1. Coordinating and supporting cultural safety and cultural competency training sessions for health and social service providers operating in the NDG community.

15.2. Advocating for anti-oppressive, interdisciplinary, and holistic team models that apply biopsychosocial approaches to medical models.

15.3. Supporting and advocating for health and social service providers to increase their capacities to serve people with diverse needs, abilities, and identities.

**NDG Working Group on Health:**

The NDG Working Group on Health is a working group of the NDG Community Council that works with the community to help ensure that residents have the resources and information necessary to access health and social services and to promote the health and well-being of the neighbourhood. The NDG Working Group on Health looks at issues surrounding access to health and social services and systems and seeks opportunities for collaboration which lead to improved access for all, with a particular focus on members of isolated communities, including youth, seniors, new arrivals,

persons with precarious residency status, persons in need of mental health services, and persons with low-income.

The NDG Working Group on Health is currently focusing on the emerging issues identified during the 2019 Community Health Forum. They are currently addressing issues of structural and systemic discrimination and cultural sensitivity and competency within the CIUSSS system. The working group is also examining the CIUSSS Youth Services Department and whether these services are accessible and sensitive to the needs of youth living in the NDG community. In addition to these initiatives, there are a number of more specific, long-term actions and initiatives that could be undertaken as a way of improving the health and well-being of residents living in the NDG community. Some specific and detailed recommendations and suggestions for future actions and initiatives of the NDG Working Group on Health include:

1. **Increasing access to family doctors in the NDG community.**
    1.1. Advocating at regional, provincial, and federal levels for additional general physicians to join the NDG community, CIUSSS West-Central Montréal network, and the Greater Montéal region.

2. **Improving access to medical walk-in clinics in the NDG community.**
    2.1. Advocating at regional, provincial, and federal levels for more medical walk-in clinics to be established and funded in the NDG community.

3. **Improving access to mental health services and supports for people of all ages.**
    3.1. Supporting the establishment, development, and financing of services that cater to the specific mental health needs of youth, parents, caregivers, seniors, and newcomers, refugees, and asylum seekers in Canada.

4. **Increasing awareness, education, and information about health and social services available in the NDG community.**
    4.1. Collaboratively organizing and hosting a new Community Health Forum in 2021 that focuses on the access and accessibility of health and social service provision in the NDG community.
    4.2. Advocating for and helping establish an online community health portal that compiles health and social service resources in one easy and accessible location.
    4.3. Widely circulating the new resource guide (updated March and August 2020) that highlights health and social services currently operating in and around the NDG community.
    4.4. Mobilizing residents to become active advocates for the improvement of health and social service provision, access, and accessibility in the NDG community.

5. **Improving access to and accessibility of health and social services for people with limited knowledge of the official languages.**

5.1. Advocating for the establishment, development, and financing of translation services specifically designed to help people with limited knowledge of the official languages (English and French) in accessing essential health and social services in the NDG community.

**6. Improving access to health and social services and supports for visible and racialized minorities.**

6.1. Supporting events, activities, and other community initiatives serving the needs and interests of visible and racialized minorities living in the NDG community.

6.2. Advocating as allies for improved access to health and social services and supports for visible and racialized minorities.

**7. Increasing access to health and social services and supports for newcomers, refugees, and asylum seekers in Canada.**

7.1. Supporting events, activities, and other community initiatives serving the diverse needs and interests of newcomers, refugees, and asylum seekers living in the NDG community.

7.2. Advocating for community services to improve access and accessibility for residents regardless of their residency and documentation status.

7.3. Advocating as allies for improved access to health and social services and supports for newcomers, refugees, and asylum seekers living in the NDG community.

**8. Increasing advocacy and accompaniment services.**

8.1. Advocating for the establishment, development, and financing of advocacy and accompaniment services that serve the diverse needs and experiences of residents living in the NDG community.

8.2. Advocating for and supporting the creation of a more clear and streamlined process for health and social service information referrals.

**9. Increasing opportunities to improve resident health and well-being.**

9.1. Advocating for the establishment, development, and financing of exercise groups and activity groups that serve a wide range of NDG residents.

**10. Improving accessibility to health and social services for people living with disabilities.**

10.1. Advocating for the establishment, development, and financing of advocacy and accompaniment services that serve the diverse needs and experiences of people living with disabilities.

10.2. Advocating for community services to improve accessibility in their organizations including the inclusion of visual and hearing impairment aids, ramps, elevators, ASL translation, adapted communication techniques, and other accessibility adaptations.

**11. Improving cultural safety and cultural competency in health and social services.**

11.1. Advocating for cultural safety and cultural competency training sessions for health and social service providers operating in the NDG community.

11.2. Advocating for anti-oppressive, interdisciplinary, and holistic team models that apply biopsychosocial approaches to medical models.

11.3. Advocating for health and social service providers to increase their capacities to serve people with diverse needs, abilities, and identities.

# CONCLUSION

## Implications for Future Research, Actions and Initiatives:

This community needs assessment has multiple implications for future research, actions, and initiatives in the NDG community. Firstly, due to the limitations of the research conducted for this community needs assessment, it is essential that future research is undertaken. Future research could include a more rigorous scientific evaluation of community needs that includes more complex statistical analyses such as bivariate and multivariate correlations, generalized linear models, and factor analysis. This would increase the ability to make inferences and generalized observations regarding statistical data.

