



Community Needs Assessment

Template



The Healthy Kids Resource Centres (HKRC) is comprised of HC Link (a collaboration of Health Nexus, Ontario Healthy Communities Coalition, and Parent Action on Drugs), Health Promotion Capacity Building (HPCB) at Public Health Ontario (PHO), the Nutrition Resource Centre (NRC) at the Ontario Public Health Association (OPHA), and the Physical Activity Resource Centre (PARC) at Ophea.

The Community Needs Assessment (CNA) Template is a tool to assist Local Project Managers, local partners, and the larger community to complete their community needs assessment. For detailed information including the objectives of the CNA, descriptions of different types of data, ways to access or collect that data, and examples of each type of data, as well as next steps on how to use this information, please consult the CNA Guidelines.

Format: The CNA Template provides fields to insert different types of information. The format you use (for example: bullets, narrative, statistics, graphs, tables, infographics) is up to each community.

Suggested length: Suggested lengths have been provided to try and help keep your content succinct and within scope. Keep in mind that the purpose of the CNA is to inform your own actions, so information presented should be as relevant as possible to The Healthy Kids Community Challenge for your community.

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Community Profile

Socio-Cultural Information

See instructions on page 8 in the CNA Guidelines.

The Greater Peterborough Area is comprised of twelve communities including the City of Peterborough, the County of Peterborough which consists of the Townships of Asphodel-Norwood, Cavan Monaghan, Douro-Dummer, Havelock-Belmont-Methuen, North Kawartha, Otonabee-South Monaghan, Selwyn, the Municipality of Trent Lakes, and the First Nation communities of Curve Lake First Nation and Hiawatha First Nation.

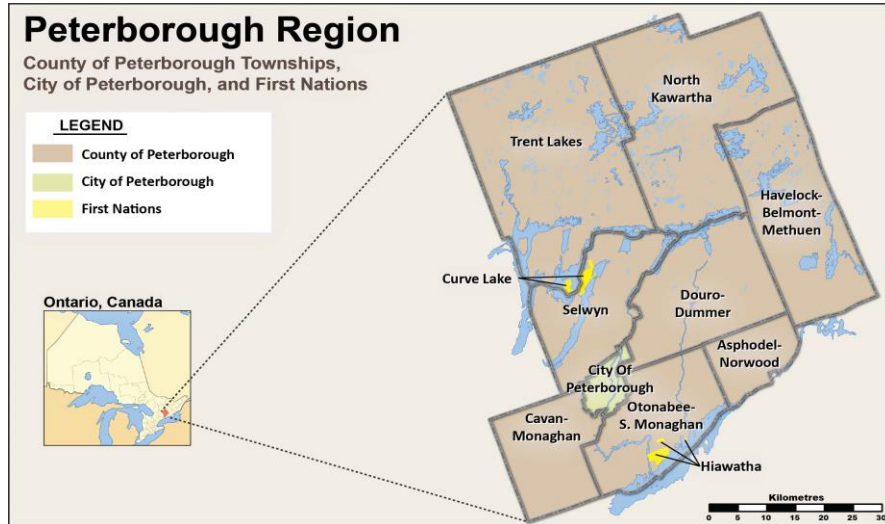


Figure 1. Map of Peterborough Region. Source: City of Peterborough

Medium-sized population centre: The area is characterized as a medium- sized population centre, being the City with 62% of the population, surrounded by small population centres (6% of the population), and an extensive rural area with 32% of the populationⁱ covering approximately 4,000 square kilometres.

Table 1. Population, City and County of Peterborough, 2011.

	Population (2011 Census)
City	78,698
County	134,933

Source: Statistics Canada. 2012. Census Profile. 2011 Census.

Table 2. Private Dwellings, Population Density and Land Use, Peterborough City and County, 2011.

	City (Census subdivision)	County (Census division)
Total private dwellings	35,698	68,009
Population density/ sq km	1,233.6	35.1
Land area (sq km)	63.80	3,847.77

Source: Statistics Canada. 2012. Census Profile. 2011 Census. Statistics Canada Catalogue no. 98-316-XWE

As shown in Table 1 above, the population of the community is approximately 135,000 people. Population growth is relatively slow at 1.4 % from 2006 to 2011 for the County.ⁱⁱ There are approximately 36,685 children, aged 19 and under, living in the area, representing 27% of the population compared to 30% provincially and nationally.ⁱⁱⁱ Children and youth with disabilities make up between 5-7% of the population, which equates to approximately 9,000 children and youth in Peterborough City and County.^{iv}

