



(RE)IMAGINING

THE NEIGHBOURHOOD ACTION STRATEGY



Phase II: Recommendations for an Operational Framework

May 2018

Our Sincerest Thanks

(re)Imagining the Neighbourhood Action Strategy has been a two year effort to re-think the way Hamilton's Neighbourhood Action Strategy operates. It would not have been possible without the extraordinary commitment that residents, resident researchers, community developers, service providers, City Staff, funding partners, and researchers across the city have demonstrated to building healthy communities within their neighbourhoods. To everyone who has contributed, formally or informally, to this project and to the NAS – you continue to humble and inspire us. We owe you our sincerest thanks.

Throughout this report, we have bolded some of the terms that are defined in our glossary at the end, on pages 24-26.

Introduction

What is the NAS?

Hamilton's Neighbourhood Action Strategy (NAS) began in 2011 with the goal of creating healthier communities in 11 neighbourhoods. It is funded by Hamilton Community Foundation (HCF) and the City of Hamilton. The NAS supports residents in leading projects and plans within their neighbourhoods.

What is (re)Imagine?

In 2016, the NAS turned 5 years old. Reflecting on Hamilton's changing landscape, and the challenges and successes of the NAS, the **NAS Steering Committee** called for a review of the Strategy. This review, named *(re)Imagining the NAS*, brought together the experiences, passion, critical reflection, and courageous visions of residents, funders, City staff, community developers, service providers and researchers in Hamilton. In Phase I of (re)Imagine, we returned to the goals and values of the NAS to create a conceptual framework. In Phase II, we offer recommendations in the spirit of (re)imagining how the NAS exists in our city.

The following report was compiled by a group of researchers and overseen by HCF. The pronoun "we" is used throughout this report because we want to honour the collaborative process we engaged in with the resident research team and all the community members mentioned above. However, we also want to acknowledge that individual experiences, opinions, and roles of those involved in the (re)Imagine project may vary.

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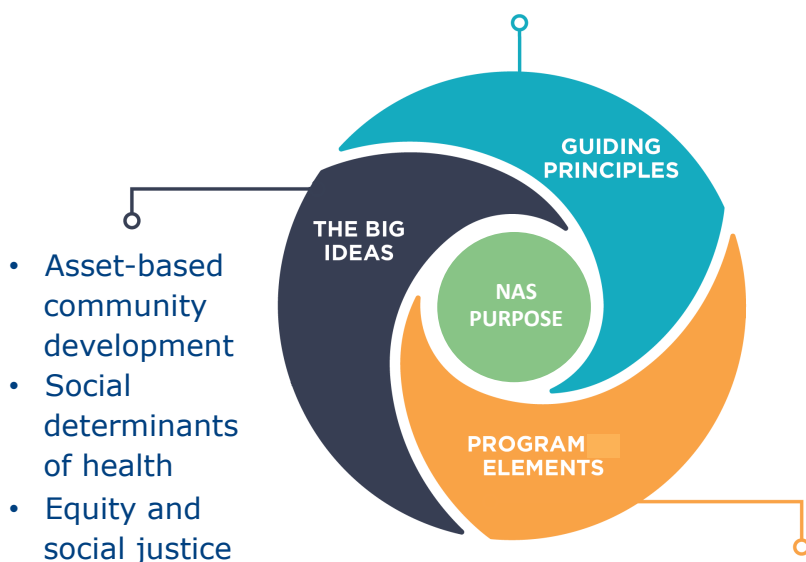
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PHASE I

The Proposed Conceptual Framework

The NAS has different parts that are all connected. Each of these parts come from an idea or concept. A **conceptual framework** is a tool that can help us understand and organize the concepts that underpin all the different parts of the Strategy. The framework we proposed for the current NAS is composed of 3 big ideas, 5 guiding principles, and 10 program elements in the NAS.

- Make sure everyone is welcome
- Work collaboratively and learn from each other
- Respond to unique and changing situations
- Take action even when work is hard
- Be inventive and try new things



- Small grants
- Community developers
- City-wide initiatives
- NAS neighbourhoods
- Neighbourhood action plans
- Projects and events

The **BIG IDEAS** are our “**WHY**”: the theories and concepts that guide our approach to working within the NAS.

