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**MISSISSAUGA DIABETES HEALTHY CITY STRATEGY**

**Community Engagement Report Appendices**



**May 2024**

**Prepared for the Strategic Initiatives Section, City Manager's Office,  
City of Mississauga**

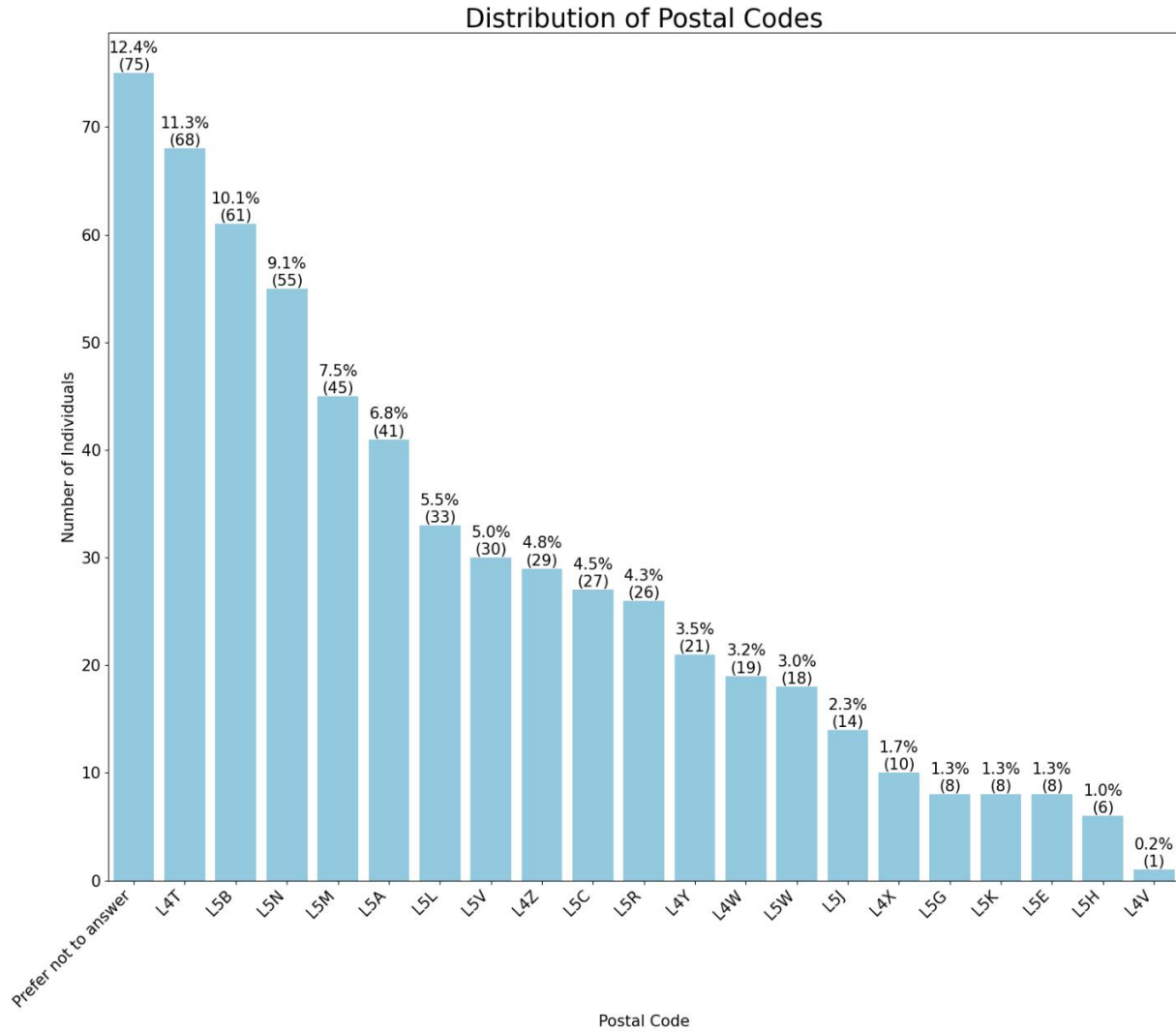


**Table of Contents**

<b>Appendix A – Information of Survey Respondents .....</b>	<b>2</b>
<b>Appendix B – Survey Responses .....</b>	<b>12</b>
<b>Appendix C – Community Feedback and Ideas .....</b>	<b>33</b>
<b>Appendix D – Feedback to Share with Other Public and Private Entities .....</b>	<b>42</b>

## Appendix A – Information of Survey Respondents

Figure 1: Distribution of Postal Codes



Survey Question: 1

Figure 2: Map of Postal Code Frequency

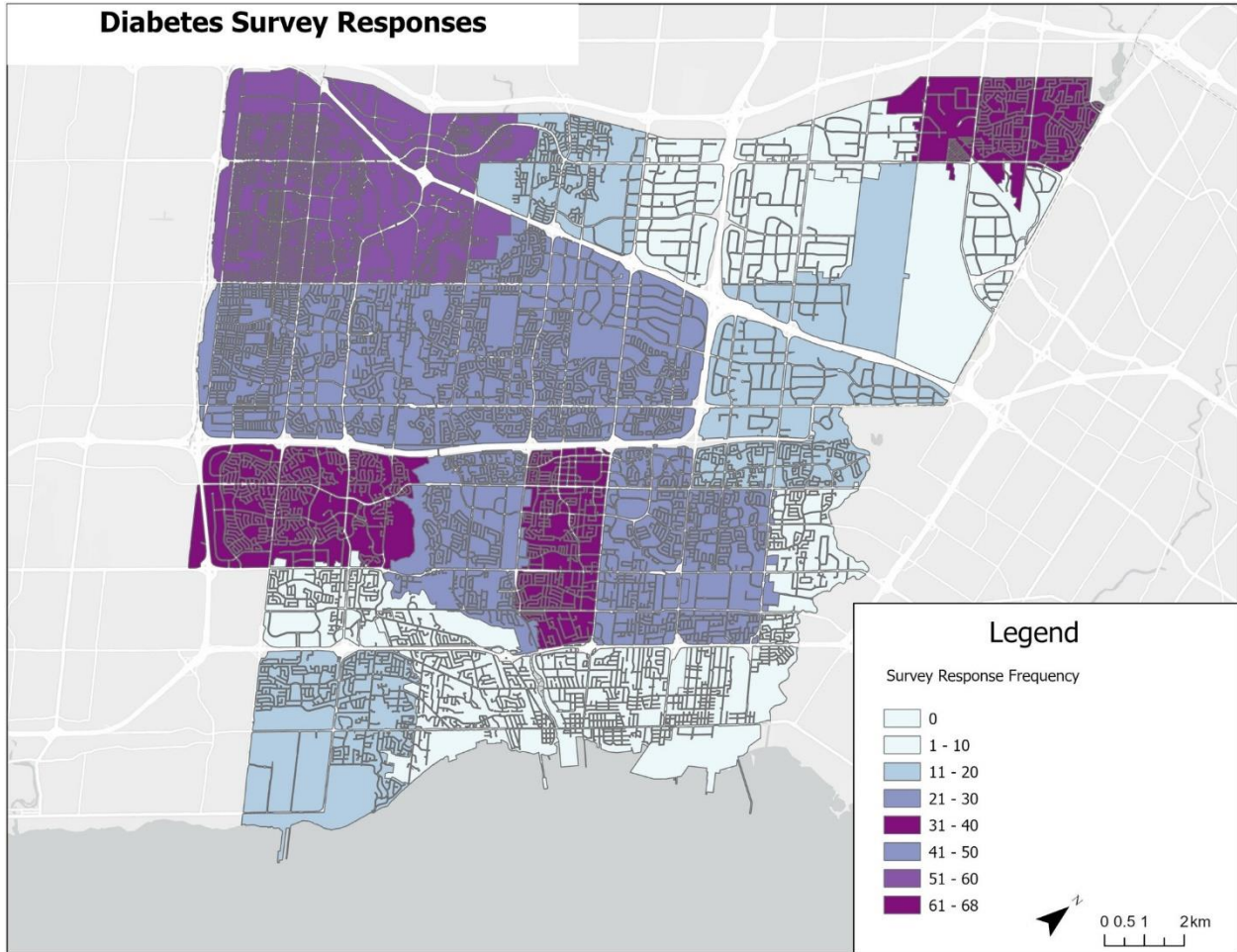
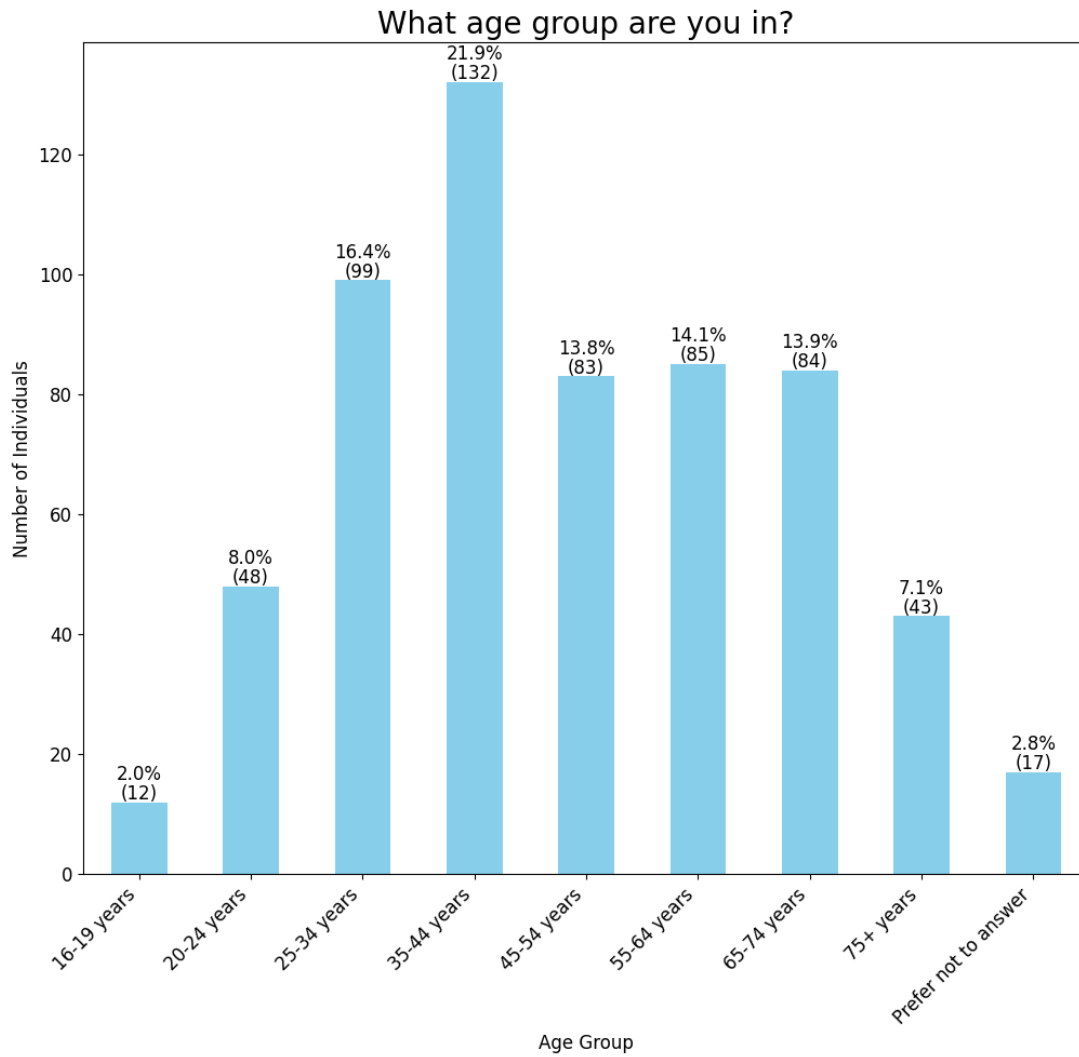
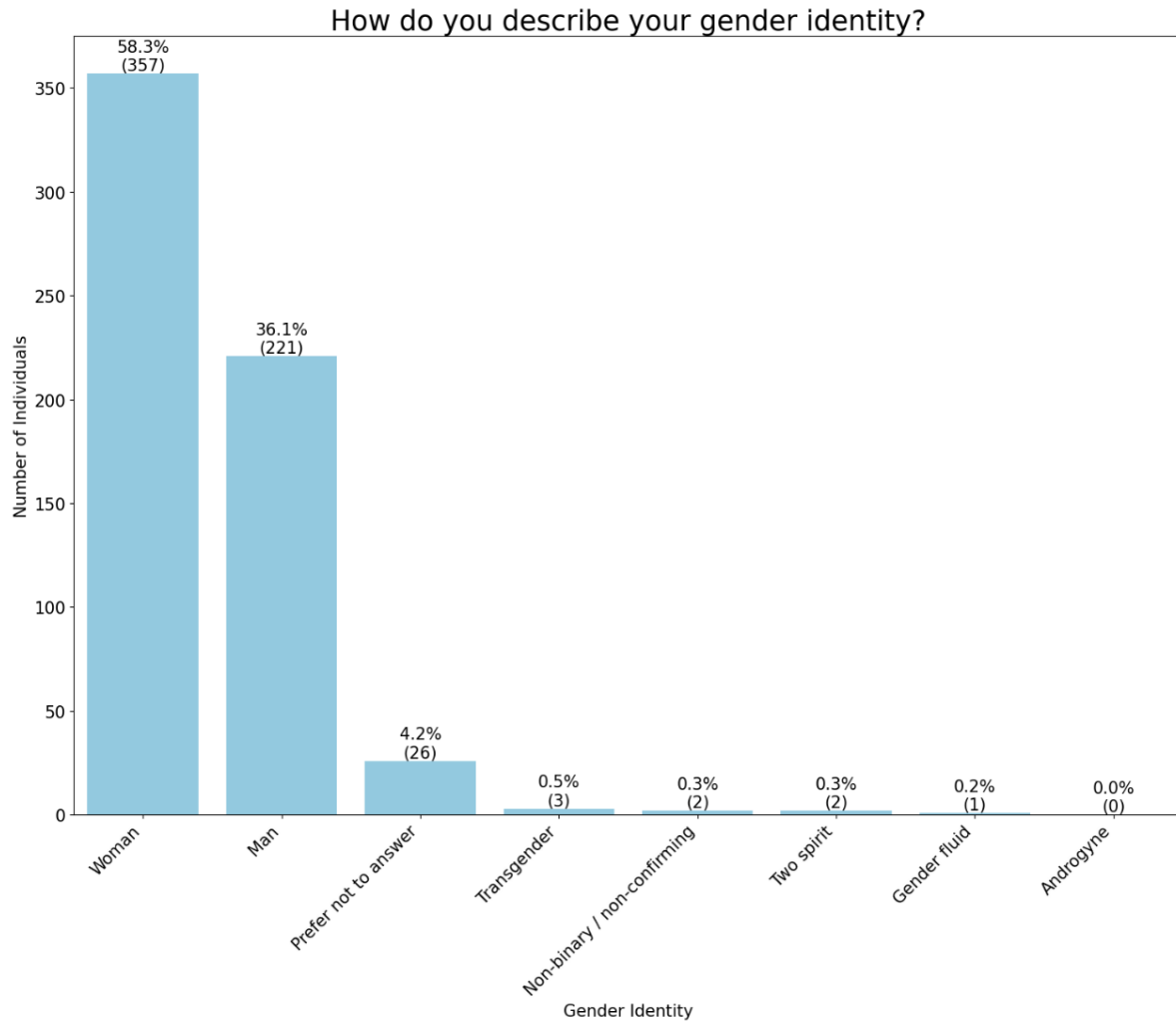


