

A decorative graphic on the right side of the page features three overlapping circles of varying sizes, each composed of concentric blue rings. Two thin blue lines intersect at the top left and extend diagonally across the page, framing the circles.

Validating “Addressing Social Determinants of Health in the Waterloo Wellington Local Health Integration Unit” in Waterloo Region

Region of Waterloo Public Health
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Introduction

During the summer of 2011, the Waterloo-Wellington Local Health Integration Network led the development of the report *Addressing Social Determinants of Health in the Waterloo Wellington Local Health Integration Network (LHIN)*, with the purpose of determining the focus of coordinated efforts to address social determinants of health (SDOH) using a “whole of community” approach. Guidance was provided by the Grey Bruce Health Unit, Wellington-Dufferin-Guelph-Public Health, and Region of Waterloo Public Health (ROWPH) due to their in-house expertise and familiarity with SDOH. Social determinants of health indicators used 2006 census data and health outcome indicators used 2007-2009 MOHLTC emergency department visit, hospitalization, and mortality data. The short timeline limited the ability for a thorough and systematic gathering of evidence.

The plan is for this report to be released widely. However, before this is done it was thought that some additional work might be needed to ensure that the priority neighbourhoods would not be negatively impacted when the release occurs. For this reason, ROWPH assembled the following community organizations to determine whether or not validating the report prior to its release was necessary and if yes, decide upon the process for doing so. Community organizations attending this meeting were:

- Kitchener Downtown Community Health Centre
- Langs Community Health Centre
- Opportunities Waterloo Region
- Our Place Family Resource and Early Years Centre
- Region of Waterloo Social Services
- Social Planning Council of Cambridge & North Dumfries
- The Salvation Army Parent Child Resource Centre
- Woolwich Community Health Centre
- *Regrets*: Workforce Planning Board of Waterloo Wellington Dufferin; KW United Way

The **10 Priority Neighbourhoods in Waterloo Region** as per the LHIN report (in alphabetical order):

1. Alpine/Laurentian
2. Bridgeport/Breithaupt/Mount Hope
3. Central Preston/Preston Heights
4. Columbia/Lakeshore
5. Downtown Kitchener and Area
6. Galt City Centre/South Galt
7. North Galt/Elgin Park
8. South East Galt
9. Vanier/Rockway
10. Victoria Hills/Cherry Hill/KW Hospital

This group concluded that such a process was needed, and that in addition to talking to staff from neighbourhood groups about the report's findings, their thoughts on the recommendations, release, and identification of neighbourhood assets was necessary. It was also thought that existing reports profiling neighbourhoods in Waterloo Region should be reviewed during this process, and that a report triangulating this information should be compiled and presented to the LHIN so as to inform the release of *Addressing Social Determinants of Health in the Waterloo Wellington LHIN*.

ROWPH's role in the process was to ensure that checks and balances have occurred prior to report release, facilitate the pre-report release process, identify multi-sectoral stakeholders, and encourage the engagement of a Waterloo Region SDOH leader with the LHIN Catalyst Group.

Methods

A validation plan was drafted and circulated to community organizations for comment. At this time, suggestions for neighbourhood staff focus group participation and reports for review were requested. Twenty-four neighbourhood staff were identified and invited for focus group participation – three focus groups (with individuals expressing interest and responding to a Doodle poll regarding availability) were held between February 27th and March 14th. A total of 11 neighbourhood staff attended focus groups. Four questions were discussed:

1. Whether or not the priority neighbourhoods should be the focus of coordinated efforts to address the social determinants of health (i.e., are priorities)
2. What physical, personal, human, financial, and social assets exist in these neighbourhoods
3. Whether or not the recommendations are relevant to, and compatible with, current community programming and activities
4. What concerns exist about the report's release and what release strategies should be applied accordingly

A number of existing reports were reviewed by community organizations and ROWPH for the purpose of validating the LHIN report findings.

