

Climbing to New Heights: A West Sider's Perspective

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“If you’re climbing the ladder of life, you go rung by rung, one step at a time. Don’t look too far up, set your goals high but take one step at a time. Sometimes you don’t think you’re progressing until you step back and see how high you’ve really gone.”

-Donny Osmond

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Climbing to New Heights: A West Sider's Perspective

The Carleton Community Centre:

About Us

The Carleton Community Centre is a public amenity located on the Lower West Side of Saint John that aims to promote wellness and quality of life in community members through the provision of various different social, recreational, and basic-needs programs/services. Also known as the ‘Neighborhood Hub’ by staff and residents in the community, the Carleton Community Centre has been serving residents of the West Side for nearly 160 years. Today, the Carleton Community Centre is a recognized registered charity that operates primarily on donations, grants, and service agreements with the city of Saint John. The Carleton Community Centre offers an assortment of recreational activities to keep all members of the community busy – regardless of age, gender, culture, physical ability, etc. Moreover, 92% of community members strongly agree that the Carleton Community Centre creates a stronger sense of community in the Lower West Side. From providing meals to families who are struggling to make ends meet to hosting special community events, the Carleton Community Centre is creating a lower west where residents are valued, and no one is left behind.

Who Do We Serve?

Located in ward three of Saint John, the Carleton Community Centre predominantly serves community members living on the Lower West Side (Figure 1). Home to 2438 people (Living SJ, n.d.) the Lower West side is a niche community of residents with varying backgrounds and experiences. Lower West is considered one of Saint John’s five priority neighborhoods; the other four are Crescent Valley, Old North End, South End, and Waterloo Village. As a priority neighbourhood with a poverty rate that is nearly double the



Figure 1

Map of the Lower West Side of Saint John

provincial rate for New Brunswick (33.8% vs. 17.1%) and more than twice the national rate of 14.2% (Living SJ, n.d.), members of the Lower West Side community face several different challenges specific to poverty.

Community Needs Assessment

What is a Community Needs Assessment?

A community needs assessment is a type of evaluation that can be used to better understand both the assets and gaps that exist within a specific community (Sharma et al., 2000). The main objective of a community needs assessment is to help organizations like the Carleton Community Centre to gain the community's perspective on what is working and what needs to be improved in the area. The goal of the Carleton Community Centre's first ever community needs assessment, which is called "Climbing to New Heights: A West Sider's Perspective" is to gain a better understanding of the community that the centre serves. The information obtained from the community needs assessment will be used by the Carleton Community Centre and its community partners to direct how they, along with community members, they can create a community where all residents feel included and valued.

Building a Working Framework

When developing a working framework for "Climbing to New Heights: A West Sider's Perspective," we (the staff at the Carleton Community Centre) considered using several different psychological theories and measures of health to form the foundation of our study. In the end, we chose to take different aspects of two theories/measures of health and combine them to create our own working framework. A combination of needs taken from Abraham Maslow's Hierarchy of Needs and a combination of determinants of health taken from the 12 Canadian Social Determinants of Health formed the basis of our study; these needs and determinants of health determined what we looked for while engaging with the community. It is important to note that we did not investigate all the needs described in Maslow's hierarchy or all the social determinants in the 12 Canadian Determinants of Health, as it was important for us to capture the needs specific to the services that west side agencies provide currently and/or could provide in the future. Therefore, we used needs that fell under three basic categories of services that we offer: social, recreational, and basic-needs services.

Abraham Maslow's Theory of Motivation

In his original article “*A Theory of Human Motivation*” (1943), Abraham Maslow used a five-tier model, “The Hierarchy of Needs”, to explain how five different groups or “levels” of needs motivate behaviour in humans (Figure 2). The five tiers from bottom to top are physiological needs, safety needs, love and belonging, esteem, and self-actualization (Maslow, 1943). At the core of the model was the idea that for



every tier of needs that a person has satisfied, the subsequent level would be that much more difficult to not only obtain but maintain as well. One of the primary reasons for choosing Maslow's hierarchy to conceptualize our assessment was the significant overlap between the needs that Maslow describes in his model and the types of needs that the Carleton Community Centre serves in the community. Although, Maslow's hierarchy's model was an individualistic model (i.e., it focuses on the individual and not a collective group), we still used it to conceptualize our needs assessment, because of its humanistic approach, which means that it focuses on all aspects of the human and encourages personal growth and development (Maslow, 1943), an approach that is very similar to the Carleton Community Centre's mission statement.

Figure 2

Maslow's Hierarchy of Needs

Twelve Social Determinants of Health

Social determinants of health are a wide range of factors that have been proven to influence health. There are 12 major social determinants of health: income and social status, employment and working conditions, education and literacy, childhood experiences, physical environment, social supports and coping skills, healthy behaviors, access to health services, biology and genetic endowment, gender, culture, and race/racism (Government of Canada, 2020). We chose to use only four of the 12 determinants of health in our needs assessment as we wanted to ensure that we were measuring needs that west side agencies currently provide services for and/or could provide services for in the future. Lastly, the 12 social determinants of health are based on the biopsychosocial model of health,

which is very similar to Carleton Community Centre's mission statement of "promoting a holistic approach to health and well-being" (Carleton Community Center, n.d.).

Conceptualizing our Community Needs Assessment

In our community needs assessment, our first major group of needs were conceptually based on several of the needs that Maslow highlighted in the bottom tier of his hierarchy - the physiological needs. We wanted to measure several basic but important needs that we thought people living in our community would require to survive. As a result, we named the first of our three major groups of needs the *Survival Needs*. Included within this group were three subcategories: food, shelter, and employment/income. Two of these needs, food and shelter, overlapped with the physiological needs in the bottom tier of Maslow's model, and the third need, employment and income, was chosen based on two of the 12 social determinants of health: income & social status and employment & working conditions. Although employment and income are not physiological needs that we require biologically for survival, we still incorporated it into our group of survival needs group because without employment and/or income, it becomes very difficult for the other two survival needs to be met.

