Promoting Health and Innovative Health Promotion Practice Through a Community Arts Centre

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The salubrious effects of participation in and exposure to the arts are well documented. This paper describes the development of a unique arts centre established in a disadvantaged urban school setting as part of a larger community-based health promotion research project. The discussion highlights how community-based arts programming may impact health not only through positive effects on "upstream" non-medical health determinants, particularly aspects of social support, but also through its ability to facilitate the more traditional health-promotion initiatives of the larger parent project. Also discussed is this centre's potential to act as a catalyst to achieve the overarching project goal of enhanced community health by building constitutive capacity around positive aspects of the community, rather than focusing on capacity only as an instrumental resource to solve social or health problems. Greater incorporation of the arts within health-promotion projects offers potential to enhance both health promotion practice and outcomes.

Keywords: *health promotion; community-based arts programs; population health; social ecology; community capacity; arts and health*

The salubrious effects of exposure to and participation in the arts are well documented (Wyn Owen, 1999). As these benefits are increasingly appreciated, a growing array of arts programs is being offered in a variety of settings, toward the goal of enhanced individual and community health (Carey & Sutton, 2004; *Saguaro Seminar*, 2004; Williams, 1997). In describing the development of a unique school- and community-based arts centre, this article highlights the potential of this centre to facilitate and reinforce other initiatives within its parent health-promotion research project. As is described, this "value-added" component is felt to have merit as a means to multiply the gains and expand the reach of "traditional" health-promotion initiatives, such as physical activity and community gardens projects. In addition, the role of this arts centre as a community coalescer may serve as a conduit through which the project goal of building community capacity may have additional success, not only as a tool to address community issues or "problems" but also, more important, to celebrate community strengths, assets, and connections, which may be of even greater import for more disadvantaged or underresourced communities.

This article has three objectives, presented and discussed in order. The first objective is to describe key components in the choice and development of the Quadra Arts Centre, a community-based initiative under the Promoting Action Toward Health (PATH) health-promotion project. Here, following a description of PATH and its guiding principles, the mediating upstream[1] effects of this arts-centre initiative on indi-

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vidual and community health are discussed. The second purpose is to highlight examples of actual and potential benefits of this arts centre to provide a "value-added" component to the delivery of PATH's more traditional health-promotion initiatives, such as community gardens. Thus, alternative routes via the arts to implement community-based health-promotion programs may be realized. The third purpose is to make the case for the potential of this arts centre to build constitutive capacity; that is, capacity that builds community strength, not only for instrumental purposes to address social or health problems but also as an end in itself to build on a community's strengths and assets (Labonte & Laverack, 2001).

BACKGROUND

The Setting and Theoretical Underpinnings

PATH is a 5-year (2001-2006) federally funded, health-promotion research project based in a medium-sized Canadian city (2001 population: 74,125 in the city proper; 325,649 in the greater metropolitan area). It partners a local university, the regional health authority, and a community centre to promote healthy living and a health-supporting community in the project's catchment area. The project area is geographically bounded, represents a relatively disadvantaged area of the city, and is made up of an area consistent with the service boundaries of the partnering community centre. The area includes two of the city's designated neighborhoods and a small portion of a neighboring municipality with a combined population of over 11,000 residents. Table 1 outlines indicators and statistics on the project catchment area, whose residents make up the project "community." These statistics support the community's status as a lower resourced part of the city, with city averages provided for comparison.

In planning, implementing, and evaluating project initiatives, PATH applies a population-health approach that aims to reduce inequities related to the social determinants of health. Initiatives began by focusing on persons in midlife (defined as ages 35 to 64 years); however, increasingly as the project has unfolded, initiatives have expanded to include residents of adjacent age groups, as it is recognized that involvement of the broader community will affect midlife residents. For example, it is reasonable to expect that a middle-aged person caring for school-aged children and aging parents (a "sandwich generation" member) will be affected by programs and policies that affect children and the aged.

Recognition of such interconnectedness is in step with the social-ecological framework that guides PATH (Stokols, 1996). Social-ecological models suggest that personal and collective well-being is influenced by multiple facets of the physical environment (e.g., geography, architecture, and technology) and the social environment (e.g. culture, economics, and politics) that interact in a dynamic way with personal (biogenetic, psychological, behavioral) attributes (Stokols, 1992). Ecologically based health research incorporates a multilevel approach at each stage, from assessment through to analysis. They are grounded in the notion that multilevel interventions that tap intrapersonal, interpersonal, institutional, community, society, and policy domains will have greater impact than the more traditional approach of working on behavioral changes in isolation from life context.