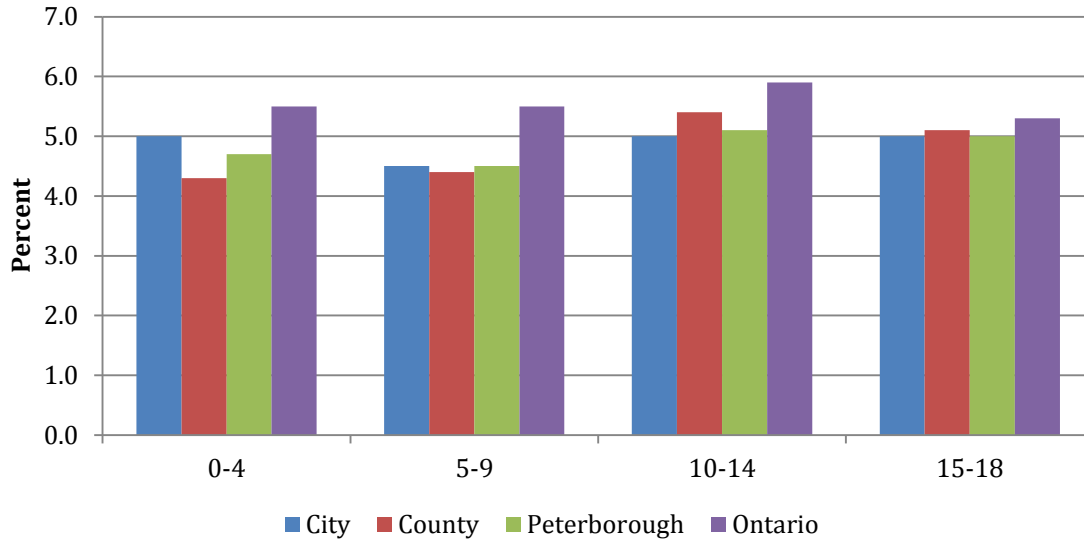


Figure 2. Number and proportion of children and youth under the age of 19, Peterborough and Ontario; 2010

Equal distribution of children in Peterborough City & County: Table 3 below outlines the number and proportion of children under the age of 15 in each of the municipalities. The distribution of children in this age group in the City and County is almost the same, so targeting programming and initiatives at both the City and County level will be important.

Table 3. Number and Proportion of Children and Youth under the age of 15, Peterborough Municipalities and Ontario; 2011

Municipality	AN	CM	CLFN	DD	GCH*	HBM	HFN	NK	OSM	SEL	CITY	COUNTY	ON
# <15	605	1,330	180	1,050	540	575	50	245	935	2,390	11,350	7,905	2,180,770
% <15	15.0	15.5	17.9	15.4	10.6	12.7	13.9	10.7	14.0	14.2	14.4	14.1	17.0

Source: Statistics Canada, 2011 Census of Population. Catalogue no. 98-316-XWE.

AN= Asphodel-Norwood, CM=Cavan Monaghan, CLFN=Curve Lake First Nation, DD=Duoro-Dummer, *GCH is now Municipality of Trent Lakes, HBM=Havelock Belmont Methuen, NK=North Kawartha, OSM=Otonabee South Monaghan, SEL=Selwyn, City= City of Peterborough, County=County of Peterborough.

Limited diversity: Peterborough has limited diversity with only 2.5% of the population identifying themselves as visible minorities, compared to 22.8% provincially; however, 2.9% of residents identify themselves as First Nation compared to 2.0% provincially.^v As well, 98.1% of Peterborough residents speak English and/or French at home (97.8% and 0.3% respectively) and 1.9% speaks only non-official language(s) at home.^{vi}

Socio-Economic Information

See instructions on pages 8 - 9 in the CNA Guidelines. (Suggested maximum: 1 page):

High child poverty: Though the prevalence of low income in Peterborough is less than Ontario or Canada, our children are not fairing as well as the older residents. 6.5% of people over 65 in Peterborough live below the low income measure; however, 20% of our children under 6 years of age live in low income households.^{vii}

Low incomes - the average individual income in Peterborough from the 2011 National Household Survey was \$37,288, lower than the average for Ontario at \$42,264.^{viii}

Table 4. Median after-tax income in 2005 in Canadian dollars, Peterborough, City, and Ontario; 2005

	City	Peterborough County + City	Ontario
All private households	42,349	45,335	52,117
Couple households with children	71,670	71,258	74,095
Female lone-parent families	31,636	32,142	34,206
Male lone-parent families	44,353	42,920	43,972

Source: Statistics Canada. 2006 Census. Catalogue no. 92-591-XWE.

Lone parents - In Peterborough, the proportion of couple families with children under 6 years of age living in low-income after-tax is significantly lower than lone-parents with children in the same age range (6.9% compared to 50.8%). Likewise, 4.4% of couple families with children between the ages of 6 to 18 years were considered low-income compared to 19.8% of lone-parents with children in the same age range.^{ix}

High unemployment – As of October 2015, Peterborough’s unemployment rate was 8.4%; higher than the provincial average of 6.8% and national average of 7%.^x

High dependency on social assistance - 8.7% of the residents of Peterborough rely on social assistance compared to an average of 6.8% across the province¹. The dependency on social assistance across the province has been dropping but the dependency in Peterborough remains high.