Our second group of needs, *Environmental Needs*, consisted of three subcategories of need: healthcare, transportation, and safety. Transportation and healthcare reflect two of the twelve major social determinants of health (physical environment and access to health services), and safety reflects the second tier of Maslow's hierarchy of needs. Again, these three needs were chosen based on the fact the west side agencies can either directly provide services that will fulfill these needs, connect residents to services that can help fulfill those needs, and/or advocate for better services to fulfill those needs in the future.

Lastly, our third and final group of needs, *Social Needs*, consisted of three smaller subcategories: belongingness, relationships, and recreation. Based on the third tier of Maslow's hierarchy of needs, these were needs that we thought that the Carleton Community Centre can directly influence through its services and programming; therefore, it was essential for us to determine what the community's social needs were.

Demographics

A total of 164 people (aged 18 and older) were surveyed at various locations throughout the Lower West Side during a two-month period. We did not survey anyone under the age of 18 as they would be unable to consent to taking our surveys. However, we did collect some information regarding the centre from a sample of 20-40 children through a craft project.

From our surveys, we found that 65.9% of the population surveyed identified as female, 32.9% identified as male, and 1.2% preferred not to answer. Of the 164 community members surveyed, 44.5% were 55 years or older and 22.5% were between 25 and 34 years old (Figure 3). Moreover, nearly 43% of community members surveyed reported living in a household that was composed of three or more people (Figure 4). Out of

64 community members asked, 75.0% reported living West and of those community members who reported living

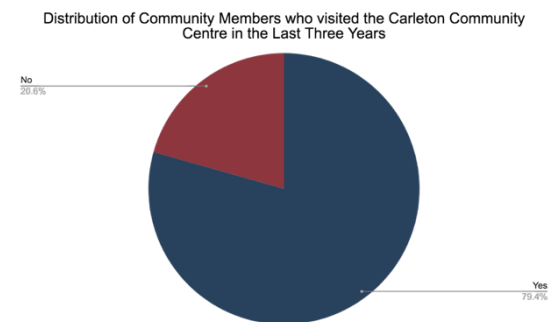


Figure 5

Distribution of community members who visited the Carleton Community Centre in the last three years

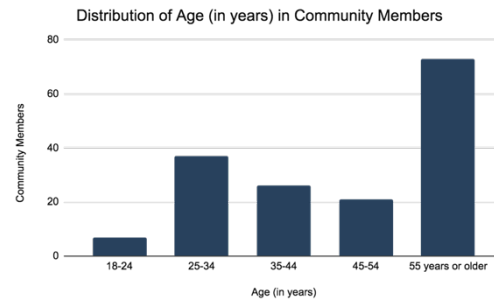


Figure 3

The distribution of age (in years) of community members surveyed

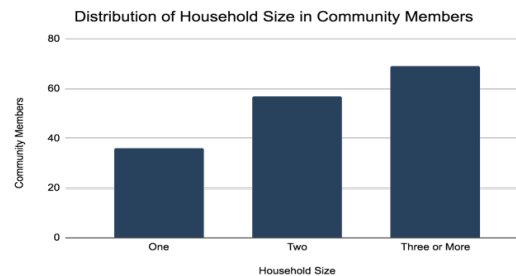


Figure 4

The distribution of family household size in community members

West, 37.1% reported living Lower West. Although only 37.1% of people reported living Lower West, nearly four out every five people surveyed (79.4%) reported visiting the Carleton Community Centre at least one time in the last three years (Figure 5).

Survival Needs - Food

What is Food Security/Insecurity?

At the World Food Summit in 1996, the Food and Agricultural Association (FAO) defined food security as “when all people, at all times, have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life” (Figure 6). Although this definition was created nearly a quarter of century ago, one in every eight households (12.5%) in Canada still do not meet it and as a result, are living in some degree of food insecurity (PROOF, 2021).



Figure 6

World Food Summit (1996) in Italy.

Although, Saint John has a slightly lower rate of prevalence than the national rate (Saint John-12.5% vs. Canada - 12.0%; Proof, 2020), food insecurity remains a significant problem for residents in Saint John - especially for households living in one of the five priority neighbourhoods.

Food Security on the Lower West Side

To determine how severely impacted the West Side community is by food insecurity, we asked numerous different community members four distinct questions related to food security. For our first question, we wanted to determine how often community members worry about the amount of food in their household. We found that 7 out of 27 community members (25.9%) reported worrying about not having enough food in

How Often Community Members Worry About Not Having Enough Food

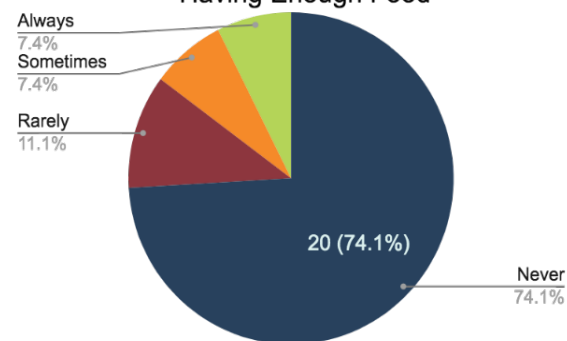


Figure 7

How often community members worried about the not having enough food in their household in the last six months

their house at least one time in the last six months (Figure 7). Furthermore, 11 out of 37 (33%) community members surveyed stated that they or someone in their household had skipped at least one meal in the last six months due to financial or access barriers (Figure 8). Likewise, of the 33% of community members who reported skipping meals due to financial or access barriers, almost 14% of them reported that they always frequently skip meals due to financial or access barriers (Figure 8).

Not eating enough food has some obvious consequences such as malnutrition and poor physical health, but it can also have some less obvious impacts that most people are unaware of including poorer mental health and greater levels of stress (PROOF, 2021).

Food: Food Insecurity Reduction Strategies in the Lower West Side

There is no surprise that an extensive network of people is required to help combat a problem as large and complex as food insecurity. In the case of the Lower West side, there are three primary organizations that work to reduce the impacts of food security on a regular basis and those are: The West Side Food Bank, Hillcrest Baptist Church, and the Carleton Community Centre.

