

Assessment of the Community Health Needs of Youth Living in South Parkdale

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Introduction

Part of the Parkdale Community Health Centre's strategic plan is to increase the number of youth accessing its services and programs. In 2007, Parkdale Community Health Centre (PCHC) formed the Youth Team comprised of clinical and program staff. The goal of the Youth Team is to identify strategies to improve service access and to plan and implement programs and services for youth. The Youth Team recommended conducting a needs assessment of youth living in Parkdale and of service providers serving youth in Parkdale to support needs-based planning of PCHC programs and services for youth. A Youth Advisory Council (YAC) was created to engage youth in the needs assessment, to learn how to promote the current South Parkdale health programs and services, and to learn of the best ways to outreach and engage youth.

This report describes the methodology used in the needs assessment which included a focus group with service providers, a Photovoice project with the YAC, and the youth health survey. The results highlight youth service providers' perceptions of: 1) main health issues and concerns for youth in Parkdale; 2) gaps in health services for youth; 3) referrals for youth for sexual health services; 4) barriers youth may face in accessing health services at PCHC; 5) suggested changes for PCHC to improve access to health services for youth; and 6) the best ways to engage youth. The results highlight youth's perceptions of 1) factors promoting health; 2) personal stressors; 3) barriers to accessing health information and services; 4) negative image of the Parkdale community; 5) community violence and crime; 6) personal safety in the community; and 7) suggested health topics and programs for youth. The report concludes with recommendations for the Youth Team to consider in the needs-based planning of future programs and services for youth living in Parkdale.

PCHC Programs and Services

PCHC offers a complement of family doctors, nurse practitioners, triage nurse, physiotherapist, dietitians, health promoters, outreach workers, and social workers to serve residents of the South Parkdale community. All services are free and confidential. PCHC encourages Parkdale residents that do not have status or OHIP to access our programs and services. Translation and cultural interpretation is available during medical visits for clients upon request. PCHC also offers anonymous HIV testing, HIV/AIDS prevention and safe sex information, condoms, needle exchange, and harm reduction supplies for clients. Recently, PCHC has become a sponsor for the Good Food Box program where Parkdale residents have the opportunity to purchase fresh fruits and vegetables at an affordable price.

Currently, PCHC has made youth a priority population and has taken steps to make the primary health care services more accessible to youth. PCHC offers free medical care, health information, relationship advice, and nutritional counseling services to youth. A male nurse practitioner and a female family physician have been designated to provide medical services to youth. Both health care professionals provide services in a non-judgmental manner and use a harm reduction approach as is consistent with the philosophy and vision of PCHC. Both health care professionals also provide primary health care services to youth at a local high school twice a month. In addition, youth are readily accepted as new clients when they make an appointment to see a service provider. The intake process for appointments has been streamlined so that youth only have to contact one person to make a medical appointment. There is also a youth coordinator that youth and service providers can contact for more information about services and programs for youth.

Youth also have access to non-medical service providers such as social workers, HIV/AIDS outreach worker, and health promoters. There is a clinical social worker that provides mental health counseling to all clients including youth. PCHC offers two additional programs for youth. The *Parkdale Young Parents Program* provides a safe space for expecting parents and parents under 25 years with young children to connect with other young parents, learn parenting skills, and get support for their needs. The *Drawn to Express* is an arts-based program for youth to develop their creative capacity.

Purpose of the Needs Assessment

The purpose of the needs assessment is to inform the PCHC Youth Team of ways to make health care services more accessible for youth as well as learn of effective outreach strategies to engage youth. This information will support the planning and implementation of PCHC programs and services for youth.

Parkdale Community Health Centre is a member of the Parkdale Youth Service Providers Network (PYSPN). The Network consists of organizations that serve youth in Parkdale such as the library, community information centre, community recreation centre, youth employment centre, the local high school, the newcomer youth centre, the local youth home, cultural youth centres, mental health and addictions centre, and Toronto Public Health. This network meets monthly to discuss youth issues and share information about program and upcoming youth events. They were asked to participate in the needs assessment.

In a brainstorming session, the information needs for the needs assessment were identified by some members of the PYSPN and PCHC Youth Team. The target group of the Youth Team was youth ages 13-24 years living in South Parkdale. The following information needs were identified:

- Issues of youth living in South Parkdale
- Gaps in services for youth
- What health services youth currently access
- Youth perceptions of health
- Perceptions youth have of PCHC and the services being offered
- Barriers youth are facing in accessing services at PCHC
- Best methods of outreach and engagement for subgroups of youth

Methodology

Needs assessment data was drawn from youth service providers and from youth living in South Parkdale.

