Community Needs **ASSESSMENT** Summary Report

2019

DETAILED REPORT OF FINDINGS:

Income, Employment, Education, and Poverty

Health and Social Services
Haldimand and Norfolk

Report prepared by Quality, Planning, Accountability and Performance (QPAP)

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The following reports outlines results of the Haldimand Norfolk Health and Social Services (HNHSS) Community Needs Assessment (CNA) 2019. This section of the report includes detailed results and conclusions about income, employment, education, and poverty.

Community Profile

Income and Poverty

- The median total income in Norfolk ($67,338) is lower than the provincial median ($74,287); however, the median income in Haldimand ($76,117) was higher than the provincial median.[1]

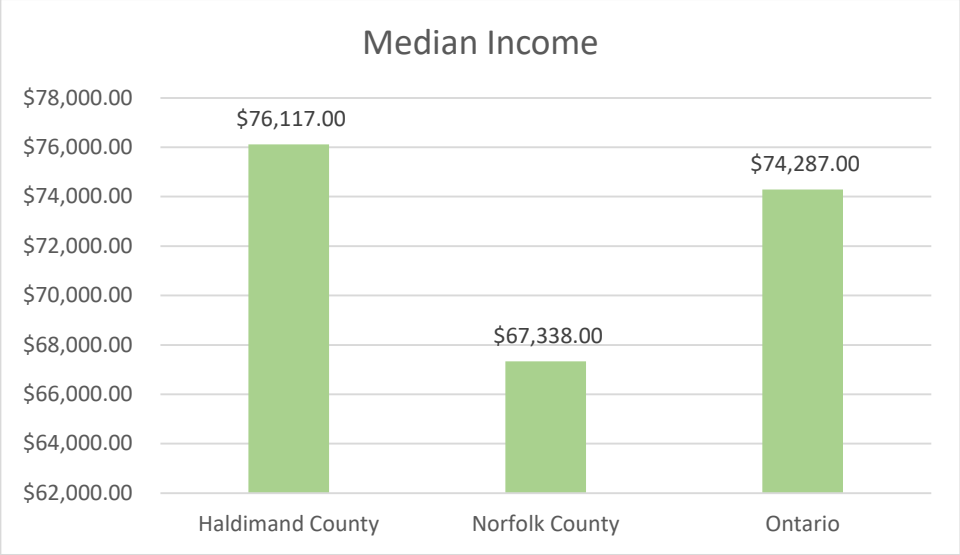

Figure 1. Median income in Haldimand, Norfolk, and Ontario.[1]

- Income distributions were similar across Haldimand and Norfolk, and comparable to the provincial levels. There were slightly higher proportions of lower-income bracket households in this region than across Ontario.[1]

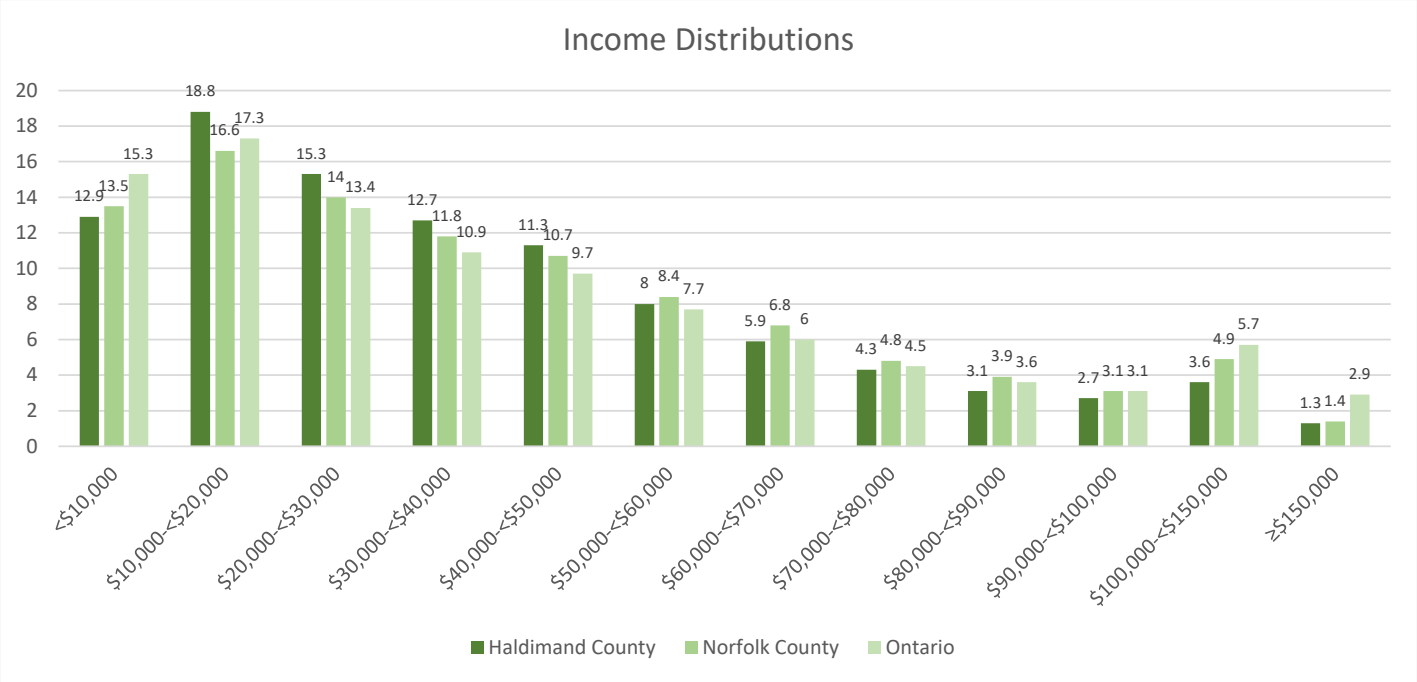

Figure 2. Income distributions in Haldimand, Norfolk, and Ontario.[1]

- Although fewer (11.7%) residents in Haldimand and Norfolk are living in low-income households compared to Ontario (14.4%) (based on the Low-income Measure, after Tax), this percentage ranges widely from 5.5% in Caledonia to 21.1% in Dunnville.[1]

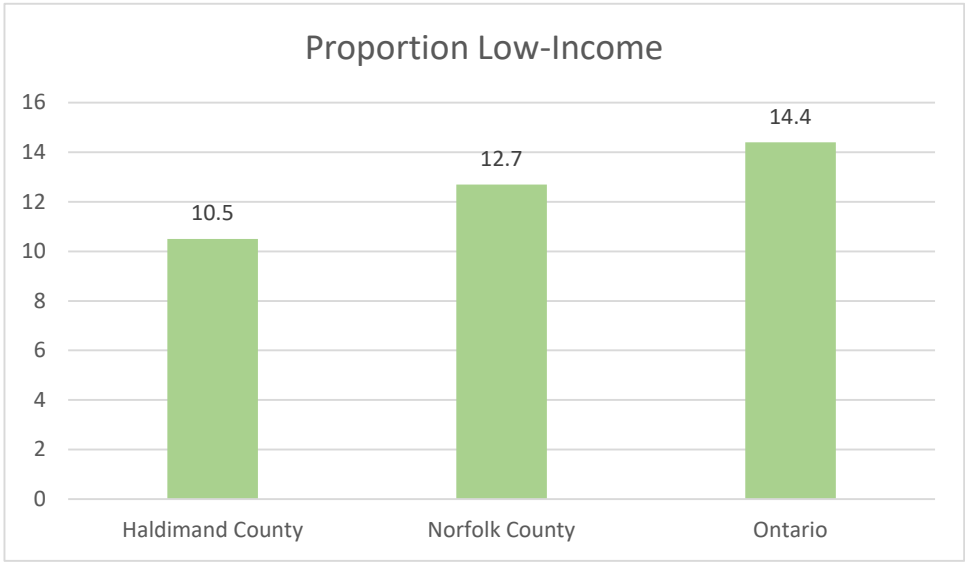

Figure 3. Proportion of residents in low-income households in Haldimand, Norfolk, and Ontario.[1]

