



Healthy Kids **Community Challenge**

Community Needs Assessment Data Profile



**Prepared for the HKCC team
by the Social Planning Council
of Ottawa**

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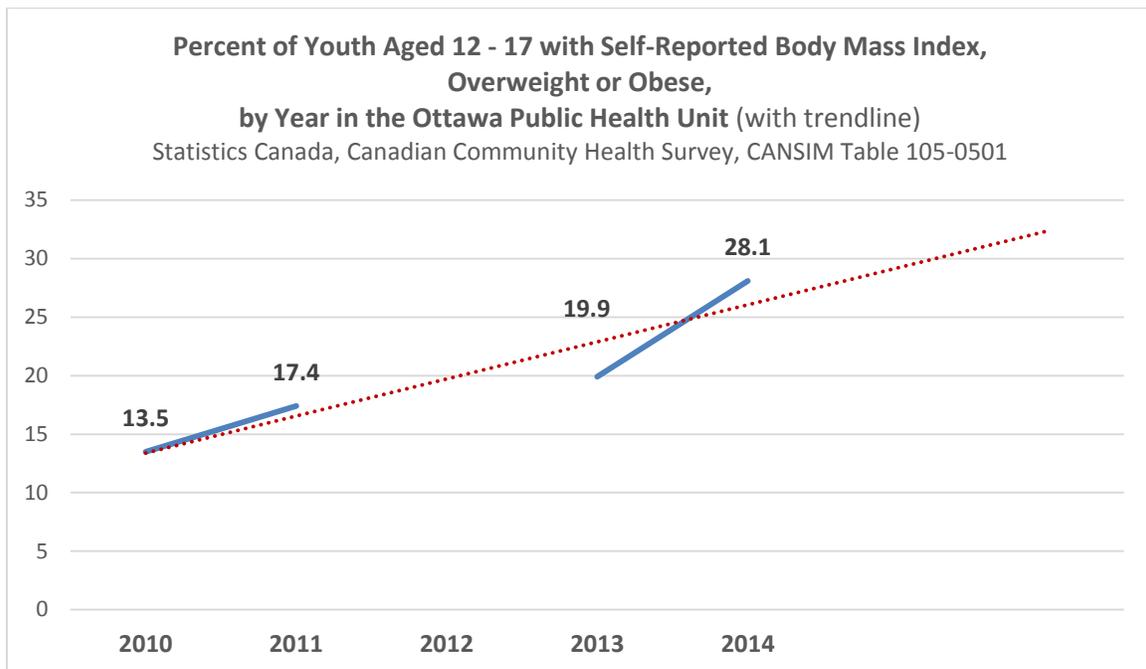
Healthy Kids Community Challenge: Overview of the Ottawa Context

The Healthy Kids Community Challenge (HKCC) is a multi-year, community-driven initiative to unite our community with a common goal: promoting children’s health through physical activity and healthy eating for children 0 to 12 years.

Although data is not available for the target age group, the Canadian Community Health Survey provides relevant data for the next age cohort which can serve as important baseline indicators. By improving the situation for children aged 0 – 12 and their families, we would hope to see improvements over time in the data for children and youth aged 12 and older, as the younger children age.

Population Level Indicator

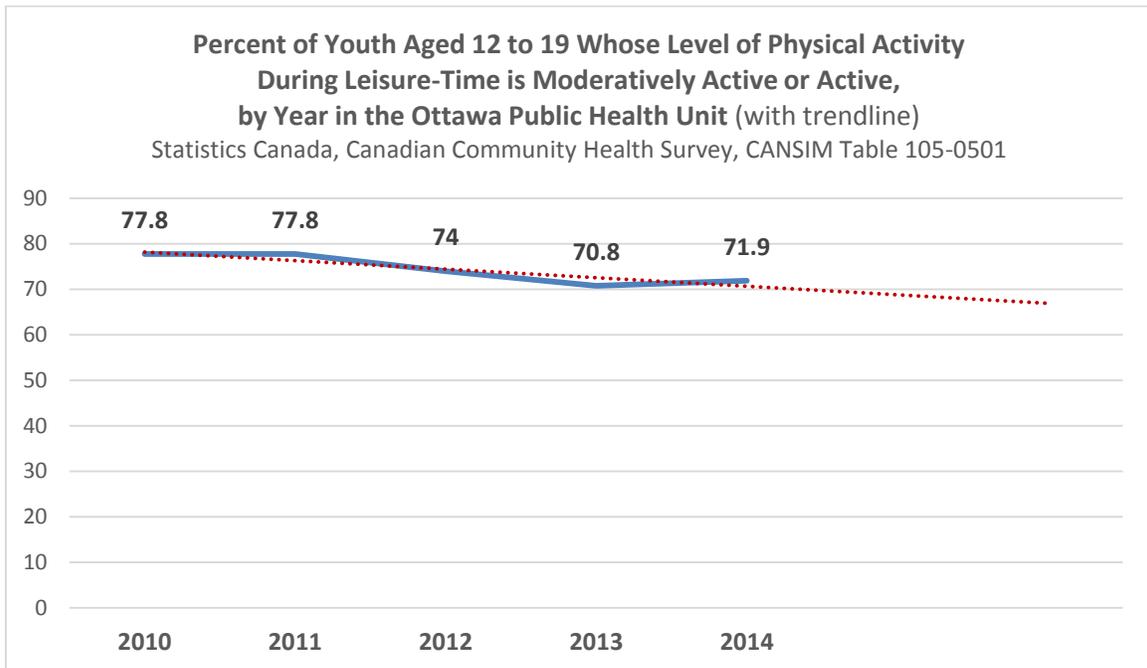
The Province established the HKCC in response to growing rates of unhealthy weights among children and youth.



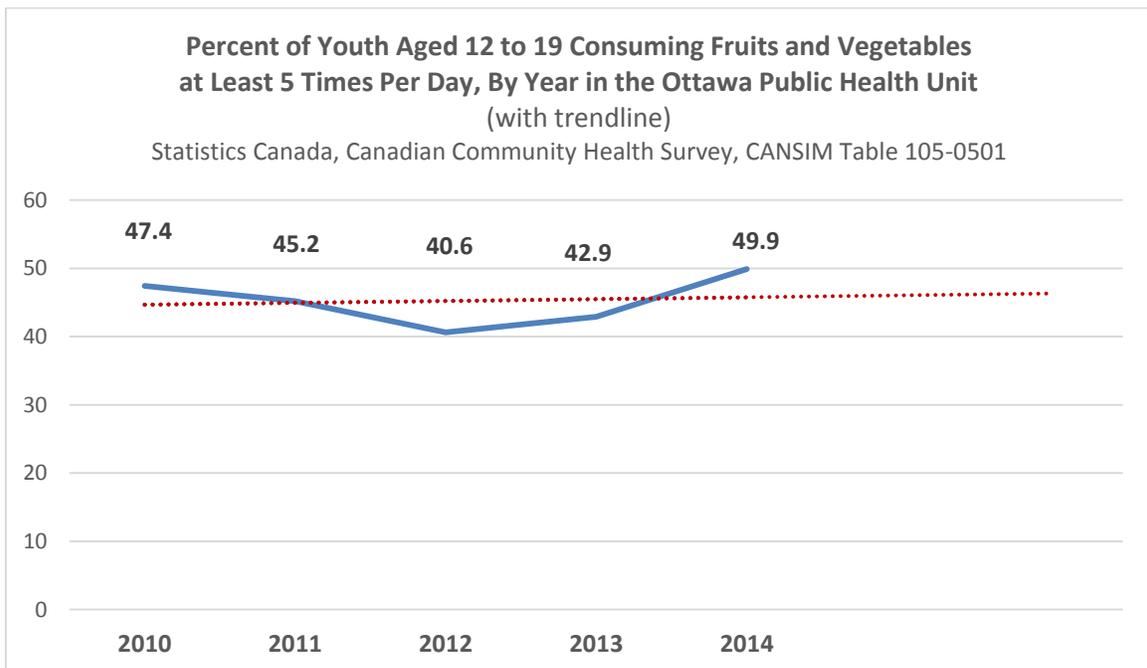
Over the past five years the rates in Ottawa have shown a very concerning worsening trend, with the 2014 figure higher than for the Province as a whole (28.1% compared to 23.3%). (Note: No reliable data is available for 2012 in the Ottawa Public Health Unit.)

Key strategies to improve the situation are to increase levels of physical activity and to improve healthy eating. Below is the benchmark data for three headline indicators for the age group 12 – 17 or 12 – 19 in Ottawa.

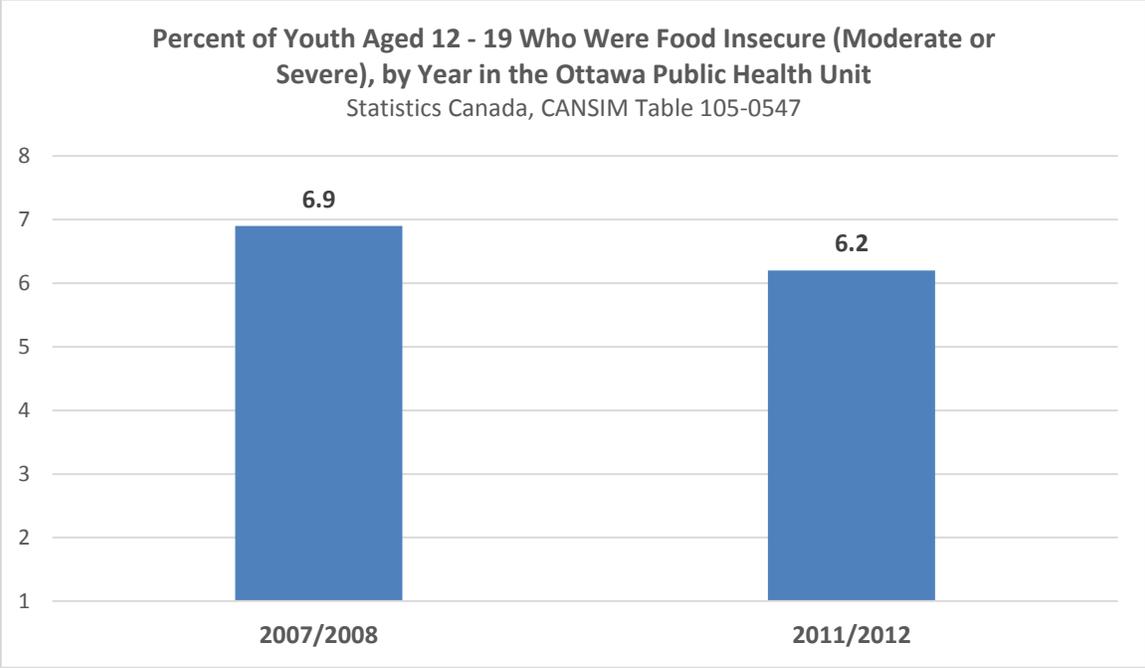
Headline Indicators



The percentage of Ottawa youth aged 12 to 19 who were moderately active or active in their leisure time over the past five years were significantly better than for the Province as a whole. However, the chart above shows that the trend in Ottawa has been deteriorating over the past five years, reaching a level of only 72% of youth in 2014.



