

Parks, Recreation & Cultural Services Richmond Community Wellness Strategy

Living Well in Richmond

2010-2015



Endorsed by Council in February 2010



ACKNOWLEDGEMENTS

The Steering Committee Members



The Steering Committee Members

- James Lu, Medical Health Officer, Richmond Health, Vancouver Coastal Health
- Vern Jacques, Acting Director, Parks & Recreation Dept., Richmond
- Lucy Tompkins, Acting Manager, Projects and Programs, Richmond Parks & Recreation Dept.
- Rob Inrig, District Administrator, School District 38 (Richmond)
- Alan Hill, Cultural Diversity Coordinator, Richmond Community Services Dept.
- Carol Lepine, Acting Fitness and Wellness Services Coordinator, Richmond Parks & Recreation Dept.
- John Foster, Social Planning Coordinator, Richmond Community Services Dept.
- Belinda Boyd, Leader, Community Engagement, Richmond Health, Vancouver Coastal Health
- Ann Dauphinee, Program Leader, Health Promotion & Nutrition, Richmond Health, Vancouver Coastal Health
- Diane Bissenden, Manager, Community and Family Health, Richmond Health, Vancouver Coastal Health
- Cristina Sutter, Public Health Nutritionist, Community and Family Health, Richmond Health, Vancouver Coastal Health

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EXECUTIVE SUMMARY

The Richmond Community Wellness Strategy is one of four inter-related strategies that serve to achieve a Council-endorsed initiative: the Richmond Community of Excellence for Sport and Wellness. Under the vision of Richmond being the most appealing, livable and well-managed community in Canada, this strategy is a key component to that end.

The Community Wellness Strategy was created in cooperation with three local public agencies: the City of Richmond, the Vancouver Coastal Health Authority and the Richmond School District. Community stakeholders were also involved. A consultant conducted the workshops, interviews and research, so an objective approach was ensured.

When first conceived, the Community Wellness Strategy was focused on achieving an increase in physical activity as a way of reaching the City's vision. However, after the consultative interviews and feedback, it became clear that physical wellness cannot happen independently. It correlates strongly with residents having a sense of connectedness to their community, and a commitment to wellness and well-being.

This strategy therefore cannot just focus on increased physical activity and be assured of increasing community wellness. It needs to promote community connectedness in association with promoting physical activity, as the two go hand-in-hand.

Some key observations were found to affect and direct the Community Wellness Strategy; one being the high population of visible minorities and immigrants in Richmond who do not use English to communicate at home. Therefore, it is imperative that this Wellness Strategy needs to be inclusive of a diverse range of cultural and ethnic needs. Having said that, immigrants arrive here very healthy. As a result, Richmond boasts the highest life expectancy in Canada.

Other key findings conclude Richmond residents are not as overweight as other BC residents and we smoke less. At the same time, we appear to be less physically active and eat fewer fruits and vegetables. There is a lower sense of belonging to the community for Richmond residents (compared to the rest of BC). And for children and teens, there seems to be a relatively low involvement in sport and high proportion of electronic screen time.

These findings flag a need for Richmond to strive harder to create a better sense of community belonging as a pathway to wellness.



According to the key stakeholders and informants involved in the interviews and workshops conducted, all agreed that Richmond, as a community, is doing a good job in promoting population wellness. We have many programs and good infrastructure. However, there was consensus that the City still has enormous potential to achieve significantly beyond its current levels of wellness; particularly in terms of improving community belongingness and involvement as a road to greater physical activity and health.



The desired outcomes of this strategy are therefore residents for Richmond to have:

- An increased permanent commitment to wellness and well-being.
- Increased physical activity and physical fitness.
- An increased sense of connectedness to the community.

The Strategy identifies seven key strategies that will help achieve these outcomes:

- Increase Active Living Literacy – where residents have easy access to information on how and where they can be active.
- Help Children and Youth Build Healthy Habits – where children and youth walk to school, are physically literate, make healthy food choices and are active in sport.
- Reduce Barriers to Living a Physically Active Life for Populations – where programs are not cost-prohibitive and are accessible to people living with disabilities.
- Build a Connected and Activated Social Environment – where many residents volunteer, where neighbours are friends, where people have a sense of belonging and participate in community programs and events.
- Create Urban Environments that Support Wellness and Encourage Physical Activity – where people walk, bike or take transit, where food is grown locally and where a range of housing and age-friendly facilities are available.
- Promote Health Literacy and Individually-Focused Health Care – where residents have a high level of health literacy, have ready access to health information and have support programs to help them achieve healthier lifestyles.
- Measure and Share our Success – where, through regular reporting and strong partnerships, Richmond can become a benchmark for other municipalities to emulate in achieving wellness.



It should be emphasized that this Community Wellness Strategy falls under the jurisdiction of all agencies and groups. No one agency is responsible for the success of this strategy. So the creation of strong partnerships, open communication and collaborative programs, all under the guidance of this framework, are essential for success.

1 INTRODUCTION

1.1 Richmond as a Community of Excellence for Sport and Wellness

In October 2007, Richmond City Council endorsed the Community of Excellence for Sport and Wellness initiative. This is a partnership-based initiative aimed at positioning Richmond to be the best place for residents to play and achieve their highest potential, while also being a model for a ‘Sport for Life’ community in Canada and the world.

The Richmond Community of Excellence for Sport and Wellness supports the City’s vision of being the most appealing, livable and well-managed community in Canada by:

- Leveraging the City as a 2010 Olympic Games Venue City
- Positioning it as an active, healthy community
- Building on its tradition of sports participation and achievement to enhance the City’s liveability

The Richmond Community of Excellence for Sport and Wellness initiative identifies the need to develop four complementary and interrelated strategies:

- Community Wellness Strategy
- Comprehensive Sports Development Strategy
- Olympic and Paralympic Involvement & Legacy Strategy
- Richmond Sport Tourism Strategy

This document is Richmond’s Community Wellness Strategy. It outlines an integrated, holistic and collaborative wellness strategy for Richmond; one which builds on our strengths, and identifies and addresses the gaps.

While this is a stand-alone strategy, the goals and outcomes of all four strategies are inter-related. For example, sport hosting initiatives can contribute directly to community wellness in a number of ways. Hosting a sporting event can increase community volunteer capacity, increase community pride, encourage participation in sports and physical activity, and also leads to economic benefits for the host community (through direct, indirect and induced spending).

Appendix A provides a list of terms used in this strategy.



1.2 Goals of the Strategy



The Richmond Community Wellness Strategy is intended to provide a strategic framework to guide the planning and development of wellness promoting programs and activities throughout Richmond. The strategy is not about ‘reinventing the wheel’, but about putting a framework around much of what we already do, while identifying and filling in some of the gaps in service delivery.

This strategy is intended to contribute to meeting the following ActNow BC goals (see section 1.5.4):

- Increase in physical activity
- Decrease in overweight and obesity rates
- Increase in fruit and vegetable consumption
- Decrease in smoking rates

While this strategy has the broad aim to meet all four ActNow BC goals, the primary focus is on the first goal.

1.3 A Collaborative Effort

It is intended that this strategy be endorsed by the three lead organizations that worked in partnership to develop it (City of Richmond, Vancouver Coastal Health and Richmond School District) also by the many community agencies that contributed to its development. It is further anticipated that the strategy will be used as a framework for an ongoing, holistic, collaborative effort to maximize community wellness in Richmond.

1.4 Defining Wellness

Wellness often means different things to different people. For the most part, people use the term to describe a state of well-being that is holistic in perspective and beyond merely having good physical health. The definition employed by this strategy is the broad and inclusive one that is used by the World Health Organization¹:



1 Smith BJ, Tang KC, Nutbeam D. (2006) “WHO Health Promotion Glossary: new terms”. Health Promotion International Advance Access published September 7, 2006. www.who.int/healthpromotion

“Wellness is the optimal state of health of individuals and groups. There are two focal concerns: the realization of the fullest potential of an individual physically, psychologically, socially, spiritually economically, and the fulfillment of one’s role and expectations in the family, community, place of worship, workplace and other settings”

Wellness can therefore be viewed from both individual and community perspectives. However, individual and community wellness do not exist in isolation of each other. None of us can reach our fullest potential without a supportive community. A supportive community, at the same time, is built upon supportive individuals coming together for the wellness of the whole. Richmond’s Community Wellness Strategy is focused on the notion of an interactive and interdependent community and individual wellness – how our community can support each one of us to achieve optimal wellness and how each one of us can contribute to creating community wellness.

1.5 Why do we need a Wellness Strategy?

Community wellness is important to all of us and is central to the success of many key agencies in Richmond, including the three partners who developed this strategy. While Richmond excels in many aspects of community wellness, there are areas where improvements are required. It is important to coordinate efforts, build on our strengths, and identify and respond to our weaknesses. We all have a stake in achieving this.

1.5.1 How wellness contributes to the City’s vision and mandate

The City of Richmond’s vision is to be the most appealing, livable and well-managed community in Canada. Community wellness is obviously at the heart of this vision, and so City efforts need to be coordinated toward this end.

The *Parks, Recreation and Cultural Services (PRCS) Master Plan 2005-2015* positions the City to strive for “a connected, healthy city where we cooperate to create and enjoy a dynamic and sustainable quality of life.” Since the Master Plan was endorsed by Council, all the PRCS Department’s planning documents have consistently focused on how to achieve that vision. The Community Wellness Strategy unifies and supports those pieces of the planning framework. The desired outcomes of this strategy (as outlined in Chapter 3) describe the benefits or results that will be experienced by individuals and the community through which the programs and services are provided.



The City of Richmond’s vision: To be the most appealing, livable and well managed community in Canada.



Vancouver Coastal Health's vision: We are committed to supporting healthy lives in healthy communities with our partners, through care, education and research.



School District #38 (Richmond)

The Richmond School District mission: Dedicated to providing opportunities for all students to develop the attitudes, skills and knowledge which will enable them to enjoy a productive and satisfying life and to be positive, responsible participants in our democratic society and the global community.

1.5.2 How wellness contributes to Vancouver Coastal Health outcomes

The creation and maintenance of healthy communities are core public health functions. Societal and individual factors - where we live, what we do, how we live, how we connect, what we eat, how physically active we are - have far greater influence on population health and wellness than the traditional health care system. A community wellness strategy is therefore of major interest to Vancouver Coastal Health and is an increasingly important determinant to its success.

1.5.3 How wellness contributes to the Richmond School District outcomes

Education is optimized within a community that is healthy and well. Students who are isolated, unsupported by family, peers, and the community at large, will find it very difficult to make healthy choices, to be ready to learn and contribute to society. Community structures which are unsupportive or dysfunctional are counterproductive to our efforts to help our children reach their full potential. The School District has a huge stake in community and individual wellness.

