EXECUTIVE SUMMARY

This community health profile is the result of the Vanier Towers INSPIRE project. The main goal of this project is to build stronger links between the community and service providers in order to address the needs of the Vanier Towers population in Hamilton, Ontario. To start this process, a working group was formed to create a community health profile of Vanier Towers. Members of the working group included Vanier Towers residents, City Housing Hamilton, City of Hamilton’s Healthy and Safe Communities department (Hamilton Paramedic Service, Epidemiology and Evaluation, and Neighbourhood Action Strategy), McMaster Family Health Team, and McMaster University staff and students. The purpose of the community health profile is to evaluate the health of the Vanier Towers community, raise awareness about the community’s needs, and inform decision-makers of possible solutions for addressing these needs.

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KEY FINDINGS

Vanier Towers are two buildings located in downtown Hamilton, Ontario (181 Jackson St W and 95 Hess St S) that currently house 565 individuals who qualify for independent and rent-geared-to-income housing. Most (89%) of the population are adults (age 25-64) and male (68%) who live in one bedroom and bachelor units, which is a significant shift from the community’s previous demographic of exclusively seniors. Changes to policy caused a sudden shift in the community’s demographics and resulted in a population with greater needs and a gap in supportive services. This evolution of the Vanier Towers’ demographic played an important role in the inadvertent marginalization of the population residing there.

The Vanier Towers community is unequally and unfairly burdened by significant social disparities that are known drivers of negative health outcomes. The key findings of this community health profile are:

- Low income and unstable housing are barriers to achieving one’s full health potential. Many residents have a physical or mental disability and are reliant on social assistance to live, although many are unable to afford healthy foods and other necessities. Eighty-percent (80%) of residents come from homelessness or precarious living situations.

- Safety and the social environment are impacting residents’ well-being. 77% of residents say they do not feel safe and secure in their building. Nearly 1 in 5 are socially isolated and 79% of residents have a negative perception of the social environment.

- Mental health and substance use is a significant burden on this community. One-third of residents say they struggle or have struggled with substance addiction and 54% report being diagnosed with a mental illness.

- The community frequently uses emergency health services, including paramedic services, emergency departments, and hospitalization; the rates of use for these services are 2-3 times greater than the City of Hamilton average.

- Premature death is common, although many are avoidable. The average age of death for residents from Vanier Towers is 57 years.

- Community assets, needs, and potential solutions were identified and can provide next steps to address the disparities that prevent residents from attaining their full health potential.

- Solutions can build upon the existing community-integrated services, but will require a dedicated and collaborative effort from leaders and sectors across the city.
Vanier Towers (181 Jackson St W and 95 Hess St S) are two properties located in downtown Hamilton, Ontario that are under the portfolio of CityHousing Hamilton. The buildings are home to approximately 565 residents[1] and made up of one bedroom and bachelor units (555 units total) that currently house individuals who qualify for independent rent-geared-to-income housing between the ages of 16 and 59. The buildings were built in the 1970’s and are almost 50 years old.
The current situation at Vanier Towers emerged through a series of changes. Up until 1989, local housing authorities offered geared-to-income housing only to families and seniors. At that time, the Ministry of Housing determined the practice was discriminatory to those aged 16 to 59 and local housing authorities began housing singles immediately. However, the directive came without any increase in housing supply or resources to provide supports that this population needed. Simultaneously, deinstitutionalization of persons living with chronic physical and mental illnesses created a new resident demographic with unmet needs[2].

Vanier Towers quickly began to experience social problems and tenancy issues that had been rare or non-existent in the past (e.g., chronic physical and mental illness, addiction, safety issues, tenant turnover). Interventions through various contract funding opportunities have been used in the past to meet the complex needs of the residents. Unfortunately, there has been no long-term, sustainable resourcing to bridge the gap in needs for this community[2].

OUR VOICE

Some days are hectic living at Vanier Towers. I was going to be homeless and got into Hamilton housing 10 years ago and I can say it’s not all bad. Like every building, it has it’s ups and downs. I’m glad I was given this choice as a place to call home.
Health is influenced by a broad range of determinants. It is estimated that 50% of our health is determined by our social and economic situations, which are factors beyond our biology and behaviours. Income, education, stable housing, and social networks are examples of determinants that have a large impact on our health and well-being.