The West Side food bank, located on the bottom floor of the Carleton Community Centre, operates primarily on the hard work of its dedicated volunteers and food & monetary donations from generous community partners and members. Open to community members living on the West Side twice a week during the winter months and once a week during the summer months (Saint John Human Development Council,

Frequency of Skipping Meals due to Food Insecurity in Community Members

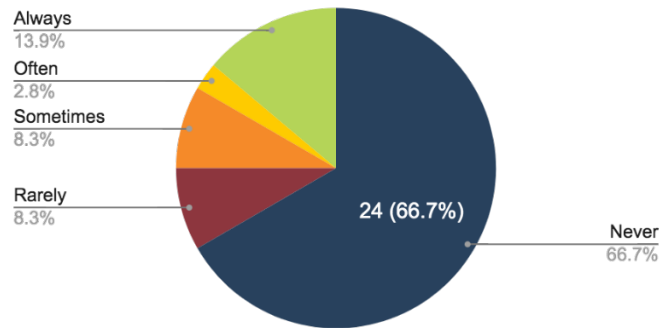


Figure 8

How often community members or members of their households had to skip because of financial or access barriers in the last six months

Community Members' Use of Food Bank Services

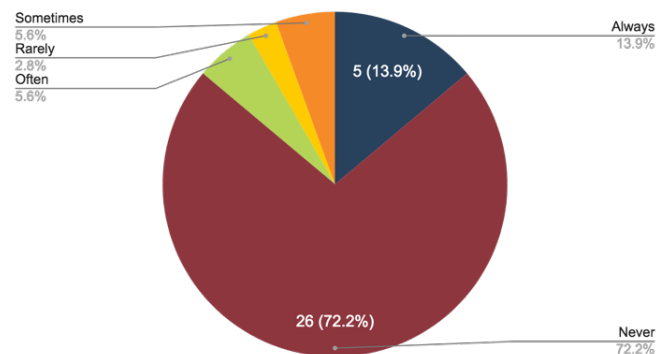


Figure 9

How often community members or members of their households used the food bank in the last six months

2020), the West Side Food Bank helps battle the impacts of food insecurity in households in the community year-round. From January to June 2021 alone, the West Side Food Bank has served 531 people on average each month, 186 of which were children. From our surveying done out in the community, we found that 10 of 36 (27.8%) community members reported visiting the Food Bank at least once in the last six months (Figure 9). Moreover, of those 10 community members, 5 of them reported visiting the Food Bank more than seven times in the last six months.

Hillcrest Baptist Church has been preparing meals for the community for years. Serving on average 300 meals a week, Hillcrest has become very familiar with the impacts of food insecurity. Between preparing meals for their weekly food secure initiative, Soul Food Friday, and preparing meals for outreach programs like the Carleton Community Centre's Grab 'n' Go program, the volunteers at Hillcrest are committed to battling the impacts of food insecurity on the Lower West Side.

For a little over a year now, the Carleton Community Centre has been partnering with the Hillcrest Baptist Church, by offering the Grab 'n' Go program to members in the community. Hillcrest prepares 45 ready-made meals twice a week for staff at the Carleton to pass out members in the Community. Upon surveying, we found that 5 community members of 37 surveyed (13.5%) have used the Grab 'n' Go program at the Carleton

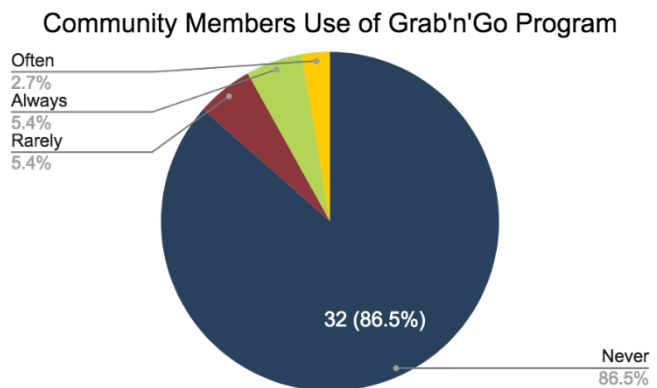


Figure 10

How often community members reported using the Grab 'n' Go program at the Carleton Community Centre

Community Centre at least one time in the last six months (Figure 10). Moreover, 3 out of 5 people (60%) who reported using Grab 'n' Go at least one time in the last six months also reported using the Food Bank as well. On the contrary, of the eleven people who reported using the Food Bank at least once in the last six months, only four of them had also used Carleton Community Centre's Grab 'n' Go Program (36%); indicating that a gap exists between the number of Grab 'n' Go users who also use the Food bank and Food Bank users who also use Grab 'n' Go. This gap could be a result of a lack of awareness of the Grab 'n' Go program amongst community members who visit the food bank regularly. The Grab 'n' Go program has only been operating at the Carleton Community Centre for a little

over a year now; therefore, it has less time to be advertised and be shared by word of mouth. On the other hand, this disparity between users could be simply due to a difference in how severely impacted each community member is impacted by food insecurity as some may be only marginally food insecure, while others may be moderately or severely food insecure (Proof, 2021). As a result, this difference in severity may influence which food security initiative they access. Despite this relatively minor gap, it is apparent that these food security initiatives are needed by members of the community and that it is a community effort to combat it.

Shelter:

The Affordable Housing Crisis

Insufficient availability of affordable housing, also known as the affordable housing crisis, is a major problem in Canada. With not enough affordable housing for people in need of it, this gap in the availability of affordable housing can lead to people living in poor conditions as a sacrifice for housing cost or living in places they simply cannot afford. As a result, many Canadians are in ‘core housing need’ - living in an unaffordable, inadequate, and/or unsuitable house/apartment (Statistics Canada, 2018). People in core housing need are at an increased risk for a variety of problems including poor health, increased rates of moving, and increased rates of food insecurity (Waterston et al., 2015). Despite its many negative impacts, 12.7% of Canadian households are still in core housing need (Statistics Canada, 2017).

Housing on the Lower West Side

One in twelve households (8.3%) in Saint John are in core housing need (Statistics Canada, 2017). For this reason, we wanted to determine how residents living on the West Side were coping with Saint John’s current affordable housing crisis. We asked residents living in the community, three different questions related to housing insecurity.