1.5.4 How wellness contributes to Provincial ActNow BC goals

The 2010 Olympic and Paralympic Games are generating province-wide interest in healthy living. The BC Government introduced ActNow BC in May 2006; a chronic disease prevention strategy focusing on common risk factors that has the following goals:

- To make British Columbia one of the healthiest jurisdictions to host the Olympic and Paralympic Games
- To build community capacity to create healthier, more sustainable and economically viable communities
- To improve the health of British Columbians by helping people to reduce tobacco use, eat healthy foods, and be more active make healthy choices during pregnancy
- To reduce demand on the health care system

ActNow BC also has a number of targets for 2010:

- Reduce tobacco use by 10%
- Increase percentage of people who eat at least 5 servings of fruits and vegetable every day by 20%
- Increase percentage of people who are physically active by 20%
- Reduce percentage of BC adults who are overweight or obese by 20%.
- Increase number of women counselled about alcohol use during pregnancy by 50%

To achieve the *ActNow BC* goals, a number of initiatives have been launched, through organizations such as the BC Health Living Alliance, the BC Sports and Recreation Council and the Union of BC Municipalities (UBCM).



1.6 Who was involved in developing the Strategy?

Three key local public agencies provided leadership in the creation of this strategy. Its development was spearheaded by a steering committee, consisting of staff representing the three main partners (the City of Richmond, the Vancouver Coastal Health Authority and the Richmond School District). All three agencies have a large stake in community wellness.

A consultant was retained to undertake background research. Many community stakeholders were interviewed and provided direction (see Appendix B). A community workshop was then held in April 2009 to review the background and direction and to flesh out the substance of the collaborative effort. Appendix C lists workshop participants.

1.7 Who will implement the Strategy?

While many documents in Richmond speak to the need for collaboration and partnership, this strategy depends on it. No one agency or group of agencies owns or has jurisdiction over community wellness. We all have a stake in it and we are all responsible for implementing initiatives in support of it.



2 HOW IS RICHMOND CURRENTLY DOING?

2.1 What the Data Tells Us

How do we measure community wellness? As a start we need to know the people of our community – things like who we are, how we feel about ourselves and each other, and what we do in our leisure time. The BC Atlas of Wellness² produced by the University of Victoria represents a local measurement of wellness. In addition to the Atlas, a number of other sources are used in this strategy to provide a snap shot of how ‘well’ we are in Richmond. The strategy also includes a summary of what key informants told us about wellness in Richmond.

There is not a set of commonly agreed indicators of community wellness. An action item for our strategy is the development of a framework for regularly reporting on the state of wellness in Richmond.

2.1.1 Demographics

Table 1 and Table 2 contain selected data from the Canadian Census 2006. In Richmond, visible minorities and immigrants now comprise the majority of the population. Moreover, two out of every five Richmond residents are recent arrivals, having immigrated in 1996 or later. It is also of note that 45 per cent of Richmond residents do not use English to communicate at home. The implication is clear: our community wellness strategy has to be inclusive of the perspectives and needs of many cultural and ethnic heritages.



2 Foster, Leslie T. and Keller, Peter C. (with Boomer, J., Braithwaite, D., Fowler, J., Hayes, M., et al.). (2007). The British Columbia Atlas of Wellness. Canadian Western Geographical Series, 42

Table 1: Demographic Profile (Ethnic Origin, Immigration and Language)

| Population statistics | Richmond | Vancouver | BC |
|--|----------|-----------|-----------|
| Total population | 174,461* | 578,041 | 4,113,487 |
| Aboriginal (% of total population) | 1% | 2% | 5% |
| Visible minority (% of total population) | 65% | 51% | 25% |
| Chinese | 43% | 29% | 10% |
| South Asian | 8% | 6% | 6% |
| Filipino | 5% | 5% | 2% |
| Japanese | 2% | 2% | 1% |
| Multiple visible minority | 2% | 1% | 1% |
| South East Asian | 1% | 3% | 1% |
| Immigrants (% of total population) | 57% | 45% | 27% |
| % Immigrants with arrival 1996 and later | 41% | 33% | 31% |
| English not spoken at home (% of total population) | 45% | 51% | 16% |

Source: Census 2006 Government of British Columbia. British Columbia Immigration and Diversity Profiles. Produced by BC Stats for Immigration Partnerships and Initiatives Branch, Ministry of Advanced Education and Labour Market Development (www.welcomebc.ca)
*BC Stats estimates Richmond's 2009 population at 193,255

Richmond has a higher prevalence of residents with a low income (21%) compared to the rest of BC (13%). Numerous studies and reports have shown that there is a difference in health and wellness between the richest and the poorest in society. However, these studies show that there are not two distinct groups of people (i.e., those that are rich and healthy and those that are poor and less healthy, but rather that there is a steady gradient in health and wellness status - from the poor, and to the average, is to the most well-off.

Table 2: Demographics (Education, Employment, Income and Lone Parent Families)

| Population statistics | Richmond | BC |
|--|----------|----------|
| Highest level of education (University certificate, diploma, degree) | | |
| Total population | 41.3% | 30.2% |
| Immigrant population | 45.6% | 39.9% |
| Median Employment Income (2005) | | |
| Total population | \$41,065 | \$42,230 |
| Immigrant population | \$36,046 | \$38,469 |
| Prevalence of Low Income After Tax | | |
| Total population | 20.9% | 13.1% |
| Immigrant population | 26.4% | 17.8% |
| Lone parent families as % of total census families | 15.1% | 15.1% |

Source: Census 2006. Statistics Canada. 2006 Community Profiles

2.1.2 Health Status

Richmond has the highest life expectancy in Canada, although this is a relatively recent phenomena, which can be explained by the recent high levels of immigration to Richmond. Figure 1 shows that the rise in life expectancy in Richmond parallels the immigration trend experienced by our city over the past 25 years (see graph inset)³. Immigrants arrive very healthy and as the numbers of immigrants to Richmond increased significantly after 1991, the life expectancy of Richmond residents also increased.

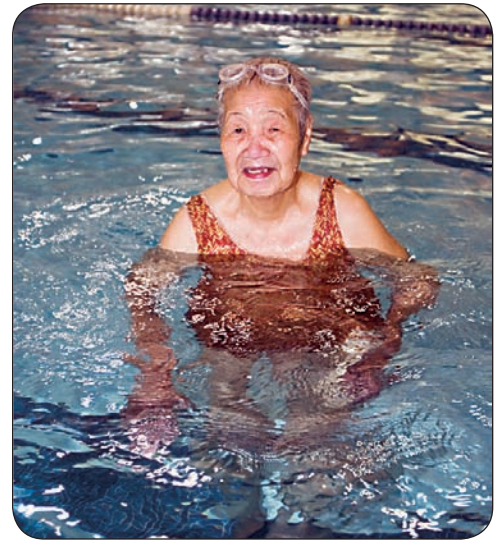
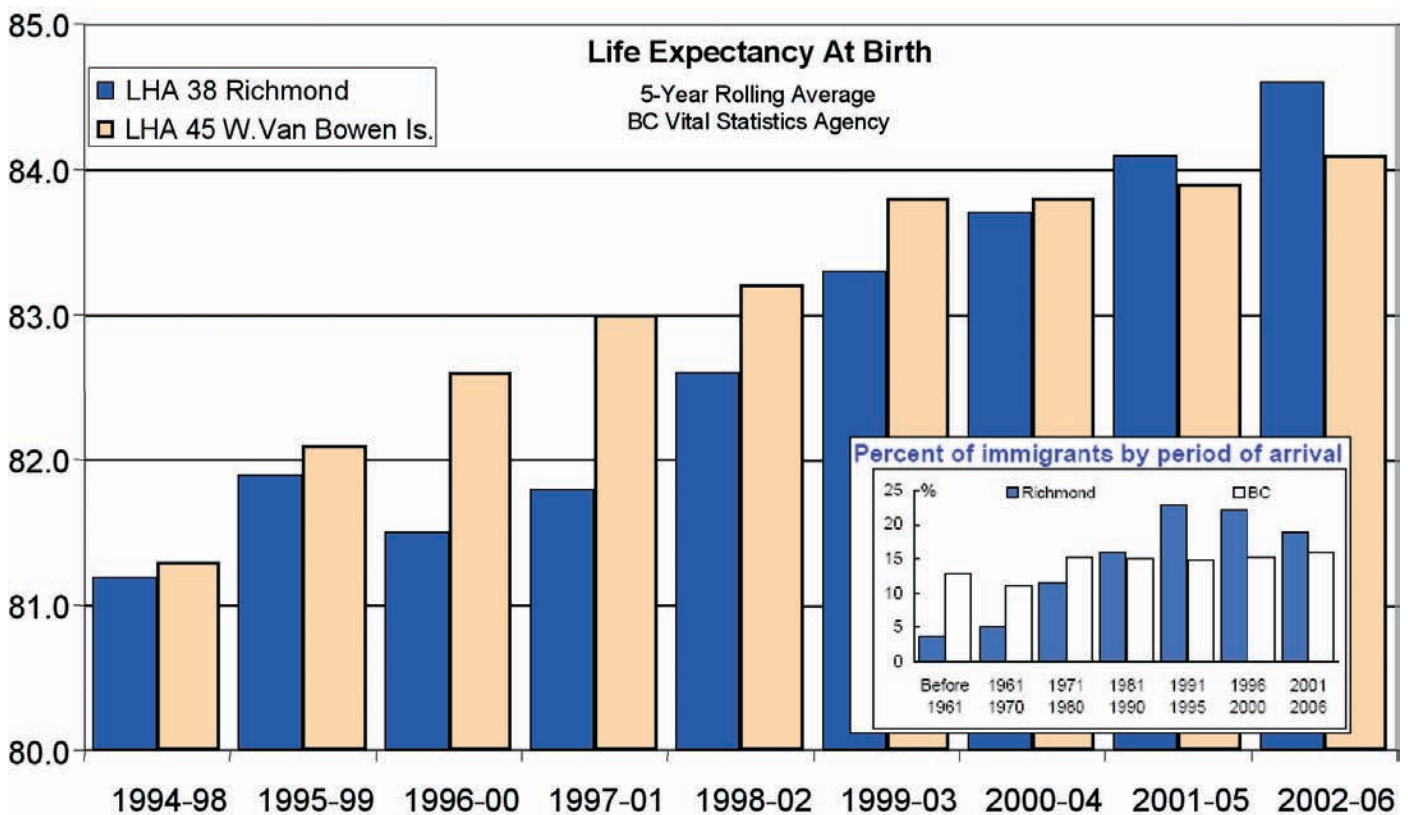


Figure 1: Life Expectancy at Birth: Richmond and BC

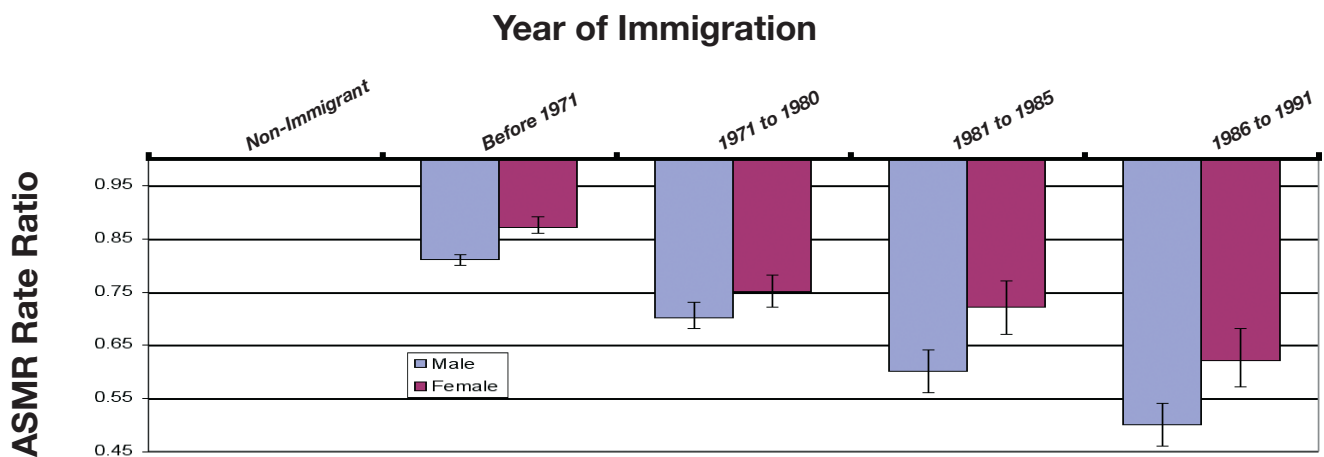


3 Note that the main graph in Figure 1 compares life expectancy data for Richmond with data from West Vancouver/Bowen Island (LHA 45). This comparator has been used because before the late nineties, West Vancouver/Bowen Island had a higher life expectancy than Richmond. It was only when immigration became a large part of Richmond’s population growth, that Richmond’s life expectancy exceeded that of West Vancouver/Bowen Island. Using provincial data would not demonstrate the point that being the community with the longest life expectancy is a relatively recent phenomena for Richmond.