The **GUIDING PRINCIPLES** are our “**HOW**”: they explain how the big ideas are put into practice.

The **PROGRAM ELEMENTS** are the “**WHAT**”: they are the vehicles in which the guiding principles are put into action.

Depending on which recommendations for the NAS are adopted, parts of the conceptual framework will be modified.

- Learning, reflection and evaluation
- Clear and responsive governance
- Planning teams
- Service providers

WHAT IS HEALTH EQUITY?

Health equity means that everybody should have a fair opportunity to reach their full health potential. Nobody's health outcomes should be disadvantaged because of race, ethnicity, religion, gender, income, sexual orientation, neighbourhood, or other social condition. Health inequities are a result of an unfair distribution of power, resources, and opportunities.

In Phase I, we recommend that the NAS return to its original focus on building healthy neighbourhoods.

In working towards healthier neighbourhoods, we first need to understand what factors in our daily lives impact our health, and importantly, how those factors can cause different groups of people to experience their health differently.

Some examples of these factors include differences in a family's income, a person's access to education, or how close they live to a grocery store, recreation centre, or doctor's office. These factors are called the **social determinants of health**.

Health is not an individual issue.

People can only make healthy choices if they have healthy options. Some groups don't have as much access to healthy options and therefore have poorer health compared to other groups; this is called **health inequity**. For example, newcomers experience poorer health outcomes than Canadian-born people. This is not because of biological differences. There is no gene that makes someone a 'newcomer' – it is a label society has placed on them. Because of this label, newcomers are more likely to work in low-wage jobs and live in poorer housing conditions. As a result, working towards health equity means working towards social justice.

PHASE I

It is important to think about power when addressing **health inequities**. To hold power means that you are able to influence the conditions in your life or environment. Groups who hold more power are able to access resources that can benefit their health. This can mean anything from having enough time and resources to travel to the nearest family health clinic, to having friends and family to support you, to being able to choose a job with good working conditions. People that have more power may also have more authority in making decisions in the community. For this reason, we recommend that all partners of the NAS take seriously their responsibility to challenge unfair distributions of power and resources.

Challenging unfair distributions of power and resources is an important step towards healthier neighbourhoods.



By doing so, Hamilton can become a place where everyone has a fair opportunity to reach their full health potential.

PHASE II

In Phase II, we had conversations with residents, community developers, service providers, funders, City staff, researchers, and other municipalities to understand how to improve the 10 NAS program elements. We also looked into other potential ways to organize the **governance** of the NAS. From these conversations, and with the purpose and guiding principles of the NAS in mind, we developed recommendations for how the NAS can operate moving forward.

Governance

Through our conversations and our research, one thing became clear: there is no perfect way for the NAS to be structured. Every option has its strengths and weaknesses, and the most important thing is for the NAS to be clear and transparent about what its structure is, and how decisions are made within that structure. Whatever governance model the NAS chooses to take on, we recommend considering the following:

Role clarity

Clearly define and communicate roles for all groups involved in the NAS

Transparent Decision-making

Provide information on decisions to all NAS groups

Resident Involvement

Involve residents in governance in more than an advisory role

Responsive structure

Create a structure that is flexible enough to respond to Hamilton's changing conditions

Power Analysis

Commit all partners to challenging inequitable distributions of power

Transparent Processes

Clearly outline the processes used to access each component of the Strategy

Governance

While residents are the core focus of this work, there are multiple groups involved in the NAS. Not one group can lead the entire Strategy.

To avoid confusion, we recommend that the NAS shift its language from “resident-led” to “resident-centered.”

Since the very beginning, the NAS represented a collaborative way of working that prioritizes community voices. Following this priority, we recommend that residents be involved in decisions on how specific parts of the NAS are governed.