Population Centre/Rural Area	Prevalence of Children 0-5 Living in Low Income (%)	Prevalence of Children/Youth 0-17 Living in Low Income (%)	Prevalence of Adults 18-64 Living in Low Income (%)	Prevalence of Adults 65+ Living in Low Income (%)	Prevalence of Population Living in Low Income (%)
Caledonia	6.5%	5.8%	5.1%	6.5%	5.5%
Cayuga	13.6%	12.5%	8.3%	12.9%	10.0%
Dunnville	29.6%	28.1%	19.6%	18.7%	21.1%
Hagersville	16.2%	12.6%	10.9%	13.8%	11.8%
Jarvis	16.7%	18.8%	11.5%	11.5%	12.8%
Rural Haldimand County	10.3%	10.9%	9.2%	9.8%	9.7%
Delhi	20.0%	21.3%	15.7%	16.5%	16.8%
Port Dover	13.0%	11.9%	11.0%	7.8%	10.2%
Port Rowan	0.0%	19.0%	17.1%	4.1%	9.5%
Simcoe	25.2%	21.7%	17.8%	12.8%	17.2%
Waterford	11.6%	11.9%	8.6%	12.6%	9.8%
Rural Norfolk County	16.0%	13.8%	9.8%	11.1%	11.0%
Total*	**15.5%**	**14.1%**	**11.1%**	**11.3%**	**11.7%**

Table 1. Proportion of residents in low-income households by community in Haldimand and Norfolk.

- The proportion of the total population living in low-income by age was generally lower in Haldimand and Norfolk than in Ontario, and lower in Norfolk than Haldimand.

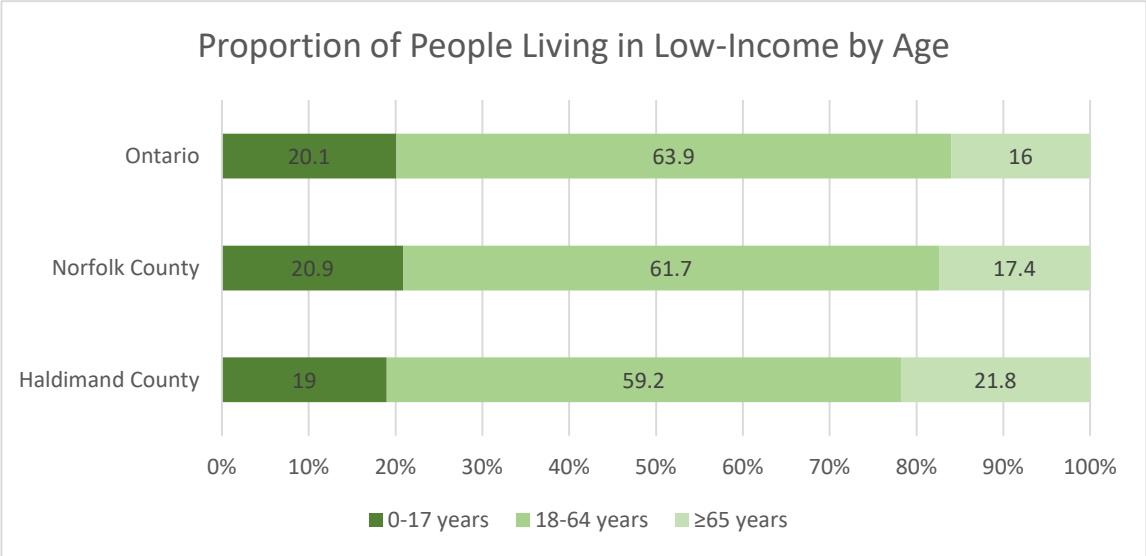

Figure 4. Proportion of the total population living low-income households by age in Haldimand, Norfolk, and Ontario.[1]

- The majority of individuals living in low-income households were primarily adults aged 18-64 years in Haldimand, Norfolk, and Ontario.

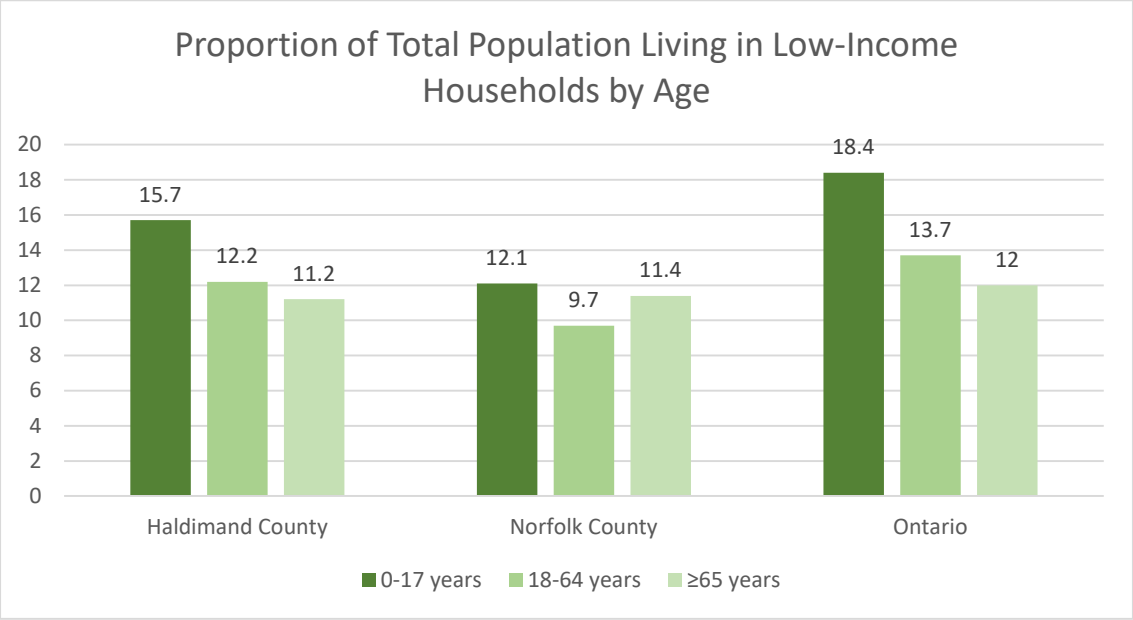

Figure 5. Proportion of people living in low-income households by age.[1]

- There are approximately 1,192 individuals accessing Ontario Works in Haldimand and Norfolk, which includes 2,043 beneficiaries.
- The proportion of individuals receiving government transfers (i.e. all levels of government; e.g. employment insurance, old age pension) was higher in Haldimand and Norfolk than in Ontario and was higher among females than males in both regions.