Limitations

Time was an overall limitation in terms of conducting the focus groups and reviewing reports.

Focus Groups: The majority of Focus Group participants were from Cambridge, and there was not enough time to meet with chronic disease prevention organizations. Finally, the focus groups were somewhat limited by the LHIN report using neighbourhood boundaries that were not familiar to all participants.

Reports: Some reports suggested for review were more focused on asset identification and/or used different neighbourhood boundaries and/or were not neighbourhood based such that the level of data was too high to be used. For this reason, only a few reports were used for the purpose of findings validation.

Findings

In summary, the **focus groups** input:

1. Suggested that the findings were not all that surprising, but there are priority pockets in "better" neighbourhoods that are not captured given the level of the data
2. Revealed that there are many assets within priority neighbourhoods that need to be reflected and communicated
3. Suggested that a broad brush or cookie-cutter approach with regards to what neighbourhoods need cannot be taken – there are some similarities between neighbourhoods, but there is also a lot of diversity – and that there is a lot of good work already occurring which should be built upon
 - In some places, there are models that work which could be strengthened and replicated
 - In some places, more ground work using a community development approach may be needed
4. Suggested that **neighbourhoods assets should be emphasized and next steps should be communicated** when the report is released, and neighbourhoods engaged in planning for such

In summary, the **report review** revealed that the findings were relatively consistent with the limited number of comparable findings from other reports. The review also revealed that there are many assets within priority neighbourhoods.

Priority Neighbourhoods for the Focus of Coordinated Efforts

There were no surprises in terms of these neighbourhoods being considered priorities in any of the three focus groups. However, it was noted that the 2006 data is dated (e.g., for a non-priority neighbourhood, it was noted that there was a “growth and influx of new immigrants” since this time). Also, one participant flagged that are “lower crime rates and social cohesion in areas with high immigrant population.” The health outcomes data was identified as new information that could be helpful as all neighbourhood associations offer fitness programs for disease prevention.

Some participants flagged that they were not used to areas being named in this way (i.e., boundaries may vary from those of neighbourhood associations). Participants identified that there would be “pockets” in non-priority neighbourhoods which fall through the cracks given the level of the data. For example: smaller areas within Forest Heights; Shade’s Mills; Beechwood (e.g., the Erb West area by Amos Avenue and Keats Way); and the rural townships.¹ It was also felt that some other neighbourhoods have similar issues, but “have [the] money to hide [the] problems.”

Table 1 provides a brief overview of reports that were reviewed for the purpose of findings validation. *Community Fit for Children* reports consistently used the same neighbourhood boundaries as the LHIN report, but the others did not. Overall, it was found that where comparable data existed, there was some consistency with the LHIN’s findings.

¹ Two other “pockets” mentioned appear to fall within neighbourhoods already identified as priorities (Elmsdale appears to be within Alpine/Laurentian; Mill-Courtland appears to be in Downtown Kitchener).

