







A journey through poverty

Moving forward with community-governed primary health care

Association of Ontario Health Centres
Community-governed primary health care

aohc acso

Association des centres de santé de l'Ontario
Soins de santé primaires gérés par la communauté

Ontario's Community Health Centres
Les centres de santé communautaire en Ontario

Ontario's Community Family Health Teams
Équipes de santé familiale communautaire de l'Ontario

Ontario's Aboriginal Health Access Centres
Centres autochtones d'accès aux soins de santé de l'Ontario

Tommy Douglas on the Second Stage of Medicare

"I am concerned about Medicare – not its fundamental principles – but with the problems we knew would arise."

"Those of us who talked about Medicare back in the 1940s, the 1950s and the 1960s kept reminding the public there were two phases to Medicare. The first was to remove the financial barrier between those who provide health care services and those who need them.
We pointed out repeatedly that this phase was the easiest of the problems we would confront. In governmental terms, of course, it would mean finding revenue, setting up organizations, organizing controls over costs. But in the long-term it was the easiest problem."

"The phase number two would be the much more difficult one and that was to alter our delivery system to reduce costs and put an emphasis on preventative medicine…"

"…The first phase has met with a great measure of success.…Canadians can be proud of Medicare, but what we have to apply ourselves to now is that we have not yet grappled seriously with the second phase."

"Periodically, we ought to re-examine Medicare… to the end that we will be able to build in Canada a program which will provide the maximum amount of good health, enable Canadians to enjoy good health, and provide them with remedial care when that good health is no longer present. And to do that, without any fear of financial burdens, which have crippled so many people in other places and other times."

Canadian Medicare founder Tommy Douglas

"We must work to get Medicare as it was intended to be, a program that would provide, in Canada, a society in which we would have freedom from fear and freedom from want."

Quotes excerpted from speech to the Canadian Labour Congress and other organizations advocating for a strong public healthcare system in Canada, November 1979



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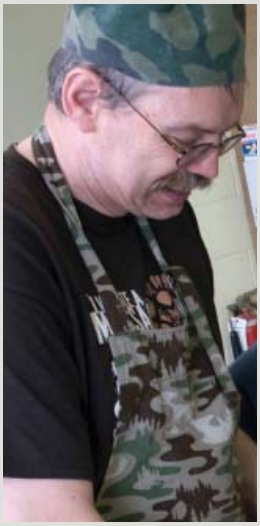


Acknowledgements

This is about our neighbours. The stories you read here are about people who are or have been on a journey through poverty. Some, with the help of their neighbourhood Community Health Centre or Aboriginal Health Access Centre, are emerging from the grip of poverty and the ill health that comes with it. Others are just beginning the journey but with an expanded sense of the possibilities available to them. AOHC acknowledges their courage and determination to overcome struggles and it is grateful for their willingness to share their stories with us. Thank you for being a part of this project …

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A journey through poverty

Moving forward with community-governed primary health care

Poverty is the condition of a human being who is deprived of the resources, means, choices and power necessary to acquire and maintain economic self-sufficiency or to facilitate integration and participation in society.[1]

THE STORIES IN THIS BOOKLET WILL TAKE YOU on a journey with people who have lived with and are living with poverty on a daily basis. As you read you will find yourself at the intersection of poverty and health where so many of our neighbours live and so many of us work to make a difference.

Imagine:

Poverty is being told you can't have the job because your teeth are bad and you have no way to do anything about it.

Poverty is a young mother living on social assistance who cannot get out of bed because of the mental, emotional and physical abuse she endures at the hands of her abusive partner.

Poverty is arriving in Canada for the first time, without safe or adequate housing, without access to health or other services because you don't speak their language and they don't speak yours.

Poverty is finding your choices narrowed as you arrive home from stroke rehab and realise that you just can't manage to live on your own, but can't afford long-term care or assisted living.

Poverty is arriving at a CHC or AHAC searching for someone to help you who will not judge you because you haven't washed in a while or have a hungry child or need a bus pass to get across town to the food bank.



What poverty looks like

*So what are the root causes of illness and disease? The big three are poverty, isolation and hopelessness. And by poverty, I mean more than lack of money. Poverty and poorness are not the same. Poverty is much harsher. It is a disconnected place from which there is no escape. People can move from poorness to independence or deeper into poverty. When community supports are there, they have a much better chance of staying out of debilitating poverty. It is often forgotten how lonely poverty can be.**

* David Williams, Ontario's Associate Chief Medical Offi cer of Health, as quoted in *The Toronto Star*, 7 November 2008.

The intersection of poverty and health

Poverty makes us sick.

We knew that. We are not surprised to learn that –

- Poverty is strongly associated with higher incidence, prevalence and severity of chronic illness, acute illness and injuries, strongly linked to many adverse health outcomes.[2]
- Infant mortality rates are higher in areas of high poverty.
- Low-income persons are four times more likely to report poor or fair health status than are high-income persons.
- Twenty-four per cent of all potential years of life lost (PYLL) in Canada are estimated to be attributable directly to poverty.
- Low income is estimated to be responsible for 25 to 30 per cent of total mortality from cardiovascular disease (comparable to smoking and hypertension).
- Children living in poverty are particularly susceptible to its deleterious effects: more likely to develop a variety of illnesses, injuries, to suffer growth retardation, developmental difficulties; more likely to experience hospitalisation, mental health problems, lower school achievement and early school leaving.
- People with high levels of food insecurity have three times the risk of suffering a major depressive episode.
- Low-income women living in Ontario are more than four times more likely to suffer from diabetes than the high-income sisters.

