



CENTRE DE SANTÉ COMMUNAUTAIRE  
**PINECREST-QUEENSWAY**  
COMMUNITY HEALTH CENTRE

# COVID-19 Pandemic: Community Needs Assessment Report

Joanna Ross, Health Promoter

PQCHC

Summer 2020

## CONTENTS

Executive Summary.....	3
COVID-19 Pandemic: Community Needs Assessment Report.....	6
Food Insecurity.....	7
Computer Access .....	10
Internet Access.....	12
Other Needs.....	13
Navigating Services.....	13
Mental Health & Anxiety.....	14
Employment and other needs.....	15
Assessment by Community.....	16
Bayshore.....	16
Britannia Woods.....	17
Foster Farm .....	17
Michele Heights.....	18
Morrison Gardens .....	19
Pinecrest Terrace.....	19
Eva Taylor Place, Starflower Lane and Winthrop Court.....	20
Assessment by Program.....	21
Community Health Services’ Response to COVID-19.....	24
Food Security.....	24
COVID-19 Information and Resources .....	25
Technology and Internet Access .....	26
Move to Virtual Services .....	26
Learnings.....	27
Engagement in Virtual Programming & Services .....	27
Internal and External Collaboration .....	28
Recommendations for Future Needs Assessment Work.....	29
References .....	31
Appendix A: Food insecurity by program.....	32
Appendix B: Computer access by program.....	33

Appendix C: Internet Access ..... 34  
Appendix D: Community Information..... 35

## EXECUTIVE SUMMARY

### COVID-19 PANDEMIC: COMMUNITY NEEDS ASSESSMENT REPORT

Over March and April 2020, PQCHC's Community Health Services department conducted a series of wellness checks in response to the COVID-19 pandemic. Food security, computer access and internet access were the main areas of focus but residents had the opportunity to speak to other needs they might have.

There were differences in how this information was collected and recorded across programs, limiting the analysis. Also, this assessment provides a snapshot in time of need but we know as the pandemic continues, people's situations will change. The common themes identified, however, can provide direction for future needs assessments so that our programs and services are continuously accountable and responsive to the communities we serve.

### FOOD INSECURITY

While many of our families were food insecure prior to the pandemic, food security became an urgent need with the loss of employment, the reduction of work hours, daycare and school closures and the closing of non-essential programs that provided food during programming.

Out of 852 successful contacts, 392 households were identified as food insecure. Many of the comments from the records used to inform this assessment mentioned access to food being an "emergency" for many families.

### COMPUTER ACCESS

Access to technology is essential to being an active and functioning member of today's society and in light of COVID-19 is now vital for many families. Devices must also be well-functioning and have up-to-date software to keep up with this new virtual way of working, learning and consuming.

Out of 986 success contacts, 298 households require computer access. Of those households who require access, the majority (156 households, or 52%) were those with school-aged children. Seniors also have high technology needs, as access to computers or devices was required for social connection, receiving services (many of which have moved online) and to purchasing food and other essentials.

### INTERNET ACCESS

Technology is only a gateway to communication, information and services if you have internet access. Out of 1,011 successful contacts, 111 households require internet access. Although the need for internet access is significantly lower than the other needs addressed in this assessment, the households without access are greatly disadvantaged and more socially isolated.

## OTHER NEEDS

A variety of other needs were communicated through the wellness checks. The ones listed below, and described in more detail in the report, either had a lot of mentions or were reasonably linked to the COVID-19 pandemic.

- Navigating services
- Mental health and anxiety
- Employment
- Other (non-categorized)

## ASSESSMENT BY COMMUNITY

Specific information and insight on each community is provided. This information is not meant to compare communities, but rather provide a glimpse into their unique strengths and needs. Demographic details and information on food insecurity, computer and internet access, as well as other needs is provided for Bayshore, Britannia Woods, Foster Farm, Michele Heights, Morrison Gardens, and Pinecrest Terrace, Eva Taylor Place, Starflower Lane and Winthrop Court.

## ASSESSMENT BY PROGRAM

A breakdown of the needs is also provided by program, including: Employment Services, Foster Farm Community House, Morrison Gardens Community House, Pinecrest Terrace Community House, The Healthy Aging of Multicultural Seniors, Michele Heights Community House, Pathways to Education/Equity in Education, Somali Youth Support Project, System Navigation, Together We Can Youth Mentorship, and United Sisters.

## COMMUNITY HEALTH SERVICES RESPONSE TO COVID-19

From the outset, PQCHC designated medical services and food security as essential. Community Health Team staff were redeployed to support these essential services by acting as screeners and greeters at our main location and by supporting the community houses with organizing and distributing food to residents accessing the food banks. Staff have actively outreached and conducted wellness checks with the participants of their programs and continue to connect them to our System Navigators.

The report provides more detail on how the department is working to support residents with food security, COVID-19 information and resources, technology and internet access and through a move to virtual services.

## LEARNINGS

COVID-19 has brought as many challenges as it has learnings and opportunities to carry forward. Specific learnings on effective engagement in virtual programming and services are detailed as well as learnings on internal and external collaboration.

## RECOMMENDATIONS FOR FUTURE NEEDS ASSESSMENT WORK

The results of this needs assessment have supported our focused response to COVID-19. We also see this assessment as a pilot for future ones that will help us understand and respond to changing needs and opportunities in our communities. Some recommendations for future assessment work include:

- Standardized questions;
- Standardized template and script for frontline staff;
- Standard use of comments and interviews to better understand concerns, challenges and learnings;
- Clear communications on the purpose of the wellness checks and use of information; and
- Greater collaboration across the Centre and community

Over March and April 2020, PQCHC's Community Health Services department conducted a series of wellness checks through its various programs. These wellness checks were initiated in response to the COVID-19 pandemic to identify the prevalence of various needs including: food security, computer access and internet access. In addition to the three areas we identified, residents had the opportunity to speak to other needs they might have.

Through this process we collected 1,171 records of both successful and unsuccessful contacts. For these purposes, a successful contact is defined as a communication achieved with an individual service user who provided the PQCHC employee with information on the needs within their household. Within this total approximately 10% we defined as "unsuccessful", meaning we tried to reach a household and didn't or the household chose not to communicate their needs with us.

While our reach was extensive, it was not exhaustive. Our findings in this report therefore do not provide an absolute representation of our catchment. Rather, it provides us with a strong overview of current needs in our community that can inform our response moving forward. It should be noted that this needs assessment is just one component of a larger response, including the individual supports provided through our various programs and services. Also, as the pandemic continues, people's situations will change, so this report is only meant to provide a snapshot of needs, but will provide direction for our planned, second phase of pandemic needs assessment work.

Community Health Services may be one department, but is made up of several programs, each with its own mandate and data collection requirements and practices. Our program staff have different levels of experience conducting formal wellness checks, especially performed remotely and in atypical circumstances. For these reasons, there were variations in how data was collected and organized across the department. These variations limited our ability to remove unsuccessful contacts and duplicate entries from our master list without significantly compromising our data in order to give an exact total of households reached. This technical limitation does not exist for each of the areas of need assessed, however, so a more accurate depiction is provided when independently assessing food security, computer access and internet access.

This report is broken down into four main sections: overall need, need by community, need by program and Community Health Services' response efforts, learnings and recommendations for future needs assessment work.

## FOOD INSECURITY

Many of our families were food insecure prior to the state of emergency being declared by the province and the enactment of strict physical distancing measures. However, food security became even more of an urgent need with the loss of employment, the reduction of work hours, daycare and school closures and the closing of non-essential programs that provided food during programming. Several households spoke to the financial strain of feeding their children who were now home all day and who might have otherwise accessed food supports at school and during after-school programming. Many of the comments from the records used to inform this assessment mentioned access to food being an “emergency” for many families.

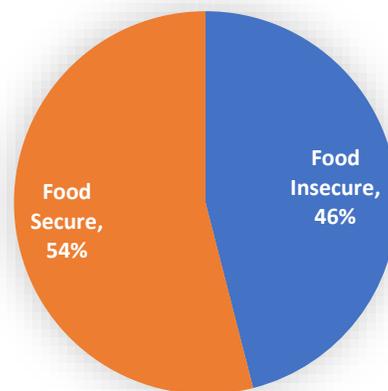
Long-term food access was another recurring theme, with several households indicating that they wished to be checked in on again in a few weeks’ time. For example, many records had comments similar to this one: “For now they are fine but concerned about the near future.” Statements like this highlight the fact that for many families, food security is a momentary achievement. This was true for many households in our catchment prior to COVID-19, but this pandemic has changed our consumption practices and has reinforced inequities around income and access to food. The stockpiling of food has increased as people try to prepare and cope with an unknown future and concerns over perceived and/or potentially real food shortages.

Families on limited household incomes are simply unable to “compete” with other consumers which leaves them feeling especially vulnerable and/or limited with respect to key priority food items, such as: proteins, non-perishable food items, toilet paper, cleaning supplies, and personal protective equipment. Many households expressed that they felt their circumstances regarding food access were very likely going to change moving forward.

Most of our service users rely on public transit to meet their daily needs. This poses an additional challenge to food access as several contacts mentioned anxiety around leaving the house and using this method of transportation. A few contacts mentioned using Uber and other alternatives to OC Transpo despite this creating additional expenses for the household, with one contact mentioning that these costs were being taken from their food budget.

These challenges and concerns are only heightened in single-parent households, which comprise 59 percent of the households in our six Ottawa Community Housing neighbourhoods (Ottawa Community

**Out of 852 successful contacts, 392 households were identified as food insecure**



Housing, 2019a, 2019b, 2019c, 2019d, 2019e, 2019f). Childcare requirements inhibit/complicate access to food supports but on the other hand, there are added health risks to these families and the public by having multiple members of one household entering public spaces.

Seniors are another vulnerable population whose food access is complicated by the pandemic. Of all residents in our six Ottawa Community Housing neighbourhoods, Regina Towers and McEwen Terrace, 12 percent are over the age of 60 and 15 percent of all households are comprised of members who are all over the age of 60 (Ottawa Community Housing, 2019a, 2019b, 2019c, 2019d, 2019e, 2019f, 2019g, 2019h). These individuals are especially vulnerable to negative health outcomes due to COVID-19 exposure. If these individuals do not have younger friends, neighbours or relatives who can support them with meeting their basic needs, then they may be unable to follow Ottawa Public Health (OPH) recommendations and socially isolate themselves.

Given these challenges around transportation it is not surprising that the need for food delivery was specifically identified by 18 separate households. The true need is considered much greater though given the number of comments regarding challenges associated with using public transit, concern over the food bank locations, and the overall anxiety related to leaving the house during this time.

An additional challenge pertaining to food access that was communicated by a small number of families was the need for food items that accommodated a special diet for cultural and/or health-related reasons. This need for culturally appropriate food items has also been flagged by a small number of frontline staff within Community Health Services.

## WHAT OUR STAFF ARE HEARING

“Finding it challenging to meet the food needs of everyone while keeping grocery excursion to a minimum given the exposure risks. Has to grocery shop every three days which has been very challenging.”