Secondly, the sampling of respondents used in this community needs assessment was not representative of the actual NDG population. It could be highly beneficial to use forms of purposive sampling that would gather respondents from more diverse populations of the community. Community-based organizations serving vulnerable, marginalized, and disenfranchised populations in the community could be used as portals to reach these diverse groups. This would improve the representation of diverse community members in the research and increase the applicability and scope of the data and information collected.

Thirdly, multiple survey respondents expressed their interest in participating in follow-up surveys and focus groups in regards to health and social services in the NDG community. It could be a fruitful opportunity to follow-up with these respondents and to reach out to diverse community members and groups to conduct further research in the form of focus groups. Again, community-based organizations serving vulnerable, marginalized, and disenfranchised populations in the community could be used as portals to reach these diverse groups. These focus groups could provide rich, detailed qualitative information highlighting the experiences of underserved and marginalized populations in the NDG community.

Fourthly, it would be an essential opportunity to use the recommendations and suggestions in this community needs assessment report to help guide the creation of the forthcoming NDG Community Council Strategic Plan (2022-2027). The recommendations and suggestions provided in this report provide a starting point for brainstorming and informing various actions and initiatives that could be undertaken by the NDG Community Council in collaboration with other community-based organizations that provide health and social services in the community. These actions and initiatives could have real-life impacts on residents and the organizations that serve them by improving the access, accessibility, and quality of health and social services in the NDG community.

Fifthly, the NDG Working Group on Health could undertake a number of the recommendations and suggestions presented in this community needs assessment. The recommendations and suggestions provided in this report offer a jumping off point

for this working group to increase the access, accessibility, and quality of health and social services in the NDG community. Advocacy, support, and solidarity are at the cornerstone of improving the health and well-being of all NDG residents. The NDG Working Group on Health is well-positioned in the community to lead these endeavours while simultaneously centering and uplifting the voices of underserved and marginalized populations living in the NDG community.

Finally, as new actions and initiatives are developed by community-based organizations with the collaboration and support of the NDG Community Council, it would be pertinent for program evaluations and assessments to be launched. These evaluations would help determine the successes and strengths of these new initiatives and actions and would also help identify persistent weaknesses, service gaps, and needs that still need to be addressed.

**Conclusion:**

Overall, this community needs assessment has highlighted the strengths and assets already existent in the NDG community. This assessment has also brought attention to a number of critical issues in the community that continue to restrict and deter access to essential health and social services. Improving the health and well-being of all residents should be upheld as paramount to even economic accomplishments in the community. Community success should be defined by the health, well-being, and happiness of residents, as well as the solidarity, support, and mutual aid offered by neighbours and community-based organizations alike.

It is the author's sincere hope that this community needs assessment research and report will be used by the NDG Community Council and other community-based organizations to improve the access, accessibility, and quality of health and social services in the NDG community. The NDG community includes culturally and ethnically diverse people and groups, some with greater privileges and accommodations than others. Community strength and resilience can only happen when all community members band together to rise up and honour the voices and experiences of those who are less advantaged and privileged. Only then can we say that the NDG community has truly succeeded.

*"Without community, there is no liberation…but community must not mean a shedding of our differences, nor the pathetic pretense that these differences do not exist."*
- Audre Lorde

## REFERENCES CITED


Artiga, S., & Hinton, E. (2018). Beyond health care: The role of social determinants in promoting health and health equity. *Kaiser Family Foundation*. https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/.

Braun, V. & Clarke, V. (2008). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.

Braveman, P., & Gottlieb, L. (2014). The Social Determinants of Health: It's Time to Consider the Causes of the Causes. *Public Health Reports*, 129(2), 19-31. doi: 10.1177/00333549141291S206.

Centraide of Greater Montréal. (2020). *Notre-Dame-de-Grâce*. https://www.centraide-mtl.org/en/communities-served/notre-dame-de-grace/.

Centre Intégré Universitaire de Santé et de Services Sociaux du Centre-Ouest-de-l'Île-de-Montréal. (2020). *CLSC Benny Farm*. https://www.ciussswestcentral.ca/sites-and-resources/clsc/clsc-benny-farm/.

Centre Intégré Universitaire de Santé et de Services Sociaux du Centre-Ouest-de-l'Île-de-Montréal. (2020). *CLSC René Cassin*. https://www.ciussswestcentral.ca/sites-and-resources/clsc/clsc-rene-cassin/.

Centre Intégré Universitaire de Santé et de Services Sociaux du Centre-Ouest-de-l'Île-de-Montréal. (2020). *Outpatient Services*. https://www.ciussswestcentral.ca/programs-and-services/lifestyle-habits-and-prevention/outpatient-services/#c7318.

Centre Intégré Universitaire de Santé et de Services Sociaux du

Centre-Ouest-de-l'Île-de-Montréal. (2020). *Welcome to the CIUSSS West-Central Montréal*. https://www.ciussswestcentral.ca/.