High rental costs - 48% of renters in Peterborough spend more than 30% of household income on shelter costs compared to 42% provincially.^{xi}

Core housing need² – 33.2% of renters and 6.3% of owners in the Peterborough census metropolitan area are in core housing need which equates to 6,055 households.^{xii}

¹ Dependency is calculated with the total number of beneficiaries on OW and ODSP in December 2011 compared to the 2011 census population.

² Core housing need is defined as having unaffordable(30% or more of income), unsuitable or inadequate housing

Environmental Characteristics

See instructions on pages 9 - 11 in the CNA Guidelines.

Built Environment

(Suggested maximum: ½ page)

Table 5. Schools by District, Peterborough City and County.

School Board	Elementary Schools (#)		Secondary Schools (#)	
	City	County	City	County
Kawartha Pine Ridge District School Board (KPRDSB)	14	10	5	2
Peterborough Victoria Northumberland and Clarington Catholic District School Board (PVNCCDSB)	9	4	2	0
Curve Lake First Nation School	1	0	0	0

Recreational facilities: There is a network of arenas and recreation facilities across the area. There are 13 arenas and 8 recreation centres that are municipally operated and 9 recreation centres that are operated by not-for-profit organizations.^{xiii}

Community/School gardens: Peterborough has a higher ratio of community gardens per inhabitants than Montreal, Ottawa, Toronto, and Vancouver. There are currently 41 community gardens throughout the City and County of Peterborough, many of which are on school properties or have youth focused garden plots.

Food Environment

(Suggested maximum: ½ page)

High Food Insecurity: Food insecurity (defined as inadequate or insecure access to food because of financial constraints) is a serious social and public health problem in Ontario. In 2013, 12.5% of Ontario households or almost 1.6 million people experienced food security.^{xiv} Food security is a local issue with 11.5% of households in Peterborough being food insecure. For 5% of Peterborough households, the situation is severe and people, including children, did not have enough to eat because of a lack of money.^{xv} In Peterborough, 23.6% of households with parents of children under the age of 18 have food security issues compared to 8.7% in Ontario.^{xvi} This means that one in four children in Peterborough live in a food insecure household.

According to the [2015 Nutritious Food Basket](#), feeding a family of 4 in Peterborough (reference family includes parents with 14 year old boy & 8 year old girl) would cost \$865 per month.^{xvii} This represents 12% of an average family's income (median income for Ontario). In contrast, for families or people living on limited incomes or minimum wage, after paying for shelter and food, there is little, if any money left over to cover other basic monthly expenses. When money is tight, people are forced to adapt by cutting into their food budget. Healthy food ends up becoming a flexible budget item.

School Nutrition Policies: Our two school boards, PVNCCDSB and KPRDSB, have school nutrition policies that exceed the [Ministry of Education's School Food and Beverage Policy](#) (also referred to as Policy/Program Memorandum No.150 or PPM 150) which focuses on healthier choices that are offered and sold at schools.

School Nutrition Programs: Food for Kids Peterborough City and County is a non-profit community partnership that has supported Student Nutrition Programs in local elementary and secondary schools for over 20 years. According to the Annual Report for 2014-15, over 17,600 students benefited from healthy breakfasts and snacks at 47 participating schools.^{xviii}

Food Literacy Programs: Peterborough residents have access to community-based food literacy programs including Come Cook With Us and Collective Kitchens. Programs are made more accessible by offering free childcare and transportation.

Nourish Project: The Nourish Project is an idea that has grown from the Peterborough Food Action Network to create places for food in the city and county of Peterborough based on the work of Community Food Centres Canada. Innovative programs focused on growing, cooking, eating and advocating for good food will allow the Nourish Project to cultivate health, build community and promote fairness.

Supermarket Tours: Advocated and supported menu labelling for point of purchase legislation and Public Health Nutritionists have led supermarket tours for over 20 years in Peterborough City and County. This provides an opportunity for community members to tour local grocery stores with a Registered Dietitian to better understand how to read nutrition labels and make healthy food choices.

Interactive Food Maps: Mapping of food programs and access to food has increased knowledge of community resources and highlighted the assets and gaps in Peterborough's food environment. Items mapped include: cooking programs, farmers markets, full service grocery stores, JustFood boxes drop-off locations, School Nutrition Programs, food banks, community gardens and community meals.

Baby-Friendly Designation: Baby-Friendly Initiative (BFI) is a globally recognized, evidence-based standard of care shown to increase breastfeeding rates by promoting, protecting and supporting breastfeeding.^{xix} In Peterborough, the Peterborough County-City Health Unit has received baby-friendly designation. The Peterborough Regional Health Centre is working towards this designation.

Social Environment

(Suggested maximum: ½ page)

Sense of Belonging: According to research conducted by the Community Foundation of Greater Peterborough (CFGF), overall sense of belonging has decreased 9.8% since 2003 and in 2011/12, there was a significant difference between the sense of belonging from higher income households (75.1%) than among lower income households (61.1%).^{xx} Over 69% of Peterborough teenagers, (aged 12-19 years) have a strong or somewhat strong sense of belonging to the local community.^{xxi} Peterborough in general fairs well compared to national statistics on sense of belong (66.2% vs 66.4%) and slightly lower than the provincial average of 68.2%.^{xxii} This provides an opportunity to create a change in health habits through community wide initiatives.