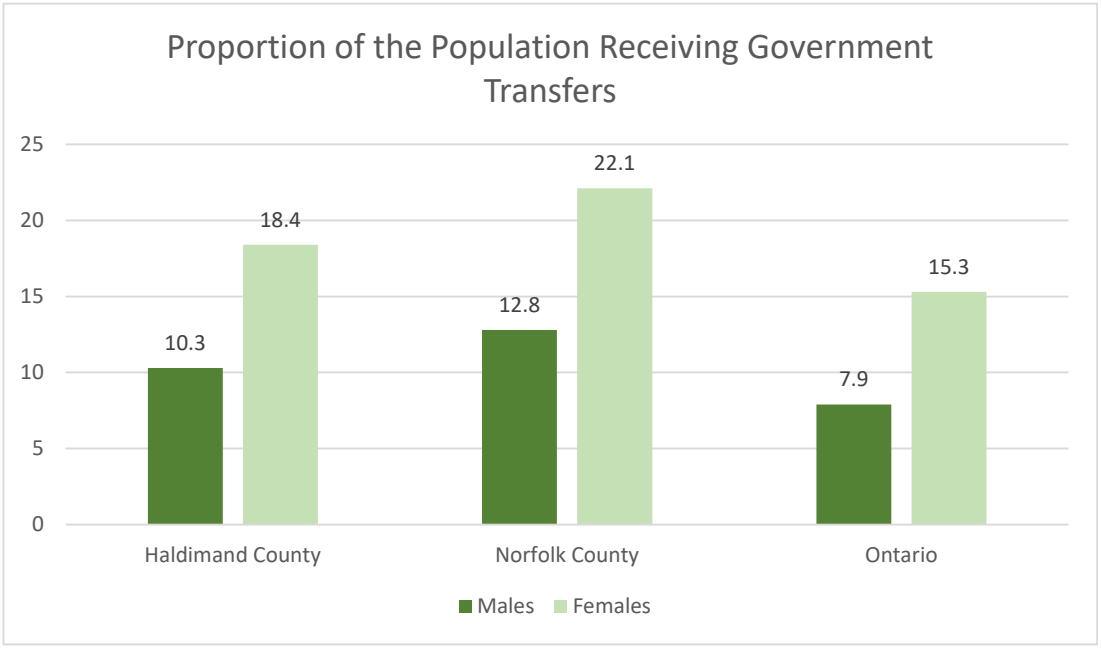

Figure 6. Proportion of the population receiving government transfers in Haldimand, Norfolk, and Ontario.[1]

- There are nine food banks or emergency food programs in Haldimand County and eight food banks or emergency food programs in Norfolk County. Additionally, there are four drop-in meal programs available in Haldimand County and six drop-in meal programs in Norfolk County.
- According to the 2018 Nutritious Food Basket Study, the average cost to feed a family of four in Haldimand and Norfolk Counties was $857.17 per month. This represents an increase of 5.8% from 5 years earlier.

Employment

- Employment rates across the counties vary: Haldimand employment rate is 61.2% and Norfolk employment rate is 55.2%, compared to the Ontario employment rate of 59.9%.[1]

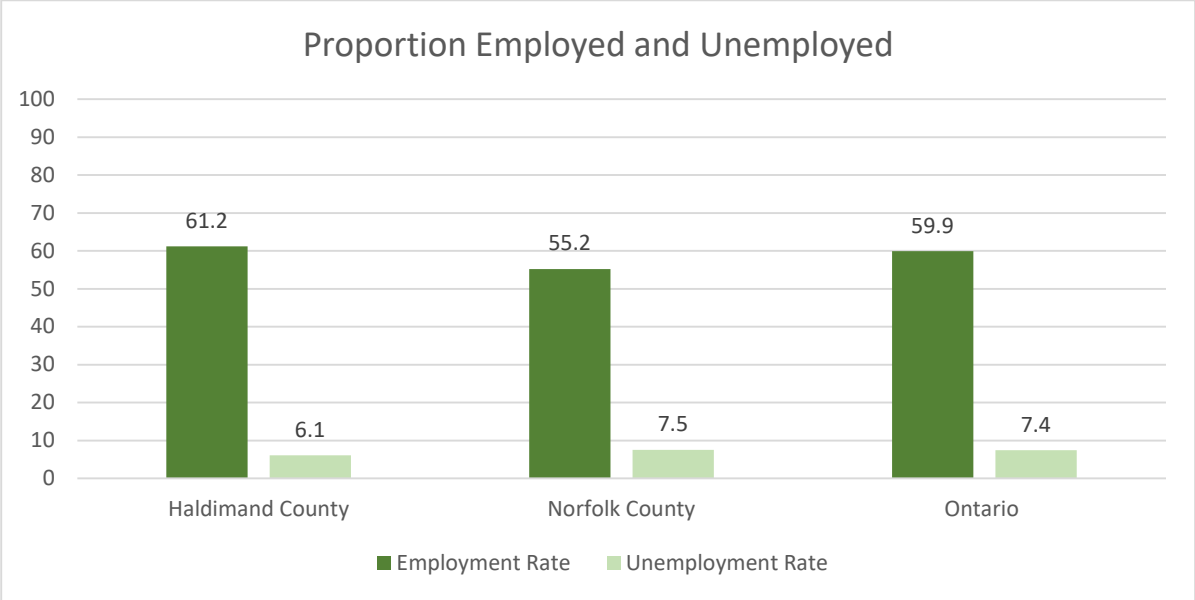

Figure 7. Proportion employed and unemployed in Haldimand, Norfolk, and Ontario.[1]

- The most common employment industries in Haldimand and Norfolk Counties are manufacturing (14.3%) and health care and social assistance (11.5%).[1]