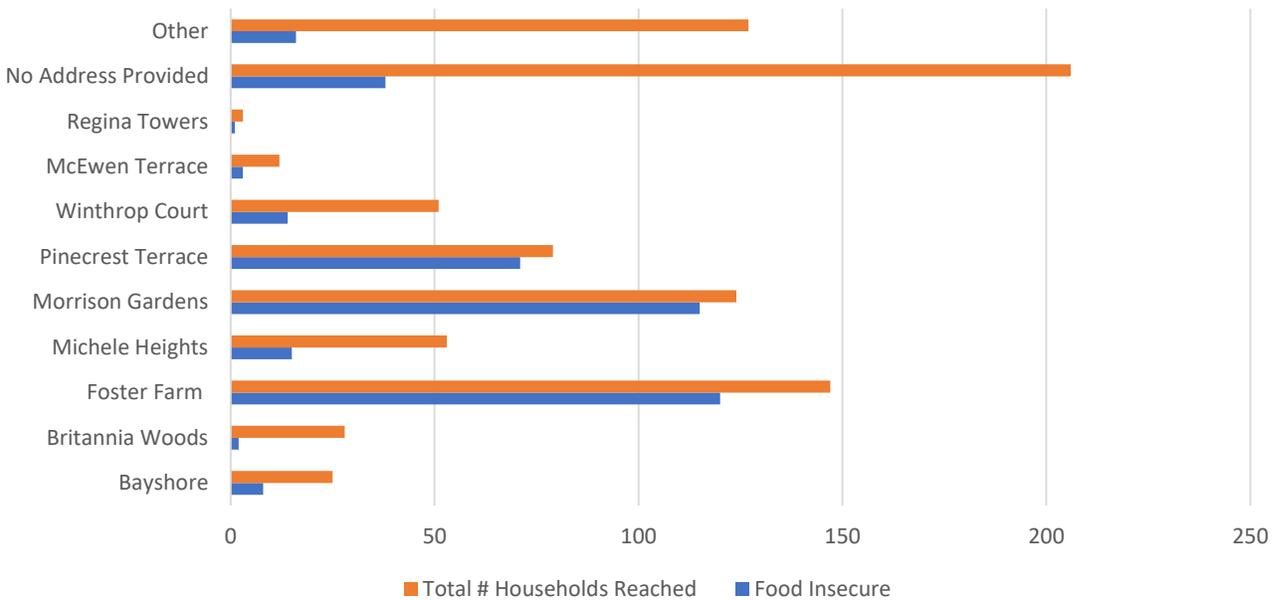
“Does not have a car- will require delivery as she has her young son at home.”

“Not enough food because difficulty going out (small kids; single mom). Used to go to food bank but doesn't feel safe going out. No Car. Food has been the main challenge.”

“Cupboards are bare. Really needs food.”

“Have hardly any food left in the home. The family is not going outside.”

The graph below depicts food insecurity by community:



The graph shows the number of food insecure households in relation to the number of households reached by community. It is not meant to compare need or food insecurity *across* communities. PQCHC operates food banks in Foster Farm, Morrison Gardens and Pinecrest Terrace, and as such, we were able to include all the households accessing PQCHC operated food banks within the first few weeks of the pandemic into our data set. For the other communities we had to rely on other programs, whose main purpose pre-Covid-19 was not food security, to collect this information. Discussing challenges related to food may therefore not have been a typical conversation between the community member and the PQCHC staff person and could have resulted in a reluctance or a choice not to discuss the issue.

There may also be a discrepancy between how PQCHC identifies a family as “food insecure” and how a family self-identifies as such. Families relying on outside food supports may have their food needs met and may therefore not see themselves as “food insecure,” whereas for the purposes of this assessment, every family who accessed one of our food banks were considered “food insecure.”

We also broke down food insecurity by program. For this information, see [Appendix A](#).

### Areas for further exploration

As mentioned above, this needs assessment provides a point in time snapshot. An area for further exploration would be to better understand changes in food security by looking at how many new users accessed food banks during the provincial state of emergency and how many of these new users continued to access the food banks as physical distancing measures were lifted and as the economy gradually reopens. Additional analysis comparing the underlying cause for food bank use between regular and new users would be worthwhile so that the root cause could be addressed and a more sustainable response created.

## COMPUTER ACCESS

Access to technology is essential to being an active and functioning member of today's society. However, in light of COVID-19 and the large-scale shift to working and learning from home, this access has narrowed to access within the home and is now vital for many families. It can impact household incomes, employability and children's future academic success, especially if physical distancing measures persist.

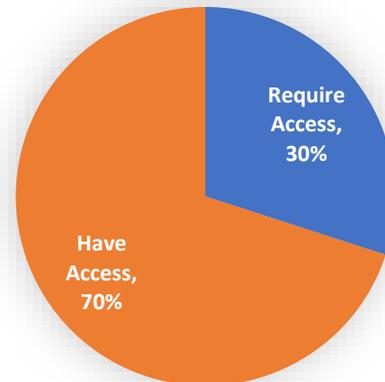
Having a device is not enough. Devices must be well-functioning and have up-to-date software in order to keep up with this new virtual way of working, learning and consuming. Having an out-of-date and/or poorly functioning computer was mentioned as a challenge a few times throughout the needs assessment as well as compatibility challenges associated with opening and accessing documents from personal devices.

Our needs assessment shows a significant percentage of our service users require computer access. A very small number of records specified that this need was for *more* devices, however, this could be true for more households reached, especially those reached through school-aged programs. Households that "require access" should therefore include any household where technology needs are currently not being met, i.e. the household either needs a computer or more computers.

As many families are trying to balance their work with their children's schooling, this need for multiple devices has increased. Our own data shows that the highest computer need is among households referred from school-aged programs.

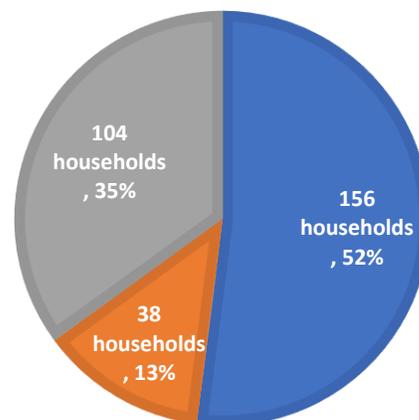
One limitation to our data is that the ages of the members within each household contacted were not consistently collected and tracked. However, we were able to get general insight of need based on age-group by leveraging programs with age-related eligibility criteria.

### Out of 986 successful contacts, 298 households require computer access



### WHO REQUIRES ACCESS?

■ school-Aged ■ Seniors ■ non-school-Aged



Device sharing, and the scheduling challenges it can present for families with school-aged children, came up several times in this needs assessment. Several staff reported that many families with multiple school-aged children in the home had overlapping class schedules and that some families had to use the parent’s cell phone for their children’s online learning.

“ONE COMPUTER BETWEEN SIX CHILDREN FROM UNIVERSITY AGE ALL THE WAY TO ELEMENTARY.”

In response to this need, the four publicly funded Ottawa school boards were aiming to provide children registered in their schools with one device per child. Although not every household reached through a school-aged program has been followed up with at this time, the *Pathways to Education* program, which has the largest number of registered and active participants of all PQCHC’s school-aged programs, has reported that they have been hearing from their participants that this need has been met by the schools.

“KIDS DOING HOMEWORK ON MOM’S CELL; HAVE INTERNET BUT NO DEVICES; CELL PHONE LIMITS HOMEWORK AND WHAT CAN OPEN; HAVE TO BE ONLINE CERTAIN TIMES; NEED TO SHARE PHONE.”

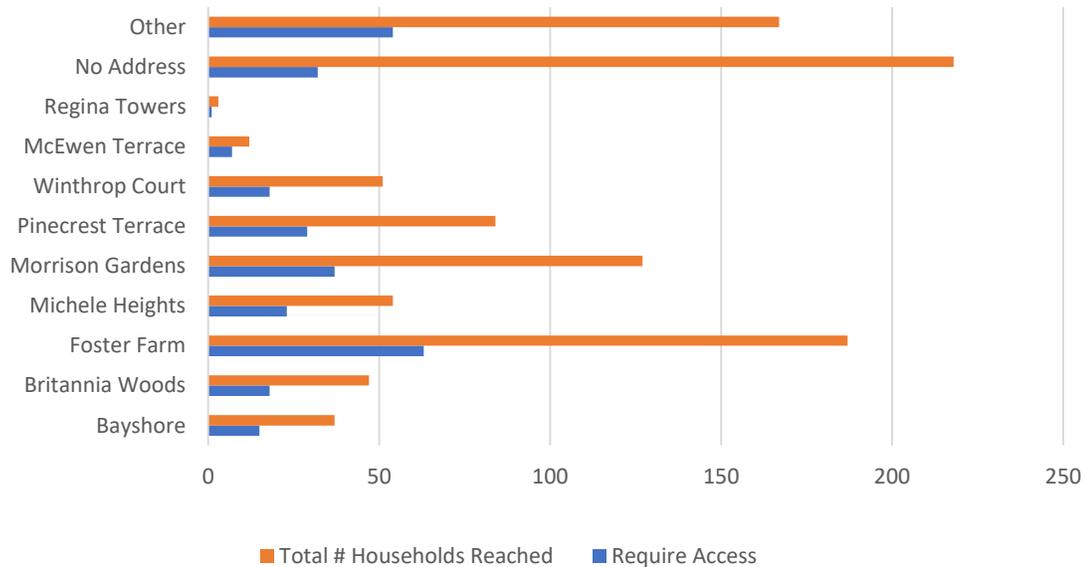
This was reinforced by another youth-serving program, *Together We Can Youth Mentorship Program*, which followed up with many of their participants and parents who confirmed, with a few exceptions, that they received a device from the school. Some staff from these programs reported that in some instances schools reached out directly to the youth, rather than the parents, and the youth unintentionally underestimated the need within the home resulting in delayed access. This miscommunication could also be the case for some families who have language barriers, with a small

number of records specifically requesting support with advocating for their computer needs with their children’s schools. One record indicated that the children in the home went to a private school and that they required a computer to complete their school work. Just how many children and youth are in this situation is currently unclear and presents an area for further exploration.

Seniors are another age-group that has high technology needs. For those who are recommended to self-isolate, especially those living alone, technology becomes the gateway to social connection, receiving services (many of which have moved online) and to purchasing food and other essentials. However, many individuals within this demographic lack the technological skills required to effectively and safely navigate the online world. Staff connected to our seniors programming mentioned how time consuming it was to teach residents how to download and then use Zoom before their virtual programming could even begin. Scaling up technology related knowledge and skills for more vulnerable populations is one possible area for consideration and collaboration.

The graph below depicts the number of households reached, and of those reached, the number that require computer access by community. For information on computer access by program, see [Appendix B](#).