Health Status and Behaviours

See instructions on pages 11 - 12 in the CNA Guidelines.

Health Status

(Suggested maximum: 1 page)

Morbidity and Mortality

DEATHS: Between 2000 and 2011, there were 90 deaths to children aged 12 and under (41.1% females and 58.9% males) with an average of seven to eight per year. The most common causes of death during this time period were Conditions Originating in the Perinatal Period (e.g.: birth trauma, respiratory distress of newborn), accounting for 34.4% of all deaths, and Congenital Malformations & Chromosomal Anomalies (e.g.: congenital malformations of the heart) at 26.7%.^{xxiii}

EMERGENCIES: Between 2003 and 2014, there were 182,947 emergency department (ED) visits to children aged 12 and under (46.5% females and 53.5% males) with an average of 15,246 per year. The most common causes of for an ED visit during this time period were External Causes of Morbidity and Mortality (i.e.: injuries) and the Consequences of External Causes (e.g.: falls, self-harm, poisoning, fractures), accounting for 34.6% of all ED visits, and Diseases of the Respiratory System (e.g.: asthma, influenza and pneumonia) at 17.7%.^{xxiv}

HOSPITALIZATIONS: Between 2003 and 2014, there were 22,822 hospitalizations (e.g.: inpatient discharges) to children aged 12 and under (45.7% females and 54.3% males) with an average of 1,901 per year. The most common causes of hospitalization during this time period were Conditions Originating in the Perinatal Period (e.g.: extremely low birthweight, feeding problems of newborn), accounting for 37.5% of all hospitalizations, and Diseases of the Respiratory System (e.g.: acute upper and lower respiratory infections) at 14.2%.^{xxv}

Low Birth Weight (LBW) and Small for Gestational Age (SGA)

- In Peterborough, 4.2% of singleton babies born between 2001 and 2011 were LBW (compared to 4.6% in Ontario)
- Babies born to women under the age of 20 are at greater risk of being LBW at birth: between 2001 and 2011, 6.4% of babies born to mothers under the age of 20 were LBW (compared to 6.1% in Ontario)
- In Peterborough an average of 7.8% of babies were SGA for the years 2006 through 2011 (compared to 9.0% in Ontario)

High Birth Weight (HBW) and Large for Gestational Age (LGA)

- Between 2001 and 2011 in Peterborough, 15.7% of the singleton babies were born with a HBW. While the proportion of babies born with a HBW has been decreasing since 2001 in Peterborough, it has been consistently higher than the province
- Women in their 30s and older give birth to the highest proportion of babies that are HBW
- In Peterborough, 13.2% of babies were LGA for the years 2006 through 2011 (compared to 10.6% in Ontario)

Childhood overweight and obesity prevalence rates

Body mass index data for 0 – 11 year olds is not available locally. The data for 12 – 17 year olds from the Canadian Community Health Survey has been suppressed in 4 of the last 5 years as it has been too unreliable to publish. The only data available combines overweight and obese, which may not accurately reflect health status. In 2010, 41.2% of the teenagers self-reported as overweight or obese compared to 20.1% provincially and 20% nationally.^{xxvi}

Body Weight Indicators:

Local data is limited for body weight indicators; however, we do have local Pediatric Outpatient Clinic data from Peterborough Regional Health Centre's Personal Health Improvement Team (PHIT). PHIT is a pediatric outpatient program for children, youth and families who have been diagnosed by their Physician with weight related complications/obesity. According to data from Physicians and the PHIT program:

- Proportion of children seen in the local PHIT clinic that are identified as overweight or obese is similar to the provincial average of 33%.
- Over 50% of the parents of children seen in the local PHIT clinic are also overweight or obese.
- Of the children (aged 0-12 years) followed by the local PHIT clinic who are over the 99 percentile for body mass index(BMI) for age, roughly 45% of them are under 7 years of age and 55% of them are between 7 and 13 years.^{xxvii}

These findings indicate that young children in our community would benefit from programming/interventions focusing on physical activity and healthy nutrition, especially with those at an increased risk.

Health Behaviours

(Suggested maximum: 1 page)

Physical Activity

Health Risk Factors (activity, eating and sleep)

- The Kindergarten Parents survey indicates that less than 30% of Peterborough kindergarten students get at least 30 minutes of physical activity 5 times a week.^{xxviii}
- 40.7% of Peterborough teenagers are inactive during their leisure time compared to Ontario (46%) and Canada (46%).
- The Kindergarten Parents survey indicates that 50% of children have one hour or less of screen time per day.^{xxix}
- The percentage of Peterborough teenagers that eat 5 servings of fruit or vegetables per day has dropped from 43% in 2008 to 37% in 2012.^{xxx}
- According to the Kindergarten Parent Survey, one of the top (31%) parenting challenges was “getting child to eat healthy”. As well, 25% of parents play with their child less than 3 times per week.^{xxxi}