As discussed earlier, immigrants arrive to Richmond very healthy. In adapting to life in Canada, however, many immigrants experience changes in lifestyles and circumstances, which may negatively influence their health in the long run. Figure 2 is from a study conducted by Statistics Canada⁴. The study tracked a subset of the Census 1991 Canadian population for 10 years (1991 to 2001). Several groups were tracked: a group of people born in Canada and then four groups of immigrants who had lived in Canada for different lengths of time. Compared to those born in Canada, the age adjusted mortality rate of the most recent immigrants (those who arrived between 1986 and 1991) is about 50% less (the right most set of bars). This figure shows that as immigrants live in Canada longer, their age adjusted mortality rates become more and more similar to those born in Canada (moving from the right to the left).



Figure 2: Age-Adjusted Mortality Rates for Canadian Born Versus Immigrants



4 Source: Wilkinson, R., Tjepkema, M., Mustard, C. Choinière, R. (2008). The Canadian census mortality follow-up study • Special Research Article. Statistics Canada, Catalogue No. 82-003-XPE. Health Reports, Vol. 19, No. 3, September 2008

2.1.3 Lifestyle

Is having the highest life expectancy the same as living well? In terms of healthy living habits, Richmond residents present a mixed picture. We are not as overweight as other BC residents and we also smoke less. However, at the same time, we appear to be less physically active and eat fewer fruits and vegetables (see Table 3).

Table 3: Lifestyle Measures for Richmond

| Lifestyle Measures (Richmond) | Immigrant | Born in Canada |
|--|-----------|----------------|
| Tobacco Use (daily or occasional smoker) | 10% | 17% |
| Overweight (BMI 25-29.9), Age 18 and older | 23% | 24% |
| Obese (BMI 30 or higher), Age 18 and older | 7% | 17% |
| Fruit and Vegetable Intake (5 or more times a day) | 33% | 42% |
| Leisure Time Physical Activity (active or moderately active) | 49% | 61% |

Source: CCHS 2005⁵

Among immigrant residents in Richmond, there appears to be a trend towards increasing body weight over time (see Table 4).

Table 4: Self Reported Prevalence of Being Overweight (Age 50+)

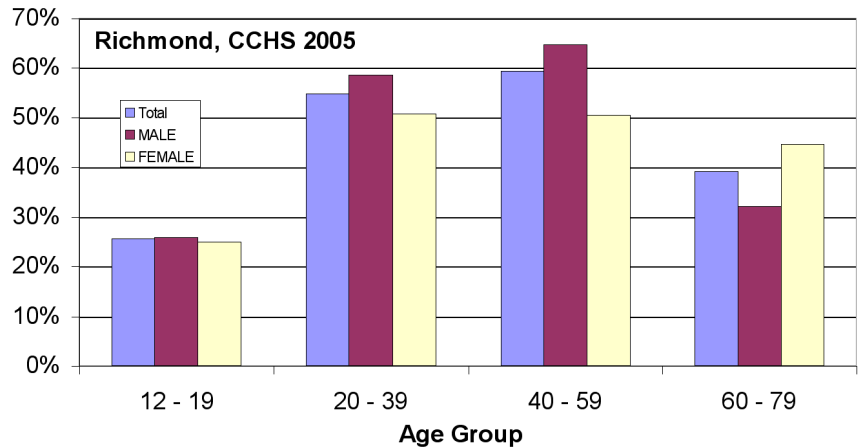
| Years Since Immigration | Richmond | VCH |
|-------------------------|----------|-----|
| 0 to 9 years | 22% | 25% |
| 10 or more years | 30% | 32% |
| Born in Canada | 33% | 33% |

Source: CCHS 2005

Broken down by age groups, the most physically inactive among us appear to be young and middle aged adults (i.e., 20 to 59 year olds) (see Figure 3). While we do not have reliable information on the level of physical activity for young children, studies suggest that children are increasingly sedentary in their daily activities.

5 Statistics Canada. Canadian Community Health Survey Cycles 1.1 (2000-2001), 2.1 (2003), 3.1 (2005). Some of the CCHS data used in this document are obtained through the Statistics Canada online CANSIM database. Other data are based on Public Use Microdata Files for Cycles 1.1(2000-2001), 2.1(2003), 3.1(2005), which contains anonymized data. All computations on these microdata were prepared by Dr James Lu, Medical Health Officer, Vancouver Coastal Health,

Figure 3: Physical Inactivity Levels of Richmond Residents



2.1.4 Sense of Belonging

The BC Atlas of Wellness noted an overall lower sense of belonging and connection among Richmond residents compared to other residents in BC. This could be partially explained by the high level of immigrants amongst the Richmond population. Table 5 reveals a gradient in the sense of belonging between recent immigrants, long time immigrants and Canadian born residents. It is to be expected that recent arrivals to any community will require time to feel comfortable in their new community. The challenge for Richmond is that more than one in five of our residents are immigrants who have been in Canada 10 years or less. A sense of belonging among Richmond residents has improved between 2001 and 2005, but there continues to be a gap between 'newcomers' and 'old timers'.

Table 5: Proportion of Richmond Population with 'strong' or 'somewhat strong' Sense of Belonging to the Local Community

| Time since immigration | 2001 | 2003 | 2005 |
|------------------------|------|------|------|
| 0 to 9 years | 45% | 60% | 57% |
| 10 or more years | 50% | 63% | 66% |
| Born in Canada | 63% | 66% | 67% |

Source: CCHS 2001, 2003, 2005

A sense of belonging is related to one’s level of physical activity (see Table 6). However, it is not clear whether a strong sense of belonging leads to increased physical activity or whether physically active residents feel more strongly connected to their community.

Table 6: Relationship between Sense of Belonging and Level of Physical Activity

| Sense of Belonging | % of Richmond Residents who are physically or moderately active | % of VCH Residents who are physically or moderately active |
|--------------------|---|--|
| Very Strong | 63% | 65% |
| Somewhat Strong | 56% | 60% |
| Somewhat Weak | 49% | 52% |
| Very Weak | 52% | 50% |

Source: CCHS 2005

Similarly, there is a gradient in the level of social support and self reported mental health status among Richmond residents when grouped by immigration status (see Table 7).

Table 7: Relationship between Years Since Immigration and Levels of Social Support & Self Reported Mental Health Status for Richmond Residents

| Years since Immigration | High Level of emotional or informational support | In excellent or good mental health |
|-------------------------|--|------------------------------------|
| 0 to 9 years | 49% | 69% |
| 10 or more years | 43% | 59% |
| Born in Canada | 65% | 72% |

Source: CCHS 2005



2.1.5 Children and Youth

Less than half of the secondary students in Richmond play on school sport teams or participate in organized sports outside of the school setting (see Table 8).



Table 8: Secondary School Student participation in Physical Activity (on a Sports Team and Elsewhere)

| How often have you participated in physical activities other than a school sports team? | |
|---|-------|
| Never | 25.9% |
| Once or twice | 18.5% |
| Once a month | 12.2% |
| About once a week | 14.1% |
| More than once a week | 29.2% |
| How often have you played on a school sports team? | |
| Never | 39.9% |
| Once or twice | 22.7% |
| Once a month | 9.2% |
| About once a week | 8.7% |
| More than once a week | 19.5% |

Source: BC Centre for Safe Schools and Communities. (2007). Safe School Social Responsibility Survey. Results for School District 38 Richmond.



The 2003 McCreary Adolescent Health Survey⁶ indicates that a large proportion of after-school time for children from grade 7 to grade 12 in Richmond is spent in front of electronic screens (see Table 9).

⁶ The McCreary Centre Society (2009). A Picture of Health: Richmond Results of the 2008 BC Adolescent Health Survey states that in 2008 90% of Richmond youth watched TV on a typical school day 26% did so for 3+ hours. There was no gender difference in TV watching. The percentage of Richmond youth who watched TV for 3+ hours dropped from 44% in 2003 to 26% in 2008. Richmond youth were more likely than those in the Province to be on the internet for 3+ hours per day.

Table 9: Time Spent by Richmond Youth in front of a TV or Computer Screen

| Hours spent in front of a Screen on an Average School Day (watching TV or using the computer for recreational purposes) | Female | Male |
|---|--------|------|
| Less than 2 hours | 12% | 9% |
| 2 to less than 3 hours | 15% | 10% |
| 3 to less than 5 hours | 29% | 26% |
| 5+ hours | 44% | 55% |

Source: The McCreary Centre Society (2004). Health Youth Development: Richmond Region. Regional Results from the 2003 Adolescent Health Survey III. Results for School District 38 Richmond.

2.2 How the Built Environment Influences Wellness

The built environment refers to the buildings, parks, schools, road systems and other community infrastructure that we encounter in our daily lives. The physical attributes of a neighbourhood help to increase the sense of community and directly contribute to wellness and physical activity levels. Where we choose to locate our roads, parks, houses, shops and other land uses, can directly and indirectly affect how active and connected we are in a community.

The physical environment and land use pattern (e.g., how large the blocks are, the presence of side walks, how easy it is to cross main arterial roads to get to a park, how many parks and trails there are, the location and availability of bike lanes, whether there are shops, recreational/cultural facilities or places of employment nearby) has an effect on how likely a person is to exercise regularly, or choose a sustainable mode of transport, such as walking, cycling or taking the bus. It can also have a significant impact on whether residents know their neighbours and feel part of their community. Neighbourhoods need to be walking and cycling friendly, thus reducing incentives for residents to use their cars for short trips (e.g., of less than 1 to 1.5km).



Using self-reported data from the BC Health and Wellness Survey conducted by the Provincial Health Services Authority in 2006, SFU researchers⁷ have found that:

- Richmond residents who live further away from retail establishments are about 1.3 times more likely to walk less than 30 minutes a day, compared to those that live close to stores and shops.
- Those who live in areas with fewer free or low cost recreational facilities (such as parks, trails, community centres, public swimming pools, playgrounds) are 1.7 times more likely to walk less than 30 minutes a day, compared to residents with such facilities close by.