**EMPLOYMENT AND INCOME**

There are significant disparities related to employment and income among the Vanier Towers community. Many rely on social assistance and most residents say that their income sources do not provide enough money to survive. Although rent is geared to their income, the cost of other basic necessities is not, including healthy food, transportation, personal care and hygiene, clothing, recreation, socialization, and extended healthcare. Many residents turn to community service providers to deliver these supports at low-cost or no-cost.

In the Vanier Towers and surrounding community, 88% of the population live in low income households which is over 5-times greater than the City of Hamilton average (15%)[3]. The unemployment rate (2016) was 28% for the Vanier Towers and surrounding community which is 4-times greater than the City of Hamilton unemployment rate (7%)[3]. These results were expected as this community is mainly geared-to-income households.
**HOUSING AND HOMELESSNESS**

Vanier Towers is a subsidized housing community. In the Vanier Towers and surrounding community, 99% of households were occupied by renters which is 3-times greater than the City of Hamilton average (32%)[3]. Many of the residents living at Vanier Towers come from precarious living situations[4]. Sixteen households (3%) were evicted from Vanier Towers in 2017[1].

- **80%** of residents came from homelessness or precarious living situations[4]
- **15% turnover** in residents in 2017[1]
- **3% of residents were evicted** in 2017[1]

**OUR VOICE**

When will they stop knowingly housing people with social barriers and holding those social barriers against them?
EDUCATION AND LANGUAGE

In the Vanier Towers and surrounding community, 33% of adults (age 25 to 64) have not completed high school, which is nearly 3-times greater than the City of Hamilton average (12%)\(^3\). The most common languages spoken in the area are English, Mandarin, and Arabic\(^3\).

ETHNICITY AND CULTURE

There is a very diverse population within the Vanier Towers and surrounding area. The percentage of visible minorities, recent immigrants, and individuals identifying as Aboriginal are all above the City of Hamilton averages\(^3\).
SAFETY AND COMMUNICATION

Safety and security is a major concern at Vanier Towers\textsuperscript{[6]}. The majority of residents are aware of the building's safety and security concerns and how to report these concerns. However, many residents do not feel that the building is a safe environment and that more can be done to improve the safety and security of Vanier Towers. The community has also expressed a need for better communication between residents and service providers.

**Residents’ self-perceived safety and security of Vanier Towers (2018)\textsuperscript{[6]}**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel safe in my home</td>
<td>49%</td>
</tr>
<tr>
<td>I feel safe in my building</td>
<td>35%</td>
</tr>
<tr>
<td>There are enough safety features at my building (e.g. secure doors, cameras, lighting, signage)</td>
<td>40%</td>
</tr>
<tr>
<td>I am aware about safety and security at my building</td>
<td>59%</td>
</tr>
<tr>
<td>I am provided with information about safety and security at my building</td>
<td>44%</td>
</tr>
<tr>
<td>I know what needs to be reported in terms of safety and security concerns</td>
<td>63%</td>
</tr>
<tr>
<td>I know how to report safety and security concerns</td>
<td>70%</td>
</tr>
<tr>
<td>Overall, I feel my building is safe and secure</td>
<td>23%</td>
</tr>
</tbody>
</table>
Community connectedness and social support networks are vital components of health and well-being. Having support from families, friends, and communities can impact your health just as much as physical activity or healthy eating. Despite this, there are opportunities to improve the social environment at Vanier Towers; only 38% of residents agree that Vanier Towers is a good place to live[6] and 79% of residents perceive the social environment to be bad or not good[4]. Those who lack strong social networks are more likely to experience loneliness and isolation which can negatively impact health and well-being. Most people living at Vanier Towers reside alone and the majority (57%) are not in a relationship. Nearly 1 in 5 (19%) residents of Vanier Towers have an isolated social network whereby they have very limited contact with others and have minimal access to health-related supports[7]. Another 44% of residents have limited or patchy support from some friends or family members[7]. Overall, the poor social environment and the limited social networks create barriers that prevent residents from achieving their full health potential.