## Computer Access by Community



### Other Technology Needs

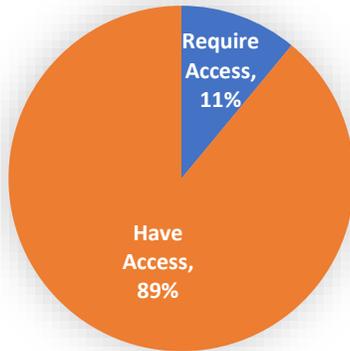
In addition to computers, a small number of records indicated the need to access printing services, to either print resources for their children or to complete paperwork required for services. While our data cannot tell us exactly how great this need is, we know some program participants and service users accessed our printers and that current restrictions have impacted this access. Four households were identified as being without a phone, two of which also had no computer and one of which lived alone and relied on her neighbour and daughter to connect her with services.

### INTERNET ACCESS

Technology is only a gateway to communication, information and services if you have internet access. Although the need for internet access was found to be less significant than the other areas of priority assessed, those without access are greatly disadvantaged and more socially isolated. In response to COVID-19, several telecommunications companies have been offering discounted internet access with varying eligibility criteria. However, there has been feedback from a small number of households that this internet connection has been slow, with one individual in particular mentioning that this slow connection made online learning difficult for his children.

“VERY SLOW INTERNET, TRYING TO REACH [SERVICE PROVIDER] BUT TECHNICIAN CAN’T COME DUE TO COVID.”

## Out of 1,011 Successful contacts, 111 households require internet access



As shopping and services have moved online, another challenge faced by some of our families is not having accepted forms of online payment. A small number of our families mentioned wanting to access food delivery services and/or set up online bill payments but being unable to because they do not have a credit card. One person mentioned avoiding technology altogether and conducting her financial transactions at the bank due to her fear that she could be exploited because of her lack of practical technological knowledge. Again, exploring ways to advance peoples' technological literacy would be worth considering.

For more detailed information on internet access by community and program, see [Appendix C](#)

### OTHER NEEDS

During wellness checks, residents were given the opportunity to speak to any additional needs they might have. Although some programs asked additional questions related to the mandates of their programs, others left this question open. In answering this question, residents sometimes framed their additional needs as requests for support and other times as challenges faced by them or members of their household without a specific ask. Overall, a variety of needs were communicated. The needs described below either had a lot of mentions or were reasonably linked to the COVID-19 pandemic.

### NAVIGATING SERVICES

Support for navigating services or filling out paper work was mentioned in 19 records. The majority of these requests were for financial supports, such as government benefits and Employment Insurance applications, but there were other requests related to housing and immigration. System Navigation has reported that many of their requests for support come from individuals who lack access to technology or who have anxiety about "doing it wrong." From their experience, many people rely on, and are more comfortable with, in-person support. For example, our System Navigation team has increasingly been supporting clients with financial aid applications. However, these applications require banking information, which many

**"OUR SYSTEMS ARE SIMPLY NOT SET UP TO ADEQUATELY SUPPORT OUR MOST MARGINALIZED AND VULNERABLE POPULATIONS, NOR DO THEY ENABLE US TO PROVIDE THE LEVEL OF SUPPORT THESE CLIENTS ARE ASKING FROM US DURING THIS TIME."**

programs and services typically do not access due to the sensitivity of the information. System Navigation has therefore been unable to complete and submit these applications on their client's behalf. This challenge can be overcome if the form could be downloaded and saved, but this would still require the client to have internet and computer access and the confidence, ability and language proficiency to complete the application on their own.

In an effort to better support individuals during COVID-19, many agencies have allowed verbal consents for the purposes of information exchange, referral and follow-up between agencies supporting the same client. However, for those agencies that do not, collecting and submitting written consent becomes a significant logistical barrier during a pandemic. Online accounts, such as the Canada Revenue Agency's "My Account," were designed to make things easier for service users and have been used as the main access point for COVID-19 related government financial supports. For our most vulnerable clients, however, multiple barriers need to be overcome before they can even access these platforms. Clients lacking computer or internet access or whose application process is not straightforward may then prefer a more interactive experience and access these supports over the phone. However, clients have reported being on hold several hours just to receive an update on their applications and when they can expect to receive the associated supports.

In light of COVID-19, services are rapidly evolving and adapting what they offer and how they offer it, and this can be overwhelming, especially to individuals with language barriers, urgent needs, or those who lack bank accounts or required provincial and federal identifications. COVID-19 has clearly highlighted the need to rethink our systems so that we can better support the agency of society's most vulnerable, while at the same time protecting their right to dignity and privacy.



"FINDING IT HARD TO NAVIGATE THE SYSTEM TO FIND SUPPORTS FOR FAMILY."

#### MENTAL HEALTH & ANXIETY

There were 33 records which specifically mentioned mental health and anxiety related concerns. Of these records, 8 were directly related to fear of contracting the virus. Several records mentioned physical distancing measures negatively impacting their mental well-being. For many, physical distancing created feelings of isolation and loneliness. For some, it had to do with the number of people confined within their household or building. For example, one individual specifically mentioned feeling claustrophobic as a result of being house bound, while another person was concerned about a potential outbreak in their apartment building and wanted more information on the protocols that Ottawa Community Housing would use to respond if such a situation did arise.



"EVERYONE IS DEPRESSED IN FAMILY. LOCK DOWN IS TOUGH, TENSIONS BETWEEN FAMILY MEMBERS. NOT SLEEPING WELL."

Several comments from youth mentioned feelings of boredom and others referenced a change in sleep quality. Staff from youth serving programs also reported that youth have been staying up later and sleeping in later and this has impacted their ability to engage and support them. Additionally, staff have reported that parents of school-aged children are experiencing stress and anxiety related to keeping their children's education on-track, and trying to manage assignments across multiple children, especially if they are also trying to work full-time and/or they are unable to support their children in their school work due to language barriers.

Conversely, youth have also reported experiencing stress and anxiety over the increased responsibility they now have in this more unstructured learning environment, with some mentioning concern over the variation in level of support provided by teachers and how this might impact their academic success in relation to their peers.

**“HARD TO GET OUT, ISOLATED IN BUILDING, PEOPLE ARE NOT TALKING MUCH WITH EACH OTHER, STAY CONNECTED WITH PHONE.”**

System Navigation has also reported an increase in anxiety and stress experienced by clients they are supporting. In some instances, they have had to refer clients to mental health supports before they can assist them with the original issue and intended purpose of their call.

#### EMPLOYMENT AND OTHER NEEDS

There were 17 records that specifically mentioned a change in employment status due to the pandemic. Of these records, 6 were from individuals who were daycare providers, 2 mentioned childcare responsibilities now inhibited them from working, and 4 records referenced fear of the virus impacting employment. In addition to a change in employment status, several records indicated fear over being laid off due to the pandemic.

Other additional needs worth mentioning are:

- 6 households requested personal protective equipment, such as masks and gloves, and cleaning supplies and disinfectants.
- 11 records mention a need for baby supplies.
- 7 households required resources to help occupy their children, such as: online resources, toys for the backyard due to the closure of public parks, crafts, etc.

#### IMPACT OF COVID-19 ON JOB SECURITY

“Lost job, was a daycare provider and was the sole provider for the family.”

“Because she can't access childcare, can no longer go to work.”

“Did not go back to work because of corona. She is not able to work because she does not want to infect family.”

“Is currently working but is over 65 and has preexisting conditions. She is worried about her safety at work but is not sure if she could receive gov assistance if she quits.”

“Currently working from home full-time but not sure how long that will be for. Her office just laid off other employees on Apr 3. They issued a pay decrease to everyone still employed including her. This will affect her capacity to meet her needs in the very near future. She is panicking and worried. I am the first person she's spoken to.”

- 6 records mentioned language barriers impeding access to services and/or requests for information in other languages, such as: Somali, French and Arabic.
- 2 records mention needing to complete medical tests and bloodwork and being unsure how to proceed during this time.
- 3 records mention needing access to medications.
- 1 record indicated that a family was new to Canada and required basic household items. Access to free furniture delivery is complicated during this time as many of these free services are volunteer based and are therefore not currently operating.
- A small number of records indicated a need for menstrual products or incontinence supplies. These needs were also reinforced by one of our frontline staff who operates one of our three food banks.
- A small number of clients who are refugee claimants have reported to our staff that their hearings for citizenship applications have been cancelled. These hearings were not rescheduled at the time of cancellation. Your legal status in Canada impacts what services you can access.
- Several clients with pending housing applications expressed concerns around the length of time it will take to be placed. Some of these clients are from conflicting domestic situations, shelters or hotels. One of these individuals expressed being unable to cook in their current residence.

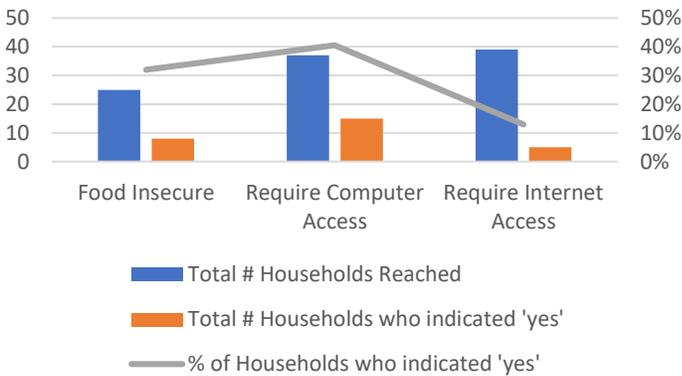
## ASSESSMENT BY COMMUNITY

The section below provides community specific information and insight. Given variations in how data was collected and organized across programs, the number of programs operating in each community and the number of residents registered in our programs within each community, the information presented in this section does not allow for a comparative analysis across communities, and nor was it intended as such. Rather, it provides a glimpse into each community and their unique strengths and needs. It is important to note that only a sample of the entire population was reached in each community and those who were not reached may have significantly different situations, needs and concerns that are not reflected in this report. For more detailed information regarding each community, see [Appendix D](#).

## BAYSHORE

Bayshore is home to approximately 7,000 residents, housed in 10 high-rise apartment buildings and a range of townhouses and garden homes.

- 78.5 percent are renter households, of which 43 percent spend more than 30 percent of their total household income before tax on shelter costs and 9 percent are subsidized housing units.
- 31 percent of the households qualify as low-income after tax.
- 53 percent of children between the ages of 0 and 14, 31 percent of youth and young adults between the ages of 15 and 24, 26 percent of adults between the ages of 25 and 64, and 16 percent of seniors who are 65 and older live in low-income households (Ottawa Neighbourhood Study, 2020).

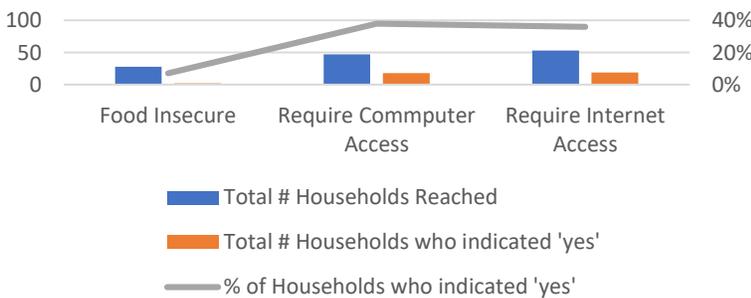


Other household needs identified: cleaning supplies and personal protective equipment (n=5), eye glasses (n=2), support with finding employment (n=1), concerned about their childcare business surviving the period of physical distancing (n=1), concerned about their rent costs (n=1), and support with getting bloodwork done (n=1).