A key indicator of healthy eating is the amount of fruits and vegetables consumed, with a target of at least 5 servings per day. Although the percentages for Ottawa were better than those for the Province as a whole over the past five years, there is still considerable room for improvement. Just under 50% of youth in Ottawa aged 12 to 19 met the target over this period, with only a slight improvement over the five years.

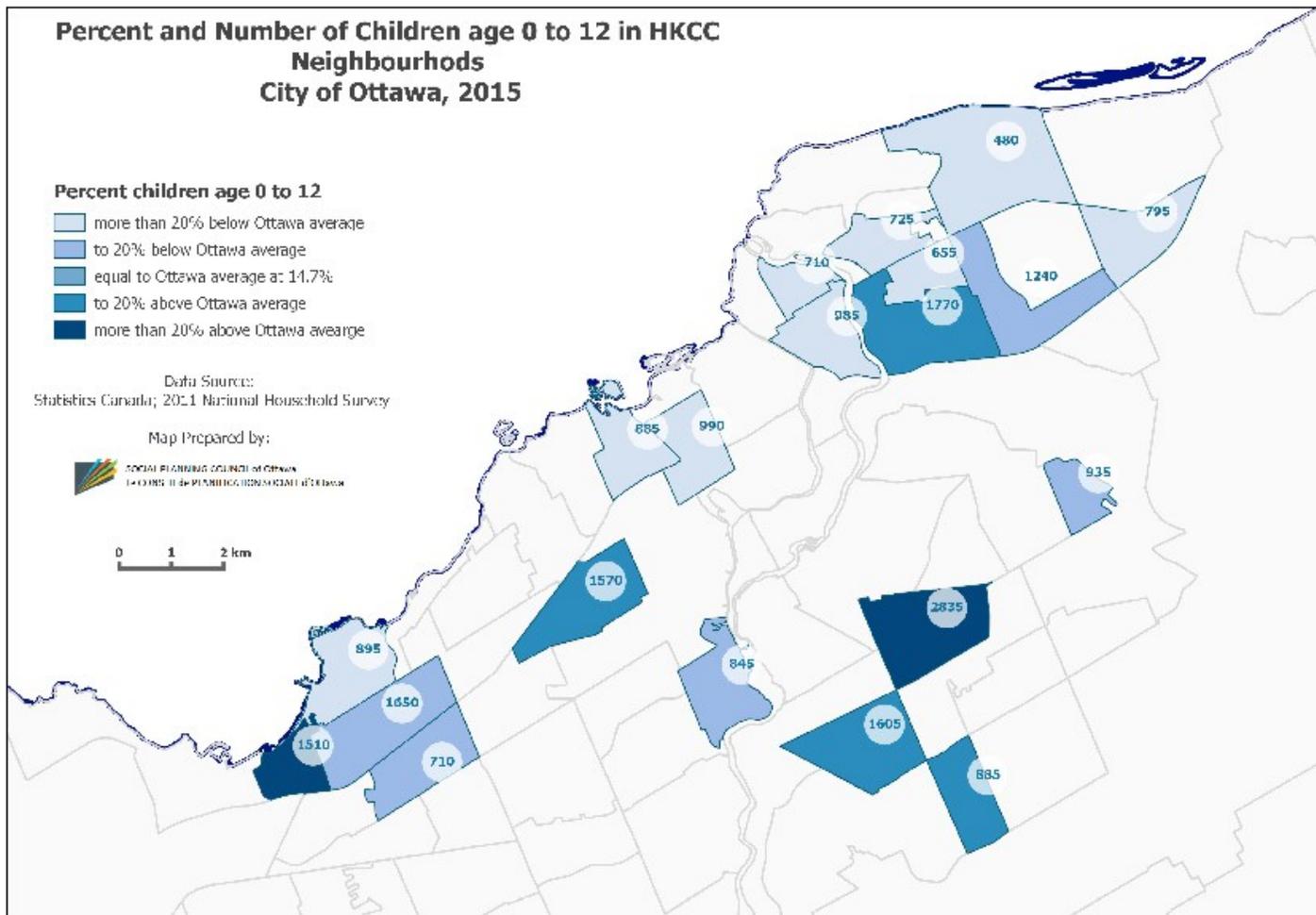


A key challenge to healthy eating is food insecurity, in which individuals do not have access to sufficient, safe and nutritious food for an active and healthy life.ⁱ Food insecurity is strongly associated with inadequate incomes and results in families not having the resources to purchase sufficient healthy food for their basic nutritional needs, including fruits and vegetables.

Community Context for “Turning the Curve”

The HKCC aims to improve outcomes for children and youth all across Ottawa. It will use a two pronged approach – actions which support improvements for all children and youth in Ottawa combined with a targeted approach for those facing the greatest barriers to accessing healthy eating and active living opportunities. An extensive literature has indicated that low income families face the most significant barriers to accessing healthy food and opportunities for physical activity. Therefore, to “turn the curve”, the initiative will include a targeted focus on the children in 20 priority neighbourhoods which are at the 5th (lowest) quintile for income levels in Ottawa. A neighbourhood approach is an appropriate scale to tackle the barriers, and to build on local assets which provide the opportunity for healthy eating and engagement in physical activity. See Map 1 (next page) for the list and location of the neighbourhoods.

Map 2

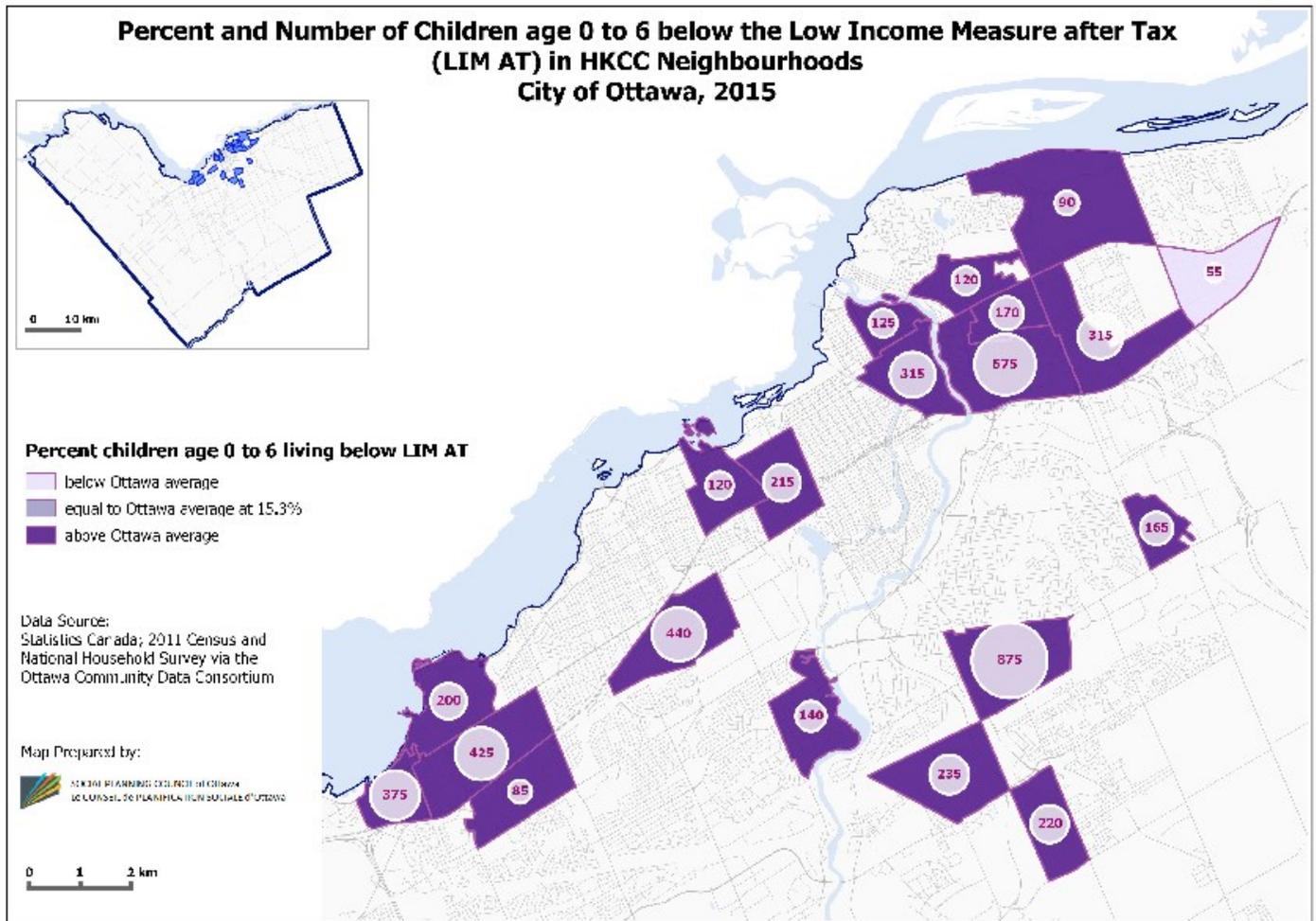


The priority neighbourhoods which have a higher percentage of children 0 – 12 compared to the Ottawa average of 14.7% were:

- Ledbury - Heron Gate - Ridgemont – Elmwood (19.1%)
- Bayshore (18.7%)
- Emerald Woods (16.5%)
- Overbrook - McArthur (15.3%)
- Carlington (15.1%)
- The 5 priority neighbourhoods with the highest number of children 0 – 12 were:
 - Ledbury - Heron Gate - Ridgemont – Elmwood (2,830)
 - Overbrook – McArthur (1,770)
 - Whitehaven (1,650)
 - Hunt Club East – Western Community (1,605)
 - Carlington (1,565)

Low Income

Fully 39.4% of the children 0 – 12 in the priority neighbourhoods (8,930) were living below the low income measure after-tax (LIM-AT) compared to 14.7% of the population 0 – 12 across Ottawa. 19.8% of children 0 – 6 (4,485 children) were living below the LIM-AT compared to 15.2% of the population 0 – 6 across Ottawa. Map 3, below, shows the number and percent of low income children in the priority neighbourhoods. The average household income in the priority neighbourhoods was \$51,724, only 65% of the average household income across Ottawa of \$79,634. Particular attention must be paid to the opportunities for healthy eating and active living which are accessible in these neighbourhoods for low income families as well as opportunities for healthy births. Of particular importance would be access to affordable, healthy food and affordable or free active living opportunities in the local neighbourhood.