Barriers to Participation: 45% of Peterborough residents reported experiencing a limitation to their participation and activity level because of a physical, mental or health condition in 2014.^{xxxii}

The Council for Persons with Disabilities in Peterborough conducted a series of surveys in 2015 with service providers and persons with disabilities. The top three barriers to participation that organizations face were inaccessible buildings and facilities, financial constraints, and transportation. For individuals with disabilities, the top barriers to participation in physical activity were financial, transportation, access to appropriate equipment, social stigma, and finding inclusive programs.^{xxxiii}

According to self-reports from the Peterborough Regional Health Centre’s Personal Health Improvement Team (PHIT), children seen in the Pediatrician’s general clinics, approximately 25% meet the Canadian Physical Activity Guidelines. For those seen in the PHIT clinic, 15% of the referred patients are meeting the Canadian Physical Activity Guidelines.^{xxxiv}

Local Physical Activity Data:

The City of Peterborough recently conducted a Household Survey in 2015 with 833 households (representing over 1900 residents) as part of their Vision 2025 consultation for the Recreation, Parks, Arenas and Culture Strategic Plan. Results from this survey indicate that the top leisure activities were walking and/or hiking (77.6%), followed by other physical activities such as swimming for pleasure (57.8%), using playground equipment (40.8%), and skating activities (including recreational skating [38.5%] and ice hockey[30.35]).^{xxxv} When asked why they were not able to participate in recreation as often as they like, the top reasons were: lack of personal time (39%), lack of money/too expensive (37%), program/facility not available in the City (33%), lack of awareness of opportunities (23%).^{xxxvi} There was very strong consensus (96%) that culture and recreation services should be a high priority for the city of Peterborough as well as very strong agreement (95%) for the policy of partnering with other to provide culture and recreation services and facilities.^{xxxvii}

Another strong theme that emerged from the Vision 2025 consultation was the need for “more programming for children and youth including: sports, the arts, drop-in opportunities, after school programs, life and survival skills education and increased opportunity to be outdoors – affordable for all.”^{xxxviii}

Healthy Eating

Breastfeeding rates

In 2015, 72% of Peterborough women giving birth to full term infants were exclusively breast feeding on hospital discharge compared to 57% provincially. This is up from approximately two thirds (67%) in Peterborough during 2013/2014.^{xxxix}

In 2015:

- 92.6% of mothers who consented to Public Health contact were breastfeeding on hospital discharge;
- 90% of mothers contacted by follow-up telephone call were breastfeeding 48 hours following hospital discharge; 52% were exclusively breastfeeding at this time
- 87% of mothers contacted by telephone call report breastfeeding two weeks after giving birth; 44% were exclusively breastfeeding at this time.^{xi}

Sodium intake and Fast food/eating out:

In children, high sodium intake has been associated with high blood pressure (hypertension), development of high blood pressure (hypertension) later in life, and a tendency for children to prefer foods with high salt content due to suppressed salt taste receptors. 77% of children aged one to three years and 93% of children aged four to eight years exceed the safe upper limit for sodium.^{xii}

One-third of children's menu main dishes at fast-food restaurant chains and half of main dishes at sit down restaurant chains exceed recommended levels for sodium, fat, and saturated fat.^{xiii}

Approximately 25% of Canadians 4-18 years ate some food out the day before the survey was conducted.^{xiii}

Nutrient Intakes in Children and Youth:

It is known that 59% of Canadian children, aged 2-17 years, consume vegetables and fruit less than five times a day. As well, more than one third of Canadian children aged 4-9 years do not have the recommended two daily servings of milk and alternatives, and by ages 10-16 years, 61% of boys and 83% of girls do not meet their recommended minimum of three daily servings.^{xiv} In Peterborough, only 35.6% of residents aged 12 years of age and older are getting five servings of vegetables and fruit daily.^{xlv}

Children 1-8 years:^{xlvi}

- 1 in 5 Canadian children have energy intakes that exceed their energy needs.
- A notable proportion of the diets of 1-3 year-old children contain total fat in quantities below the recommended range. The diets of children provide adequate amounts of most vitamins and minerals, with the exception of vitamin D and calcium (4 - 8 years only).
- There is concern that Canadian children may not be meeting their needs for potassium and fibre.

Youth 9-18 years:^{xlvii}

- 3 in 10 adolescents have energy intakes that exceed their energy needs.
- The saturated fat intakes of Canadian adolescents could be further decreased.
- Many adolescents have inadequate intakes of magnesium, vitamin A, vitamin D, calcium and phosphorous.
- There is concern that Canadian adolescents may not be meeting their needs for potassium and fibre

According to self-reports from the Peterborough Regional Health Centre's Personal Health Improvement Team (PHIT), less than 10% of referred patients meet the daily servings of fruits and

vegetables in Canada's Food Guide.