It’s important to be clear about how, and in what ways, residents should be involved in making decisions in the NAS. Collaborating with residents is one of the Strategy’s guiding principles. However, it would be unfair to ask residents to volunteer their time to participate in *all* aspects of the NAS. The staff and partners of the NAS are there to support the Strategy, and the NAS becomes what it is when we all work together.

We recommend that residents participate in the governance of the **grassroots community development components** of the NAS (i.e. small grants, projects and events, etc.) and have opportunities to inform the City’s work. In these aspects of the NAS, residents can be involved in decisions and provide the best insight on topics that impact them most, such as making sure everyone feels welcome. The exact details of how residents are included in the governance of these components will need to be determined.

Governance

Neighbourhoods are always changing. We suggest that the Strategy's grassroots components be housed in an organization that can be responsive to resident needs.

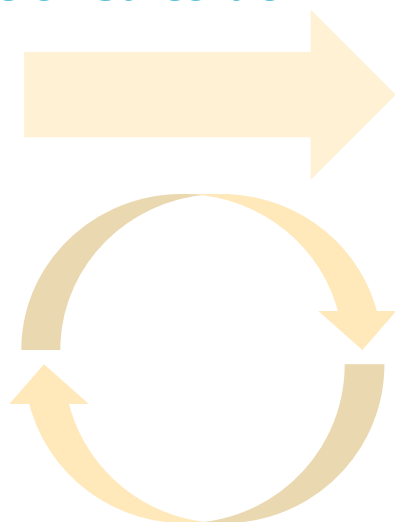
We recommend that the grassroots community development components of the NAS be housed outside of the City of Hamilton's government structure. In our community conversations, we spoke about two other options: housing the NAS in a **pre-existing organization**, which is already established, or creating a **purpose-built organization** customized specifically for the community development pieces of the NAS.



Housing the NAS outside of the City would allow it to focus on what it is best positioned to do.

Large system-wide changes for health equity such as policies that increase access to recreation and affordable housing, as well as youth and homelessness strategies. This work would complement the grassroots work happening in neighbourhoods.

Internal systems change that build stronger connections between City and residents, and between City departments. This would help allocate resources for neighbourhood work, and is discussed more in the City section on pages 16-17.



It is critical to underscore that the City-based parts of the Strategy must still be closely linked to the community development components in order to operate a cohesive strategy.

NAS Neighbourhoods

Where a person lives has a significant impact on their health. We recommend that the NAS continues to be place-based and focused on neighbourhoods. Working at a local level to build healthier communities has the greatest potential to have a direct impact.

People connect not only through places, but also through other parts of their identity, including work, religion, and family. **The NAS should continue to be place-based, but also encompass the many different ways people connect and build relationships.**



We also recommend a change in how neighbourhoods are selected to be a part of the NAS.

Hamilton is a changing city, and it is time to review *all* neighbourhoods so we know for sure that those selected to be a part of the Strategy are facing the greatest health inequities.

There are many tools that organizations around the world use to evaluate the health of neighbourhoods. **UrbanHEART** is one tool, developed by the World Health Organization and used internationally. A tool like UrbanHEART could be used to measure health equity, help select neighbourhoods, and continue to evaluate the health of neighbourhoods.

As we start to think about how neighbourhoods are selected, we will also need to consider how they enter and exit the NAS. In the Strategy's work towards health equity, it is critical that we plan for the dynamic conditions of neighbourhood health.

Community Developers

Community developers are often the first point of connection that residents have to the NAS. In our interviews and consultations, we heard that CDs have become “everything to everyone,” and this broad role brings a lot of confusion.

The role of community developers (CDs) must be more clearly defined and communicated.

To move towards more clarity, HCF has updated the job description and created a set of core competencies for the role of CDs. In order to implement an effective strategy, the NAS needs a team of highly skilled CDs who can build trust and relationships, inspire residents to lead change, be a reflective and critical thinker, be adaptable, and work towards creating inclusive spaces for residents. To build this highly skilled team, the NAS will need to provide well-compensated, medium-to-long term contracts with opportunities for professional development.

It is helpful to continue having CDs assigned to specific neighbourhoods, but building more opportunities for the CD team to work across neighbourhoods can increase flexibility in the NAS.