Table 1: Quick Overview of Reports Reviewed for Validation Purposes

<i>Community Fit for Children Reports (2005, 2009, 2010)</i>	<p>There was overall consistency with the LHIN report when reviewing these three reports. From the 2005 report, all 10 LHIN priority neighbourhoods in Waterloo Region were among those with the lowest Neighbourhood Economic Security Index scores (NESI) in 2001. It was not possible to compare the NESI data from the 2009 report as it (like the LHIN report) used the 2006 census data. NESI scores were not included in the 2010 report.</p> <p>Neighbourhoods were also looked at in terms of percentage of infants “at risk” (using the Parkyn Postpartum Screening Tool) and percentage of children considered vulnerable to having difficulties in school (below 10th percentile on two or more Early Development Instrument domains). When looking at the former, there was some consistency shown in the 2005 report, but less in the 2009 report which could be a function of the percentage cut-offs used. When looking at the latter, there was some consistency shown in the 2005 and 2010, with more consistency apparent in 2009.</p>
<i>Cambridge Neighbourhood Profiles (2009) & Demographic Profiles of Cambridge Neighbourhoods (2010)</i>	<p>These reports profiled neighbourhoods across Cambridge. The quantitative data using the same data source (2006 census data) as the LHIN report, and many of the key indicators are similar to those used to calculate the NESI in the <i>Community Fit for Children</i> reports. Making comparisons was therefore not possible. All LHIN priority neighbourhoods were within <i>Cambridge Neighbourhood Profiles (2009)</i>-defined neighbourhoods where the majority of respondents felt that their neighbourhood had stayed the same over the course of the last five years, and that they would either stay the same or get better in the coming five years.</p>
<i>Downtown Trends and Indicators (2008)</i>	<p>For this report, downtown Kitchener neighbourhoods were divided into five areas: Downtown (urban core); Victoria Park; Cedar Hill; Mill Courtland/Woodside Park; and King East. It did not provide extensive data helpful for the purpose of validation; although it did show that average rent in downtown was higher than city-wide, and the apartment vacancy rate was slightly higher in downtown than city-wide.</p>

Physical, Personal, Human, Financial, and Social Assets²

It was clear from the focus groups, as well as *Downtown Trends and Indicators (2008)*, *A Plan for a Healthy Kitchener (2007 to 2027) (2007)*; *Cambridge Neighbourhood Profiles Report (2009)*; and *Waterloo Region Peer Program Gap Analysis (2012)*, that many assets exist in the priority neighbourhoods. Focus group participants mentioned a variety of assets with ease. However, it was acknowledged that there are not significant physical assets in some priority neighbourhoods (e.g., community centres), and identifying personal

The **five asset areas** are:

- **Social assets** – the benefits that come through relationships with people and institutions
- **Physical assets** – the actual physical things that people own, control, or have access to
- **Financial assets**– income, credit, investments
- **Human assets** – the skills, knowledge, abilities, and capabilities that aid in the development of the other asset areas
- **Personal assets** – the intangible assets, the inner resources of an individual

² As defined in *Putting People First: Exploring the Sustainable Livelihoods Approach in Waterloo Region (2004)*

2b. Investing in **Peer Health Workers** and **Community Nutrition Workers** was also supported. Currently some areas have them, while others do not. These are good programs, but workers are unable to address everything within their few hours per week.

2c. Investing in **Early Child Development**, including prenatally, was considered by some to be critical. However, there was not much familiarity with the Triple P program. It was noted that in working with families with low-income, targeting children via craft programs may get their parents to come to a centre in a non-threatening way. Engaging families in coaching, educational and multigenerational service was seen as important.

2d. Addressing **chronic disease** was thought to require a holistic approach and be more of a public policy issue. It was also mentioned that emphasis should be on physical activity/recreation and affordable food; there was less support for investing in additional smoking cessation. It was acknowledged that all issues are **policy** related.

Finally, it was questioned whether or not one target (e.g., “we want to see 90% of every community’s youth to graduate from high school”) should be selected and all resources put into making this happen. It was raised that all levels (community, region, provincial and federal government) need to work together. Success has to be determined by both statistics and input from people who live there/are impacted as they may have a different perspective on what is an asset or success (e.g., some individuals may see themselves as successful even though others may not think that).

Report Release Concerns and Strategy

It was appreciated that there was sensitivity to how the report will be released. A question each focus group asked was: Who is it going to be released to? Concern mostly came from fear of what the media would do with it. They noted that you do not want it to be a surprise to the neighbourhood. Report release concerns included: possible effects on real estate; loss of funding or services in non-priority neighbourhoods; and stigmatization (with some acknowledging that this is unavoidable to some extent). While stigmatization was the most consistent concern cited, the degree varied: Some were less concerned as they anticipated that the information would not be a shock and that those who would be most offended would not read the report (although there may be a minority who would be hurt); others were more concerned as some previous reports resulted in panicked calls (e.g., “I hear there’s gangs”) and thought “people may feel bad” about a segment driving the neighbourhood down if the rating is indeed influenced by such. Maps highlighting determinants of health, as opposed to neighbourhood, were preferred, although this may be dependant on target audience.