For the first question, we asked community members to rate their level of

Community Members Level of Satisfaction with the Availability of Affordable Housing in their Neighbourhood

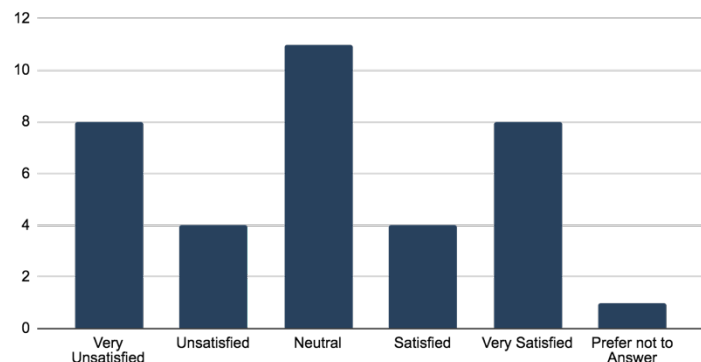


Figure 11

Community members level of satisfaction with the availability of affordable housing in their neighborhood

satisfaction with the availability of affordable housing in their neighborhood. We found that most residents surveyed were neither satisfied nor dissatisfied (31%) with the availability of affordable housing in their neighbourhood (Figure 11). On the other hand, the rest of the community members surveyed were split straight down the middle between satisfied and dissatisfied. With most people resting in the middle range groups (unsatisfied, neutral, and satisfied), this could potentially indicate that the neighbourhood is a healthy mix of households with different incomes and household make-ups (ex. three bedrooms vs. one bedroom).

We also wanted to determine community members thoughts on housing quality in their neighbourhood,

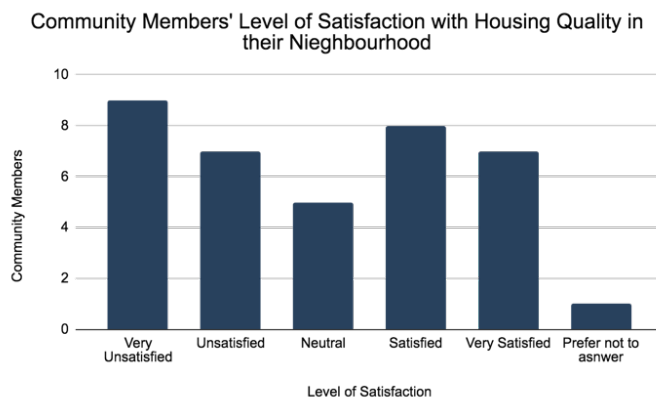


Figure 12

Community members' level of satisfaction with housing quality in their neighborhood

(20-total: 7 unsatisfied, 5 neutral, and 8 satisfied). However, we found that one third (33%) of community members reported being unsatisfied or very unsatisfied with the quality of housing in their neighbourhood (Figure 12).

Despite the relative difference in opinions among community members' satisfaction with housing affordability and quality in their neighbourhood, 41.2% of community members reported worrying about not having enough money to pay for their housing at least one time in the past

because housing quality is often sacrificed for housing cost. Consequently, we asked residents to rate their level of satisfaction with the quality of housing in their neighborhood. Like the previous question, we found that community members had a mix in opinions with most community members rating their level of satisfaction between unsatisfied and satisfied (20-total: 7 unsatisfied, 5 neutral, and 8 satisfied). However, we found that one third

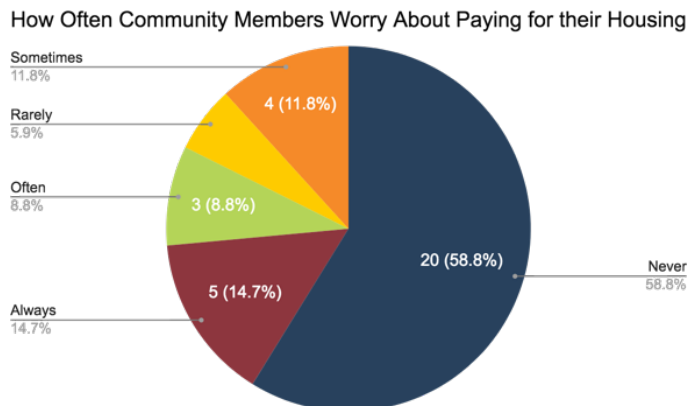


Figure 13

How often community members reported worrying about not having enough money to pay for their housing

(Figure 13). A high percentage like the one we obtained indicates that there may be a problem with housing affordability on the West Side.

One potential reason why community members could be struggling to pay for their housing may be that there is not enough affordable housing in the neighbourhood to accommodate their family size. This would be a plausible explanation, as we discovered earlier in our study that 43% of community members surveyed lived in a household composed of three members or more. Future research questions should explore this relationship more detail to determine if household size is playing a role in housing affordability on the Lower West Side. A potential solution to this problem could be to introduce more houses in the community that will accommodate larger families.

Survival Needs: Employment & Income

Socioeconomic status, or SES, is a major predictor of quality of health. People who are of a low SES background are more likely to have poorer overall physical and mental health than people of a higher SES background. In fact, countless studies have shown correlations between low socioeconomic status and various physical illnesses such as coronary heart disease, diabetes, and dental problems/caries (Clark et al., 20009; Bird et al., 2015; Costa et al., 2012) and various mental health disorders such as schizophrenia, anxiety, and depression (VicHealth, 2005). Even though low SES is correlated with a variety of different illnesses, the reality is 10.1% of Canadians are currently living in low-income (Statistics Canada, 2021).

Employment & Income on the Lower West Side

In 2019, 9.4% of New Brunswickers were estimated to be living in low income in 2019 (Statistics Canada, 2021). However, in places like the five priority neighbourhoods in Saint John, the number of families living in low-income is even greater. Unfortunately, the number of families living in low-income has likely increased due to the drastic changes in New Brunswick's labour force since the beginning of the Covid-19 pandemic in March 2020. In February 2020, a month before the first cases of Covid-19 started arriving in New Brunswick, Saint John had a seasonally adjusted unemployment rate of 7.1%. Since then, the unemployment has risen over the last year, reaching a high of 22.2% in February 2021. Today (as of June 2020), the unemployment rate has dropped to 8.8% and even though, this is lowest it has been since the beginning of the pandemic, it still remains 1.7% higher than February 2020's unemployment rate (Statistics Canada, 2021). Due to the extreme changes in employment rates over the last

year and a half in not only Saint John, but Canada as a whole, we wanted to know the west side community's current employment situation.