And we know that the intersection between poverty and health is well documented –

- Poverty/low income is now a recognised cause of death at any age – as alcohol, tobacco, car accidents are recognised as causes of death.

- Poverty *as a disease* is the 3rd leading cause of PYLL (premature deaths before 75).
- Relatively small increases in incomes of poor Canadians will lead to substantial increases in their health.
- Every $1,000 increase in income for the poorest quintile of Canadians leads to nearly 10,000 fewer chronic conditions, and 6,600 fewer disability days every two weeks.
- The impact on our health care system and on our wellbeing of eradicating poverty would be equivalent to the impact of eradicating cancer.[3]

Poverty is growing.

A growing cascade of recent reports tells us what we already know: poverty costs[4], poverty is making us sick[5], the poor die earlier[6], inequality matters[7], poverty is not colour-blind[8], child poverty is growing[9]; that *place* matters[10], that there are good jobs and bad jobs[11], that income security remains out of reach for many[12], that youth violence takes root in the toxic soils of poverty and social exclusion[13], mental health and addictions cost every Ontarian.[14]

The Growing Gap Project tells us that the richest 10% now make 82 times more than the poorest[15] and the concentration of incomes and wealth at the very top is accelerating.[16] For members of racialised communities, their respective ethno-racial identities are key to understanding their experiences of disparity and social exclusion in Ontario – as clearly they are far more likely to live in poverty than non-racialised members of our society.[17]

Poverty costs.

Poverty has a price tag for all Ontarians – and its reduction and eradication would benefit us all. There is a moral imperative to rid ourselves of the scourge of poverty. There is also an economic imperative. We can't afford it. Poverty disproportionately affects certain populations (women, racialised communities, newcomers, people with disabilities, aboriginal peoples) and has a complex mix of institutional and individual causes. The costs of poverty are enormous, touching on health care, justice, child protection, social assistance – and are reflected in remedial, intergenerational and opportunity costs, ill-health, crime, social exclusion, intergenerational immobility, opportunity costs and foregone tax revenue.[18] Reducing poverty with targetted policies and investments over the life course generates an economic return, a return that would be equal to a proportion of the assessed cost of poverty: $32-38 billion per year or 5.5 to 6.6 percent of our GDP.

Beyond Reduction to Eradication!

It is clear that reducing poverty with targetted policies and investments over the life course generates an economic return. Following others' lead, the Ontario Government has made anti-poverty a policy priority with its release of a poverty reduction strategy: *Breaking the Cycle: Ontario's Poverty Reduction Strategy.* The strategy was followed by legislation (Bill 152) which represents an historic moment, recognising legislation for the first time in this province the principle that public policy is a tool, perhaps the key tool in reducing poverty. Recommendations to strengthen the bill would lift its vision from mere reduction to at least match that of Newfoundland and Labrador and Québec – whose counterpart strategies are about *elimination* (in the case of the former) and *poverty-free* (in the case of the latter). In so doing, we join worldwide movements that call us to *Make Poverty History* or to *End Poverty Now!* Other jurisdictions beyond our borders have also committed to plans that contemplate a society without poverty and its inherent obstacles to economic, social and human dignity and development.

Living in poverty means to suffer the ongoing physical pain of hunger and sickness.

Poor people know about what it means to be ignored, judged and dismissed for what they don't have and for what they might never have.

They know the shame of not being able to provide one's children with what other kids take for granted.

The kids know how difficult it is on pizza day when you can't take in the quarter or whatever is required to participate.

Poverty is losing your front tooth in a fight and wondering if you'll ever smile again.

Poverty is being teased for the way you dress.

Poverty is hearing Mum and Dad fighting late at night about money stuff.

Poverty is the funny old woman who hangs out at the corner in her torn dress and scaly feet.

Poverty is Dad having to work two jobs off the farm.

Poverty is watching your walls grow thinner when you don't have the wherewithal to pay the rent.

Poverty is anxiety, depression, shame.

Poverty is dependency on agencies and institutions who seem more interested in setting up roadblocks than helping me.

Poverty is isolation, sticking to your corner of the schoolyard where there are no fashions and no i-pods.

Poverty is fighting for a piece of sidewalk or a park bench.

Public Policy tools

For too long Ontarians saw annual increases in our health-care budget even as social services and supports of all kinds were being decimated around us, creating poor people, poor families and thus sick people, families and communities. If we are ever to see Tommy Douglas' Second Stage of Medicare – that 'keeps people well in the first place, rather than just patching them up when they're sick' – poverty must be our priority. The province's Bill 152 recognises that the conditions in which people live can and are affected by public policy – and so we can choose policies that create poverty or policies that lift people out of poverty, restoring dignity, recognising rights and renewing hope.

Our tools

CHCs and AHACs are already doing it. Organising and advocating for change in public policies; accompanying immigrants, refugees, unemployed and homeless through the confusing and dispiriting maze of forms and applications. Creating safe and creative space for young mums, children, seniors, youth to rediscover their strengths and cultivate new skills, friendships and to find the kind of help they need. Meeting people at the intersection of poverty and health.

In a recent audit of our centres, we discovered the extent to which centres are already working to reduce poverty, to mitigate its effects and to help people make changes that will lift them permanently out of poverty. Some of that work is captured in the stories you are about to read. You will meet people who have endured, to varying degrees, the limitation, stigma and pain of poverty, whose respective encounters with a Community Health Centre or an Aboriginal Health Access Centre have changed their lives and brightened their futures.