Sugar Sweetened Beverage Consumption:

Sugar sweetened beverages (SSBs) are the single largest contributor of sugar in the diet. As children get older, they consume more sugar from soft drinks. Boys' average daily consumption of regular soft drinks is 68 grams at ages 4 to 8 years and increases to 376 grams at ages 14 to 18 years. Among girls the increase is from 47g to 179g.^{xlviii} Beverages make up almost 20% of the calories consumed by children and youth aged 4 to 18, and 30% in children aged 1 to 3.^{xlix}

Frequency of Family Meals:

Eating as a Family: 50% of adults with children say they eat all seven evening meals together a week and 14% say they eat six out of seven meals together.ⁱ

Children and adolescents who often eat together with at least one family member eat healthier food and have better nutrient intake. Eating family dinners is associated with reduced consumption of soft drinks, increased breakfast eating, fewer concerns about a high body weight, and higher self-efficacy for healthy eating at home and with friends. In addition, meals eaten together as a family more often appears to have a protective effect against eating disorders in adolescent children.ⁱⁱ

Children and adolescents who eat more often with their parents, when compared with those who have less frequent family meals, demonstrate non-nutritional benefits including:

- reduced risk for substance misuse and better social adjustment (e.g., fewer fights, and decreased early sexual activity);
- better school performance;
- increased external resources such as family support, boundaries, and expectations;
- increased internal assets such as having a positive view of their future and being motivated and engaged in school; and
- a better vocabulary at age five, correlated to mealtime conversations with preschoolers, compared to conversations during play or book reading.ⁱⁱⁱ

Food Literacy Rates among children:

Research shows that two thirds of adults believe they had very limited or basic food skills by age 18.^{liii} There is ongoing provincial advocacy to bring back food literacy in the school setting. Health Canada's framework identified food literacy and food skills as the best way to address childhood obesity and healthy weight.^{liv} As well, in 2012, Health Canada shared with stakeholders a multi-year healthy eating awareness and education framework (supporting the Curbing Childhood Obesity report) that identified food skills as a key influencer in healthy eating to decrease the prevalence of chronic disease and obesity and improve the health of Canadians and reduce health disparities.

Priority Populations

See instructions on page 12 in the CNA Guidelines.

(Suggested maximum: 1 page)

In Peterborough, there are several priority populations where resources and programming should be targeted to increase the overall health and wellbeing of children and families. These include:

- Families on limited incomes i.e. OW/ODSP
- Single mother led households
- First Nations Communities
- Precariously employed families (i.e., those on minimum wage/part time)
- New Canadians and refugees
- Children & students
- Rural and culturally diverse communities
- Early years

Assets, Barriers and Opportunities

Assets

See instructions on pages 13 - 14 in the CNA Guidelines.

(Suggested maximum: 1 page)

Asset	Rationale	Location	Reach
Peterborough Food Action Network	Educates and engages the community to address food security and poverty issues. Identifies strategies to increase access to healthy food, including promotion and production of local foods.	Peterborough City and County	Network of over 78 individuals and organizations
Food For Kids Peterborough and County	A non-profit community partnership that has supported Student Nutrition Programs in local elementary and secondary schools for over 20 years.	Peterborough City and County	Students in City and County of Peterborough – for 2014/15, over 17,600 students at 47 schools
Investing In Quality (IIQ) Committee	Investing in Quality is committed to supporting healthy nutrition and physical environments in licensed childcare settings in Peterborough City and County.	Peterborough City and County	City and County daycare centres
Nourish Project	The goal of Nourish is to build healthy, inclusive and fair communities through food.	Peterborough City and County	2015: 387 people involved in growing, canning, cooking and food security workshops
Come Cook With Us Program	Come Cook with Us emphasizes hands-on learning and moving participants along a continuum towards healthier food practices, by addressing common barriers to healthy eating.	Peterborough City and County	In 2015: -31 series offered resulting in 138 classes -387 participants with a total attendance of 1270 people Key groups included singles and adults, parents, First Nations/Off Reserve.
Collective Kitchens	During a Collective Kitchens session participants will prepare 3-4 meals which they can take home to share with their family members.	Peterborough City and County	In 2015: 12 Collective Kitchens (8 in City, 4 in County) that met between 8 and 10 times during the year. We estimate that 5922 total portions of food were prepared
School Gardens	Increasing access to food for school and surrounding community and teaching food literacy and food skills for students	Peterborough City and County	18 school locations
41 Community	Building community, skills and	City and	2015: over 967