Figure 3: Age Distribution of Respondents



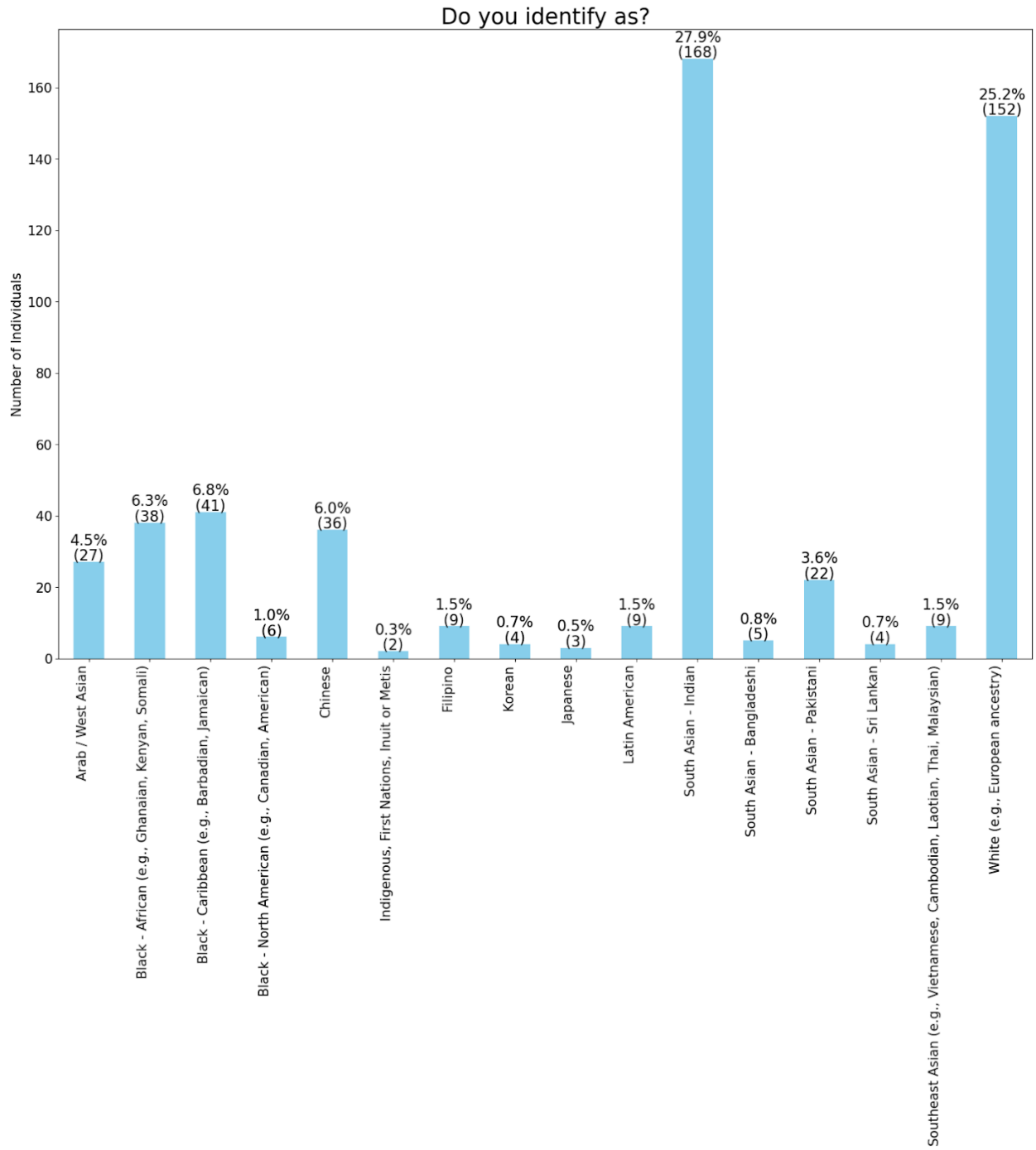
Survey Question: 7

Figure 4: Gender Identity of Respondents



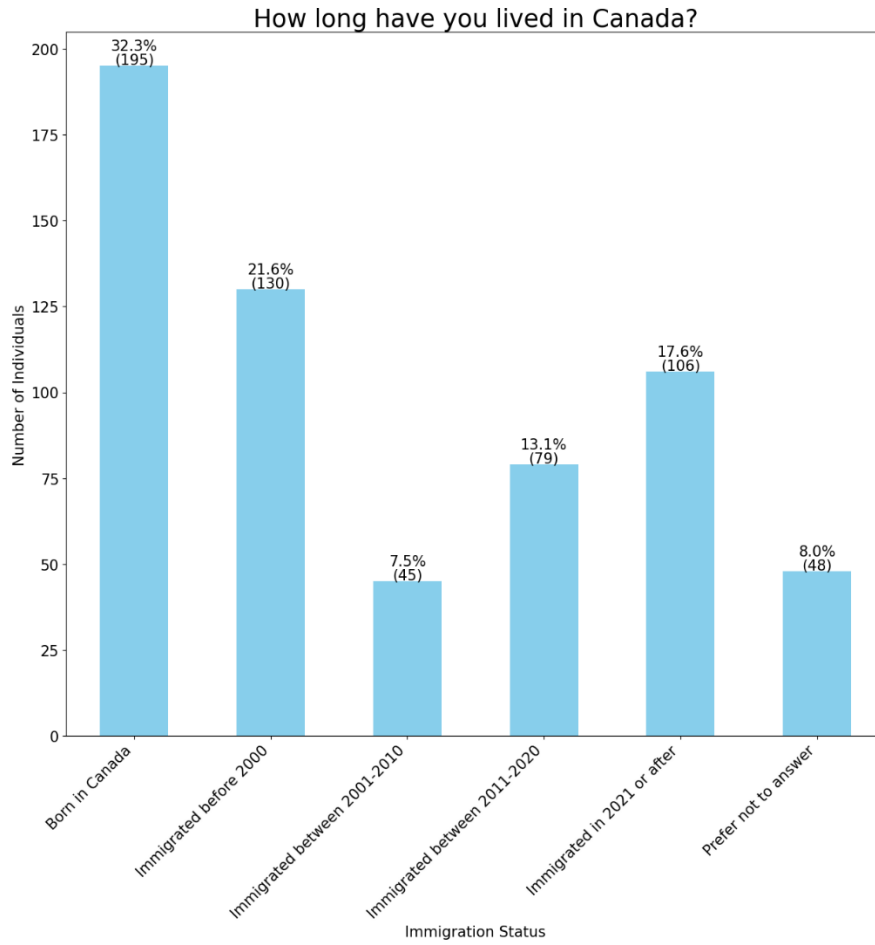
Survey Question: 2

Figure 5: Ethnic Identity of Respondents



Survey Question: 3

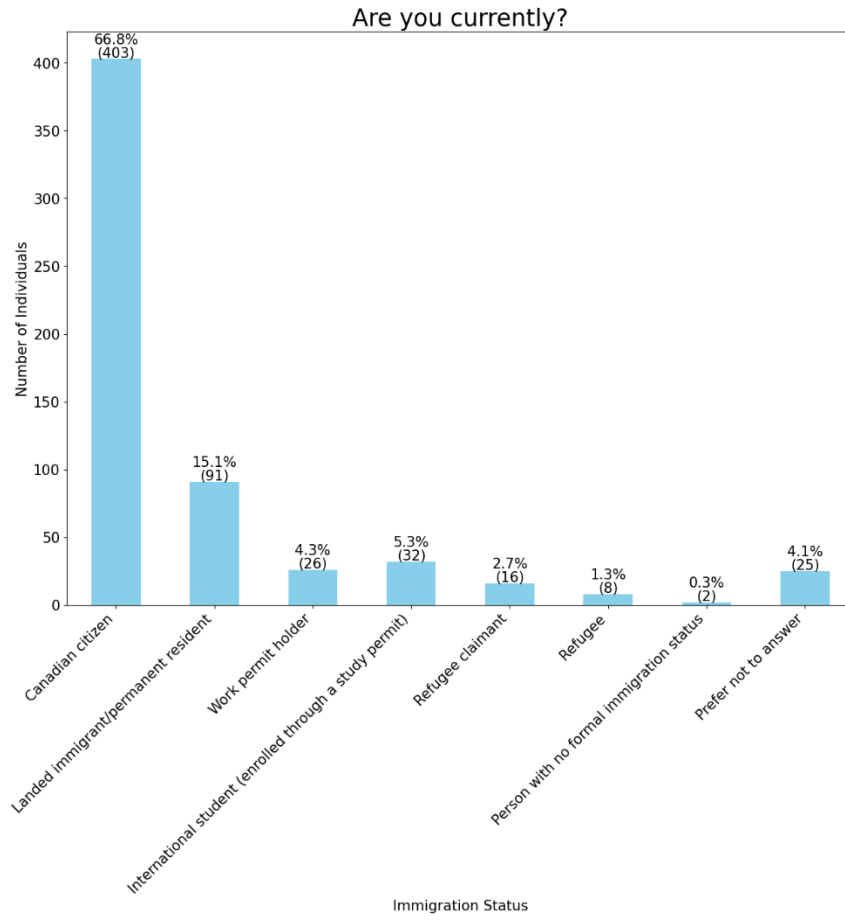
Figure 6: Immigration Status of Respondents