Much of health promotion practice incorporates a community capacity–building component, instrumental to build infrastructure, render programs sustainable, and/or promote the problem-solving capability of communities (Hawe, Noort, King, & Jordens, 1997). Despite extensive coverage in the literature, however, there is a lack of consensus regarding effective, practical strategies to enhance community capacity, and meaningful indicators with which to measure it (Jackson et al., 2003). As applied to PATH, *community capacity* is probably best operationalized as "characteristics that affect a community's ability—through both formal and informal mechanisms—to improve quality of life" (Veazie et al., 2001, p. 22). Even consensus on a definition is elusive; rather, there appears to be more agreement on dimensions of capacity (or domains). These include participation, leadership, resources, linkages, organizational structures, skills, and knowledge (Labonte & Laverack, 2001), aspects that focus on communities as organizational structures. Debates aside, the goal of

TABLE 1
Project Community Statistics (City of Victoria, 2001; Stats Canada; all data in percentages)

Community Statistics	*Project Area Catchment*	*City Averages*
Population: Midlife (35-64 years)	34.8	38.1
Children (0-19 years)	18.9	14.4
Seniors (65+ years)	11.8	19.9
Low-income families	25.4 (except one census tract at 16.9%)	15.0
Low-income singles	51.4	39.8
Unemployment rate (age 25+ years)	7.3–12.7	6.5
Rental housing	38–80	38.0

PATH to build community capacity is a logical extension of its philosophy to work from a population-health approach and a social-ecological framework in which acknowledging, working with, and evaluating connections and interactive effects across many levels (individual, community, and society) are fundamental principles.

Community kitchens, community gardens, a history and heritage group, an active-living strategy, and a community-information distribution network are examples of health promotion initiatives that are now under way as a result of PATH. These and other initiatives have been chosen by the project partners based on several criteria, adopted with a view to initiatives having maximum impact on the goal of enhancing individual and community health, while remaining true to a community-activation approach (Wickizer et al., 1993) and population-health principles within a social-ecological framework. As such, criteria for initiatives were chosen based on their potential to: (a) be responsive to concerns of area residents and/or reflect community input, (b) address one or more determinants of health or community-defined health issues, (c) have multilevel intervention potential especially regarding impact on policy, (d) work from community strengths and/or opportunity, and (e) enhance collaboration among organizations and across sectors. With this contextual backdrop in place, we describe in more detail the Quadra Arts Centre and how it has met the criteria above as an initiative with robust intervention potential.

The Quadra Arts Centre (QAC)

The QAC was established in late 2003, transforming a heritage, brick-annex building adjacent to an elementary school into a vibrant arts facility. The QAC space (two large rooms with washrooms totaling 2,000 sq. ft.) had been vacant for many years. It is now available to students and teachers at the school to enrich learning in and through the arts during school hours throughout the school year, and to community residents to engage in various forms of arts programming and expression during evenings and on weekends.

The elementary school with which the QAC is affiliated is reflective in many ways of the community in which it is embedded: for example, a higher-than-average proportion of the student body comes from low-income families. In 2003-2004, a total of 328 students attended kindergarten (K) through Grade 5 classes. A French immersion program (6 of 15 classes from K to Grade 5) draws students from local and other neighborhoods across the city. A large proportion of students at the school have special needs, including many of the 53 students who were transferred there as a result of a school closure in a particularly disadvantaged area of the community nearby (adjacent to the community centre which is a partner in the PATH project). The QAC school is very rich multiculturally, with more than 17 first languages other than English spoken by students, and a significant number of students from First Nations (Aboriginal) communities.

The decision to facilitate the opening of a community arts centre was made because this idea met the criteria cited above for choice of initiatives within PATH. Paramount was the fact that residents expressed an interest in having a community arts space (Criterion a above). PATH's first year was largely devoted to interaction with residents to listen to their concerns about and attitudes toward the local community, using multiple data collection tools, including an in-depth face-to-face interview with 918 neighborhood residents, two community forums, a one-page neighborhood survey, and community asset mapping events. Residents were asked about their health and stressors in their lives, views on what makes them healthy, behaviors they

engage in to maintain or improve their health, notions of neighborhood and of healthy communities, and opinions on improving the health of their neighborhoods. In addition, an environmental scan of the catchment area was conducted via area walkabouts and a review of official records.