Part A: Focus Group with Parkdale Youth Service Providers (PYSPN)

In October 2007, all PYSPN members and the local hospital were invited to attend a youth service providers focus group. They were recruited through written invitations via email and follow-up phone calls. All service providers expressed interest in participating in the focus group, however, due to scheduling conflicts, several were unable to attend. A brief survey with questions similar to the focus group questions was sent out to those service providers of which five were completed.

Service providers who completed the survey included two outreach workers from the newcomer youth centre, a library staff, a teacher/student advisor from the local high school, and a sexual health educator from Toronto Public Health. In November 2007, five service providers from local Parkdale agencies participated in the focus group. Service providers included two youth outreach workers from the community information centre and the community recreation centre, a Toronto Public Health community health officer, a local high school social worker and a youth employment coordinator. Therefore, a total of ten service providers participated in the service provider component of the needs assessment.

These service providers represented a good cross-section of service providers serving youth in Parkdale though input from the local hospital was missing. No hospital service provider was available to provide input into the needs assessment at the time though individuals have expressed interest in receiving this report.

Focus Group Discussion Questions

The focus group was two hours in length during which service providers were invited to share their knowledge and experience gained by working with youth in the Parkdale community. Specifically, they were asked to share their viewpoints on the health issues and concerns they think Parkdale youth are facing, the gaps and barriers to services in South Parkdale, and the types of programs and services they think PCHC should be providing for youth.

Below are the questions that were asked of service providers in the focus group:

1. Please introduce yourself. Tell us where you work and your role in working with youth.

2. At the Health Centre, we see health as being broad and holistic. Health includes the physical, mental, emotional, and spiritual aspects of the person. In your view,
 - a) What are the main health issues and concerns for youth in Parkdale?
 - b) Where are the gaps in health services for youth?
3. Where do you refer youth for:
 - a) **Sexual health** services and why?
 - b) **Other health services** and why?
4. What do you know about the services provided for youth at Parkdale CHC?
5. What do you think are some of the **barriers** that youth might face in accessing services at Parkdale CHC?
6. Parkdale CHC wants to be accessible to youth. In your view,
 - a) What changes should be made at the Health Centre to encourage youth to access programs and services?
 - b) What programs and services should be offered for youth and how?
7. We recognize that youth voices are the most important in this needs assessment. We want to involve youth at the beginning stages including **how** best to involve them.
 - a) What is your advice on the best way to involve youth in the needs assessment?
 - b) What are some of the ways you reach or engage youth at your agency? What does NOT work?
 - c) Have you had any experience using youth peer leaders? If so, how did you recruit youth peer leaders? What was their role?
 - d) Do you see a role for youth peer leaders in the needs assessment? What might this look like?
8. We wanted you to help us identify the issues and gaps in health services for youth and the barriers youth might face in accessing services at Parkdale CHC. Is there anything that we missed? Is there anything that you came wanting to say that you didn't get a chance to say?

Part B: Youth Advisory Council Photovoice Project and Youth Survey

In November 2007, twelve youth from Parkdale Collegiate Institute and one youth from Western Technical were recruited to form a Youth Advisory Council (the YAC). The YAC was engaged in the remaining two components of the needs assessment: the Photovoice project and youth survey.

Photovoice Project

The PCHC Youth Team had identified youth perceptions of health as being an important source of information for the needs assessment and discussed different ways of involving youth. It was decided that a photovoice project would be an engaging method for youth to explore health issues in the Parkdale community.

Photovoice is a research tool used in enhancing a community needs assessment where community participants with little money, power, or status are empowered to record and voice community strengths and needs through the lens of a camera (Wang and Burris, 1997). As experts of their lived experiences, participants take photos of people and places to represent the community's strengths and needs, select photos to tell their stories, and in group discussions, collectively identify main issues or themes that emerge from their stories. Participants use the photos and stories to reach and inform community members about community strengths and needs and promote community organizing and problem-solving. Photovoice can also be an effective tool to reach policymakers through powerful images and stories to bring about social change (Wang and Burris, 1997).

Photovoice has been used by researchers to empower youth to be critical thinkers and to take action on social issues. For example, photovoice was used to empower underserved youth to explore health and safety concerns in their schools and neighbourhoods and to take action on those issues (Wilson, Dasho, Martin, Wallerstein, Wang, and Minkler, 2007). Strack, Magill, and McDonagh (2004) evaluated the effectiveness of the photovoice method in engaging youth. They found that youth enjoyed taking photos of their communities. Youth felt proud and empowered to show their photos and share stories with family, friends, and exhibit attendees. The photovoice method encouraged youth to think more about community assets and needs.

The Youth Team decided to use photovoice as a tool for the Youth Advisory Council to learn about health and to explore their perceptions of health issues in Parkdale. Each YAC member was equipped with a disposable camera and was asked to capture photos in the Parkdale community of what health means to them. Four questions were presented to youth to guide them in their exploration:

- 1) What does being healthy mean to you?
- 2) What makes you not healthy?
- 3) What does a healthy relationship mean to you?
- 4) What does a youth in trouble look like?