During the winter and spring of 2009, we visited several CHCs and AHACs throughout Ontario. We heard stories of abuse, of indifference, of judgement, of hopelessness, of despair – and of excitement and transformation. In these stories you will find individual journeys through poverty and journeys into hope. You will meet people who are more than their poverty, gifted, funny, thankful and hard-working.

If you are a staff member or volunteer of a CHC or AHAC, may these stories be an encouragement and a 'thank you' for your incredible work and service.
If you are a client, may these stories provide a reflection on your own life or a piece of hope for your daily journey.
If you are a partner in community-governed primary health care, may these stories provide a purpose for the work you are doing and the model of care for which you advocate and work.

If you are a funder, may these stories provide impetus for the reallocation of dollars to the root causes of poverty.
If you are a politician or a civil servant, may these stories reaffirm your commitment to a poverty-free Ontario.
If you are a resident of Ontario, may these stories provide awareness of a health-care model that is working each day to reduce and, one day, eradicate poverty in Ontario.

1 *Une loi contre la pauvreté : La nouvelle approche québécoise de lutte contre la pauvreté et l'exclusion sociale*, Project de loi 112, Assemblée Nationale du Québec, 18 déc 2002.

2 All of the following data are taken from a fi ve-part series by Gary Bloch, MD, Vera Etches, MD, Charles Gardner, MD, Rosana Pellizzari, MD, Michael Rachlis, MD, Franc Scott, MD, Itamar Tamari, MD, 'Why poverty makes us sick', 'Identifying poverty in your practice and community', 'Strategies for physicians to mitigate the health effects of poverty', *Ontario Medical Review*, May 2008; 'The Many faces of poverty', 'Poverty reduction: policy options and perspectives', *Ontario Medical Review*, June 2008.

3 All these data are drawn from a CBC radio programme, *Ideas: Sick People or Sick Societies?* Rick Glazier, M.D., Senior Scientist, Institute for Clinical Evaluative Sciences, Sunnybrook Hospital, 2008.

4 Ontario Association of Food Banks, 'The Cost of Poverty: An analysis of the economic cost of poverty in Ontario', OAFB: Toronto, November 2008.

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15 Canadian Centre for Policy Alternatives, *Why Inequality Matters in 1,000 words or Less*, Growing Gap Project, CCPA: Toronto, December 2007.

16 Ibid, page 5

17 The Colour of Poverty, *Shared Framework for Action*, Toronto, May, 2008, page 1.

18 Ontario Association of Food Banks, *The Cost of Poverty: An Analysis of the Economic Cost of Poverty in Ontario*,

From isolation to **community involvement**

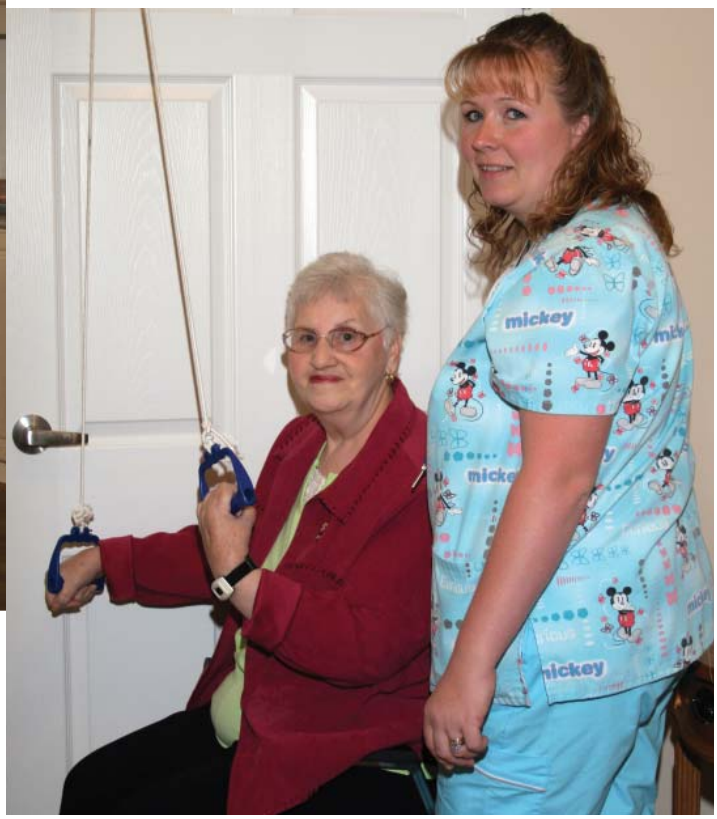
*Poverty multiplies the risk of social isolation, lack of information and poor health particularly for seniors from minority cultures and for seniors with disabilities. Poverty communicates the message that seniors are not valued in society.**

ADVOCACY FOR AFFORDABLE HOUSING FOR many low-income families and seniors in Ontario is an activity in which many Community Health Centres (CHC) are involved on a daily basis. Through community coalitions, partnerships and strong advocacy, CHCs can play a role in enhancing clients' ability to access affordable housing. With the rapidly growing 65+ age group, the need for a *variety* of housing options for seniors is necessary to provide affordable and supportive housing.

From 2005-2008, the West Elgin CHC in West Lorne (southwest of London) worked with partners to bring a housing project to the area. The municipality, service clubs and seniors' group representatives partnered to plan and submit a proposal through the Canada-Ontario Affordable Housing Strategy, to build and equip an apartment building for seniors and disabled persons. Through the South West Local Health Integration Network's Aging at Home funds, an assisted living programme was also secured, allowing seniors and disabled adults to remain independent and in their own home for a longer period of time.