Survey Question: 4

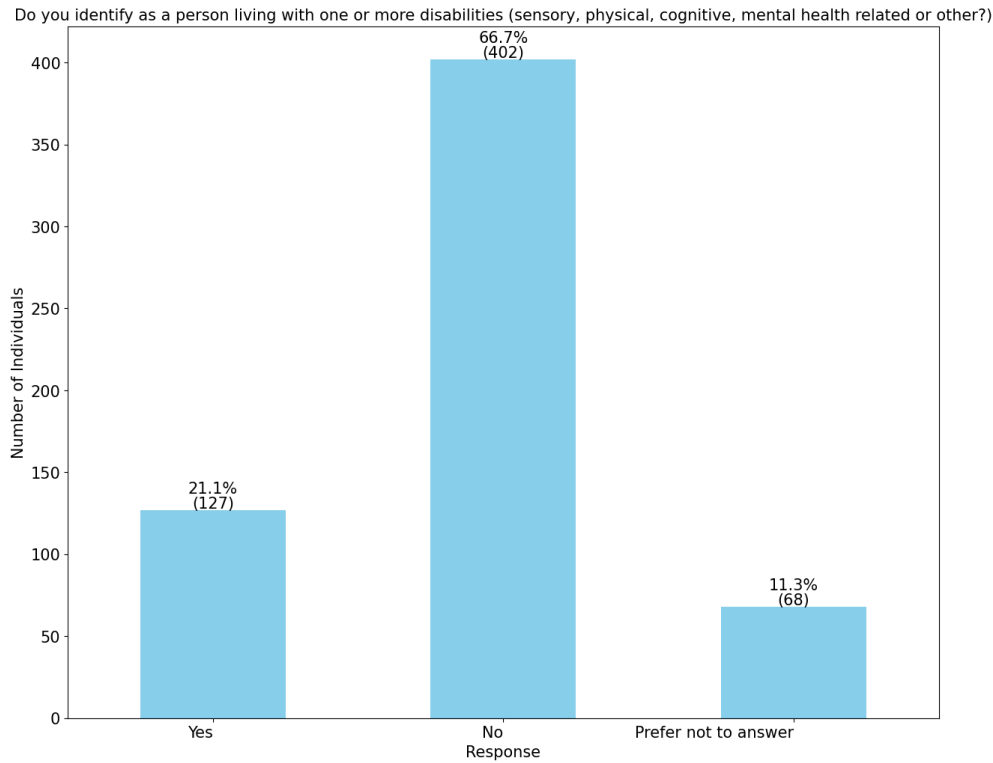


Figure 7: Citizenship Status of Respondents



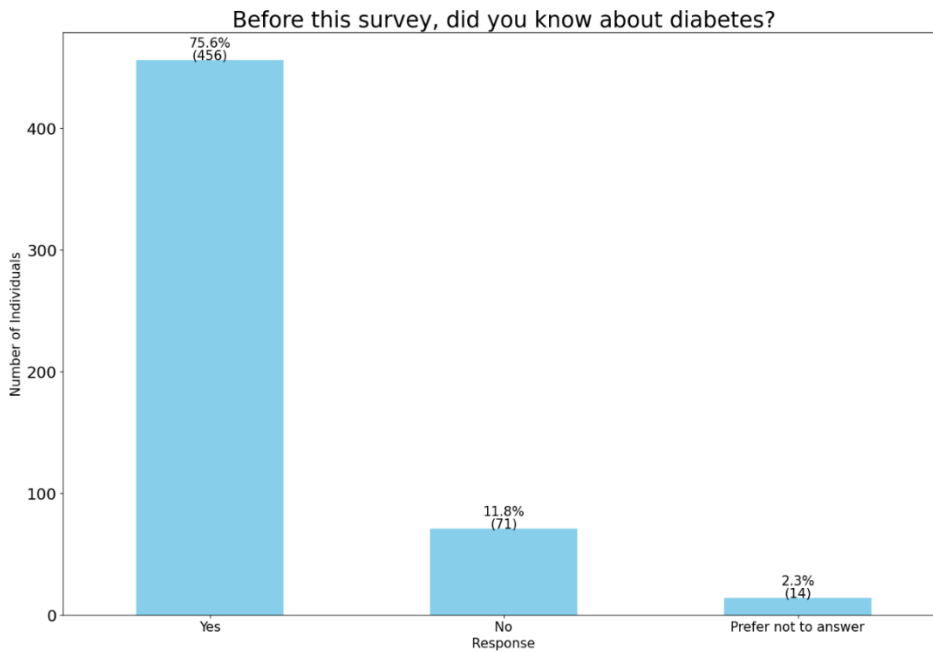
Survey Question: 5

**Figure 8: Respondents Living with a Disability**



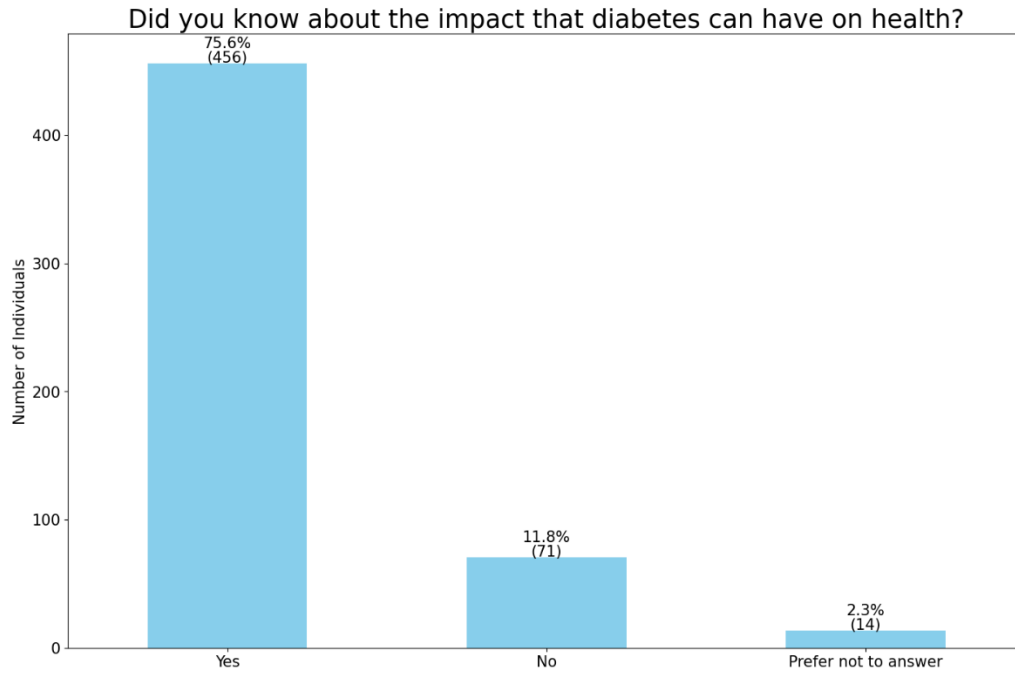
Survey Question: 10

**Figure 9: Respondent Awareness of Diabetes**



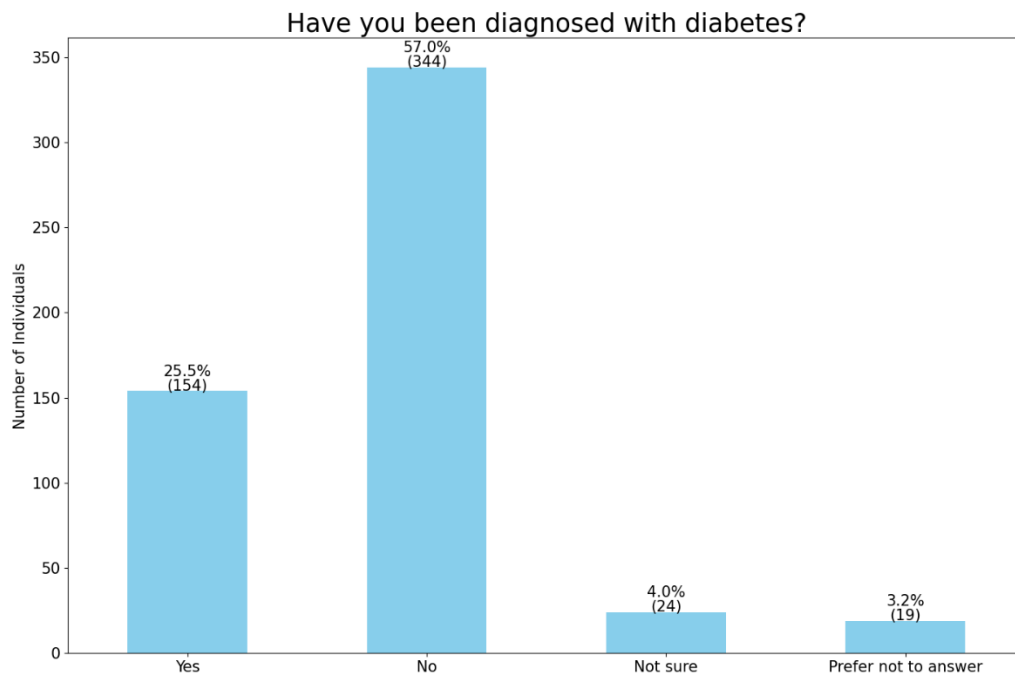
Survey Question: 12

**Figure 10: Respondent Awareness of Impact of Diabetes**



Survey Question: 13

**Figure 11: Respondents Diagnosed with Diabetes**



Survey Question: 14

Figure 12: Respondent Risk for Diabetes

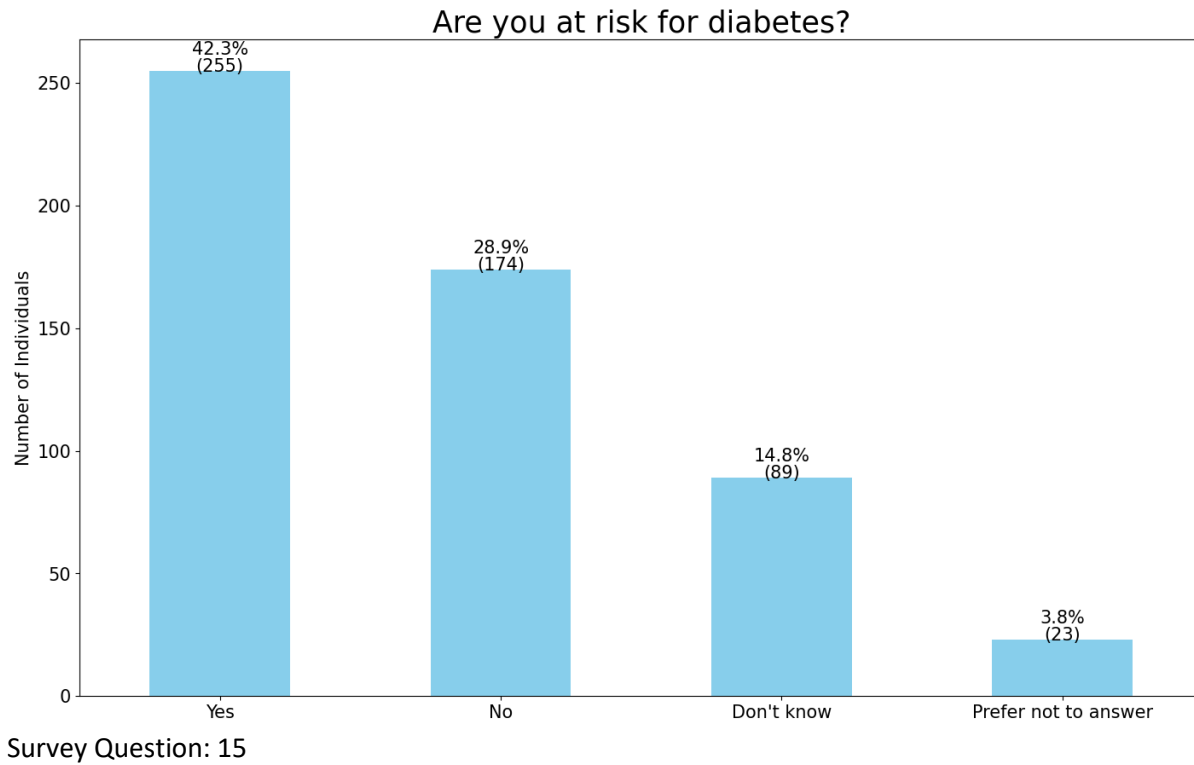
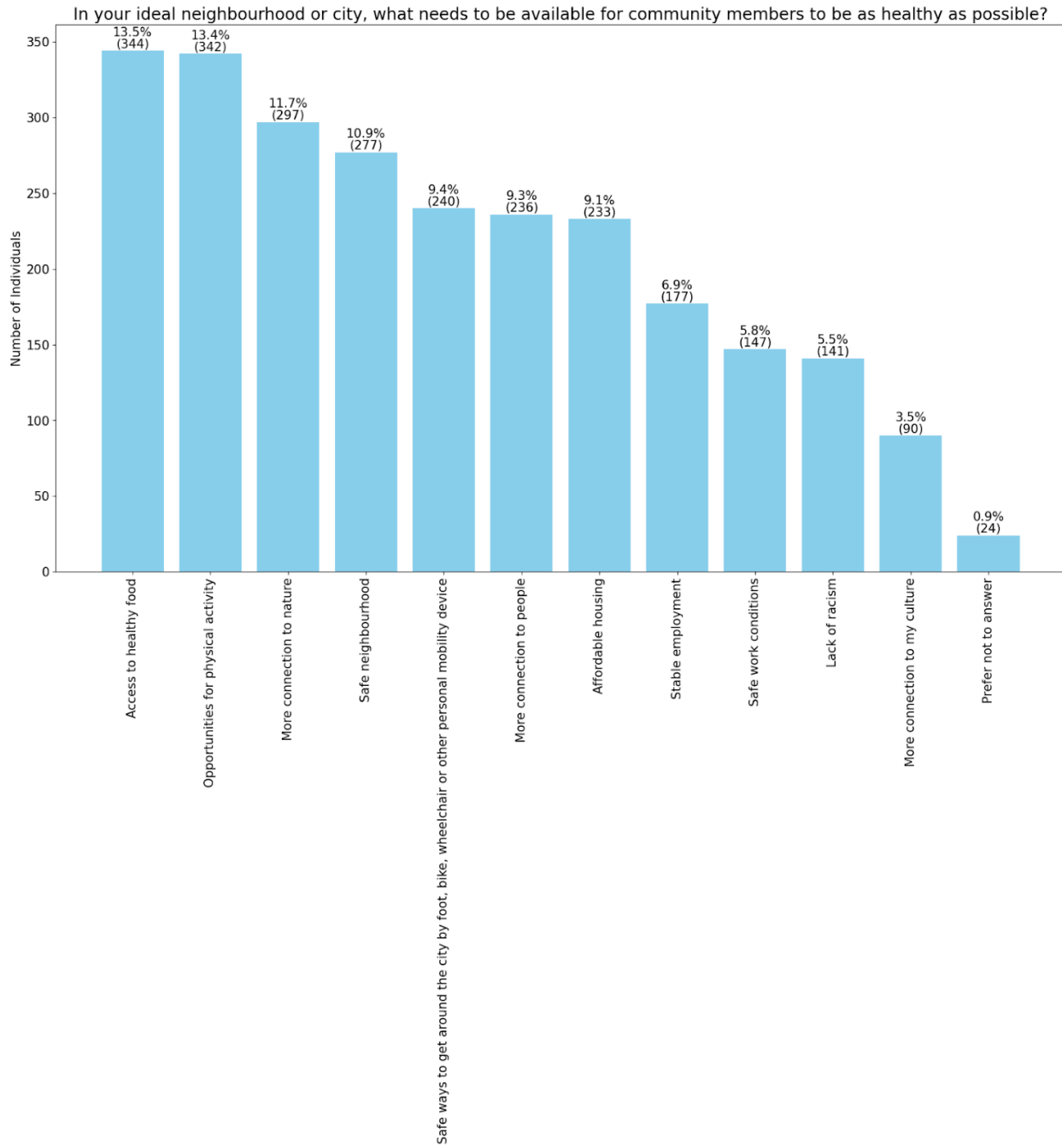


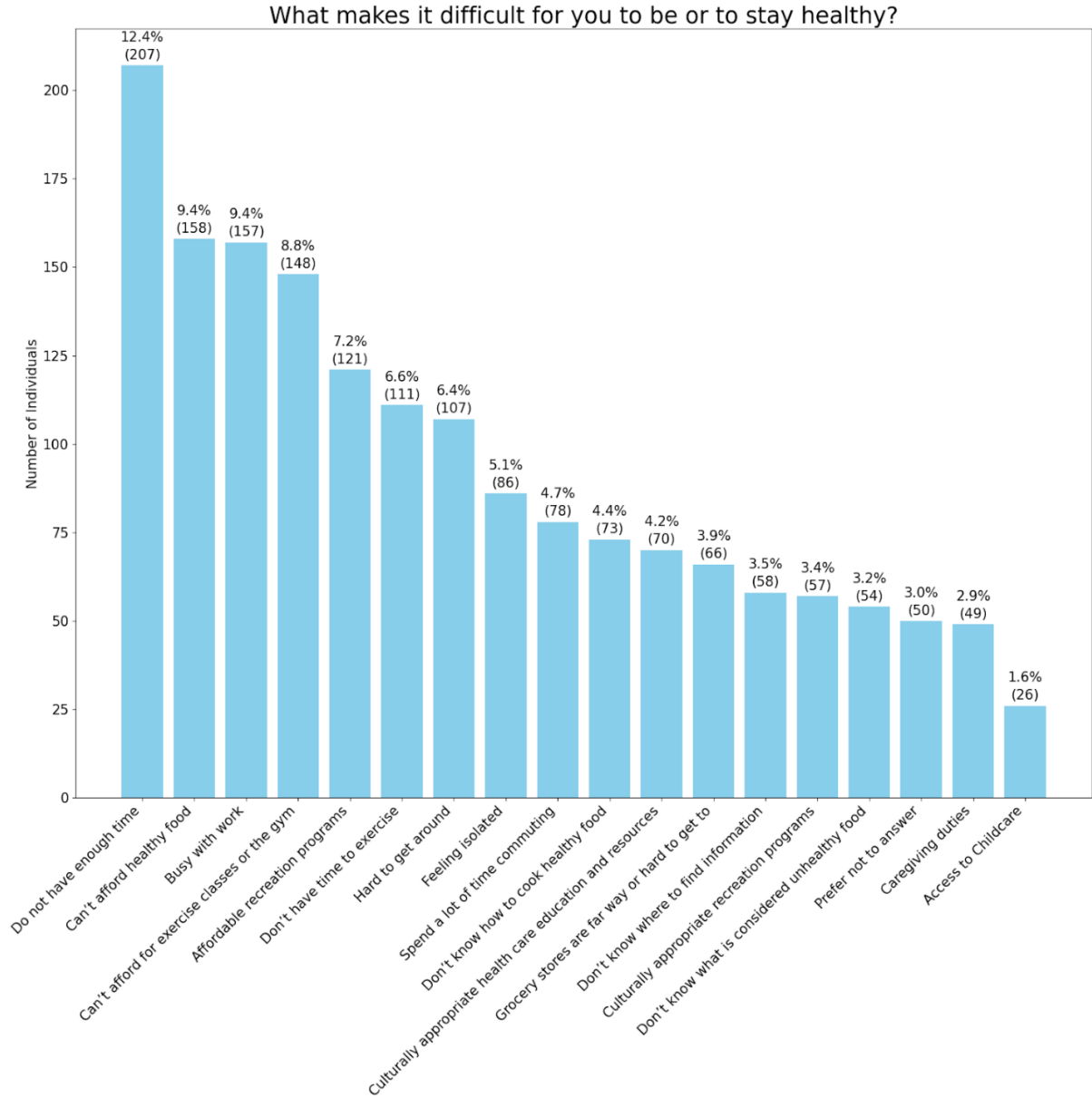


Figure 3: What needs to be available for community members to be as healthy as possible



