



STAFF REPORT INFORMATION ONLY

Participatory Health Research in Toronto's Racialized Communities

Date:	October 7, 2008
To:	Board of Health
From:	Medical Officer of Health
Wards:	All
Reference Number:	

SUMMARY

Toronto Public Health undertook an environmental scan to gain a better understanding of the community-based participatory research projects that have been completed, are currently underway or are being planned in Toronto examining the health of racialized groups (including the impact of poverty). The purpose of this report is to provide a broad overview of the scan results to form the basis for a dialogue regarding further opportunities for collaboration and support in this area.

Community-based participatory research represents a rich and growing source of information, which has the potential to inform the development of programs and policies by community-based organizations, Toronto Public Health, other city services, and different levels of government. It can identify the needs of community residents that have not been elucidated through other means. It is particularly useful when combined with other types of research as it provides a context for other data that are being generated.

Financial Impact

There are no direct financial implications arising from this report.

DECISION HISTORY

At its meeting on April 16, 2007, the Board of Health considered a report from the Medical Officer of Health on the "Impact of Poverty on the Health of Children from Racialized Groups" (1).

<http://www.toronto.ca/legdocs/mmis/2007/hl/bgrd/backgroundfile-2823.pdf>

One of the recommendations generated by the Board of Health requested that the Medical Officer of Health compile a research plan to facilitate community-based, participatory research in the area of racialized groups and health status to examine the lived experiences of people of colour (2).

<http://www.toronto.ca/legdocs/mmis/2007/hl/decisions/2007-04-16-hl03-dd.pdf>

ISSUE BACKGROUND

Addressing the needs of ethno-racial communities, supporting immigrant and refugee settlement, and expanding public health knowledge through research, knowledge exchange and increased access to information are all key goals of Toronto Public Health's Strategic Plan (2005-2009) (3).

Community-based participatory research is one type of approach to conducting research that takes place in community settings and involves the participation of community members in the design and/or implementation of the project. Community-based participatory research usually involves a partnership between the community and academic researchers/institutes and can take many forms. This type of research is intended to create social change (4) and empower communities through the process (5).

COMMENTS

Purpose

The purpose of the environmental scan was to gain a better understanding of community-based participatory research projects taking place in Toronto in order to identify further opportunities for collaboration and support. The scan was not intended to be exhaustive or represent a comprehensive inventory or review of community-based participatory research on this issue.

Methodology

An extensive list of key informants compiled by Dr. Ingrid Waldren, Director of Research, at the Racialization of Poverty Praxis Unit at Scadding Court Community Centre was used to identify the preliminary list of contacts doing work in this area.

These key informants were contacted and requested to provide information on research examining the health (including the impact of poverty) of racialized groups that they had been involved in, or were aware of, which was either planned, currently underway or completed within the last five years. They were also requested to recommend other potential informants.

Key informants contacted represented community health centres, community agencies, community-based research centres, academic research centres, universities, colleges, and hospitals. Selected staff in Toronto Public Health were also contacted to learn more about their participation in community-based participatory research.

Results of the Scan

A broad overview of the scan results will be presented in this section. For more detailed information on these projects including target population and key findings, please refer to Attachment 1.

In total, 33 community-based participatory research projects were identified. While this report is focussed on community-based participatory research, it is important to note that key informants provided a number of examples of other types of research examining the health of racialized groups in Toronto.

Participating Organizations:

A broad range of organizations were listed as partners in the community-based participatory research projects. Participating organizations included community health centres, family resource centres, a hospital, a school board, legal services, networks, community agencies, community-based research centres, academic research centres, universities, and Toronto Public Health.

One organization that was identified by several key informants as a primary source of community-based participatory research was Access Alliance Multicultural Health and Community Services. This community agency is committed to engaging in and enabling community-based research that is guided by the following principles: the research benefits the community, builds individual/community capacities, and promotes collaboration, inclusion, equity and dignity (5). Access Alliance is involved in several of the research projects discussed in this report.

Population of Interest:

The population of interest varied in the community-based participatory research projects. In some instances, racialized groups, specific ethno-cultural communities, and urban Aboriginal people were identified; however, in other instances the target population identified was broader and included immigrants (recent, non-status, homeless/underhoused), refugees, and marginalized groups (including Aboriginal or Metis women and women of colour).

A number of the research projects identified were focussed on youth or on women.

Research Areas and Key Findings:

A broad range of topics were addressed in the community-based participatory research projects including poverty, homelessness, employment barriers, and racial discrimination. However, several of the projects were focussed on either exploring mental health issues or barriers/access issues related to services faced by different populations. Some of the barriers identified included language, discrimination and lack of services.

Funders:

The community-based research projects were funded by a variety of sources including different levels of government (including the City of Toronto), foundations, community organizations, community-based research centres, a hospital, universities and research bodies.

Use of the Research Results:

In some instances, the research results were used to create social change. Examples of the types of initiatives that were implemented as a result of the research included: implementation of a pilot project to improve co-ordination of services, funding for interpreter services, development of a bridging program for professionals, implementation of advocacy campaigns and a community forum, development of resources, translation of an assessment tool, creation of a health promotion framework, development of assessment and educational tools, use of new indigenous research methods, and establishment of a coalition focussed on advocacy.

Toronto Public Health Involvement in and Use of Community-Based Participatory Research:

Toronto Public Health has supported community-based participatory research initiatives that have explored issues such as racialization, poverty and health, stroke, homelessness, youth engagement, and nutrition. Three specific examples of community-based participatory research initiatives that Toronto Public Health has been involved in that were identified in the scan and are highlighted below include a stroke prevention project, an initiative exploring people's perceptions of differential health care and a study of barriers to healthy eating in ethnocultural communities.