Direction Régionale de Santé Publique de Montréal. (2018). *Portrait de Santé de la Population CIUSSS Central-West Montréal*. https://emis.santemontreal.qc.ca/fileadmin/emis/Sant%C3%A9_des_Montr%C3%A9alais/Portrait_global/PortraitsCIUSSS2018/PortraitSanteCIUSSSCO.pdf.

Équité Santé, McGill University School of Social Work & Institute of Public Health of University of Montréal. (2017). *Community Resources for All - Montreal Region Resource Guide.* http://www.equitesante.org/wp-content/uploads/2017/07/Community-Resources-for-All.pdf.

Fereday, J. & Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: a hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods*, 5(1), 1-11.

Government of Canada. (2020). *Summary - Canadian Industry Statistics - Health Care and Social Assistance - 62*. https://www.ic.gc.ca/app/scr/app/cis/summary-sommaire/62.

Government of Québec. (2020). *Info-Santé 811*. https://www.quebec.ca/en/health/finding-a-resource/info-sante-811/.

Government of Québec. (2020). *Info-Social 811*. https://www.quebec.ca/en/health/finding-a-resource/info-social-811/.

Grand Montréal 211. (2016). *Directory of Community and Social Services - Côte-des-Neiges-Notre-Dame-de-Grâce.* https://www.211qc.ca/static/uploaded/Files/Rep-contenu/Repertoires///PDF%20-%20EN/Cote-des-Neiges-NDG.pdf.

Hanson, W. E., Creswell, J. W., Plano Clark, V. L., Petska, K. P., & Creswell, J. D. (2005). Mixed methods research designs in counseling psychology. *Journal of Counseling Psychology*, 52(2), 224-235.

Hardina, D. (2012). Engaging Participants in the Discovery, Assessment, and Documentation of Community Strengths and Problems. In D. Hardina (Ed.), *Interpersonal Social Work Skills for Community Practice* (pp. 125-161). Springer Publishing Company.

Kirst-Ashman, K. K., & Hull, G. H. (2012). *Understanding Generalist Practice (6th edition)*. Brooks/Cole, Cengage Learning.

Little, W., & McGivern, R. (2016). Chapter 9: Social Inequality in Canada. In W. Little & R. McGivern (Eds.), *Introduction to Sociology* (2nd ed.). BCcampus OpenEd. https://opentextbc.ca/introductiontosociology2ndedition/chapter/chapter-9-social-inequality-in-canada/.

Nagy Hesse-Biber, S. (2010). Chapter 1: Introduction to Mixed Methods Research. In S. Nagy Hesse-Biber (Ed.), *Mixed Methods Research: Merging Theory with Practice* (pp. 1-28). Guilford Publications.

NDG Community Council. (2018). *NDG Community Strategic Plan & Action Plan 2016-2021, Part 1*. http://ndg.ca/images/pdf/2019/EN_I_Strategic_Plan_Report_2016-2021-Final-Dec-3-2018.pdf.

NDG Community Council. (2020). Health and Social Services Resource Guide. http://ndg.ca/en/information-for-ndg-residents/online-resource-center-ndg/health-resource-guide-for-residents.

NDG Community Council. (2020). *NDG Working Group on Health*.

http://ndg.ca/en/ndg-health-table.

NDG Community Council. (2020). *Portrait of NDG*. http://www.ndg.ca/en/about-ndg-neighborhood.

Royse, D., Staton-Tindall, M., Badger, K., & Webster, J.M. (2009). *Needs Assessment*. Oxford University Press.

Schneider, R.A. (2009). *Basic Statistics for Social Workers*. UPA Publishing.

Statistics Canada. (2017). *Notre-Dame-de-Grâce--Westmount [Federal electoral district], Quebec and Quebec [Province]* (table). *Census Profile*. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017. https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E (accessed July 7, 2020).

Ville de Montréal. (2017). *Profils des Districts Électoraux de l'Arrondissement de Côte-Des-Neiges—Notre-Dame-De-Grâce*. http://ville.montreal.qc.ca/pls/portal/docs/PAGE/MTL_STATS_FR/MEDIA/DOCUMENTS/C%D4TE-DES-NEIGES%96NOTRE-DAME-DE-GR%C2CE_2017.PDF.

World Health Organization. (2020). *About Social Determinants of Health*. https://www.who.int/social_determinants/sdh_definition/en/.