Youth Survey

After YAC members completed the Photovoice project, they discussed the best approaches to involve other youth in the needs assessment. They decided that

youth would respond to a short survey when given an incentive to complete the survey. Based on the information needs of the assessment, the initial survey questions were developed by the PCHC Youth Team. YAC members responded to the proposed questions in a group discussion and provided feedback on the wording of the questions. Changes were made to reflect their feedback and YAC members piloted the questions in pairs. The purpose of the role-playing was for the YAC members to provide additional input into the survey, to ensure its length and content was youth-friendly, and also to provide practice for implementing. The YAC members recruited youth to complete the survey over a three-day period during lunch time at Parkdale Collegiate Institute. As an incentive to complete the survey, participants were entered into a daily raffle from which they could win a pair of movie tickets. In addition, a group of young parents from the Health Centre parenting support program was also invited to complete the survey. Those young parents represented input from youth not in school.

Survey Questions

The survey was approximately ten minutes in length. Youth were invited to share their health issues/concerns and experiences in accessing health information and services. Below were the survey questions:

1. What do you think youth are most worried about in the Parkdale community?
2. What's most important to you for staying healthy?
3. What do you find the hardest about staying healthy?
4. Where do you go when you have a question about your own health?
5. Where do you go when you need to see someone about your health?
6. What might stop you from getting the health information or services you need?
7. What health topics or issues would you like to learn more about?
8. What kinds of programs or services would you like to see for youth in Parkdale?

Demographics such as sex, grade, age, length of time in Canada, language spoken at home, country of origin, parents' country of origin, and the use of services or programs at the Health Centre were also collected.

Results

Part A: Service Providers Focus Group and Survey Questionnaire

With the permission of the focus group participants, the session was audio-recorded. The audio-recording was then transcribed into a word file. In addition, the survey responses were entered into a word document. NVivo qualitative software was used to organize the raw data into themes. First, broad categories were created according to the questions used in both the focus group and questionnaire. Specific issues were identified under the broad categories. These issues were then closely examined for commonalities and emerging themes were identified. Issues that were mentioned by service providers at least three times either in the survey or focus group contributed to a theme and are described below.

1. Main Health Issues and Concerns for Youth in Parkdale

Food security

“Food access and food security in this neighbourhood is enormous.”

Service providers indicated that food security such as access to food at home and knowing how to cook food at home is a main concern for youth in Parkdale. Service providers know that many youth in Parkdale are hungry. Often, youth do not have money to buy food. Due to work schedules, parental absence often left youth to look after themselves and when they did have access to food, youth lacked the skills to prepare it. Service providers suggested that youth could be engaged in a healthy cooking program where they can learn basic cooking skills and how to eat healthy.

Mental health

Service providers are concerned that some youth are bullied at school and as a result, are experiencing anxiety and stress. Some youth who are newcomers to Canada are also be feeling isolated and stigmatized in addition to the anxiety and stress of settling in Canada. Settlement issues such as learning English as a second language and finding housing were also mentioned. Some youth are concerned about doing well in school and attaining further educational and employment opportunities. Service providers are concerned that some families in Parkdale have children with learning disabilities or severe behavioural problems that require intervention and therefore, see the importance of access to mental health services.

Access to sexual health promotion

Service providers mentioned that access to sexual health promotion for youth in the school is a main concern. Some Tibetan male youth have a lot of misconceptions about sex in the Canadian culture and some youth in grades 5 and 6 have misinformation about sex. In addition, service providers think that youth also need access to information about sexually transmitted diseases and substance use and abuse.

2. Gaps in Health Services for Youth

Accessing primary health care services for youth

Service providers in Parkdale view access to primary health care services for youth as the main challenge for many reasons. Firstly, there are a number of youth from the shelter system who go to school in Parkdale but do not live in the Parkdale neighbourhood. For safety reasons, these youth require primary health care services that are not from the neighbourhood in which they reside. Service providers would like to refer these youth to PCHC however, currently, only Parkdale residents are able to access primary health care services there. Secondly, there are many youth in Parkdale from families that have no status in Canada and these families do not know how to access health services. Parents from the Tibetan community were mentioned as an example of families who need information on how to access the health system. Service providers suggested that PCHC designate some medical appointment timeslots for youth. Issues such as receiving health care services in their first language, access to timely counselling, the cost of treatment, and remaining anonymous were also mentioned as barriers for accessing primary health care services for youth.

Lack of non-judgmental service providers for youth

“Non-judgmental doctors – that’s a huge gap.”