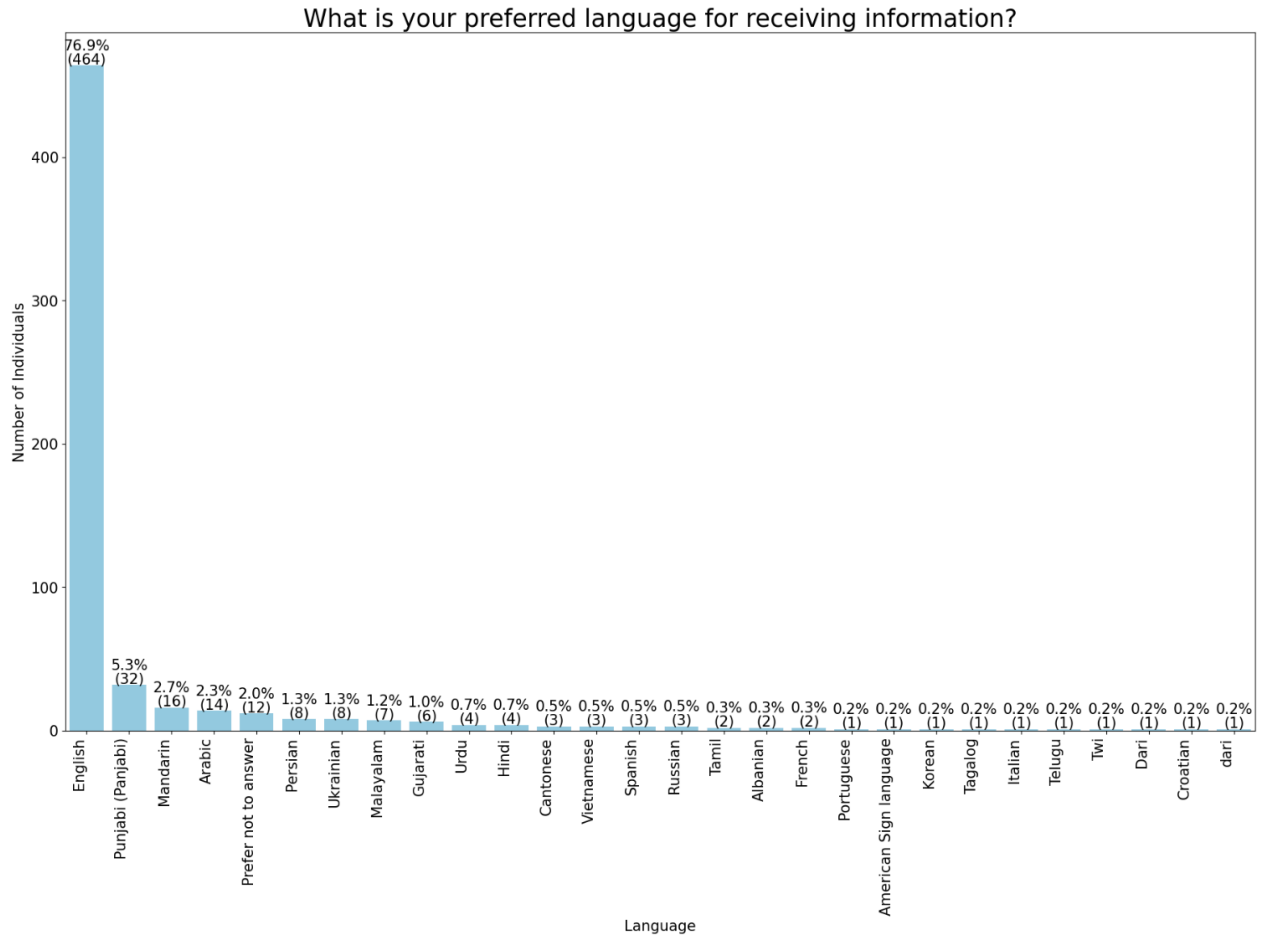
Survey Question: 18

Figure 4: What makes it difficult for you to be or to stay healthy possible?



Survey Question: 19

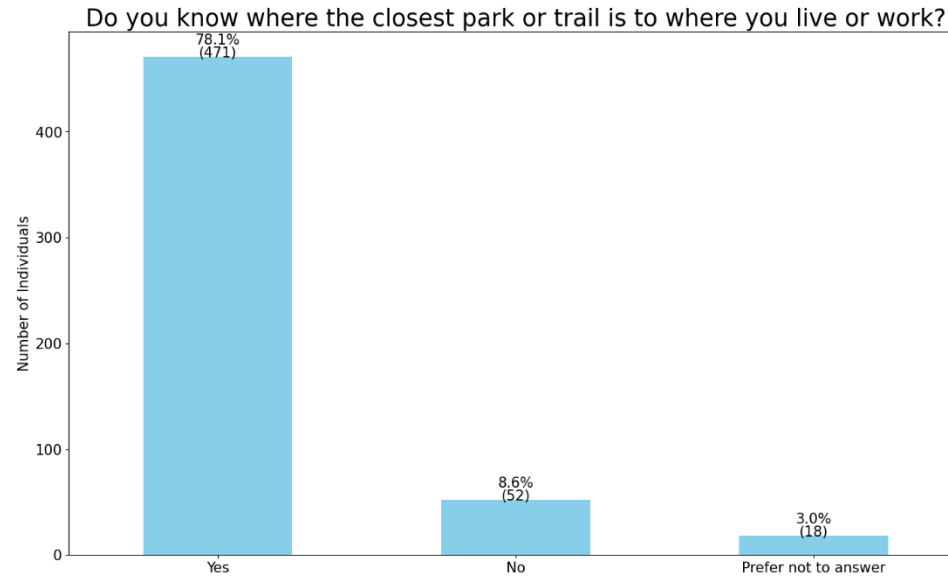
Figure 5: Preferred Language to Receive Information



Survey Question: 6

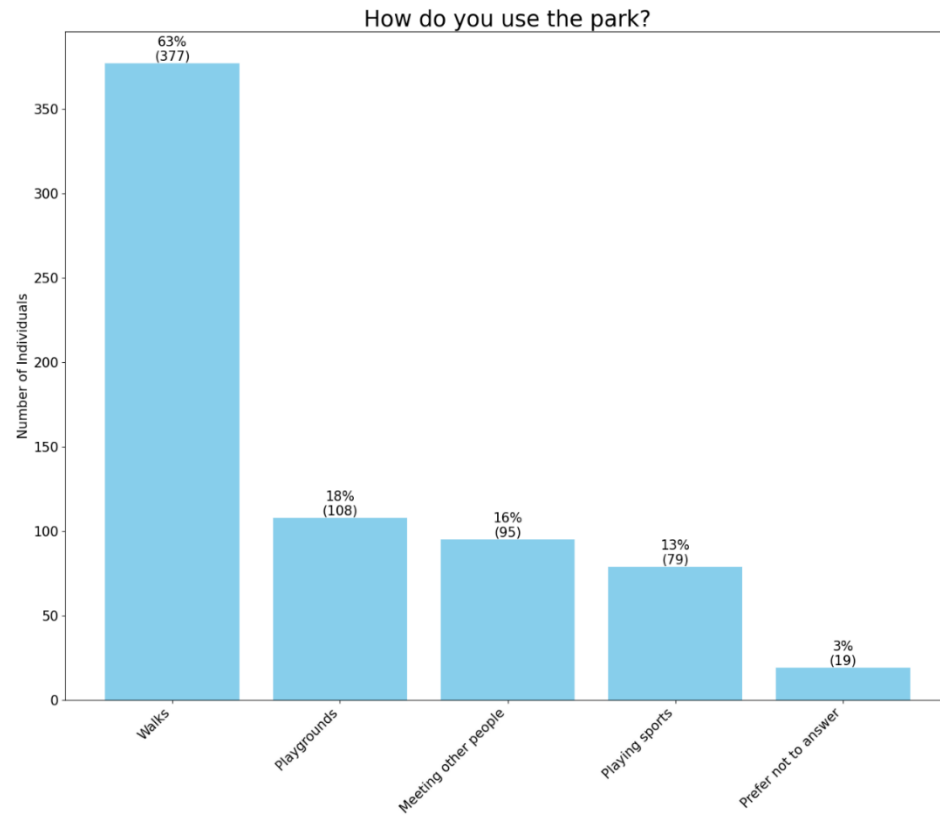


**Figure 6: Aware of Park Close to Home or Work**



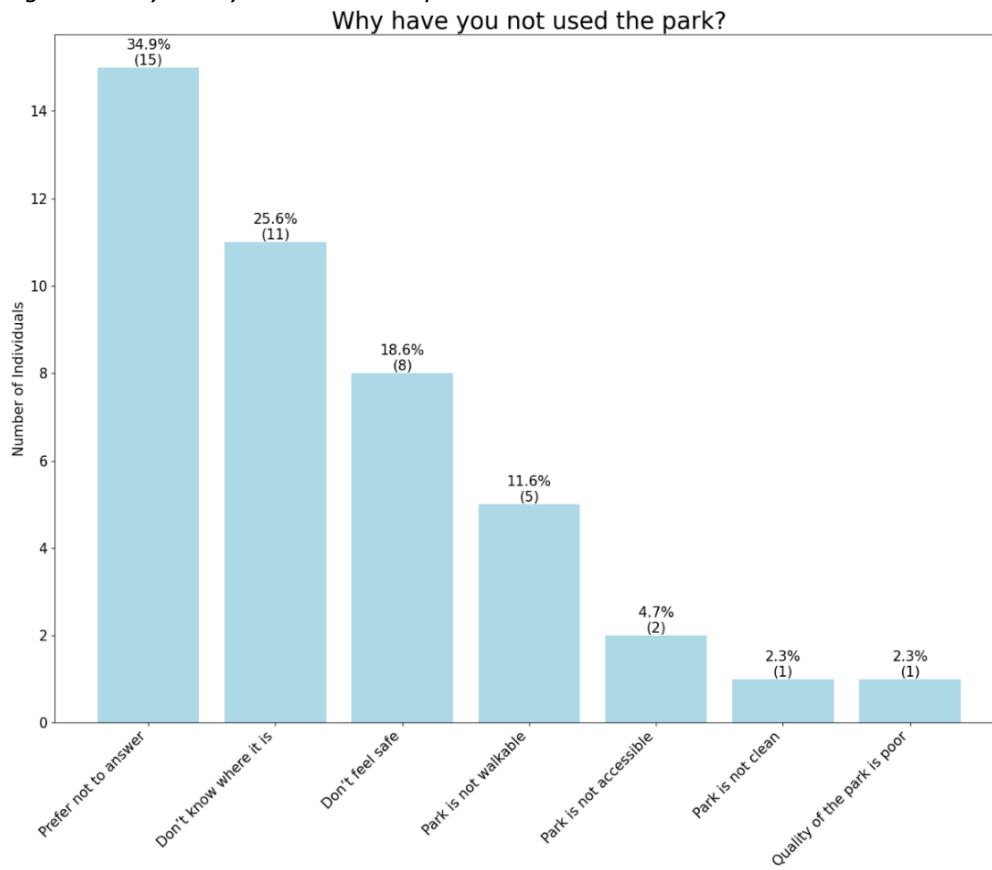
Survey Question: 20

**Figure 7: How Park is Used**



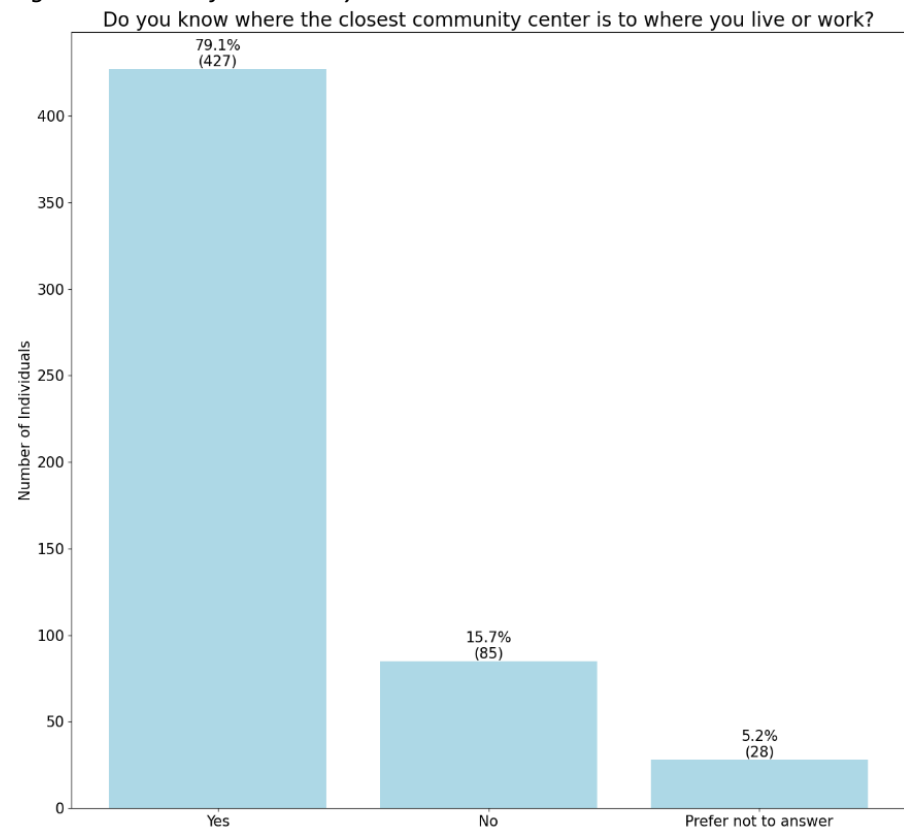
Survey Question: 22

Figure 8: Why have you not used the park?