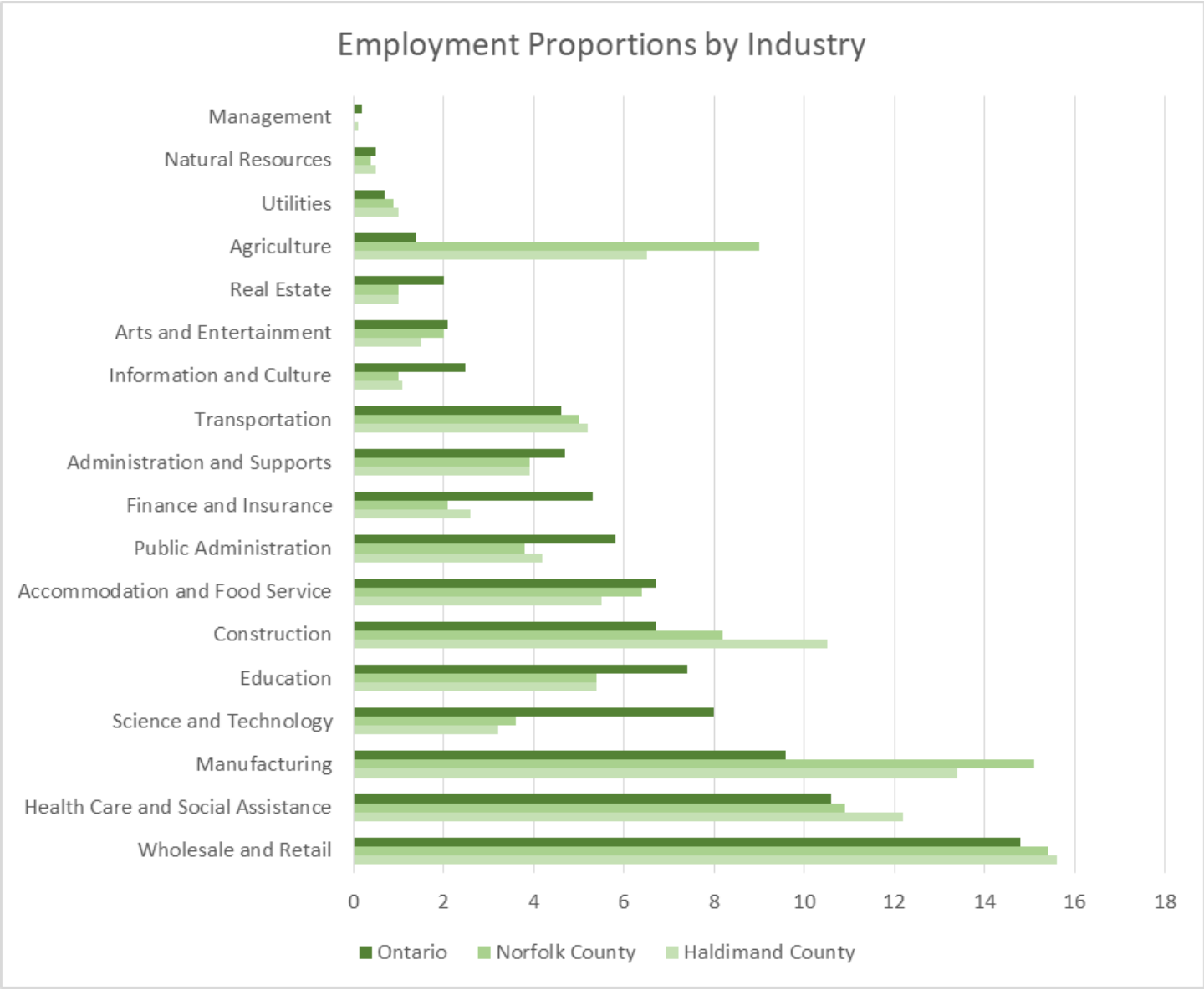

Figure 8. Employment proportions by industry for Haldimand, Norfolk, and Ontario, arranged in order of provincial averages.[1]

- The average commute time was shorter in Norfolk County than in Haldimand County or Ontario.

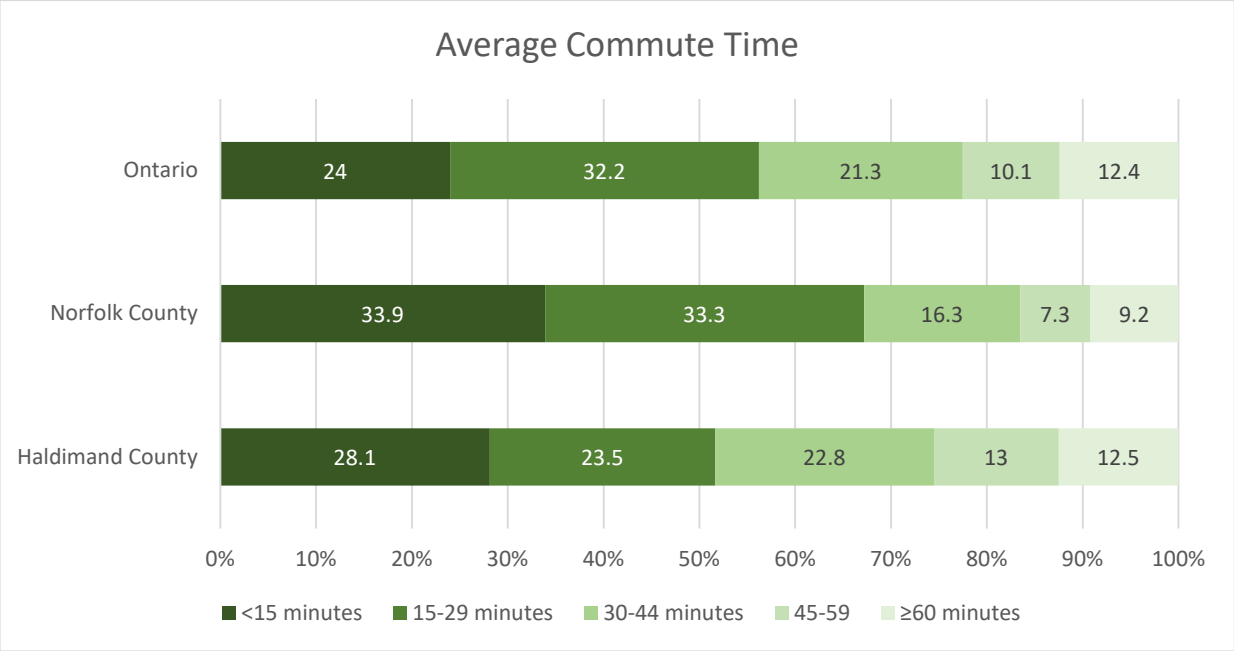

Figure 9. Average commuting time to reach work in Haldimand, Norfolk, and Ontario.

- The majority or residents in Haldimand (99.5%), Norfolk (98.8%), and Ontario (95.3%) spoke English as the primary language at work. French was the next most commonly spoken language at work in all three regions (Haldimand= 0.2%, Norfolk=0.1%, Ontario=1.2%). [1]

Education

- There are 25 public elementary schools and 12 Catholic elementary schools in Haldimand and Norfolk. There are also three faith-based private elementary schools and there is one French-language private elementary school in Haldimand and Norfolk.[2]
- There are eight public high schools and there is one Catholic high school in Haldimand and Norfolk.[2]
- The adult low-literacy rate (i.e. literacy issues that impact their day-to-day life) in Haldimand and Norfolk is 48%, which is about 2% higher than Ontario (46%).[1]
- Adult literacy centres in Haldimand and Norfolk report that the most common barrier to accessing services is lack of transportation.
- Adult literacy centres in Haldimand and Norfolk report that contributing factors to the low-literacy levels in the region are homeschooling, interrupted education, and undiagnosed learning disabilities.
- Many individuals with low literacy also experience mental health issues, addictions, and poverty.
- The proportion of people with less than a high school diploma in Haldimand (20.9%) and Norfolk (24.1%) is higher than in Ontario (17.5%), while the proportion of college diplomas or university degrees is lower than in Ontario (55.1%).[1]
- Overall, the levels of educational attainment are lower in Haldimand and Norfolk than in Ontario.