2.3 What the Key Informants Had to Say

A list of the key informants interviewed by the consultant in late 2006 and early 2007 appears in Appendix B. All of the informants agreed that Richmond as a community has done a great deal in promoting wellness. A non-exhaustive inventory of wellness-related programs offered by public agencies in Richmond is provided in Appendix F, based on research conducted by the consultant in 2006/7. It is recognized that the inventory does not capture all the numerous wellness programs offered by community-based agencies in Richmond. Appendix G is the 2003 Richmond Social Services Inventory which, while being out of date, provides a reasonable picture of the range of wellness-related programs and services available in Richmond.

A number of opportunities for improvement emerged during the key informant interviews. The feedback from the interviews, grouped into theme areas, is summarized in Table 10.

There is general consensus among stakeholders that Richmond has significant potential to reach beyond its current level of excellence in wellness.



⁷ Doiron, D. "Destinations Matter: Increasing Walking Rates in a Richmond, BC Neighbourhood" Project submitted in partial fulfillment of the requirements for the degree of Master in Public Policy, in the Faculty of Arts and Social Sciences, Simon Fraser University 2009.

Table 10: Summary of Feedback from Key Informant Interviews

| | |
|---|---|
| A | Individual Capacity for Wellness <ul style="list-style-type: none"> • Increase awareness of the dimensions of wellness • Promote literacy in general and in particular improve 'physical' literacy among all age groups |
| B | Community Capacity for Wellness <ul style="list-style-type: none"> • Increase capacity for unorganized play • Re-orient community centres to neighbourhood houses/wellness centres • Continue to encourage and enable neighbourhood level connections • Develop more urban forms and plans that support wellness |
| C | Ethnic communities and new immigrant populations <ul style="list-style-type: none"> • Ensure that the social and physical environments of community facilities are welcoming to different cultures. (An example of best practice is the creation of a culturally appropriate space in a community centre for Muslim women to exercise). • Increase awareness and acknowledgement among Richmond residents of Richmond's Aboriginal heritage. • Increase availability and access to organized and non-organized sports and physical activities that are attractive to different cultures. • Improve access to information in multiple languages. |
| D | Vulnerable and disadvantaged populations <ul style="list-style-type: none"> • Continue to improve access to community facilities and programs for low-income families. • Decrease both physical and social barriers to achieving wellness by older adults and people with disabilities, mental health issues, addictions, low incomes and other special needs or vulnerabilities. • Consider the impact of family violence on wellness. |
| E | Sustaining a vision for Wellness <ul style="list-style-type: none"> • Develop a community wellness profile framework for Richmond and regularly report on the state of wellness in Richmond. • Promote wellness in different settings – workplace, schools, neighbourhood, businesses. • Adopt ActNow BC goals. • Promote community wellness as a 2010 legacy. • Engage the community in ongoing dialogue on wellness. • Create community leadership and partnerships on wellness promotion. • Maximize information sharing joint facility use among public agencies and businesses to promote community wellness. • Engage the faith community in promoting wellness. • Incorporate wellness strategies into the City of Richmond Sustainability Strategy and Social Planning Strategy. • Incorporate wellness strategies into the Richmond Health Services (Vancouver Coastal Health) Core Public Health Functions Work Plan for Healthy Communities. • Build from the community's strengths. • Focus on a small area of wellness to start with – for example, physical activity. |

2.4 What the Community Workshop Participants Told Us

A Community Workshop was held in April 2009. It was attended by 56 people who represented many of the agencies and organizations in Richmond who are involved in providing services that contribute to the overall wellness of the community. A list of workshop participants is included as Appendix C.

The community workshop solicited participant input on what Richmond is currently doing right. The responses are summarized in Table 11.

Table 11: Workshop Feedback

| List of what Richmond is currently doing right in terms of Community Wellness | |
|---|--|
| Community gardens | Cycling routes |
| Walking spaces | Canada Line |
| Know how to come together | Great relationship between Health Dept. and City |
| Healthy schools | Community sports |
| Community Centres | Great sports fields |
| Seniors Society | Growing support for aboriginal community |
| Grade 5 Active! Pass | Safe Communities initiative |
| Arts Strategy | Doubling in social planning staff |
| Libraries | Integrated health network |
| Strong connection with arts literacy | Affordable housing |
| Civic Engagement Network | Hospice visiting |
| Support for new mothers | Improved literacy levels |
| Health programs in various languages | Neighbourhood parks |
| Staff resources | Wellness clinics for seniors |
| Slips, Trips and Falls Program | Activity community initiatives |
| Good hospital | Community organizations |
| ESL classes available and accessible | Community events |
| Natural clean areas | Faith communities featured |
| Asset development team | Leisure Access passes |
| Opportunities to volunteer | Schools encouraging activity |
| Settlement services | Addictions prevention education in schools |
| Healthy foods in public vending machines | Asset development team |

Workshop participants also provided input on what types of new or improved initiatives should be implemented in Richmond in order to promote wellness. While there were literally dozens of initiatives identified (see Appendix E), six types of initiatives emerged as priorities:

- Healthy Living Passport and other ways of incenting active living
- Walking programs and incentives
- Bicycling programs and incentives
- Participation in sport
- Targeting and focusing on those most in need socially and financially
- Food production and security locally

2.5 PRCS Community Needs Assessment

The City of Richmond undertook a 2009 Parks, Recreation and Culture Community Needs Assessment. The study’s purpose was to gain an in-depth understanding of the parks, recreation and cultural program and service needs of the Richmond community. Richmond is a diverse community and this study’s intention was to provide clear recommendations on how the City and its partners can meet the future needs of all segments of our community. The objectives of the study were to:

- Assess awareness of, participation levels in and satisfaction with the City’s parks, recreation, sports and cultural programs and services
- Identify unmet needs and determine current gaps in service and programs
- Identify barriers to participation, particularly among hard-to-reach segments of the community
- Develop recommendations and strategies for addressing barriers and gaps, in order to better meet the needs of people who live, work or visit Richmond

The project was conducted in two stages: (i) a phone survey of 1,328 Richmond residents in Summer 2008⁸; and (ii) 20 focus groups with a range of residents in late 2008/early 2009⁹.

8 The survey was offered in five languages. Two-thirds of the survey interviews were in English, with the remaining one-third in Cantonese (23%), Mandarin (9%) Punjabi (2%).

9 The focus groups were with a random selection of Richmond residents and were conducted in a variety of languages (12 in English, 3 in Mandarin, 3 in Cantonese, 1 in Punjabi 1 in Spanish & Arabic). The focus groups explored a wide range of topics, with the intention of delving deeper into some of the issues identified in the survey.





The main finding from the study is that residents feel the City currently does an excellent job of providing parks, recreational and cultural facilities and services. Overall levels of participation are high and residents make excellent use of public facilities. The vast majority of residents feel that the City provides sufficient:

- parks, playgrounds and trails (83%)
- recreation and cultural facilities (81%)
- recreational, cultural and instructional programs/drop-ins (84%)

Outstanding needs are relatively minor and can be accurately positioned as refinements to an already well-developed and functioning system of public leisure services. The study resulted in 39 recommendations (see Appendix D). Highlights of these recommendations include:

- The City should continue to work with its community partners to reach all cultural communities and raise awareness about the full range of PRCS services.
- The City should continue to reach out to newcomers to Richmond and educate them about Richmond's extensive public facilities and services.
- The City should continue to evaluate how information is disseminated via its website and the Parks, Recreation and Culture Guide, while also ensuring that appropriate resources are allocated to ensure the provision of effective online communication.
- The City should continue to promote volunteerism with an emphasis on stressing and promoting the benefits of volunteerism to new Canadians.
- That there should be a review and possible expansion of the Richmond trail system.
- That there should be continued work to explore the issue of increased dog off-leash areas and that this work should take into account the views of both dog owners and non-dog owners.



These recommendations will be incorporated into the future workplans of City of Richmond staff within the relevant departments. The recommendations are also being shared with partner organizations and stakeholders.

The implementation of these recommendations will significantly contribute to wellness outcomes in Richmond.

2.6 SWOT Analysis

The following strengths/weaknesses/opportunities/threats (SWOT) analysis on the state of wellness in Richmond is based on a review of the statistical data, as well as feedback received from key informants and participants at the community workshop.

Figure 4: SWOT Analysis

| | |
|--|--|
| <p>Strengths</p> <ul style="list-style-type: none"> • Leader in life expectancy • Lowest smoking rates in BC • Low over weight and obesity rates • History of collaboration between public agencies and community organizations • Extensive variety of health and wellness promotion programs in existence • Extensive network of walking and biking trails and City funded leisure and culture services • City strategies in place: Sustainability, Community Excellence in Sports and Wellness • Good mix of housing types in most neighbourhoods | <p>Weaknesses</p> <ul style="list-style-type: none"> • Lower levels of physically active life style • Lower levels of healthy eating practice • Low sense of belonging – particularly among recent immigrants and the vulnerable (e.g., people in poor mental health, older adults) • Second lowest ranking in the social and emotional/ information support indices (BC Atlas of Wellness) |
| <p>Opportunities</p> <ul style="list-style-type: none"> • Diversity in culture and language – richness through sharing and celebration • 2010 Legacy • ActNow BC • Wellness as common focus for public agencies (Health, City, Education, Environment, MCFD) | <p>Threats</p> <ul style="list-style-type: none"> • Poverty level higher than BC average • 45% of families do not speak English at home • Diversity in culture and language – isolation and fragmentation • The breadth of “wellness” could overwhelm rather than engage |





2.7 Summary of the Current Situation

Residents of Richmond boast the longest life expectancies in Canada. Our overweight and obesity rates are lower than the BC average. We also smoke much less. However, our level of physical activity and our fruit and vegetable consumption are lower than the BC average.

In addition, the 2008 BC Atlas of Wellness gave Richmond a low rating on the determinants of wellness index (sense of belonging, social supports, and emotional supports). The Atlas states that Richmond has significantly high percentages of respondents who were not well connected to their community. Research indicates that people who feel they belong and have social support are more likely to be physically active and to pursue healthy living.

The findings about Richmond regarding wellness are not surprising. The demography of Richmond is rapidly changing, in large part due to recent immigration trends. Over half (57%) of the Richmond residents are immigrants and more than 40% of the immigrant population have lived in Canada for 10 years or less. These demographic changes are telling us to pay more attention to community belonging as we think about how to make our community even better.

We also have evidence that our children and youth are not as physically active as they should be. Indeed, there is no reason to believe that Richmond is immune to the increasing prevalence of obesity, which is observed among Canadian children generally.

There is strong agreement between the results of the statistical data and the input from stakeholders. Richmond is doing some very good things when it comes to wellness, but it can do better.



3 BUILDING A WELLNESS STRATEGY

3.1 Vision

This Community Wellness Strategy was originally envisioned as focusing primarily on physical activity as representing a key component of wellness. However, in reviewing the background literature and obtaining feedback from stakeholders, it became clear that physical wellness cannot be easily separated from other aspects of wellness.

Physical wellness correlates strongly with an overall sense of personal well-being, wellness and a sense of belonging to one's community. Information from the Canadian Community Health Survey shows that physical activity and 'sense of belonging' are related at the population level.

This strategy therefore cannot just focus on increased physical activity and be assured of increasing community wellness. It needs to promote community connectedness in association with promoting physical activity, as the two go hand-in-hand. Indeed, available information points to improving physical activity and the sense of belonging as priorities for advancing wellness in Richmond.