Many (re)Imagine participants expressed a strong interest in cross-neighbourhood collaboration. CDs should be encouraged to work together across and within neighbourhoods, to foster shared learning and collaboration among different groups of residents. This will allow the CD team to be more flexible and work with residents in whatever form works best for them.



Planning Teams

WHAT ARE COMMUNITY GROUPS?

Community groups are grassroots, informally organized groups that work within or for a NAS neighbourhood and whose efforts align with the health equity goal of the NAS. Community groups can be made up of anyone in the neighbourhood, such as a few neighbours who live in the same apartment building or a group of people who share a common interest.

Planning teams have been a regular NAS meeting point. They are a place for residents, service providers, community developers, and other groups to connect, build relationships, develop a sense of community, and inspire change. However, what we found through (re)Imagine is that not everyone can engage in the structured meeting space of a planning team due to the time, location, or other barriers that can stop people from participating.

We recommend that the work of the NAS go beyond the planning team and engage with the community in spaces that make the most sense to them.

The NAS should connect with residents where they are at. One way of doing this is through engaging with multiple “**community groups.**” People involved in planning teams can still continue to work together, and be considered one community group within a neighbourhood. Community groups can meet as often or as little as they like, for however long it takes to meet their goal. They are not required to join one central group (like the planning team). Community groups provide a way for the NAS to engage with many different residents in new and flexible ways.

Neighbourhood Projects and Events

We recommend there be regular gatherings with service providers, City staff, CDs, community groups, and other partners.

We heard that people appreciated regularly scheduled opportunities to network and learn about each other's work. Since it can be challenging to create connections within very structured meetings like planning teams, we recommend a new space for connection.

We suggest organizing social gatherings across the city, in different geographic locations.

Making these gatherings more social, and organizing them across the city (such as downtown, central, east end, and the mountain) can help make these new spaces for connection more welcoming and encourage cross-collaboration. We suggest these gatherings be held every other month to allow for enough time to build relationships without imposing too much of a time commitment.



Neighbourhood projects and events should be connected to the broader goal of building healthier neighbourhoods.

We heard in (re)Imagine that it was not always clear how the NAS worked to address health inequities. It would be helpful for CDs to actively facilitate conversations on how neighbourhood projects and events work to improve health. City staff also play a role in helping people understand how their initiatives are linked to the NAS purpose.

Small Grants

All community members in NAS neighbourhoods should be able to access small grants.

Small grants are available to planning teams as a way to fund new projects in the neighbourhood. By focusing on planning teams, however, the NAS may have missed opportunities to engage residents who do not, or cannot, participate in planning teams. We recommend sharing the **Small Grants Program** with all “community groups” living in a neighbourhood. The amount available within the small grants program will remain the same; how this amount is distributed will need to be determined. To cover the costs of meetings, community groups can submit a budget and request for funding.

“Micro-loans” could be a way to fund annual events, build relationships, and increase financial literacy.

We heard it loud and clear: annual community events are important to build a sense of belonging. However, the Small Grants Program was created to fund new projects in the community, not sustain annual events. So how do we continue to support these important annual events?

Micro-loans could be one solution. A micro-loan is a small amount of money provided to a community group to run an annual event. The community group would be required to re-pay this loan, and would be encouraged and supported to find other sources of funding by collaborating with local businesses and partners. Through this process, residents can increase their financial literacy and build lasting relationships in their communities.



Neighbourhood Action Plans

WHAT ARE NEIGHBOURHOOD ACTION PLANS (NAPs)?

A **neighbourhood action plan** is a document created by each planning team to define a vision for their neighbourhood, and identify and prioritize actions to achieve that vision. The development of NAPs is usually supported by CDs and City staff.



NAPs are a promising way for resident priorities to be integrated into City processes and inform decision-making. However, what we found through (re)Imagine is that there is currently a lack of clarity around how NAPs are used to inform the work and resource allocation of City departments. We also heard that the process of developing NAPs could be improved by including a broader range of voices, and by building in opportunities to more frequently revisit and revise the plan so it continues to remain relevant.