# APPENDIX

## Section 1.0: Methods and Methodology

### Section 1.1: Survey One: NDG Assessment of Community Needs

1. Do you currently have a valid RAMQ health card? (Required)(Options: Yes/No)
2. Do you currently have a family doctor? (Required)(Options: Yes/No)
3. (Conditional) If you do currently have a family doctor, are they located in NDG or Montréal-West? (Required)(Options: Yes/No/Other)
4. (Conditional) If you do not have a family doctor, are you currently on Québec's provincial waiting list for a family doctor? (Required)(Options: Yes/No)
5. (Conditional) If you are currently on Québec's provincial waiting list for a family doctor, how long have you been on the waiting list? (Required)(Options: Less than 3 months/Between 3 to 6 months/Between 6 months to 1 year/Between 1 and 2 years/Between 2 and 3 years/Over 3 years)
6. Have you heard about or used any of these health and social services? Please check all that apply. (Required)(Options: Have used/Heard about, never used/Never heard about)(List: CLSC Benny Farm/CLSC René Cassin/Queen Elizabeth Health Complex/Force Médic Clinic (Westminster)/Clinic MDCM-STAT/Batshaw Youth and Family Services/Drug Use and Addictions Services Montréal/Ometz Agency/Forward House/Open Door/AMI-Québec/Alzheimer Society of Montréal/Giant Steps School/Montréal Autism Centre/Henri-Bradet and/or St. Margaret's Day Centre/Lethbridge-Layton-MAB-Mackay Rehabilitation School/Mosaik Family Resource Centre/Elizabeth House/Head and Hands (Young Parents Program, Jeunesse 2000, and/or Youth Health Clinic)/O3 - On Our Own/Women on the Rise/Parents Engagés pour la Petite-Enfance/Nourri-Source Montréal Cavendish Sector/NDG Senior Citizens' Council/NDG Community Council)
7. Is there a service available in NDG you have used and was not listed above? (Optional)(Open-ended response)
8. How do you find information about health and social services in NDG? Please check all that apply. (Optional)(List: General internet search/Ask a friend or neighbour/Ask a representative at a known community service/Consult pamphlets and brochures/Referred by health and social service professionals)
9. Are health and social services easy to access in NDG? (Required)(Options: Very easy/Easy/Somewhat easy/Not easy/Not easy at all)
10. Do you feel comfortable when accessing health and social services in NDG? (Required)(Options: Very comfortable/Comfortable/Somewhat comfortable/Not comfortable/Not comfortable at all)
11. Are health and social services accessible at the CLSC Benny Farm and/or CLSC René Cassin? (Required)(Options: Very accessible/Accessible/Somewhat accessible/Not accessible/Not accessible at all)
12. What health and social services do you wish existed in NDG? (Optional)(Open-ended response)

13. Have you ever used 8-1-1 Info-Santé/Info-Social? (Optional)(Options: Yes/No/Do not know what 8-1-1 Info-Santé/Info-Social is)
14. How long was your wait-time during your last visit to a medical walk-in clinic without an appointment in NDG? (Required)(Options: Less than one hour/Between 1 and 2 hours/Between 2 and 3 hours/Between 3 and 4 hours/Between 4 and 5 hours/Between 5 and 6 hours/Over 6 hours/I have never used a walk-in clinic in NDG)
15. How long was your wait-time during your last visit to an emergency room at a hospital? (Required)(Options: Less than one hour/Between 1 and 2 hours/Between 2 and 4 hours/Between 4 and 6 hours/Between 6 and 8 hours/Between 8 and 10 hours/Over 10 hours/I have never used an emergency room)
16. Is there anything on your mind that you would like to share with us? This survey is intended to identify common themes regarding health and social services in the NDG community. You may want to expand one of your answers to one of our questions or provide us with more information or elaborate on an opinion. What would you like to share with us? (Optional)(Open-ended response)
17. Name (Optional)(Open-ended response)
18. Email (Optional)(Open-ended response)
19. Phone Number (Optional)(Open-ended response)
20. Postal Code (Required)(Open-ended response)
21. Age Range (Required)(Options: 17 years old and younger/18 to 25 years old/26 to 40 years old/41 to 54 years old/55 to 64 years old/65 years old and older/Prefer not to say)
22. Gender (Required)(Options: Female/Male/Transgender/Non-binary/Prefer not to say)
23. Family Composition (Required)(Options: Single/Couple/Single parent with child(ren)/Couple with child(ren)/Prefer not to say)
24. Residency Status in Canada (Required)(Options: Citizen/Permanent Resident/Temporary Resident/Visitor/Tourist/Refugee or Asylum Seeker/Prefer not to say)
25. Main Mode of Transportation (Optional)(Options: Public transport/Walking/Bicycle/Car/Taxi/Other)

**Section 1.2: Survey Two: NDG Assessment of Community Needs: COVID-19 Follow Up Survey**

1. Which borough do you live in? Please select one option. (Required)(Options: Notre-Dame-de-Grâce-Côte-Des-Neiges/Westmount/Côte Saint-Luc/Hampstead/Montréal West/South West/Other)
2. In what ways has the COVID-19 pandemic affected you and your household? Please check all that apply. (Required)(Options: Physical health/Mental health/Social well-being/Financial well-being/Spiritual well-being/Don't know/The pandemic has not affected me or my household/Other)
3. Since the beginning of the COVID-19 pandemic, have you or your household used any community services and resources in the NDG area? If yes, which

ones? Please check all that apply. (Required)(Options: CLSC Benny or CLSC René Cassin/The Depot Community Food Center/Carrefour Jeunesse Emploi/Fondation de la Visite/Logis Action/Head & Hands/Women on the Rise/Bienvenue à NDG/NDG Senior Citizens' Council/Community Centre/Have not used any community services/Other)