3.2 Desired Outcomes

While the Community Wellness Strategy has a strong emphasis on physical well-being, it is acknowledged that it is important for the strategy to also include the broader determinants of wellness specifically for Richmond and the need to improve the sense of belonging among our citizens. A set of desired outcomes for the Strategy are therefore for our citizens to have:

- Increased permanent commitment to wellness and well being
- Increased physical activity and physical fitness
- Increased sense of connectedness to community – a feeling of belonging



3.3 Strategic Directions

When the Steering Committee reviewed current strengths and weaknesses, opportunities and constraints, strategized on how to move from where we are now to where we need to be in the future, the following seven strategic directions were identified as the highest priority ways of achieving the outcomes:

- Increase Active Living Literacy
- Help Children and Youth Build Healthy Habits

- Reduce Barriers to Living a Physically Active Life for Vulnerable Populations and People Living with a Disability
- Build a Connected and Activated Social Environment
- Create Urban Environments that Support Wellness & Encourage Physical Activity
- Promote Health Literacy and Individually-Focused Health Care
- Measure and Share Our Success



The strategic directions were initially developed based on the four strategic initiatives (built on evidence-based best practices) from the BC Healthy Living Alliance Physical Activity Strategy¹⁰. The BCHLA strategic framework was then expanded to include strategies for fostering community connectedness.

Dozens of actions are provided that can be spearheaded by various public, not-for-profit and private organizations in our community. While many are quite obvious (e.g., offering more programs to increase participation in sport, more walking and bicycling infrastructure and incentives), some are less obvious but equally important (e.g., local food security measures, reducing financial and social barriers to make inactive citizens active).

Acronyms used on following pages:

| | |
|-------|---|
| CA | Community Associations |
| CO | Community Organizations |
| CoR | City of Richmond |
| GRM | Getting Richmond Moving |
| HSF | Heart and Stroke Foundation |
| LSOs | Local Sport Organizations and Clubs |
| NFP | Not for Profit Organization |
| NGO | Non-Governmental Organization |
| PSO | Provincial Sports Organizations |
| RCD | Richmond Centre for Disability |
| RCF | Richmond Children First |
| RCh | Richmond Chamber of Commerce |
| RCEN | Richmond Civic Engagement Network |
| RCSAC | Richmond Community Services Advisory Council |
| RIAC | Richmond Intercultural Advisory Committee |
| ROC | Richmond Oval Corporation |
| RPRC | Richmond Poverty Response Committee |
| RSC | Richmond Sports Council |
| SBC | Sport BC |
| SD | Richmond School District (no38) |
| TRmd | Tourism Richmond |
| VCH | Vancouver Coastal Health (Richmond Health Services) |

¹⁰ BC Healthy Living Alliance. (2007). Physical Activity Strategy (www.bchealthyiving.ca).

Strategic Direction 1. Increase Active Living Literacy

Imagine Richmond as a place where ...everybody knows the value of living an active and healthy lifestyle, where residents have ready access to information on how and where they can be active and that our adults know the benefits of being Active for Life.

| # | Action | Key Agencies | Outcome | Time-frame |
|----|--|---------------------------------------|---|------------|
| 1a | Develop an 'active living literacy' marketing campaign to raise awareness of physical activity as an essential element to general health and wellness. | VCH, CoR, CA, CO | Campaign is targeted at Richmond residents who are currently inactive. Increased awareness of the value of active living, increase in physical activity levels, greater awareness of active living programs and services by all residents, but specifically by those that are currently inactive. | 2011 |
| 1b | Work with partners to raise awareness of the Long Term Athlete Development ¹¹ (LTAD) model. | CoR, SD, RSC, CA, LSOC, PSO, SBC, ROC | Residents, community sports groups community agencies involved in delivering physical activity programs and services are aware of the LTAD model and its importance in laying the foundation for literacy, sports excellence and being active for life. | On-going |
| 1c | Offer programs (e.g., cycling workshops) and develop promotional material to raise awareness of the benefits of cycling. | CA, CoR, TRmd | Residents cycle more frequently (for commuting, recreational, special events). | On-going |
| 1d | Prepare and distribute walking/biking maps for trails and paths, including information on where they connect to (places of interest, shops, etc.). | CA, CoR, TRmd | Residents walk or cycle more frequently (for commuting, recreational, special events). Visitors and tourists consider Richmond to be a good city to visit by bike or on foot. | On-going |
| 1e | Develop initiatives and events to promote regular walking. | DS, GRM, HSF, various public agencies | Increase in number of people choosing to walk regularly. Specific initiatives developed e.g., Richmond Walk-A-Thon Day. Increased frequency of people choosing to walk as an alternative through awareness by having 'point-of-decision prompts' (at elevator foyer, parking lots). | On-going |
| 1f | Develop messaging that promotes the value of unstructured play as an essential element of child and youth development | SD, CoR, | Richmond children and youth derive benefits from unstructured play. | On-going |
| 1g | Encourage businesses to develop employee wellness programs/promote physical activity in the workplace. | RCh, CoR, VCH, NGOs | The business community is engaged in the promotion of wellness initiatives, such as Healthy Heart, smoking cessation, fitness promotion, etc. | On-going |
| 1h | Organize Richmond Wellness Conference and declare a Richmond Wellness Day. | VCH, CoR, SD, RSC | Organizations and agencies meet annually to share success stories, share information, network and develop relationships. An increased awareness of active living literacy is achieved through Wellness Day declaration. | 2012 |

¹¹ The Canadian Sport for Life Initiative outlines the seven-stage Long-Term Athlete Development (LTAD) model. The stages are Active Start, FUNdamentals, Learning to Train, Training to Train, Training to Compete, Training to Win and Active for Life.

Strategic Direction 2. Help Children and Youth Build Healthy Habits

Imagine Richmond as a place where ... our children and youth are physically literate, the majority of children and youth walk to school our children and youth grow up to be healthy and active adults.

| # | Action | Key Agencies | Outcome | Time-frame |
|----|---|---|--|------------|
| 2a | Ensure children are physically literate ¹² by the age of 12. | SD, RSC, CoR, CA, CO, ROC, RCF, parents | Reduced risk for obesity and disease in children due to higher levels of activity. Longer term impacts through adults being physically active later in life because they feel confident in an activity setting (and that confidence, as an adult, most often comes from having learned fundamental movement and sport as a child). | On-going |
| 2b | Develop a 'Healthy Living Passport' program for school children. | VCH, SD | Students develop good decision-making regarding food choices, healthy eating and physical activity. | 2012 |
| 2c | Promote Action Schools BC. | SD | Healthy living is integrated into the fabric of our schools and is maintained through partnerships with family and community. An Action Schools BC Action Plan is developed and implemented in all Richmond schools. | On-going |
| 2d | Develop programs to increase children and youth participation in team-based (and individual) physical activities outside of the formal School PE class. | CoR, RSC, SD, ROC | Increased levels of physical activity by children and youth. Reduction in obesity rates. Age-appropriate team based play and sport is promoted among toddlers and pre-school children. | On-going |
| 2e | Continue to develop initiatives to promote children and youth walking to school. | SD, CoR, VCH | Increase in number of children and youth walking to/from school. Specific initiatives developed e.g., "Walk to School with Your Friends Day", "Walking School Bus". Increased community connections for parents who accompany children. | On-going |
| 2f | Facilitate partnerships between traditional sports organizations and other groups that serve children and youth. | RSC, CoR, RCF, CO | Increased awareness and coordination of physical activity programs/services to children and youth. Broad networks established. Children and youth (especially low-asset youth) connected to physical activity opportunities through a system of referrals and networking, in order to meet individual needs and interests. | On-going |
| 2g | Continue implementation of the PRCS Youth Service Plan: Where Youth Thrive. | All agencies | "Where Youth Thrive" plan aims to create environments that generates opportunities for Richmond's youth to have a safe and healthy journey into adulthood. The Plan is based on the philosophy of intentionally influencing 'developmental assets' to assist healthy youth development. | On-going |

¹² Physical literacy is the development of fundamental movement skills and fundamental sports skills that permit a child to move confidently and with control, in a wide range of physical activity, rhythmic (dance) and sport situations. Physical literacy also includes the ability to 'read' what is going on around them in an activity setting and react appropriately to those events. Physical literacy therefore gives children the tools they need to take part in physical activity and sport, both for healthy life-long enjoyment and for sporting success; and is a key component of Canada's Long-Term Athlete Development (LATD) program.

Strategic Direction 3. Reduce Barriers to Living a Physically Active Life for Vulnerable Populations and People Living with a Disability

Imagine Richmond as a place where ...there are a range of opportunities for affordable recreation, where the cost of a program is not a significant barrier to participation (because there are a range of subsidies or initiatives available to offset cost) and where people living in discouraged situations have a variety of recreational and wellness opportunities available to them.

| # | Action | Key Agencies | Outcome | Time-frame |
|----|---|-------------------------------|--|------------|
| 3a | Conduct a review of the City's Pricing Policy for PRCS programs, including its Fee Subsidy program and Recreation Access Card program. | CoR, CA | Review of vision and objectives of the policies and programs. A range of alternatives is examined to reduce financial barriers to accesses recreational and cultural programs (e.g., providing services in lieu of program fees, pay-as-you-go options, funding for transportation, sliding scale fee options). | 2010-2011 |
| 3b | Work with community sports organizations to reduce financial barriers to participation in community sports programs by children and youth from low income families. | CoR, SD, RCMP, MCFD, VCH, RSC | Partnerships developed to identify and cross refer priority low-income families, children and youth identify and share resources. Ongoing development/ expansion of KidSport Richmond and involvement in Canadian Tire Jump Start programs. A range of projects developed to involve children and youth from low-income families in community sports/ recreation (e.g., physical activity programs offered for teenage mothers, meals provided for families at Community Centres, outreach sporting activities in low income housing areas, orientation sessions for new immigrants at community centres). | On-going |
| 3c | Continue to provide opportunities for people living with disabilities to access recreational services and programs. | CoR, RCD, CA, CO, ROC | Development of support services to allow teenagers living with disabilities to access mainstream sports, recreational services and programs. A range of programs developed and expanded (incl. cross-agency partnerships) for people living with disabilities (e.g., adapted fitness programs, open gym drop-in sessions, wheelchair sport opportunities, community drop-in space for people living with mental health issues, development of volunteer support programs matching able-bodied volunteers with people living with disabilities in need of one-on-one support to access recreation and sport). | On-going |

| # | Action | Key Agencies | Outcome | Time-frame |
|----|---|--------------|--|------------|
| 3d | Develop initiatives and communication tools to promote the benefits of 'brisk walking'. | All agencies | Research indicates that brisk walking is the most favoured activity of those with low incomes because it is easy and inexpensive. It requires little skill and training therefore does not require high levels of literacy. Walking is also a favoured physical activity across ethnic groups. Physicians can identify those patients who are sedentary and most at risk of chronic disease encourage walking as the easiest and most accessible physical activity for these high-risk patients. | 2012 |
| 3e | Be inclusive in planning and implementation of wellness programs. | All agencies | Vulnerable populations, including new immigrants, people living with disabilities, minority groups, are involved in planning and implementation of wellness programs. Relevant organizations (such as RCD) provide input into design projects (e.g., civic parks/buildings, transportation planning projects), in terms of accessibility considerations for people living with disabilities. | On-going |