Based on what we heard, we would recommend keeping the idea of NAPs if:

- NAPs become more of a “living document” with short-term and long-term goals;
- The process of creating NAPs includes more community voices; and
- NAPs are more deeply integrated into City systems.

When facilitated well, NAPs provide a rich learning opportunity for residents to identify and agree upon actions that reflect their diverse neighbourhood; communicate their goals with others; understand the opportunities and limits within City systems; and link their grassroots efforts with systemic change.

City Staff and City-Wide Initiatives

City-wide initiatives are a central piece of the NAS; they provide an opportunity for the City to develop policies and programs that are rooted in resident experiences.

City-wide initiatives address health inequities across Hamilton. Projects like Xperience Annex and McQuesten Urban Farm work towards change at a larger scale. Their purpose is important because focusing only on a neighbourhood scale unfairly puts a large responsibility on residents to change the social conditions that systemically disadvantage them. Through the NAS, the City has the opportunity to work with residents to develop policies and programs that are grounded in the lived experiences of its citizens.



City Staff and City-Wide Initiatives

The NAS can offer a new way for the City of Hamilton to work with and engage residents.

For example, through attending gatherings with residents, CDs, and other NAS partners, **City staff** can learn from the direct experiences of residents and apply this learning to their work. They can then share their learnings with other City departments, and work with them to coordinate resources effectively for the health of Hamilton's neighbourhoods.

City staff are central to the NAS's work; keeping close ties between City staff and residents is key.

This can happen through actively engaging with residents, sharing knowledge and resources. City-based change efforts and the grassroots work of neighbourhoods are both important for the success of the NAS. As recommended in the Governance section on page 7 however, all NAS partners, including City staff, need clearly defined roles. It benefits all partners when there is a clear understanding of everyone's role in the Strategy.



Service Providers

Service providers (SPs) are a critical part of building healthier neighbourhoods.

(re)Imagine learned that **service providers** engage with the NAS because it aligns with their organizational values and it is a means to connect with the community they serve. For the NAS, SPs are an important source of connection, knowledge, and resources. Thus, we recommend that SPs are more deeply and meaningfully engaged in the Strategy. To help support community development, we also recommend that SPs who wish to partner with the NAS be asked to contribute some resources – financial, human, or physical.

We recommend that the NAS offer a separate pool of funds for SPs to support collaborative projects.

With little time and money dedicated towards partnerships outside of their specific programming, a small grant to support SPs can go a long way. These grants can be used for SP projects that:

- Support resident or community group initiatives; or
- Foster collaboration across SPs and/or neighbourhoods

SPs would benefit from a collaborative of other NAS SPs.

We heard that SPs appreciate having the NAS as a space to network and coordinate with each other. In the past, planning team meetings have been that space, which was not favourable because they are meant to be **resident-centered**. A 'service provider collaborative' would fill that gap.



(re)Imagine found there was a lack of clarity and intention behind the role of SPs in the NAS. To more deeply connect a SP's work to the Strategy's goal of health equity, SPs will be asked to submit a letter of intent that describes:

- How they want to be involved in the NAS; and
- How their work intersects with the NAS purpose

Ongoing Learning and Training

We suggest developing more learning opportunities for all NAS partners, including residents, City staff, CDs and service providers.

We discovered that there is significant interest in learning and building skills, but the format and delivery of training opportunities are not widely accessible. We suggest developing a rotating set of learning opportunities (i.e. mini-workshops, micro-credentials or certifications in a specific topic area, etc.) to complement the more comprehensive training already offered, such as through the **Neighbourhood Leadership Institute (NLI)**.

Transferring knowledge is a critical piece of developing learning opportunities in the community.

Through (re)Imagine, we heard that knowledge transfer was limited within the NAS, and we recommend this be an intentional part of the Strategy. Every experience is a learning opportunity, and as people enter and exit the NAS, there needs to be a way to share lessons and knowledge. We also suggest that CDs and City staff stay well-connected and well-informed about similar strategies in other cities and share lessons grown in Hamilton.