Social Networks among the Vanier Towers Residents (2018)[7]

- **Diverse** - family, friends, and community groups in network with regular frequent contact
- **Friend and/or family centered** - mainly friends and/or family members with regular contact and support
- **Friend and/or family contact** - some friends and/or family members with limited or patchy support
- **Isolated** - limited number of contacts and are rarely in contact with their network members; minimum access to health-related supports
PHYSICAL ENVIRONMENT

Vanier Towers residents have expressed concerns about environmental hazards, including: low quality repairs, flood damage, mold, asbestos, bedbugs, cockroaches, and rodents. Residents have described the reduced quality of life and stigmatization caused by these environmental hazards\textsuperscript{[4]}. There have been attempts to rectify pest infestations: in 2017, there were 156 bedbug treatments and 175 cockroach treatments applied in Vanier Towers\textsuperscript{[1]}.

OUR VOICE

I was at a women’s shelter, that’s how I got in here. I have very little money and food, but I do have friends. Living here is a nightmare. You got bullies in here that like to threaten you, hit you.

Stress is a killer and it is in abundance in my world solely due to my surroundings. My children will not visit with the grandchildren (I don’t blame them and agree), I have lost friends who no longer wish to come to this building.
What things make it hard for you to be healthy? Isolation.
The prevalence of various chronic conditions were self-reported by Vanier Tower residents\[7\]. Almost all reported at least one chronic condition and 50% report having multiple chronic conditions. The most commonly reported conditions were related to mental health, including depression, anxiety, and challenges to mental well-being.

Prevalence of health conditions reported by residents of Vanier Towers\[7\]
MENTAL HEALTH AND SUBSTANCE USE

The Vanier Towers community is disproportionately burdened by mental health challenges. Many residents perceive their mental health as being poor. Vanier Towers residents are 7-times more likely to rate their mental health as poor compared to the Hamilton general population\[6,8\]. Furthermore, 54% of residents report being diagnosed with a mental illness\[4\] and one-third (33%) of residents said they struggle or have struggled with substance addictions\[5\]. There is an increasing trend among Vanier Towers residents in accessing emergency departments for mental health care\[10\].

In 2017, the rate of mental health ED visits was 6.5-times higher for Vanier Towers (17.5 visits per 100 population) compared to the City of Hamilton average (2.7 visits per 100 population).

54% of residents report being diagnosed with a mental illness

1 in 3 residents struggle or have struggled with substance addictions

Rate (per 100 population) of emergency department visits for mental and behaviour disorders among the populations of Vanier Towers and City of Hamilton (age 18-64), 2003-2017\[10\]
Food Insecurity

Food insecurity is when someone doesn’t have enough money to buy the food they need. People may be forced to cut their food budget to pay for other essentials such as rent or utilities. Food insecurity is a significant challenge faced by many living at Vanier Towers. In the past 12 months, 53% of Vanier Towers residents said they worried that there might not be enough to eat because of a lack of money and one-third (33%) of residents use food banks, although some have identified barriers and lack of awareness of food banks[5].

Our Voice

I have few friends and often use food bank resources because I lack money management skills

Money is always limited, but I do manage. Eating healthy on such a small budget is however challenging and does impact my health. If I could eat healthier I am sure I could feel better. Also for me the majority of the treatments and therapies that would ease my suffering are not covered by ODSP. I can get an opiate…but I can’t get massage therapy, acupuncture, special diet allowances, or even psychological therapies.
I live with chronic illness which is part of why I had to choose subsidized renting as my illness was keeping me from being able to work full time. Daily living for me in Vanier Towers is difficult as I am often unable to enjoy my home as I should. I am often afraid, I am often dealing with criminal activity around me, I have been woken in all hours of the night by all manner of fights, domestic violence, loud parties, gun shots, strangers banging on my door looking for drugs. I have seen people been beat, have seen 3 people jump to their death, witness many attacks and have even been attacked myself. My health hasn’t improved since moving here, it has in fact declined.