Following the guidelines of the housing funder, the income of individual residents cannot be higher than five times the rent. Because there is also an assisted-living component in this housing project, the disability of the individual is also taken into consideration. And, because there was such a need in the western Elgin communities for both affordable and supportive housing, West Elgin believed it essential to include both types of housing under this initiative. A team of Personal Support Workers provide services such as: bathing, dressing, toilet assistance, medication reminders, security checks and activation and response to emergency situations. Essential homemaking services

* Public Health Agency of Canada (2005). *Aging and Seniors*. Available at: http://www.phac-aspc.gc.ca/seniors-aines/pubs/healthy_comm/healthy_comm5_e.htm



could include light housekeeping, laundry and meal preparation.

Prompted by the aging population in the western Elgin area, West Elgin CHC developed an Elder Care Strategy, as part of their Strategic Plan. This initiative focusses on education, partnering with other organisations, and outreach around chronic disease management and health promotion. One specific goal is to enhance communication between and with health-care providers so that both professional and family caregivers have easy access to information regarding services that are available to support their aging clients/ family to remain living in their homes.

In 2006, Kathy, who was 68 years old at the time, suffered a stroke that left her quite dependent on her family and in need of additional services. After her rehabilitation Kathy was determined to move back into her own home. When she arrived home, she and her family realised that her home was no longer adequate to her needs. Though Kathy had modifications made to her home, the isolation and the need for more personal support services encouraged her to apply to West Lorne Heritage Homes, a new affordable seniors apartment complex located beside the West Elgin CHC.

The combination of affordable and supportive housing made Kathy feel much better about her daily activities. She has much more of the needed assistance than she had when she was living on her own. More than just basic coverage, the assisted living component allows Kathy to have enhanced help with daily activities, household tasks, and physical needs. She feels safe, well cared for and very happy to be living at Heritage House. Her obvious sense of humour is a contribution to the housing complex. Not only are her physical needs covered but her social calendar has also filled up since arriving at Heritage House. She goes out for coffee at 10 a.m. every day in the beautiful common room. West Elgin CHC provides a regular lunch, other social and recreational activities including cooking classes and bingo. Kathy only has to walk a few hundred feet to participate in activities at West Elgin CHC.

Kathy's age, disability and income level are all barriers that could make her aging years difficult, less enjoyable and costly beyond her income level. Her small and beautiful apartment at Heritage House and the care she receives makes her elderly years safe, comfortable and affordable.

From rock bottom to rock solid

"Finding strength in someone and teaching them how to use it in a positive way is the best way we can help each other whether we are in poverty or not." — Dion

THE WABANO CENTRE FOR ABORIGINAL Health is an Aboriginal Health Access Centre (AHAC) located in the neighbourhood of Vanier in the city of Ottawa. It provides holistic and culturally-relevant health services to Inuit, Métis and First Nation communities like nine other AHACs across Ontario also do. Its programmes range from clinical, social, economic and cultural to community-building, education and advocacy. Wabano is a centre of activity – whatever the time of day or evening and across the age span. Wabano believes in sharing traditional knowledge – through a seamless blend of traditional and western medicine – with the broader community in order to promote and extend the holistic circle of health and well being – spiritual, physical, mental and emotional. Dion has come into that circle and it has changed his life.

Dion, 31, was born in Newfoundland to an Inuit father and a Dutch immigrant mother. Growing up in a home with an alcoholic and abusive father, Dion's life was marked by instability. At the age of 16 he became addicted to drugs and alcohol. He was kicked out of his home at 17 and had his first child at the age of 19. After a year on the streets, Dion moved into non-profit housing in Vanier, often moving because of missed rent payments. At one point he shared a one-bedroom apartment with four adults, three young children and a few pets. Dion could not keep a job for long because of his addictions. He relied on food banks and social assistance, community services and the food and shelter of friends. He would move from place to place, selling drugs to maintain his drug habit.

Physically able and active as well as musically gifted, Dion has been told he could have excelled at hockey and instrumental music. He regrets not using any of these gifts because of his intense drug habit, needing a 'high' every day.

He arrived at the AHAC when his third child was born. He and his partner took part in a pre- and post-natal programme at Wabano … and he has never left. Dion is now a single father with three kids: Kyle (12), Samantha (5) and Damian (3). In addition, he works full time at Wabano as a youth worker. Dion has remained drug- and alcohol-free for two years, amidst many challenges along the way.

"There were times that if someone put a drug in front of me, I would not even ask what it was. I would just take it – whether it be weed, cocaine, or prescriptions drugs. I had to have it. I would mix drugs with alcohol and my habit got worse."

"At one point I would eat a slice of pizza one day, a chocolate bar the next and a bag of chips the day after. That was all the food I ate. The rest of my money was spent on drugs. There were some days we did not eat at all because we needed the food for the kids. One day I just said, 'I cannot do this anymore – raising kids while being addicted to drugs. It has to stop.' That was my rock bottom. When I admitted it, even though I hit a few more rock bottoms after that moment, I voluntarily went to treatment."

"Wabano has changed and continues to change my life. The centre provides us with support, access to healthy food, addictions counsellors and volunteer opportunities, which has now led to a full-time job. People here believed in me and tried to find out what I could do well. Wabano has helped me reconnect with my culture – learning the teachings, smudging, and finding an identity which I know so many people are searching for out there. As I found my identity I found the person I wanted to be but knew I was not. In the Aboriginal community, some of the workers here have lived poverty themselves or see it everyday. Living below the poverty line and not being able to feed my kids, helps me understand how to help people now in my work here at Wabano."