The first example involved participating on an advisory committee with community partners to address the key findings of the provincially funded community-based participatory research project "Key to Women's Health-A Health Promotion Framework to Prevent Stroke among Marginalized Women" (28). The purpose of this initiative was to explore marginalized women's awareness and understanding of chronic disease prevention through the implementation of focus groups in three sites across Ontario (including Toronto). This research identified that women encountered a range of systemic barriers to accessing health care, had limited knowledge about the risks, signs and symptoms of stroke, and preferred small group discussions as a means of learning about stroke and other health issues. To address these issues, Toronto Public Health has been implementing educational sessions with marginalized women at the Toronto site.

The second example involved participating on a working group on Income Security, Race, and Health and recruiting community members to participate in focus groups and become community researchers on a project exploring "Racialized People's Perceptions of and Responses to Differential Health Care" (7,8). The initial purpose of this work was to develop a research framework and proposal to submit to potential funding partners. Toronto Public Health continues to participate on the working group as this initiative is being implemented.

A third example of community-based participatory research that Toronto Public Health has been involved in includes promotion of healthy eating and cultural perceptions of obesity in ethno-cultural communities. In this example, Toronto Public Health assisted Health Canada in identifying service providers to participate in focus groups aimed at gathering information about some of the challenges that ethno-cultural communities encounter in adopting/integrating healthy eating practices within the Canadian context

and strategies to support service providers in this work. Focus groups were held in several cities across Canada including Toronto. It is anticipated that the results of this research will be available in the fall of 2008.

Toronto Public Health has also recently implemented focus groups with different ethno-cultural committees participating in the Peer Nutrition Program. The focus groups were aimed at determining the level of awareness and understanding of obesity in different ethno-cultural groups and at developing and implementing appropriate health promotion strategies.

In addition to partnering with community stakeholders to implement community-based participatory research, Toronto Public Health is using the results of this type of research in a number of ways. As part of their dissemination strategy researchers often present the findings of their work to Toronto Public Health which serves to increase our understanding of the lived experiences of people from low income and racialized groups as we implement our programs and services and advocate for healthy public policies. It also informs the development of internal policies such as those directed at promoting inclusive programming.

CONCLUSION

This environmental scan reveals that there is a breadth of community-based participatory research that has been completed, is currently underway, or being planned in Toronto examining the health of racialized groups.

Community-based participatory research plays an important role in building the community's capacity to identify their needs and advocate for change. It also provides valuable insight into the lived experiences of individuals which can help to inform the development of programs and policies by community-based organizations, Toronto Public Health, other city services, and different levels of government. It is important that this type of research continue to be funded and supported.

It is equally important to address data gaps regarding the health of racialized groups. Toronto Public Health has advocated that Statistics Canada make disaggregated data available without a fee to public policy organizations. In addition, Toronto Public Health will continue to pursue local avenues to collect data that measure the intersection between income, race, and health.

Toronto Public Health is committed to expanding its knowledge of the health of racialized groups in Toronto by engaging in further dialogue with key stakeholders to identify areas requiring more in-depth exploration and opportunities that exist for collaboration.

CONTACT

Rita Paul SenGupta
Research Consultant
Planning & Policy - Healthy Families and Communities
Toronto Public Health
Tel: 416-338-0915
Fax: 416-338-0921
Email: rpaul1@toronto.ca

Jan Fordham
Manager
Planning & Policy - Healthy Families and Communities
Toronto Public Health
Tel: 416-338-7443
Fax: 416-338-0921
Email: fordham@toronto.ca

Carol Timmings
Interim Director
Planning & Policy
Toronto Public Health
Tel: 416-392-7463
Fax: 416-392-0713
Email: ctimming@toronto.ca

SIGNATURE

Dr. David McKeown
Medical Officer of Health

ATTACHMENTS

Attachment 1: Overview of Community Based Participatory Research Projects in
Toronto Examining the Health of Racialized Groups

Attachment 1: Overview of Community Based Participatory Research Projects in Toronto Examining the Health of Racialized Groups

Project Title Date	Participating Organizations	Population of Interest Purpose Research Methods	Funding Sources	Key Findings	Recommendations Use of the Results
Exposed: Using Photovoice to Document the Social Implications of Racialized Poverty in Black Creek (7) Ongoing	Access Alliance Multicultural Community Health Centre, Black Creek Community Health Centre, York University, University of Toronto, Toronto Public Health, Delta Family Resource Centre, and Griffin Centre.	Racialized groups in Black Creek. To investigate the social impact of the growing racialization of poverty in Black Creek. Photovoice.	Toronto Arts Council Ontario Arts Council Metcalf Foundation Wellesley Institute	Work in Progress.	Work in Progress.
Building Capacity for Community Based Research with Racialized Groups: Towards a Richer Understanding of Income Security, Race, and Health (7) Ongoing	Access Alliance Multicultural Community Health Centre, Ryerson University, University of Toronto, York University, Toronto Public Health, Black Creek Community Health Centre, Delta Family Resource Centre, and Griffin Centre.	Racialized groups in Black Creek. To investigate the causes and impact of racialized inequalities in the labour market and the growing racialization of poverty. Focus groups, interviews, and observations.	Wellesley Institute Metcalf Foundation	Work in Progress.	Work in Progress.
Mental Health Services for Newcomer Youth: Exploring the Needs and Enhancing Access (7) July 2009	Access Alliance Multicultural Community Health Centre, University of Toronto, and Centre for Addiction and Mental Health.	Newcomer Youth (14-18 years) who came to Canada in the last 5 years from Afghan, Colombian, Sudanese, and Tamil communities. To explore how newcomer youth from diverse cultural backgrounds understand and conceptualize mental health and illness. To explore the mental health needs and help-seeking behaviours of newcomer youth.	Provincial Centre of Excellence for Child and Youth Mental Health	Work in Progress.	Work in Progress.