NLI as a Learning Centre

The NLI has the potential to grow into a “learning centre” for Hamilton. The Hamilton Community Foundation is perfectly situated to use research, funding, and staff to grow the NLI. This means creating even more opportunities for learning in Hamilton and creating a culture of life-long learning that can be shared across the city.



Evaluation & Research

The NAS needs to consider how to support and work alongside community members in research and evaluation projects.

Over the years, NAS neighbourhoods have been the site of many research activities. As in other heavily researched neighbourhoods, residents can experience **research fatigue** when multiple researchers and students work in the same community at the same time.

We recommend that the NAS develop processes and provide resources to support community members and prevent research fatigue. This will help community members respond to requests for research, develop awareness around different types of research, and understand their rights as research participants. It will also help outside researchers navigate their relationships with communities and become familiar with the NAS.

Neighbourhood Action Evaluation (NAE)

The NAE is an independent academic evaluation of Hamilton's NAS, based out of the University of Toronto. NAE consults with all stakeholder groups to monitor the *process* of the NAS, what supports it, where it works, and what holds it back.

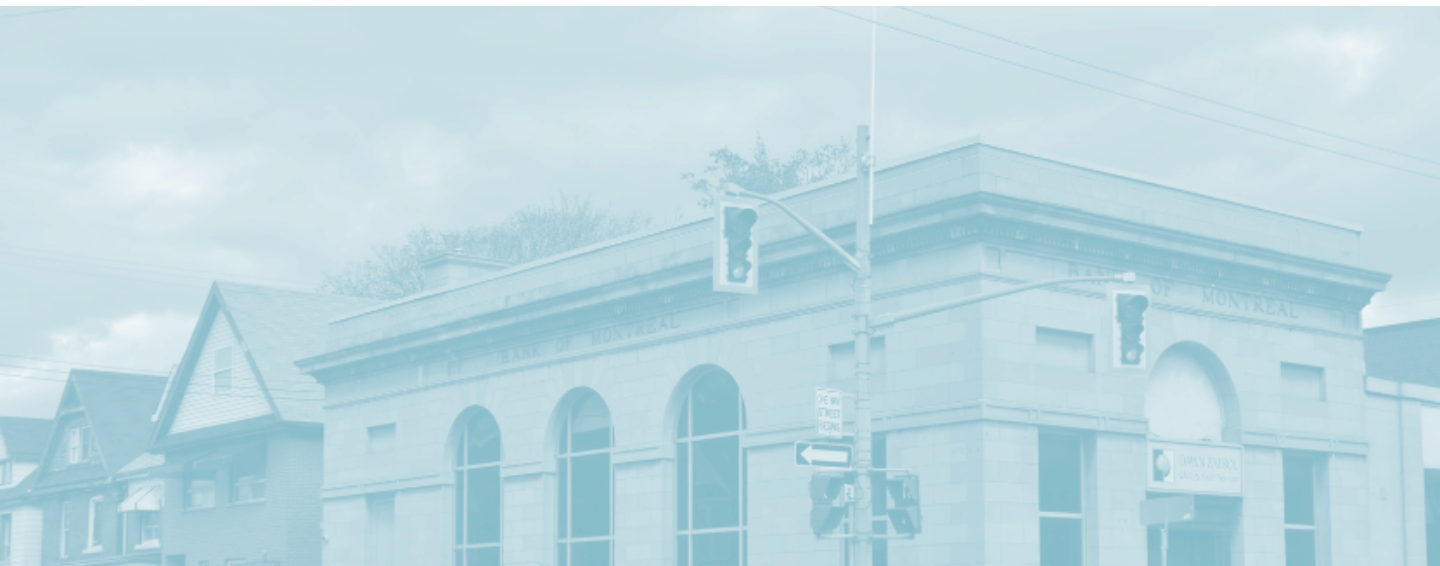
We also recommend that:

- The NAS use evidence gathered from its own evaluations as well as the literature to inform decisions.
- The role of the **Neighbourhood Action Evaluation (NAE)** be formalized within the governance of the NAS. The NAE has been gathering, analyzing, and reporting data for over 5 years.
- The NAS adopt a tool like UrbanHEART to select neighbourhoods and continually evaluate progress in neighbourhoods.