"Three years ago I was hardly able to survive. I was hungry, addicted, broke and at rock bottom. My life has changed completely. Now I am providing advocacy for clients and working with the youth here. I know the system and how to find resources for people and that helps connect with people who need it most. My kids never go hungry anymore. My kids have a yard, room to play, and live in a safe neighbourhood."

"Unfortunately our system thinks that more stuff or more money can help people. Sure, it helps but we need people to change lives. With this kind of a 'hand-up' instead of a 'hand-out' a life can be changed. And that life can change another life. Finding a strength in someone and teaching them how to use it in a positive way is the best way we can help each other whether we are in poverty or not. Wabano helped me find those strengths."

From bad expectations to empowerment

"Even though you live in poverty, you can still make life better. Everything affects your health. When you can put your energy into something positive, you are going to be a healthier person." — Amber

LAMP'S MISSION STATEMENT REFLECTS A Community Health Centre (CHC) striving to improve quality of life by supporting people to reach their full potential. By working in partnership with the community to address new and emerging needs and by supporting a wide-range of health-care services, community development programmes and advocacy initiatives, LAMP CHC works with the neighbourhood to achieve physical, emotional, social and economic well-being.

The *Street Level* programme provides a drop-in space for teens with computers, a pool table, television, or just a quiet place. If youth want to be more involved, there are also more structured programmes like basketball or a cooking club. LAMP CHC sponsors an Ontario Basketball Association team where participants do not have to pay the normally high fees to participate. With costs covering a uniform, facility rental and travel to tournaments, youth have an opportunity that would not fit into most of the budgets of families living in this South Etobicoke neighbourhood. In Amber and Chris' stories, LAMP CHC's mission statement and its activities come alive.

Chris has been in and around the centre for eight years, all through his adolescent years. He has volunteered and expects to be working there this summer.

"I am one of seven kids raised by a single mother. I have always lived in the area and coming here after school was a whole lot better than staying at home or on the street. We have done so many things we would never have been able to do if a place like this never existed: going on camping trips, making anti-smoking videos, playing and organising basketball programmes, getting access to sex education and dental services or even being able to take part in a cooking programme."

"Our opinion always counts here. Staff here don't just listen but actually take our voice into consideration. This is like another family for me. The outreach to schools is a really important thing LAMP does so more kids can get involved. I had a hard time getting through school but the staff here were always pushing me to go back to school. This September I am on my way to college!"

The South Etobicoke Youth Assembly (SEYA) evolved from *Street Level*. Young people wanted to see change in the community. SEYA is a youth-led organisation providing advocacy, outreach to local schools, recreational programmes, social events, educational workshops, and community engagement with the goal of creating opportunities for youth to achieve their full potential in their own community.

Amber works at LAMP CHC as a Youth Volunteer Support Worker. She is also the current director of the South Etobicoke Youth Assembly:

"I started coming here when I was 12 years old. "Street Level" was a warm place, something to do and always welcoming. Almost all of my friends are from single-parents households. My Mum always had enough but it was just enough. About 40% of families live below the poverty line here. Your parents love you, but they don't always have time for you because they are so busy working, figuring out how to pay a bill and trying to keep the house together. It is not for lack of wanting, but a lack of resources to provide you with any extras – dance lessons or sports teams. With places like LAMP, poverty becomes a little more hidden because there is a place to go to get what you need or get connected to what you need. "

"Once the evening comes, groups of young people are on the street. It feels like no matter what you do, you bend to bad expectations. LAMP helps young people advocate for themselves so that you can overcome those negative expectations and know your rights."

"The staff here are phenomenal. They encourage, they guide, they listen and they keep us connected. Programmes are not prescribed. We have a chance to be involved in them. It is a sense of ownership when you realise, "I just ran that basketball tournament!" LAMP always goes back to community, continually builds up the community capacity and the individual capacities within the community."

"When you have a vested interest in your community, it becomes a better place. Even though you live in poverty, you can still make life better. Everything affects your health. When you can put your energy into something positive, you are going to be a healthier person."

From struggle to a second home

"Whatever the issue or the need, I have turned to NorWest for help. I would not have made it to this point in my life without this place." — Veronica

THE NORTH SHORE OF LAKE SUPERIOR IS HOME to the NorWest Community Health Centres (CHC), with health care and health promotion programmes reaching beyond Thunder Bay to Armstrong and Longlac – and, with the Health Bus, many stops in between. The area has suffered severe decline in the past few years as miners, their families and their communities are affected by the downturn in the economy.

NorWest CHC's clients live lives at risk of poor health, many having had difficulty finding health care because of language, cultural barriers, poverty or isolation. As NorWest CHC staff consider the social, emotional and financial needs of their clients, they know that these are key determinants affecting a person's health.

The centre strives to involve community members as volunteers and peer leaders in the planning and delivering of programmes, weaving together a web of opportunities that keeps peers connected. Every group benefits from child care, ensuring socialisation for the children and a break for parents.

Interdisciplinary team collaboration, a key attribute of the CHC model of care, emphasises holistic care for the individual. True to this model, NorWest CHC's family physicians, nurses, nurse practitioners, counsellors, dietitians, nutrition workers, community health workers, early childcare educators, and support staff all work together. "We are truly an interdisciplinary team," says Lawni LaBelle-Paynter, a community health worker. Lawni is regularly called into examinations to provide support, care and integration. "Medical staff can focus on the medical piece while we, as community health workers, can focus on the determinants of health, case management and follow-up on a variety of issues." The centre's four community health workers are actively involved in community coalitions and partnership work. These initiatives strengthen anti-poverty advocacy and ensure a more solid funding base.