Two possible release approaches were identified. The first was not disseminating it widely, but making it available as a planning document only (e.g., similar to the *Best Start* and *Community Fit for Children* reports). The second was disseminating it widely and gradually, making it available as a planning document first and then broader when there is funding/more concrete plans for action.

Possible report release benefits cited were: facilitation of connections (e.g., between neighbourhood associations and non-profits offering certain services); funding; service placement; and the ability to say

that the work in some neighbourhoods is having an impact and should continue (e.g., Langs). There was also concern that the report would sit on a shelf.

Conclusion

Overall, the identified priority neighbourhoods are relatively consistent with previous reports and observations. However, the presence of many services and programs within them was revealed, and reflecting the assets at the time of report release was determined to be important. Focus group participants also acknowledged that it was good to see the LHIN taking on this report because the information is useful – this is the “type of work that we don’t often have funding for” – and gives credibility and substantiates what people have observed.

Recommendations³

1. Put interventions in the priority neighbourhoods (not adjacent neighbourhoods), and in the “pockets” in non-priority neighbourhoods.
2. Address needs of priority populations in rural communities/townships.
3. Fund the evaluation of existing and new interventions.
4. Identify several champions to drive action forward.
5. Do not take a “cookie-cutter approach” with regards to what neighbourhoods need - there are some similarities (e.g., the need for secure, sustainable funding so that people see value in coming to a program/service), but there is also a lot of diversity between them.
 - In some places, there are models that work (e.g., the Cambridge neighbourhood association model) which could be strengthened and replicated in other neighbourhoods.
 - In other places, more ground work may be needed. This could begin by looking at existing reports and data elsewhere, as well as one-on-one contact with neighbourhood champions/multi-sector advisory groups (including neighbourhood associations and the United Way) to figure out what they are ready for (i.e., go to neighbourhood and say, “Here’s what we know and this is what LHIN wants to do. What would this look like in your community? Who are the ‘go-to’ people? Who wants to work on it?”). It was emphasized that neighbourhood and community development is a process that could take a few years, requires true engagement in the planning (not just coming up with an idea and asking how it should be rolled out), and may require a readiness assessment and funding.
6. Employ a community development approach to any action so that smaller places have greater success in addressing the social determinants of health, and involve neighbourhood groups in implementation planning.
7. Consult with the community and neighbourhood organizations in Waterloo Region (e.g., neighbourhood associations, Opportunities Waterloo Region, Heart & Stroke, regional and

³ Note that some of these were also derived through the follow-up meeting with the community groups that informed the process

municipal governments) for additional assets, neighbourhood engagement opportunities, partnerships, and potential ways to roll out funding.