Language

In the 20 priority neighbourhoods, 50.2% of the residents had English as their mother tongue, compared to 61.1% across Ottawa.

17.2% of the residents had French as their mother tongue, compared to 14% across Ottawa. One quarter of all Ottawa residents who have French as a mother tongue lived in these neighbourhoods, highlighting the importance of service in French where supports and programs are implemented as part of the initiative.

30% of the residents had a non-official language as their mother tongue, compared to 20.2% across Ottawa. 27.4% of all Ottawa residents who have a non-official language mother tongue lived in these neighbourhoods. 36.2% of all Ottawa residents who had no knowledge of English or French lived in these 20 neighbourhoods, representing 2.4% of the population in the neighbourhoods, compared to 1.3% across Ottawa. 15.7% of households spoke a non-official language most often at home compared to 10.5% across Ottawa. The most common non-official languages spoken most often at home in the 20 neighbourhoods (overall) were Arabic (6,620 individuals), Somali (2,235 individuals), and Spanish (1,920 individuals). In individual neighbourhoods, the most common non-official languages spoken at home varied. Please see the individual neighbourhood profiles in the partner document for the most common non-official languages in each, individual neighbourhood.

There are several implications for the HKCC initiative of the higher percentage of residents in the priority neighbourhoods speaking non-official languages. It points to the need for services and supports in many different languages. Further, it is a proxy for cultural diversity, highlighting the complexity of addressing food and physical activity issues. Attitudes and traditions around food and around physical activity are strongly influenced by the cultural background of the residents, so a neighbourhood approach provides a realistic scale to influence and be influenced by this diversity. It would be important to work with representatives of the most common non-official languages across the neighbourhoods and in each neighbourhood to understand how cultural differences could help shape a successful strategy.

Family and Household Structure

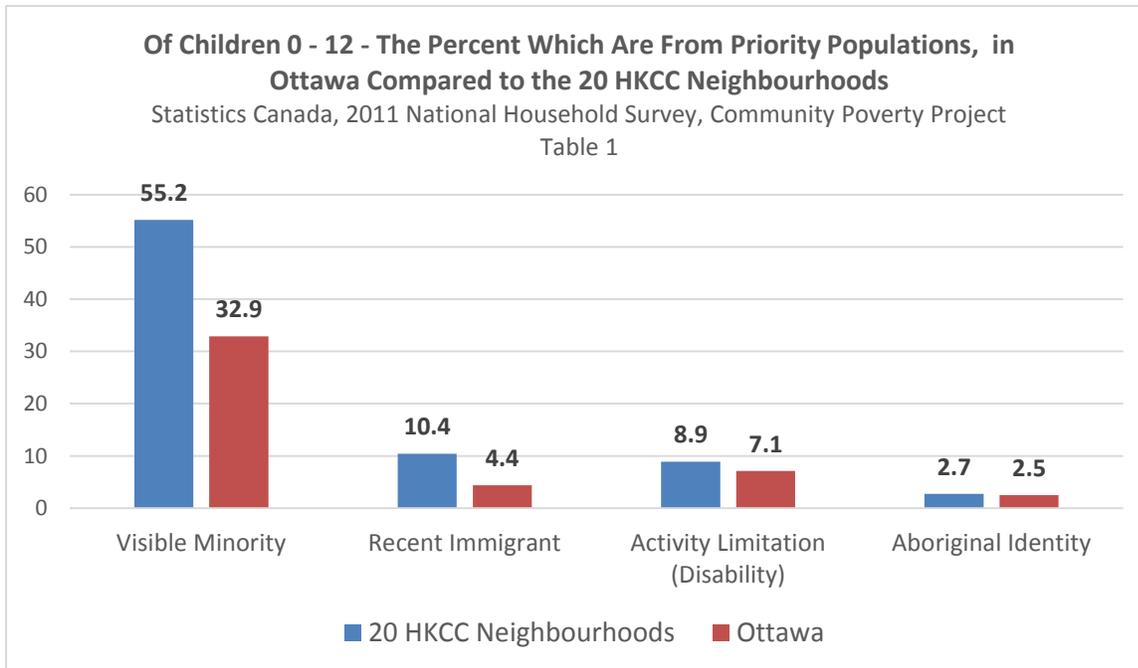
42.6% of the families with children in the priority neighbourhoods are lone parent families, compared to 26.1% in Ottawa as a whole. 28.5% of all lone parent families in Ottawa live in these neighbourhoods, although the neighbourhoods hold only 20.5% of the overall population. This is significant for the initiative for several reasons. Lone parent families are at higher risk of poverty and, related to that, of being food insecure. Further, lone parent families can experience greater logistical issues in participating in programs, particularly if they have more than one child. For example, the initiative would need to consider what supports might be necessary (e.g. accompaniment to and from activities) to enable children under 12 to participate in physical activity opportunities in the neighbourhood, given the high percentage of families with only one adult

Families with children in the priority neighbourhoods tend to be smaller, with roughly half the families with children in priority neighbourhoods having only one child.

Priority Populations

Priority populations are demographic groups who face multiple factors of exclusion to participate fully in all aspects of community life. The HKCC can address the barriers faced by children from priority populations, in order to give them equitable opportunities to access community resources.

Low income residents are often identified as a priority population. This initiative will address their unique barriers by focusing on the 20 lowest income neighbourhoods. Several other priority populations are also disproportionately represented in the 20 priority neighbourhoods, as we see by the chart below.



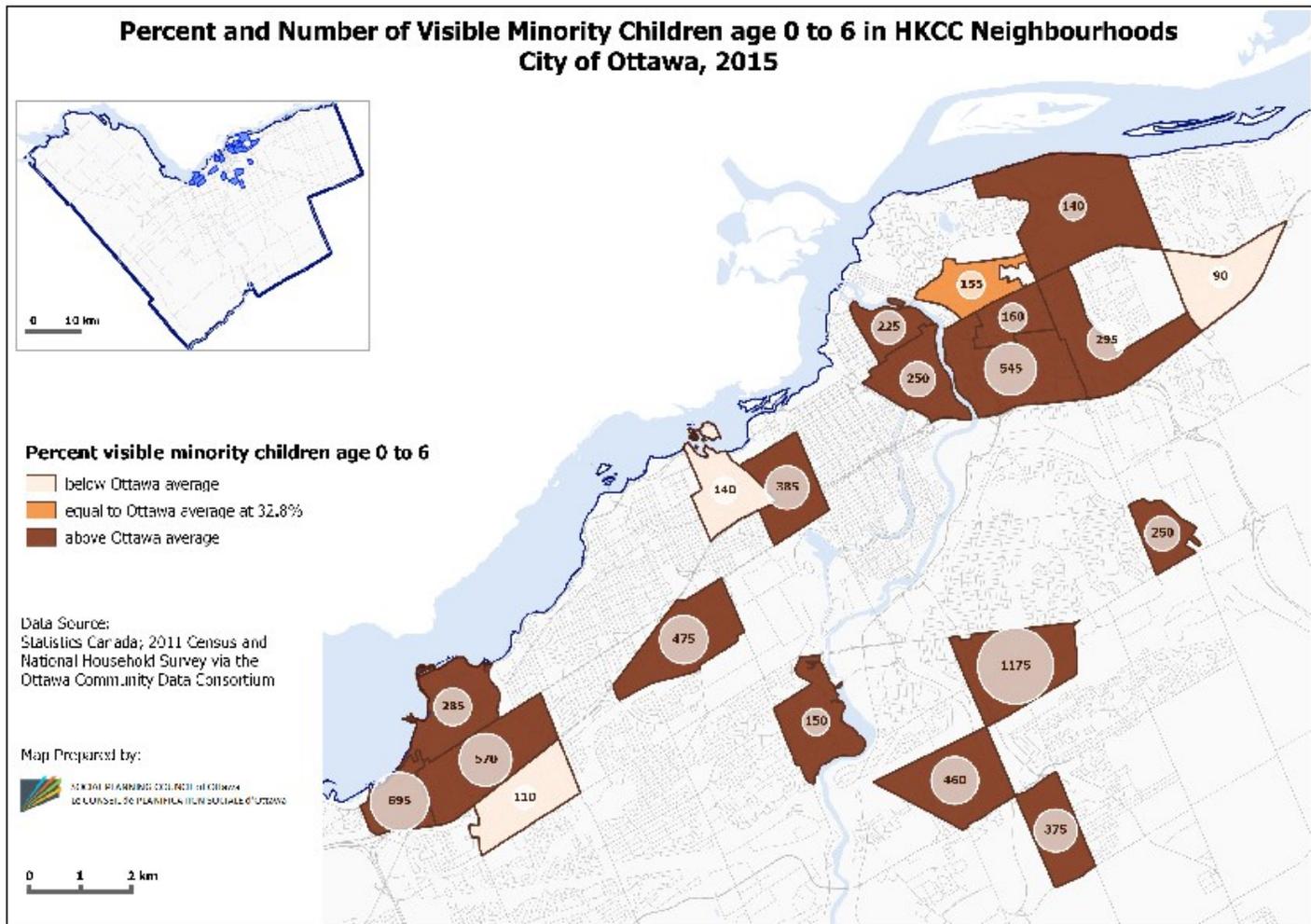
19.4% of all children aged 0 – 12 in Ottawa who are of Aboriginal identity live in these 20 neighbourhoods (620 children). Ottawa’s Aboriginal community has its’ own HKCC project, which will address the unique opportunities and challenges for Aboriginal children. Given the relative concentration of Aboriginal children in these 20 neighbourhoods, there is an opportunity for a strategic alliance between the projects, with part of the delivery of the Aboriginal HKCC project occurring in these 20 neighbourhoods.