We asked 27 community members if they were currently employed, and we found that 59.5% were currently unemployed (Figure 14). Admittedly, 59.5% is a high unemployment rate, but it is important to note that 45% community members surveyed were seniors (55 years old or older), which could have influenced this statistic as it is likely a large proportion of this demographic would have been retired. Once we removed community members, who were 55 years old or older from this sample, we found that the unemployment rate dropped to 25.0%. Of the community members surveyed, we found that over one-third (34.8%) had a total household income less than \$25 000.00 and it is likely that this percentage is even higher as nine people preferred not to answer this question (Figure 15). Out of the eight community members who reported having a household income less than \$25 000, five of them were currently unemployed. Moreover, since Saint John's poverty line for one single adult is \$22 133.00 (Living SJ, n.d.), it can be estimated that about one third of community members we surveyed are living below the poverty. Similarly, we found that nearly one third (32.4%) of participants reported high school or lower as their highest level of education (Figure 16).

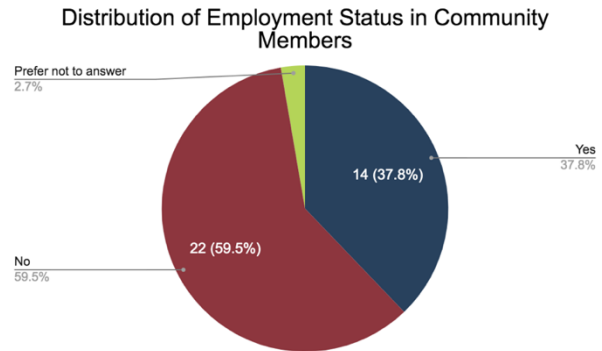


Figure 14

Status of employment in community members

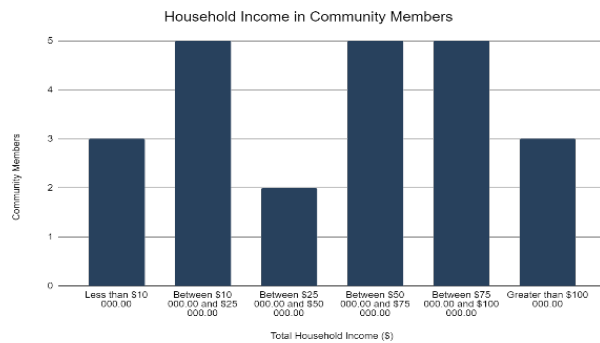


Figure 15

Household income in community members

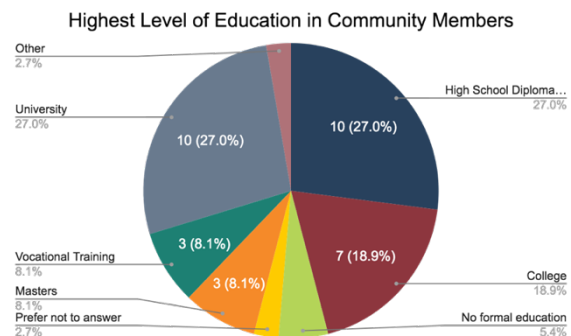


Figure 16

Highest level of education in community members

Environmental Needs: Safety

Cues in the environment can tell us a lot about what is happening around us, but did you know they can also influence how we act? For instance, it has been shown that in an environment where a rule like the no-littering norm isn't being followed, people are not only more likely to participate in disrespecting that rule litter themselves (in this case littering), but they are also more likely to disrespect other social norms as well (Lindenberg, 2018). This phenomenon known as the "cross-norm inhibition effect" can lead to increased amounts of crime in communities and a decreased sense of safety in community members (Lindenberg, 2018). This why it is essential that stakeholders help create neighbourhoods where community members can feel safe and secure. There are several different things that neighbourhoods can install to foster a greater sense of safety in community members - some of these include increasing the number of streetlights, crosswalks, garbage bins, sharps waste disposal containers, and speed bumps available to the community.

We wanted to know how safe community members on the Lower West Side felt living in their neighbourhood, so we asked several questions surrounding their perceived

sense of safety in their neighbourhood. In our first question, we wanted to know if they thought adding more street lights, speed bumps, crosswalks, and/or sharps waste disposal containers in the community would give them a stronger sense of safety. The community felt that adding more crosswalks and sharps waste disposal containers on the Lower West Side would give them and their families a stronger sense of safety. In fact, nearly 54% and 44% of community members agreed or strongly agreed that installing crosswalks and sharps waste disposal containers to their community would give them a greater sense of safety (Figure 17).

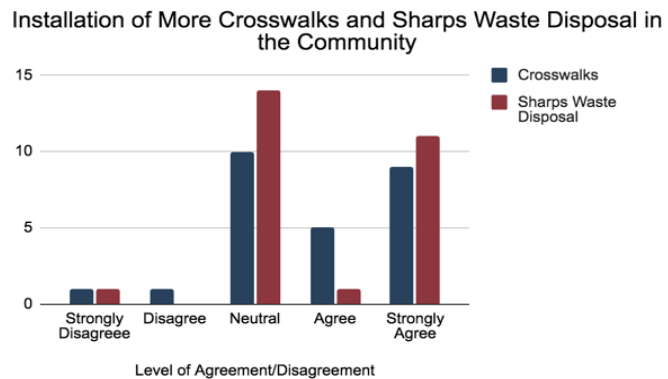


Figure 17

Community members level of agreement/disagreement with wanting the community to have more crosswalks and sharps waste disposal containers installed

Moreover, we wanted to know how safe community members felt when doing activities outside in their community. So, we asked residents to rate how safe they felt when walking in their community alone and we found that people felt either safe or very safe walking alone in their neighbourhood in the evening (Figure 18). To further assess this, we also asked residents if they had ever avoided a street because they felt unsafe and we found that 59% of people reported either never or rarely avoided streets in their neighbourhood (Figure 19).