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		<p>To explore access and barriers to community-based mental health services.</p> <p>To proposed integrated policies and recommend proactive practices that improve access and reduce barriers to mental health services for newcomer youth in Ontario.</p> <p>To actively engage newcomer youth in the research process.</p> <p>Questionnaires focus groups, and interviews.</p>			
<p>Addressing Refugee Youth Mental Health: A Community Based Youth-Led Research Project (7)</p> <p>March 2009</p>	<p>Access Alliance Multicultural Community Health Centre.</p>	<p>Refugee youth (16-25 years) from Afghan, Karen, and Sudanese communities.</p> <p>To investigate the pre-migration and post-migration mental health issues faced by refugee youth.</p> <p>Focus groups, interviews, and community based research film making.</p>	<p>Immigrant Settlement and Adaptation Program Laidlaw Foundation</p>	<p>Work in Progress.</p>	<p>Work in Progress.</p>
<p>Exploring Mental Health of Government Assisted Refugees (7)</p> <p>Ongoing</p>	<p>Access Alliance Multicultural Community Health Centre, Centre for Addiction and Mental Health, Women's Health in Women's Hands, COSTI, Centre for Victims of Torture, and Thorncliffe Neighbourhood Office</p>	<p>Government assisted refugees in the Afghan, Karen, and Sudanese communities in Toronto.</p> <p>To explore the mental health issues faced by government assisted refugees due to pre and post- migration factors.</p> <p>Focus groups and interviews.</p>	<p>Centre for Addiction and Mental Health Access Alliance Multicultural Community Health Centre</p>	<p>Work in Progress.</p>	<p>Work in Progress.</p>

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Building Community Health Mapping Tools to Investigate and Reduce Racialized Health Disparities within and across Neighbourhoods in Toronto (7) Ongoing	Access Alliance Multicultural Community Health Centre, Centre for Urban Health Initiatives, Ryerson University, Black Creek Community Health Centre, The Four Villages Community Health Centre, Regent Park Community Health Centre, Women's Health in Women's Hands, and the Association of Ontario Health Centres.	Immigrants, refugees, racialized communities, and community health centres. To build the capacity of community health centres and their community partners in developing and utilizing community mapping tools for evidence-based service planning and advocacy work geared at reducing racialized health disparities. Community mapping methods.	Centre for Urban Health Initiatives Access Alliance Multicultural Community Health Centre	Work in Progress.	Work in Progress.
Racialized People's Perceptions of and Responses to Differential Health Care (7 & 8) Ongoing	Regent Park Community Health Centre, Access Alliance Multicultural Community Health Centre, Centre of Excellence for Research on Immigration and Settlement (may be other partners).	Racialized Groups. This project consists of the following six components/ objectives: <ul style="list-style-type: none"> • To document racialized health care consumers perceptions of and responses to differential health care. • To document health providers awareness of and responses to differential health care. • To identify existing complaint mechanisms and hospital policies to address differential health care. • To enhance knowledge, awareness and responses to differential health care 	Wellesley Institute- background research and community engagement. Access Alliance Multicultural Community Health Centre-first phase of the project.	The background research and input gained through engaging the community formed the basis for the research framework/proposal. Work in progress.	Work in progress.

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		<p>among racialized health care consumers.</p> <ul style="list-style-type: none"> • To enhance knowledge and skills of health care providers. • To advance the integration of research, policy, and practice regarding the elimination of differential health care. <p>Literature review and focus groups.</p>			
<p>Gender and Migration as Social Determinants of Health: The Case of Latin American Undocumented Workers in the Greater Toronto Area (7)</p> <p>October 2008</p>	<p>Access Alliance Multicultural Community Health Centre, University of Toronto, University of Western Ontario and Community Information Centre Brazil-Angola.</p>	<p>Undocumented Latin American Workers in the GTA.</p> <p>To explore the consequences of gendered economic migration for the health and well-being of undocumented Latin American workers living in the Greater Toronto Area, with particular attention to social inclusion, working conditions and access to health care.</p> <p>Focus groups and interviews.</p>	<p>Canadian Institute for Health Research</p>	<p>Work in Progress.</p>	<p>Work in Progress.</p>
<p>Best Practices for Working with Homeless Immigrants and Refugee Project (Research Phase and Action Phase) (7, 9, 10)</p> <p>2004</p>	<p>Access Alliance Multicultural Community Health Centre, Across Boundaries: Ethnoracial Mental Health Centre, Canadian Red Cross, Centre for Equality Rights in Accommodation, Fife House, Flemingdon Community Legal Services, HIV/AIDS</p>	<p>Immigrants and refugees who are homeless or at the risk of being homeless.</p> <p>To document the experiences of adult immigrants and refugees who have used single men's and women's shelters and drop-ins (i.e. "visibly" homeless) in downtown Toronto.</p>	<p>Supporting Communities Partnerships Initiative (SCPI)</p>	<p>Eleven key findings and recommendations were generated from the research in the areas of socio-economic status, housing, shelter and drop-in services, language, discrimination, coordination of services, training, and future research and funding.</p>	<p>The recommendations were prioritized and four specific areas of action were identified:</p> <ul style="list-style-type: none"> • Culturally appropriate service delivery in shelters and drop-ins. • Linguistic accessibility of shelters and drop-ins • Co-ordination of services between shelters, drop-ins and other sectors.