Community Hubs

In 2015, the province of Ontario developed a plan for the implementation of community hubs. The City of Hamilton is working on a community hub strategy in Hamilton, and is interested in how hubs interface with the NAS.

We recommend that Hamilton's community hub strategy be connected to the NAS, especially to support early engagement of hubs. We don't want to assume that people will feel comfortable enough to access the hub on their own. Through the support of CDs, the NAS can assist residents in accessing **community hubs** by addressing whatever barriers residents may be facing. CDs can help build the nurturing relationships and conditions that allow residents to: recognize what it is they need; feel motivated and safe enough to ask for assistance; and be able to navigate any physical or emotional barriers to access the hub.



Community Hubs

WHAT ARE COMMUNITY HUBS?

Community hubs bring together health, social, cultural, recreational, and other resources to make it easier for local residents to access services and amenities. Hubs can be existing spaces or new spaces. A hub can be located in a physical building or accessed through a digital service. The primary goal of a community hub is to coordinate services available to residents, making them easier to access. In Hamilton, each hub will be developed within the unique context of its location, community, and access to resources. There isn't a one size fits all model of a hub.

Since hubs are about community, residents should be involved in their development.

As the development of hubs is still ongoing, residents have the opportunity to share their insights and needs, and identify barriers ahead of time. This will help the City identify local priorities for this work as well as build networks and relationships.

Community hubs could provide spaces for residents to meet.

Residents shared that it is difficult to find meeting spaces in the community where they can gather, build relationships, and work on their identified actions. Community hubs are a potential solution, since space could be available at the hub for resident use.



The Future of the NAS...

Hamilton's Neighbourhood Action Strategy was one of the first initiatives to intentionally link local action to City processes in Hamilton. Leaders from across institutions committed to working together in a new way that would fundamentally change how neighbourhoods and the City connected within and to each other. Because of the leadership, courage and commitment from residents, community developers, HCF and the City, Hamilton is well-positioned to now grow their early foundational work into a potent, meaningful, transformative Strategy that truly changes the health of Hamilton's neighbourhoods.

The recommendations included in this report are based on almost two years of research and consultations with the community and different NAS partners. They are grounded in evidence and are possible if we commit to change. Since the NAS was born in 2011, Hamilton has changed – the people, the population, the buildings and more. The recommendations in this report can help improve the NAS and allow it to catch up with the growth and changing environment of Hamilton.





GLOSSARY

CITY STAFF are paid employees who work for the municipal government. City staff that work most directly with the NAS are housed in what used to be known as the 'Neighbourhood and Community Initiatives Division.' There have been recent changes to the City's structure.

CITY-WIDE INITIATIVES are projects developed by City staff to provide community development opportunities on a larger scale. Examples include the McQuesten Urban Farm and the Xperience Annex.

COMMUNITY DEVELOPERS (CDs) are paid staff who work with residents, service providers, organizations, and institutions to build trust and relationships, make connections between groups, navigate systems, nurture action, and facilitate skill-building.

COMMUNITY GROUPS are grassroots, informally organized groups that work within or for a NAS neighbourhood and whose efforts align with the health equity goal of the NAS. Community groups can be made up of anyone in the neighbourhood.

COMMUNITY HUBS are spaces that bring together health, social, cultural, recreational, and other resources and services to make it easier for local residents to access. Each hub will be uniquely formed to fit the context of its community. The provincial government is supporting the implementation of hubs.

A **CONCEPTUAL FRAMEWORK** is a tool that can help us understand and organize the ideas or concepts that underpin complicated things like the NAS. The NAS has lots of different parts that are interconnected, and a conceptual framework can help us make sense of it.

GOVERNANCE refers to an organization's structure. Governance determines who has power, who makes and enforces decisions, who addresses issues that come up, and who creates policies and procedures for how things operate.