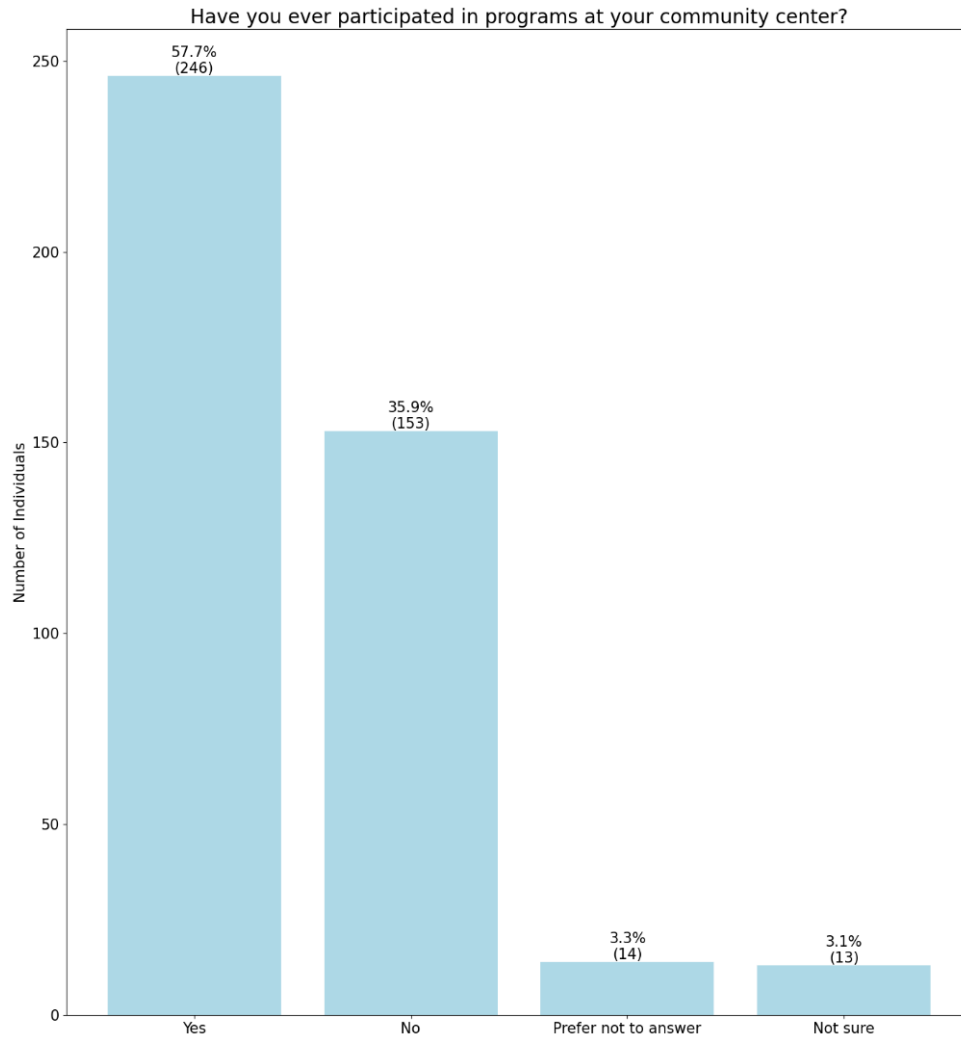
Survey Question: 23

Figure 9: *Aware of Community Centre Close to Home or Work*



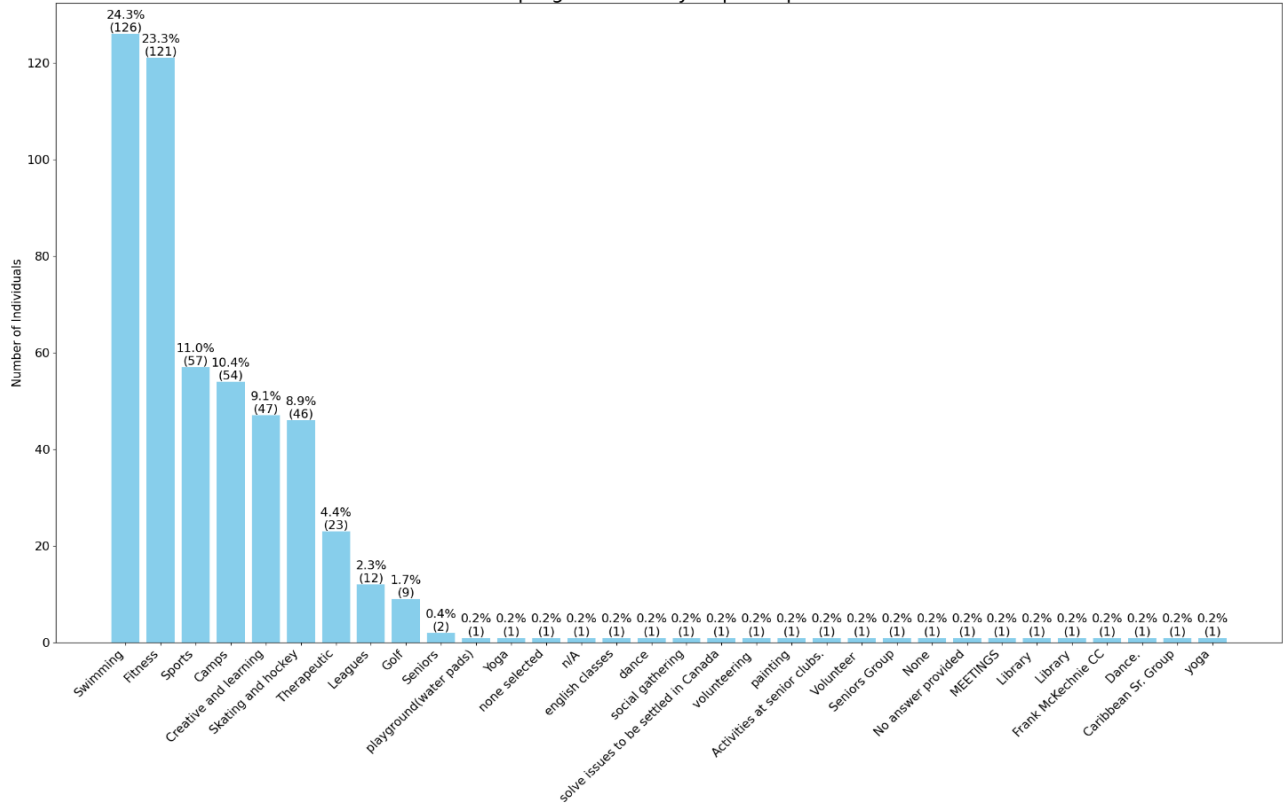
Survey Question: 24

Figure 10: Participation in Programs at Community Centre



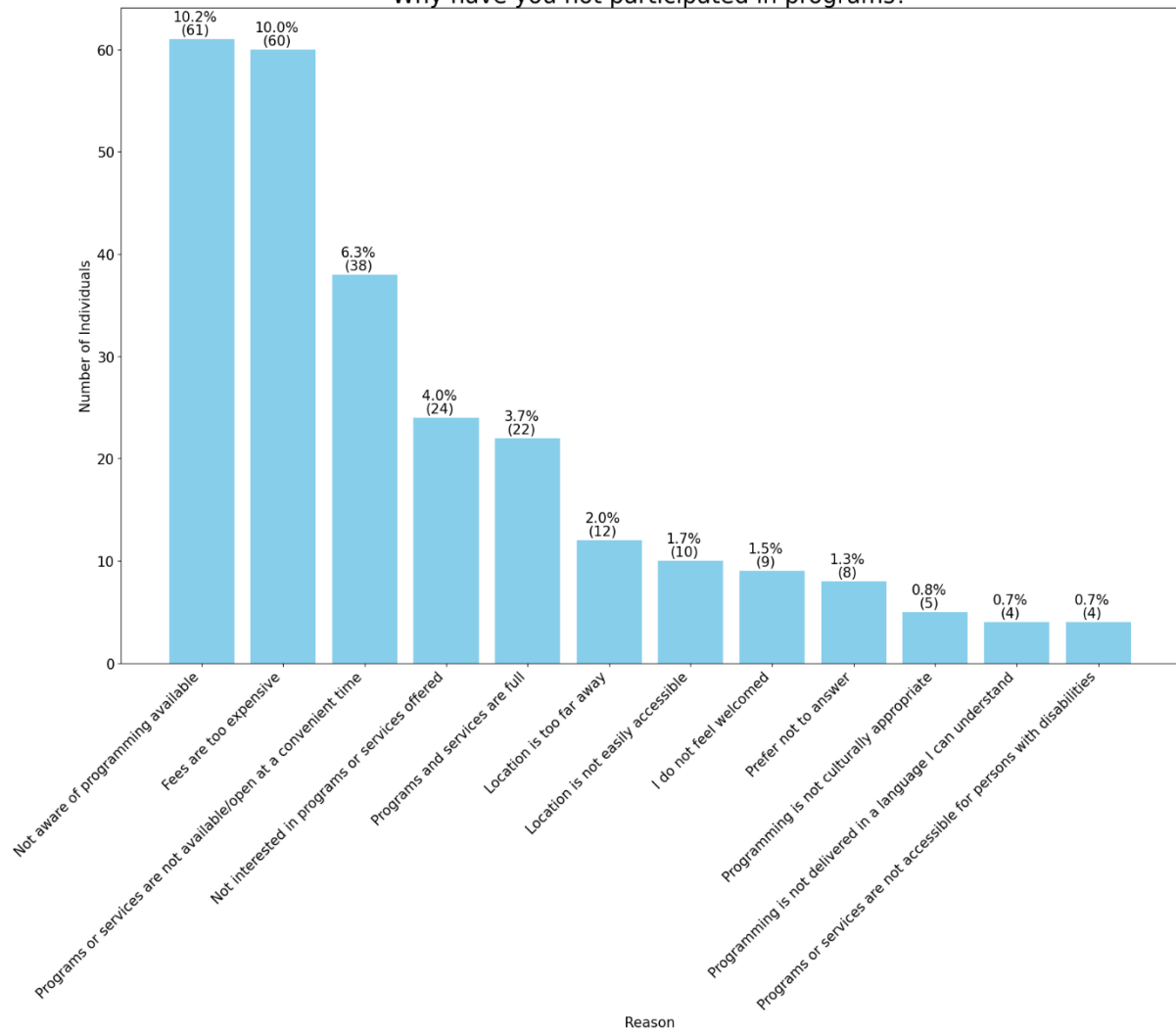
Survey Question: 25

Figure 11: Programs Participated in at Community Centres  
 What programs have you participated in?



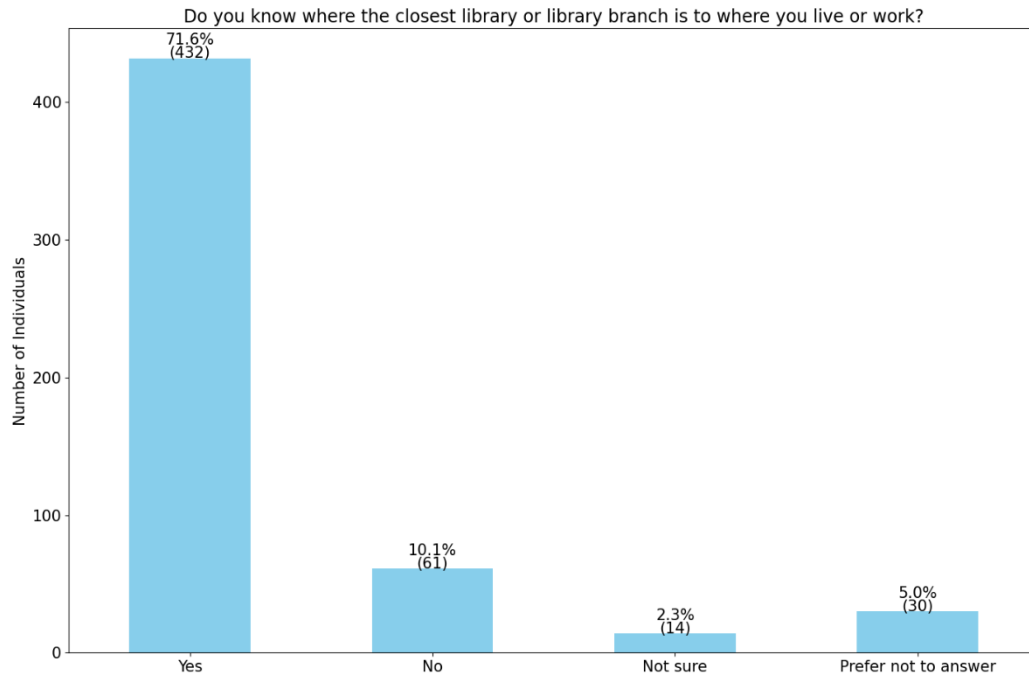
Survey Question: 26

Figure 12: Why have you not Participated in Community Centre Programs?  
Why have you not participated in programs?