8. Build, and take action, upon promising practices that are already in place and working, and fund their evaluation so they can become evidence informed.
9. Consider supporting initiatives that link people to programs and services in a more coordinated and well-communicated way, and that develop and support neighbourhood policies, particularly those addressing the social determinants of health.
10. Ensure that community assets are emphasized, and next steps (not necessarily final solutions) are communicated, when the report is released. (E.g., explain that the LHIN is considering a neighbourhood approach to addressing SDOH and preventing chronic disease and is consulting with individual communities about areas for action; there are already demonstrated models of neighbourhood-based action that have shown success in supporting families and children in Waterloo-Wellington that could be built on.)
11. Work with neighbourhood groups on a release strategy as they could help identify potential backlash. Within this:
 - Engage them in the creation of a dissemination plan and common Talking Points
 - Notify them of the release and how it will be rolled out, giving everyone Talking Points at the time of the release so that a consistent message is communicated
 - Ask them to identify a couple of people (e.g., youth, volunteers) to tell success stories of neighbourhood work and social determinants of health at any media event
 - Consider writing an article about strengths of the community the week before a release
12. Make the following changes to the report:
 - Alphabetize the list of priority neighbourhoods and communicate that this is how they are ordered.
 - Use consistent nomenclature (e.g., “Central Preston/Preston Heights” is used in Table 1 on page 6, but only “Central Preston” is used in Table 5 on page 48).
 - Correct statistical error regarding number of children accessing food banks:
 - i. Page 8 (2nd paragraph, right-hand side) of Community Fit for Children, 2nd Edition reads, “In 2007...380,841 meals were served to individuals and families across the Region...and 45.3% of all individuals served were children”, but Page 3 of Executive Summary and Page 30 of LHIN Report reads, “In Waterloo Region, 45% of children accessed food banks (Food Bank of Waterloo Region, 2008, as cited in Tardiff, 2009).”
 - Edit the recommendations section by:
 - i. Adding the “Go Ahead” program to #2a (note that this is a relatively new program)
 - ii. Adding investment in Outreach Workers from Region of Waterloo Social Services, and that there are good community development programs in Waterloo Region (e.g., Cambridge Neighbourhood Associations, House of Friendship), to #2b

- iii. Adding local programs for parenting (e.g., “Make the Connection”, those offered by KW Counselling, Lutherwood, the Ontario Early Years Centres, and Family & Children’s Services) to #2c
 - iv. Emphasizing physical activity and recreation for #2d
 - Create a balanced report by using a strengths based approach
 - Map the “pockets” within non-priority neighbourhoods and assets across all neighbourhoods, and make the maps easier to interpret (e.g. add roads)
13. Evaluate those neighbourhoods with services to examine if they are still at risk and determine if current supports are insufficient or ineffective.
14. Write a new report using new census data and consultations in three years time.

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Appendix A

Assets Identified	Social	Human	Physical	Financial	Personal
<p>Partnerships and networks, including but not limited to those between:</p> <ul style="list-style-type: none"> • Neighbourhood associations and the organizations that sponsor outreach workers (e.g., KW Counselling, Mosaic), non-profits (e.g., Family Counselling Centre of Cambridge and North Dumfries for teen parenting program, House of Friendship and Pathways to Education (via Mosaic Counselling Centre) for youth programming, YMCA for English conversation circles and holistic child development programs, community centres for programming), corrections (e.g., young offenders to do service hours at these sites), food banks and their programs (e.g., all have access to food bank, Small Steps to Success in Cambridge), and schools (e.g., Cherry Park Neighbourhood Association holds programs at King Edward public school~) • Schools and non-profits (e.g., Cedarbrae Public School in Columbia/Lakeshore and Life Change Adventures for Running and Reading), service providers (e.g., Nutrition for Learning, Lutherwood youth mental health workers in both school boards and court, settlement workers from immigrant services,) • Service providers (e.g., soon there will be a Lutherwood mental health worker at Cambridge Memorial Hospital) • Other networks mentioned include ALIV(e) – Awareness of Low-Income Voices – which has representatives from different neighbourhoods, the Literacy Alliance/Literacy Network which promotes adult and older youth literacy, and Access to Recreation for All Youth, which working with four neighbourhoods 	X	X			
<p>Social supports, including Family Outreach Workers, Peer Health Workers, Community Nutrition Workers, Early Years Programs, Mental Health Workers, Youth Outreach Workers (from street gang prevention program). Free presentations, workshops, for community members (e.g., Lutherwood speaker series on mental health), and Regional and Municipal services. Public Health Peer Program workers and Social Services Outreach workers are located in these neighbourhoods^:</p> <ol style="list-style-type: none"> 1. Downtown Kitchener (16) Peer Program Sites: Kitchener Downtown Community Health Centre; Mill-Courtland Neighbourhood Association; Highland Stirling Community Group; Downtown Community Centre (Our Place Family Resource and Early Years Centre); St Stephen's Church (Highland Stirling Community Group); Reception House Waterloo Region. <i>Outreach Sites:</i> KW Multicultural Centre; Mill-Courtland Community Centre; Kitchener Downtown Community Health Centre 2. Vanier/Rockway Peer Program Sites: Kingsdale Community Centre; Courtland-Shelley Community Centre (Kingsdale Community Centre). <i>Outreach Sites:</i> Kingsdale Community Centre; Courtland-Shelley Community Centre. 3. Victoria Hills/Cherry Hill/KW Hospital (12) Peer Program Site: The Salvation Army Community & Family Services (Salvation Army). <i>Outreach Site:</i> Victoria Hills Community Centre; Paulander. 4. Alpine/Laurentian (17) Peer Program Sites: Chandler Mowat Community Centre; Laurentian Hills Public School - Kitchener Downtown Community Health Centre satellite. <i>Outreach Site:</i> Chandler Mowat Community Centre. 5. Columbia/Lakeshore (4) Peer Program Site: Sunnysdale Community Centre - Kingsdale Community Centre satellite. <i>Outreach Site:</i> 	X	X			