## BRITANNIA WOODS

Britannia Woods consists of 178 townhouses (Ottawa Community Housing, 2019a). There are 774 residents, of which:

- 47 or 6 percent are preschool aged children (0-4 years of age)
- 312 or 40 percent are school aged children (5-17 years of age)
- 148 or 19 percent are young adults (18-24 years of age)
- 243 or 31 percent are adults (25-59 years of age)
- 22 or 3 percent are over the age of 60, with no seniors over the age of 80.
- There are 198 children spread across 107 single parent households, which comprises 60 percent of the households
- There are no reported seniors living alone (Ottawa Community Housing, 2019a).



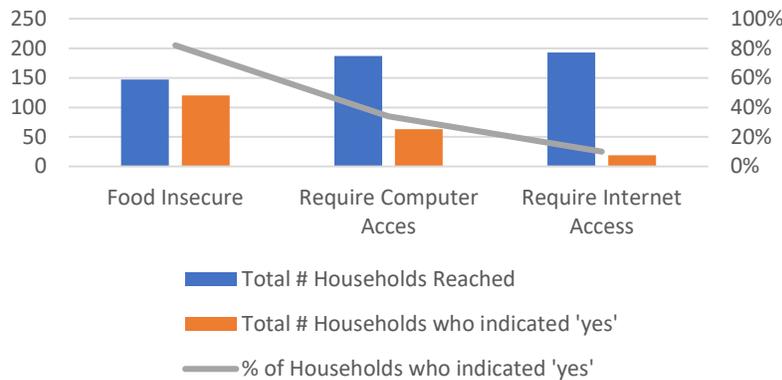
Other household needs identified: resources to help occupy children (n=1) and concern about the youth's ability to complete their Cooperative Education credit (n=1).

## FOSTER FARM

Foster Farm consists of 417 units, 210 of which are apartment units in a 15-story building and 207 are townhouses (Ottawa Community Housing, 2019b). There are 1377 residents, of which:

- 144 or 10.5 percent are preschool aged children (0-4 years of age)
- 442 or 32 percent are school aged children and youth (5-17 years of age)
- 170 or 12 percent are young adults (18-24 years of age)
- 516 or 37.5 percent are adults (25-59 years of age)

- 90 or 6 percent are over the age of 60, with 5 being over the age of 80.
- There are 350 children spread across 223 single parent households, which comprises 54 percent of the households
- 4 seniors reported living alone (Ottawa Community Housing, 2019b).

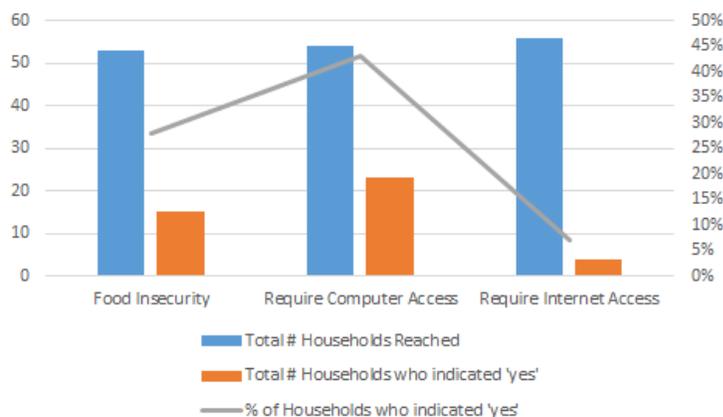


Other household needs identified: baby supplies (n=5), language barriers that inhibited access to services (n=3), access to mental health and anxiety supports (n=2), current health concerns requiring attention (n=2), transportation supports (n=1), incontinence supplies (n=1) and support with filling out paperwork (n=1).

## MICHELE HEIGHTS

Michele Heights consists of 137 townhouses (Ottawa Community Housing, 2019c). There are 489 residents, of which:

- 43 or 9 percent are preschool aged children (0-4 years of age)
- 171 or 35 percent are school aged children (5-17 years of age)
- 90 or 18 percent are young adults (18-24 years of age)
- 161 or 33 percent are adults (25-59 years of age)
- 22 or 4.5 percent are over the age of 60, with 1 being over the age of 80
- There are 149 children spread across 93 single parent households, which comprises 68 percent of the households
- There are no reported seniors living alone (Ottawa Community Housing, 2019c).

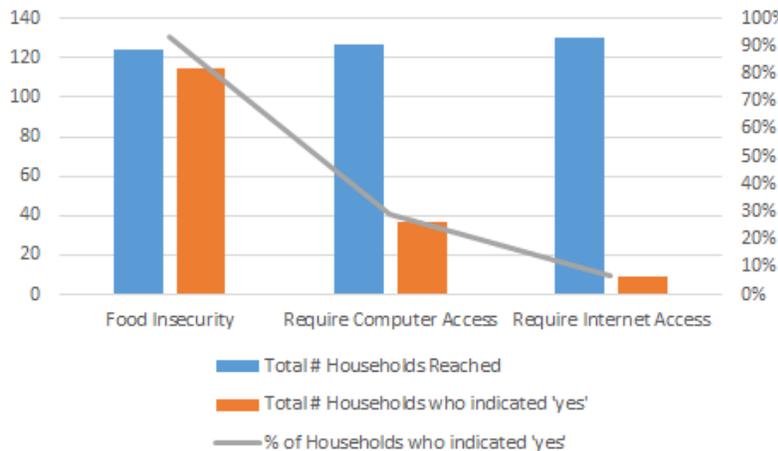


Other household needs identified: slow internet connection (n=2), financial supports (n=2), access to printing (n=2), resources to help occupy children (n=2), baby supplies (n=2), food delivery services (n=1), children's clothing (n=1), wanting to make online payments but had no credit card (n=1), extra support with school work (n=1) and having a language barrier that inhibited access to services (n=1).

## MORRISON GARDENS

Morrison Gardens consists of 128 townhouses (Ottawa Community Housing, 2019d). There are 349 residents, of which:

- 42 or 12 percent are preschool aged children (0-4 years of age)
- 79 or 23 percent are school aged children and youth (5-17 years of age)
- 49 or 14 percent are young adults (18-24 years of age)
- 142 or 41 percent are adults (25-59 years of age)
- 29 or 8 percent are over the age of 60, with 3 being over the age of 80
- There are 99 children spread across 90 single parent households, which comprises 70 percent of the households
- 1 senior reported living alone (Ottawa Community Housing, 2019d).



Other household needs identified: food delivery services (n=3), concern with leaving the house during the pandemic (n=2), mental health and anxiety supports (n=2), support with navigating available resources (n=2), baby supplies (n=2), support with securing employment (n=1), support with filing their income taxes (n=1), personal protective equipment (n=1), resources to help occupy children (n=1), and pet food (n=1).

## PINECREST TERRACE

Pinecrest Terrace consists of 123 units, 21 of which are apartments, 21 are stacked housing units and 81 are townhouses (Ottawa Community Housing, 2019e). There are 427 residents, of which:

- 39 or 9 percent are preschool aged children (0-4 years of age)
- 156 or 36.5 percent are school aged children (5-17 years of age)
- 63 or 15 percent are young adults (18-24 years of age)
- 152 or 36 percent are adults (25-59 years of age)
- 13 or 3 percent are over the age of 60, with no seniors over the age of 80
- There are 134 children spread across 80 single parent households, which comprises 65 percent of the households

- There are no reported seniors living alone (Ottawa Community Housing, 2019e).

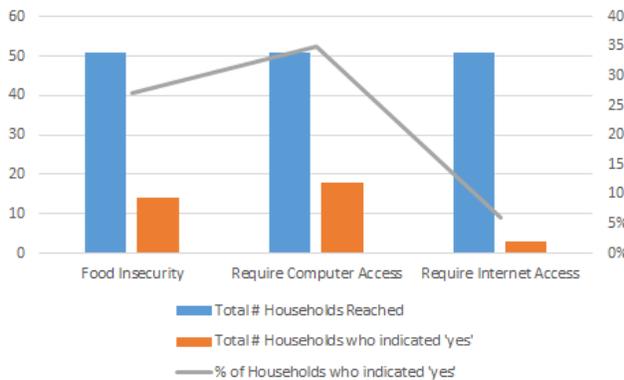


Other household needs identified: mental health and anxiety supports (n=7) baby supplies (n=2), support navigating resources and services (n=2), transportation supports (n=2), incontinence supplies (n=1), resources to help occupy children (n=1), food delivery service (n=1), cleaning supplies (n=1), support with childcare (n=1), slow internet connection that inhibited use (n=1), financial supports (n=1), and language barrier that inhibited access to services (n=1).

### EVA TAYLOR PLACE, STARFLOWER LANE AND WINTHROP COURT

This community consists of 176 units, of which 15 are apartments, 71 are stacked housing units and 90 are townhouses (Ottawa Community Housing, 2019f). There are 506 residents, of which:

- 33 or 6.5 percent are preschool aged children (0-4 years of age)
- 123 or 24 percent are school aged youth (5-17 years of age)
- 73 or 14 percent are young adults (18-24 years of age)
- 209 or 41 percent are adults (25-59 years of age)
- 64 or 13 percent are over the age of 60, with 6 seniors over the age of 80
- There are 109 children spread across 96 single parent households, which comprises 55 percent of the households
- There are 5 seniors reported as living alone (Ottawa Community Housing, 2019f).

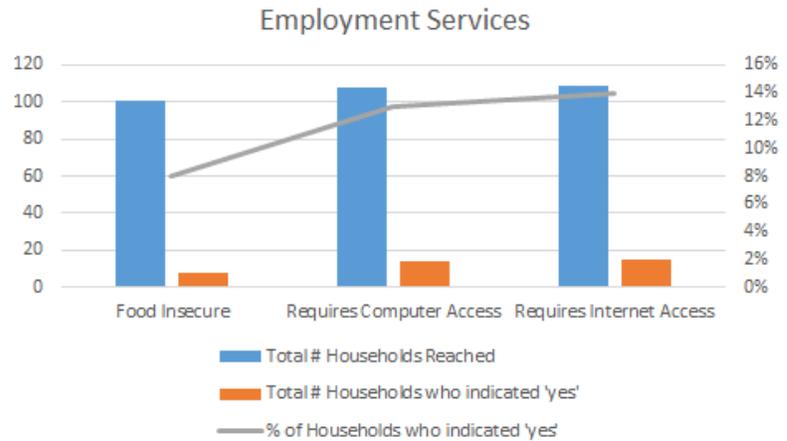


Other household needs identified: socially isolated (n=2), dental services (n=1), eye glasses (n=1), mental health and anxiety (n=1), support with filing their taxes (n=1), transportation (n=1), making online payments (n=1), and support with employment (n=1).