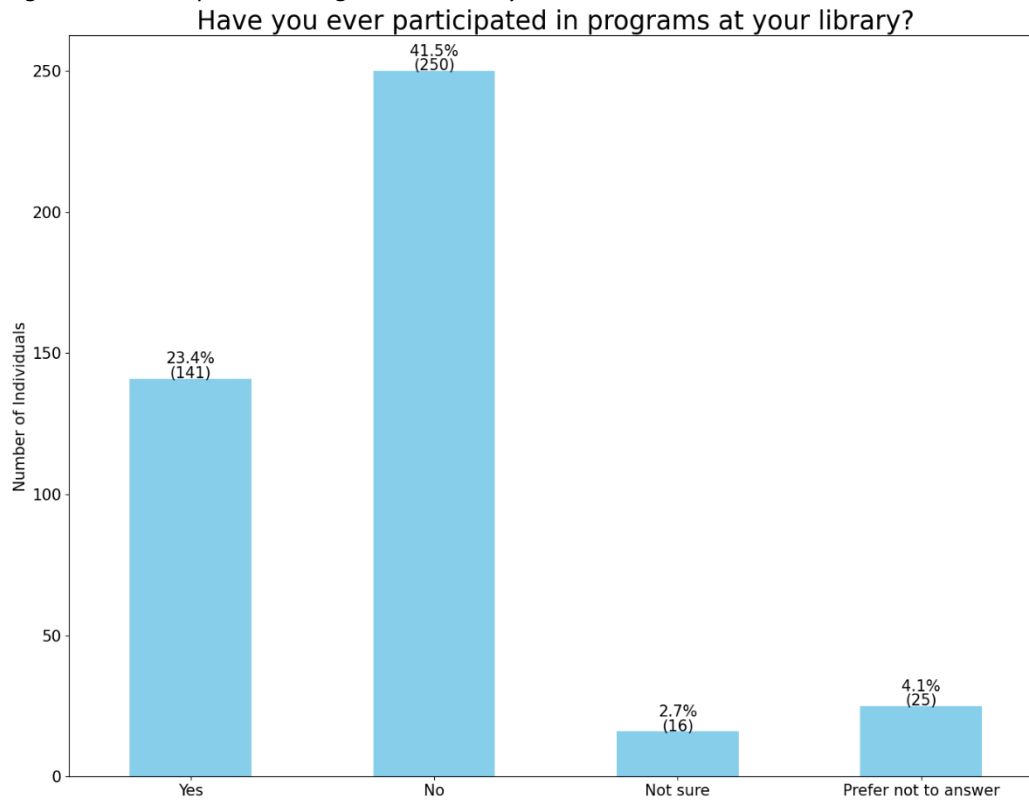
Survey Question: 27

**Figure 13: Aware of Library Close to Home or Work**



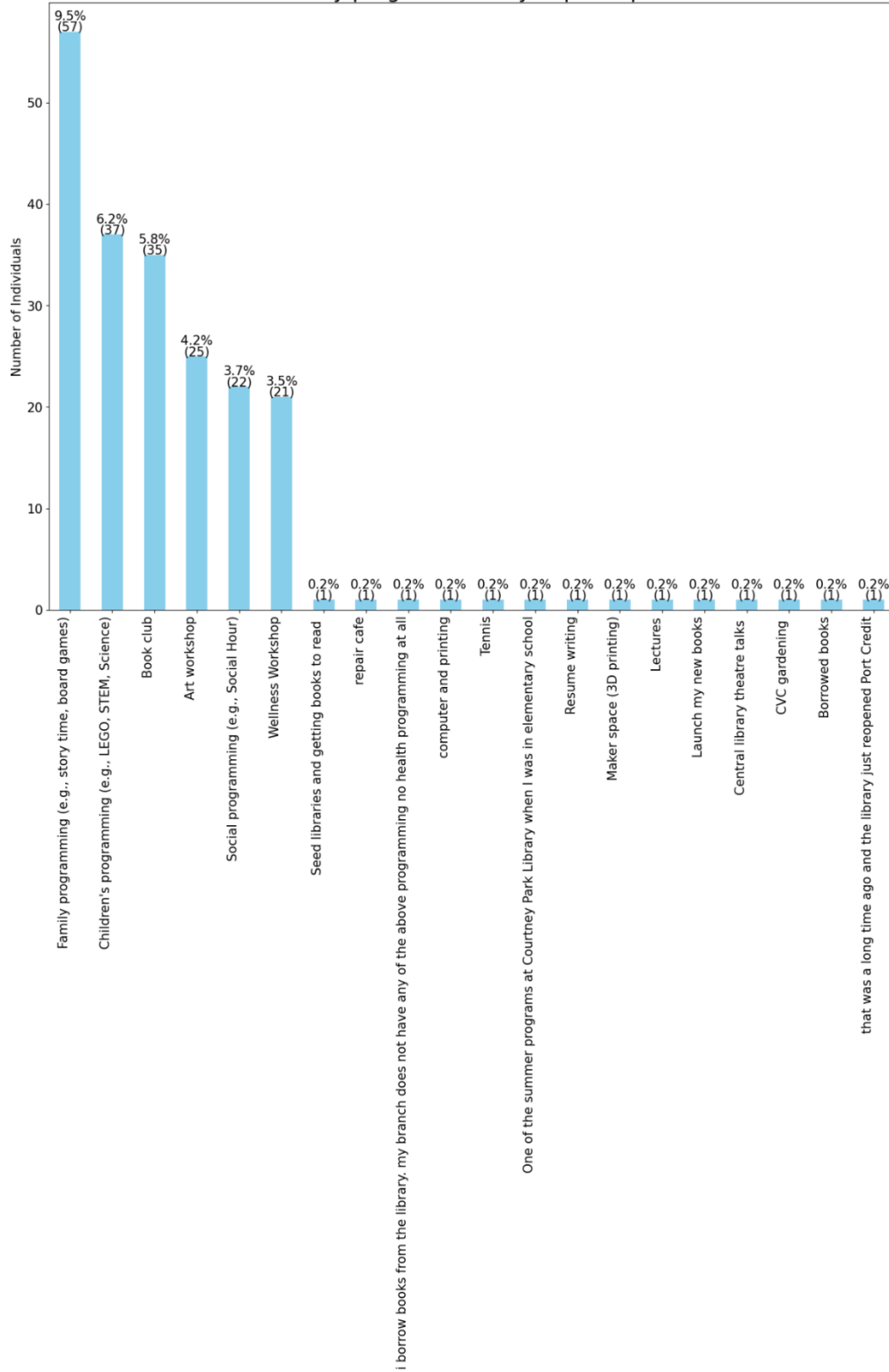
Survey Question: 28

**Figure 14: Participated in Programs at Library?**



Survey Question: 29

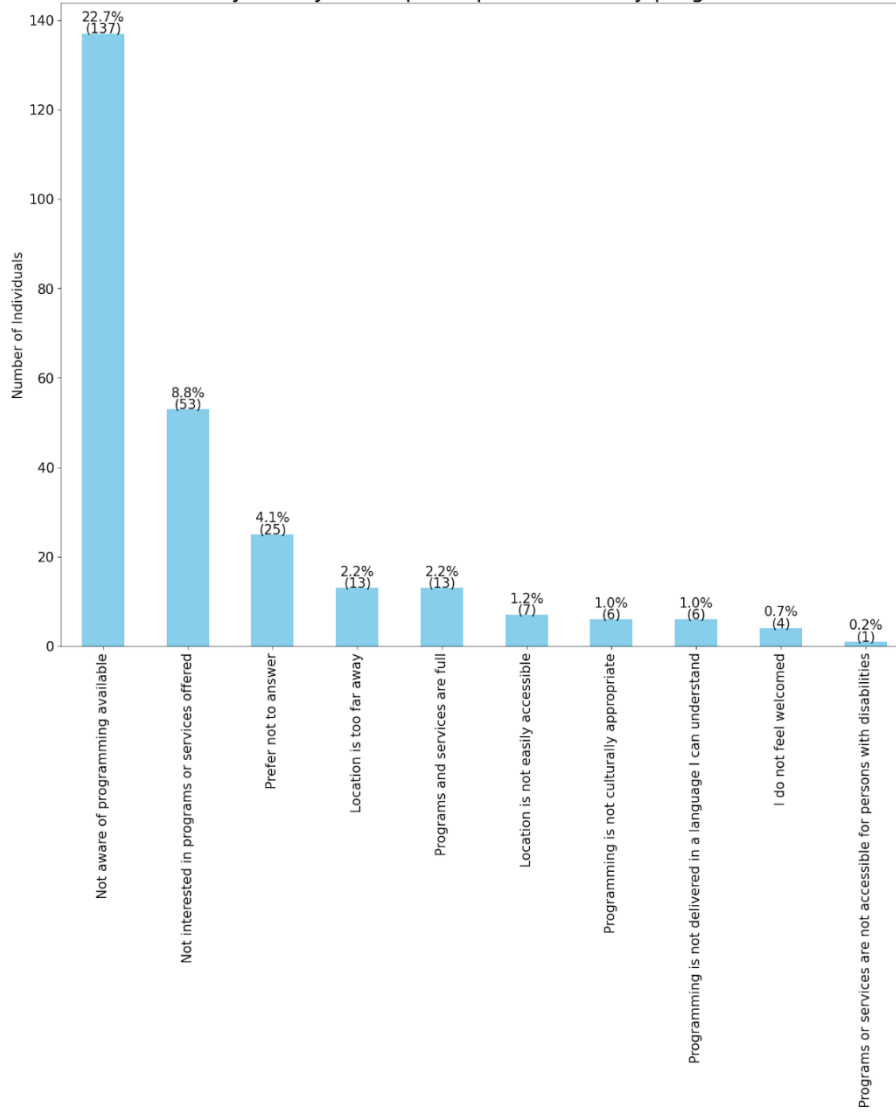
Figure 15: Programs Participated in at Library  
 What library programs have you participated in?



Survey Question: 30



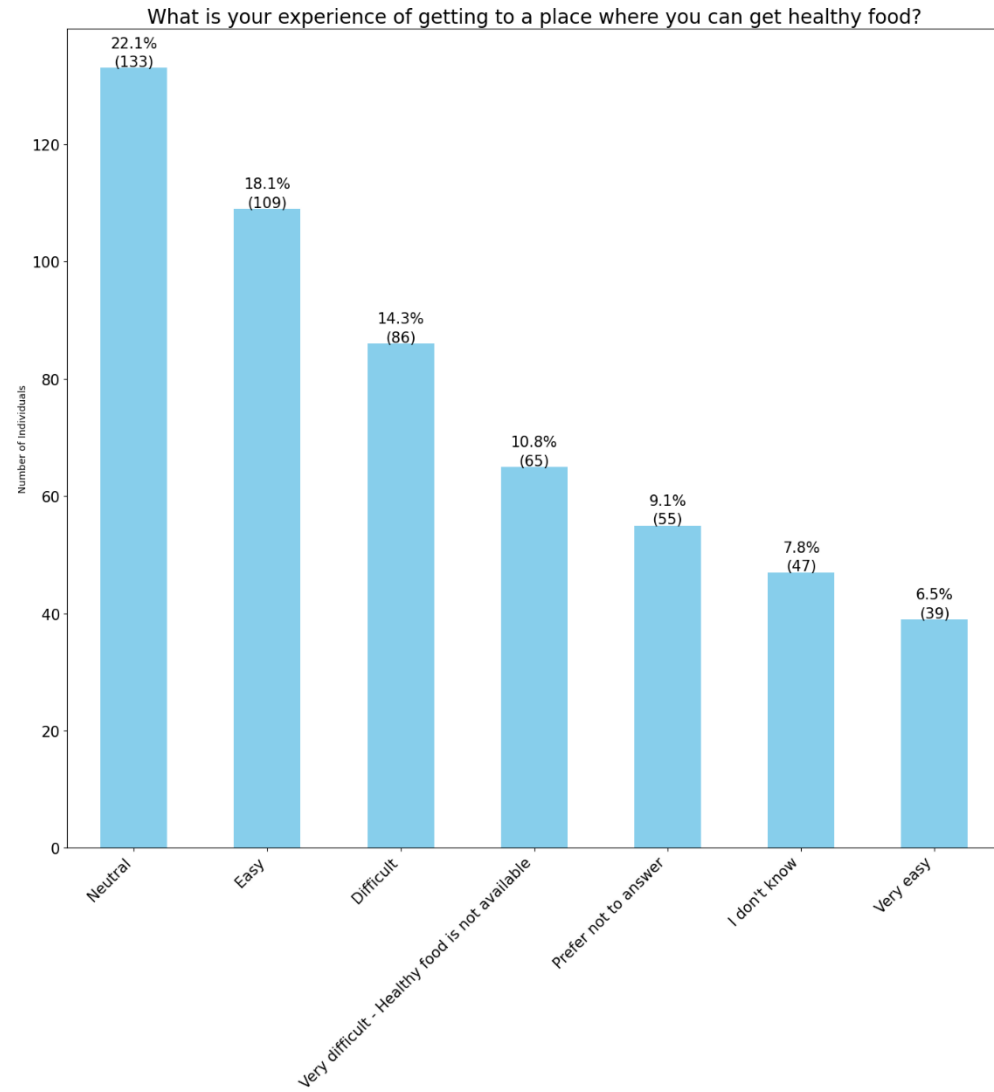
**Figure 16: Why have you not Participated in Library Programs?**  
 Why have you not participated in library programs?



Survey Question: 31



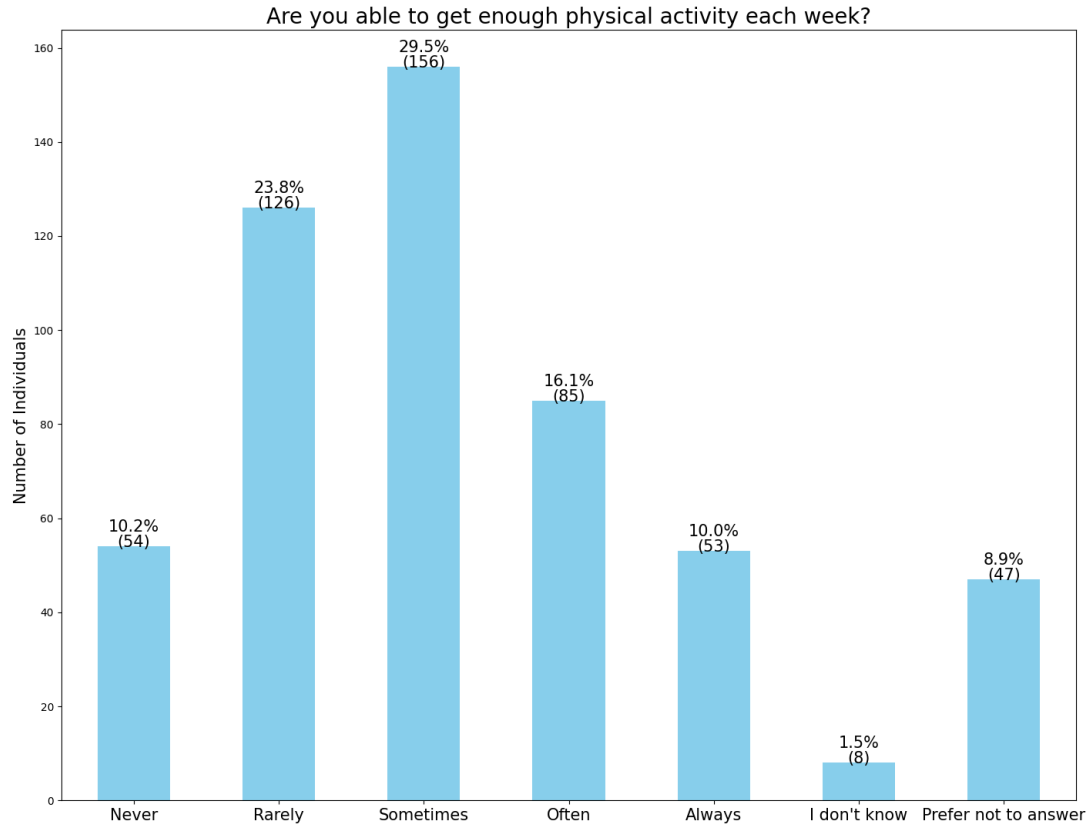
**Figure 19: Experience Getting to a Place with Healthy Food**



Survey Question: 32

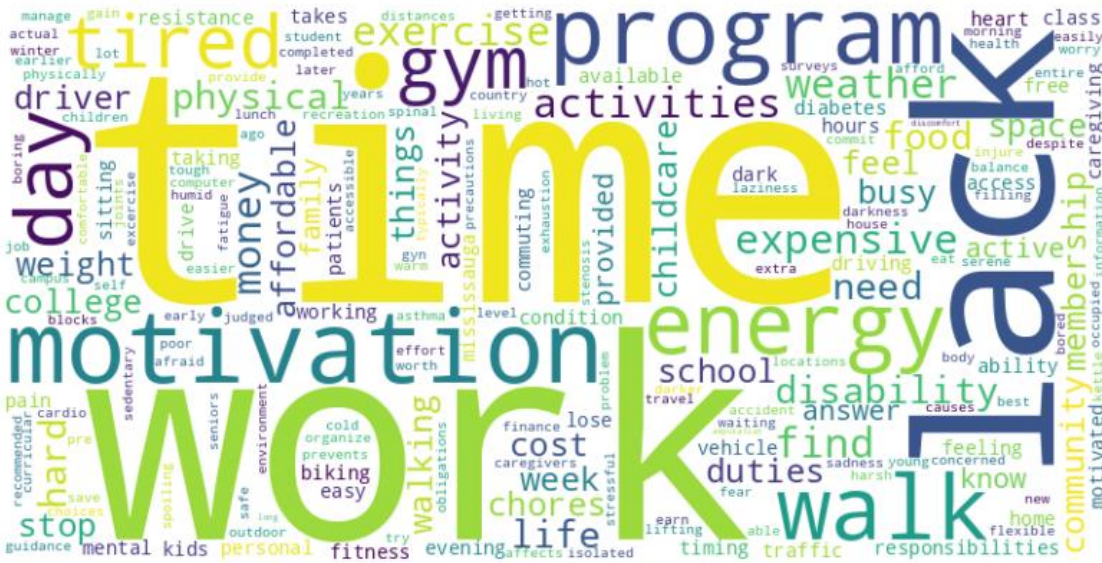


Figure 22: Ability to Get Enough Exercise



Survey Question: 34

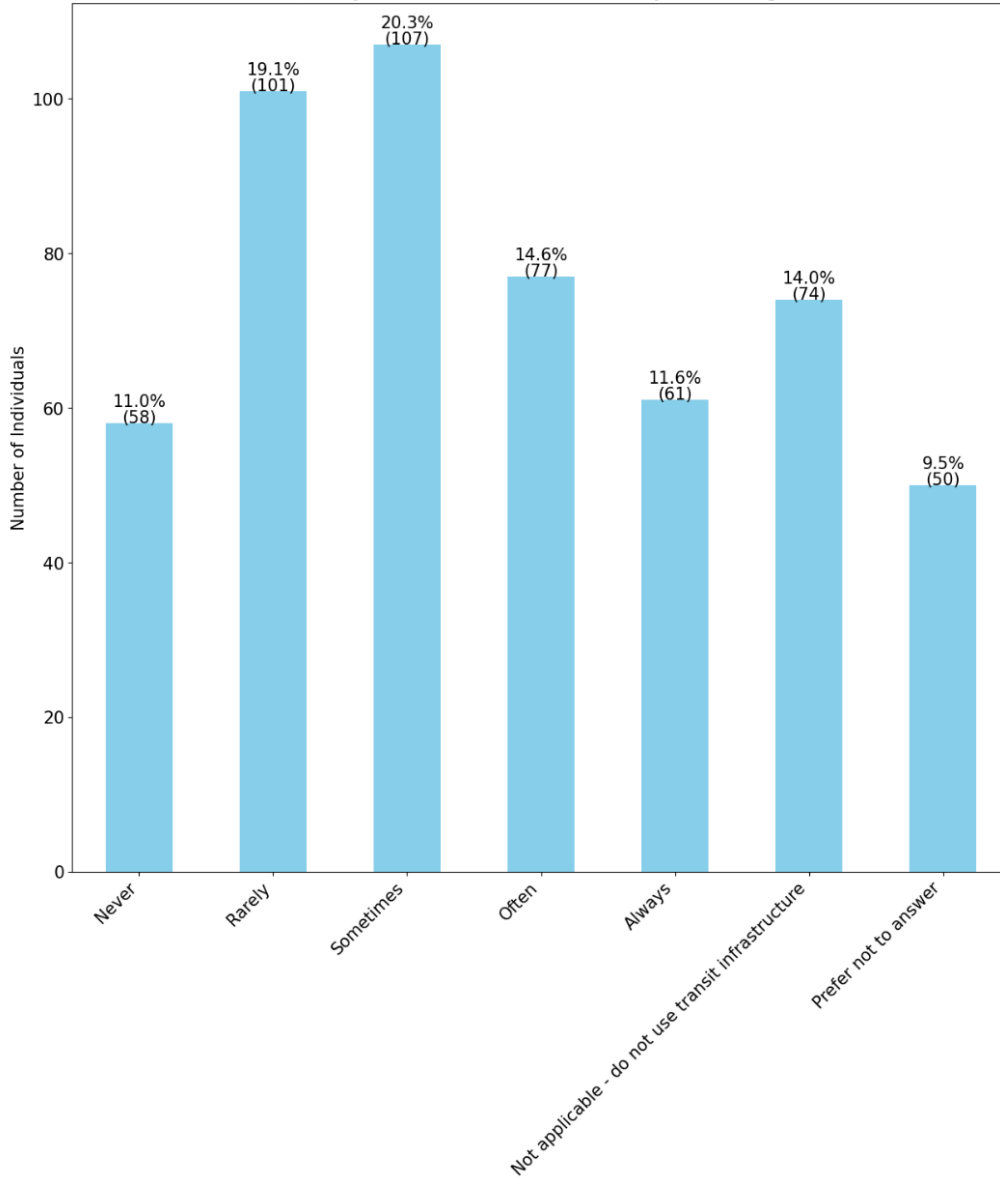
Figure 23: Word Cloud for What gets in the way of getting enough physical activity



Survey Question: 35

**Figure 24: Does the Current Transit Infrastructure Meet your Needs**

Does the current transit infrastructure (MiWay buses, Go Train, bike lanes) meet your need to get around for work, school, leisure, etc.