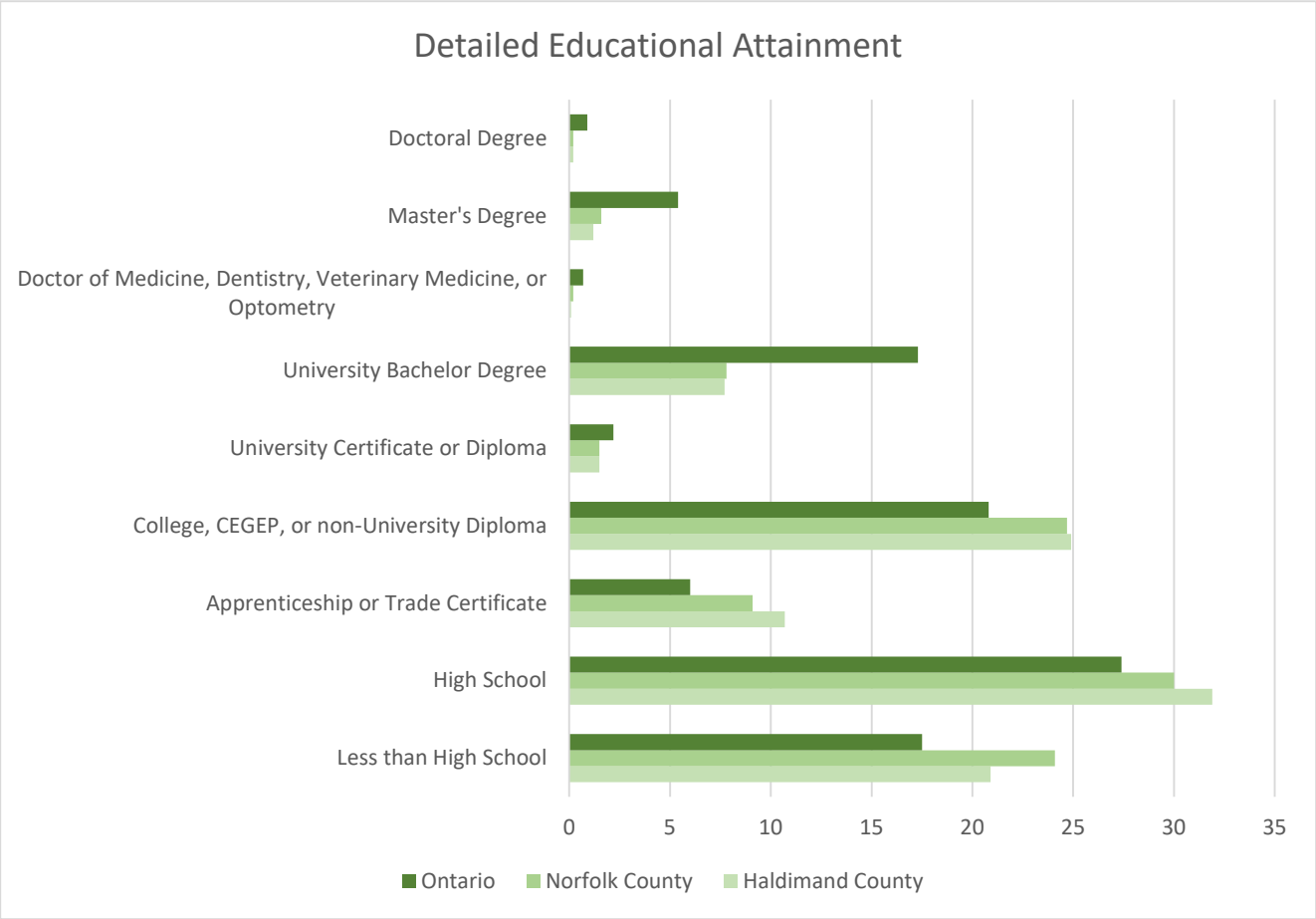

Figure 10. Detailed educational attainment in Haldimand, Norfolk, and Ontario.

- Areas of study beyond high school were similar in Haldimand and Norfolk Counties, with the highest proportions of study area in architecture and engineering (Haldimand= 13.7%, Norfolk= 11.8%), health sciences (Haldimand= 8.7%, Norfolk= 8.4%), and business management or public administration (Haldimand= 7.7%, Norfolk= 7.7%). [1]

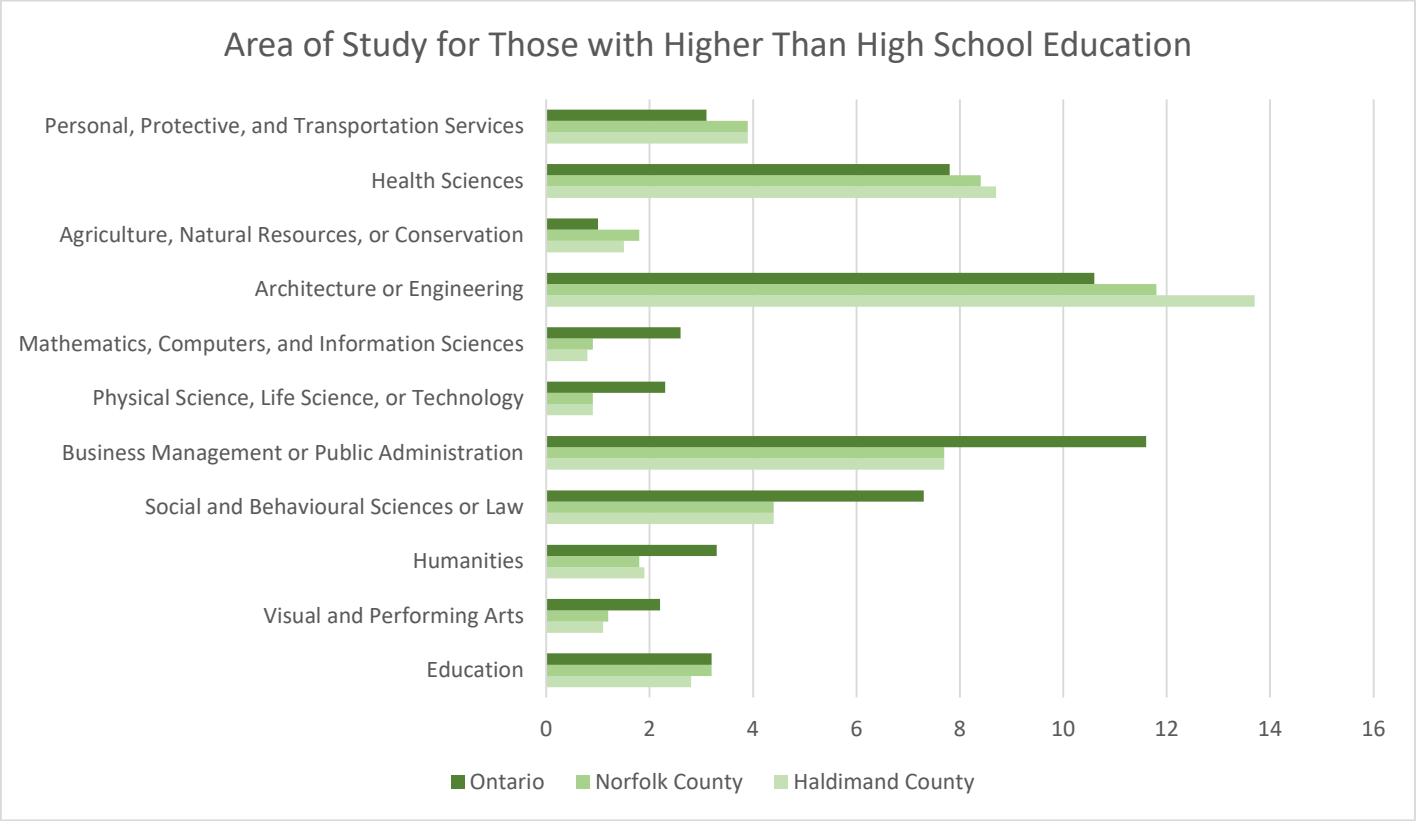

Figure 11. Areas of study for those with higher than high school education in Haldimand, Norfolk, and Ontario.[1]

Community Survey Results

Income

- The majority of survey respondents reported an annual household income of less than $30,000 (32%, n=118) or of more than $100,000 (22%, n=82).
- Almost half of survey respondents (46.4%, n=171) were in the lower two income brackets (i.e. <$30,000 and $30,000-$50,000). Fewer survey respondents (41.9%, n=157) were in the upper two income brackets (i.e. $70,000-$100,000 and ≥$100,000).

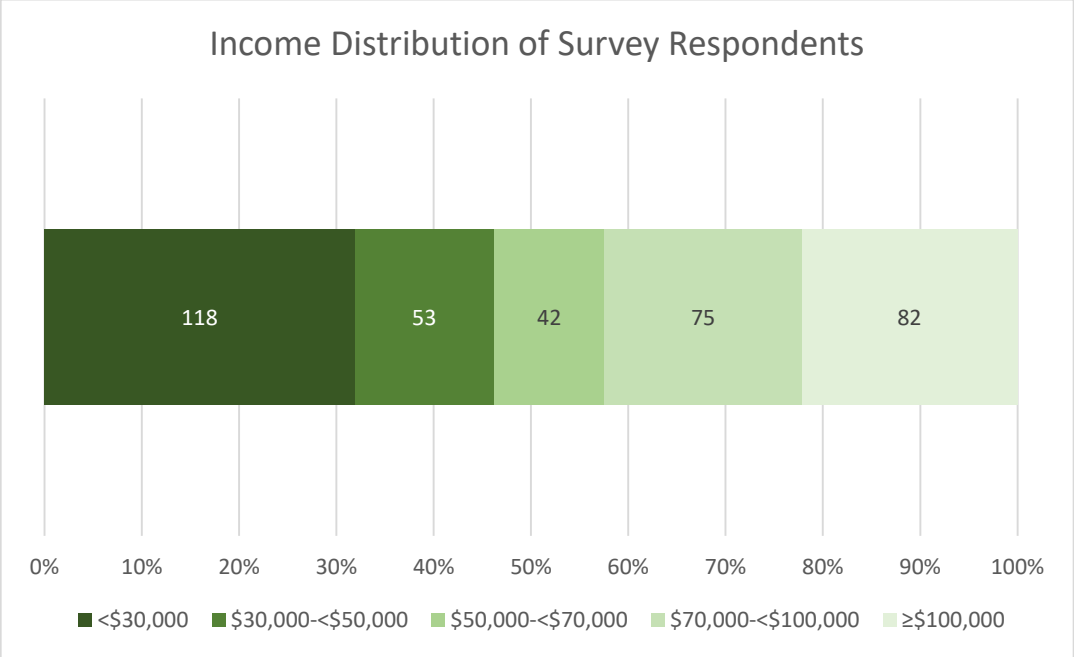

Figure 12. Income distribution of survey respondents.