Strategic Direction 4. Build a Connected and Activated Social Environment

Imagine Richmond as a place where ...the majority of residents volunteer, where neighbours know neighbours, where people 'feel they belong' and can make a positive contribution to their community.

| # | Action | Key Agencies | Outcome | Time-frame |
|----|--|---|---|------------|
| 4a | Encourage volunteerism and continue to implement the PRCS Volunteer Management Strategy: Building the Volunteer Spirit! | CoR, CA, RSC, VRIS, NGOs, SD, LSOs | Increased number of residents benefit from volunteering (opportunities for training and growth, skill development, networking, social connections and community building). Community volunteer capacity is increased. Volunteer capacity is built within our ethnic/recent immigrant population. | On-going |
| 4b | Develop initiatives that encourage social interaction at the neighbourhood level. | CoR, CA, CO, RCEN, SD, LSOs | Increased engagement and interaction amongst neighbours resulting in increased sense of neighbourhood and stronger community pride. Community capacity building through specific initiatives (e.g., training of youth to be walk leaders). Specific tools are developed (e.g., Neighbourhood Block Parties Kit). Intercultural arts programming, community forums in partnership with RCEN, cross-agency information sessions for new immigrants on available wellness-related initiatives. | On-going |
| 4c | Collaborate with faith-based communities to promote physical activity and other initiatives that build inter-cultural bridges. | Faith-based community, CoR, VCH, NGOs, RIAC, SD, LSOs, CA | Increased formal and informal linkages between Richmond's faith communities and partner agencies. Capacity building within faith communities, which enables them to seamlessly link their members into appropriate wellness-related programs. Faith communities supported to develop their own programs and services, as well as utilize community and partner services. RIAC supported in mandate to increase inter-faith community dialogue. | On-going |
| 4d | Develop programs and initiatives that connect our isolated or vulnerable populations. | CoR, VCH, CA, CO, NFP, RCSAC, SD, LSOs | Outreach wellness services to seniors continues to be expanded. Specific initiatives are developed (e.g., Increasing Wellness: Decreasing Barriers - a transitional therapeutic recreation bridging program, managed by the City in partnership with VCH and several non-profit groups). Work in partnership with RCSAC to identify key vulnerable and isolated community groups and develop cross-agency outreach strategies to identify their needs work with them to design appropriate programs and services. | On-going |
| 4e | Examine ways to increase physical activity levels in Richmond's diverse cultural population. | CoR, CA, RSC, NFPs, NGOs, SD, LSOs | Continued strengthening of programs such as the New Canadian Tours, which introduce recent immigrants to a wide range of City and partner facilities. Undertake initiatives such as introducing (non-North American sports) that will appeal to Richmond's culturally diverse community. Continue partnership outreach and promotion at multicultural festivals/events. Ongoing development and support of Richmond Parent Support Series and outreach to immigrant-serving agencies/settlement agencies to promote wellness. | On-going |

Strategic Direction 5. Create Urban Environments that Support Wellness and Encourage Physical Activity

Imagine Richmond as a place where people regularly walk, bike or take public transit, where food is grown locally, where older adults are able to age-in-place where a range of housing options are available.

| # | Action | Key Agencies | Outcome | Time-frame |
|----|--|-------------------------|---|------------|
| 5a | Continue to ensure that the City's land use planning and transportation policies and bylaws (including the Official Community Plan and Area Plans) create neighbourhoods that contribute to active living and wellness objectives. | CoR, developers | Well connected communities are created, which are designed to promote a culture of walking, cycling, rolling and transit use. Our dependence on private vehicle transportation is reduced. A healthy and connected system of parks and open space is established and maintained; key factors in achieving quality of life and livability, especially in urban areas. | On-going |
| 5b | Explore and implement initiatives to ensure Richmond is an age-friendly community. Continue to implement the PRCS Older Adult Service Plan: Active and Healthy Living in Richmond. | CoR, VCH, NGOs, BC Govt | In an age-friendly community, policies, services and structures related to the physical and social environment are designed to support and enable older people to 'age actively' – that is, to live in security, to enjoy good health and continue to participate fully in society. An age-friendly community benefits people of all ages. Secure neighbourhoods are safe for children, youth, women and older adults. Families experience less worry and stress when their older relatives have the services and supports they need. Barrier-free buildings and streets enhance mobility and independence of both younger and older persons with disabilities. | On-going |
| 5c | Identify locations and funding for development of community gathering spaces, squares or piazzas. | CoR, CA | An increased sense of belonging and connectedness through programming and events at neighbourhood community gathering spaces (e.g., free Concert in the Park events at King George Park Community Gathering Place). | On-going |
| 5d | Continue to explore ways for the community to access what may be under-utilized space in schools and other institutions for community-based wellness programs and activities. | SD, CoR, CA, NGOs | Schools and other public institutions (including those not traditionally designed for recreation) become life-long learning centres in our neighbourhoods are accessed by the community for a range of wellness activities. Under-utilized space in schools host a range of programs that address the wellness needs of the community as a whole. | On-going |
| 5e | Use CPTED principles (Crime Prevention Through Environmental Design) in planning and designing projects and developments. | Developers, CoR | An increased sense of safety in Richmond, especially in our parks, open spaces, paths and trails system. | On-going |

| # | Action | Key Agencies | Outcome | Time-frame |
|----|--|--|--|------------|
| 5f | Examine options to increase Richmond's food security. | RPRC, Food Bank, CoR, VCH, local farms, NGOs | Richmond's Community Garden program is expanded. Partnerships are developed (e.g., with Food Bank, retail grocers). Farmers markets are developed and supported. New growers are mentored. Sustainable agriculture practices are encouraged. Communication tools to promote the physical activity benefits of gardening are created. Local community group initiatives continue to be supported (e.g., Fruit Tree Sharing Project, Terra Nova Schoolyard Project). | On-going |
| 5g | Implement the recommendations from the 2009 PRCS Community Needs Assessment. | CoR, CA, CO | Parks, recreation and cultural programs and services are developing that respond to changing community needs. | On-going |
| 5h | Work towards community centres as being 'centres of the community'. | CoR, CA, VCH | Community centres provide an increasing number of wellness-oriented services. They are places that function as a focus for community activity and events attract residents from a broad spectrum of cultures and age groups within the community. Community centres continue to broaden programming to include cultural and social programming, as well as promoting physical activity. | On-going |
| 5i | Continue implementation of the City's Affordable Housing Strategy. | Developers, CoR, govt agencies, NGOs. | The City is successful in providing a range of housing options for households of different ages, family types and incomes. | On-going |



Strategic Direction 6. Promote Health Literacy and Individually-Focused Health Care

Imagine Richmond as a place where ...residents have high levels of health literacy, are easily able to access and use health information and are able to seamlessly transition into adopting healthier lifestyles.

| # | Action | Key Agencies | Outcome | Time-frame |
|----|---|------------------------|--|------------|
| 6a | Increase the health literacy level of Richmond residents through educational programs, workshops, etc. | VCH, CoR, CA, CO, NGOs | Richmond residents have an increased ability to access and use health information to make appropriate health decisions and maintains basic health. Health system literacy demands are reduced and the health-literacy skills of adults are increased. Barriers to service access are removed for those with cultural language barriers and new immigrants (through initiatives such as targeted translation, staff cultural sensitivity training, etc.). | On-going |
| 6b | Improve linkages between primary care physicians and community wellness programs. | VCH, COR | Increase in the number of physicians aware of community wellness programs. Residents referred by their physicians easily connect to appropriate community wellness programs. | On-going |
| 6c | Promote individually focused health behaviour change. | All agencies | Individually focused programs are developed that encourage people to adopt healthier living habits are supported by counselling combined with low literacy materials (e.g., walking calendars) and other resources (such as pedometers). | On-going |
| 6d | Create a flexible intervention that focuses on individual readiness to change. | All agencies | There is not a 'standard fits all' approach, but interventions are tailored towards the needs of individual people. Relationships are established and maintained through regular follow-ups by phone. | On-going |
| 6e | Provide 'packages' of programs to ensure that a range of options are provided, allowing individuals to select one that best suits their needs. | All agencies | Packages of programs are developed that include: small group educational sessions, individual counselling, prompting programs, etc. General practitioners are key as an influence. | On-going |
| 6f | Make community-based chronic disease programming and health care services more seamless. | All agencies | There is increased collaboration and liaison between health care service providers (in Richmond Hospital, etc.) and the community-based wellness programmers, which leads to increased referrals and a seamless transition for individuals. | On-going |
| 6g | Provide recreation programming for people of varying abilities and backgrounds. | CoR, VCH, CA, CO, ROC | A range of parks, recreational and cultural services and programs are offered which are tailored to specific needs (e.g., programs designed specifically for overweight individuals, for beginners, older adults, etc.). | On-going |
| 6h | Promote healthy eating and food production through provision of cooking classes, gardening classes and promotion of Canada Good Food Guide information. | CoR, VCH, CA, CO, NGOs | Reduction in obesity and improved overall wellness. Increased provision of healthy vending and concessions in community facilities and sporting venues. | On-going |

Strategic Direction 7. Measure and Share Our Success

Imagine Richmond as a placethat is used as a benchmark for other municipalities to emulate in achieving wellness.

| # | Action | Key Agencies | Outcome | Time-frame |
|----|--|-------------------|--|------------|
| 7a | Create an inter-sectoral Richmond Community Wellness Steering Committee to guide the implementation of the Richmond Community Wellness Strategy. | CoR, VCH, SD, ROC | Inter-agency partnerships are strengthened, resulting in a more coordinated approach to the delivery of wellness programs in Richmond. Individual members of the Steering Committee would report back to the boards of the organizations they represent. | 2010 |
| 7b | Develop a Community Wellness Framework and provide regular reports on the status of community wellness. | CoR, VCH, SD | A framework (including a set of indicators and targets) is developed for regular reporting on the status of wellness in Richmond. | 2010 |
| 7c | Develop strong partnerships in the delivery of wellness services and programs. | All agencies | A range of partnerships and mechanisms are developed for coordinating wellness programs across sectors. Partnerships are also developed with physical activity researchers. | On-going |



3.4 Conclusion



The Richmond Community Wellness Strategy has been developed by a participatory process that has fully engaged both community and organizational stakeholders. The Strategy clearly maps out seven strategic directions which will act as a framework in which specific actions and projects can be created by respective partner organizations.

The Community Wellness Strategy also contains suggested actions and projects that fit within these directions that have come from consultation with stakeholders.

The strategy will allow for both the maximum impact of the wellness agenda across Richmond's communities maximum efficiency in the allocation of resources in the pursuing of this goal. The Community Wellness Strategy offers a Richmond-specific tool for assessing public policies and strategy development with a wellness lens.

It is intended that this strategy forms the basis for a cross-agency coordinated approach to meeting the wellness needs of all in Richmond's community. The strategic directions illustrate and reiterate the need for multiple partnerships and cross-agency ownership if Richmond's community wellness needs are to be fully met.



Appendix A – Definitions of Terms Used in this Strategy

Accessible: Able to physically, financially and attitudinally access and participate in a wide choice of quality programs and services.