4. Since the beginning of the COVID-19 pandemic, have you or your household learnt about or used any services and resources in the NDG area that you previously were not aware of? If yes, which ones? Please check all that apply. (Required)(Options: CLSC Benny or CLSC René Cassin/The Depot Community Food Center/Carrefour Jeunesse Emploi/Fondation de la Visite/Logis Action/Head & Hands/Women on the Rise/Bienvenue à NDG/NDG Senior Citizens' Council/Community Centre/Have not used any community services/Other)
5. Have you or your family had difficulty accessing any health or social services and resources in the NDG area? (Required)(Options: Yes, encountered difficulties/No, encountered no difficultiesUnsure/Other)
6. (Conditional) You answered "Yes" to encountering difficulties when accessing services in the NDG area. If you are comfortable, please name the service(s) and describe what happened. (Optional)(Open-ended response)
7. Is there anything on your mind that you would like to share with us regarding your or your household's experiences throughout the COVID-19 pandemic? You may want to expand on one of your answers to our questions, provide us with more information, or elaborate on an opinion. What would you like to share with us? (Optional)(Open-ended response)
8. Name (Optional)(Open-ended response)
9. Email (Optional)(Open-ended response)
10. Phone Number (Optional)(Open-ended response)
11. Postal Code (Required)(Open-ended response)
12. Age Range (Required)(Options: 17 years old and younger/18 to 25 years old/26 to 40 years old/41 to 54 years old/55 to 64 years old/65 years old and older/Prefer not to say)
13. Gender (Required)(Options: Female/Male/Transgender/Non-binary/Prefer not to say)
14. Family Composition (Required)(Options: Single/Couple/Single parent with child(ren)/Couple with child(ren)/Prefer not to say)
15. Residency Status in Canada (Required)(Options: Citizen/Permanent Resident/Temporary Resident/Visitor/Tourist/Refugee or Asylum Seeker/Prefer not to say)

**Section 1.3: Resident Focus Groups (Focus Groups One and Two)**

1. What health and social services do you often use in NDG and why?
2. What do you like about these services and what do you wish was different about these services?
3. What health and social services are missing in NDG and what services do you wish existed in NDG?

**Section 1.4: Community Outreach Worker Focus Group (Focus Group Three)**

1. What are the most common concerns you hear from service users in regards to health and social services in NDG?
2. What gaps, issues, and/or problems can you identify in health and social services in NDG?

**Section 1.5: Interview One (Coordinator of Head & Hands Health Clinic)**

1. How long has Head and Hands been a community organization?
2. How long has the Head and Hands clinic existed and how long has the clinic been located here?
3. How does the clinic function?
4. What services does the clinic provide?
5. Who do you serve at the clinic? Who can access the walk-in clinic?
6. How many clients/patients are you able to serve? What is the capacity of the clinic?
7. Do patients absolutely require their valid RAMQ to access any and all of the services provided by the clinic?
8. Is your building fully accessible?
9. What other services does Head and Hands provide?
10. How many employees and volunteers do you have? What is the composition of your team? Are there doctors, nurses, social workers, harm reduction workers, etc. on the Head and Hands team?
11. What principles guide your services?
12. What are the major successes of these services?
13. What problems/barriers/obstacles do you encounter when providing these services?
14. Who provides funding for Head and Hands? Do you receive different funding for the health clinic versus your other services?
15. Do your services provide specialized services for specific youth populations?
16. Do you consider cultural safety/cultural competency when providing your services? What training do you offer or require for your staff to take?
17. Do you have partners in the community that you work closely with?
18. How would you like to strengthen your connections with the community?
19. What is the formal complaint process at Head and Hands?
20. How do you refer patients to other community services and organizations?
21. How do you collect this information about community services and organizations?

**Section 1.6: Interview Two (General Physician at Clinique MDCM-STAT)**

1. How long has the Clinique MDCM existed?
2. How does the clinic function? What is the difference between your walk-in clinic and the GMF? Is there a difference?

3. Who do you serve at the walk-in clinic? Who can access the walk-in clinic?
4. What services does the walk-in clinic provide?
5. How does your GMF function?
6. Who do you serve at the GMF? Who can access the GMF?
7. What services does the GMF provide?
8. Do patients absolutely require their valid RAMQ to access any and all of the services provided by the walk-in clinic and the GMF?
9. How can patients get registered with a family doctor at the Clinique MDCM? Do patients have to register on the provincial waiting list? Is the Clinique MDCM currently accepting patients?
10. Is your building fully accessible?
11. What principles guide your services?
12. What are the major successes of these services?
13. What problems/barriers/obstacles do you encounter when providing these services?
14. Who provides funding for the Clinique MDCM?
15. Do your services provide specialized services for diverse population groups?
16. Do you consider cultural safety/cultural competency when providing your services? What training do you offer or require for your staff to take?
17. How many employees and volunteers do you have? What is the composition of your staff?
18. What is the formal complaint process at the Clinique MDCM?
19. Do you have partners in the community that you work closely with?
20. How would you like to strengthen your connections with the community?
21. How do you refer patients to other community services and organizations? How can the NDGCC help represent and promote your services in the NDG community?