Findings from these multiple data sources reveal the importance of the physical and social environments to health. For example, traffic concerns (with their contribution to air and noise pollution and a reduced sense of safety) were mentioned by 25% of interview respondents, and 43% of survey respondents. One hundred and forty-three interview respondents (16%) suggested that the social environment and sense of community make an area healthy or unhealthy. Greater access to recreational and cultural activities and more neighborhood events were cited as ways to enhance a sense of community in the PATH project area. Comments made reference to the need for "community events to bring residents closer," "more positive youth activities," "a healthy outlet to hang out," "more centres for recreation," and "family friendly fun affordable events." Revitalizing the school annex building as a facility that is active during days, evenings, and weekends was perceived to be a means to increase a sense of neighborhood and a feeling of safety in the community, as voiced by the school principal and others, thus addressing important security concerns raised in the PATH community assessment. "A place to do art" was also included among responses to the question "What would make you and/or your community healthier?" at community forums.[2] Transforming the school-annex building to an arts centre was in fact the resurrection of a proposal first put forward unsuccessfully a few years previously by a local resident, school Parents' Advisory Council (PAC) president and artist who is now a member of the QAC Community Advisory Committee.

A second important reason to pursue the arts centre as an initiative is that it addresses one or more of the social determinants of health, which are increasingly recognized as linked to the health of individuals and populations (Evans, Barer, & Marmor, 1994). Although it is beyond PATH's ability to effect direct change in population-health determinants such as income and social status or employment and working conditions of residents, other determinants including education, healthy child development, gender and culture, personal health practices and coping skills, social support networks, and social and physical environments may all be positively influenced through involvement with the arts and by having a centre that acts as an attractive focal point and meeting place for residents, to promote social interaction and connectedness. The therapeutic effects of the arts in rehabilitation of patients with physical and/or mental health issues are well documented; it is in this health services delivery role that the arts are best known (for an extensive bibliography, see National Network for the Arts in Health, n.d.). The ability of the arts to enhance academic outcomes, engage children in learning, and advance their social development has gained increasing prominence during the past decade (Catterall, 1998; Fiske, 1999; Gardiner, Fox, Knowles, & Jeffrey, 1996). A recent randomized control study of more than 6,000 students in Ontario, for example, discovered an 11% improvement in math scores and increased engagement in learning among students enrolled in a Learning Through the Arts Program (Smithrim & Upitis, 2005).

There is a vast literature on the impact of social relationships on health, with many terms used loosely and interchangeably, including *social networks*, *social support*, *social integration*, and, more recently, *social capital*. Sociologists, psychologists, epidemiologists, and researchers from other disciplines (anthropologists and economists) have documented the role of social connections on health (for a good review, see Berkman & Kawachi, 2000). One conceptual model posits that a range of upstream social structural factors (including cultural, socioeconomic, and political factors) condition the extent and nature of social networks, which in turn provide opportunities for various psychosocial mechanisms, such as social support and social engagement, to ultimately affect health through behavioral, psychological, and even physiological pathways (Berkman & Glass, 2000). Data from a large study of health practices in Alameda County, California, for example, show a steady gradient between increasing social disconnection and the cumulative prevalence of health-damaging behaviors such as tobacco and alcohol consumption, physical inactivity, and consequent obesity (Berkman & Glass, 2000). Data from Grzywacz and Keyes (2004) show that social behaviors may be equally important as health behaviors, such as physical activity, for promoting complete health (physical and mental health), and these authors questioned why interventions promoting social ties and integration have not become standard features in health promotion.

The arts are ideally suited as a mechanism through which a collective may increase its store of social capital or "the ability to secure benefits by virtue of membership in networks or other social structures" (Portes, 1998, p. 6). Evaluations of community-based arts programs in Australia (Williams, 1997), Britain (Carey & Sutton, 2004), and the United States (*Saguaro Seminar*, 2003)

have shown the positive impact of involvement in the arts on more generalized community participation and civic engagement, key indicators of social capital.