Action Schools! BC: This is a best practices model designed to assist schools in creating individualized action plans to promote healthy living. It contributes to the health of children by integrating physical activity and healthy eating messages into the fabric of the school community, with the goal of providing children with a foundation for life-long healthy living (see www.actionaschoolsbc.ca).

Active for Life: Facilitating life-long (adolescent to senior) participation in sport and physical activity for health, social and enjoyment benefits.

Age-in-place: The ability for a person to grow older without having to move from one's current residence in order to secure necessary support services in response to changing need.

Aging Actively: To live in security, to enjoy good health and to continue to participate fully in society as one grows older.

Canadian Sport for Life: Long-Term Athlete Development Resource Paper, published by Canadian Sport Centres

City of Richmond Recreation Access Card: Initiative that provides a 50 per cent subsidy for recreation drop-in programs, to Richmond residents who live with a permanent disability or those with a mental health issue. Its aim is to ensure that those that need help are assisted to lead healthy lifestyles and do not face financial barriers in accessing recreation opportunities.

City of Richmond Recreation Fee Subsidy Program: An initiative that provides financial assistance for low income Richmond families by subsidizing registration fees, in order to encourage teenagers and children to get involved in recreation.

Community: A group of individuals, families or organizations that shares common values, attributes, interests and/or geographic boundaries.

Community Wellness/Well-Being: A broad indicator of quality of life, it is measured through individual and community health, fitness, lifestyle, environment, safety and cultural and social indicators. It defines a policy and service approach to community health and well-being. Building community wellness is an investment in people and society.

Crime Prevention Through Environmental Design (CEPTD): To enhance the urban environment through design that reduces opportunities for crime and nuisance activity.

Culture: Includes the arts as well as heritage including exploration of our history as a community or as individuals. It relates to the interaction of society with arts in formal and informal settings.

Cultural Diversity: The presence and participation of many different cultural communities within the general culture of a society the explicit recognition that the contribution and participation of all cultural communities have the potential of equal value and benefit to society at large.

Diversity: The unique characteristics that all people possess that distinguish them as individuals and that identify them as belonging to a group or groups. Diversity transcends concepts of culture, ethnicity, class, gender, religion, sexual orientation or disability.

Health Literacy: The ability to access, understand, evaluate and communicate information as a way to promote, maintain and improve health in a variety of settings across the life course (Source: Canadian Public Health Association, 2007). The cognitive and social skills that determine the motivation and ability of individuals to gain access, to understand and to use information in ways that promote and maintain good health. Health Literacy means more than being able to read pamphlets and successfully make appointments. By improving people's access to health information and their capacity to use it effectively, health literacy is critical to empowerment. (Source: World Health Organization).

Integrate: Coordination of resource services and programs to address common goals, to reduce duplication and improve efficiency and effectiveness. The result is better service to citizens.

KidSport Richmond: a non-profit charitable organization whose purpose is to provide funding to help overcome financial obstacles that prevent some children from participating in organized sport.

Literacy: The ability to understand and use reading, writing, speaking and other forms of communication as ways to participate in society and achieve one's goals and potentials.

Marketing: Refers to all activities associated with identifying the particular wants and needs of a target market of customers then going about satisfying those customers. This involves doing market research on customers, analyzing their needs and then making strategic decisions about product design, pricing distribution.

Needs: The gaps between what are defined as essential conditions in the community for adequate quality of life and what actually exists there. These conditions are not absolute; they are relative to the certain criteria used by whoever is defining the needs.

Older Adult: An individual who is older than 55 years of age.

PRCS: Parks, Recreation & Cultural Services Department of the City of Richmond.

Physical Activity Strategy. The goal of the BC Physical Activity Strategy is to help achieve the Winning Legacy physical activity target (of seven out of 10 active British Columbians by 2010) by decreasing the proportion of inactive adults aged 35 to 54 years by 20%. While initiatives are targeted to this age group, the impact of the strategy is expected to reach beyond to the parents and children of this population. Four strategic initiatives are identified: (1) A Provincial Walking Initiative; (2) A Low Income Opportunity Initiative; (3) A Community-Based Awareness Initiative; (4) A Built Environment and Active Transportation Initiative.

Physical Literacy: Giving children the tools they need to take part in physical activity and sport, both for life-long enjoyment and for sporting success – on the ground, in the water, on snow and ice and in the air.

Quality of Life: This describes the overall enjoyment of one's life. It is a healthy balance between work and family life, vocation and recreation and accumulating wealth and maintaining good health.

School Community Connections Program: A grants program administered on behalf of the BC Ministry of Education through a collaborative partnership between the Union of BC Municipalities and BC School Trustees Association. Its goals are: (i) to encourage and facilitate the co-location of services for students, their families and the larger community within school facilities; (ii) to make greater utilization of available or new school facilities; and (iii) to encourage collaborative, long-term facilities planning that takes into account the needs of the community as a whole.

Values: What a community believes in and what it stands for. Values provide motivation to keep focused on why and what is done. Values serve as plans for resolving conflict and making decisions.

Vancouver Coastal Health (VCH): Provides a full range of health care services ranging from hospital treatment to community-based residential, home health, mental health and public health services serves residents in the coastal mountain communities, Vancouver, North Vancouver, West Vancouver and Richmond.

Vision: Based on values, this describes future. It uses language to convey a sense of how success will look and feel. It should be memorable, evocative and compelling. It is the destination.

Appendix B – Key Informants Interviewed During the Research

Respondents Interviewed Between October 2006 and March 2007:

Dr. Robert Baker, Family Physician
Steve Baker, West Richmond Community Centre
Linda Barnes, City of Richmond
Vince Battistelli, Richmond Addiction Services
Belinda Boyd, Richmond Health Services/RCSAC
Carolyn Brandly, City of Richmond
Trisha Buemann, City of Richmond
Eva Busich-Veloso, City of Richmond
Julie Clark, BC Healthy Communities
John Con, Richmond Health Services
Rain Daniels, Richmond Youth Services Agency
Ann Dauphinee, Richmond Health Services
Helen Davidson, Richmond Children First
Alison Dennis, City of Richmond
Dr. Trevor Hancock, Ministry of Health
Andy Hazlewood, Ministry of Health
Dr. Horst Hollinger, Family Physician
Dr. Alan Hori, Family Physician
Dr. Hiliary Hui, Family Physician
Rob Inrig, Richmond School District
Yasmin Jetha, Richmond Health Services
Craig Jones, Richmond Chamber of Commerce
Carol Lepine, City of Richmond
Barb Leslie, Richmond Health Services
April Lewis, Richmond Health Services
Francis Li, SUCCESS
Roy Matsuyama, City of Richmond (retired)
Michael McCoy, Touchstone Family Services
Larry Pamer, Richmond Cycling Committee
Petra Pardy, Richmond Health Services

Ron Paysen, RCMP

David Phillips, MCFD

Gurrinder Roy, Multi-Cultural Concerns Committee

Alan Sakai, Hamilton Elementary School

Balwant Sanghera, East Richmond Community Assoc.

Ian Shaw, South Arm Community Assoc.

Lesley Sherlock, City of Richmond

Kim Somerville, City of Richmond

Kate Sparrow, City of Richmond

Erik Stepura, City of Richmond

Ann Stevens, City of Richmond

Judy Valsonis, Touchstone Family Services

Dr. Darren Warburton, UBC

Peta Williams, Richmond Family Place

Kay Wong, Richmond Health Services

Wayne Yee, City of Richmond

Appendix C – Community Workshop Participants

On April 8, 2009 the project Steering Committee hosted a workshop of those interested in providing additional input to the process. Following is a list of those that attended and provided input.

Alan Hill, City of Richmond
Gaston Ntabaza, African Development Foundation
Judy Valsonis, Touchstone
Carol Lepine, City of Richmond
Ingrid Trouw, Richmond District Parent Assoc.
Eva Busich-Veloso, City of Richmond
John Foster, City of Richmond
John Con, Vancouver Coastal Health
Susan Rechel, Richmond Mental Health
Cristina Sutter, Garrett Wellness Centre
Pat Miller, Richmond Hospice Association
Debbie Tobin, BC Children’s Art & Literacy Centre
Steve Mahon, City of Richmond
Fred Sebastian, Filipino in Richmond Support Team
James Hsies, Vancouver Coastal Health
Kirsten Hamaoki, Boys & Girls Club Delta/Richmond
Sue MacPhail, Canadian Cancer Society
Jacqueline Hewitt, Richmond Addiction Services
James Lu, Vancouver Coastal Health
Lucy Tompkins, City of Richmond
Dace Starr, Richmond Public Library
Ella Huang, Richmond Centre for Disability
Sue Goulding, Richmond Health Services
Jodie Shebib, City of Richmond
Paul Brar, City of Richmond
Evelyn Uy, Richmond Multicultural Concerns Society
Christine Bradstock, 2010 Legacies Now
Rob Picard, Richmond District Parents Association
Alison Cormack, RHAC

Glenn Kishi, Richmond School Board
Vern Jacques, City of Richmond
Muffett Chambers, Volunteer Richmond
Belinda Boyd, Vancouver Coastal Health
Paul Mah, OASIS Program - Vancouver Coastal Health
Francis Li, SUCCESS
Marilyn Paulin, FIRST-PRO
Diane Bissenden, Vancouver Coastal Health
Donna Bishop, City of Richmond
Kitty Tang, Richmond School Board
Dylan Chipperfield, Richmond Fitness and Wellness
Paul Dufour, Richmond Orchestra & Chorus
Sophia Zhee, Physical Therapy Association BC
Cheryl Sharpe, City of Richmond
Brenda Ohara, Canadian Hemochromatosis Society
Margery Ejen, Richmond Nature Park
Helen Davidson, Richmond Children First
Jacob Braun, Minoru Seniors Society
Kim Jones, Thompson Community Association
Kirsten Schrader, City of Richmond
Beth Ovenden, Steveston Community Association
Donna Vines, City of Richmond
Jamie Myrah, BCHLA/CCS
Brenda Bartley-Smith, Richmond Nature Park
Renata Turick, City of Richmond
Vince Miele, Richmond Centre for Disability
Lot Ramirez, Richmond Multicultural Concerns Society
Aileen Cormack, Richmond Seniors Advisory Committee

Appendix D – Recommendations from PRCS 2009 Community Needs Assessment

Overarching Recommendation

- Maintain current levels of services being offered

Parks and Trails

- Foster neighbourhood parks
- Showcase major parks and Richmond Nature Park
- Review transportation options from Richmond Nature Park
- Review “dog on leash” areas and policies that may include adding off-leash areas as well as increasing enforcement
- Monitor and review trail use
- Creation of culturally relevant opportunities for groups to meet, exercise and socialize in neighbourhood parks

Aquatics

- Evaluate length versus public swim space and the ratio between lane versus public swim
- Address public aquatic facility cleanliness, or the perception of it
- Address perception of inadequate aquatic facility security

Community Centres/Facilities

- Address perceived differences in how different Community Centres are operated

Arts & Cultural Programs and Facilities

- Carry out a marketing and branding campaign of both the Richmond Art Gallery and the Richmond Arts Centre
- Address public confusion over identity and roles of the Richmond Main Library and other facilities within the Richmond Cultural Centre
- Showcase the work of Richmond Arts Centre and Richmond Art Gallery in other public facilities, such as Community Centres, to raise the profile of both facilities
- Carry out an awareness campaign for Richmond’s Museum and heritage facilities
- Carry out an awareness campaign for Gateway Theatre which addresses issues such as the perception that its programs are too expensive and to raise awareness of available culturally relevant programming
- Carry out an evaluation of communication of pricing for Gateway Theatre programs
- Evaluate the impact of pay parking on affordability of Gateway Theatre programs