Service providers view the lack of non-judgmental doctors serving youth as a gap in health services. Youth articulated that some doctors only tell them what to do instead of listening to what they would like the doctors to do for them. Service providers would like to have a comprehensive list of doctors that are youth-friendly and use a harm reduction approach when managing youth with substance addictions. Service providers acknowledged that it’s not only the doctors that need to be non-judgmental towards youth, all staff at any agency serving youth needs to be welcoming and engaging with youth.

Lack of health services and programs for LGBTQ youth in Parkdale

Service providers have indicated that there is a lack of health services and programs for LGBTQ youth in Parkdale. Currently, LGBTQ youth have to travel

downtown to Sherbourne Health Centre to access primary health care services. Also, LGBTQ youth have to travel downtown to participate in programs at the 519 Church or SOY (Supporting Our Youth).

3. Referrals for Youth Sexual Health Services

Only one third of the service providers would refer youth to PCHC for sexual health services because the location is convenient and that they are aware of the primary health care services available for youth. The other two thirds of the service providers prefer to refer youth to agencies such as The House at Planned Parenthood Toronto, Shout Clinic, Sherbourne Health Centre, and the Crossway Clinic. Those service providers choose these agencies as a referral source because they know that the environment is welcoming and youth-friendly and that staff have a welcoming connection with youth

“I know that it’s a friendly service. It’s something they are going to get...”

Service providers agreed that they tend to refer youth only to an agency that they have already visited and have knowledge about the services. They also know that the environment is welcoming for youth. They know that youth will be served in a culturally-sensitive and queer-positive manner. They know that youth will feel comfortable in the space because they see other youth talking to each other, reading magazines, or watching television while waiting for service. Service providers also like agencies that ask youth for input about their services and then follow-up on the input in a timely fashion.

“It’s because of that connection in getting to know her [staff]”

Service providers also tend to refer youth to an agency where they know the staff are welcoming to youth. They see the staff out in the community talking and engaging with youth. Once service providers know that the staff at a given agency are youth-friendly and accessible, they will make referrals even if the physical space of the building may not be seen as welcoming to youth.

4. Barriers Youth May Face in Accessing Health Services at PCHC

Unaware of health services available at PCHC

Overall, service providers indicated that they are hesitant to refer youth to PCHC for services. They have little knowledge of the services and programs that are available for youth. They have seen flyers about the programs but do not really know much about the programs and services that are available. It was mentioned that some of the language on the flyers needs to be more youth-

friendly in order to capture the attention of a younger demographic. Service providers also mentioned that they do not know the staff and their roles. It's important for service providers and youth, in particular, to know the staff. Often, youth ask service providers for information about an agency's staff before they are willing to go for service. Service providers also mentioned that some youth may feel afraid, uncomfortable, or embarrassed about seeking help for various health issues or problems. The feeling of discomfort by youth may act as an additional barrier for youth in accessing health services at PCHC.

Confidentiality is a concern for youth

Service providers have indicated that some youth are concerned about coming into PCHC for services because they may be recognized by someone in the neighbourhood. Being recognized as they access services may make youth feel that the services are not confidential, especially, if they are at PCHC to access sexual health information. In addition, service providers felt that youth will not likely access primary health care services in the local high school because of peer pressure, embarrassment, and concern for confidentiality. Some youth may prefer to access health services outside of the Parkdale neighbourhood.

Service providers have indicated that the issue of trust and confidentiality is a serious concern for youth who have no status in Canada. PCHC requires clients to declare their health insurance coverage status in order to access primary health care services. Undocumented youth are reluctant to share this information with PCHC because they are afraid that they will be identified as undocumented to Immigration Canada. This concern for confidentiality and lack of trust for PCHC is seen as a huge barrier to undocumented youth in accessing health services.

5. Suggested Changes for PCHC to Improve Access to Health Services for Youth

Promote health services and programs out in the community

Service providers clearly indicated they have a vague awareness of the services and programs available for youth at PCHC. They suggested that PCHC staff be more visible in the community by doing more outreach at the local elementary and high schools and continue to bring awareness to service providers and youth about the health services. They suggested that PCHC staff provide a tour of the organization to youth service providers.

In addition, one service provider suggested that PCHC adopt a youth engagement philosophy centre-wide. Although the suggestion was mentioned only once, it is worth noting the suggestion. It was suggested that staff at all levels of the organization be trained in youth engagement values and strategies

so that all staff have the knowledge and skills to engage youth in their programs and services. Grassroots Youth Collaborative was suggested as an organization that could provide some leadership in youth engagement training for PCHC. In addition, the service provider suggested that PCHC find more ways to engage Parkdale youth service providers. It was suggested that staff strengthen relationships with youth service providers with the goal of enhancing already existing youth programs and not duplicating them.