Criterion c—multilevel intervention potential including impact on policy—was also met and was particularly integral to applying a social-ecological model. At the individual level, it was felt that participants would gain skills and reap positive rewards from arts programs and events, and residents may also contribute as instructors and/or volunteers for programs. At the interpersonal level, individuals would interact with each other to receive and give social support. At the organizational level, the school's capacity to deliver programs to students would be enhanced. At the community level, a community-wide resource would be available, and residents from other parts of the city would interact with the Quadra community. The impact on policy is discussed below in relation to school-district involvement.

Working from community strengths and opportunity (criterion d) was evident in that this annex space had been viewed by many in the community as an ideal space for an arts centre. Moreover, school board trustees were very supportive of the proposal and may have also been politically motivated to work with the community on a "good news" initiative (another example of both parties working from opportunity) in light of their decision (made earlier in the year) to close the elementary school adjacent to the project community centre, with many of these students now rerouted to the proposed arts centre's school. Working with the school board to establish the QAC was a tangible way to collaborate across sectors (thereby meeting criterion e: enhance collaboration among organizations and across sectors).

QAC: THE PILOT YEAR

Early in its tenure, the arts centre established a Community Advisory Committee that meets as needed to help direct governance and policy planning. This committee evolved from open meetings with community members who responded to PATH's open invitation to discuss the idea of an arts centre, and included representatives from the community centre, university, health authority (as partners in PATH), the arts community, City, and unaffiliated community residents. Among this Committee's first tasks was to set goals reflecting QAC roles to work with school and community, and toward capacity building. These goals are to (a) make available additional arts facilities, equipment, consumable materials, and programs in the arts to students affiliated with the QAC; (b) provide the community with experiences in the arts through the provision of space, materials, and human resources in education and outreach programs; and (c) promote a sense of community by creating a focal point and meeting place, providing a place for social interaction and sharing, fostering linkages across multicultural, cross-generational, and socioeconomic groups, and enhancing community surroundings through the arts. As well, the following guiding principles were adopted: inclusiveness (be open and available to all), accessibility (encourage participation from all members of the community regardless of ability to pay), cooperation, community building, community responsiveness (strive to provide programming and events to meet community demand and interest), connection between the arts and health, and sustainability.

School-related activity in the pilot year included orientation sessions for students and teachers to familiarize them with the space and resources, in-services to teachers on the arts, visits by artists who conducted hands-on arts activities with students, and an after-school art club. Two rounds of community programming drew more than 500 community members to 25 courses, workshops, and family-focused celebratory events covering the visual arts (such as ceramics, painting, and drawing), vocal expression, storytelling, open studio time, and First Nations cultural practices.

Linking the Arts and Health—A Strategy to Enhance Traditional Health Promotion Activities

Even in its pilot year, the QAC demonstrated how it may benefit PATH in its goal to enhance individual and community health. The following examples illustrate how the QAC injects a "value-added" component to PATH, in providing a facility that is functional and symbolic, and in generating momentum, enthusiasm, and potential to bring community groups together and strengthen cross-sectoral links in ways not previously achieved through PATH.

The QAC Facility

PATH has always operated out of an office housed within its partnering community centre. This centre is located in an area of high need within the catchment area, adjacent to a subsidized housing complex. The community centre prioritizes its services to help persons in greatest need, including many individuals with mental health and addiction issues. As a result, many less disadvantaged residents do not feel comfortable coming to the community centre and do not perceive

the centre to address their social or recreational needs. PATH has made some inroads to "draw in" persons who have not previously frequented the community centre (e.g., via a free Tai Chi class); however, in general, as noted with a women's midlife program, events held at the centre tend to draw a very different cross section of the community than events held at, for example, the health unit office several blocks away.

The QAC appears to have broken down some of these barriers by creating an alternate location in which to hold community-related events. Community centre staff enthusiastically endorse this development. The executive director of the community centre has remarked how the QAC (located about a mile from the community centre) is viewed by many residents as a neutral or positive alternative to the community centre for programs. Prior to the opening of the QAC, PATH had been wrestling with the downside of being physically located in the community centre while trying to reach out to the broader community. Not having the resources to extend its reach, the community centre welcomes the programs the QAC provides and is pleased that bursaries are available to allow its "traditional" clientele to access the same programs as better resourced members of the community. In effect, the QAC is symbolic of a new, all-inclusive facility that is working to reduce inequities along some dimensions of health determinants (e.g., offsetting the effects of minimal income by subsidizing arts programs).