## ASSESSMENT BY PROGRAM

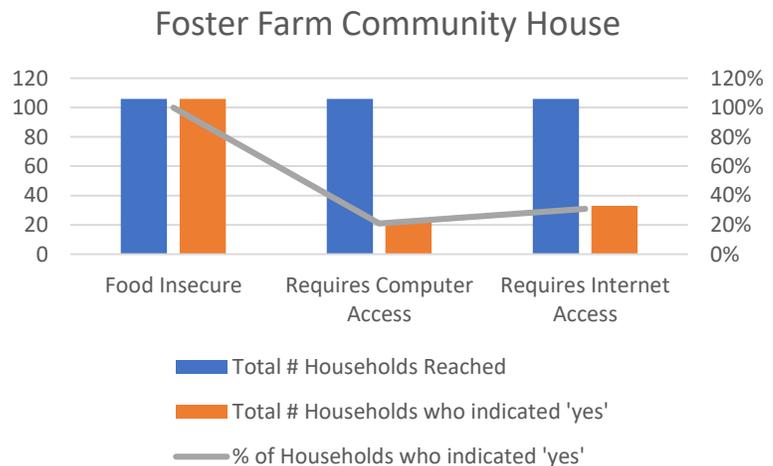
### Employment Services

Within employment services, other needs identified include: increasing computer skills (n=13), employment support (n=4), childcare services (n=3), need of a family physician (n=1), support with completion of a police record check (n=1), housing supports (n=1), and having a living situation unsuitable to cooking meals (n=1).



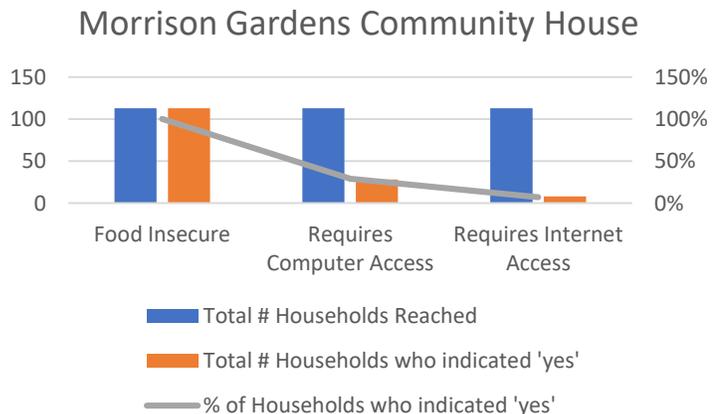
### Foster Farm Community House

Other needs identified were: baby supplies (n=5), mental health and anxiety supports (n=3), transportation supports (n=3), having language barriers that inhibited access to services (n=3), health related supports (n=2), support with navigating services and/or completing forms (n=1), employment support (n=1), Ottawa Community Housing related concern (n=1), incontinence supplies (n=1), resources to help occupy children (n=1).



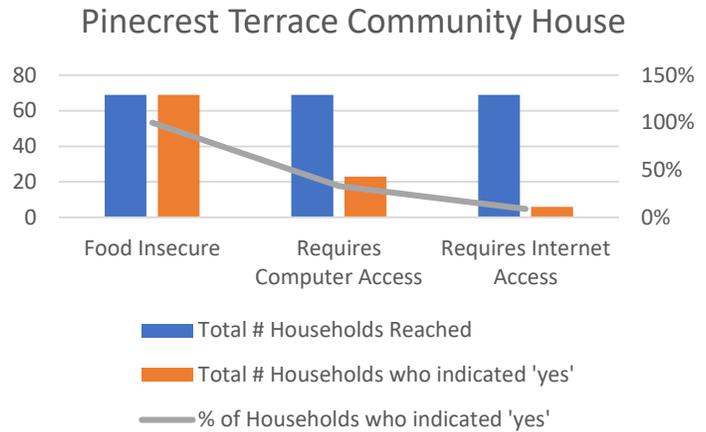
### Morrison Gardens Community House

Other needs identified were: food delivery services (n=4), support navigating services and/or completing forms (n=2), baby supplies (n=2), employment support (n=1).



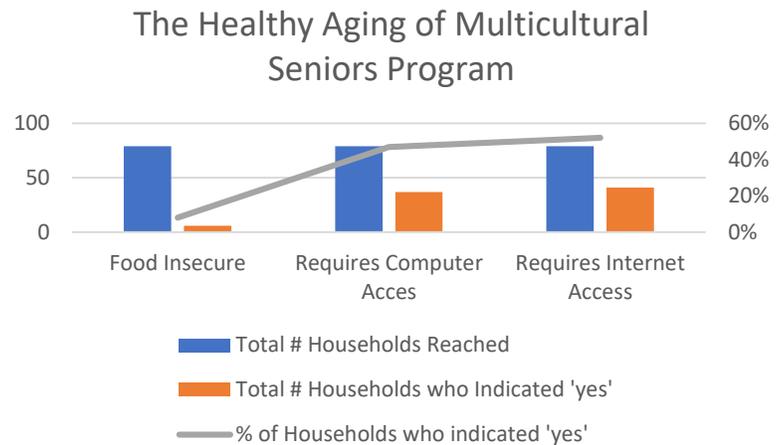
### Pinecrest Terrace Community House

Other needs identified were: mental health and anxiety related supports (n=5), baby supplies (n=2), transportation supports (n=2), language barriers that inhibited access to services (n=2), health related supports (n=2), Ottawa Community Housing related concerns (n=2), support with navigating services and/or completing forms(n=1), employment support (n=1), incontinence supplies (n=1), and resources for keeping children occupied (n=1).



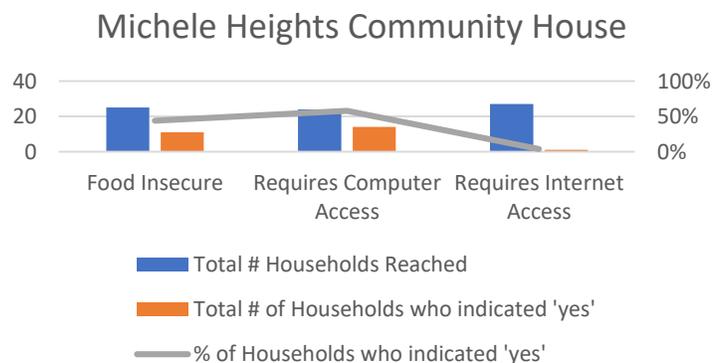
### The Healthy Aging of Multicultural Seniors Program

In addition to these needs, 3 contacts identified as needing support with their medication.



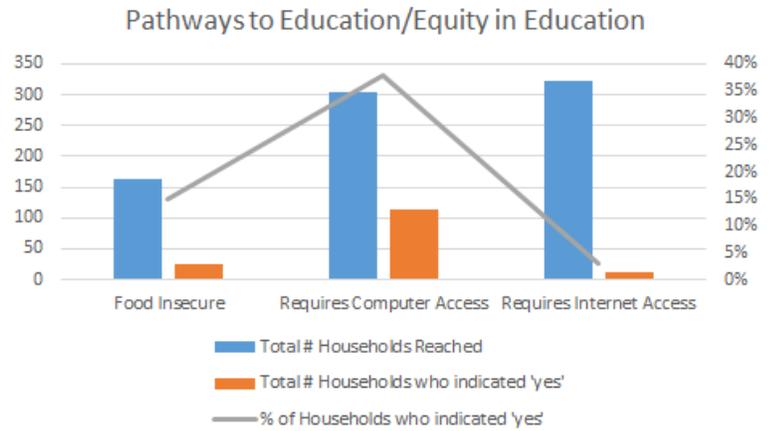
### Michele Heights Community House

Other needs identified were: baby supplies (n=2), food delivery (n=1), art & literacy kit for children (n=1), homework support (n=1), access to printer (n=2), slow internet connection (n=2), struggling to pay bills (n=1), language barrier inhibiting access to services (n=1) and no credit card for online bill payments (n=1).



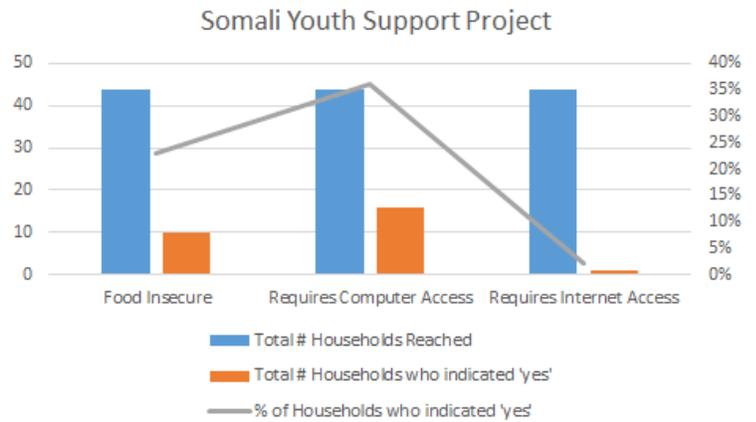
### Pathways to Education / Equity in Education

Other needs identified were: parents/guardians needing employment support (n=3), transportation supports (n=3), concern about being unable to complete their Cooperative Education credit (n=2), and support with an Employment Insurance application (n=1).



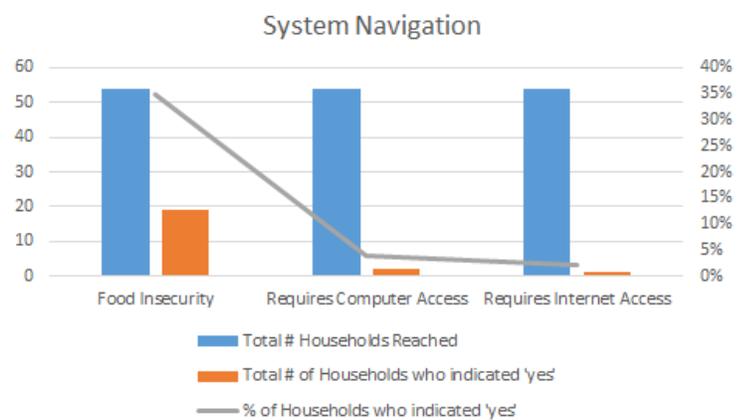
### Somali Youth Support Project

Other needs identified were: financial barriers and/or loss of employment (n=4), support with their rental costs (n=2), barrier to leaving their home (n=1) mental health and anxiety supports (n=1), and having a language barrier that inhibited their ability to communicate with their child's school (n=1).



### System Navigation

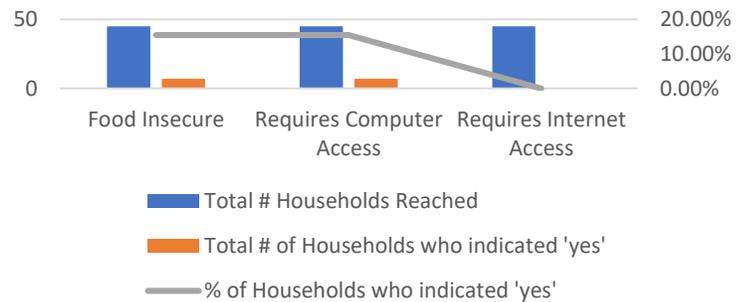
Other needs identified were: financial assistance and/or government benefit application support (n=12), mental health and anxiety support (n=6), housing support (n=4), supports for seniors (n=2), support with filing taxes (n=1), and newcomer resources and services (n=1).