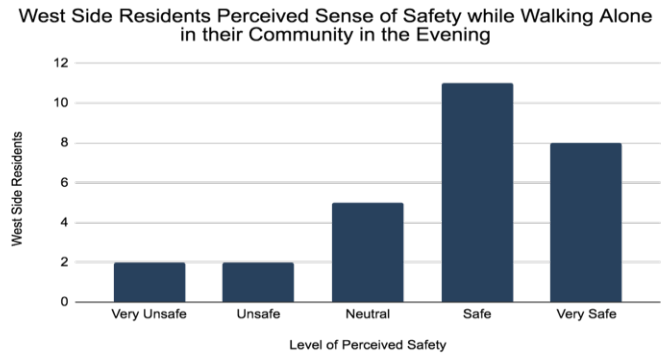


Figure 18

Community Members perceived sense of safety walking alone in their community in the evening

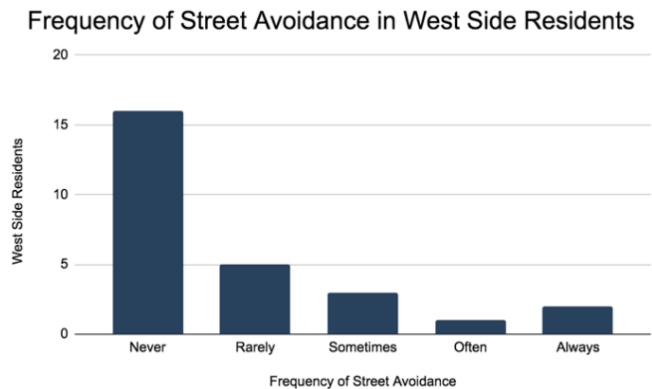


Figure 19

Community members frequency of street avoidance

Environmental Needs: Transportation

For many, choosing to take public transportation is often an environmentally and economically friendly-based decision. However, for some, taking public transportation may not be a conscious decision, it may be the only option available to them to get to and from places not with-in walking distance. As a result, it is important for stakeholders to acknowledge the importance of accessible, affordable, and convenient public transportation for community members living in low-income neighbourhoods.

Transportation on the Lower West Side

The Harbour Bridge Bus route is the only bus route that services the West Side. Despite making relatively frequent trips daily, the Harbour Bridge bus route has a lengthy waiting period between each bus trip. With the

current bus schedule, Harbour Bridge bus patrons could wait anywhere between a half an hour to an hour depending on the time of day. This did not seem to be an issue for most community members as 72.4% of them reported using a vehicle as their primary source of transportation and virtually no one reported having complications with the public transportation system in the last six months.

Although accessing other parts of the city can pose a challenge for community members living on the Lower West Side due to the current transit system, there is something to be said about the accessibility of having all the essentials/amenities a household would require within walking distance. For a household of low SES, it could be a huge advantage to have the Food Bank, Market Place Wellness Centre, and the Carleton Community Centre not only located within walking distance but all within the same facility. This in itself removes a potentially huge access barrier. Having everything located within walking distance, makes it so community members do not need to use a car if they don't want to, which is true for a significant proportion of community members that we surveyed as 17.2% reported walking as their primary form/source of transportation (Figure 20).

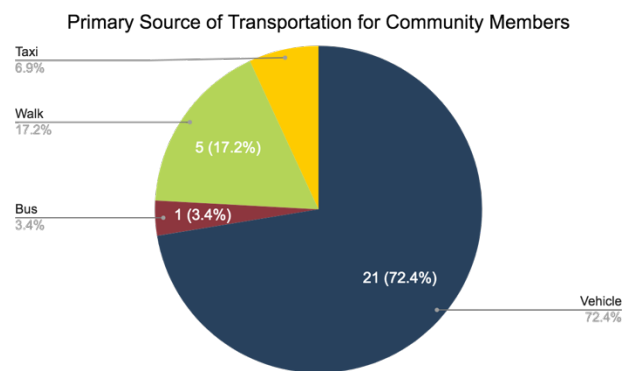


Figure 20

Community member's self-reported primary source of transportation

For a single person, the cost of Saint John Transit bus passes and bus fares is reasonably priced; however, for a family who uses the bus regularly it could be considered a large expense. Although, the City of Saint transit offers, free admission for children under the age of five, for a family of four (2 adults and 2 children between 5-12 years old) to purchase everyone a bus pass, it would cost \$275.00/month (Saint John Transit, 2021).

Environmental Needs: Healthcare

Living without a primary care provider can cause a myriad of problems for not only patients but the healthcare system as well. Lower quality care, increased wait times, and increased health care costs are all associated with a lack of primary health care providers (Smith, 2019). Yet, 14.5% of Canadians aged 12 and older reported in 2019 that they did not have a regular health care provider they talk to when they need care or advice for

health (Statistics Canada, 2020). However, a shortage in family doctors is not just a national problem, it is also a provincial problem as tens of thousands of New Brunswickers are currently without a primary care physician (CBC, 2021).

Accessing Healthcare on the Lower West Side

Families living in low-income neighbourhoods often have difficulty accessing healthcare (Lazar & Davenport, 2018). For this reason, we wanted to determine if community members on the Lower West Side were experiencing any struggles accessing healthcare services in the community. Out of the 29 community members we asked, 10 people (34.5%) reported not having a regular place to go when they need immediate care for a minor health problem (Figure 21) – more than double the national rate of 14.5% (Statistics Canada, 2020). Of the 18 community members who did report having a regular place to go, nine of them (50%) said that they used a doctor's office as their primary place they go when they need assistance with a minor health problem (Figure 22). Additionally, four (22%) community members reported using a hospital emergency room as their primary place they go when they need assistance with a minor health problem (Figure 22). Moreover, we found that a little over 10% of community members surveyed were unaware of the Market Place Wellness Centre (Figure 23) and of the people who were aware of it, only 70% of them knew about the different services they offer.