Assets Identified	Social	Human	Physical	Financial	Personal
<p>Sunnydale Community Centre.</p> <p>6. North Galt/Elgin Park (27) <i>Peer Program Site:</i> Greenway Chaplin Community Centre (Cambridge Family Early Years Centre). <i>Outreach Site:</i> Greenway Chaplin Community Centre.</p> <p>7. Bridgeport/Breithaupt/Mount Hope (13) <i>Outreach Site:</i> Breithaupt Centre.</p> <p>8. Galt City Centre/South Galt (30) <i>Peer Program Sites:</i> Kinbridge Community Association (Christopher-Champlain Community Centre); Cambridge Family Early Years Centre; Cambridge Self-Help Food Bank. <i>Outreach Sites:</i> Christopher Champlain Community Centre; Cambridge Family Early Years Centre; Cambridge Self-Help Food Bank. <i>Other:</i> The Bridges, which provides services (e.g., haircuts, showers) and a support network to those experiencing homelessness</p> <p>9. South East Galt (31) <i>Outreach Site:</i> Alison Neighbourhood Association.</p> <p>10. Central Preston/ Preston Heights (25) <i>Peer Program Sites:</i> Preston Heights Community Group; King St. Baptist Church; Preston Mennonite Church; Langs Community Health Centre. <i>Outreach Site:</i> Preston Heights Community Group; <i>Other:</i> Cambridge Kiwanis Village Non-Profit Housing Corp., Alcoholics Anonymous, and St. Vincent de Paul Society[•]</p> <p>*In parentheses is the name of the host association</p>					
<p>Unique neighbourhood association model in Cambridge: Each association is independent so that it can be reactive to neighbourhood’s needs, but they go to council as collaborative, work together to get donations through the city, provide support to each other (e.g., share outreach workers and resources), have strong support from corporations, and are well networked at the senior staff level, but other staff also. Note that the House of Friendship model in Kitchener-Waterloo is similar.</p>	X	X		X	
<p>Program-rich non-profits (including food banks, Waterloo Region Shares, and Nutrition for Learning), neighborhood associations & community centres (e.g., Alison Neighbourhood Association in South East Galt, Christopher Champlain Community Center in Galt City Centre/South Galt, Greenway Chaplin Community Centre in North Galt/Elgin Park, and Preston Heights Community Group in Central Preston/Preston Heights[•]), community health centres (including the Kitchener Downtown Community Health Centre in Kitchener and the Nurse Practitioner-Led Clinic in Downtown Galt), recreation centres (including Allan Reuter in Preston, Durward Centre and John Dolson Centre in Galt City Centre/South Galt[•]), and clubs (e.g., Scouts, Guides, Kinsmen and Kinette Clubs in Central Preston/Preston Heights, sports clubs in North Galt/Elgin Park[•]) across the region</p>		X	X		
<p>Universities and colleges, including Wilfred Laurier University, University of Waterloo, private colleges, and St. Louis Adult Learning Centre in Downtown Kitchener*, and Conestoga College. WLU’s Master of Social Work program and Conestoga College’s Social Services program and English as a Second Language classes were particularly identified.</p>	X	X			
<p>Many churches that provide food and other services, or space for other services (e.g., daycare services in the bottom of church in Preston) and other faith groups (e.g., Cambridge Muslim Society in South East Galt[•])</p>		X	X		
<p>Positive police presence and interest in Galt via the “Go Ahead” program has neighbourhood committee partnering with police to deter</p>				X	