Provide programs related to food security

Since the majority of service providers perceive food security as being a serious concern for youth in the Parkdale community, they all agreed that PCHC should provide food-related programs. One suggestion was for PCHC to be a sponsor of the Good Food Box program which makes fresh fruits and vegetables accessible to residents at an affordable price. Another suggestion was for PCHC to partner with local agencies such as Greenest City, Masaryk-Cowan Community Recreation Centre, and Toronto Public Health, to build a community garden in PCHC's backyard. Youth and community residents can work together to maintain the garden and benefit from their fruits of labour. It was also suggested that PCHC provide a healthy cooking program for youth in which youth can learn basic cooking skills and cook with the food that is easily accessible.

Provide health programs and services for LGBTQ youth

Service providers indicated that there are no health services or programs designed specifically to meet the needs of LGBTQ youth in Parkdale. They suggested that PCHC collaborate with Sherbourne Health Centre to learn more about providing primary health care services for LGBTQ youth. They also suggested that PCHC partner with local agencies to provide queer-positive programs and to make sex-positive sexual health education accessible to LGBTQ youth.

6. Best Ways to Engage Youth

Service providers were invited to share their experiences in successful youth engagement at their own agencies. One service provider mentioned that staff engage youth by being very friendly and providing a safe, fun space for youth to spend time with other youth or to access the internet. Another service provider mentioned they engage youth by forming a youth advisory group to provide input into the delivery of services at the agency. Overall, the majority of service providers indicated that building trust with youth, doing outreach in the community, and using youth peer leaders are successful ways of engaging youth in their programs.

Build trust with youth

Service providers have acknowledged that building trust with youth is a very important factor in engaging youth in a program. They take time to connect with youth by talking to them and getting to know them. They are flexible and accessible for youth. They are honest with youth.

Do outreach in the community

Service providers have mentioned that simply sending out and posting flyers does not engage youth and that face-to-face connections are necessary. Service providers make themselves visible to youth by coming to youth through outreach in the schools, working with settlement workers, and participating in local youth events. They also attend network meetings to connect with other youth service providers.

Use peer youth leaders

Some service providers have used youth peer leaders to engage other youth in the programs. They educate youth to be peer leaders to facilitate activities in a program or to share knowledge with other youth. Youth are involved at every stage of the program. Youth peer leaders are paid and their work complement staff roles at the agency.

Best ways to engage youth in the health needs assessment

When asked for advice on the best ways to engage youth in the health needs assessment, service providers differed in their opinions. Although the opinions were mentioned only twice, it is worth noting the advice. Some service providers stressed the importance of compensating youth for their time and opinions, such as offering them food, reimbursing their travel cost, and paying them in the form of a voucher or a gift certificate. Other service providers focussed on the value of building trust with youth first before getting youth involved in the health needs assessment.

Part B: Photovoice Project and Youth Survey**Photovoice Project**

Thirteen YAC members participated in the Photovoice project. Almost three quarters of the youth were in grade 9 while the rest were in grades 11 and 12. The YAC members were from diverse cultural backgrounds such as Tibetan, South Asian, Chinese, Black, and Caucasian. All youth were either residents of Parkdale or lived in the surrounding Parkdale area.

Over a one week period, the YAC members were equipped with disposable cameras and were asked to take photos in the Parkdale community of what health means to them. The photos were developed and YAC members shared with the group their story of what health means to them. Then, the group identified common themes from their stories and selected their own photos to express their collective story of what health means to them in a poster collage. Four poster collages were created with the following themes: being healthy, not healthy, a healthy relationship, and youth in trouble (see Appendix A for an illustration of the collages).

The YAC members agreed that being healthy means being active, staying green, taking care of yourself, staying healthy in both mind and body, and having access to health services, information, and knowledge. They agreed that being not healthy means eating lots of junk food, smoking, using drugs, breathing in poor air quality, seeing lots of garbage, and having gangs and violence in the community. For the YAC, a healthy relationship means respecting and trusting each other, compromising with dialogue and not violence, caring and showing affection, being in good relationships with family and friends, and sharing companionship with pets. A youth in trouble means not fitting in, feeling neglected, being alone, feeling intimidated, not speaking up, being addicted to drugs or alcohol, and making bad mistakes.

Youth Survey

A total of 70 youth completed the survey. Fifty-seven were recruited from a local high school, eight were from the YAC, and five were young parents from the local parenting support program. Of the 70 youth, 65 were still in school and they ranged in age from 14-20 years. There was a good cross-section of youth in grades 9-12 with a majority of youth being in grades 9 and 10. The five youth that were not in school were either young parents or were pregnant with their first child and they ranged in age from 17-24 years. Of the 70 youth surveyed, about 25% of the youth have been in Canada for less than 5 years and about 25% of the youth are from the Tibetan community. Only about 37% of the youth have either accessed primary health care services or a program of the Health Centre. About 63% of the youth have not used any services or programs of the Parkdale Community Health Centre.