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	Legal Clinic of Ontario, Ontario AIDS Network, Red Door Shelter, Regent Park Community Health Centre, Ryerson University, Seaton House, Shout Clinic, Sojourn House, St. Christopher House, St. Stephen's Community House, and York Community Services.	<p>To develop best practices among shelter and drop-in staff for working with immigrants and refugees.</p> <p>To facilitate the linking of shelters/drop-ins with health, settlement, legal and community-based social services.</p> <p>Interviews and focus groups.</p>			<ul style="list-style-type: none"> • Co-ordination of training on issues affecting homeless immigrants and refugees. <p>Some of the initiatives that were undertaken to address the recommendations included:</p> <ul style="list-style-type: none"> • Developing and disseminating guiding principles on cultural competency with the community. • Implementing a pilot project to coordinate services between shelters, drop-ins, settlement services and health. • Funding for interpretation services in shelters (on a pilot basis) based on a campaign to eliminate language barriers. • Producing an environmental scan on training gaps among staff working with homeless immigrants and refugees.

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Examining Systemic and Individual Barriers Experienced by Visible Minority Social Workers in Mainstream Agencies (7, 11) 2006	Access Alliance Multicultural Community Health Centre, Canadian Mental Health Association Toronto, Culturelink, Children's Aid Society of Toronto, Ontario College of Social Workers and Social Service Workers, Ontario Association of Social Workers, Sherbourne Health Centre, Family Services Association, Across Boundaries, Sunnybrook/Women's College Health Sciences Centre.	Visible minority social workers and internationally educated social workers. To systematically document experiences, thoughts and feelings on employment barriers and opportunities of visible minority social workers. Survey research, interviews, and focus groups.	Department of Canadian Heritage Department of Human Resources and Skills Development Canada Ryerson University, Faculty of Community Services	Individual and systemic racism continues to exist among organizations despite the implementation of anti-racism strategies. Organizations often identify their practices and policies as fair and neutral, yet their actions negatively impact visible minority social workers' access, promotion and retention opportunities in the social services sector. Organizations find it difficult and/or lack the motivation to collect data to systemically document the level of visible minority representation in their workplace. Organizations often fail to critically examine their organizational practices as evidenced by their lack of systemic change actions. The values and norms of an agency's organizational culture are defined by the dominant culture, which is Whiteness, that results in exclusionary barriers for racially marginalized communities.	The key recommendations from the study were: <ul style="list-style-type: none"> • Critically examine individual practices within agencies and the impact of each of our values and norms on the culture created in organizations. An organizational action plan (with critical self-reflection about one's own social location to practice) and organizational practices are essential. • Reassess and recreate equity frameworks within organizations that are accountable to those impacted. • Adopt an anti-racism organizational change strategy, a comprehensive plan of action and an accountability framework for implementation at all levels within the organization. • Examine relationships across systems and structures in order for systemic change to occur. <p>This study was instrumental in informing the design and development of the Internationally Educated Social Work Professionals Bridging Program.</p>

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<p>Status and Health Security: An Exploratory Study of Irregular Immigrants in Toronto (7, 12)</p> <p>2006</p>	<p>Access Alliance Multicultural Community Health Centre and University of Toronto.</p>	<p>Non-status immigrants.</p> <p>To explore the experiences of non-status immigrants and the psychological and pragmatic impact of these experiences on health and well-being.</p>	<p>University of Toronto</p>	<p>Escaping violence and lack of economic opportunities were the key reasons for coming to Canada.</p> <p>Many participants attempted to lead productive and meaningful lives despite their lack of status e.g. volunteering etc.</p> <p>Most of the participants have tried to follow the correct immigration procedures in order to obtain their status.</p> <p>Low paying exploitative jobs are held by most of the participants. Participants face a number of issues such as lack of social support outside of the family, exhibiting signs of trauma, depression, chronic stress, family separation, and stress-related illnesses. Many reported unmet health needs and barriers to help seeking behaviour.</p> <p>Irregular status also has impacts on the family, in particular increased emotional stress on children.</p>	<p>More comprehensive information is required about irregular workers for the purposes of health promotion, provision of mental health services, and fair evidence-based policy development.</p>

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Striving for Best Practices and Equitable Mental Health Care Access for Racialized Communities in Toronto (7, 13) 2006	Access Alliance Multicultural Community Health Centre, Ryerson University, Across Boundaries, and Women's Counselling Referral and Education Centre.	Mental health consumer survivors from racialized groups. To explore barriers and opportunities faced by service providers in the provision of appropriate mental health services to racialized communities; to explore the extent to which a holistic approach is being used in the assessment and intervention work with racialized communities; and to identify best practices to be used by service providers in providing culturally competent and equitable services that can benefit racialized communities in the Toronto area. Focus groups.	Canadian Institute of Health Research (CIHR) Institute of Health Services and Policy Research Institute of Neurosciences- Mental Health and Addiction Research	A number of issues at both the individual and institutional levels were identified including accountability issues and systemic barriers such as race- based discrimination and organizational resistance to change. Specific experiences and barriers encountered by consumer survivors from racialized communities included exclusionary and discriminatory Eurocentric practice values of mainstream clinical services.	Some of the recommendations from the research included creation of equitable mental health care service provision, including anti-racist assessment tools, support networks for consumer survivors from racialized communities, and creation of a solid empirical research base to support the implementation of equitable mental health services.
The Regularization of Non-Status Immigrants in Canada 1960-2004 (7, 14) 2005	Access Alliance Multicultural Community Health Centre, University of Toronto, McMaster University, Wilfred Laurier University, Community Social Planning Council of Toronto, and York University.	To document how the Canadian state has dealt with the issue of regularization, how the efforts of community groups and pro- immigrant organizations affected policy changes in regularization procedures, and the contemporary needs of persons without status in Canada concerning regularization. Historical research, interviews, and focus groups.	Joint Centre of Excellence for Research on Immigration and Settlement McMaster University	The development of a detailed historical record of regularization in Canada since 1960. Increased understanding of the wide range of groups and organizations across Canada currently involved in campaigns for the regularization of non-status immigrants in Canada. Increased understanding of the regularization needs of diverse non-status immigrants in Toronto, and the kinds of	A few groups developed specific proposals regarding the development of a regularization program.