**Section 1.7: Interview Three (Executive Director and Chief Executive Officer of the Queen Elizabeth Health Centre)**

1. How long has the Health Complex existed?
2. What is the difference between the walk-in clinic, the GMF, and the superclinic?
3. How does the walk-in clinic function?
4. Who do you serve at the walk-in clinic? Who can access the walk-in clinic?
5. What services does the walk-in clinic provide?
6. How does the GMF function?
7. Who do you serve at the GMF? Who can access the GMF?
8. What services does the GMF provide?
9. What is the superclinic and how does it function?
10. Who do you serve at the superclinic? Who can access the superclinic?
11. What services does the superclinic provide?
12. Do patients absolutely require their valid RAMQ to access any and all of the services provided by the walk-in clinic, GMF, and superclinic?
13. Is your building fully accessible?
14. What principles guide your services?

15. What are the major successes of these services?
16. What problems/barriers/obstacles do you encounter when providing these services?
17. Who provides funding for the Health Complex?
18. Do your services provide specialized services for diverse population groups?
19. Do you consider cultural safety/cultural competency when providing your services? What training do you offer or require for your staff to take?
20. Do you have partners in the community that you work closely with?
21. How would you like to strengthen your connections with the community?
22. How many employees and volunteers do you have?
23. What is the formal complaint process at the Health Complex?
24. How do you refer patients to other community services and organizations?
25. How do you collect this information about community services and organizations?

## Section 2.0: Results

### Section 2.1: Survey One: NDG Assessment of Community Needs

### Section 2.11: Demographic Profile of Respondents

| | Gender of Respondents | | | | |
|---|---|---|---|---|---|
| **Indicator** | **Male** | **Female** | **Non-Binary** | **Prefer Not to Say** | **Total** |
| **Number of Respondents** | 19 | 86 | 1 | 2 | 108 |
| **Percentage** | 17.59% | 79.63% | 0.93% | 1.85% | 100% |

| | Age Range of Respondents | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Indicator** | **Age 17 or Younger** | **Age 18 to 25** | **Age 26 to 40** | **Age 41 to 54** | **Age 55 to 64** | **Age 65 or Older** | **Prefer Not to Say** | **Total** |
| **Number of Respondents** | 0 | 1 | 31 | 36 | 21 | 17 | 2 | 108 |
| **Percentage** | 0.00% | 0.94% | 28.70% | 33.33% | 19.44% | 15.74% | 1.85% | 100% |

| | Family Composition of Respondents | | | | | |
|---|---|---|---|---|---|---|
| **Indicator** | **Single** | **Couple** | **Single Parent with Child(ren)** | **Couple with Child(ren)** | **Prefer Not to Say** | **Total** |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Number of Respondents** | 28 | 20 | 10 | 46 | 4 | 108 |
| **Percentage** | 25.93% | 18.52% | 9.26% | 42.59% | 3.70% | 100% |

| | **Residency Status in Canada** | | | | | | |
|---|---|---|---|---|---|---|---|
| **Indicator** | **Citizen** | **Permanent Resident** | **Temporary Resident** | **Visitor/ Tourist** | **Refugee/ Asylum Seeker** | **Prefer Not to Say** | **Total** |
| **Number of Respondents** | 94 | 11 | 1 | 0 | 1 | 1 | 108 |
| **Percentage** | 87.04% | 10.17% | 0.93% | 0.00% | 0.93% | 0.93% | 100% |

| | **Main Mode of Transportation** | | | | | | |
|---|---|---|---|---|---|---|---|
| **Indicator** | **Public Transport** | **Walking** | **Bicycle** | **Car** | **Taxi** | **Other** | **Total** |
| **Number of Respondents** | 50 | 13 | 2 | 34 | 1 | 8 | 108 |
| **Percentage** | 46.30% | 12.04% | 1.85% | 31.48% | 0.93% | 7.40% | 100% |

## Section 2.12: Access to Health Care System in the NDG

| | **Do you currently have a valid RAMQ health card?** | | |
|---|---|---|---|
| **Indicator** | **Yes** | **No** | **Total** |
| **Number of Respondents** | 107 | 1 | 108 |
| **Percentage** | 99.07% | 0.93% | 100% |

| | **Do you currently have a family doctor?** | | |
|---|---|---|---|
| **Indicator** | **Yes** | **No** | **Total** |
| **Number of Respondents** | 93 | 15 | 108 |
| **Percentage** | 86.11% | 13.89% | 100% |

| | **If you do currently have a family doctor, are they located in NDG or Montréal-West?** |
|---|---|

| Indicator | Yes | No | Other | Total |
|---|---|---|---|---|
| **Number of Respondents** | 48 | 37 | 8 | 93 |
| **Percentage** | 51.61% | 39.78% | 8.60% | 100% |

| | If you do not have a family doctor, are you currently on Québec's provincial waiting list for a family doctor? | | |
|---|---|---|---|
| **Indicator** | **Yes** | **No** | **Total** |
| **Number of Respondents** | 9 | 6 | 15 |
| **Percentage** | 60.0% | 40.0% | 100% |

| | If you are currently on Québec's provincial waiting list for a family doctor, how long have you been on the waiting list? | | | | | | |
|---|---|---|---|---|---|---|---|
| **Indicator** | **Less Than 3 Months** | **Between 3 to 6 Months** | **Between 6 Months to 1 Year** | **Between 1 and 2 Years** | **Between 2 and 3 Years** | **Over 3 Years** | **Total** |
| **Number of Respondents** | 0 | 0 | 3 | 4 | 1 | 1 | 9 |
| **Percentage** | 0.00% | 0.00% | 33.34% | 44.44% | 11.11% | 11.11% | 100% |