### Together We Can Youth Mentorship Program

Other needs identified include: financial assistance and/or government benefit application support (n=4), mental health and anxiety supports (n=3), resources to occupy children (n=1), children’s clothing (n=1), tutoring support (n=1), and having a language barrier that inhibited their ability to communicate with the child’s school (n=1).

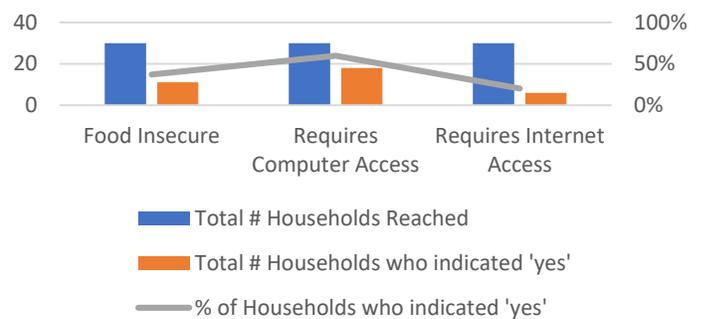
Together We Can Youth Mentorship Program



### United Sisters

Other needs identified include: resources to occupy children (n=2), access to dental services (n=1), eyeglasses (n=1), and concern over using public transit (n=1).

United Sisters



## COMMUNITY HEALTH SERVICES’ RESPONSE TO COVID-19

At the outset of the pandemic, PQCHC designated medical services and food security as essential and have continued to offer these supports and services in-person in modified ways that support employee and client safety. Community Health Team staff, who previously provided services outside of these two areas, were redeployed to support these essential services. Staff have acted as screeners and greeters for those entering our main location for medical appointments, and they have stepped in to support the community houses with organizing and distributing food to residents accessing the food banks. Additionally, all of our staff have actively outreached and conducted wellness checks with the participants of their programs and continue to connect them to our System Navigators, who then help community members understand and access the services they need, many of which are new or modified in light of COVID-19.

### FOOD SECURITY

Food distribution became the primary focus of PQCHC’s five community houses. Each house has a Coordinator and a staff team who are well connected to the residents in these communities. In three of these communities: Foster Farm, Morrison Gardens and Pinecrest Terrace, PQCHC runs community food banks which collectively serve approximately 500 individuals, or 112 families, per week. In all five of

these communities we are distributing an additional 200 *Ontario Network for Education* (ONFE) breakfast boxes per week. Included in these boxes is information on how to connect with the community house and the Ottawa Food Bank should they require additional support.

The Community house staff had to quickly adapt to changes in how they operate in order to adhere to physical distancing requirements. Our food banks moved from a volunteer-driven, drop-in model, to a staff-driven, appointment-based model. Clients are now required to set up appointments in advance through email or over the phone and receive pre-packaged hampers on their scheduled date. This switch presented some challenges. Given the quick response required at the outset of the pandemic, sufficient notice of this change was not possible and it took clients several weeks to adjust. If a client is late to their scheduled appointment, this can create a backlog. For individuals who lack access to technology, scheduling an appointment is challenging (Kelly, 2020a).

In order to overcome these challenges, a donated phone with service has been provided to the community member when available. Other times, when possible to maintain two metres distance, community house staff have communicated with the community member through a window at the community house. Subsequent appointments have then been scheduled and communicated through the actual food hampers. Despite these challenges, client feedback has generally been positive. Clients have expressed that they feel this new model is more respectful of their time and staff have commented that pre-packaged hampers allows for a fairer distribution of food, especially when last minute donations are received (Kelly, 2020a). In addition to distributing food, the community houses distributed an additional \$24,000 in gift cards through donations from the Ottawa Food Bank.

The department was also able to secure \$122,000 worth of funding from multiple sources to support our pandemic response. In an effort to supplement the work of our community houses, we purchased and distributed \$58,000 dollars' worth of gift cards to families in our communities to support them with food and hygiene related needs. Additionally, we leveraged relationships with several local restaurants to deliver free, pre-packaged meals to families in our communities.

## COVID-19 INFORMATION AND RESOURCES

We paired our food supports with information related to COVID-19 and a list of available resources related to the needs identified through this assessment. Our Health Promotion and System Navigation teams took the lead on creating and translating this resource into French, Arabic and Somali. This resource was distributed through our various programs and services through coordinated mail outs and was shared with our community partners to broaden its reach.

Managing the flow of information related to COVID-19 was a giant task. Our System Navigation team took the lead on this and ensured that our staff teams had up-to-date resource lists with clear eligibility criteria when making client referrals to services. Centralizing oversight of this information has proven to be effective in order to ensure that clients are receiving the most up-to-date information and that these referrals to services are tailored to their situation and need.

## TECHNOLOGY AND INTERNET ACCESS

In response to the need for technology access, we were able to secure 35 cell phones with service from a variety of providers to be distributed to families in need. Our System Navigators supported families with renting devices and with setting up low-cost internet service offered by a variety of providers. Staff from our school-aged serving programs- *Pathways to Education*, *Together We Can Youth Mentorship Program*, and the *Somali Youth Support Project*, supported their participants with receiving devices from their schools when challenges arose. *Employment Services* was able to reallocate a small number of funds to purchase four Chrome Books for clients to participant in employment programming.

## MOVE TO VIRTUAL SERVICES

Since March, several of our programs have moved their services online.

- *System Navigation* has moved all of its support to telephone, email or video conferencing. This includes individual client support as well as meetings with external partners.
- *Together We Can Youth Mentorship Program* and the *Somali Youth Support Project* have moved all of its programming online. Program staff continue to connect regularly with participants over the phone.
- *Pathways to Education* has moved all of their programming virtually using a variety of social media platforms, such as: Facebook, Instagram, Kahoots, Zoom and Google Hangouts. Student/Parent Support Workers connect regularly with youth and families over the phone and through a variety of social media platforms. Virtual engagement activities are offered several times a week, such as: cooking, art, gaming and wellness activities. Tutoring is provided four days a week and has continued to be supported by a dedicated group of volunteers. Post-Secondary information sharing and application sessions are being provided to support grade 12s with their transition to post-secondary (*Pathways to Education Ottawa, 2020*).
- *Employment Services* has completely redesigned how it offers services, moving all of its forms, client intakes and workshops online. Employment programs that previously had a work placement component, are now offering participants virtual mentorship through a series of informational interviews with professionals that work positions and/or with organizations that match their career goals in an effort to support career exploration and/or exposure to the Canadian workplace.
- The *Healthy Aging of Multicultural Seniors Program* runs four groups virtually and over the phone. The Arabic group runs a biweekly *Coffee Chat* over Zoom. Many of the group's participants do not have email addresses. Program staff found an innovative way to invite these participants by creating a WhatsApp group through which invitations could be sent. One senior volunteered to give a presentation on how to make non-medical face masks which responded to the group's desire to maintain a sense of independence and agency during the pandemic. The Arabic group is in the process of planning their first virtual Ramadan Eid Celebration. The English seniors group holds a biweekly *Conversation Corner* via Zoom. This group provides a space for seniors to discuss how they are feeling and how COVID-19 has impacted them. The discussions centre around peer support and problem solving. The Russian group connects regularly via Skype and phone. Biweekly activities include writing and sharing poetry. The Chinese group connects regularly by phone and WeChat. In addition to hosting weekly groups for seniors, *The*

*Healthy Aging of Multicultural Seniors Program* has supported seniors with the completion of the *COVID-19 Survey* from the Council on Aging of Ottawa by providing translation as well as disseminating senior-specific resources and information on safety at home, falls prevention and COVID-19.

- Community development activities continue in Bayshore through Zoom. The resident led, *Bayshore and Belonging* program has run monthly activities. More recently, it hosted a meditation session run by a professional in an effort to support community wellbeing during the pandemic. *Bayshore Drop-In* is a weekly drop in program which provides resources and direct access to featured PQ staff from a variety of different programs and services. *Oven Bakes* is a monthly program where a resident instructor takes participants through simple recipe and where space is provided for participants to share their creations. This program has found a lot of success since moving online, with participants joining from all over the world.
- The *Health Promotion* team has hosted and participated in virtual community meetings with residents and stakeholders in an effort to continue community capacity building and advocacy initiatives during the pandemic. Health Promoters have coordinated and attended virtual biweekly and monthly meetings with other service providers supporting residents in McEwen Terrace, Regina Towers and 1065 Ramsey Crescent in order to identify areas of priority and coordinate our response. The results of these efforts have included: connecting residents to our *System Navigation* team, registering them for their assigned food bank, distributing gift cards and COVID-19 related information and offering residents virtual programming in order to reduce social isolation and promote wellbeing. Additionally, the *Health Promotion* team has taken the lead on conducting our Centre's community-wide needs assessment work in order to better understand and respond to our community's needs in response to the COVID-19 pandemic.

## LEARNINGS

COVID-19 has forced us to quickly rethink and implement new ways of working with each other, our partners and our clients. This period of adaptation has brought as many challenges as it has learnings and opportunities to carry forward.

## ENGAGEMENT IN VIRTUAL PROGRAMMING & SERVICES

*Employment Services* has reported that the majority of their clients are open and able to engage in virtual services and programs. Although adjusting to this new "normal" has been a learning process on both sides, staff have commented that this experience has reminded them of the resiliency, resourcefulness and adaptability of their clients, especially those facing multiple barriers. In some instances, staff have remarked that these virtual interactions have been more positive than would have been in person; meeting with clients virtually from home has added a more human element to the interaction and clients have expressed that they appreciate this connection (Kelly, 2020b).

*Pathways to Education* has reported lower levels of youth engagement in virtual programming than pre-COVID-19 when programming was offered in person. This decrease may in part be due to the switch from in-person to virtual programming, but it may also be due to the added pressures youth and their families are now facing in light of COVID-19. Youth have expressed that they are choosing to focus on schooling over online, engagement activities. Some youth have stated that they feel uncomfortable

engaging online, have made a conscious choice not to use social media or have “no energy” to do so. Additionally, parents have expressed that they are trying to balance their children’s active screen time now that schooling is online (Pathways to Education Ottawa, 2020). In some instances, Pathways staff have reported that the switch from in-person to virtual ways of communicating and connecting has required them to rebuild their rapport with youth (Kelly, 2020c).

*Pathways to Education* has employed several strategies that have proven to increase engagement, such as: having youth co-facilitate activities, changing online platforms to ones that youth are using more broadly, framing activities as contests with attached prizes, reducing the frequency of activities offered per week and partnering with local organizations to do outreach and promote activities. Although youth have expressed a preference for pre-recorded videos over live-stream programming, as this allows them to participate according to their own schedule and to re-watch videos when attempting to acquire new skills, *Pathways to Education* has reported equal participation rates for both formats. In order to engage youth who are not using social media, staff have downloaded virtual program sessions and emailed them to these participants (Pathways to Education Ottawa, 2020).