A second benefit to PATH of having a sizeable "second" facility is that many project-related events can now be held at the QAC. This opportunity serves to solidify the links between the arts and health and connect them in a way that focuses on enjoyable activities, rather than the pedantic "shoulds" and "should nots" that are often the stalwart of traditional education-based programs of behavioral change. Examples include a series of women's midlife health yoga classes at the QAC, and social events that have been held to acknowledge and connect volunteers in a community PATH flyer distribution network. Another example is an event where residents created "garden art": this event connected with PATH's community gardens initiative and participants included residents who were already involved with the community gardens project who discovered how to beautify gardens through art, and other residents who learned about the gardens initiative from these enthusiastic ambassadors. Yet another example of how traditional health promotion may be linked with the arts is the PATH community health festival, held at the QAC, which melded health displays on everything from tobacco reduction, diabetes education, and block watch programs with arts events such as storytelling demonstrations, hands-on kids arts activities, and drumming workshops. Health promotion education is certainly less "dry" and pedantic when combined with enjoyable social activities.

The QAC as "Community Coalescer" and Constitutive Capacity Builder

This community-health festival event also demonstrates the ability of the QAC to make links across agencies and sectors and effect change at higher levels of intervention, for example, related to policy. PATH held its first health festival at the now-closed elementary school across the street from the community centre. When seeking a location the next year, the QAC and its affiliated school was an obvious choice. The school's PAC collaborated with PATH to simultaneously stage the health festival and the PAC year-end fund-raising barbeque. This was made easier because rapport with the PAC had already been established through the QAC's links with the school, a link that did not exist prior to this initiative, even though PATH had targeted the PAC group as an important community connection to establish. The school principal remarked after the event that "it takes time for rapport and trust between community groups to be established;" and how "there had been some trepidation prior to the event about how it would all work out, but these fears were allayed by its success."

Given that PATH is a time-limited project, capacity building will be enhanced wherever links can be facilitated between community-based agencies and across formal and informal groups and cultures, as well as businesses and government entities. In this endeavor, the QAC is proving to be an asset. For example, although persons of First Nations constitute a significant proportion of the community, PATH had had little success in engaging them in initiatives prior to the QAC. Traditional carving and drum-making classes at the QAC, however, have attracted First Nations participants of all ages and have forged links between PATH and agencies that serve the population of First Nations peoples in the community, such as housing and youth groups. Other cultural groups, such as intercultural and Black history associations, have also utilized the QAC to express and share their culture more broadly with the community.

The QAC has also brought many community sectors together in fund-raising efforts, such as a celebration initiated by a local restaurant owner at which all proceeds for the evening were donated for QAC bursaries and materials. This event spurred other businesses to donate to the QAC and to reflect on how they may contribute more

broadly in the community (e.g., a local butcher who heard about this event reflected on how he could contribute his products to other community events). Finally, and very important, the unique arrangement that established the QAC involved policy-level decisions by the local, city-wide school district to allow a partnership with PATH for the lease of the QAC space. Establishing this partnership and influencing policy at the school board level have set the stage for other potential policy-level changes that may have health impacts in population health terms. For example, the rapport already established with school district trustees has been valuable in securing their support in PATH's facilitative efforts toward a shared community garden on school land within the project catchment area.

Building Constitutive Capacity

Data collected to date reflect the enthusiasm of respondents for the QAC and its positive impact on participants and their families. Commonly reported in evaluations of QAC events and programs are comments such as: "Thank you for offering classes that are affordable and high quality"; "I was comfortable to be myself [in the painting class] . . . it made me feel healthy and happy"; [storytelling class] "was so safe and encouraging"; "I have a chronic health problem and this [drawing] course helped me to be social and encouraged me to seek out more. I am very excited to have this in my community." Plans are now afoot to expand data collection to include levels besides the individual and family.

Such comments suggest that the QAC holds potential to build community capacity because it symbolizes positive as opposed to negative change within the community. The QAC community has faced its share of negative developments in recent years, largely because of a neo-liberal government that came to power just as the project started up in 2001. The subsequent years have seen an erosion of social policy and drastic iterative cutbacks in spending that have worn down residents' morale and community agencies' infrastructural ability to mobilize residents to advocate on their behalf. As other authors have noted, attempts to increase social capital and, arguably, community capacity are "ill-fated" where government policies are enacted to lay off vast numbers of people from work, decrease social spending, and generally increase the stressors in that sector of the population least able to withstand it (Edmondson, 2003). For example, some community leaders noted that efforts by residents to reverse policy decisions, such as that which closed the school across from the community centre and a not-for-profit food store at the community centre, were unsuccessful because these decisions came on the heels of many other social cuts that left residents "beaten down with one more thing to try and deal with."