HEALTHCARE USE

The Vanier Towers community is more likely to access emergency departments and be admitted to hospital compared to the overall population in the City of Hamilton. The number of emergency department visits by Vanier Towers residents has increased over the past 15 years; residents visited the emergency department 586 times in 2017 which is double the number of visits in 2003. The largest drivers of this increase are visits for mental health and behavioural disorders and substance poisoning (i.e., drug overdoses). The rates for paramedic responses and transports, emergency department visits, frequent emergency department use, and hospitalizations are all significantly greater for the Vanier Towers population compared to the City of Hamilton average. Although the majority (86%) of residents have family doctors, many still rely on accessing health care through emergency services and walk-in clinics. Residents have stated several reasons for this practice: it takes too long to get appointments, healthcare providers don’t spend enough time listening, and unable to find transportation to care.
Rate (per 100 population) of emergency department visits and hospitalizations among the populations of Vanier Towers and City of Hamilton (age 18-64), 2003-2017[10,11]

<table>
<thead>
<tr>
<th>Year</th>
<th>Vanier Towers</th>
<th>City of Hamilton</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>51</td>
<td>33</td>
</tr>
<tr>
<td>2004</td>
<td>67</td>
<td>35</td>
</tr>
<tr>
<td>2005</td>
<td>64</td>
<td>36</td>
</tr>
<tr>
<td>2006</td>
<td>68</td>
<td>35</td>
</tr>
<tr>
<td>2007</td>
<td>86</td>
<td>36</td>
</tr>
<tr>
<td>2008</td>
<td>78</td>
<td>36</td>
</tr>
<tr>
<td>2009</td>
<td>85</td>
<td>38</td>
</tr>
<tr>
<td>2010</td>
<td>72</td>
<td>40</td>
</tr>
<tr>
<td>2011</td>
<td>82</td>
<td>41</td>
</tr>
<tr>
<td>2012</td>
<td>84</td>
<td>41</td>
</tr>
<tr>
<td>2013</td>
<td>84</td>
<td>41</td>
</tr>
<tr>
<td>2014</td>
<td>81</td>
<td>42</td>
</tr>
<tr>
<td>2015</td>
<td>103</td>
<td>41</td>
</tr>
<tr>
<td>2016</td>
<td>104</td>
<td>41</td>
</tr>
<tr>
<td>2017</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Rate (per 100 population) of emergency health service use among Vanier Towers and City of Hamilton populations, 2017[9-11]

**Vanier Towers:**
- Paramedic responses: 46.7
- Paramedic transports: 31.9
- Emergency department visits: 104.1
- Hospitalizations: 14.2
- Frequent users of emergency department*: 8.1

**City of Hamilton:**
- Paramedic responses: 15.6
- Paramedic transports: 9.3
- Emergency department visits: 46.5
- Hospitalizations: 7.7
- Frequent users of emergency department*: 2.2

* 5 or more visits per year
**PREMATURE DEATH**

The marginalization of the Vanier Towers community is associated with a lower lifespan and a greater probability of premature death from preventable or treatable causes. The leading causes of death among Vanier Towers residents were cancer (30% of deaths), circulatory disease (26% of deaths), and mental health and substance use (18% of deaths). Residents of Vanier Towers were 4-times more likely to die prematurely from a preventable or treatable cause compared to the City of Hamilton population. Lastly, the average age at death was 57 years among Vanier Towers residents which is 19 years lower than the City of Hamilton average of 76 years.

**Cause of Death for Vanier Towers Residents (2003-2012)**

- Cancer (lung) 18%
- Cancer (other) 14%
- Circulatory Disease (ischemic heart disease) 16%
- Circulatory Disease (other) 8%
- Mental & Behavioural Disorders 11%
- Substance Use 16%
- Other (Chronic Disease) 10%
- Other (Non-Chronic Disease) 14%

**Key measures of mortality for Vanier Towers and City of Hamilton (2010-2012).**

| Measure                                                        | Vanier Towers | City of Hamilton |
|                                                               |              |                 |
| Potentially avoidable mortalities (death before age 75 due to preventable or treatable cause) per 1,000 population | **10.5**       | **2.4**         |
| Average age at death                                          | **57**        | **76**          |
A community asset is anything (people, organizations, physical place, programs or services) that has the potential to improve the quality of life and well-being of a community. A community need is a gap or missing piece, as experienced by the community members, that is essential to building a thriving community. One may describe community assets as “the glass half full” and community needs as “the glass half empty”.

COMMUNITY ASSETS

Vanier Towers has recently launched a community-integrated service model (“the hub”) for accessing a suite of over 20 on-site programs and services. The hub aims to improve residents’ safety, sense of belonging, and health and well-being. The programs and services are provided by city, provincial, community, and resident-led partnerships. Residents can access almost all of these programs or services for free and appointments are not needed. There are many resources and services in the surrounding community as well which are shown on the asset inventory map later in the report.