What has enabled *Pathways to Education* to quickly transition to providing virtual programming and services is that it already had a strong social media following prior to COVID-19 and therefore the majority of participants were already accustomed to connecting with the program in this way. Furthermore, the program already had clearly established program policies and procedures related to the use of technology that could be further developed for operating virtually. Some challenges the program has come across are: organizing engagement activities that do not require families to purchase supplies in order to participate, the increased amount of time it takes to support youth with completing their post-secondary applications virtually and capturing youth interest in activities that goes beyond tracking ‘views’ or ‘likes’ on social media. Staff have noted that the expression of interest from their participants doesn’t always correlate into participation in those activities when offered (Pathways to Education Ottawa, 2020).

## INTERNAL AND EXTERNAL COLLABORATION

Working remotely has presented some barriers to collaboration. Staff have reported playing “phone-tag” with other providers due to a change in availability or hours. Staff have commented that they have been unable to get a full and accurate assessment of a client’s wellbeing due to restrictions on in-person meetings and home visits. Furthermore, some external services require partner organizations to conduct home visits and complete assessments as part of their referral process, which is not possible during this time. Despite these challenges, staff have noted an increase in collaboration both internally and externally to meet client needs.

Internally, staff have stepped in to support the distribution of food at our three community food banks and have supported our medical team by conducting screenings of all individuals entering the building to access health services. Several mail-outs of gift cards and food supports have been coordinated across programs and departments to meet client needs, and various programs and services have leveraged their relationships with clients to conduct wellness checks and support this needs assessment. Lastly, PQCHC staff have facilitated warm referrals for their clients by making joint phone calls with our *System Navigation* team.

Externally, we have noted an increase in collaborative ways of working to support shared clients and an increase in the number of consultations regarding changes in services and the sharing of resources during this time. Staff have also noted that it has been easier to meet virtually with staff from external partner agencies across the city as commute times are no longer an inhibitor. Programs operating across the country, such as *Pathways to Education*, have noted an increase in collaboration across program sites which has facilitated the sharing of challenges, learnings and best practices associated with continuing to operate during a pandemic (Pathways to Education Ottawa, 2020).

“WE HAVE SEEN AN INCREASE IN COLLABORATIVE WORKING BOTH WITHIN PQ AND WITH EXTERNAL PARTNER AGENCIES TO MEET CLIENT NEEDS. A SORT OF BREAKING DOWN OF SOME OF THE SILOS FOR THE BENEFIT OF THE CLIENT – THIS SHOULD CONTINUE AND IN SOME SITUATIONS IMPROVE EVEN FURTHER. THIS IS HOW WE SHOULD BE WORKING IF WE TRULY WANT TO BE CLIENT/PERSON CENTERED.” – PQCHC EMPLOYEE

## RECOMMENDATIONS FOR FUTURE NEEDS ASSESSMENT WORK

### Standardized questions

In order to provide more than a “snapshot in time,” we need to standardize the questions we ask during our wellness checks and how we document, collect and organize the responses across the department. Repeating this process and asking the same questions will allow us to compare moments in time to note changes. This comparative analysis will be much more helpful for determining how the pandemic is affecting our communities and to identify emerging trends moving forward.

### Standardized template and script for frontline staff

In an effort to support the frontline staff conducting the wellness checks, a standard template and script will be essential. One challenge faced this time around was that our template and scripted questions were not aligned. Furthermore, not all programs used the same template. This required a circling back to staff to provide clarification and, in many cases, a manual re-entry of the data in order to make sure that it was organized in a standardized way. Given that some of the data was used for the purposes mailing resources to residents, standardizing how we input this data, specifically, how we enter

addresses and names as well as consistency with capitalization becomes important for the creation of mailing labels.

### **Standard use of comments and interviews to better understand concerns, challenges and learnings**

Comments provided by staff from their conversations with families provided invaluable insight into their situations and context to their 'yes' or 'no' entries in relation to the three areas of focus for this assessment. However, not all records provided comments and, due to time constraints and the atypical circumstances in which this particular needs assessment was conducted, we were unable to interview all staff who contributed records to this assessment. This would be a goal for our next round of needs assessment work so that the concerns, challenges and learnings of all programs could be highlighted more fully.

### **Clear communications on the purpose of the wellness checks and use of information**

Speaking to their experiences with this process, concerns were raised by some staff regarding why the information was being collected and how PQCHC was intending to use it. These concerns suggest a need for more communication at the outset with frontline staff regarding why we are collecting this information and the rationale for the areas of focus. Additionally, it reinforces the importance of reporting back to staff how this information has informed, and will continue to inform, our response as a Centre. To further support frontline staff, creating a shared script to frame conversations with residents when conducting wellness checks is recommended. This ensures that all participants are given the same message across the organization with respect to the purpose, use and limitations of use of the information provided.

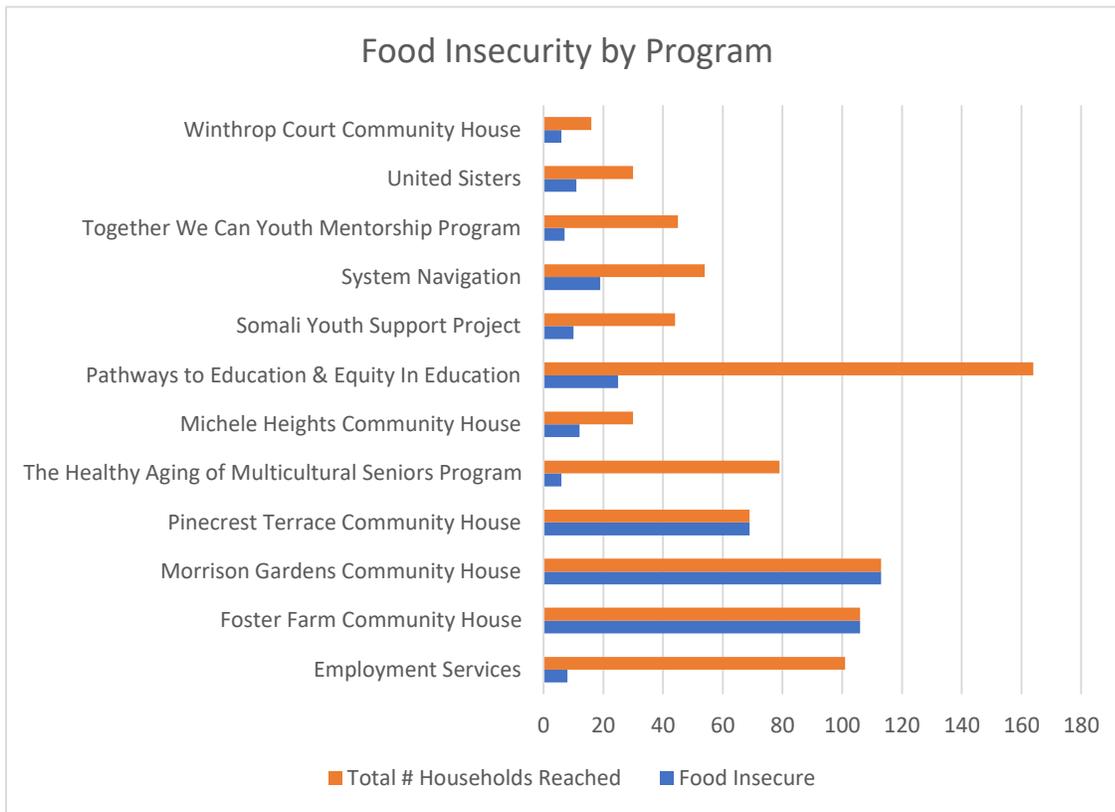
### **Greater collaboration across the Centre and community**

Our understanding of community needs extends only as far as our community connections. In order to extend this reach, continuing our collaborative efforts internally across departments and externally with partners who have also been conducting wellness checks may be one area for further exploration. Looking at how to coordinate these wellness checks is important so that they complement rather than overlap with our partner organizations and don't inundate our families with phone calls and requests for information. Furthermore, greater insight into how we can continue to do this work in a way that respects and protects the privacy and confidentiality of our clients is needed.

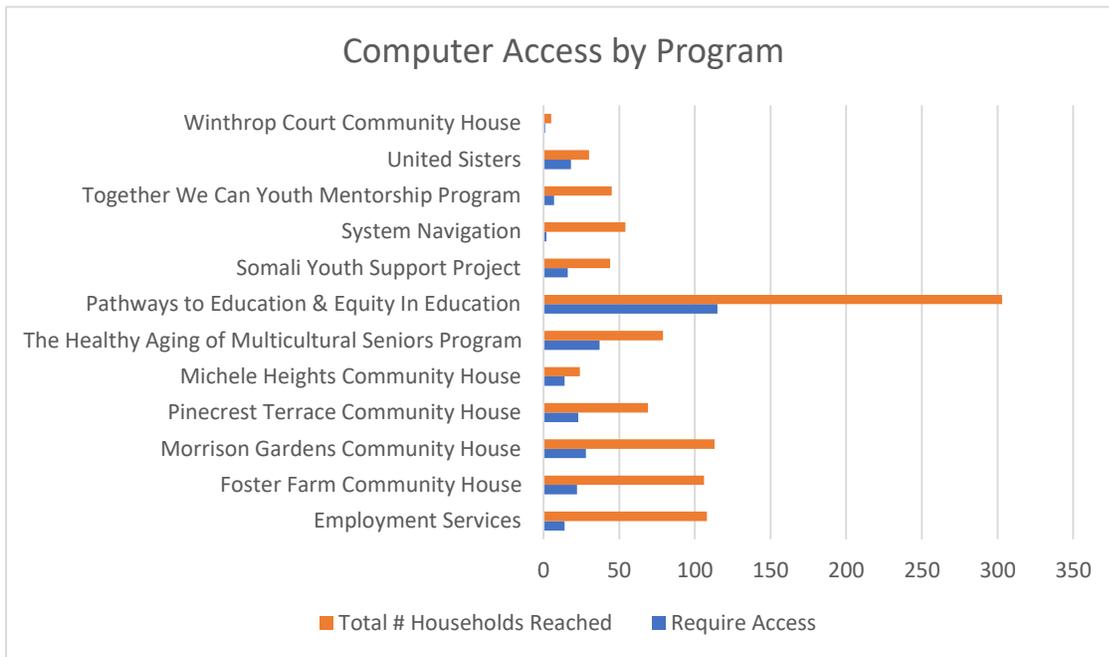
## REFERENCES

- Kelly, L. (2020a). *Community Houses Debrief Summary*. [Internal Report]. Pinecrest-Queensway Community Health Centre.
- Kelly, L. (2020b). *Employment Services Debrief Summary*. [Internal Report]. Pinecrest-Queensway Community Health Centre.
- Kelly, L. (2020c). *Pathways Debrief Summary*. [Internal Report]. Pinecrest-Queensway Community Health Centre.
- Ottawa Community Housing. (2019a). *Britannia Woods Community Demographic Summary* [PDF]. Retrieved from
- Ottawa Community Housing. (2019b). *Foster Farm Community Demographic Summary* [PDF]. Retrieved from
- Ottawa Community Housing. (2019c). *Michele Heights Community Demographic Summary* [PDF]. Retrieved from
- Ottawa Community Housing. (2019d). *Morrison Gardens Community Demographic Summary* [PDF]. Retrieved from
- Ottawa Community Housing. (2019e). *Pinecrest Terrace Community Demographic Summary* [PDF]. Retrieved from
- Ottawa Community Housing. (2019f). *Eva Taylor Place, Starflower Lane and Winthrop Court Community Demographic Summary* [PDF]. Retrieved from
- Ottawa Community Housing. (2019g). *Regina Towers Community Demographic Summary* [PDF]. Retrieved from
- Ottawa Community Housing. (2019h). *McEwen Terrace Community Demographic Summary* [PDF]. Retrieved from
- Statistics Canada Census of Population; Ottawa Community Data Consortium, Community Data Program of the Canadian Community Economic Development Network (CCEDNet). (2011). *Bayshore – Belltown* [Website]. Retrieved from <https://www.neighbourhoodstudy.ca/901bayshore-belltown/>. Accessed from the [Ottawa Neighbourhood Study/University of Ottawa](#) under their [Terms of Use](#).
- Pathways to Education Ottawa. (2020). *Pathways Ottawa Online Programming during Covid-19*. [Internal Report]. Pinecrest-Queensway Community Health Centre.