In contrast, interviews with 31 community leaders and other key informants conducted around the time that the QAC was launched reference QAC's potential to build capacity. Comments included: "Capacity could be improved by having more activities that would build relationships among people. Additional places are needed for that to happen. The QAC could fill part of that need. The QAC will assist in developing community" (comment by community centre executive director). "The QAC offers a gathering place to generate community connection" (city development planner). "The QAC is a much-needed community resource which has the potential to strengthen a sense of community, using art as a way to promote a more creative, safer and stronger community" (school principal). "The QAC is a significant positive development, primarily through its functions as a gathering place for the community" (35+ year resident involved with neighborhood watch program).

DISCUSSION AND CONCLUSION

The goal of researchers and practitioners to increase community capacity has been typically framed as desirable for the community to better address its health and social problems (Goodman et al., 1998; Hawe et al., 1997). This instrumental aspect of capacity casts "community" as "organization" and applies organizational constructs to envision how a community may develop if a project succeeds in increasing domains of capacity, such as leadership, linkages, and resources. What is demonstrated through PATH and the QAC, however, is that many communities, particularly lower resourced communities already stressed by years of cutbacks and poor infrastructure to begin with, may not wish or be able to step into the role of "problem-solver," at least not without first establishing or reestablishing more fundamental community connections with each other as individuals and groups. Capacity then may stand a better chance of enhancement if residents are offered something positive in which to be involved, namely a celebration of individual and community assets in terms of creativity and connection, rather than another battle in reaction to yet another negative community development. As the foregoing highlights, the QAC has assumed the role of a social connector in one urban community, not for instrumental purposes toward another end (i.e., to solve a problem) but for constitutive purposes, that is, as an end in and of itself, as other authors espouse

(Labonte & Laverack, 2001). Other authors acknowledge how capacity building may encompass a range of activities that address a continuum from micro- to macro-level dimensions of social capital (Hawe & Shiell, 2000).

It is too early to know whether the QAC will facilitate a more traditional, instrumental form of capacity building in the community. In this regard, it is of interest to consider how the capacity built through the QAC may influence its own longer term sustainability. For example, one important question already under consideration by the QAC Advisory Committee is whether the QAC should establish a separate nonprofit society to advance its goals (particularly in relation to fundraising), or remain under the auspices of the community centre's governing society. This and other decisions related to sustainability planning will benefit from strategies that build on the foundation already established, including the periodic review of QAC goals and the expansion of community links between multicultural and other community agencies that have demonstrated interest in the QAC over this pilot period.

This article hopefully shows how a community arts centre can make tangible one community's expressed interest to "do art" for individual and collective social benefit, and how such an arts centre can be grounded within an ecological health-promotion project to provide value in the delivery of more traditional health-promotion activities. Because the arts exist for their own sake, many continue to see the arts as peripheral to the social infrastructure of society; hence the recent cutbacks to arts education in schools, and ever-dwindling funding for the visual and performing arts. Community-based arts projects, however, demonstrate their integral role to enhance individual well-being and to develop and regenerate community. The Quadra Arts Centre, through its ability to recast the delivery of traditional health-promotion activities and through its capacity-building role as community coalescer, is one such example. In line with population health principles, and as no less than the editor of the *British Medical Journal* remarked, "If health is about adaptation, understanding, and acceptance, then the arts may be more potent than anything that medicine has to offer" (Smith, 2002, p. 1433).

NOTES

1. *Upstream* refers to addressing the underlying root precursors of health status, which are largely associated with social, nonmedical determinants such as income, education, and social support. Working earlier in the "causal stream" (often with sectors outside health and at the regulatory, policy level) on nonmedical determinants that affect the health of a population is most effective in lowering the incidence of disease "downstream."

2. Approximately 40 residents in total attended one afternoon and one evening forum held a week apart at the project community centre. All residents were invited via announcements in the community newsletter and via posters on display at the community centre and at local businesses. Free transportation and child care were offered. The format was one of informal discussion facilitated by project staff. Input from residents was summarized in a subsequent issue of the community newsletter, where continuing input from residents was encouraged.

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