29.9 % of all visible minority children aged 0 – 12 in Ottawa live in these 20 neighbourhoods (12,520 children). Map 4, below, shows the number and percent of visible minority children aged 0 – 6 in the priority neighbourhoods. Of the visible minority residents (all ages) in the priority neighbourhoods:

- 35% were Black (compared to 24.2% across Ottawa)
- 16.9% were Arab (compared to 15.8% across Ottawa)
- 11.1% were South Asian (compared to 16.5% across Ottawa)

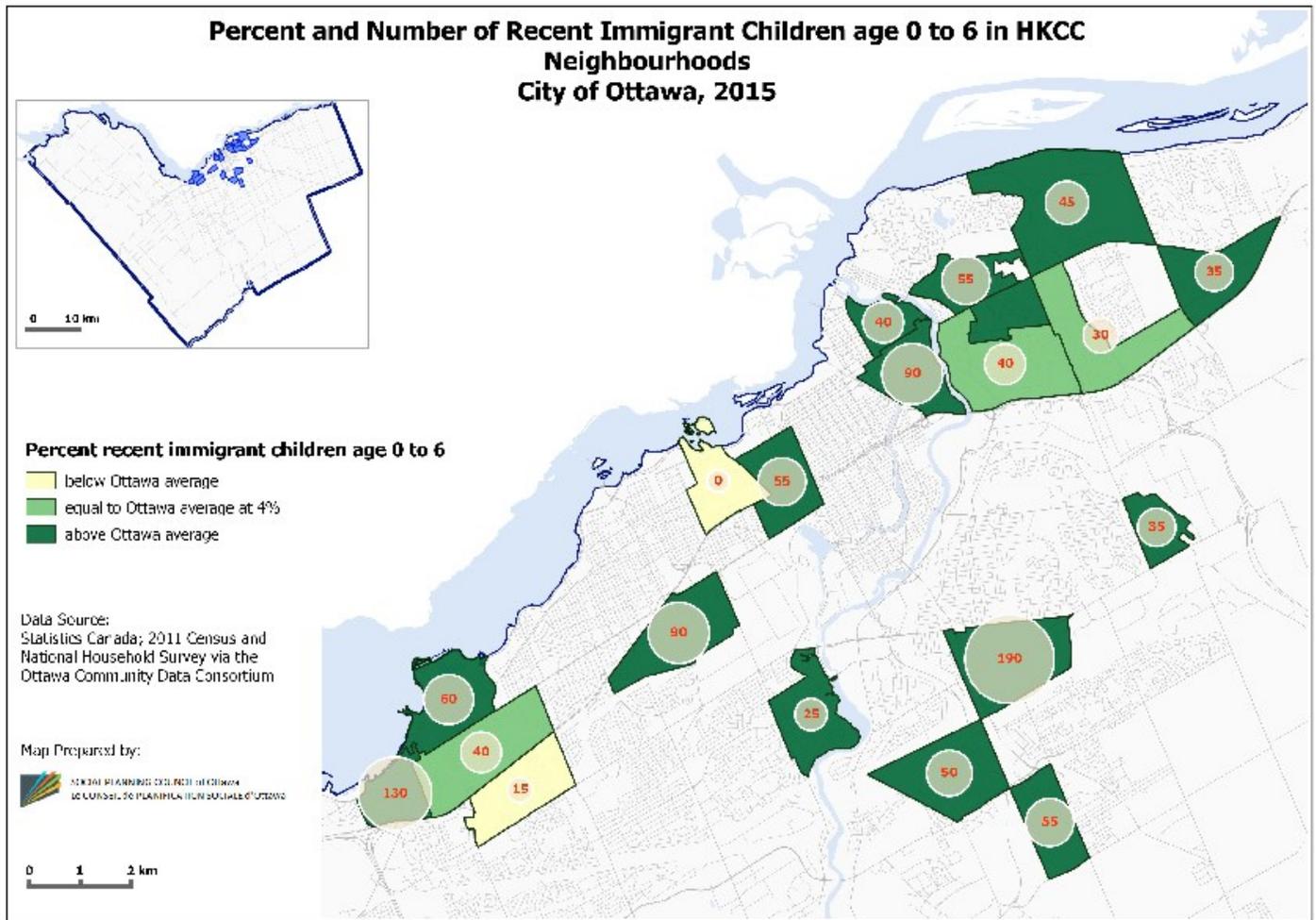
Visible minority residents are more likely to live in low income compared to the general population.

Map 4



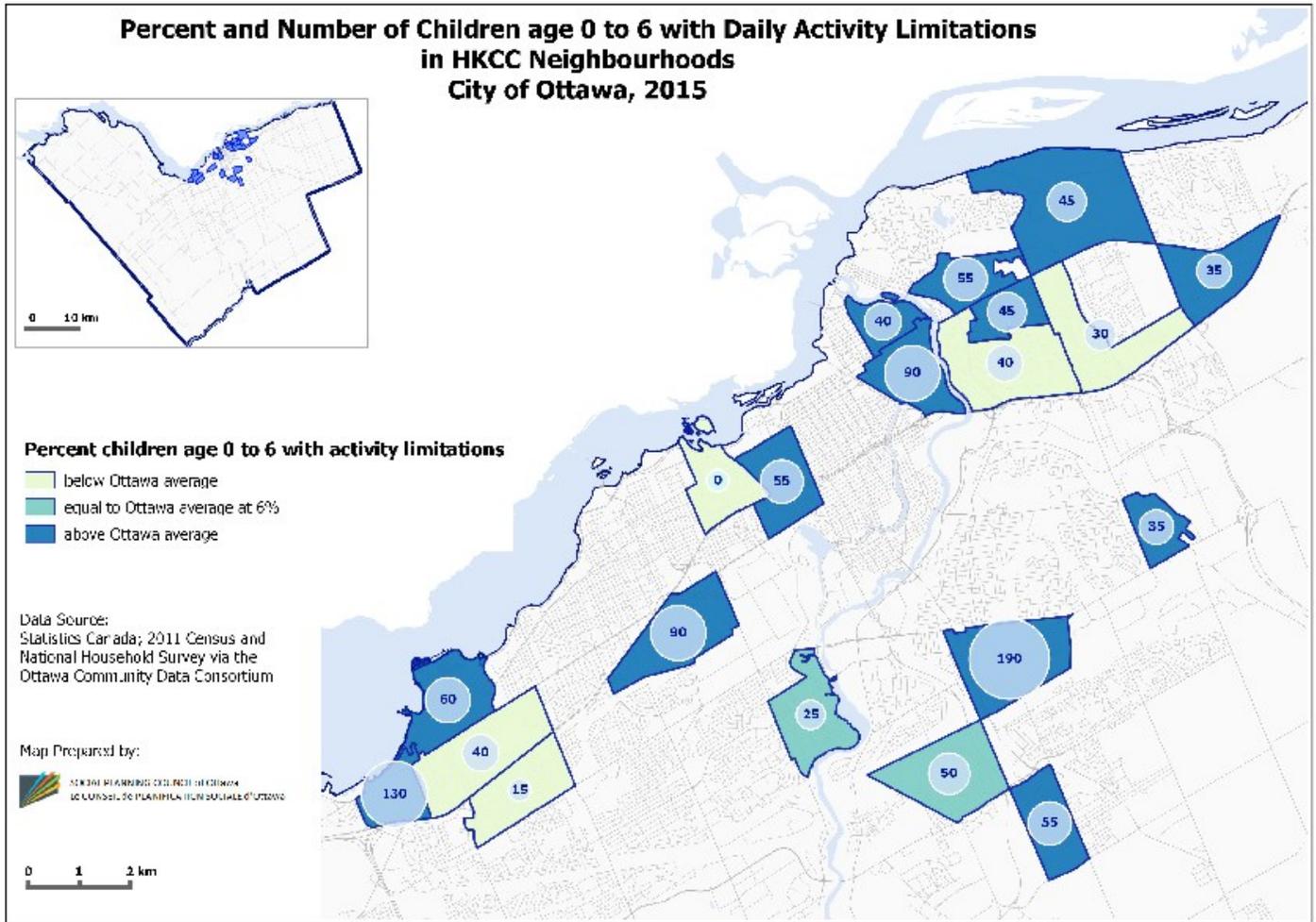
42% of all recent immigrant children aged 0 – 12 in Ottawa live in these 20 neighbourhoods (2,365 children). Map 5, below, shows the number and percent of recent immigrant children aged 0 – 6 in the priority neighbourhoods. Recent immigrants (i.e. who arrived 2006 – 2011) face many challenges and barriers including all the complexity of adjusting to a new country, disproportionate rates of poverty and sometimes language barriers. They may have difficulty finding or affording culturally appropriate food, or benefit from support to adjust to new foods. They may have their own traditions for physical activity which are not easily available to them in their new home. For example, many grassroots ethno-cultural groups like to gather the community around sports activities, but they have difficulty accessing gymnasiums or sports fields for these activities. New immigrants may be interested in new physical activity options in Canada but be unfamiliar with how to engage (e.g. skating for people from tropical climates). Alternately, physically active recreation may not be a high priority for these families, as they adjust to new school and work environments. Finally, they may not be aware of the resources available to them in the community to support healthy eating and physical activity.

Map 5



22.4% of all children aged 0 – 12 in Ottawa who have an activity limitation (disability) live in these 20 neighbourhoods (2,010 children). This includes children with diverse disabilities – physical, sensory, cognitive, mental and developmental. Map 6, below shows the number and percent of children aged 0 – 6 with activity limitations in the priority neighbourhoods. It would be important to ensure there are appropriate programs, facilities, equipment and staffing to ensure children with disabilities have access to recreation suitable to their interests.