NorWest CHC also serves elderly clients who are still in their homes but needing extra care because, as often happens, extended family are not living in the area. Through transportation programmes, volunteer driving, home visits and social gatherings at the centre, seniors can stay in their homes and also participate in programmes specifically designed for seniors. NorWest CHC organises a bus to take seniors to a free dental clinic at a local college's dental school. "So much more funding and resources are needed in the area of dental health care … for all ages," says Executive Director, Wendy Talbot.

Veronica is a mother of five children. **"I first started coming to NorWest for 'Healthy Moms, Healthy Babies' about nine years ago. We cooked together, brought our kids and had speakers each week who covered topics that interested new mothers. As my kids grew, I went through the whole gamut of programmes: pre-natal, post-natal, play groups, parenting groups, 'Breakfast Buddies', a community kitchen, a harvest initiative called 'Gleaning' – in partnership with local farmers, and programmes specifically for my kids like remedial reading, summer youth activities and a babysitting course."**

My second youngest daughter, Jasmine, has Retts syndrome. She is my miracle child. She does not talk or walk on her own. This is stressful but with the supports I receive here at NorWest, we can do it and we manage. The friendly and non-judgemental staff are amazing! They have helped me to find funding for specialised furniture for Jasmine, like a chair and a bed. Throughout the years I have brought my kids to play groups – which have been great because I could socialise with other parents and get out of the house. I needed a break but I loved being with my kids. It served both purposes.

Veronica also benefitted from NorWest CHC's advocacy on Ontario Works issues, interventions with mental health services, a smoking cessation programme, and support for depression. Through her participation in parenting and women's skills-building programmes, Veronica was able to meet requirements for the Ontario Works Workfare benefits. It's what NorWest CHC does: maximising participation and potential while building life skills.

"If I think about life without this CHC ... to be honest ... I don't think I would be here. I have been through so much. If it were not for the centre, I would not have made it through all the hard times – through times of very little income, a lot of stress, depression, and other incidents that were really disturbing for me and my kids. There is no judgement from staff on my situation, just a willingness to help me out. Whatever the issue or the need, I have turned to NorWest for help. My kids love this place too. They get upset if I come here without them! They see this building as a safe and fun place to be. This place is like a second home to me, a part of my routine and my lifeline."

From outcast to insider

Many new Canadians and refugees find shelter, hope and direction from Ontario's Community Health Centres. Integrated health care as well as language and settlement programs are designed for immigrants and refugees.

THE *CENTRE DE SANTÉ COMMUNAUTAIRE* Hamilton/Niagara (CHC) has been offering settlement services for many years. Recently expanded funding from Citizenship and Immigration Canada will provide outreach and services to many more new Canadians and refugees.

Due to social and economic problems in the Republic of Guinea, Souleymane Fofana and his family immigrated to Canada about five years ago. Having been told of the welcoming, peaceful and family-friendly city in Hamilton, the Fofanas settled in this urban centre. The family of five, and now seven, went straight to the CHC. They were assisted with finding housing, English classes, employment services, settlement needs and referrals to all the supports necessary.

The CHC became a lifeline for issues arising through the process of immigration, as well as an opportunity for Souleymane and his family to volunteer in programmes at the computer centre set up at that time by the CHC for its clients and the community as well as in a wide range of activities and services to combat poverty. Souleymane also volunteers in a partnership between the CHC and the Pavillon de la jeunesse school, which offers a hot lunch to the students. The children's programmes have been very helpful for the Fofanas. They expressed the difficulty their children have had to adjust to a new country but the children's programmes at the centre have helped in this adjustment with referrals to community and sports programmes, as well as individual help. The Fofanas have appreciated the parenting groups to discuss issues at home. It helps them learn and improve their skills and behaviour towards their kids.

Over the past five years, Souleymane's wife has taken a course to become a Personal Support Worker. Souleymane works as a manager at a gas station and is part-time taxi driver. In Guinea, Souleymane studied civil engineering and information technology and had his own used clothing import business as well as Cyber café which, in the early 2000s, made the first call through Internet (VOIP). He is glad to use those skills as a volunteer at the centre.

"When we arrived, it was the centre that hired a lawyer for us, to defend our refugee status. Unfortunately, that was refused. But the procedure for a resident visa on humanitarian grounds was initiated again. At the centre, they gave us perspective and sought other chances so that our file would be successful. They provided legal advice through lawyers from Montreal to plead our case regarding excision and genital mutilation and provided us with a return ticket to Montreal. After 2 years, our permanent residence visa was accepted. And we certainly thank them and congratulate the centre on their work. And we are very grateful for that."

"We attend all the programmes at the CHC. We have our family doctor there. Even our children have taken classes here, many classes, like the Rainbow programme, organized by the centre but offered at the Pavillon de la jeunesse school. It's for traumatized children who have left their country, who have come to Canada, they aren't settling in and are having problems adapting. It's a programme just for them to help raise their morale, to explain that they aren't losing their culture, a way to connect them with other children."

"The centre... it's like a referral centre. Even if there are services they don't offer here, they can refer you elsewhere, and follow you through that programme. For example, when my wife became a PSW, they found her the programme here at the centre, and referred her to the training programme. And with that, really, she is very proud, because she was able to do that work and is still doing it now."

"A centre like this, it helps people to function, and the people help it to function as well. That's how it goes. They give first what they have, and then you give the most that you can."