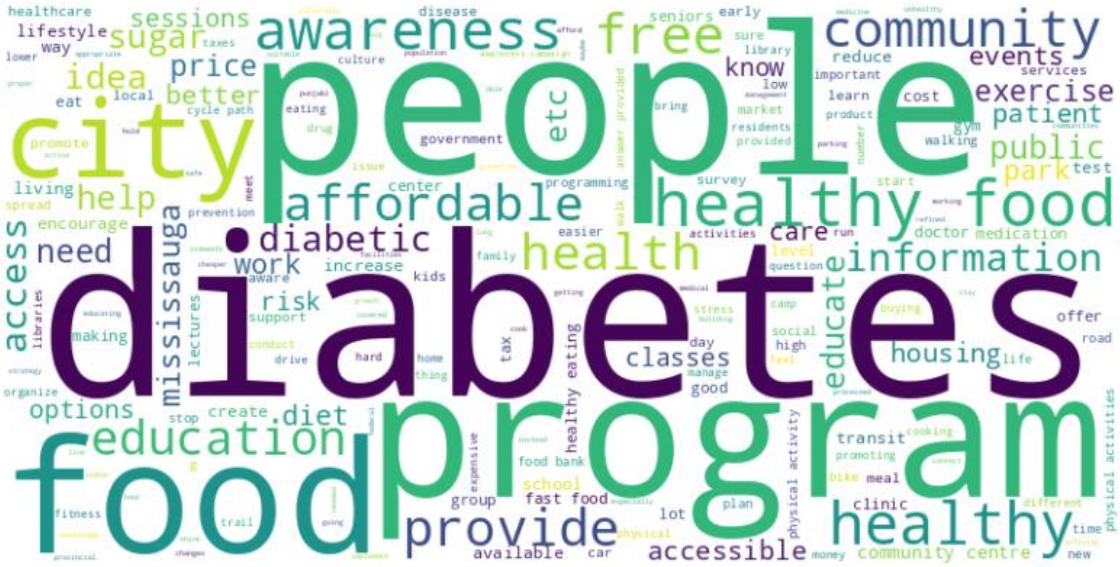
Survey Question: 36







Figure 29: Word Cloud of ideas on what the City of Mississauga could do to help reduce the risk of diabetes or the difficulties of living with diabetes?



## **Appendix C – Community Feedback and Ideas**

The following appendix summaries the distinct feedback and accompanying ideas where offered, from the focus group participants, survey respondents and Expo sessions. Where possible, ideas are provided verbatim.

1. Create indoor and outdoor public spaces with a mix of ramps and stairs to accommodate different types of mobility (e.g. use of walker) and including spaces to store mobility aids.
  - Ensure newly built indoor and outdoor spaces design and take into account various mobility needs and where possible retrofitting existing spaces.
2. Explore options for micro-housing space and support development of portable shelters for homeless.
  - Locate space to allocate for possible development.
3. Build more affordable housing including one-bedroom options.
  - Create more affordable housing units and options (e.g. family and single units)
4. Provide year-round access to more green spaces.
  - Create more indoor options with natural elements or highlighting existing options available.
  - Explore options for making it a planning requirement for new builds.
5. Be more responsive to issues within the Malton neighbourhood, e.g., parking, street repairs, etc.
6. Ensure all new roads have sidewalks on both sides and sidewalks are added to older roads.
7. Support clearing the driveway from snow and ice for seniors.
  - Explore programs implemented by other jurisdictions where City facilitates connecting seniors requiring snow removal support with high school volunteers.
8. Address property tax for seniors to ensure seniors can continue to live in the homes that they have lived in and paid taxes on for decades.
9. Guidance and support from the City are required with contractors to ensure they are legitimate and have standard costs.
10. Provide free Wi-Fi access across the City.
11. Use existing electronic billboards for education.
12. Make city more pedestrian friendly and build communities that are more walkable (e.g., 15-minute cities).
  - Less car dependency to get to places to get groceries
  - Pedestrian only streets.
  - Single lane for cars, tactical urbanism project.
  - Minimizing widths of lanes for cars, e.g., Distillery District in Toronto.
  - Streets can be closed to cars, pedestrians/bikes only.
13. Pick a community as a case study and build the best physical and transportation infrastructure.
  - Identify the community and allocate budget to invest in the infrastructure changes.
14. Create more safe and accessible crossings at intersections.
  - Increase the time to walk across Rathburn and Tomken.
  - Add a scramble cross walk at Dixie and Dundas.
  - Visual impairment cues at crossing.
  - Ensure there is enough time to walk across, especially for seniors and those with mobility challenges.
  - Need more consistency of countdowns.
  - Make sure roads are level, as this is a hazard for seniors and those with mobility challenges.
  - Scramble cross walk at busy intersections.
  - Consider having crossing guards at intersections with seniors.
  - Make advanced greens consistent across the city.
  - No right turns on a red light, as done in Montreal.
15. Provide more reliable transit.
  - Ensure that there is adequate staffing for routes.

- Display bus schedules with live updates at all stops.
16. **Provide more frequent transit.**
    - Improve schedule for bus number 8 Cawthra, especially on weekends and during school rush hours.
    - Improve service for bus number 5 Dixie to address long waits.
    - Number 4 bus is less frequent making children late for school and having to wait in cold conditions.
    - Implement more express buses / routes.
    - Improve bus service during rush hour, on evenings, and weekends.
    - Increase the frequency of buses in smaller areas/side streets where wait can be 30-40 minutes.
  17. **Make transit more affordable especially for fixed and lower income community members.**
    - Provide free transit for seniors (as offered in Brampton) and/or for people with diabetes.
    - Make certain bus routes free (e.g., 30, 15, 16A).
    - Continue the \$1 bus fare pilot for seniors.
    - Remove the time constraint or extend hours (7am-8pm) for pilot for seniors.
      - Knowledge of the \$1 all-day fare is not known. The City should share communication with agencies that serve seniors to disseminate this knowledge.
    - Remove cost of purchasing a Presto card linked to senior
  18. **Create transit connections between major hubs, neighbouring transit systems, and GO Transit.**
    - Make sure buses transfers line up.
    - Change fare rules for buses on the border between Mississauga and Toronto so that people don't have to pay twice.
    - Increase service and geographic coverage for TransHelp to allow residents to access where they need to go, especially Malton given geography bordering Toronto and Brampton. Currently does not go across city borders though appointments are in Toronto
    - Coordinate timing of MiWay buses with the GO train
      - Better connection to GO in Malton
      - MiWay is not timed with the GO train, arrives so you can see the train leaving or there isn't a bus for 15 minutes (e.g., bus 9 westbound from Streetsville GO station).
    - Streetsville station has been neglected and is not interconnected to other places in the city. Streetsville station should have a direct bus to Port Credit station, Cooksville station, Malton station.
    - MiWay does not service Erin Mills Town Centre with one bus.
    - Bus used to go into Seniors Centre by Carmen Corbasson; in the future the bus will not. The covered path to the Centre is not good enough and is too far for some people.
    - Line 4 bus has changed and doesn't have drop off in front of Huron Park.
  19. **Improve connectivity between business hubs / major nodes and neighbouring communities.**
    - Connect Meadowvale business community, Airport business community and City Centre with surrounding neighbourhoods though are not connected.
    - Build overpass as a pedestrian crossing to Square One
  20. **Improve TransHelp model and affordability.**
  21. **Address accessibility to bus routes for vulnerable community members.**
    - Have a special bus / microbus that picks seniors up from their place of residents to takes them to key destinations in the community.
  22. **Improve safety, accessibility, and maintenance to promote walking.**
    - Clear snow faster on sidewalks and walking paths.
    - Improve lighting on trails.
    - Clear walking paths of overgrown bushes and remove pinecones and acorns to prevent fall hazards.
  23. **Create a safe and extensive network of bike lanes.**
    - Create separate, well maintained bike lanes.
  24. **Ensure there is safe bike storage/locking station at transportation hubs and City buildings.**
    - More bike parking is needed at Westwood Mall in Malton.

- Sheltered bike parking at bus stops.
  - In front of businesses
25. Expand availability of shared bicycle and e-scooters across city.
26. Create separate section for cyclists and e-scooter users in trails and parks.
27. Address electric scooters on sidewalk.
- A participant at the Expo suggested that the City look to how Amsterdam has regulated sidewalk safety.
28. Address accessibility and improve customer safety at bus stops.
- Not every bus stop has a shelter and/or bench to sit, this is a problem especially in the winter or on really hot days (e.g., Tomken, first lights after Dundas going north and several bus stops on the number 5 route in Malton)
  - Distance between bus shelter and bus stop is especially an issue during winter.
  - Clear snow faster at bus stops and ensure there are no snow mounds blocking entrance to bus.
  - Need more heated bus stops and have consistency across city on heated shelters.
  - Need more streetlights and lights at bus stop.
  - Add large concrete pads at bus stops.
  - Add benches at every bus stop.
  - Ensure timely snow removal after significant snow fall, plan for inclement weather.
  - Add streetlights at all bus stops.
  - Add heaters to shelters known to have longer waiting times between buses.
29. Remove snow faster on sidewalks and bike lanes.
- Ensure timely snow removal after significant snow fall.
30. Utilize parking lots for more greenery, activities, public patio/shared spaces
31. Provide more education on what to eat.
- Deliver language-specific education.
  - Provide culturally appropriate education with examples of cultural foods and appropriate meal substitutions. Current education lacks cultural relevancy e.g., asking Asian persons to remove rice from diet (instead should be suggesting e.g. replace with brown rice, or bulgur, etc.).
  - Offer a “Healthy Kitchen” in community centres to provide language-specific ethnic food cooking class (e.g. Hindi, Punjabi, Arabic, Spanish) to discuss how to shop for groceries, prepare healthy traditional food, learn new recipes, understand nutrition facts, and share a meal together.
  - Offer senior to senior education for those who know to teach those who do not know how to prepare simple meals. Meals can then be shared.
  - Educate pregnant women about the risk of gestational diabetes.
  - Offer nutritious eating class for new parents.
  - Offer classes to address not having enough time or skill to know what to cook, e.g., how to do big batch cooking, use of bruised produce, making food stretch, etc.
  - Preferably educational offerings would be free.
  - Create a community cookbook featuring healthy diabetic recipes.
  - Offer nutritional coach programs.
  - Use community kitchens within grocery stores to do demonstrations to show culturally appropriate plates of what a balanced meal should look like
32. Host regular healthy potluck events.
- Expo participants shared the idea of hosting potlucks in condos or community centres
33. Support availability of affordable healthy food options in all neighbourhoods/communities.
34. Support more reasonably priced grocery stores in Malton.
- More corner stores.

- Would like to see an affordable grocery store option such as No Frills.
- 35. Address the removal and conversion of food outlets within communities.
- 36. Support making food more affordable / reduce the price for healthy foods.
- 37. Promote healthier, diabetic-friendly food options.
  - Create section for diabetic people in all the stores (e.g., similar to gluten free sections); have a way to identify foods that are diabetic friendly (e.g., stickers).
  - Add healthy options to menus of fast-food companies.
  - Create menus that show diabetes friendly foods/meals as a cue, similar to vegan, gluten free.
  - Better access to premade healthy meals for busy people.
  - Increase taxes on unhealthy food choices.
  - More greens in restaurants and stores
- 38. Limit number of fast-food chains.
  - Cap the number of fast-food chains in neighbourhoods.
- 39. Develop policies to prevent false healthy food advertisements and promote advertising of healthy food options.
- 40. Promote community gardening.
  - Zone for a healthy city (e.g. urban agriculture zones).
  - Grow initiative: a community garden in every ward.
  - Create community gardens in areas of need, involving schools, and grants.
  - Community gardens should be created for those living in buildings without space for gardens.
  - Community garden can be used to bring together visible minority communities and promote education related to traditional produce and food.
  - Have urban agriculture that is culturally appropriate.
  - Use space under hydro lines.
  - Create community gardens next to parks.
  - Revert decision to ban urban hens.
  - Build rooftop community gardens into green building standards.
  - Food from community garden can be used for community cooking classes.
  - Grow awareness of seed library and how to build a circular economy.
  - Opportunities for plant sharing.
  - Create fruit pickers volunteer program to harvest produce from community gardens and other fruit trees on public and private property.
- 41. Support increased access farmer's markets produce through non-profit agencies.

Food from community garden could also be provided to community organizations to distribute to their clients either at a discounted cost or free.

- 42. Create a food bank offering fresh and healthy food, without eligibility requirements.
- 43. Create community fridges.
  - City can remove barriers and help identify locations that would support community members' efforts.
- 44. Support soup kitchens for seniors and low-income families.
  - Explore role that community centres, senior's centres and other City facilities can play.
  - There is potential to mobilize residents interested in volunteering (refer to Community and Social Connections section).
- 45. Support more farmer's markets to be available all year to promote access to fresh healthy food
  - Help establish farmer's markets (e.g. easier access to permits) in communities with limited access to fresh food (e.g. food deserts).
- 46. Provide healthy snacks at City-run programs.
  - Have free healthy food options at the Malton Youth Hub.