The data from the 70 surveys were entered into a word file and NVivo qualitative software was used to organize the raw data into themes. First, key words or phrases were selected from the data and categorized into broad categories. Then, these categories were closely examined for commonalities and seven emerging themes were identified. The themes are listed in greatest to least frequency of mention over all questions in the survey: 1) factors promoting health; 2) suggested health topics and programs for youth; 3) barriers to accessing health information and services; 4) community violence and crime; 5)

personal stressors; 6) personal safety in the community; and 7) negative image of Parkdale community.

The following three themes emerged as health concerns for youth at the individual-level: factors promoting health, personal stressors, and barriers to accessing health information and services. Three themes emerged as concerns for youth at the community-level: negative image of Parkdale community, community violence and crime, and personal safety in the community. The last theme describes suggested health topics and programs for youth.

1. Factors Promoting Health

Factors promoting health is the foremost concern for youth and were mentioned 414 times by youth. Youth indicated that healthy eating and exercise, having access to health information and services, and having good mental health and positive relationships are facilitators for staying healthy.

The majority (78%) of youth agreed that healthy eating and exercise is of foremost importance for staying healthy. About 44% of the youth agreed that healthy eating is important to them for staying healthy while 34% of the youth agreed that exercise is important to them for staying healthy. When asked about what they find the hardest about staying healthy, about 59% of the youth acknowledged that it is difficult to eat healthy because of “the temptation to eat junk food”, the presence of fast food ads, and the numerous stores around the school that sell junk food. Likewise, about 41% of the youth acknowledged that it is difficult to exercise regularly because of lack of time or simply being tempted to not exercise.

The second most mentioned factor for staying healthy for youth was having access to health information and services. About 48% of the youth preferred to seek health information from a family member, particularly their parents while 37% of the youth preferred to seek health information from a health care provider such as their family doctor or midwife. A small number of youth (15%) preferred to seek health information from the internet or their friends. When they needed to see someone about their health, 62% of the youth preferred to visit their family doctor while 38% of the youth preferred to seek help from their family. Youth mentioned that having regular check-ups with their doctor, receiving vaccinations and proper medication, and “having correct information on relevant health issues” are important facilitators for staying healthy. In addition, youth mentioned taking proper care of one’s own body such as not being involved in drugs, not contracting sexually transmitted diseases, having proper hygiene, and understanding their bodies, is also important for staying healthy.

About 7% of the youth mentioned that having good mental health and positive relationships are important facilitators for staying healthy. Youth mentioned the

importance of “being in good relationships with friends and parents”, “being compassionate”, being happy, and having healthy social connections.

2. Personal Stressors

Fifty-seven mentions by youth contributed to the theme about personal stressors. The three main personal stressors for youth are lack of time, getting good grades, and being accepted by peers. The lack of time is the most important stressor for youth. Almost half of the youth (47%) expressed concern for not having enough time to eat healthy, exercise, or get enough sleep. The lack of time makes it difficult for youth to stay healthy. The second most important stressor for youth is school work. About 21% of the youth are concerned about achieving high marks in school. The third main stressor for youth is about being accepted by their peers. About 16% of the youth are concerned about being popular and fitting into the dominant culture while maintaining their own ethnic culture. Related to being accepted by their peers, youth are also concerned about body image. They are concerned about “looking good”, weight issues, and “staying away from fat food”. There were rare mentions of being worried about money, sexual orientation, teenage pregnancy, contracting sexually transmitted diseases, and avoiding drugs.

3. Barriers to Accessing Health Information and Services

Barriers to accessing health information and services were mentioned 83 times by youth. Youth are concerned about the barriers to accessing health information and services. Specifically, youth mentioned comfort level, accessibility issues, and time as the three main barriers. About 26% of the youth stated that they do not access health information and services because they feel a sense of discomfort such as being shy, anxious, embarrassed, or not feeling confident enough to seek help. Another 26% of the youth mentioned accessibility issues such as having to travel a distance to get to the appointment, having to wait long for the appointment, or not being able to get an appointment. About 13% of the youth mentioned time as a barrier. They do not have the time to seek health services. There were also rare mentions about parents and peer pressure as being barriers. A few youth are concerned about their parents finding out about the health service or their parents not taking them to the health service. A few other youth mentioned they would not access the health service because of feeling pressured by their significant others to not access the service. It is also important to note that about 16% of the youth mentioned that they have no barriers in accessing health information or services.