## Section 2.13: Knowledge and Use of Health and Social Services in the NDG

| | How do you find information about health and social services in NDG? Please check all that apply. (Optional Response) | | | | |
|---|---|---|---|---|---|
| **Indicator** | **General Internet Search** | **Ask a Friend/ Neighbour** | **Ask Representative at Community Service** | **Referred by Professional** | **Consult Pamphlets/ Brochures** |
| **Number of Respondents (n = 108)** | 88 | 59 | 35 | 49 | 33 |
| **Percentage** | 81.49% | 54.63% | 32.41% | 45.37% | 30.56% |

| | Have you ever used 8-1-1 Info-Santé/Info-Social? (Optional Response) |
|---|---|

| Indicator | Yes | No | Do Not Know What 8-1-1 Is | Total |
|---|---|---|---|---|
| **Number of Respondents** | 68 | 34 | 5 | 107 |
| **Percentage** | 63.55% | 31.78% | 4.67% | 100% |

| | | Have you heard about or used any of these health and social services? | | | | | |
|---|---|---|---|---|---|---|---|
| **Indicator** | | **CLSC Benny Farm** | **CLSC René Cassin** | **Queen Elizabeth Health Complex** | **Head & Hands** | **Clinique MDCM-STAT** | **NDG Community Council** |
| **Number of Respondents and Percentage** | **Have used** | 92 (85.19%) | 38 (35.19%) | 80 (74.07%) | 11 (10.19%) | 20 (18.52%) | 38 (35.19%) |
| | **Heard about, never used** | 14 (12.96%) | 44 (40.74%) | 18 (16.67%) | 76 (70.37%) | 24 (22.22%) | 55 (50.92%) |
| | **Never heard about** | 2 (1.85%) | 26 (24.07%) | 10 (9.26%) | 21 (19.44%) | 64 (59.26%) | 15 (13.89%) |
| **Total Number of Respondents and Percentage** | | 108 (100%) | 108 (100%) | 108 (100%) | 108 (100%) | 108 (100%) | 108 (100%) |
| *A detailed spreadsheet of responses for each service can be provided upon request. | | | | | | | |

## Section 2.14: Access and Accessibility of Health and Social Services in the NDG Community

| | Are health and social services easy to access in NDG? | | | | | |
|---|---|---|---|---|---|---|
| **Indicator** | **Very Easy** | **Easy** | **Somewhat Easy** | **Not Easy** | **Not Easy At All** | **Total** |
| **Number of Respondents** | 7 | 36 | 46 | 16 | 3 | 108 |
| **Percentage** | 6.48% | 33.33% | 42.59% | 14.81% | 2.79% | 100% |

| | Do you feel comfortable when accessing health and social services |
|---|---|

| | in NDG? | | | | | |
|---|---|---|---|---|---|---|
| **Indicator** | **Very Comfortable** | **Comfortable** | **Somewhat Comfortable** | **Not Comfortable** | **Not Comfortable At All** | **Total** |
| **Number of Respondents** | 26 | 45 | 28 | 7 | 2 | 108 |
| **Percentage** | 24.07% | 41.67% | 25.93% | 6.48% | 1.85% | 100% |

| | Are health and social services accessible at the CLSC Benny Farm and/or CLSC René Cassin? | | | | | |
|---|---|---|---|---|---|---|
| **Indicator** | **Very Accessible** | **Accessible** | **Somewhat Accessible** | **Not Accessible** | **Not Accessible At All** | **Total** |
| **Number of Respondents** | 20 | 42 | 33 | 9 | 4 | 108 |
| **Percentage** | 18.52% | 38.89% | 30.56% | 8.33% | 3.70% | 100% |

| | How long was your wait-time during your last visit to a medical walk-in clinic without an appointment in NDG? | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Indicator** | **Less Than 1 Hour** | **1-2 Hours** | **2-3 Hours** | **3-4 Hours** | **4-5 Hours** | **5-6 Hours** | **Over 6 Hours** | **Never Used in NDG** | **Total** |
| **Number of Respondents** | 13 | 21 | 20 | 12 | 7 | 5 | 6 | 24 | 108 |
| **Percentage** | 12.04% | 19.44% | 18.52% | 11.11 % | 6.48% | 4.63% | 5.56% | 22.22% | 100% |

| | How long was your wait-time during your last visit to an emergency room (ER) at a hospital? | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Indicator** | **Less Than 1 Hour** | **1-2 Hours** | **2-4 Hours** | **4-6 Hours** | **6-8 Hours** | **8-10 Hours** | **Over 10 Hours** | **Never Used ER** | **Total** |
| **Number of Respondents** | 10 | 12 | 18 | 21 | 16 | 4 | 14 | 13 | 108 |
| **Percentage** | 9.26% | 11.11 % | 16.67% | 19.44% | 14.81% | 3.71% | 12.96% | 12.04% | 100% |