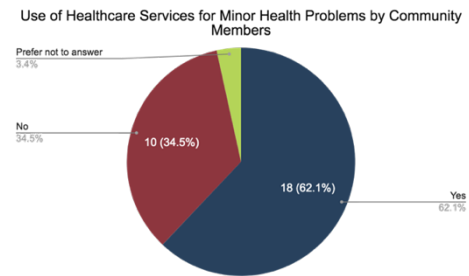


Figure 21

Regular place to go when they need immediate care for a minor health problem

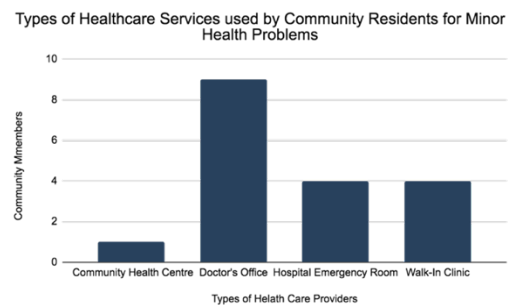


Figure 22

Types of Healthcare Services used by community members for minor health problems

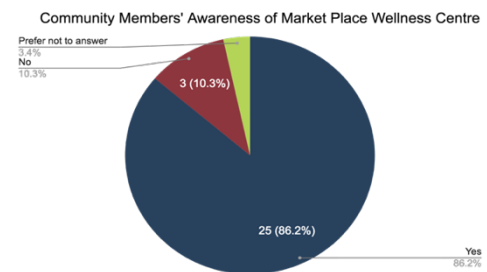


Figure 23

Community members' awareness of the Market Place Wellness Centre

Social Needs: Belonging, Relationships, and Recreation

Often forgotten and/or neglected, social needs are a crucial part of a person's physical and mental wellbeing. Social interaction and forming relationships are an important step in the development of healthy individuals. In fact, studies have found that people with fewer and lower-quality relationships have poorer physical health and are at an increased risk for early mortality (Holt-Lunstand, 2017). Feeling like you belong, having friendships, and doing things for leisure are essential to well-being; yet only 69.7% of Canadians somewhat or strongly agreed that they felt like they have sense of belonging to their community in 2019 (Statistics Canada, 2020).

Belonging, Relationships, and Recreation on the Lower West Side

People who come from low SES backgrounds often struggle with isolation and loneliness and therefore their social needs often go unmet. West Side and whether they had reliable friends and recreational activities they regularly take part in.

First and foremost, we asked residents to describe their sense of belonging to their

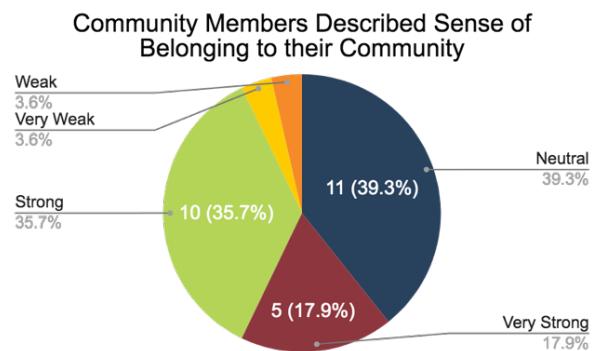


Figure 24

Community members described sense of belonging to their community

community and we found that 39.3% of them described their sense of belonging as neutral. Although, a little over half the population surveyed strongly agreed or agreed that they felt a sense of belonging to their community, 39.3% is a relatively large number of people who don't feel that don't belong or belong. A lack of belonging in the community can often lead to high moving rates as there is nothing keeping community members from leaving. Unfortunately, in the case of the Lower West Side, this is likely true as the community's a moving rate is 47% - one and half times New Brunswick's provincial moving rate of 30.7%. This is something the Carleton community can



focus on and foster a greater sense of in the future and should be something the city focuses on for retention purposes.

Furthermore, we asked community members if they had at least one person in their life that they felt like they could count on if they had a problem such as a friend, neighbour, or family member. Fortunately, 76.9% of community members strongly agreed that they had someone to confide in or talk to about themselves or a problem they might be experiencing (Figure 25).

Moreover, we asked community members which demographic group (children, new parents, people/persons with disabilities/people that are middle-aged, seniors, or youth) should the Carleton Community should focus more on when orchestrating future programming. We had a mix of opinions; however, most people agreed that there should be a focus on children and youth programming in the future (Figure 26).

Community Members Level of Agreement/Disagreement with the statement: "I have someone to confide in or talk about myself or a problem that I may be experiencing"

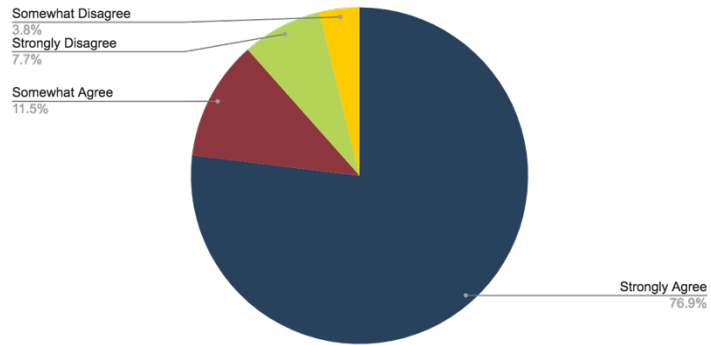


Figure 25

Community members level of agreement/disagreement with the statement: "I have someone to confide in or talk about myself or a problem that I may be experiencing"

Groups that Community Members think that the Carleton Should Offer More Activities for

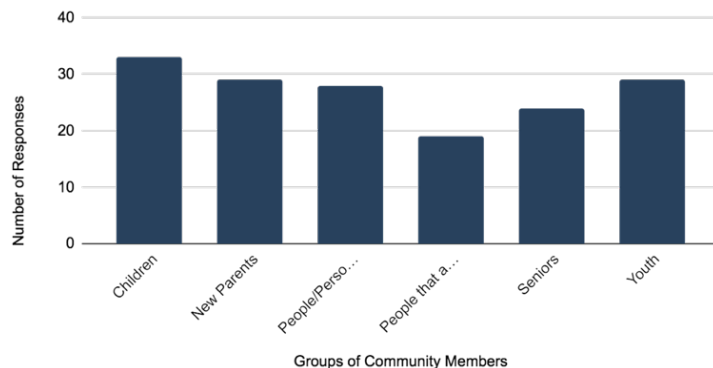


Figure 26

Different demographics groups that community members want more activities for in the community

Conclusion

What does this mean for the Carleton Community Centre and the West Side?