Map 6



Characteristics of the 20 Neighbourhoods including Amenities

Neighbourhood Inequality

The 20 priority neighbourhoods were selected based on the fact that they all had average income levels in the bottom (5th) quintile for Ottawa. These neighbourhoods also have a disproportionate share of other population characteristics which can create capacity challenges at the neighbourhood level (in terms of the ability of the neighbourhood to address issues). The Social Planning Council has developed an Inequality Index, comprised of 7 variables which research has indicated can affect the capacity of neighbourhoods to respond to issues and address challenges:

- Poverty (below low income measure, after tax)
- Moved in during the previous year
- Housing in need of major repair
- Lone parent families as a % of all families with children
- Unemployment rate (of population aged 15 and over)
- Without high school completion
- Recent immigrants (arrived in the last 5 years)

A neighbourhood is “unequal” on a variable when the incidence of that variable is 10% or more higher than the average for Ottawa. All neighbourhoods which are unequal on a variable could face capacity challenges in relation to the average in Ottawa, but the degree of inequality is compounded, depending on the number of variables for which the neighbourhood is unequal. A neighbourhood which is even unequal on 7 variables is more unequal in relation to all Ottawa neighbourhoods than a neighbourhood which is unequal on 3 variables.

Of the 20 priority neighbourhoods:

- 1 neighbourhood was unequal on 3 variables (Beacon Hill South – Cardinal Heights)
- 7 neighbourhoods were unequal on 4 variables
 - Britannia Village
 - Emerald Woods – Sawmill Creek
 - Hawthorne Meadows – Sheffield Glen
 - Hintonburg – Mechanicsville
 - Hunt Club East – Western Community
 - Iris
 - Whitehaven – Queensway Terrace North
- 6 neighbourhoods were unequal on 5 variables
 - Bayshore
 - Carleton Heights – Rideauview
 - CFB Rockcliffe-NRC
 - Lowertown
 - Overbrook – McArthur
 - Sandy Hill – Ottawa East

- 5 neighbourhoods were unequal on 6 variables
 - Carlington
 - Cummings
 - Ledbury – Heron Gate – Ridgement – Elmwood
 - Vanier North
 - Vanier South

- 1 neighbourhood was unequal on 7 variables.
 - West Centretown

Map 7 on page 18 shows the Neighbourhood Inequality of the 20 neighbourhoods.

Employment and Income

24.9% of residents in the priority neighbourhoods (44,990 individuals) were low income, i.e. living below the low income measure after-tax (LIM-AT) compared to 11.5% of the population across Ottawa. The gap between income levels in these neighbourhoods compared to Ottawa as a whole is significant, with 17.3% of the population in the priority neighbourhoods in the bottom decile of income (the lowest 10% of income), compared to 8.3% across Ottawa.

The fact that residents are disproportionately living in poverty does not mean they are not working. The employment rate was 57.7% in the neighbourhoods compared to 64% across Ottawa. Unemployment was higher in the priority neighbourhoods compared to Ottawa – 9.5% compared to 7%. This indicates a stress in the neighbourhoods and a pressure on individual families, which affects their income levels and potentially the priorities within the family (for example, with a greater focus on basic needs there may be less focus on active recreation).

73% of the labour force in the priority neighbourhoods worked full-time compared to 76.6% across Ottawa, and 19.8% worked part-time compared to 18.7% across Ottawa. With a very significant portion of the population in the neighbourhoods working full- or part-time, there is a need for programs and services to be available at different times in the day and week to accommodate diverse work schedules. This is particularly important in the priority neighbourhoods in light of the high percentage of lone parent families.

Housing

62% of households in the priority neighbourhoods were renter households and 38% were owner households in the priority neighbourhoods, compared to 32.7% renters and 67.3% owners across Ottawa. At the neighbourhood level, it would be useful to consider the availability of green space for active play, considering the dominant housing forms in the community. For example, what access do renters have to outdoor space where they rent – for outdoor space for free active play? What are the opportunities to collaborate with large landlords to implement actions in support of the HKCC? In particular, there are 13,444 social housing units in these 20 neighbourhoods, providing an opportunity for a strategic partnership with Ottawa Community Housing and other social housing providers to reach their residents and to work together to provide safe and engaging physical activity spaces for children.

There was a significantly higher rate of housing in the priority neighbourhoods which was not adequate, specifically:

- 9.8% of households in units not suitable, compared to 5.8% across Ottawa, 9.4% of the units in the priority neighbourhoods were in need of major repair compared to 6.2% across Ottawa; and as indicated above,
- 32.9% of owner and tenant households were spending 30% or more of their income on shelter costs, compared to 29.4% across Ottawa. These households have less income available for other needs including healthy food, transportation and recreation.
- 3.2% of units had more than one person per room compared to 1.7% across Ottawa, which might indicate over-crowding (although not necessarily). This could potentially have implications for the suitability of conditions for adequate sleep time for children.

Sport, Recreation and Physical Activity Environment

The neighbourhoods are all in close proximity to a range of sport, recreation and physical activity amenities such as municipal community centres, splash pads, playgrounds, and ice pads. While these are a tremendous asset to the overall goal of increasing physical activity among children, the availability and suitability of these amenities for the target populations varies. For example, many facilities may be booked up with scheduled activities or leagues, or may not be affordable, thereby limiting their usefulness for the target populations. In other cases, the assets are not usable in a meaningful way for the target population. Related to this, a major focus of neighbourhood community development initiatives in the City (through the Community Development Framework (CDF) and the Ottawa Neighbourhoods Social Capital Forum (ONSCF)) has been to improve local parks and green spaces which were not considered safe or effectively usable for residents, due to inadequate maintenance, inadequate play equipment, safety concerns in relation to open street drug dealing etc..

Many stakeholders provide sport and recreation programs for children, including the City of Ottawa, voluntary sector organizations, community-based leagues and teams, school boards and private sector organizations.

The City of Ottawa is a very important provider of recreation activities in the City. An analysis done for this reportⁱⁱ of participation in a selection of City physical activity programs by home address revealed differing levels of participation by residents from the priority neighbourhoods. As the table below shows, a significant portion of the participants in the following programs were from the 20 HKCC priority neighbourhoods:

- I Love to Skate (95.2% of participants)
- I Love to Swim (84.7% of participants)
- Afterschool Winter (2015) and Ultra Play (76.9% of participants)

The HKCC could consider opportunities to scale these programs to serve a more significant number of the neighbourhood populations on an on-going basis.

A lower percentage of the participants in the following programs were from the priority neighbourhoods, but the actual number of children from the neighbourhoods was higher than for the programs above, as the programs served a larger number overall.

- Afterschool Fall (2014) (38.5% of participants)
- Skating (13.5% of participants)
- Aquatics (12% of participants)

Program/Activity	# of Registrants in the 20 HKCC Priority Neighbourhoods	Total # of Registrants	% of Registrants in the 20 HKCC Priority Neighbourhoods
Afterschool Fall (2014)	542	1,408	38.5%
Afterschool Winter (2015) and Ultra Play	236	307	76.9%
Aquatics	2,054	17,159	12.0%
I Love to Skate	60	63	95.2%
I Love to Swim	72	85	84.7%
Skating	508	3,771	13.5%

Community-based programs and activities are a very significant component of sport, recreation and physical activities. Many community based arts programs are also an important part of the community assets (for example dance and drama programs). There are two major categories of community based programs and activities which are essential for the HKCC: community led sports leagues and programs and programs run by voluntary sector agencies.

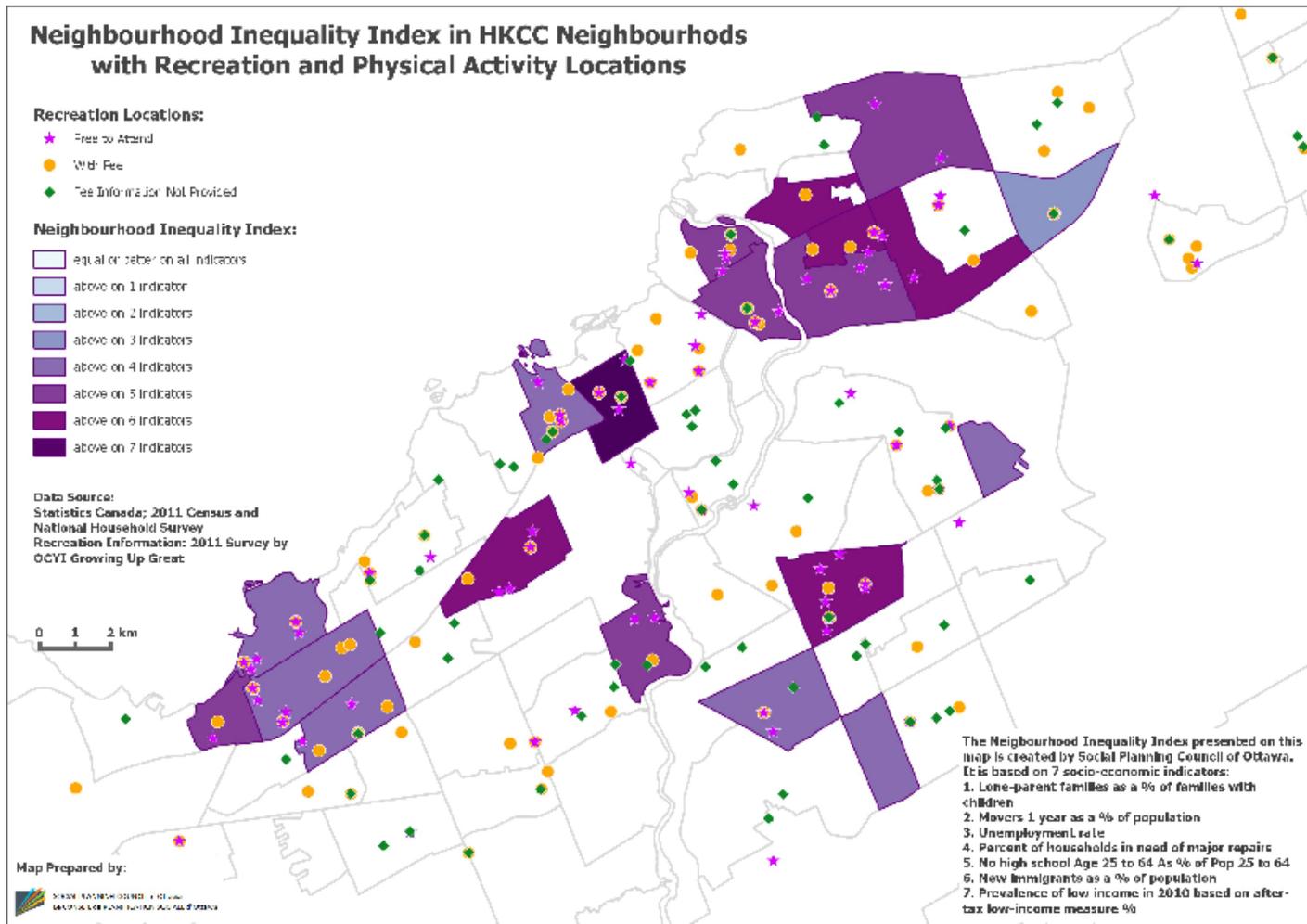
Ottawa has an extensive network of community led sports leagues and programs, run by volunteer based sports organizations (such as soccer leagues and skating clubs). There are hundreds of these initiatives across the City, most operating on a cost recovery basis. The fees, related costs and locations (for practices or required travel for tournaments etc.) are substantial barriers for many residents in the priority neighbourhoods. However, these initiatives are critical in a comprehensive HKCC strategy to increase physical activity.