## Section 2.2: Survey Two: NDG Assessment of Community Needs: COVID-19 Follow Up Survey

### Section 2.21: Demographic Profile of Respondents

| | Gender of Respondents | | | | | |
|---|---|---|---|---|---|---|
| **Indicator** | **Male** | **Female** | **Transgender** | **Non-Binary** | **Prefer Not to Say** | **Total** |
| **Number of Respondents** | 11 | 40 | 0 | 0 | 0 | 51 |
| **Percentage** | 21.6% | 78.4% | 0.0% | 0.0% | 0.0% | 100% |

| | Age Range of Respondents | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Indicator** | **Age 17 or Younger** | **Age 18 to 25** | **Age 26 to 40** | **Age 41 to 54** | **Age 55 to 64** | **Age 65 or Older** | **Prefer Not to Say** | **Total** |
| **Number of Respondents** | 0 | 1 | 11 | 15 | 13 | 11 | 0 | 51 |
| **Percentage** | 0.0% | 1.9% | 21.6% | 29.4% | 25.5% | 21.6% | 0.0% | 100% |

| | Family Composition of Respondents | | | | | |
|---|---|---|---|---|---|---|
| **Indicator** | **Single** | **Couple** | **Single Parent with Child(ren)** | **Couple with Child(ren)** | **Prefer Not to Say** | **Total** |
| **Number of Respondents** | 19 | 12 | 1 | 19 | 0 | 51 |
| **Percentage** | 37.3% | 23.5% | 1.9% | 37.3% | 0.0% | 100% |

| | Residency Status in Canada | | | | | | |
|---|---|---|---|---|---|---|---|
| **Indicator** | **Citizen** | **Permanent Resident** | **Temporary Resident** | **Visitor/ Tourist** | **Refugee/ Asylum Seeker** | **Prefer Not to Say** | **Total** |
| **Number of Respondents** | 44 | 5 | 1 | 1 | 0 | 0 | 51 |
| **Percentage** | 86.3% | 9.9% | 1.9% | 1.9% | 0.0% | 0.0% | 100% |

## Section 2.22: Impacts of COVID-19 Pandemic and Access to Health and Social Services

| | In what ways has the COVID-19 pandemic affected you and your household? Please check all that apply. | | | | | |
|---|---|---|---|---|---|---|
| **Indicator** | **Physical Health** | **Mental Health** | **Social Well-Being** | **Financial Well-Being** | **Spiritual Well-Being** | **No Affect** |
| **Number of Respondents (n = 51)** | 12 | 29 | 35 | 18 | 11 | 6 |
| **Percentage** | 23.5% | 56.9% | 68.6% | 35.3% | 21.6% | 11.8% |

| | Since the beginning of the COVID-19 pandemic, have you or your household used any community services and resources in the NDG area? If yes, which ones? Please check all that apply. | |
|---|---|---|
| **Indicator** | **Number of Respondents (n = 51)** | **Percentage** |
| **CLSC Benny Farm or CLSC René Cassin** | 8 | 15.7% |
| **The Dépot Community Food Centre** | 7 | 13.7% |
| **Carrefour Jeunesse Emploi** | 2 | 3.9% |
| **Fondation de la Visite** | 0 | 0.0% |
| **Logis Action** | 2 | 3.9% |
| **Head & Hands** | 0 | 0.0% |
| **Women on the Rise** | 0 | 0.0% |
| **Bienvenue à NDG** | 3 | 5.9% |
| **NDG Senior Citizens' Council** | 1 | 1.9% |
| **Community Centres** | 3 | 5.9% |
| **Have Not Used Any Community Services** | 25 | 49% |

| | Since the beginning of the COVID-19 pandemic,have you or your household learnt about or used any services and resources in the NDG area that you previously were not aware of? If yes, which ones? Please check all that apply. | |
|---|---|---|
| **Indicator** | **Number of Respondents (n = 51)** | **Percentage** |
| **CLSC Benny Farm or CLSC René Cassin** | 2 | 3.9% |
| **The Dépot Community Food Centre** | 1 | 1.9% |
| **Carrefour Jeunesse Emploi** | 2 | 3.9% |
| **Fondation de la Visite** | 0 | 0.0% |
| **Logis Action** | 0 | 0.0% |
| **Head & Hands** | 1 | 1.9% |
| **Women on the Rise** | 0 | 0.0% |
| **Bienvenue à NDG** | 0 | 0.0% |
| **NDG Senior Citizens' Council** | 1 | 1.9% |
| **Community Centres** | 4 | 7.8% |
| **Have Not Learnt About or Used Any Community Services** | 39 | 76.5% |

| | Have you or your family had difficulty accessing any health or social services and resources in the NDG area? | | | | |
|---|---|---|---|---|---|
| **Indicator** | **Yes, Encountered Difficulties** | **No, Encountered No Difficulties** | **Unsure** | **Other** | **Total** |
| **Number of Respondents** | 10 | 24 | 12 | 5 | 51 |
| **Percentage** | 19.6% | 47.1% | 23.5% | 9.8% | 100% |