- The average number of financial dependents (i.e. children, seniors, other adults, for any reason) was 1.35.
- 12% (n=51) of survey respondents reported that they had at least one child over the age of 18 who relied on them financially.
- Additionally, 8% (n=34) of survey respondents reported that they had adult friends or relatives (i.e. other than their children) who relied on them financially.
- 70% (n=190) of survey respondents agreed or strongly agreed that Haldimand and Norfolk needs more income support services.

Poverty-Related Measures

- 13% (n=50) of survey respondents self-reported living in a low-income household.
- In the past 12 months, 16% (n=59) of survey respondents reported using food bank services.
- In the past 12 months, 3% (n=10) of survey respondents reported being homeless or forced to couch surf, and 5% (n=21) of survey respondents reported being forced to live with family or friends because they had nowhere else to go.
- In the past month, 12% (n=37) of survey respondents reported being hungry because they could not afford food.
- In the past month, 26% (n=78) of survey respondents reported being forced to make unhealthy food choices due to cost.
- 36% (n=114) of survey respondents reported that more financial and budget information for families was a top three need to make or keep their family healthy.
- 13% (n=39) of survey respondents reported they needed more support with disability applications to be healthy.

Employment

- The majority of survey respondents were employed for wage or salary (48%, n=215) or retired (21%, n=61).

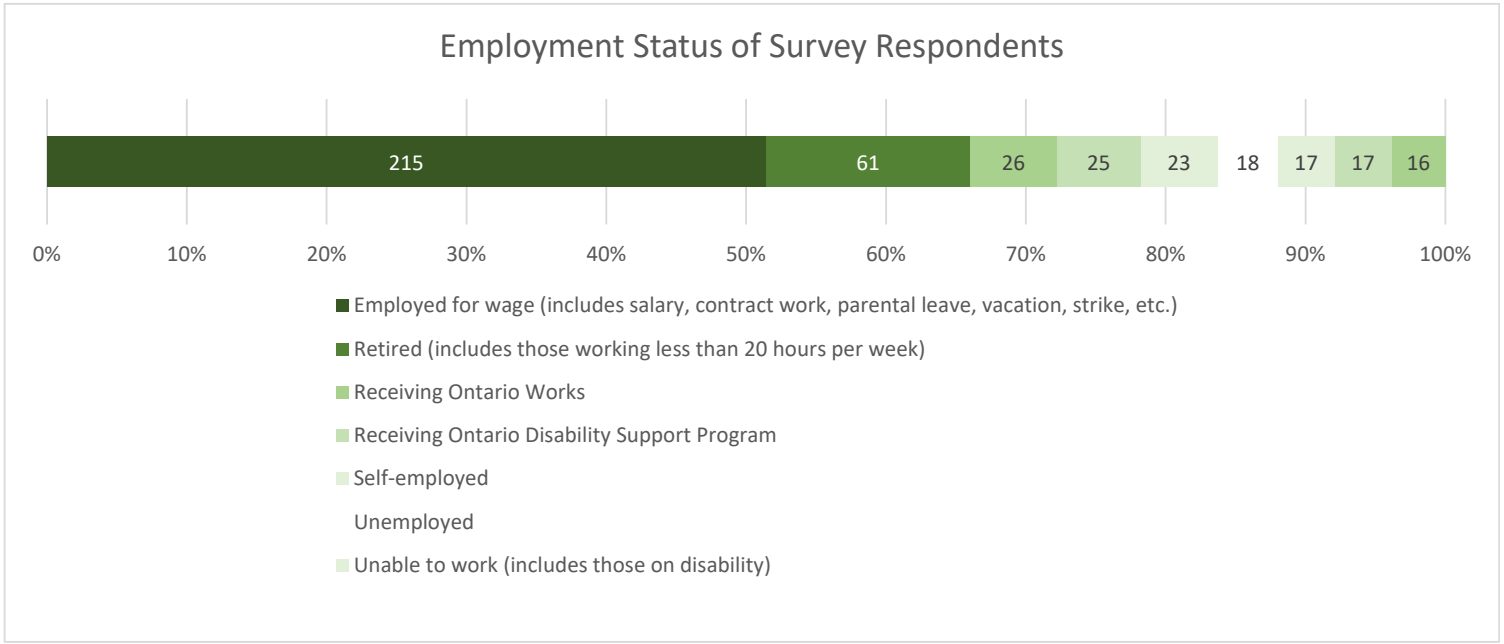

Figure 13. Employment status of survey respondents.

- In the past 12 months, 10% (n=39) of survey respondents reported they were unemployed, not by choice.
- In the past 12 months, 15% (n=58) of survey respondents used Ontario Works or Ontario Disability supports.
- 7% (n=27) of survey respondents self-reported they had difficulty maintaining employment.
- 3% (n=14) of survey respondents reported that they felt their job was dangerous.
- 11% (n=45) of survey respondents felt they were qualified for a better job than they could get and 26% (n=103) of survey respondents felt there were not enough job opportunities in Haldimand and Norfolk.

- 8% (n=31) of survey respondents reported that finding childcare was a barrier to finding and maintaining employment.
- 8% (n=31) of survey respondents reported that transportation was a barrier to working.
- 16% (n=63) of survey respondents felt that more education would help them to get a better job.
- 1 survey respondent identified as a seasonal agricultural worker.
- 76% (n=207) of survey respondents agreed or strongly agreed that Haldimand and Norfolk needs more employment services.
- 30% (n=94) of survey respondents wanted more skills training, such as organization, to help make or keep their family healthy. Additionally, 18% (n=55) of survey respondents wanted more employment-specific skills training, while 13% (n= 40) wanted more support with employment searches, and 7% (n=19) of survey respondents wanted more employment application supports to make or keep their family healthy.

Education

- The majority of survey respondents had a college certificate or diploma (35%, n=142) or a high-school diploma or equivalent (24%, n=99).