"We are really proud and very satisfied to have been directed to the centre. Because the CHC, through the dedicated and tireless Bonaventure Oshudi and his great team, helped us very much in our development here in Canada. Our children study well, we also work. The centre's help was impeccable, fantastic. We want to recognize them for that."

From the streets to the kitchen

"I am on a disability income (ODSP) so I am unable to have a full time job. I am trying to give back to my community; This cooking programme helps people like me give back." — John

IN 2001, JOHN STARTED ATTENDING A PROGRAMME called *Living on a Survival Budget* offered at the Kitchener Downtown Community Health Centre (CHC). After a short, five-week pilot that elicited a tremendous response, the CHC staff decided that it should be expanded and sought further funding sources. The cooking course now has basic, intermediate and advanced sections. "Ready" is the first stage, consisting of eight weeks on basic food preparation. The participants learn how to use Canada's Food Guide, receive instructions on safe food handling, kitchen safety, proper use of kitchen tools, shopping planning, basic budgeting and how to prepare really good breakfasts. "Set" runs for two eight-week sessions and features more complex recipes and full course meals. "Go" offers training in advanced culinary skills, with the participants taking on full responsibility for the programme as well as contributing some of the cooking ingredients.

Living on a Survival Budget works with individuals who are living on low incomes and may experience emotional and social isolation. Charla Adams, a dietitian at the CHC, oversees the programme but all the planning and leadership comes from John and another Community Nutrition Worker. "One of the wonderful benefits of this programme is that it is peer-led. John is able to teach and lead this programme much better than any of our staff because he knows what it is like to live on a tight budget. John is our shopper for the programme and we are always under budget! The programme also develops social support which can connect individuals with resources they need in the community."

There is a lot more than just cooking at this weekly programme! Participants learn about nutrition, such as how to recognise and avoid transfats, where to find good sources of calcium in fruits and vegetables. Once a month a nurse practitioner from the CHC stops by to speak on a health topic such as diabetes, hand washing, stress management or simply to answers any questions participants may have.

After receiving the Community Nutrition Worker training and safe food handling course, John now runs the *Living on a Survival Budget* programme. Though John's role is not a paid position, the CHC provides him with coverage for transportation so he can do the grocery shopping. As leader of the programme, John's

reputation has grown beyond the CHC; word of his accomplishments has spread. He was asked to teach and run the cooking programme at a local community centre, help out at a senior's luncheon at a local church and prepare food for a local drop-in shelter in downtown Kitchener. *Living on a Survival Budget* has produced two editions of its own cookbook, full of healthy, simple and low-cost recipes.

"I am still learning as the years go by – which is one of the things I like best about this programme. It is good for us to keep learning. We test the usual menus and then we come up with new ways to prepare them. We do our best to cook and be aware of different food allergies or special diets – like using gluten-free noodles for those with gluten intolerance or teaching how to make a salt substitute for those with high blood pressure. We also try to prepare foods that are in keeping with various cultures and religious beliefs."

"Participants not only learn how to cook healthy meals, but also how to budget and where to shop to get the best prices. We have them collect flyers and we sometimes challenge participants. For example, we give them a scenario where they have $50 to spend on a week's worth of meals. They have to use the local weekly flyers to plan a week's worth of meals on that budget. It helps them see where they are spending their money and where and when they can make their dollar stretch further. People enjoy the friendships and the meal is probably one of the healthiest meals they will have all week."

"I am a better and healthier person because of this programme. Healthy eating is not only great for your physical health but cooking and learning together improves your own mental and social health. Providing something like this for people who are homeless, on their own or living on low incomes means they have connection, friends, access to healthy food and resources. Through this programme we have encouraged people to volunteer. Through volunteering, your health gets better even if you are still living on a very low income."

"The reason I keep doing this is because I can help other people out – not just with cooking but with helping them get connected to the services and resources they need in life. Because I am on a disability income, I am unable to have a full-time job. So, I am trying to give back into the community and this cooking programme enables people like me to do so. As the leader, I can give back to the system that has helped and continues to help me."

From crackers to the next chapter

"I would not eat because my kids needed the food. I would pick at their plates. I would eat crackers instead of a meal … but it meant they had a meal." — Rhonda

RHONDA, A SINGLE MOTHER OF THREE BEAUTIFUL girls (8, 9 and 10), walked into the Oshawa Community Health Centre (CHC) nine years ago. She was attending a programme called *Food for Thought* which provides a drop-in environment, social interaction, access to healthy food, prenatal vitamins, a lactation consultant and a nurse. Oshawa CHC offers a wide range of programmes including personal development groups that focus on health issues such as early childhood development, youth recreation, and women's wellness. All programmes are free, and staffed by a qualified team of professionals.

The daily drop-in programmes in which Rhonda took part included workshops designed for young parents and on topics such as parental stress management, budgeting, healthy eating, and food preparation. There is a new "donation" room at Oshawa CHC; people can just drop off anything and someone else can pick it up. It has provided many people with a few items for an apartment or room.

Rhonda started volunteering at the centre once her kids were in school. Last year she was Oshawa CHC's Volunteer of the Year. After a few years of volunteering she was offered a paid position. She had taken the "Nobody's Perfect" parenting course so that she could lead and facilitate this same programme at the centre. Rhonda works there now as a part-time child-care staff.

"When I walked in here there were open arms. I did not know anyone but I went on the advice of a public health nurse. I was not judged because I was a single mother. There was one staff member in particular who really helped me. I think the thing about her that made her so unique was that she looked at everyone the same – no matter your financial or marital status. I kept coming because I felt like I belonged. There are not many places you can go with three small children where they can run around, feel safe and where I could make friends. It was so good to be around adults. However much I loved my kids, I needed adult interaction."