Many voluntary sector organizations operate recreation programs, in order to address the barriers which priority populations face in accessing other recreation amenities in the City. These programs are key partners for the HKCC as their programs are targeted for the priority populations. A challenge is that they are normally funded on a short term basis, and therefore, the inventory changes constantly. There is not currently a means to maintain up-to-date the inventory of community based recreation programs, to facilitate access and planning.

In 2011 the Ottawa Child and Youth Initiative undertook an inventory of recreation programs in the City for children and youth aged 19 and under. The inventory identified over 2,500 recreation programs at that point in time. 75% of the programs identified were operated by the City of Ottawa, 24% were operated by voluntary sector organizations and 1% were operated by school boards. (The inventory did not include community leagues or private sector providers).

Map 7, below, shows the location of these programs based on whether they had a fee or not (a barrier for participation by low income residents) overlaid on the 20 HKCC priority neighbourhoods. The map highlights a gap in the availability of programs in some of the priority communities. In these cases, it would be useful to inquire with local stakeholders to see if there have been changes over time.

Map 7



A key finding of the inventory is that of the 2,500 programs, only 4% (86) indicated they incorporated a physical activity component. There is a significant opportunity to leverage these programs to increase engagement in physical activities.

The neighbourhood approach in the HKCC (potentially in partnership with the ONSCF and CDF) is an effective way to work with individual local communities to identify where existing assets could be leveraged to more effectively support physical activity for the target population including:

- Access to community space for physically active recreation activities led by diverse stakeholders (community groups, ethno-cultural groups and local social services);
- Leveraging increased resources to improve existing amenities (such as fundraising and corporate involvement to purchase new play structures)
- Partnership development (public, private and voluntary sector) to increase HR resources (paid and volunteer) and capacity in support of local physically active recreation activities.

Food Environment

To improve opportunities for healthy eating through a neighbourhood approach, it is useful to consider four context pieces:

a) What is the level of healthy / unhealthy eating and of food insecurity?

Healthy eating begins at birth. According to the World Health Organization “breastfeeding is the ideal way of providing young infants with the nutrients they need for healthy growth and development.”ⁱⁱⁱ The recommendation is for babies to be breastfed exclusively for six months, where possible. In the Ottawa Public Health Unit:

- 94% of women aged 15-55 who had a baby in the previous 5 years initiated breastfeeding (2009-2010), compared to 88.8% in Ontario;
- 39.6% of women aged 15-55 who gave birth in the previous 5 years breastfed their last child exclusively for at least six months (2009-2010), compared to 26.2% in Ontario.^{iv}

Statistics Canada’s 2009-2010 Canadian Community Health Survey (Food Security Component) found that, in the Ottawa Public Health Unit:

- 7.6% of households worried often or sometimes (in the past 12 months) that their food would run out^v
- 6.4% of households were moderately or severely food insecure^{vi}
- 5.3% of households could not afford to eat a balanced meal sometimes or often (in the past 12 months)^{vii}
- 5.1% of households bought food which did not last and had no money to buy more – sometimes or often (in the past 12 months)^{viii}
- 1.7% of children were moderately or severely food insecure^{ix} and
- 1.5% of households could not feed the children a balanced meal sometimes or often (in the past 12 months)^x

In its report, “Healthy Eating, Active Living and Healthy Weights, 2012 Health Status Report (May 2012), Ottawa Public Health reported that the findings of the 2009 and 2011 Ontario Student Drug Use and Health Survey indicated:

- Only 60% of students in Ottawa (grades 7 to 12) reported eating breakfast all five of the previous school days
- Most students are regularly consuming sugar-sweetened beverages with approximately one in ten reporting that they consumed one or more sugar-sweetened beverages per day in the past week. Only one in five students reported that they did not drink sugar-sweetened beverages in the past week.
- 15% of students drank at least one high-energy caffeinated beverage in the past week
- Half of Ottawa youth do not consume an adequate amount of vegetables and fruits, similar to youth across the rest of Ontario.

b) To what degree do populations at risk of food insecurity live in these neighbourhoods?

Evidence indicates the populations at greatest risk are low income residents, female led single parent families and Aboriginal families (because of the disproportionate rates of poverty) and in some cases new immigrants (because of disproportionate poverty rates and in some cases knowledge of new foods).^{xi} See above for the number and percent of these populations in the neighbourhoods.

Notwithstanding the higher risk of food insecurity, many residents from among the priority populations have excellent food skills which could be shared. For example, a finding of a 2014 participatory research project by the Social Planning Council found that many new immigrants are distressed by what they perceive as a “junk food culture” in Canada and have much to share about their often healthier traditional food options.

c) What is the access to healthy and unhealthy food in the neighbourhoods?

The Ottawa Neighbourhood Study (ONS) has identified a range of healthy and unhealthy food resource in the neighbourhoods including proximity to grocery stores and fast food establishments. Access varies across the neighbourhoods. The neighbourhood approach enables community stakeholders to strategize to mitigate where there are “food deserts” (i.e. few or no stores selling healthy food) and “food swamps” (where there is easy access to unhealthy food outlets such as many fast food establishments). Please see the profiles of the [individual neighbourhoods](#) in the companion document or visit the [ONS website](#) for details of each neighbourhood.

d) What is the extent and nature of community program and initiatives which support increased access to healthy food and healthy eating?

Ottawa has an extensive array of food security and healthy eating initiatives and programs on which the HKCC can build.^{xii}

Through 2013 and 2014, a group of 20 community agencies, including community health and resource centres met to consider the scope of activities in support of healthy eating, with a particular focus on their own initiatives. They found it useful to map their initiatives along a modified version of the “Food Security Continuum” presented by Dr. Laura Kalina of the Kamloops Food Policy Council in 2003 and subsequently adopted by the Vancouver Coastal Health Community Food Action Initiative^{xiii}. Within the spectrum:

- Type 1 initiatives are short-term relief, service delivery mode and emergency/charitable programs;
- Type 2 initiatives are capacity building and empowerment initiatives;
- Type 3 initiatives are systems-level, specifically, community action on food security or income security, policy development, guidelines and regulations, and food system re-design activities.

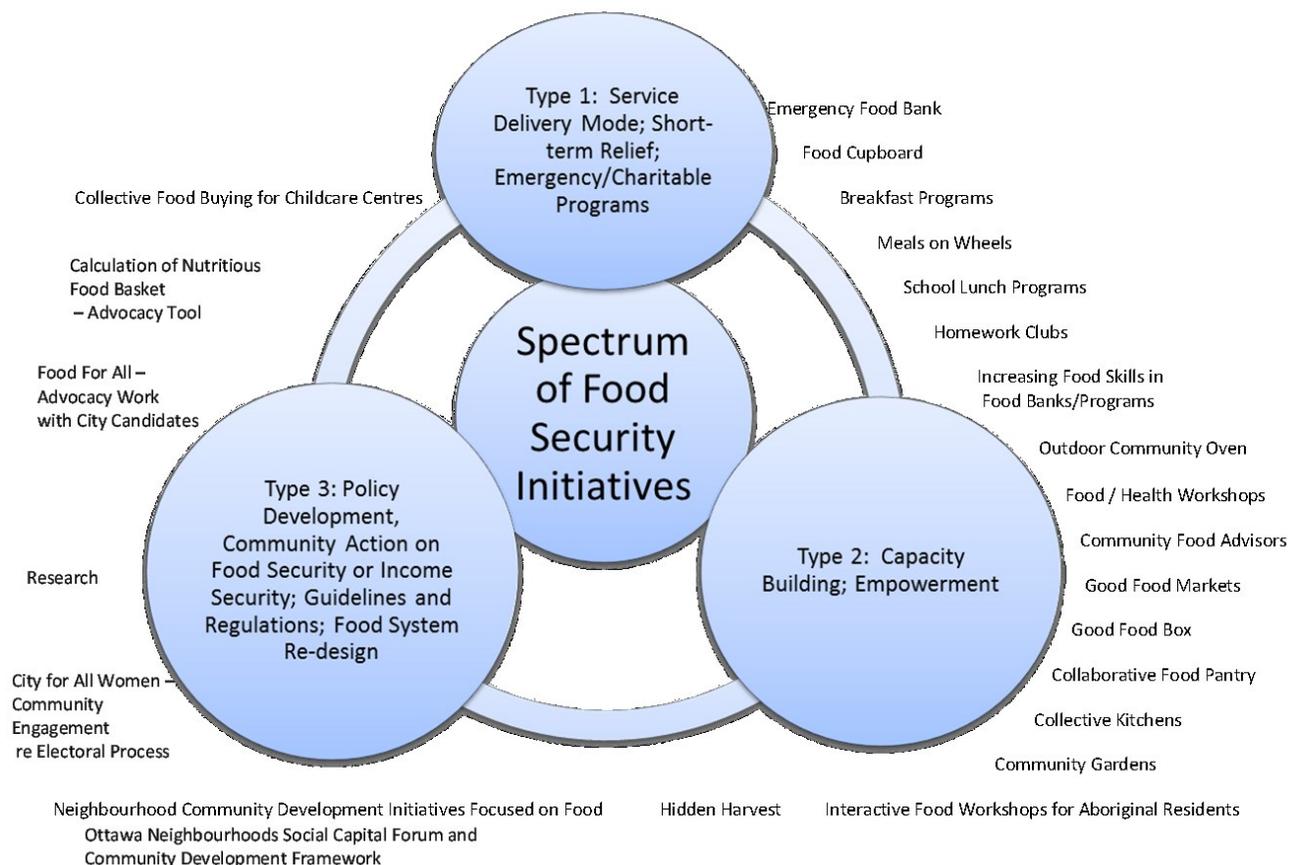
The spectrum enables stakeholders to visualize the scope of food security and healthy eating initiatives including information related to two best practices:

- The need to simultaneously promote change in people’s lives and in the community at large in order to influence the health of individuals and communities,^{xiv} and

- The fact that combining two or more elements (such as nutrition and community food production) has a stronger impact on both food skills and food access.^{xv}

Below is a snapshot of the initiatives which were identified in the 2014 participatory scan. Although it is not comprehensive, it provides a starting point to track and monitor changes in the availability of food initiatives at the neighbourhood level. Two relevant findings from the participatory scan were:

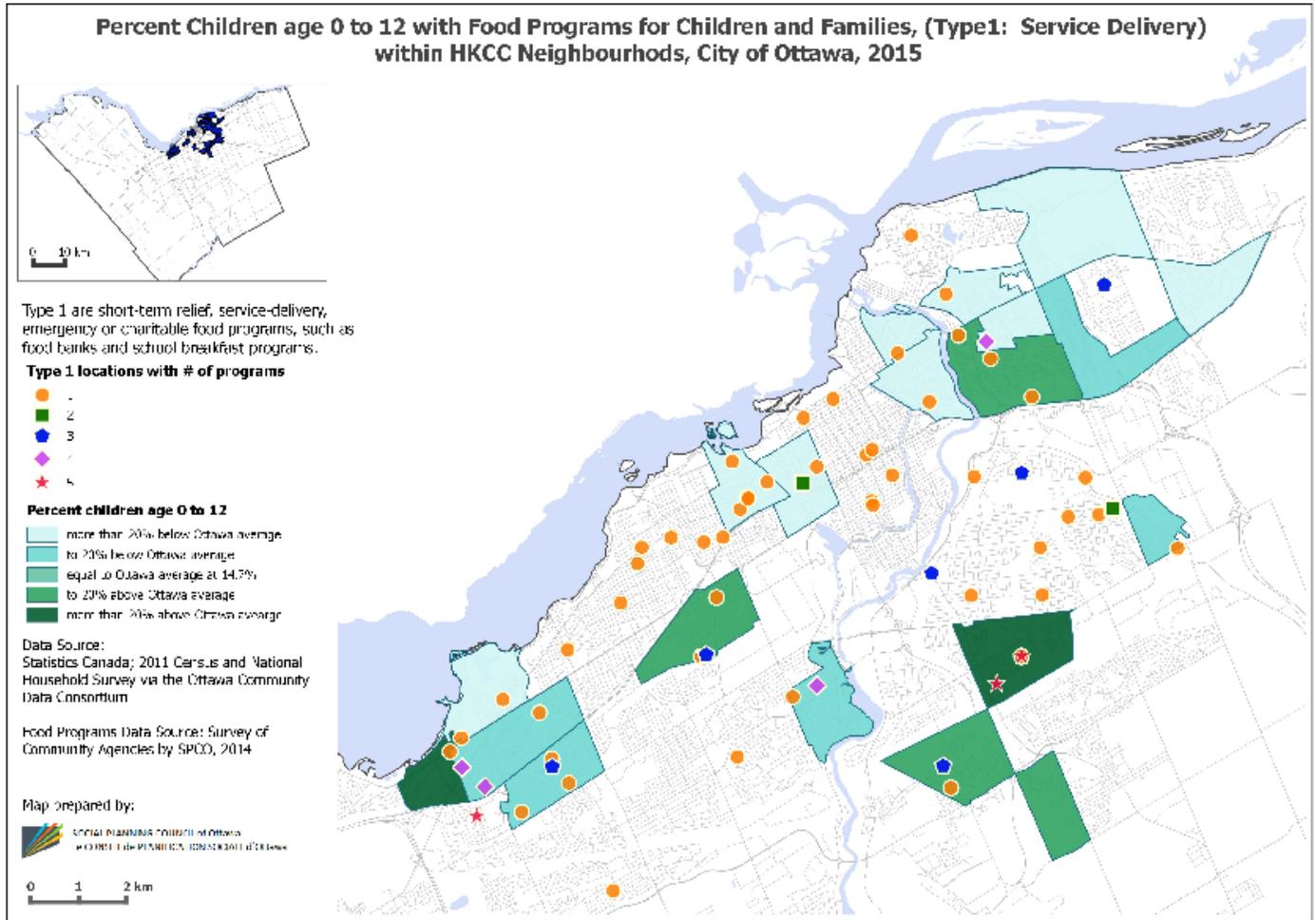
- Critical hours programs are a key point of contact for children and youth to access healthy food (most often snacks) and to build healthy food skills. The importance of their role with respect to food security and healthy eating has been under-recognized, and as a result, they have limited resources for the food component of their programs;
- Community agencies have a strong desire for greater healthy food capacity across all their programs but are stretched in terms of resources of time, space, money and people. Enhanced volunteer capacity could help, but those communities facing the most needs are often those with the least volunteer capacity. (See the section on Neighbourhood Inequality for some of the factors that impact volunteer capacity).



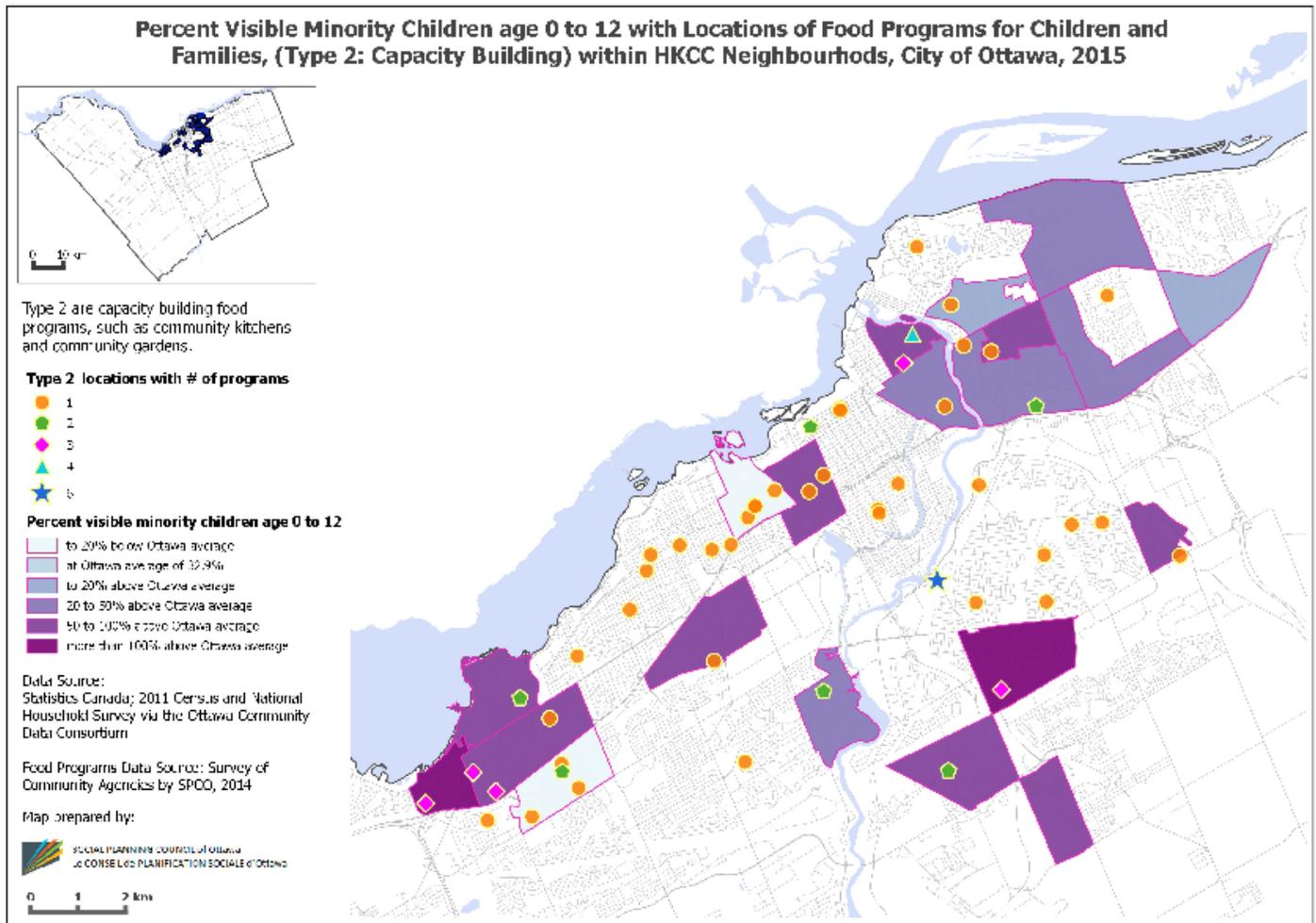
The information from the 2014 participatory scan was also mapped using GIS technology. Maps 8, 9 and 10 below, show the availability of Type 1, Type 2 and all three types of food security and healthy eating initiatives respectively in relation to the 20 HKCC priority neighbourhoods. It suggests that there may be

gaps for some of the neighbourhoods. In these cases, it would be useful to inquire with local stakeholders to see if there have been changes over time.