The primary goal of our community needs assessment was for the Carleton Community Centre and its community members to better understand the community we serve by getting valuable insights about the community

and their needs from Lower West Side community members themselves. From the community needs assessment, we determined that the Carleton Community Centre and its community partners have four key items/goals they should focus on and these are: creating more outward promotion around the services/programs that are being offered at the centre, creating increased connection between current food security initiatives, making children /youth and new parents a greater priority for programming and services, scaling employment readiness serviced into West Saint John, and lastly creating a stronger sense of civic pride in the Lower West Side. In conclusion, my hope as the writer of this document, is that the information collected from this assessment will not only spark future initiatives at the Carleton and foster growth in the services and programs that already currently offered but to also create a solid foundation for future community-based research in the West Side. This document will be used to finalize and validated Carleton Community Centre's upcoming strategic plan for 2022-2024.

References

- Bird, Y., Lemstra, M., Rogers, M. et al. The relationship between socioeconomic status/income and prevalence of diabetes and associated conditions: A cross-sectional population-based study in Saskatchewan, Canada. *Int J Equity Health* 14, 93 (2015).
<https://doi.org/10.1186/s12939-015-0237-0>
- Carleton Community Centre. (n.d.) About Us. Carleton Community Centre, Inc.
<https://www.carletoncommunitycentre.ca>
- CBC. (2021, February). Tens of thousands of patients wait for family doctor in New Brunswick. New Brunswick.
<https://www.cbc.ca/news/canada/new-brunswick/family-doctor-shortage-1.5897319>
- Clark, A.M., DesMeules, M., Luo, W., Duncan, A.S., & Wielgosz, A. (2009). Socioeconomic status and cardiovascular disease: risks and implications for care. *Nature reviews. Cardiology*, 6(11), 712-722. <https://doi.org/10.1038/nrcardio.2009.163>
- Costa, S.M., Martins, C.C., Bonfik, M., Zina, L. G., Paiva, S.M., Pordeus, I.A., & Abreu, M.H. (2012). A systematic review of socioeconomic indicators and dental caries in adults. *International journal of environmental research and public health*, 9(10), 3540-3574. <https://doi.org/10.3390/ijerph9103540>
- Food and Agricultural Association (FAO). (n.d.). Implementation of the World Food Summit Plan of Action. FAO Agriculture and Economic Development Analysis Division Economic and Social Development.
- Government of Canada (GOC). (2020, October). Social Determinants of Health and Health Inequalities. Health.
<https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>
- Lazar, M., & Davenport, L. (2018). Barriers to healthcare access for low-income families; A review of literature. *Journal of Community Health Nursing*, 35(1), 28-37.
<https://doi.org/10.1080/07370016.2018.1404832>
- Living SJ. (n.d). Poverty 101: Looking for Answers.
https://www.unb.ca/saintjohn/_assets/documents/promise/poverty101.pdf



Lindenberg, S. (2018). How cues in the environment affect normative behaviour. *Environmental Psychology*, 144-153.

<https://doi.org/10.1002/9781119241072.ch15>

Maslow, A.H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370-396.

<http://dx.doi.org/10.1037/h0054346>

Saint John Human Development Council. (2021). Saint John Community Services Database. Food Depot.

<https://saintjohn.cioc.ca/record/HDC0142>

Saint John Transit. (2021). Fares and Passes.

<https://saintjohn.ca/en/transit/fares-and-passes>

Saint John Transit. (2021). Route 15A-15B-June112021. Routes, Stops, and Schedules.

<https://saintjohn.ca/sites/default/files/2021-06/Route-15A-15B-June112021.pdf>

Sharma, A., Lanum, A., Suarez Balcazar, Y. (2000). A Community Needs Assessment Guide. (1-36).

<https://cyfar.org/sites/default/files/Sharma%202000.pdf>

Smith, Y. (2019, February 27). *Physician shortage*. News Medical Life Sciences.

<https://www.news-medical.net/health/Physician-Shortage.aspx>

Statistics Canada. 2017. 3100012.00 [Census tract], New Brunswick and Saint John [Census metropolitan area], New Brunswick (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 June 8, 2021).

Statistics Canada. (2017, November 23). Core Housing Need. Dictionary, Census of Population, 2016.

<https://www12.statcan.gc.ca/census-recensement/2016/ref/dict/households-menage037-eng.cfm>

Statistics Canada. (2017). Figure Core Housing Need, 2016 Census.



<https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/chn-biml/index-eng.cfm>

Statistics Canada. Table 11-10-0135-01 Low Income statistics by age, sex, and economic family type

<https://doi.org/10.25318/111013501-eng>

Statistics Canada, Table 13-10-0096-15 Sense of belonging to local community, somewhat strong or very strong, by age group

<https://doi.org/10.25318/1310009601-eng>

Statistics Canada. 2021. Table 14-10-0380-01 Labour force characteristics, three-month moving average, seasonally adjusted

<https://doi.org/10.25318/1410038001-eng>

Stewart, M., Makwarimba, E., Reutter, L., Veenstra, G., Raphael, D., & Love, R. (2009).

Poverty, Sense of Belonging and Experiences of Social Isolation. *Journal of Poverty*, 13(2), 173-195.

<https://doi-org.proxy.hil.unb.ca/10.1080/10875540902841762>

Tarasuk, V., Mitchell, A. (2020). Household food insecurity in Canada, 2017-18. Toronto:

Research to identify policy options to reduce food insecurity (PROOF).

Retrieved from <https://proof.utoronto.ca/>

VicHealth. (2005). Access to economic resources.

https://www.vichealth.vic.gov.au/~media/ProgramsandProjects/Publications/Attachments/Access_to_economic_Final_Fact_sheet.pdf?la=en

Waterston, S., Grueger, B., & Samson, L. (2015). Housing need in Canada: Healthy lives start at home. *Pediatrics & Child Health* (1205-7088), 20(7), 1-7.