Assets Identified	Social	Human	Physical	Financial	Personal
kids at risk of suspension through recreation & nutrition (currently being started)					
Housing , including retirement homes (e.g., Queen’s Square Terrace in Galt City Centre/South Galt [•]), new residential units (e.g., in Downtown Kitchener)*, mixed housing, subsidized housing, housing in transition, co-op housing (e.g. in Preston), residential facilities (e.g., Simcoe House, Monica Ainslie Place in Galt)	X		X		
Sense of community and fairly stable population in Preston, positive connections and ethnocultural diversity in Galt, and sense of a bright future in Kitchener	X				
Events & festivals (e.g., those in Downtown Kitchener* and Galt [•]), arts venues/museums (e.g., Cambridge Centre for the Arts in Galt City Centre/South Galt [•] ; Centre in the Square, KW Art Gallery, and the Waterloo Regional (Children's) Museum in Downtown Kitchener*)					
Volunteers exist in huge numbers at churches, food banks, community associations – thousands of neighbourhood association volunteers logging about 10,000-20,000 hours at these alone – etc.		X			
Location (e.g., Preston Heights is close to Kitchener and highway 401), buses and trains (including a strong bus route in Preston, GO transit and VIA rail in Downtown Kitchener*), walking access to amenities in Galt City Centre/South Galt and North Galt/Elgin Park [•] , “pedestrians first” street-scaping (in Downtown Kitchener*), libraries (including those in Columbia Lakeshore; Downtown Kitchener; Galt City Centre/South Galt and Central Preston/Preston Heights [•]), grocery stores and markets (including the Cambridge Farmers’ Market in Galt City Centre/South Galt [•] and the far end of Preston, the Kitchener Market in Downtown Kitchener*), pharmacies , and schools		X	X		
Rivers (e.g., Grand River in Cambridge), parks (e.g., parks in Galt City Centre/South Galt [•] , Preston/Preston Heights, Victoria Park in Downtown Kitchener*), and community gardens (e.g., that in Chandler Mowat and Cherry Hill [~])			X		
Downtown businesses and business associations (including Kitchener Downtown Business Association*), rising business community (lots of new small businesses in Downtown Galt; 101 diverse restaurants in Downtown Kitchener*), and places of employment (e.g., diverse businesses [•] and Four Points by Sheraton in Preston/Preston Heights; 19 employers with > 100 employees in Downtown Kitchener*)				X	
Employment centres, employment counselling , and financial programs and workshops (e.g., financial literacy program “Money Matters” in Downtown Kitchener, free tax clinics hosted by community centres and the Region, Canada Learning bond clinics hosted by Opportunities Waterloo Region)		X		X	
Funding from Region of Waterloo, Municipalities, and the United Way				X	

*= from *Downtown Trends and Indicators* (2008); += from *A Plan for a Healthy Kitchener (2007 to 2027)* (2007); ~= from *Cherry Park Neighbourhood Association Spring 2012 Newsletter* (2012); ^= *Waterloo Region Peer Program Gap Analysis* (2012); •= from *Cambridge Neighbourhood Profiles Report* (2009)