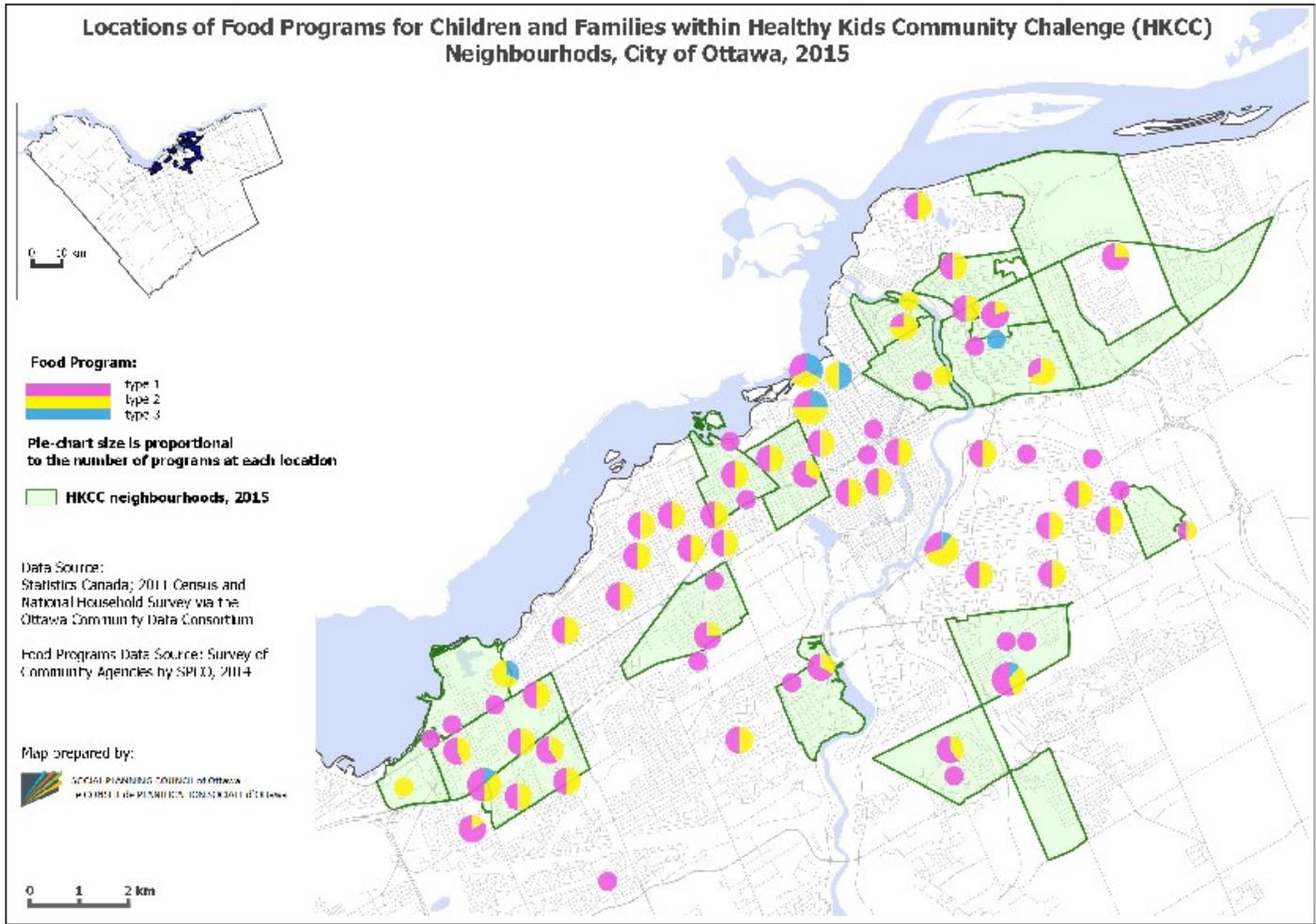
Map 8



Map 9



Map 10



A Note on Children Aged 0 – 12 in Suburban and Rural Neighbourhoods

None of the priority neighbourhoods are in the rural or suburban areas of Ottawa, as these areas have lower rates of poverty, which was the priority barrier identified in this project. However, children, youth and families in the suburban and rural sections of Ottawa face additional barriers of access to facilities for recreation and for healthy eating. They are also areas with higher number and percentage of youth children aged 0 – 12, as we see below. It would be advantageous to include in the action plan some activities and strategies which would also benefit the children in these regions.

Across all Ottawa neighbourhoods, the neighbourhoods which have a higher percentage of children 0 – 12 than the Ottawa average of 14.7% are:

*(** denotes priority neighbourhoods within the Healthy Kids Community Challenge initiative)*

- Riverside South – Leitrim (25.2%)
- Dame Cemetery (24%)
- Chapman Mills – Rideau Crest –Davidson Heights (22.6%)
- Kanata Lakes - Marchwood Lakeside - Morgan's Grant - Kanata North Business Park (21.9%)
- Barrhaven - New Development – Stonebridge (21.5%)
- Osgoode (21%)
- Stittsville (19.6%)
- ** Ledbury - Heron Gate - Ridgemont – Elmwood (19.1%)
- Bridlewood – Emerald Meadows (18.9%)
- Sarsfield (18.8%)
- ** Bayshore (18.7%)
- Hunt Club – Ottawa Airport (18.7%)
- Avalon - Notting Gate - Fallingbrook - Gardenway South (18.4%)
- Carp (18.4%)
- Orleans Chapel Hill South (17.7%)
- Greenboro East (17.0%)
- Ottawa South (17%)
- Kinburn (16.9%)
- Navan - Carlsbad Springs (16.9%)
- Qualicum – Redwood Park (16.7%)
- Dunrobin (16.5%)
- ** Emerald Woods – Sawmill Creek (16.5%)
- Hunt Club Park (16.4%)
- Greely (16.3%)
- North Gower (16.3%)
- Hunt Club Upper – Blossom Park – Timbermill (16.3%)
- Munster (15.9%)
- Richmond (15.7%)
- Island Park (15.6%)
- ** Overbrook – McArthur (15.3%)
- ** Carlington (15.1%)
- Barrhaven (14.9%)
- Katimavik – Hazeldean (14.8%)

The neighbourhoods with the highest number of children 0 – 12 are:

- Orleans Avalon - Notting Gate - Fallingbrook - Gardenway South (8,525)
- New Barrhaven - New Development – Stonebridge (8,100)
- Kanata Lakes - Marchwood Lakeside - Morgan's Grant - Kanata North Business Park (5,880)
- Stittsville (5,215)
- Bridlewood - Emerald Meadows (4,025)
- Chapman Mills - Rideau Crest - Davidson Heights (4,025)
- Riverside South – Leitrim (3,845)
- ** Ledbury - Heron Gate - Ridgemont – Elmwood (2,830)
- Barrhaven (2,575)
- Katimavik – Hazeldean (2,150)
- Elmvale - Eastway - Riverview - Riverview Park West (2,060)
- Greenboro East (1,840)
- ** Overbrook – McArthur (1,770)
- Orleans Village – Chateaufeuf (1,735)
- ** Whitehaven – Queensway Terrace North (1,650)
- ** Hunt Club East – Western Community (1,605)
- ** Carlington (1,565)

The HKCC will incorporate strategies with support improvement with respect to healthy eating and physical activity to children in all neighbourhoods of Ottawa, including these suburban and rural neighbourhoods.

Additional Information

For a HKCC profile of each of the 20 priority neighbourhoods, please visit www.spcottawa.on.ca/publications/

For an interactive on-line mapping portal displaying the data in this report and additional data related to the HKCC, please visit <http://www.gems-spc.ca/HKCC/>

ⁱ Food insecurity occurs when food quality and/or quantity are compromised, typically associated with limited financial resources. “Moderate” food insecurity means that there was an indication the quality and/or quantity of food consumed was compromised. “Severe” food insecurity means there was an indication of reduced food intake and disrupted eating patterns. [Statistics Canada. Household Food Insecurity, 2011/12, accessed at <http://www.statcan.gc.ca/pub/82-625-x/2013001/article/11889-eng.htm> Nov. 23, 2015.]

ⁱⁱ Analysis provided by City of Ottawa, Parks and Recreation, November 2015 based on program registration information.

ⁱⁱⁱ The World Health Organization. “Infant Feeding Recommendations.” WHO Website. Accessed November 18, 2013. http://www.who.int/nutrition/topics/infantfeeding_recommendation/en/

^{iv} Statistics Canada, 2009-2010 Canadian Community Health Survey, CANSIM Table 105-0501.

^v Statistics Canada, 2009-2010 Canadian Community Health Survey, Table FSC_020.

^{vi} Statistics Canada, 2009-2010 Canadian Community Health Survey, Table FSCDHFS2 Modified Version (Derived Variable).

^{vii} Statistics Canada, 2009-2010 Canadian Community Health Survey, Table FSC_040.

^{viii} Statistics Canada, 2009-2010 Canadian Community Health Survey, Table FSC_030.

^{ix} Statistics Canada, 2009-2010 Canadian Community Health Survey, Table FSCDCFS2 (Derived Variable).

^x Statistics Canada, 2009-2010 Canadian Community Health Survey, Table FSC_060. Note on Ottawa Data: High sample variability.

^{xi} Kirkpatrick, Sharon and Tarasuk, Valerie (March 2010). Assessing the relevance of neighbourhood characteristics to the household food security of low-income Toronto families, in *Public Health Nutrition* 14(7), 1139-1148..

^{xii} As with the recreation programs, the availability of these programs changes regularly. In the past, Ottawa Public Health resourced an annual directory of all food programs in the City. In recent years, availability of programs is tracked through 211, but the programs change so frequently that the records are not comprehensive.

^{xiii} http://smartfund.ca/docs/eval_vch_cfai_2011_full.pdf

^{xiv} Perspectives on Community Based Food Security Projects; A Discussion Paper, Provincial Health Services Authority, BC.

<http://www.phsa.ca/NR/rdonlyres/C72FCE36-9DCD-4A9C-B001-8635509D26C0/0/PerspectivesonCommunityBasedFoodSecurityProjectsDiscussionPaper.pdf>

^{xv} Vancouver Coastal Health Community Food Action Initiative, Evaluation Report, October 2011

http://smartfund.ca/docs/eval_vch_cfai_2011_full.pdf