Striking statistics, documented for the first time: the health of urban First Nations people
Community programs in Toronto: what do Torontonians value?
Community-based drug treatment helps women offenders stay out of prison
How does it feel to get off the streets and move into a place of your own?

STRIKING STATISTICS, DOCUMENTED FOR THE FIRST TIME: THE HEALTH OF URBAN FIRST NATIONS PEOPLE

Background:
- More than 60% of Aboriginal people in Ontario live in cities.
- Until now, basic public health data for Ontario’s urban Aboriginal communities were almost non-existent.
  Given the major economic and health challenges facing urban Aboriginal Peoples, this lack of data is unacceptable; these inequities need to be documented.

Study focus:
Our partnership created the first-ever database of public health information for Ontario’s urban Aboriginal communities. We surveyed First Nations adults and children in Hamilton, Ontario about their health, economic status and access to health care and housing.

Findings:
Urban First Nations people experience striking levels of poverty and illness - and remarkable resiliency and hope.
Among First Nations people in Hamilton:
- Almost 80% of households earn less than $20,000/year.
- 1 in 6 have diabetes - more than triple the average risk.
- Risk of ending up in the emergency room is 2 to 6 times higher, compared to other Canadians. This indicates that urban First Nations people aren’t getting the preventative and/or primary care they need.
- 40% had a child protection agency involved in their care as a child.
- 40% have been the victim of an ethnically or racially motivated physical or verbal attack.
- Almost 3/4 feel a strong sense of identity, commitment and belonging to their community.
- Almost every single parent/caregiver wants their child to learn a First Nations language, and feel that traditional cultural events are important parts of their child’s life.

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COMMUNITY PROGRAMS IN TORONTO: WHAT DO TORONTONIANS VALUE?

Background:
The City of Toronto’s proposed 2012 budget will reduce or eliminate many community programs.

Study focus:
We asked Torontonians what they think the City of Toronto should pay attention to, to know if community programs (e.g. recreation programs, drop-in programs for seniors, mentoring and job skills programs for newcomers and youth) are working well in their neighbourhoods. The study was conducted between December 2010 and July 2011.
We talked to youth, adults and older adults who lived or worked in neighbourhoods across the City of Toronto, and represented a range of ethnicities, language groups and educational backgrounds. Participants brainstormed and prioritized their own answers (rather than choosing from a list of options).

Findings:
Torontoians want community programs that:
- Are available and accessible to residents (i.e. offered at convenient times and locations).
- Have sufficient and stable funding (so that organizations don’t have to interrupt services because they run out of money).
- Involve residents in planning.
- Prioritize accountability and collaboration across sectors.
- Manage staff and volunteers well.
- Help residents to get jobs and become financially stable (this was a particularly high priority for youth and people with up to a high school education).
- Encourage civic and social engagement.
- Meet residents’ needs.

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COMMUNITY-BASED DRUG TREATMENT HELPS WOMEN OFFENDERS STAY OUT OF PRISON


Background:
- 4 out of 5 women offenders have a drug problem.
- The Community Relapse Prevention and Maintenance (CRPM) program* is a national, community-based drug treatment program for women on parole.

Study focus:
We followed 361 women for 1 year after they left federal prisons, to see if/when they ended up back in custody. All participants had received drug treatment in prison. After prison, a few continued drug treatment in the community (CRPM), but most didn’t.

Findings:
- Community-based drug treatment works. Women who completed CRPM were 10 times less likely to end up back in prison.
- Community-based drug treatment should start as soon as possible after release. Most (68%) recidivism* happened within 6 months of release.
- These impressive benefits aren’t reaching many women on parole. Only 56 of 361 women (16%) completed community-based drug treatment.

* In this context, “recidivism” means “return to custody”.

Recommendations for future research:
What’s keeping women offenders from participating in community-based drug treatment? More knowledge is needed about:
- Personal barriers (e.g. not ready to make a change).
- Barriers related to resources (e.g. lack of transportation, childcare or time off work).
- Barriers related to the program (e.g. characteristics that may discourage enrollment).

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HOW DOES IT FEEL TO GET OFF THE STREETS AND MOVE INTO A PLACE OF YOUR OWN?

Study focus:
If you’re homeless with a mental health problem, how does it feel to get off the streets and move into a place of your own? We interviewed people who are receiving housing and supports through the “At Home/Chez Soi” Mental Health and Homelessness Demonstration Project*, to learn about their experiences so far. All participants have been in their new housing for less than a year.

Findings:
Now that participants can plan beyond immediate survival needs (e.g. where to sleep, where a next meal will come from), many told us that they’re feeling:
- Hope for the future. Many described moving into their homes as a “turning point” or “high point” in their lives.
- “Getting back on track” seems possible. Some see this project as an opportunity to make life changes, e.g.:
  - Build healthier relationships (either by ending unhealthy relationships or re-establishing relationships with significant others).
  - “Give back”, “contribute” or otherwise be of service.
  - Some participants wish to address past traumas that are preventing them from moving forward in their lives (e.g. deaths of loved ones).

Against this sense of hope, participants also talked about feeling demoralized. Some worry that they:
- May feel isolated in their new place, or may never feel completely well.
- May not yet have the skills or capacity to form healthier relationships.
- May lose their housing and end up back on the streets - one participant told us he still envisions “dying with a bottle in his hand”.

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