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				<p>conditions and requirements many non-status immigrants think would be fair in a regularization program.</p> <p>Many of the criteria and methods of implementation from past regularization programs in Canada would have excluded many non-status immigrants living in Toronto today.</p> <p>Study participants identified conditions and methods of implementation for regularization that they thought would be fair, and inclusive of their needs and situations.</p> <p>The research team also gained insight into the challenges and barriers faced by non-status immigrants currently living in Toronto.</p>	
Access Not Fear: Non-Status Immigrants and City Services (15, 16) 2006	Access Alliance Multicultural Community Health Centre, McMaster University, University of Toronto, Central Neighbourhood House, Davenport Perth Neighbourhood Centre, the Community Social Planning Council of Toronto and the Don't Ask, Don't Tell Campaign.	<p>Non-status immigrants from different communities.</p> <p>To determine what kinds of barriers non-status immigrants face when they attempt to access city services, such as social housing and shelters, emergency services, health care, schools, social assistance, and food banks. Interviews and focus groups.</p>	Joint Centre for Excellence for Research on Immigration and Settlement.	<p>A number of barriers to accessing services were identified.</p> <p>Particular areas of concern were lack of access to medical care, non-status women not reporting intimate partner violence due to fears of deportation or having their children taken away, and particular barriers faced by non-status people with disabilities and/or low incomes.</p>	<p>Full regularization of all non-status people in Canada.</p> <p>Implementation of a Don't Ask, Don't Tell Policy by the City of Toronto.</p> <p>Full funding for social services to address systemic barriers including those based on income, disability, gender, race, language, and immigration status.</p>

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				<p>Many service agencies are increasingly called upon to serve the needs of non-status people.</p> <p>Many service providers want to help people based on their needs and are not concerned about immigration status.</p>	
<p>St. James Town Initiative-Advancing Newcomer Health (17, 18, 19)</p> <p>2007-2012</p>	Wellesley Institute and community partners in St. James Town.	<p>Newcomers living in the St. James Town neighbourhood.</p> <p>To work with the community to identify how the neighbourhood itself affects newcomer health and well-being, changes that need to be made and what needs to remain the same in order to make St. James Town as healthy as possible.</p> <p>Visual and written narratives, community mapping, and interviews.</p>	Wellesley Institute	<p>In the first year of the project, two specific initiatives were undertaken: a photo voice project and a community mapping project.</p> <p>Photo Voice Project Photos and stories depicting how the social and physical characteristics of St. James Town affect the health of its residents were showcased at a Community Voices Forum and Expo. The five categories under which the photos/stories were grouped include: service delivery, service needs, economic factors, physical environment, and social factors.</p> <p>Community Mapping Community members drew maps and shared their stories about the community resources available to them to support their health and well-being and the needs of the community.</p>	Community Voices Forum and Expo.

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<p>Racial Discrimination as a Health Risk For Female Youth: Implications for Policy and Healthcare Delivery in Canada (20)</p> <p>2003</p>	<p>Women's Health in Women's Hands and Centre for Addiction and Mental Health- Women's Mental Health Program.</p>	<p>Young women of colour (16-22 years of age)</p> <p>To explore racial discrimination as a health risk factor for female youth and to determine what improvements need to be made in the delivery of anti-racist health care for young women of colour.</p> <p>Focus groups, interviews, and survey research.</p>	<p>The Canadian Race Relations Foundation</p>	<p>The findings were reported for anti-racist practitioners, health care organizations, and young women of colour.</p> <p>Anti-Racist Practitioners Practitioners identified a range of barriers faced by young women of colour in accessing health care services. Some examples include not naming racism, racial stereotypes, language barriers, and lack of multi-racial health care workers.</p> <p>Educating service providers and young women of colour was identified as one way to address these barriers.</p> <p>Health Care Organizations Only 2 of the 7 organizations surveyed had programs specifically for female youth of colour; however, most of them reported having anti-racist policies and felt that racism could have health effects.</p> <p>Young Women of Colour Most women had family doctors. Family doctors were the most commonly cited source of information.</p> <p>Young women reported varied experiences with the health care system.</p>	<p>A number of recommendations were made regarding the practice of health care providers when working with young women of colour.</p> <p>Recommendations were also made about consideration of the barriers identified by young women of colour in program and service delivery.</p> <p>The need to ensure that institutional mechanisms and resources are in place for the promotion of inclusive health policies and programs were identified along with the need to disaggregate data based on race and gender.</p>