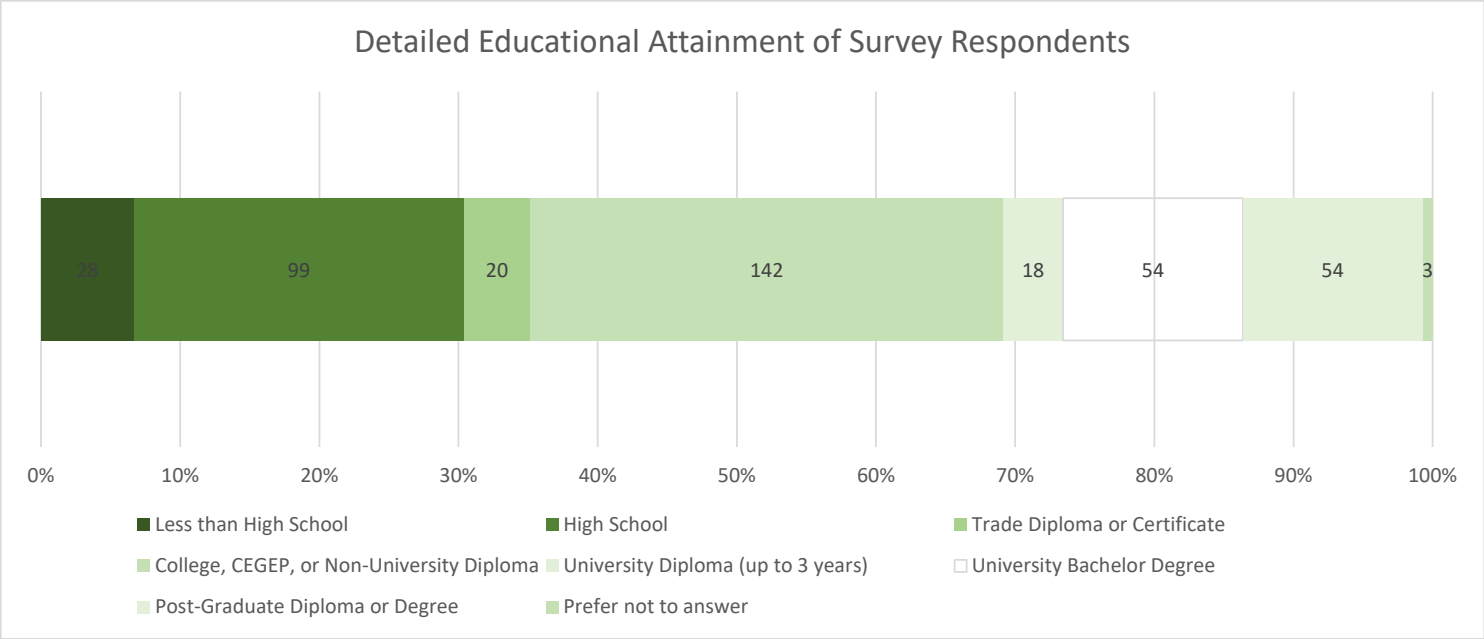

Figure 14. Detailed educational attainment of survey respondents.

- 3% (n=12) of survey respondents self-reported difficulty with reading.
- 72% (n=197) of survey respondents agreed or strongly agreed that Haldimand and Norfolk needs more adult education services.
- 31% (n=93) of survey respondents reported they needed more access to education or schooling to make or keep their family healthy.
- 45% (n=123) of survey respondents agreed or strongly agreed that Haldimand and Norfolk was full of economic opportunity, compared to 40% (n=110) of survey respondents who disagreed or strongly disagreed that Haldimand and Norfolk was full of economic opportunity.

Focus Groups and Interviews

Seven major themes emerged from the qualitative data collected via focus group discussions and interviews: (i) Mental Health and Addictions; (ii) Physical Health; (iii) Poverty; (iv) Housing; (v) Rurality; (vi) Availability of Products and Services; and (vii) Organizational Structures.

This chapter on Income, Employment, Education, and Poverty discusses the key themes associated with this topic. Notably, it is difficult to entirely separate many of these themes and issues for this topic.

Mental Health and Addictions

The relationship between poverty and mental health and addictions was often described in one of two ways: poverty as a cause, such as how poverty may lead to or exacerbate mental health concerns, and as an outcome, such as how mental health concerns may make it difficult to seek employment. For example, one participant (KI7) stated,

"I would say poverty is a huge issue and I would say mental health. Poverty, mental health, and I would say supports because parents don't always know to ask, and don't have anybody to ask when they have a question, and so they feel alone, so that makes mental health even more worse and everything costs a lot. Financially it makes it hard as well. I think it's a vicious circle for them."

Similarly, another participant (KI64) said, "[Poverty and unemployment] which it impacts their self-esteem, their self-worth, their suicide rates, their mental health, their 'you know,' it all rolls together."

As a cause, poverty was described as a major stressor for mental health and addictions issues. Participants described how living in poverty created stress on the client's mind and how this stress often led to mental health issues. For example, one participant (KI10) clarified,

"The three priority areas are sort of linked together. When you don't have housing, live below the poverty line, you can have different forms of mental health and addiction challenges which lead to all of those things combined. Our numbers are just high unfortunately in Haldimand and Norfolk and our stats can demonstrate that."

Another participant (KI8) shared similar concerns, "I think that that is probably underlying a lot of the other issues. Many substances are far more appealing when you don't have access to different things like education. But if you don't have those because of poverty then you have got some problems."

However, poverty was also described as an outcome of mental health and addictions issues. For example, this same participant (KI10) also shared that, "Homelessness, poverty, challenges with employment and not just retaining employment but maintaining employment and life stabilization are some of the impacts [mental health and addictions] has." Several focus group discussion and interview participants explained that individuals living in poverty are often categorized

according to whether they are experiencing mental health and addictions issues, for example describing a stigma that may exacerbate the mental health issues someone is experiencing. A participant (KI17) described,

"Often I think like because it just keeps dividing people into, the poor people and the addicts and the people with addictions. And they're all over here, you know, precariously housed. And they kind of stay over there. And every time they try to jump over the canyon, they're just scrambling to stay over here. And it's very difficult. Seems what it looks like, doesn't it? It's very hard to make the transition. Very difficult and we're over here on this side saying, 'well, you just need to get a job and you just need this, this and this'. Yeah. That kind of thinking has to go out the window."

Another commonly discussed sub-theme of how poverty and mental health concerns were interacting had to do with the cyclical nature of things. In fact, this cyclical nature of issues surrounding poverty was common across several themes. For example, a participant (KI7) explained, "I think those are prevalent in everything, their work life, their school life, their play life, it's all affected by poverty and mental health. If you have poor health, you can't access a doctor, you can't maybe sleep well, you don't eat well, and you don't have supports. It just continues." Finally some participants described how poverty may make dealing with addictions issues more challenging, perhaps even impossible, given the cyclical nature of the problem and the costs associated with some treatment options for addiction. For example, a participant (KI20) shared that,

"I don't know if I mentioned this before or if it even pertains to this but paying for their methadone… so anyone on OW, or disability or have work benefits will be covered. But anyone who isn't has to pay for it. It isn't that big of a deal, we all pay for our own medication, but sometimes I do feel like that is a barrier. For someone who is working and trying to provide for their family and on top of that, they have to pay for their medication every week. Sometimes that could be a lot for a family."

Physical Health

Physical health was also described in context of poverty, albeit less often than mental health. Participants in focus group discussions and interviews commonly discussed the ways that poverty was a stressor on their overall health.

One participant (KI24) described how the needs associated with poverty can impact a person's health and how they can contribute to action by saying,

"When you talk to folks, they know where to go to get food and if anyone came to the church, we would find them food. Not that it meets the needs, because, obviously it is very important and it is challenging for people but I think that there are deeper needs that if they are not met, people will stay stuck in that cycle."

Another participant explained that the needs of clients go beyond universal health care, into areas such as universal pharmacare. This participant (KI12) described how clients can see a doctor if they live in poverty, but if they need a prescription to treat their ailment, they are not able to purchase it:

"And then I look at universal health care and I look at the amount of clients of mine that might be able to go to the doctor. That is wonderful. I can have all of these tests done, because I am unhealthy but I can't afford this drug. And this isn't universal pharma care; this is just universal health care."

Further, another participant explained the relationship between poverty and health from the other direction. This participant (KI16) explained how someone in poorer health or suffering from pain may be forced out of employment as a result, saying, "With the physical health needs, same thing can prevent them from going to seek employment."