Asset	Rationale	Location	Reach
Gardens	resilience, increase food security	County of Peterborough	gardeners were involved in local community gardens
Municipal Access to Recreation Group (MATRG)	MATRG's goal is to increase the availability of accessible and affordable recreation and sporting programs, services and facilities in the city and county of Peterborough.	Peterborough City and County	Recreation and sporting groups and residents
Access to Recreation Policy	Framework for ensuring that comprehensive and accessible sport, recreation and leisure services are available within the City to all residents regardless of age, ability, ethnic diversity or circumstance	City of Peterborough	City of Peterborough
Neighbourhood Associations	Supporting residents at a grass roots level to beautify their neighbourhood parks	City of Peterborough	Entire community
2 beaches, 5 wading pools & 4 Splash Pads	Free, supervised aquatic programs available for the entire community	City of Peterborough	Residents and non-residents
Recreation Fee Program Subsidy	Assist qualifying families with the cost of registration for recreational programs	City of Peterborough	Children under the age of 19 years living in the City of Peterborough
Junior Park outdoor play program	Free outdoor play program during the summer months	City of Peterborough	Children ages 4 to 8 years, both non-resident and resident
4 arenas, Library, Museum, Art Gallery, 56 parks with playground structures, Skateboard Park, 4 beach volleyball courts, 14 tennis courts, 41 ball diamonds, 5 picnic shelters, 35 rectangular fields	Access to various play surfaces	City of Peterborough	residents and non-residents
Instructional Sports programs	Provides a service to young children and youth	City of Peterborough	City and County of Peterborough
High Five, Principles of Healthy Child Development training	A quality assurance framework for sport and recreation programs for children ages 6 to 12	City of Peterborough	Residents and non-residents
Free in Peterborough publication	Resource guide for free activities in Peterborough	City of Peterborough	Residents and non-residents

Barriers

See instructions on pages 14 - 15 in the CNA Guidelines.

(Suggested maximum: 1 page)

Barrier	Impact	Location	Reach (Affected)
Inadequate Income	Limited participation in recreational programming and limited choice in healthy food alternatives	City and County of Peterborough	Residents (esp., low income families)
Food Insecurity Rates		City and County of Peterborough	Residents (esp., low income families)
Transportation	Unable to participate in programming and limited access to services/ food/etc.	County of Peterborough	Residents (esp., low income families)
Geographical Challenges	Urban/Rural nature of Peterborough can impede participation in programming	County of Peterborough	Residents
Availability of facilities, (e.g., ice time)	Reduced programming available	City and County of Peterborough	Sporting/recreational groups; kids and families
Lack of sufficient volunteers to run programs	Programming is limited or capacity is an issue (i.e., school nutrition programs, recreation programs)	City and County of Peterborough	Sporting/recreational and nutrition groups; kids and families
Lack of qualified coaches and trainers	Programming is limited or capacity is an issue	City and County of Peterborough	Sporting organizations
Lack of awareness in the community as to what is actually available	Programs/activities may not be well attended or services may be under-utilized (i.e., subsidies, food banks)	City and County of Peterborough	All kids and families (esp., low income)
Financial barriers to participation i.e. (equipment costs, membership fees)	Unable to participate in programming	City and County of Peterborough	Kids and families (esp., low income)
Lack of capacity/ resources for partner organizations to expand or develop new programs	Identified needs/gaps in programming/services/ policies aren't being addressed	City and County of Peterborough	Kids and families
Lack of access to drinking water stations and water for community gardens	Lack of healthy hydration choices and lack of production of fresh local produce	City and County of Peterborough	Kids and families, all residents

Opportunities

See instructions on page 15 in the CNA Guidelines.

(Suggested maximum: 2 pages)

Opportunity	Assets Leveraged	Barriers Addressed	Potential Outcomes	Theme(s) Addressed
Child Care and Early Years Act Revisions	Revised legislation will inform direction of programming	Inconsistent menu planning and inadequate food choices for children in the early years	Healthier nutrition available for children in all child care centres and daycares.	Healthy Eating
Foundation of Strong/Evaluated Food Literacy Programs				Healthy Eating
Municipal Access to Recreation Group (MARTG)	Capacity for program delivery and contacts in the recreational sector	Lack of affordable and accessible recreational programming	Reduce silos and work together to increase access to recreation in city and county	Physical Activity
Investing in Quality (IIQ) Child Care Group	Capacity for program delivery and contacts in the child care sector	Lack of coordination of programming and quality trained professionals to deliver programs		Healthy Eating & Physical Activity
Nourish Curve Lake	Capacity for program delivery expansion to Curve Lake First Nation focusing on children and youth.	Reaching an at-risk priority population. Lack of sustainable food options and food literacy in rural areas.	Sustainable food options in community, increased food literacy in children and youth. Increased sense of community belonging.	Healthy Eating
Local Food Charter	First draft is being developed	Lack of affordable, nutritious food for families	Input into the Local Food Charter	Healthy Eating
Recreation Facilities	Use of space for program activities (i.e., skating, swimming)	Availability of affordable, accessible programming	Healthy food/ beverage choices available for sale at facilities Availability of affordable, accessible recreation programming	Nutrition & Physical Activity
Active Together	2015 Survey results to inform CNA,	Addressing barriers to	Training / educational	Physical Activity