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				<p>17.3% of women reported experiencing racism in the health care system.</p> <p>The most commonly reported impact of racism was on psychological well-being.</p>	
<p>If Low Income Women of Colour Counted in Toronto (21)</p> <p>2003</p>	<p>Somali Immigrant Women's Association, Markbrook Community Group, Rexdale Community Health Centre, Sistering , Parkdale Community Legal Services, Elspeth Heyworth Centre Canadian Tamil Women's Community Services, Murphy Brown , Growing Together, Riverdale Immigrant Women's Centre, Wood Green Community Centre, South Riverdale Community Health Centre, Afghan Women's Group, and Community Information.</p>	<p>Low income women of colour in Toronto.</p> <p>To document and address the largely underground realities of low income and racialized women.</p> <p>Review of relevant reports and research papers, community meetings, and interviews.</p>	<p>Women's Program of Status of Women Canada City of Toronto's Access and Equity Grants Program.</p>	<p>A broad range of issues were identified related to poverty, employment barriers, job discrimination, inadequate jobs, lack of access to education/training, Ontario Works and the Ontario Disability Support Program, housing and homelessness, harassment, isolation, family care, parenting and children, health issues, abuse and violence, and access to services.</p>	<p>Several recommendations for change were made revolving around housing, TTC access, anti-violence training, public recreation, multi-lingual information on women' s rights and services, health services, and cross cultural social planning.</p>
<p>Revisiting the "Personal is Political": Immigrant Women's Health Promotion (22)</p> <p>2004</p>	<p>University of Toronto Women's Health in Women's Hands.</p>	<p>Immigrant women who had arrived in Canada in the last 5 years.</p> <p>To analyze the social determinants of health within the context of recent immigration in order to identify health promoting and empowering strategies for these immigrants.</p>	<p>Canadian Institutes of Health Research.</p>	<p>The findings were grouped into three key areas: experiences of displacement, becoming an immigrant, and limits to empowerment.</p> <p>Experience of Displacement A number of challenges faced by these women were related to: language skills, access to services, social support, and knowledge of resources.</p>	<p>This research resulted in:</p> <p>A web page with information for prospective and recent immigrants.</p> <p>A poetry booklet.</p> <p>A 20 minute video to motivate discussions about the experiences of newcomers in Toronto.</p>

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		Diary writing, photos, and group discussions.		<p>Becoming an Immigrant Issues identified included unemployment or underemployment largely due to level of fluency in English, very limited use of the city, gender inequities, and becoming identified as “immigrant women”.</p> <p>Limits to Empowerment While the participatory action nature of the research served to empower participants, the participants remained underemployed professionals due to systemic issues.</p>	The creation of a support group to provide information to other immigrants.
Collaborative Process to Achieve Access to Primary Health Care for Black Women and Women of Colour (23) 2008	University of Toronto, Women’s Health in Women’s Hands, Planned Parenthood of Toronto, Sistering, Rexdale Community Health Centre and Parkdale Community Health Centre.	<p>Black women and women of colour.</p> <p>The findings of the study will be used to identify barriers and recommend solutions to improve access to health care for Black women and women of colour.</p> <p>Method not noted in project description.</p>	Ministry of Health and Long Term Care	Work in Progress.	Work in Progress.
Silent Voices of the HIV/AIDS Epidemic: African and Caribbean Women Research Study (24) 2004	Women’s Health in Women’s Hands.	<p>Women from the African and Caribbean communities and service providers working with African and Caribbean women.</p> <p>To explore the factors contributing to the lack of involvement of African and Caribbean women living in</p>	Health Canada	<p>Knowledge and awareness of the disease varied among African and Caribbean women.</p> <p>A number of individual and partner behaviour risk factors and broader factors were identified as influencing the spread of the disease and access to information and services.</p>	Several recommendations were made in the areas of education and prevention, accessibility to programs/services, cultural competency of service providers, funding for service expansion, research, linking global to local issues, community development, continuum of services, and

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		Toronto in HIV/AIDS initiatives and to identify solutions and strategies to increase participation. Interviews and focus groups.		A number of individual, organizational and systemic barriers and access related issues were also identified. Most HIV/AIDS services are delivered by “mainstream agencies”.	reduction of stigma and discrimination.
How Do Scarborough’s Black Youth Access the Health Care System? (25) 2005	Black Health Alliance.	Black youth. To examine the experiences of black youth living in low-income neighbourhoods in Scarborough and the impact of inadequate health services in Toronto’s inner suburban region. Focus groups.	Wellesley Institute	Black males were deeply cynical of the health care system—many did not have a regular primary health care provider. Females tended to have a regular provider. For both males and females, walk-in clinics were the primary type of health service used. Walk-in clinics were criticized by youth because they offered little time with their health provider. Black males considered violence their sole health risk; consequently some did not use health care services. Males demonstrated poor knowledge of relevant health risks. Printed materials are largely ignored; some are poorly translated (i.e. Somali language translations).	Community workers and health professionals are urged to promote regular health care in the black community. Person-to-person health promotion is needed to increase the ‘visibility’ of health issues of black youth. Need for culturally-appropriate translations by health professionals who understand the significance of the health information being translated. Hospitals and other health care providers should recognize the need for hiring health care providers who reflect and understand the issues of their client community. There is a lack of community-based health services in high-population communities, such as Malvern and Kingston-Galloway. Advocacy is needed to raise awareness within government