86% of residents have a family doctor

47% feel comfortable accessing on-site health services

41% feel comfortable accessing on-site social supports
Vanier Towers Hub Programs and Services

Health
• Family doctor
• Nurse practitioner
• Registered nurse
• Chiropodist
• Nurse navigator
• Home visits
• Remote patient monitoring

Mental Health & Addictions Recovery
• Peer support
• Healing Arts and Recovery with Peer Support (HARPS)
• Counselling
• Mental health support group
• Beginning Today – Addictions Services Initiative Case Facilitator

Social Supports
• Community Relations Worker
• Home Management Worker
• Community Health Worker
• ID Clinic
• Ontario Works Case Manager
• Ontario Disability Support Program Case Worker

Social and Recreation
• Breakfast Club
• Rec Therapist
• Drop-In Rec Classes
• Movie Night
• 55+ Main Hess Seniors Centre
• Care and Share Lounge
• Community Development Coordinator
• Community Gardens

OUR VOICE
The services are easy to access for me, unlike for some others. I am grateful to have services back in our community...it was very difficult when ROOFS [Real Options of Support] suddenly closed and we were without any support services for a while.
Vanier Towers Asset Inventory
COMMUNITY NEEDS

Residents of Vanier Towers have identified a number of missing pieces in their community that are needed to improve their quality of life and well-being. Overall, 93% of residents said they need more supports and services at Vanier Towers\(^4\). In a recent survey, most residents said they would like to know more about their health, and many would like to get physically fit, learn more about food, and learn new skills or take a course\(^7\).

What would Vanier Towers residents like to self-improve on?\(^7\)

<table>
<thead>
<tr>
<th>I would like to...</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn more about my health</td>
<td>91%</td>
</tr>
<tr>
<td>Get physically fit</td>
<td>79%</td>
</tr>
<tr>
<td>Know more about food</td>
<td>76%</td>
</tr>
<tr>
<td>Learn new skills or take a course</td>
<td>66%</td>
</tr>
<tr>
<td>Know more things that will help me remain independent</td>
<td>35%</td>
</tr>
<tr>
<td>Know more about supports for my pet(s)</td>
<td>19%</td>
</tr>
<tr>
<td>Help other people</td>
<td>19%</td>
</tr>
<tr>
<td>Know more about transportation services</td>
<td>18%</td>
</tr>
<tr>
<td>Know more about looking after someone</td>
<td>18%</td>
</tr>
<tr>
<td>See people often</td>
<td>16%</td>
</tr>
</tbody>
</table>