"When I was on social assistance ... let's face it: you have the basics and that's it. The choices that you have to make are all about your kids. I would not eat because my kids needed the food. I would pick at their plates. I would eat crackers instead of a meal ... but it meant they had a meal. When I ate, I felt guilty because that was another meal for my kids. I used a food bank but getting there was difficult so I had to rely on the bus and the kindness of friends. I hated the fact that my five year-old knew what a food bank was and asked when we were going next. You should not have to know a food bank when you are five."

[Pointing to her Ontario CHC's name badge and smiling] "I am so proud of this name tag. To some people this is a little hunk of metal. To me this is the next chapter in my life. I came from being broken and broke to being here today. I went into a really bad depression from being with an abusive spouse. I had no idea what to do, where to go, and I felt totally worthless. I have self confidence now. I know where to turn for help. I know who to turn to for support."

"I don't have to eat crackers for dinner anymore. I don't have to sacrifice a bag of milk or a loaf of bread so that my kids can go on a school trip. When I work with clients who are in a similar situation that I used to be I want to tell them 'Don't give up'. There are resources out there and you just need to find them."

"If I could give advice to the government, I would make 'geared-to-income housing' easier to access. The waiting lists are so long. It is pretty good if you are in an emergency situation. I live in a building where I am labelled because I am a single mother: 'on welfare', 'crack whore', 'bingo bitch', 'bar hopper'. But it is a place I can afford. Also, reducing the cost for bus transportation would be so helpful."

Asked about how poverty has affected her health, Rhonda says, "Depression, lack of money, lack of self confidence, wanting to be isolated because you feel worthless and judged totally affects your mental and physical health, how you react and interact with other people. It is so hard working and balancing a home and three kids without any extended family support. I have my bad days, but overall, I am thankful to be where I am today."

From violence and trauma to new dreams

"To be unable to speak the language in a new country is like living in a sealed box: you talk but no one hears." — Ana

LOCATED IN WEST TORONTO, FOUR VILLAGES Community Health Centre (CHC) offers health-care services to its area residents, focussing on young families, newcomers and seniors. Their services are offered in 18 languages, providing outreach and access to many people in the area who would not otherwise have access to health care in their mother tongue.

We visited Four Villages CHC and had a conversation, completely in Spanish, with a wonderful young family.

Roberto, Ana and their eight year-old, special-needs son, Axel, arrived in Canada in December 2007, fleeing the violence and insecurity of their homeland, Mexico. Roberto was obliged to return to Mexico to apply formally for refugee status in Canada. During the two months it took Ana to find a place to live, she began to meet other people who had been in her situation. They recommended that she go to Four Villages CHC and ask for Martha Hernandez, a social worker. Martha is a part of a team that welcomes newcomers, many arriving in a state of trauma.

"One hundred per cent of my clients are refugees," says Martha. **"We interpret for them, accompany them, get them a lawyer, get them on welfare, help them to fill out forms and applications. We walk with them, a step at a time, little by little, helping them to adjust to life here in Canada. Their wellness is complete: after only a few months, they are creating for themselves a sense of their own agency, a sense of hope and the ability to make changes in their lives."**

When Ana and Axel first walked through the door, struggling with the receptionist to be understood, she made them welcome. Martha became their 'door opener' – both figuratively and literally. With her help, they opened the door to a modest apartment that has become home, furnished with items from a free store specifically for newcomers and their families. Martha opened doors that enabled them to advance their refugee claim and to get Axel enrolled in school where he gets the kind of special assistance he needs. He struggles to speak, communicating with gestures, sounds and, often, a big smile.

With welfare their only income, the family are forced to rely on food banks and free stores. They miss the cheap, ubiquitous fruit of their homeland and have been able to get a special diet prescription that enables them to add fresh fruit and vegetables to their diet. Both

Ana and Roberto are enrolled in ESL classes. Ana is now volunteering at the centre, helping with the children's programmes. Having been the beneficiary of the centre's staff, programmes and service, Ana is helping other mothers and other mothers' children. She is also gaining valuable work experience that will be useful when the family have realised their dream of permanent residency.

"When we arrived in Canada, Roberto was not allowed in and we had to come in by ourselves. We didn't know anyone, we couldn't speak any English. Soon after we arrived, Axel got sick and we didn't know what to do, how things worked. So I flagged down a cab to take us to the nearest hospital."

"At that time, we were still trying to find a place to live. We were sleeping on a mattress in an empty room. It was so hard to find a place to live because landlords didn't want to rent to a family on welfare, even less so with a child. The language barrier was so huge, the words, the pronunciation, everyone talking so fast! To not be able to speak the language in a new country is like living in a sealed box. You talk but no one hears you."

"I am a cook," grins Roberto, "a pretty good cook, actually, with a specialty in seafood." Perhaps some day he will work in a restaurant – maybe open one of his own! Ana wants to work with children, putting together special events like birthday parties. They talk about setting up a children's soccer league that will play in nearby High Park.

Ana muses about what it would have been like without the angel of Four Villages CHC. "I see people who are arriving, just like us, many of the women pregnant, struggling with the language, the culture, rent, food, everything. For us, in such a short time, everything has changed! We love Canada; we no longer think of returning to Mexico. This is our home now. There are still lots of challenges, but we are not alone. We have an angel."

A journey through poverty

Moving forward with community-governed primary health care