GRASSROOTS COMMUNITY DEVELOPMENT COMPONENTS are the components of the NAS that directly interface with residents. This includes the small grants program, projects and events, community developers, the Neighbourhood Leadership Institute, etc. It does not include system-wide changes that would be the City's responsibility.



GLOSSARY

HEALTH EQUITY means that everybody should have a fair opportunity to reach their full health potential. Nobody's health outcomes should be disadvantaged because of race, ethnicity, religion, gender, income, sexual orientation, neighbourhood, or other social condition.

HEALTH INEQUITY is a term used to describe unjust health conditions that are a result of an unfair distribution of power, resources, and opportunities. Some groups have poorer health compared to others because of this unfair distribution.

A **MICRO-LOAN** is a small amount of money provided to a community group that they would need to re-pay. This could be one way the NAS can support annual events that are important to the community.

NEIGHBOURHOOD ACTION EVALUATION (NAE) is an independent academic evaluation of Hamilton's Neighbourhood Action Strategy, based out of the University of Toronto. NAE consults with all stakeholder groups to monitor the process of the NAS, what supports it, where it works, and what holds it back.

NAS NEIGHBOURHOODS are geographic areas experiencing health inequities that were identified when the NAS launched. There are 11 NAS neighbourhoods: Beasley, Crown Point, Davis Creek, Gibson/Landsdale, Jamesville, Keith, McQuesten, Riverdale, Rolston, Sherman, and Stinson.

NAS STEERING COMMITTEE is comprised of senior leaders from Hamilton Community Foundation and the City of Hamilton. Currently, these two organizations provide funding and oversight to the NAS.

NEIGHBOURHOOD ACTION PLANS are documents created by each planning team to define a vision for their neighbourhood, and identify and prioritize actions to achieve that vision.

NEIGHBOURHOOD LEADERSHIP INSTITUTE (NLI) is a leadership and skill-building program that nurtures engaged, reflective people to transform their neighbourhoods and communities. Currently, a resident and professional development stream exists.

NEIGHBOURHOOD PROJECTS AND EVENTS are events and projects led by residents to build healthier communities.



GLOSSARY

PLANNING TEAMS refers to a group of residents that meet once a month to make plans for their communities. Other groups (service providers, researchers, community developers) also attend.

A **PRE-EXISTING ORGANIZATION** is one that was created for a different purpose that may not center on the purpose of the NAS. The advantage of housing the NAS in a pre-existing organization is the stability, as the organization is already standing and functioning.

A **PURPOSE-BUILT ORGANIZATION** is one that is newly created and customized for the sole purpose of housing the grassroots community development components of the Strategy.

RESEARCH FATIGUE is when community members feel overwhelmed by research activities. This can happen when multiple researchers and students work in the same community at the same time.

A **RESIDENT-CENTERED** approach is a way of thinking about and practicing community development that focuses on what residents need to build healthier communities. This approach requires the NAS to work collaboratively with residents because residents should be involved in decisions that affect their lives and communities. Having a social justice focus and an analysis of power is critical to this approach, as NAS works with multiple groups with varying levels of power and resources.

SERVICE PROVIDERS is an umbrella term used to describe individuals and their respective organizations or institutions. They provide residents with access to services and resources, and have their own organizational mandates that complement the goals of the NAS. Some examples include: Boys and Girls Club, Hamilton Public Library, etc.

SMALL GRANTS PROGRAM provides funds for projects and events that residents would like to work on to make neighbourhoods healthier for those who need it most. Residents can apply for grants of up to \$1,500 for a current maximum of \$5000 per neighbourhood.

SOCIAL DETERMINANTS OF HEALTH are social factors that impact the health of individuals and groups. Examples of these factors include income, housing, employment opportunities, social support networks, and access to education and healthy food.

URBANHEART is an internationally used measurement tool developed by the World Health Organization to measure neighbourhood health.



Contact Us

For more information on this report and on the work conducted by *(re)Imagining the Neighbourhood Action Strategy*, please feel free to contact Sarah Glen or Lorraine Valmadrid at Hamilton Community Foundation.

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