NEXT STEPS

There are opportunities to improve the social and built environment of the community. One study made several recommendations, including: making programming and services more visible and attractive, more guard presence and visibility, keep residents informed, redesign common spaces to be socially enjoyable, improve accessibility of the building, support resident initiatives and engagement, and build trust between tenants and management\(^13\). Further, based on input from residents, a list of the most needed supports was developed and is presented on the following page\(^2\).
<table>
<thead>
<tr>
<th>Support</th>
<th>Top Services</th>
<th>What it Looks Like</th>
<th>Service Delivery</th>
</tr>
</thead>
</table>
| Mental Health      | • Case Management  
• Counselling                                          | • Group support  
• Medication management  
• Peer support  
• Crisis intervention and support (e.g. debriefs after traumatic events, grief)  
• Suicide prevention  
• Service navigation  
• No one gets forgotten  
• Holistic approach  
• Education                                          | • Reliable and consistently available  
• Established hours  
• Accessible and close by  
• Experienced staff  
• Sustained resources  
• Established staff boundaries, professionalism and accountability  
• Confidential  
• Welcoming  
• Well communicated presence                           |
| Medical            | • Primary care, including Community Paramedics, nurses, doctors, dental, HCC  | • Emergency help  
• Blood pressure and sugar level checks  
• Income forms and medical notes  
• Vision care  
• Foot and nail care  
• Health fairs  
• Help obtaining Health Cards  
• Medical alert system  
• AED in Seniors Centre  
• Peer support groups  
• Holistic                                          | • Consistent  
• Well communicated  
• Scheduled hours  
• Walk-in/drop-in  
• Accessible (no barriers)  
• Onsite                                                   |
| Social Support Worker | • Counselling  
• Navigation  
• ODSP and OW Workers                                   | • Assessments and referrals  
• Information and resources  
• Links to legal and employment services                  | • Non-judgemental  
• Private and confidential space  
• Regular hours (weekly)  
• Professional  
• Enough staff to work with everyone                      |
<table>
<thead>
<tr>
<th>Support</th>
<th>Top Services</th>
<th>What it Looks Like</th>
<th>Service Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>• Staff and resident led initiatives</td>
<td>• Group outings and onsite activities</td>
<td>• On and off site</td>
</tr>
<tr>
<td></td>
<td>• Inviting space for socialization and multi-use*</td>
<td>• Suggestions: coffee hour, exercise class, reading groups, bowling, hockey, seniors exercise program, movie program, dancing, games, darts, ping pong, dance, movie night, peer walking groups, music lessons, jam sessions, cable TV in lounge, hockey game nights, YMCA exercise program onsite, euchre nights, self-defense classes, walking club, music nights, Wi-Fi</td>
<td>• Held in well maintained and clean spaces</td>
</tr>
<tr>
<td></td>
<td>• Socially enjoyable green space*</td>
<td></td>
<td>• Regular schedule</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Evaluated</td>
</tr>
<tr>
<td>Addictions</td>
<td>• Counselling</td>
<td>• Education</td>
<td>• Onsite</td>
</tr>
<tr>
<td></td>
<td>• AA</td>
<td>• Safety</td>
<td>• One to one</td>
</tr>
<tr>
<td></td>
<td>• NA</td>
<td>• Referrals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• ADGS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Skills</td>
<td>• Home Management Worker</td>
<td>• Housekeeping and cleaning</td>
<td>• One to one</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Budgeting</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Cooking</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Cooking classes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sorting</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Meal planning</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Shopping planning</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Food access</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Home maintenance</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Healthy lifestyles</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Nutrition</td>
<td></td>
</tr>
<tr>
<td>Support</td>
<td>Top Services</td>
<td>What it Looks Like</td>
<td>Service Delivery</td>
</tr>
<tr>
<td>---------</td>
<td>--------------</td>
<td>--------------------</td>
<td>-------------------</td>
</tr>
</tbody>
</table>
| More Security | • Security Guards  
• Police  
• Bylaw | • More guard presence and visibility*  
• Better communication*  
• Security guard training & interaction*  
• Secure entrances  
• Confidential complaint process  
• More cameras  
• Reduce unknown visitors  
• Police presence in community  
• Reminders about security procedures | • Responsible  
• Fair and unbiased  
• Consistent  
• Trained guards  
• Reliable communication |
| Financial | • Advocacy  
• Information about financial rebates and programs | • Budgeting  
• Tax return and tax credit support  
• Workshops to discuss benefits  
• Debt consolidation  
• Financial literacy  
• Trustee | • Onsite |
| Legal | • Legal aid | • Legal counselling  
• Support with OW/ODSP programs  
• Address landlord-tenant problems | • Onsite  
• Drop-in consultations |
| Employment | • Employment services | • Opportunities to work/earn an income  
• Resume and job search support  
• Education counselling  
• Job placements  
• Access to free printing  
• Opportunities to build skills | • Signs for services available in the community at the buildings  
• Sessions and workshops |

*These responses align with the OCADU co-design study.[13]
1. **CHH Database** (CityHousing Hamilton): Administrative records on tenant occupancy at 181 Jackson Street and 95 Hess Street for July 2018.

2. **Vanier Towers Engagement Report** (CityHousing Hamilton): The Vanier Towers Engagement Report provides an overview of the activities and findings of the Engagement Work Group from August to October 2017 at Vanier Towers (181 Jackson St W and 95 Hess St S). A history of housing legislative changes and the effects on Vanier Towers is provided to situate the need for housing with supports in the current context [dated 16 Nov 2017].

3. **2016 Census of Population** (Statistics Canada): The Census aims to enumerate the population and collect demographic data. Statistics Canada is required to conduct the Census every 5 years and respondents are required to complete it. Some groups may be underrepresented in the Census such as the homeless, young adults, and aboriginal people on reserves.