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				<p>Males and females gather health information differently: males learn health information 'passively', while females expressed an active interest in health concerns.</p> <p>Health information and resources are not well publicized to youth; immigrant youth are especially uninformed.</p>	<p>about the inequity of health resources in Toronto.</p> <p>Need for a comprehensive examination of health status among the black population.</p>
Immigrant and Refugee Services Program (26) 2007	St. Christopher House Access for Marginalized Newcomers Project Advisory Committee	<p>Marginalized newcomers and refugees.</p> <p>To give marginalized newcomers and refugees the opportunity to tell their experiences in accessing social services in Toronto as well as provide suggestions for changes and improvements in these services.</p> <p>Focus groups.</p>	None noted.	Participants identified a number of challenges in the areas of housing, health care, child care, employment, and language services.	The information was used to establish the working agenda of the Access for Marginalized Newcomers Project Advisory Committee. This agenda included: capacity building, outreach strategies, systemic barriers, and best practices.
Health Status and Health Needs of Older Immigrant Women: Individual, Community, Societal, and Policy Links (27) 2007	Ontario Women's Health Network, Women's Health in Women's Hands, South Riverdale Community Health Centre, Wasabi Consulting, Stonegate Community Health Centre and University of Toronto.	<p>Older immigrant women (50 years or older) in Toronto. Focus on women of African, Chinese, South East Asian, East European, and Latin American origin.</p> <p>To examine the impact of social policy on the health status and health and social service seeking behaviour of older immigrant women and identify the role of community health centres in</p>	Public Health Agency of Canada.	<p>The intersection of gender, age, and race/ethnicity place this target population at higher risk for health disparities.</p> <p>Necessary to develop a better understanding of what health means for older immigrant women.</p> <p>There is a lack of research on the interplay between the health needs of older immigrant women and lack of services.</p>	Areas for change noted in the key findings.

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		<p>addressing the needs of this group.</p> <p>Focus groups and interviews.</p>		<p>Changes in the following six areas would have a real impact on the lives of older immigrant women: mental health, caregiving, immigration and settlement, female-specific health concerns, health care access and health promotion practices, and illness management.</p> <p>Addressing access to health services, access to information, role of language, role of social supports, relationships with doctors, and access to services that are not publicly funded is important.</p> <p>Ontario's health care delivery system lacks a broad and inclusive understanding of cultural competency in service delivery.</p> <p>Community health centres provide much of the care to older immigrant women; however, they are under funded.</p> <p>The current regionalization of health care delivery in Ontario needs to be informed by data on older immigrant women.</p>	

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Key to Women's Health- A Health Promotion Framework to Prevent Stroke Among Marginalized Women (28) 2006	Ontario Women's Health Network, Ontario Prevention Clearinghouse, Toronto Christian Resource Centre, and Toronto Public Health.	Women from diverse backgrounds from three Ontario sites. In Toronto, the target population was homeless and under housed women (including Aboriginal, Non-Status, Metis or Inuit women and women of colour/visible minority women). To explore marginalized women's awareness and understanding of chronic disease prevention. Focus groups.	Ontario Ministry of Health and Long Term Care.	The participants identified a range of barriers to accessing health care, limited knowledge about the risks, signs and symptoms of stroke, and a preference for small group discussions as a means of learning about stroke.	This project created a framework entitled "Key to Women's Health".
Count Us In! Inclusion and Homeless Women in Downtown East Toronto (29) 2006	Ontario Women's Health Network, Ontario Prevention Clearinghouse, Toronto Christian Resource Centre, and Toronto Public Health.	Homeless and under housed women (including Aboriginal, Non-Status, Metis or Inuit women and women of colour/visible minority women). To investigate how health and social services in Toronto and Ontario can be made more inclusive to help promote the health and well being of marginalized groups. Focus groups.	Wellesley Institute	Health and Social Services Participants described health and social services as being inaccessible and not meeting women's needs and providers who did not treat them with respect. Substance Abuse Participants identified the negative impact of drug dependency on health. Work and Money Participants identified the importance of having a job and income. Education Participants identified the role that education plays in creating a sense of belonging but that barriers exist to acquiring it and	Several recommendations were made as a result of this research and included: training health and social service providers; increasing accessibility of information; creation of safe spaces where discrimination is challenged; increasing detoxification and harm reduction programs; opening more shelters for women/families; making services more accountable; and changing policies that have a detrimental impact on women e.g. housing, claw back etc.

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				<p>that it isn't the solution to all of their problems.</p> <p>Safety and Security Participants identified the importance of feeling safe and secure in one's home and neighbourhood.</p> <p>Family, Friends, and Community Participants identified the importance of family, friends, and community social supports to well-being.</p> <p>Discrimination Participants identified experiencing discrimination and the impact this has on their well-being.</p> <p>Transitional Supports Participants indicated that eligibility criteria for programs such as Ontario Works and the Ontario Disability Support The program needs to be flexible.</p>	
<p>Turning Up the Volume on the Health Concerns of Marginalized Women (30)</p> <p>2006</p>	Ontario Women's Health Network.	<p>Marginalized women across Ontario (women living in poverty, immigrant women, women with disabilities, women who experience racism, violence and other factors that limit their access to well-being)</p> <p>To identify and address the health concerns of women in Ontario.</p>	Ontario Trillium Foundation	<p>Participants identified the need for access to quality health care and helpful information. As well, they articulated the need for more support from their doctors.</p>	<p>As a result of the information gathered through these focus groups a number of actions were taken. These included:</p> <p>Meeting with the Chief Medical Officer of Health to share what was learned.</p> <p>Consulting with the Hospital Report Research Collaborative and the Cancer Care Ontario</p>