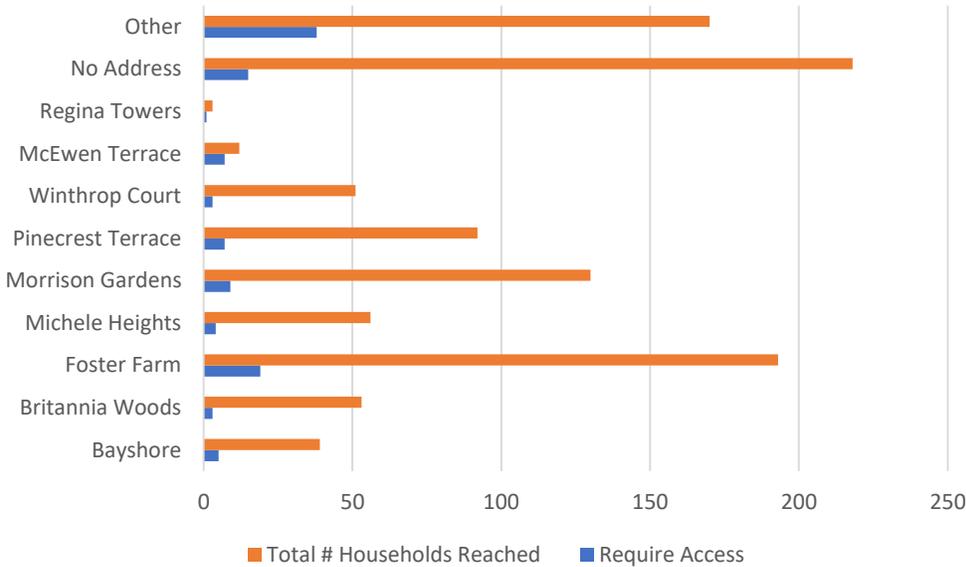
APPENDIX A: FOOD INSECURITY BY PROGRAM



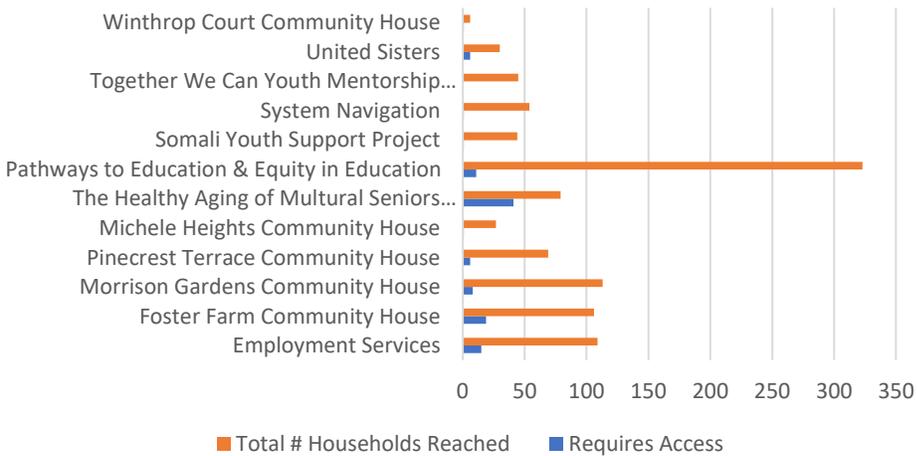
## APPENDIX B: COMPUTER ACCESS BY PROGRAM



### Internet Access by Community



### Internet Access by Program



The chart does not make clear that the following programs and services identified households requiring internet access. *Somali Youth Support Project* identified 1 out of 44 successful contacts as needing internet access, which is 2 percent of all respondents. *System Navigation* identified 1 out of 54 successful contacts as needing internet access, which is 2 percent of all respondents. Note, both the *Together We Can Youth Mentorship Program* and *Winthrop Court Community House* had no households requiring internet access.

## APPENDIX D: COMMUNITY INFORMATION

### BAYSHORE

There were 80 records from households within the Bayshore community. 33 records came from *Pathways to Education* and *Equity in Education*, 26 records came from *Health Promotion*, 16 records came from *United Sisters*, 3 records came from *The Healthy Aging of Multicultural Seniors Program* and 2 records came from *Employment Services*. 25 households spoke to their current food needs, of which 8 positively identified as being food insecure or 32 percent. 4 households were identified through *Health Promotion*, 3 households were identified through *United Sisters* and 1 household was identified through *The Healthy Aging of Multicultural Seniors Program*. 37 households spoke to their computer needs, of which 15 or 40.5 percent positively identified as needing access to either a computer or more computers within their homes. Only 1 of these households were identified through a non-school-aged referring program. 39 households spoke to their need for internet access, of which 5 positively identified as requiring access or 13 percent of respondents.

### BRITANNIA WOODS

There were 69 records from households within the Britannia Woods community. All of these records came from *Pathways to Education*. 28 households spoke to their current food needs, 2 of which positively identified as being food insecure or 7 percent. This is markedly lower than the other Ottawa Community Housing neighbourhoods and might be due, in part, to the fact that PQCHC does not operate and therefore have access to the food pantry data in this community. 47 households spoke to their computer needs, of which 18 or 38 percent of respondents positively identified as requiring either a computer or more computers within their home. Note, *Pathways to Education* is a school-aged program. 53 households spoke to their need for internet access, 19 of which or 36 percent positively identifying as requiring access.

### FOSTER FARM

There were 215 records from households within the Foster Farm community. 106 of those records came from the *Foster Farm Food Bank*, 99 from *Pathways to Education* and 10 from *United Sisters*. 147 households spoke to their current food needs, 120 of which positively identified as being food insecure or 82 percent of the respondents. 106 households were identified through the *Foster Farm Food Bank*, 9 households were identified through *Pathways to Education* and 5 households were identified through *United Sisters*. 187 households spoke to their computer needs, 63 of which or 34 percent of respondents positively identified as requiring access to either a computer or more computers within their homes. 22 of the households were identified through non-school-aged serving programs. 193 households spoke to their need for internet access, with 19 or 10 percent positively identifying as needing access.

### MICHELE HEIGHTS

There were 92 records from households within the Michele Heights community. 30 records came from the *Michele Heights Community House*, 2 from *Pathways to Education* and 1 from *System Navigation*. 53 households spoke to their current food needs, 15 of which positively identified as being food insecure or

28 percent of the respondents. 12 of these households were identified through the *Michele Heights Community House*, 2 from *Pathways to Education* and 1 through *System Navigation*. It is worth noting that this community is assigned to a food pantry that is not PQCHC operated and therefore we were unable to collect data from its users. This might be part of the reason why the number of contacts identifying as food insecure is lower than in some of our other Ottawa Community Housing neighbourhoods for which this data is available. 54 households spoke to their computer needs, of which 23 or 43 percent of respondents positively identified as needing access to either a computer or more computers within their homes. 13 of the households were identified through non-school-aged referring programs. 56 households spoke to their need for internet access, 4 of which or 7 percent positively identifying as requiring access to the internet.

### MORRISON GARDENS

There were 146 records from households within the Morrison Gardens community. 113 records came from the *Morrison Gardens Food Bank*, 24 from *Pathways to Education* and 9 from *United Sisters*. 124 households spoke to their current food needs, 115 of which positively identified as being food insecure or 93 percent of the respondents. 113 of these households were identified through the *Morrison Gardens Food Bank* and 2 through *Pathways to Education*. 127 households spoke to their computer needs, of which 37 or 29 percent of respondents positively identified as needing access to either a computer or more computers within their homes. 28 of the households were identified through non-school-aged referring programs. 130 households spoke to their need for internet access, 9 of which or 7 percent positively identifying as requiring access.

### PINECREST TERRACE

There were 109 records from households within the Pinecrest Terrace community. 69 of these records came from the *Pinecrest Terrace Food Bank*, 35 from *Pathways to Education* and 5 from *United Sisters*. 79 households spoke to their current food needs, 71 of which positively identified as being food insecure or 90 percent. 113 of these households were reached through the *Pinecrest Terrace Food Bank* and 2 through *Pathways to Education*. 84 households spoke to their computer needs, of which 29 or 35 percent of respondents positively identified as needing access to either a computer or more computers within their homes. 23 of the households were identified through non-school-aged referring programs. 92 households spoke to their need for internet access, 7 of which or 8 percent positively identifying as requiring access.

### EVA TAYLOR PLACE, STARFLOWER LANE AND WINTHROP COURT

There were 80 records from households within Winthrop Court and its surrounding areas. Although the demographic information used to describe the makeup of the community is limited to three streets mentioned in the title of this section, our needs assessment includes households on Edgeworth Avenue, Hartleigh Avenue and Regina street. Note, the assessment for this community does not include Regina Towers. 49 of these records came from *Pathways to Education*, 24 from *Winthrop Court Community House*, 3 from *The Healthy Aging of Multicultural Seniors Program*, 3 from *United Sisters* and 1 from *Employment Services*. 51 households spoke to their current food needs, of which 14 positively identified as being food insecure or 27 percent of respondents. 6 of these households were identified through

*Winthrop Court Community House*, 5 through *Pathways to Education*, 2 from *United Sisters* and 1 from *The Healthy Aging of Multicultural Seniors Program*. It is worth noting that the number of contacts identifying as food insecure might be lower in this community since it is assigned to a food pantry in another neighbourhood that isn't PQCHC operated and therefore we were unable to collect this data. 51 households spoke to their need for computer access, of which 18 or 35 percent positively identified as needing either a computer or more computers in their homes. 5 of these households were identified through non-school-aged programs. 51 households spoke to their need for internet access, of which 3 or 6 percent positively identified as requiring access.