4. **Vanier Towers Data Analysis Report** (CityHousing Hamilton): This report provides metrics on tenant demographics, sources of income, and previous residence [dated 5 June 2017].

5. **Getting to Know You! Engaging and Assessing with Jackson and Hess Street Tenants** (N3QQ3 Community Nursing, McMaster University): This report was prepared by nursing students and faculty from McMaster University. The nursing students and faculty member collaborated with the housing staff at 181 Jackson St. and 95 Hess St. locations for the fall term of 2015 to collect data on the strengths and needs of the community [dated 15 Dec 2015].

6. **Baseline Evaluation Survey of Vanier Towers Community** (CityHousing Hamilton): Convenience sampling of 81 residents from 181 Jackson Street and 95 Hess Street during July to September 2018. CityHousing Hamilton staff surveyed residents at pop-up locations in the building lobbies and at building events.
7. **GENIE** (McMaster University): Convenience sampling of 68 residents from 181 Jackson Street and 95 Hess Street during July to October 2018. The GENIE tool was completed one-on-one with residents.

8. **Canadian Community Health Survey** (Epidemiology & Evaluation, City of Hamilton): The 2015-2016 Canadian Community Health Survey (CCHS) collects information on health status and determinants, and health care utilization. It surveys a large sample of respondents 12 years of age and older living in private dwellings. The CCHS covers approximately 98% of the Canadian population aged 12 and over.


10. **National Ambulatory Care Reporting System** (Epidemiology & Evaluation, City of Hamilton): Ambulatory care visits are a source of morbidity information available through IntelliHealth originally from the National Ambulatory Care Reporting System (NACRS), Canadian Institute for Health Information (CIHI). NACRS contains data for all hospital-based and community-based ambulatory care: Day surgery, Outpatient and community-based clinics, and Emergency departments. Client visit data is collected at time of service in participating facilities. CIHI receives data directly from participating facilities or from regional health authorities or ministries of health. Data collection methods may vary by facility. Data presented here only represent unplanned emergency visits available via the IntelliHealth IBM Cognos environment.

11. **Discharge Abstract Database** (Epidemiology & Evaluation, City of Hamilton): Inpatient discharges are a source of morbidity information available through IntelliHealth originally from the Discharge Abstract Database (DAD), Canadian Institute for Health Information (CIHI). The DAD captures administrative, clinical and demographic information on hospital discharges (including deaths, sign-outs and transfers). Data is received directly from acute care facilities or from their respective health/regional authority or ministry/department of health. Facilities in all provinces and territories except Quebec are required to report. Data presented here only represent inpatient discharges from acute care facilities available via the IntelliHealth IBM Cognos environment.
12. Vital Statistics (Epidemiology & Evaluation, City of Hamilton): Vital statistics are a source of mortality information available through IntelliHealth originally from the Office of the Registrar General (ORG), ServiceOntario. ORG obtains information about mortality from death certificates which are completed by physicians. All deaths within Ontario are registered in the office of the division registrar within which the death occurs. The ORG provides death registration data to Statistics Canada for national reporting. With the ORG’s approval, Statistics Canada provides the Ministry of Health and Long Term Care with an edited and standardized dataset for deaths that occurred in Ontario, which is uploaded to IntelliHealth. Data presented here only represent deaths available via the IntelliHealth IBM Cognos environment.

13. OCADU Vanier Towers Co-Design Project. Preliminary recommendations from a participatory and co-design project that aimed to identify community improvements that would enable residents to feel more comfortable, safe, secure, healthy, and happy in residential spaces [dated Aug 2018].

Geography Notes

The information in this report is presented at the smallest possible geography which includes either the population of Vanier Towers or Vanier Towers and surrounding community as defined below.

<table>
<thead>
<tr>
<th>Geography</th>
<th>Source</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vanier Towers</td>
<td>NACRS DAD Vital Statistics GENIE On-Site Surveys</td>
<td>Only the population residing at 181 Jackson St West and 95 Hess St South. Defined by Postal Codes: L8P 1L8 + L8P 3N4.</td>
</tr>
<tr>
<td>Vanier Towers and Surrounding Area</td>
<td>Census 2016</td>
<td>Includes the population residing at Vanier Towers and some of the population (about 400 people) immediately surrounding Vanier Towers. Defined by DA 35250398 + DA 35250399.</td>
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</tbody>
</table>