4. Negative Image of the Parkdale Community

In addition to being concerned about health issues at the individual-level, youth expressed issues at the community-level. The theme of having a negative image of the Parkdale community was mentioned 16 times by youth. Fifty percent of the youth are worried about having homeless people on the streets. About 12% of the youth are worried about drunkenness on the streets. About 19% of the youth mentioned that the neighbourhood is dirty. Another 19% of the youth are concerned that the negative image of Parkdale will not improve and that many youth are afraid of the community in general.

5. Community Violence and Crime

Community violence and crime was mentioned 79 times by youth. The majority (56%) of the youth mentioned being worried about gang violence, youth violence, and gun violence. Youth also mentioned being worried about crime in the community. About 37% of the youth are worried about the availability of drugs and drug use. About 7% of the youth are worried about robbery in the community.

6. Personal Safety in the Community

Personal safety in the community was mentioned 25 times by youth. The majority (52%) of the youth mentioned being worried about their physical safety such as “danger of getting beat up” or “getting assaulted or attacked on the way to and from school”. About 24% of the youth are worried about being bullied. Other youth mentioned being worried about sexual violence (16%) and racism (8%).

7. Suggested Health Topics and Programs for Youth

Youth are certainly interested in health issues. Throughout the survey, they made 104 references to certain health topics they would like to learn more about and programs they would like to have in Parkdale. About 34% of the youth indicated they would like to learn more about sexual activity, safe sex, and sexually transmitted diseases. About 17% of the youth would like to learn more about serious diseases such as eating disorders, cancer, and diabetes. Other youth would like to learn more about healthy eating (13%) and drugs and drug abuse (8%). A very small number of youth suggested programs such as an exercise club (5%), first aid training (4%), bullying prevention (1%), and addiction counseling (1%).

Conclusion

The purpose of the youth health needs assessment was to inform the Youth Team at Parkdale Community Health Centre of ways to make health care services more accessible for youth and to learn of effective outreach strategies to engage youth. The methods gathered information on the main health issues and concerns for youth in Parkdale, the gaps in health services for youth, the barriers youth may face in accessing health information and services, and the best ways to engage youth. The results of the service provider focus group, the youth health survey, and the Photovoice project indicate that overall, both service providers and youth have expressed similar themes about the community health needs of youth in Parkdale.

Both service providers and youth mentioned the importance of having access to food and healthy eating. In the health survey, youth mentioned that healthy eating and exercise were important facilitators for staying healthy and about 13% of surveyed youth would like to learn more about healthy eating. In the focus group, service providers noted that many youth in Parkdale either do not have access to food or they do not know how to cook the food. They suggested that PCHC engage youth in a community garden so that youth can have access to food grown locally. Also, they suggested that PCHC provide a healthy cooking program where youth can learn basic cooking skills and how to eat healthy.

Both service providers and youth mentioned the importance of mental health issues. Service providers are concerned about the mental health of youth who are bullied or having to cope with settlement issues. In the health survey, youth mentioned that having good mental health and positive relationships are facilitators for staying healthy. They also mentioned personal stressors of being worried about violence and crime and personal safety in the neighbourhood. Therefore, access to mental health services is important for youth.

Access to sexual health information and promotion is another important concern for youth. Service providers are concerned that youth are not receiving accurate sexual health information and they would like youth to have more information on sexually transmitted diseases and drug use and abuse. Youth have expressed a similar need for more information on those issues.

Both service providers and youth mentioned the importance of having access to primary health care information and services. Youth indicated that having access to health information and services is a facilitator for staying healthy. Service providers mentioned gaps in health services for youth such as non-status youth and youth in the shelter system not having access to primary health care services, the lack of non-judgmental service providers, and the lack of services and programs for LGBTQ youth in Parkdale. In the health survey, youth named accessibility issues such as having to travel to the appointment, waiting for the appointment, or not being able to get an appointment, as barriers for youth in

accessing primary health care information and services. Service providers suggested the need for PCHC to designate medical appointment timeslots for youth in order to address some of the gaps.

Both service providers and youth indicated that it is important for youth to feel comfortable with the staff and the health care environment for them to access health services. In the health survey, youth indicated that they do not access health information and services when they feel some sense of discomfort such as being shy, anxious, or embarrassed about seeking help. Service providers indicated they prefer to refer youth to a health care agency where they know that the staff and the environment are welcoming and youth-friendly. Service providers also mentioned confidentiality as another barrier for youth in accessing services. Some youth may be concerned about being recognized by someone in the neighbourhood if they access health services in the neighbourhood.

Both service providers and youth have indicated that they have only vague awareness of PCHC services and programs. Service providers mentioned that they have little knowledge of the services and programs. Similarly, in the youth survey, about 63% of the youth in the survey indicated they have not accessed health services or programs at PCHC. Service providers suggested that PCHC be more visible in the community by doing more outreach to youth and service providers to promote the services and programs. Service providers shared that they successfully engage youth at their own agencies by building trust with youth, doing outreach in the community, and using peer leaders to facilitate programs at their agencies. Service providers suggested that PCHC should consider those youth engagement strategies when addressing ways to promote the health services to youth.