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		Focus groups.			<p>Research team to ensure that their work addresses the needs of marginalized women.</p> <p>Joining networks that address the issues raised by women in the focus groups.</p> <p>Producing a poster which summarized the results of the focus group and has been presented at conferences and community forums.</p>
<p>Coming Together: Homeless Women, Housing, and Social Support (31)</p> <p>2007</p>	University of Toronto, Regent Park Community Health Centre, and Sistering.	<p>Women and transwomen who are homeless or marginally housed (including women who were Aboriginal or Metis and women of colour).</p> <p>To explore how women and transwomen who are homeless and marginally housed build support networks with each other in order to survive.</p> <p>Interviews and staged photography.</p>	Wellesley Institute Social Sciences and Humanities Council of Canada University of Toronto.	<p>A number of themes emerged from the interviews that are important in understanding the lives of women/transwomen who have experienced homelessness: the characteristics and functions of social networks for these women; violence and trauma in these women's lives; safe space, homes and housing; and changes needed in social services.</p> <p>The creation of posters from staged photography depicting the key themes from the research.</p>	Five key areas of recommendations emerged from the research: the need for changes in social services, more Aboriginal-led services and more trans-inclusive services, as well as creation of accessible counselling services and safe housing.
<p>Malvern Youth Leadership Inclusion Facilitation Enabling Project (32)</p> <p>2005</p>	Ryerson University, Community Social Planning Council of Toronto, City of Toronto, Malvern Family Resource Centre, Toronto Public Library, and McMaster University.	<p>Malvern youth 14-21 years.</p> <p>To engage, enable, encourage and empower youth 14 to 21 living in Malvern to affect their community in a positive way.</p>	Wellesley Institute Malvern Family Resource Centre, City of Toronto Social Development and Administration, and Toronto Public Health.	<p>Most of the youth felt that the Malvern community was a good and safe place to live.</p> <p>If little is done to counter media images and the external perceptions of this community-problems will increase.</p>	Five key areas of recommendations emerged from the research: communication of the results to a broad range of key stakeholders; further recruitment of youth into the project; develop a broader youth leadership organization;

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		Focus groups.		Improvements to the community infrastructure are required.	improve youth employment and training opportunities through better collaboration between key stakeholders; and develop and maintain relationships with individuals and organizations who support Malvern youth.
Pathways to Homelessness Among Caribbean Youth Aged 15-25 in Toronto (33) 2006	Ryerson University	Caribbean Youth 15-25 years in Toronto To ascertain patterns, trends, and pathways related to episodes of homelessness among Caribbean youth. Interviews.	Wellesley Institute Ryerson University's Caribbean Research Centre.	The most common pathways to homelessness were family breakdown and evictions due to inability to pay rent. Parents or guardians, especially mothers, are the primary source of financial and emotional support for homeless Caribbean youth. Contact with the police is overwhelmingly negative for homeless Caribbean youth, especially for males. There is a strong perception among those interviewed that discrimination and racism play a role.	Specific recommendations were not noted.
Identifying Urban Health Issues Among Somali Youth (34) 2005	Midaynta Association of Somali Service Agencies Metro Toronto	Somali residents. To identify urban health issues among Somali youth. Workshops.	Wellesley Institute	A number of concerns were identified through the research. These included quality of education, lack of role models, challenges with the job market, poor housing, lack of school resources, and low expectations of teachers.	The research findings were used to direct future research and form the Community Coalition for Enhancing Immigrant and Refugee Education.

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Attention Deficit Hyperactivity Disorder, ADHD Services and the Chinese-Toronto Community: A Partnership (35) 2005	Scarborough Hospital Toronto Catholic District School Board	Chinese, Mandarin, and Cantonese speaking parents. To gain a better understanding of how Chinese speaking individuals understand and perceive the assessment, treatment, and services available for ADHD. Surveys and focus groups.	Children's Hospital of Eastern Ontario Wellesley Institute	The key barriers to accessing treatment identified were language and lack of knowledge about ADHD.	A number of ADHD resources were developed as a result of this research including: a Chinese language version of a common assessment tool; a community based education workshop in Cantonese and Mandarin; and an educational video.
Nurturing the Spirit of Urban Aboriginal Adults: Symbolic Reflection of Experiences with Cultural and Recreation Programs (36) 2007	Native Canadian Centre for Toronto.	Urban Aboriginal Adults. To explore the health impacts of physical activity for urban Aboriginal adults. Two indigenous methods- Sharing Circles and Anishnaabe Symbol-Based Reflection.	Wellesley Institute	The participants' stories and the symbols they constructed illustrated how physical activity impacted on their lives emotionally, physically, and spiritually.	The two indigenous methods used in this study have added to the knowledge base of indigenous research methods.
Improving Access to Mental Health Services for Immigrant and Refugee Persons with HIV/AIDS (37) 2007	Committee for Accessible AIDS Treatment Centre for Spanish Speaking Peoples CAMH Black Coalition for AIDS Prevention Alliance for South Asian AIDS Prevention African Partnership Against AIDS.	First generation immigrants, refugees, and non-status people living with HIV/AIDS from Africa, the Caribbean, South Asia, Southeast/East Asia, or Spanish-speaking countries in Central/South America. To explore how immigrants, refugees, and non-status people living with HIV/AIDS define their mental health, how they make sense and cope with their mental health issues and their experiences accessing mental health services.	Wellesley Institute	Participants viewed mental health as a state of security in which they are able to meet their basic needs. Five key sources of stress identified by participants included: challenges related to the migration and settlement process; living with HIV/AIDS; stigma and discrimination; social isolation; and service utilization. Coping mechanisms identified by participants included a mixture of informal strategies and formal services.	Four key recommendations emerged from the research regarding immigrants, refugees, and non-status persons living with HIV/AIDS: creation of more opportunities to enhance the capacity to deal with life challenges; development of more programs and services that reflect the diversity of this group; using education to address stigma and discrimination; and enhancing access to alternatives to Western medicine.

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		Literature review and focus groups.		A number of barriers were identified by participants in accessing services such as stigma and discrimination, language difficulties, lack of communication/follow-up, different understandings of mental health and limited services.	

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