Opportunity	Assets Leveraged	Barriers Addressed	Potential Outcomes	Theme(s) Addressed
Partnership	Partnership with Municipal Access to Recreation Group; local AT ambassadors to assist with programming	participation in sport and recreation for persons with disabilities	opportunities to learn how to get more active Promote existing sport and recreation activities Provide exposure to new inclusive opportunities through demonstration events	
Central East Physical Literacy Project	Shared costs, capacity and resources relating to physical literacy	Capacity, resources, budget, gap in training and education in physical literacy	Hosting a regional Physical Literacy Summit in 2016	Physical Activity
Provide quality training programs for coaches, trainers and volunteers		Qualified sport leaders	More quality sport and recreational programs in the community	Physical Activity
Free skills training (i.e., skating lessons, swimming, bike skills, curling, canoeing, cross country skiing, etc)	Existing programs such as Swim to Survive, Pedal Power, Scouts Canada,	Fundamental Movement Skills Cost of programming	Development of Fundamental Movement Skills allowing for greater participation Exposure to new activities	Physical Activity
After School programs within the School Boards		Lack of gym time available after school	School aged children will have opportunities to be more active	Physical Activity
Try-it Sport Programs i.e. Ptbo Gets Active month	Recreation and sporting, cultural and leisure groups/organizations	Increased access to recreation and sport opportunities	Increased awareness of available recreation opportunities Increased exposure and participation in existing programs	Physical Activity
Establish a KidSport Chapter in Peterborough		Program fees	Increased participation	Physical Activity

Opportunity	Assets Leveraged	Barriers Addressed	Potential Outcomes	Theme(s) Addressed
Provide free or subsidised bus passes for children		Transportation barriers	Increased participation	Physical Activity
Equipment Exchange program		Equipment costs	Increased participation	Physical Activity
Comprehensive Promotional campaign		Lack of awareness	Increased participation	Physical Activity and Nutrition
Enhance children's programming in County		Transportation	Increased participation	Physical Activity
Sponsorship of free activities/programs	Relationships with municipal recreational dept. and facilities	Lack of affordable opportunities to participate	Increased participation	Physical Activity
City of Peterborough's Vision 2025 Recreation Strategic Plan & other Peterborough municipality recreation plans	Household survey results, stakeholder engagement results	Lack of information about local community needs	Alignment with emerging priorities and recommendations in the plan(s)	Physical Activity
Easy access to water drinking	Relationships with municipal recreational dept. and facilities	Lack of access to drinking water stations and water for community gardens	Increase consumption of water and increased production of healthy local foods	Healthy Eating

Community Capacity and Resources

See instructions on page 20 in the CNA Guidelines.

(Suggested maximum: 1 paragraph or 6-9 bullets each)

Based on the above Community Needs Assessment, the following capacity support and resources have been identified:

Partnership Building

- Strengthening relationships with stakeholders/partners
- Partner recruitment, especially with private/business sector
- Engaging local champions
- Building and keeping momentum throughout the initiative with partners
- Volunteer recruitment and retention
- Community development strategies

Content Expertise

- Nutritious Food Basket Training/Overview (share Limited Income: Recipe for Hunger)
- OSNPPH (incl. Mandate, Position Statements on Menu Labeling, Food Skills)
- Food Literacy Training
- Physical Literacy Training
- Evidenced-based strategies for improving physical activity and healthy eating

Planning

- Communication strategy planning and development
- Program/policy development and prioritization
- Media skills training (including media release writing/interview skills)
- Local Project Manager training: Budgeting and expense tracking, project management

Connecting the CNA to Your Theme-Based Action Plans

Summary of Community Needs and Opportunities

See instructions on page 21 in the CNA Guidelines.

(Suggested maximum: 1 paragraph or 5-6 bullets)

Community Profile

- Activities, initiatives, and policy development should target children and families in the both the City and County equally as the distribution of children is similar in these regions. As well, particular effort should be made to reach the two surrounding First Nation communities. More local data is needed to adequately determine the health status of children in Peterborough.

Assets, Barriers and Opportunities

- Although there are several barriers identified in this report, it is apparent that Peterborough has a multitude of assets and opportunities in the physical activity and healthy eating sectors which can be leveraged to increase the health and wellbeing of children and families in the region.

Community Capacity and Resources

- Building on existing networks and resources already available in the community will be imperative to the success of the program. Equally important is to ensure that both the partnerships and the initiatives funded are sustainable after Healthy Kids Community Challenge funding is gone.

Communication

See instructions on page 21 in the CNA Guidelines.

How do you plan on sharing this information with your community stakeholders?

(Suggested maximum: 1 paragraph or 5-6 bullets)

The results of this community needs assessment will be shared with key stakeholders and the community. One idea is to create a short visual summary/infographic to highlight key findings. Information can then be used to leverage support for the HKCC initiative, increasing funding opportunities, and engage new partners. It is anticipated that the summary will be available on the HKCC website and partner websites. Presentations to various key stakeholder groups will also be used as a means to highlight the results of the CNA.

Signature

Please note the Ministry may use the information contained herein for the purposes of planning and evaluation.

Peterborough County-City Health Unit

<u>Claire Townshend</u>	<u>HKCC Coordinator</u>	<u>March 31 2016</u>	<u>Ctownshend</u>
Name	Title and Organization	Date	Signature

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