Overall, the input from both service providers and youth into the needs assessment provide valuable information about the community health needs of youth in the Parkdale community. However, it is important to note the limitations of the needs assessment. Input from service providers were gathered at only one focus group. Although there was a good cross-section of service providers serving youth in Parkdale, the information was gathered from only five participants in the focus group and five additional respondents in a brief survey. Therefore, the small sample of service providers are not representative of all service providers serving youth in Parkdale. In addition, almost all of the responses in the youth health survey were from youth in the school system. Other subgroups of youth such as youth that had dropped out of school or youth living on the streets were missing from the sample. A more diverse sample of youth would be needed for a community health needs assessment findings to be more representative of all youth living in Parkdale.

Recommendations

The results of the needs assessment will support the planning and implementation of programs and services for youth at the Parkdale Community Health Centre. Below are suggested recommendations for the Youth Team to consider in the needs-based planning of future programs and services for youth.

1. More outreach and promotion of programs and services

The Youth Team needs to explore ways of increasing the visibility of PCHC. Currently, youth service providers and youth have a vague awareness of the services and programs. Both service providers and youth need to know that PCHC welcomes youth and has taken steps to make services accessible to youth. Currently, youth is a priority population for primary care services and there are medical staff designated to provide timely medical care for youth. There is also a clinical social worker that provides mental health counseling for youth.

The Youth Team should focus on more outreach and promotion of programs and services to service providers and youth in the community. Some opportunities for outreach and promotion may include inviting service providers to an open house at PCHC, visiting local high schools and existing youth programs, being present at local community events, and inviting youth to a fun event where they can meet the Youth Team and tour PCHC. The Youth Team should continue their work with the Youth Advisory Council to explore the best ways to build trust with youth and to engage youth in PCHC services and programs.

2. Strengthen partnerships and develop new programs

PCHC staff needs to focus on strengthening partnerships with local youth-serving agencies. A good starting point would be for the Youth Team to visit existing local youth programs and explore with service providers ways that PCHC can contribute to enhancing their programs. The Youth Team should also explore ways of collaborating with service providers to develop new programs for youth such as a community garden, a healthy cooking program, workshops on sexual health issues, and programs and services for LGBTQ youth.

3. Make the physical environment of PCHC more youth-friendly

To address the feeling of discomfort that youth may have in accessing services at PCHC, the Youth Team should consider ways of making the physical environment more youth-friendly. Some suggestions include having youth volunteers at PCHC, a bulletin designed by youth with information for youth, posters and magazines with youth content, and signage to direct youth to

services and programs. The Youth Team should solicit input from the Youth Advisory Council on how to make the physical space more youth-friendly. Also, the Youth Team should explore the option of visiting youth-friendly agencies such as Planned Parenthood and Shout Clinic.

4. Train PCHC staff on youth engagement strategies

PCHC staff at all levels needs to be trained in youth engagement values and strategies. All staff needs to be equipped with the knowledge and skills related to serving the youth community in order to successfully engage youth in PCHC services and programs. The training will help staff to feel more confident and comfortable in serving youth which in turn will help to make youth feel more comfortable and welcome at PCHC. The Youth Team should explore possible organizations that could provide training on youth engagement strategies such as the Grassroots Youth Collaborative.

Next Steps

A multi-method approach was used to assess the community health needs of youth living in south Parkdale. The information was gathered from a focus group with youth service providers, a youth health survey, and a Photovoice project completed by the Youth Advisory Council. The information gathered from all three methods have consistently shown that overall, both service providers and youth have expressed similar themes about the community health needs of youth in Parkdale. The results of the needs assessment are valuable to the Youth Team in the needs-based planning of future programs and services for youth.

As a next step, the Youth Team will review the report closely and develop action plans to implement the recommendations. The Youth Team will present the findings of the assessment to PCHC staff and management. The Youth Team will also share the findings with youth service providers in the Parkdale community in an open house event at PCHC. The full report of the needs assessment will also be circulated among PCHC staff and youth service providers in the Parkdale community.

References

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Appendix A

Youth Advisory Council Photovoice Project

Four poster collages were created with the following themes: being healthy, not healthy, a healthy relationship, and youth in trouble.



Being healthy means being active, staying green, taking care of yourself, staying healthy in both mind and body, and having access to health services, information, and knowledge.



Being not healthy means eating lots of junk food, smoking, using drugs, breathing in poor air quality, seeing lots of garbage, and having gangs and violence in the community.