Poverty

Poverty was a major theme in all of the data elements included in the CNA. Much of the discussion around poverty, education, and employment was in context of several of the other key themes (see other sections of this report). One particularly important quote stands out about poverty that links to all of the other themes, but not only one specific theme. This participant (KI23) shared how poverty is a complex socio-political construct that is much more complicated than a simple lack of financial resources, describing,

"Well, what would families who have children that are two, three and 4 think of our priorities as relates to public health program? And so I think that would be, that would be a priority, not that we can boil the ocean by any means, but… Poverty is not solely the lack of financial resources and its lack of social capital and social infrastructure. I'm not facile at the taxonomy of that. But one opportunity to help people is to transition people from lower paid income or lower paid work to higher paid work or to enter the workforce because they have structural barriers. Complex problem for sure, but the difference between making two thousand dollars a month in family income and five thousand dollars a month is a huge difference in quality of life for the family and the children."

Housing

Unsurprisingly, poverty and affordable (or lack thereof) housing were also often discussed together. Poverty and affordable housing were discussed in two ways, different sides of the same coin. First, poverty was described as preventing people from purchasing or renting a home, and second, poverty was described as a result of trying to pay rent or a mortgage for a home. As an example, one participant (KI10) explained, "There is limited housing and also its expensive and unaffordable. With the poverty, we have 11-12% living below the poverty line, so it's really difficult for people to be able to afford the current housing stock."

For the reverse, poverty was also described as a reason for poverty; one participant (KI27) said, "Or their housing costs are so high that they cannot afford where they are living. They don't pay their bills. Without that kind of support you have a lot of people that are lost in the chaos." Some participants also explained how housing costs may decrease stability for some individuals who are struggling to keep up with their bills. One participant (KI10) shared, "And it's not always those people on the poverty line, sometimes someone just comes up with bad luck and they lose their job. You can quickly become homeless." This participant (KI10) later linked poverty and housing even more explicitly, adding, "So you need people to be housed, but to be housed you need to have a job, you need to be healthy, to be above the poverty line."

With regards to housing and poverty, many participants also discussed the importance of addressing precarious housing that might not be sufficiently stable for an individual or family. One participant (KI17) very clearly described the difficulties in maintaining stable housing while in poverty,

"Often I think like because it just keeps dividing people into, the poor people and the addicts and the people with addictions. And they're all over here, you know, precariously housed. And they kind of stay over there. And every time they try to jump over the canyon, they're just scrambling to stay over here. And it's very difficult. Seems what it looks like, doesn't it? It's very hard to make the transition. Very difficult and we're over here on this side saying, 'well, you just need to get a job and you just need this, this and this'. Yeah. That kind of thinking has to go out the window."

Further, in context of poverty, some participants also discussed homelessness. Prevention of a seemingly growing, or more visible, homelessness problem in the region was considered by many to be the greatest need in the region. One participant (KI2) shared, "[The greatest need] would be mental health, addictions and homeless, homelessness prevention."

The issue of homelessness in Haldimand and Norfolk was sometimes described to be growing and disproportionately high for the region. One participant (KI27) explained that the issue of homelessness was much bigger than it appeared in the community, saying "Housing is a huge barrier as well. Because we have a lot of people that are living in what we could consider a homeless situation. They are couch-surfing, they are sleeping in a hotel, or motel or staying with a buddy." Another participant (KI14) echoed these thoughts,

"We have a lot of people who come to us in the fall, like September, October-ish. Because that is when it starts to get really cold and they can make do in a tent where ever they can find, they will stay outside. We have got a lot of unknown homeless who couch surf too. It's not only people who don't have a place, but people who don't have a stable place."

As was described above, the issues of housing and homelessness were often comorbidities alongside poverty. Some discussions turned from a focus on the prevalence of homelessness to the potential for solutions (see Recommendations Chapter for more information). One participant (KI4) explained that the housing crisis was a domino effect that started with issues in other communities, buyers becoming renters, and renters being forced out of the market, saying

"What that really looks like to me is shelter, which is sustainable and long term. So housing is key. There is a real crisis in housing. People who can't afford to buy houses anymore are now going into the renter's market and its costing the price to go up. This is now displacing a lot of people who are low income."

Rurality

Rurality was commonly discussed as a rationale for poverty in Haldimand and Norfolk counties. Participants in both focus group discussions and interviews described how rurality related to local levels or poverty and lower education and employment attainment due to lack of available resources locally, lack of incentive for industry to develop in the rural area, and the higher costs of living as a result of being a rural region. Specifically, one participant (KI10) shared,

"I think there is a gap of skilled labor and professional services in the communities as well. Challenging to recruit skilled labor into the area and when you look at our stats, our education level is a little lower than some areas across the province. That does have an impact on the people that are employed and the people that we serve."

Another participant shared how these issues exist and likely can't be changed, rather, describing ideas for alternatives that may better support economic growth and prosperity in the communities. The participant (KI3) shared,

"I think that we often do not think progressively or even reflect on what is happening to communities across Canada and North America. Industries [are] leaving and we focus on trying to woo companies to stay here and dish out a lot of money to get industries or corporations back here. I think that those days have passed and that ultimately the loss of industries has had a huge impact on our economy. I think that a more progressive idea of building resilient communities, local businesses, living wage, building our local markets and access to that kind of support and resources that people need in other to create small businesses."

Availability of Products and Services

A lack of access to products and services was frequently discussed in the qualitative data and supported by the quantitative data. Specifically, issues around transportation, childcare (see Maternal and Child Health Chapter), and food (see General Health and Wellbeing Chapter) abounded in the data. These issues were often linked to rurality and the assumption or explanation that services were simply too difficult to provide in a vast geographical area with a relatively low population density. Further, with regards to a lack of services, the lived-experiences of poverty were often described as exacerbated because of the lack of transportation to access supportive services (e.g. food banks) or the lack of childcare to be able to seek employment opportunities.

Transportation was discussed as a subtheme of several major themes, including rurality, available products and services, and organizational structures. However, it was most importantly discussed in context of poverty and the ways that local residents who needed transportation may feel ignored or under-served. One participant (KI2) fully explained the transportation issues, saying,

"So [paying for a cab] creates a trickle down affect with food, paying their bills, hydro being shut off, and so forth. I think it's great that RIDE Norfolk is doing more bus routes and is more visible within the community. I think that's wonderful, it's a step in the right direction but even the cab companies, the price. I get gas is expensive and upkeep on vehicles, but its astronomical. It to me becomes a huge, huge barrier for people. If they have to come into town with the health unit being on Gilbertson, it's such a long distance from being able to go to the library or something like that, something that is a bit more centrally located. I think is a huge thing. Even if the health unit, I don't' know if they had their own drivers almost. You know what I mean, that could pick up and bring people back and forth. So it's not a cab company, it's not Ride Norfolk, which is just a vast schedule. I think that would potentially be."

Conclusions

Poverty was described in the quantitative and qualitative data as a key local issue in and of itself, but also as a major driver of other key issues, such as mental health and addictions and affordable housing. Addressing local issues of poverty is complex and difficult, but must be a priority of HNHSS in order to address several of the other issues that have been outlined in this CNA. Improving access to services, such as transportation, may help to support individuals experiencing poverty be able to more fully utilize available services and begin to reduce the gaps in health inequity.

References

1. Statistics Canada. Census Profile, 2016, Haldimand-Norfolk, Census division, Ontario. Available from: https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=CD&Code1=3528&Geo2=PR&Code2=35&SearchText=haldimand%20norfolk&SearchType=Begins&SearchPR=01&B1=All&TABID=1&type=0
2. Haldimand-Norfolk Health Stats. Haldimand & Norfolk Counties Community Profile 2011. Available from: https://hnhu.org/wp-content/uploads/hn_community_profile_web1.pdf