47. Provide free or heavily discounted rates for community centres/recreation for people diagnosed with diabetes or pre-diabetes, seniors, people with disabilities.
  - Allocate budget to enable offering discounted rates to people diagnosed with diabetes or pre-diabetes, seniors, people with disabilities or consider funding through public companies.
  - Consider making some things free, based on input from community members (e.g., such as walking tracks, swimming for seniors, recreational activities for residents diagnosed with diabetes, etc.)
48. Increase the awareness on the importance of walking and promote through walking groups.
  - Promote walking through various City marketing channels.
  - Facilitate creation of, and registration to community walking groups.
49. Create parks and walking trails in high density areas.
  - Build more parks and areas to walk in Malton.
50. Install and maintain public washrooms along trails and make them available year round.
  - Install safe, well-maintained portable washrooms along trails.
51. Add benches throughout city.
  - Install benches throughout city and obtain input from residents to identify locations.
52. Install exercise equipment at parks.
  - Determine means to address safety and vandalism, as this is a deterrent to use of exercise equipment currently installed at some parks.
53. More outdoor activity space for children.
  - A focus group participant suggested adding a small basketball court next to Vic Johnson's arena for the youth to be able to play there on their free time.
  - Another focus group participant pointed to the outdoor space at Mississauga Valley Community Centre and suggested that something similar on a smaller scale can be integrate in other parks.
54. Offer activities and programming that are familiar based on a person's background.
  - Recreation centres should have things that people feel like they can engage with, such as things they enjoyed doing in their country of origin from their childhoods e.g. cricket.
  - The need to create attractive sporting activities to allow the population to do sport while having fun such as dance and games.
  - Cultural dance classes should be offered.
55. Promote and support home gardening, native gardening and expanding the Blooming Boulevards program.
  - Offer home and native gardening educational classes.
56. Provide more group programming geared to seniors.
  - Participants from one focus group shared that need for accessible programming offered during the day, available in different languages for seniors with mobility/medical issues.
  - Consider supports for arthritis, as it is a barrier to activity.
57. Offer more programming only for women across several community centres.
  - Confirm which community centres require women's only classes and preferred timing to ensure at least one offering is available per session in each community that requires it.
58. Offer language-specific exercise classes.
59. Offer pick-up sports and drop-in activities.
  - They would like to see pick-up soccer offered and would be interested in participating if something like that was made available.
  - The need for development of community activities such as walking groups or tai chi that promote not only increased daily activities, but the sense of community/support system.
60. Offer yoga classes.
  - Consider the need for language-specific classes.

61. More indoor exercise machines are needed.
62. Connect classes to family doctor.
63. Offer a mix of in-person and virtual options.
  - Stream existing classes to allow virtual participation.
64. Address crowding and cleanliness at some community centres.
65. Increase local options for winter recreational programs.
66. Host health fairs with booths featuring local health and wellness resources.
  - More BIAs to collaborate and connect on addressing diabetes
67. Create diabetes support groups.
  - They would find it very helpful to attend a support group of members diagnosed with pre-diabetes or diabetes that meets regularly.
  - Have seniors to explain about their health, peer to peer.
68. Make diabetes education classes available more broadly through community centres and seniors centres.
  - Diabetes education similar to the diabetes orientation offered through diabetes education programs would be very helpful if available more broadly and on a re-occurring basis as refreshers are needed.
  - Partner with agencies that can provide staff to provide education aspect while City could offer the space to host classes and manage registration online.
  - Consider including caregivers in classes as many support loved ones with managing their health.
69. Promote health and mental wellness through regular programming / educational offerings.
  - Offer free health related workshops (nutrition, mindfulness) and other forms of education at community centres for all residents.
  - Partner with agencies and healthcare organizations to support delivery of educational material.
  - The need to have integrated discussions across common diseases, such as diabetes, hypertension, arthritis, cholesterol, fatty liver, etc.
  - Diet and exercise offerings should be tailored to different body types and goals; cannot have a one size fits all approach.
  - Adding education sessions at seniors' centres, as attendees are already gathered there. Potential topics could include, information of daily nutrition guidelines, how to read the nutrition facts, healthy food choices, glucose/salt levels in various food/drink, healthy sugar consumption levels for seniors, how to reduce the risk of a high glucose, cholesterol, or blood pressure, oral hygiene, etc.
  - Use and provide information in easy language to address the audience in front of them. More accessible, visible presentations as a lot of seniors have different barriers like hearing, walking, language barriers, etc.
  - Contact Dr. Jason Fung and doctors like him who have an interest in diabetes research to speak at community events as well as set a protocol for people with diabetes.
70. Offer health clubs.
71. Provide more community centres/spaces that are embedded in communities.
  - Havenwood is a diverse community that is seeking a space to connect more locally.
  - Recreation programs in own neighbourhoods.
  - Expanding fitness classes to community parks.
  - Use school spaces on evenings and weekends.
72. Increase awareness of existing City resources and services.
  - Would like to see centralized information for seniors on the city website with an easier registration process, information provided in different languages, as well as information and links to programs/services available from various agencies.
  - Wayfinding key destinations.
  - Share what is going on in the community through mail. Cannot solely depend on communication via internet and smart phones.

- Need to have integration and streamlined communication across City departments to residents.
  - Improve navigation and user experience on City's website to allow residents to easily determine what's going on and available.
  - Consider the need to highlight diversity and subgroups within communities.
  - Consider highlighting free offerings across the city.
73. Adjust eligibility criteria based on income.
- Increase income cut-off for eligibility for Active Assist and other City financial assistance programs or polices.
74. Match people interested in volunteering with available options.
- Create an online and physical volunteer boards.
  - Leverage students / youth requiring volunteer hours to accept volunteer requests.
75. Support ways to connect and share knowledge with neighbours.
- See "What We Heard" #75. The platform used for connecting volunteers to volunteering opportunities could also be leveraged to connect community members with knowledge to community members interested in learning from them.
76. Support ability to barter with community members.
- See "What We Heard" #75. The platform used for connecting volunteers to volunteering opportunities could also be leveraged to connect barterers.
77. Create a neighbourhood helpline / social line.
- Participants at one focus group shared the idea of having a seniors for seniors type help / social line to keep people connected and to raise their concerns to higher authorities as required.
78. Evolve community centres as a place for socializing.
- Need to have people at community centres to talk to, connect and interact with, share and exchange experience. They felt that this would reduce people's level of stress. They also thought offering cups of teas would serve as an incentive.
  - Create gatherings for people to connect and find friendships / companionship with same values to getting healthy.
  - Design programming that maximizes social interaction.
  - Provide programming similar to what is offered at libraries at community centre where there are more opportunities for interaction.
  - Use an intergenerational approach to connect people.
79. Create community "clinics" for health education and testing of community members with diabetes.
- Show people how to use machines.
  - Offer the same information several times as hearing just once doesn't work.
  - Workers provide care, education, and self-management coaching to support patient for their wellness and independence.
  - Use space at community centres or schools during evenings and weekends.
80. Require a local clinic in the Malton community.
- Participants across two Malton focus groups shared that they would want to be able to access a free clinic possibly targeted to seniors, people with pre-diabetes and diabetes, which has low barriers to appointments (e.g. drop-in) and where blood sugar and blood pressure can be checked regularly and monitored.
81. Partner with immigrants as a source of solution.
82. Create culturally-specific events and celebrate cultural days.
- Need to facilitate conversations within cultural groups on the complications of diabetes, what it entails and for it to feel acceptable to talk about.
  - Create Afro-Caribbean specific events / programming. We have things in common, that can be used to bring us together such as food and music, this would provide more incentive for us to want to go



outside, within our cultural groups, have conversations about diabetes (e.g., could serve portions of food to see what portions look like for our cultural food) within our social groups and just have fun.

- Leverage the power of music and within cultural communities to get us to move and connect.

**83. Support newcomer integration into communities.**

- Connect to settlement agencies to bring newcomers into local community centres and build comfort and knowledge of City resources.
- Design ‘socializing’ into programs where people have to interact.
- Offer cross cultural events especially for newcomers.

**84. Facilitate community street parties and dance parties.**

- Want to just be able to dance close to home and not in a structured class like Zumba with an instructor.
- Want to be able to have street parties (e.g. Happy Street Sundays) to play games, music, and have food.
- Activate spaces and provide indoor and outdoor spaces to permit street / dance parties.
- Provide permit for community parties.
- Develop “Community Health Ambassador” roles, which could be voluntary, to help coordinate local community activities such as dance parties and identifying a local volunteer DJ.

**85. Establish relationships with community agencies to enhance offerings locally.**

- Various focus group participants and survey respondents shared that they would be interested in having the enhanced offerings at community agencies they already go to, including but not limited to East Mississauga Community Health Centre, Dixie Bloor Neighbourhood Centre, Malton Neighbourhood Services, Punjabi Community Health Services.
- To increase participation in programming receive input on time of day for scheduling and consider language barriers.

**86. Make educational brochures on diabetes available across City facilities.**

- A participant at the Expo shared the need for pamphlets or tip cards with key information and recommendations based on culture and beliefs.

**87. Provide affordable group art options.**

**88. Provide access to free resources on physical and mental health at libraries.**

- A participant at the Expo suggested have physical activity and physical literacy kits available for loan to families/educators through the library system in Partnership with Play in Peel.

**89. Provide the ability to sign-out laptops.**

**90. Increase availability of hotspot devices in libraries.**

**91. Develop a free senior centre or multi-purpose facility.**

- Offer community groups for physical exercises and wellness programs.
- Provide nutritionist, musical instruments, group discussions, counselling because everything is linked. This will also resolve mental health issues.
- Provide community outreach, programming, and gatherings for different ethnic groups.
- People want to get together, connect, share and discuss. This would solve so many problems including those of loneliness, mental health, arthritis, and diabetes
- Any new seniors centre needs to be in highly accessible location, close to public transit and accessible parking.
- Mississauga East is lacking facilities serving seniors that are open to the public with programs, equipment, and staff.
- Have 24-hour drop-in.

92. Improve inclusivity at Seniors Centre.
93. Address the impact of stress and fear from experiences of racism.
94. Need more places like the Malton Youth Hub.
95. Connect companies with Corporate Social Responsibility to community needs.
  - Community groups can sponsor community walks or activities.
96. Use arts and entertainment as a catalyst
  - Improve aesthetics to make spaces more pleasing through murals, paintings, and public realm improvements.
  - Make spaces more sticky.
  - Improve the streetscape through placemaking and greening.
  - Public spaces need more points of interest through public art and “character”.
97. Offer a program to loan glucose monitors with test strips.
  - Add glucose monitors and strips to the library of things offered through library.
98. Conduct a diabetes awareness campaign.
  - Several focus group and survey respondents shared that having awareness campaigns in various languages would be helpful to: spread information about diabetes; learn about ways to prevent it; have access to free screening and a dietitian; and to learn about available local healthcare services.
  - Conduct campaign every year which could provide information sessions in various languages offered both person and virtually and free screening.
  - More BIAs to collaborate and connect on addressing diabetes
99. Provide more information about diabetes and available supports through City channels.
  - Develop section of website dedicated to information about diabetes and links to available resources.
100. Create a ‘directory’ of diabetes-related specialist and programs for doctors.
101. Offer free digital apps to assess risks.

## **Appendix D – Feedback to Share with Other Public and Private Entities**

The following appendix summaries the feedback from the focus group participants, survey respondents and Expo sessions that may not directly be aligned to the City’s scope of direct responsibilities. Where possible, feedback is provided verbatim.

### **Provincial & Federal Government**

- Reduce price or make the prices stable of healthy food
- Affordable healthy produce through local grocery stores
- Low income is the main cause of many chronic diseases, more financial support (e.g., minimum income)
- Charges and co-pay for prescriptions for seniors should be eliminated
- Pension rules – remaining spouse gets pension, what happens when she passes, why does it keep going to her estate when she has a living spouse?
- Why can we not claim maintenance fees on taxes?
- Increase pension so people can have more money to buy healthy food
- Require free or cheaper and more frequent dental cleaning; ensuring good quality of works to avoid repeating
- Financial support for dentures; there is currently a 1 year wait to get a card for Ontario seniors’ dental program causing issues for urgently needed services
- Financial support for seniors or people with diabetes to obtain orthotics
- Support with accessing warm clothes

### **Region of Peel / Public Health**

- Diabetes-related mobile clinics with an education component (similar to the ones with hygienists, for the mobile vaccine clinic)
- Bring preventative care into the home, City / Region of Peel could organize paramedics to support efforts similar to work they’ve done with clinics in Peel Living (e.g., BP checks, blood glucose testing)

### **Ontario Health**

- Need a walk-in clinic in Malton for diabetes that should be available 7 days a week
  - where we can go to have a little better attention, we have to long for an appointment by our doctor
- Can’t afford dental care
  - Fixed income is still higher than the minimum threshold for free service
  - Eligibility should be based on net not gross income
  - The wait for dental care at Four Corners at Westwood Mall is too long and the income eligibility threshold is too low
- Need more dental care, eye care, foot care, physiotherapy and vitamins
- Access to foot care, not enough Chiropodists
- Ability to see nutritionist at diabetes program more frequently (more than every 6 months) and for longer period of time
- Customer care for healthcare services in Malton is very poor, don’t take the customer/patient seriously; Have to get second opinions to get proper diagnosis
- Four Corners has programs though have to be a patient; there should be more funding for these types of programs
- Addressing long wait times for specialists, including mental health professionals

- Ability for staff to take calls to request appointments is limited (e.g., open only certain days and limited hours, Four Corners Health was provided as an example)
- Gap in medical follow-up between the family doctor and the specialist
- Better access to family doctors and healthcare, this looks like getting appointments faster, having more time during appointments, and closer to home
- More community Nurse Practitioners that go into the home (possible Public Health intervention)
- Create standardized program offering based on various factors (e.g., weight, activity level, etc.)
- Provide subsidized or free medications and supplies (device, needles and test strips) for the treatment of people with diabetes, insulin resistance and obesity
  - People on borderline don't have access, it will help prevent
- Free consultation with an endocrinologist, surgeon, ophthalmologist
- More health care professionals specializing in diabetes treatment
- Arrange more specialists to reduce wait times and give timely appointments to patients with diabetes
- Medial services for seniors available in the community that do not require referral from physicians to save the time and do not need to make trip for doctor appointment just for the referral
- Need more South Asian dietitians, helping to address how to make adjustments from a wheat-based diet
- Provide options to online health care consultations like registered dietitians and licensed naturopaths available via telehealth
- When medical professionals keep changing drugs, they are not considering if the new ones are covered
- Free or heavily discounted on eyeglasses
- Parking fee – too high for hourly basis (have to wait hours for their appointment)
- Provide discounted medical alerts (around neck to press for assistance)
- Wear a bracelet as medical alert for diabetes
- There are no proper walk-in clinics in Malton community, previous one moved to Etobicoke
- Need culturally sensitive medical people, people who can't understand us are dismissive
  - Not hearing you because busy telling you
  - Diagnosis is given and want to give prognosis while not taking into account faith / religion, not considered an important part of care
- Mix of cultural caregivers, people who understand us as a people, whichever ethnic group it is
  - what we eat and how we perceive diabetes – have 'sugar'
  - help understand that things contain sugar even though it's not sweet

### **Ministry of Education**

- Starting education related to diabetes in schools; Programs that promote health education in to instill healthy habits from early age

### **School Boards**

- Starting education related to diabetes in schools; Programs that promote health education in to instill healthy habits from early age
- Breakfast program in schools; nutrition needs to be taught and getting nutritious breakfast is important
- Teach kids how to make simple basic foods with what they have on hand
- Teach kids how to cook and to make meals for selves; they can teach parents
- Offer extended lunch hour at school where kids get together and make simple lunch
- Ascension High School needs a proper field with track
- Ascension High School needs a GLE program / graduation coach
- Students should have transparency of how much of taxes are going into the school budget
- Youth should be able to decide how budget for programming is used and what programs are offered
- More snack programs that provide whole foods instead of vending machines
- Hold events / active days in school similar to Jump Rope for Heart but for diabetes
- Smoothie making class, used to be offered through health information night with parents

### **Business**

- Workplace wellness programs
- Encourage offices to have more greenery indoors and space to walk
- Better access to premade healthy meals for busy people
- Offer grocery store tours and information sessions
- Seniors discount days at more stores such as Walmart
- Shorter workday by half an hour or flexibility to step out during the day to walk
- Low to no cost gym membership from private business
- Walking meetings outdoor
- Increase awareness of CCD with business sector - how? Leverage MBOT – share activities that can be taken up

### **Pharmacies**

- Pharmacists assist with diabetic checking, prescription and referral of diabetic related diseases for patients or high-risk seniors