Programming and Registration

- Implement scheduling of more varied programming including programming involving less time commitment, more drop-ins and more informally structured opportunities
- Ensure communication around a programs time commitment is accurate and complete
- Provide a computer terminal or telephone at Community Centres that can be used by clients to register for programs and activities not offered at the centre they are visiting to remove some of the frustrations around registration
- Carry out an overall evaluation of the registration process

Information

- Provide fuller and more accurate information online for PRCS programs and services
- Leverage positive results in marketing and communications
- Evaluate the continued role of the PRCS Guide and adjust this role accordingly over time
- Make offline and online information available in several languages

Ethnic Diversity and New Immigrants

- Continue to partner with non-profit partners to reach ethnic minorities and immigrant groups
- Expand community partnerships to develop culturally relevant services and needs, such as aquatic facility changing room issues around privacy
- Expand and foster culturally relevant programming
- Have staff wear name tags that include languages which are not as well represented in Richmond
- Review and establish guidelines around translation, in language printed materials and use of ethnic media
- Work with new immigrants to Canada (and the other agencies that serve them) to build and expand awareness of PRCS programs, facilities and services

Volunteerism

- Promote the benefits of volunteering and accurately convey the time commitments involved in these opportunities
- Create a greater range of volunteering opportunities including opportunities in languages other than English volunteer opportunities for new immigrants

Other Recommendations

- Address the fact that many Hamilton area residents feel their region is under-served
- Evaluate all aspects of the PRCS Recreation Fee Subsidy Program
- Initiate initiatives to increase youth engagement focussing on referral and/or mentoring programs
- Conduct an evaluation of the name and branding of the Minoru Place Activity Centre

Appendix E – Wellness Initiatives Developed at the Community Workshop

The specific list of initiatives in appended. All participants then assigned priority votes to indicate their support for the list of strategies. They applied “red dots” to the ones that they felt were highest priority candidates for early implementation.

| Outcome | New Or Existing | Strategy Name | Agency Lead | Agency Help | Initial Steps | Success Measures | # Red Dots |
|---|-----------------|-------------------------------------|-------------------------------|---|--|---|------------|
| Increased Physical Activity and a sense of Belonging | New | Walking to School with your friends | School Board | School Principal & Teachers | Develop and incentive program (School Board - Schools) Develop Rewards Program | Measure distances walked and number of new friends made | 11 |
| Wellness, sense of belonging | Existing | Declaration of Wellness Day | Sports | Coastal Health Agency | Planning, collaborating with the sports and recreation | Desired outcomes assessment, participation | 11 |
| Increase sense of well-being. | | | | | | | |
| Build a connected and active community | Existing | Food Security for all | Food Security Society | Poverty response network, Vancouver Coastal Health | Support for individuals to grow fruit and vegetables, Establish greater access to fresh fruit and vegetables, Increased # of public markets, Large retail grocers to establish satellite markets in high-density areas. Subsidized fresh fruit & vegetables to low income families | Surveys measure increased consumption. # people participating in farm tours, # community gardens, # homeowners converting land for growing food | 8 |
| Increased sense of well being | Existing | City Centre Farmers Market | Local Farms | Food Security Society | Create several locations for farmers to sell their produce seasonally i.e.: build on Steveston's farmers market. Allow kiosks to exist even on 3rd etc | Residents buying locally, more revenue for farmers, land stays in ALR instead of being removed. | 7.5 |
| Increased sense of belonging and connectedness | Existing | Homeless Connect | Salvation Army, Mental Health | anyone who wants to, addictions thru VCH & contracted partners. St. Ablans Ch | Ensure that Richmond's "invisible" homeless population (about 200) has a place to connect, shower, engage with service providers in a safe place | Homeless people coming to the homeless connect evenings each week and feel like they have a voice | 7.5 |
| Look after people below poverty line specifically children in this category | Existing | Lunch to go | School Board/ Health | Community Associations & large retail grocery stores | Go into the schools - identify the children or youth that are lacking in nutritional meals throughout the day due to poverty or poor parental care | Increased attention in school for better nourished kids, healthier, less absenteeism | 7 |

| Outcome | New Or Existing | Strategy Name | Agency Lead | Agency Help | Initial Steps | Success Measures | # Red Dots |
|--|-----------------|--|---|--|---|---|------------|
| All | Existing | Grow close to home enhancing local food production | Richmond Food Security Society | VCH, Churches/Temples, City, Schools, Community Services, Poverty Response | Ensure local farmer/growers are well supported, Ensure sustainability of local food production - including mentoring new generations of growers. Promote purchasing of local foods and ensure access. Promote benefits of gardening i.e.: links to environment and sustainability | # of community gardens/backyard gardens, Increase skills of population to produce own food, sustainability of local food system | 7 |
| Increase Connection of Isolated Residents transport to community centres, east Asian women, isolated seniors, children to sports | Existing | Connecting Our Isolated Populations | City of Richmond | | Review current transit (lack of east-west bus's) Identify isolated groups and situations (gaps) Increase Awareness of reason for gaps (COR) | Use of new transit opportunities, i.e. more eat to west bus routes | 7 |
| Increase sense of belonging | New | | City of Richmond Parks and Recreation | Community Associations | Develop Kit and marketing plan | Number of parties held Number of people attending | 6.5 |
| All three - Major - Physical Activity | Existing | Richmond Walks | City, VCH, School Board | NGO's, Business's | Identify one day a month that could be "Wellness Day". when Richmond residents are encouraged to walk - family. group, specific cultural/religious groups, youth group, people with disabilities and let them recruit participants | Statistical Data. Official "Wellness" Day. Expansion of program to include other physical activities. | 6 |
| Increase physical activity, connectedness to one's community | New | Interurban bike system drop off pick up locations | City - Transportation | Private Sponsor | Major sponsor to purchase bikes and locking system (base)/program (pass) implemented for use of bikes | Bikes in place and being used | 5.5 |
| Physical Activity and Healthy Eating | Existing | Action Schools BC, Elementary & Secondary | Richmond School District, School Champion | Coastal Health, Nurses at School | Every elementary school - public and private be on board to be as Physical Activity & Healthy Eating School. Secondary Action Schools will help meet demands of Daily Physical Activity (pilot Sept 09 - launch Sept 2010) | Improved PA & HE | 5 |

| Outcome | New Or Existing | Strategy Name | Agency Lead | Agency Help | Initial Steps | Success Measures | # Red Dots |
|---|-----------------|--|--------------------------|---|---|---|------------|
| Reduce Housing costs for all (low income housing for all) | Existing | Whole Wellness for all | City Of Richmond Schools | Provincial and Federal Govt | Start with awareness that is we can more afford our living spaces, we can work less and focus on our health for ourselves and our families | Growing feeling of community - more support for education from volunteerism. Healthier family life - less strain on health on health care and social services | 4 |
| Improving physical literacy & healthy habits | Existing | Healthy Living Passport | Active Health Comp ? | City of Richmond, Schools | Students could get on in the schools. It would have Daily, Weekly, Monthly, Yearly Goals. When goals are met receive stamp or reward | Reaching the mileage Goals | 3.5 |
| Increased sense of belonging & connectedness | New | Family Fun Nights/Days | Community Centres | School Board, PAC | Identify locations/ times/ dates, identify leaders for each location - leading to Cmtt's, Liaise with schools/pac to identify specific activities, (ongoing seasonal, target age, cultural) | Participation, attendance Cross-section of community | 3.5 |
| Increase physical activity | | Parks for Playing | Parks and Recreation | Community Service | Have Parks staff available to promote unstructured play among children. Supervised but unstructured by an adult. Let children play safely with no competition/bullying by facilitating their interactions without doing for them. | Increased use of green space, decrease | 3 |
| Increase Physical Activity/ Fitness | Existing | CPTED for parks/ walking paths. Crime prevention thru design | City | RCMP | Asses park/paths thru CPTED principles Improve parks/trials using CPTED principles | Increase sense of safety in all Rmd park space/paths/ trials | 3 |
| Connectedness | New | Meet my community | City Of Richmond | Schools, Cultural Groups, Organizations | Get out into the community not just your immediate community but visit others maybe a block away or a mile away | Safer communities, more participation in cultural events | 3 |
| Increased sense of belonging and connectedness | New | Community Gathering Space (Square, Plaza, Piazza) | City of Richmond | Community Associations Health Services | Identify what geographic location in each neighbourhood. Working groups with reps from community organizations. Community forums/discussions | Usage of space, # of users, # of events center of community or not | 3 |

| Outcome | New Or Existing | Strategy Name | Agency Lead | Agency Help | Initial Steps | Success Measures | # Red Dots |
|--|-----------------|--|--|--|---|---|------------|
| Increase sense of belonging/ wellness in the community | New | Wellness Day | City of Richmond | Vancouver Coastal Health and Community Agencies | Planning and designing the program, promotions and implementation | Unity in the community and good health are well | 2.5 |
| Increased physical Activity | Existing | Active Neighbours | City Of Richmond | VCH, private business in the community | Train the trainer program for walk leader. Community based marketing \$\$\$advertising | # of people taking part | |
| Increase physical health | New | Getting kids to Games | Leisure Services Rmd Community Centers | Touchtone. Faith Communities, Pop Health | Commitment from somewhere- city; sporting association | An increasing number of activities | |
| Physical Activity, Sense of Belonging | New | Walking Neighbourhoods | PRCS | Schools and Health | Develop a series of programs for the whole community but focused on young families that would create incentives to walk. I.e. - family event at a neighbourhood park - no parking Incentives for walking to school with parents, comm centre, partnering with corner store to create incentives to walk to shop, Fireworks at Halloween | Increase in people walking | |
| Increased sense of Belonging and Connectedness to ones community | New | Wellness Day | City of Richmond | Vancouver Coastal Health and Non-profit agencies | Planning and Designing the program and then promoting it to the different communities in various languages. Select a wellness day, involve the sports coordinator | Gauge the attendance each year | |
| All 3 Wellness | New | Protecting the environment | City Hall | all to lobby | Introduce zoning laws to limit how much a lot can be covered in concrete and structure | Better air quality, more green space | |
| Increased sense of belonging and connectedness | Existing | Intercultural Arts festival celebration (artistic collaboration & fusion between cultures) | City of Richmond | Non-profits/ School district | Cross Community organizing committee. Project plan. Start of Funding. Council Endorsement | Amount of cultural support, number of people that attend sense of belonging and wellbeing of artists and participants by asking recipients what needs have been met | |

| Outcome | New Or Existing | Strategy Name | Agency Lead | Agency Help | Initial Steps | Success Measures | # Red Dots |
|--|-----------------|--|---|--|---|---|------------|
| Do better, build on and increase awareness of the community information centre | Existing | "Info Richmond" Richmond Community Services Directory access as a part of Info Rmd | Volunteer Richmond Information Services | Richmond Public Library (website) Richmond Health Services to communicate that this exists to doctors and health community/ patients | Community Awareness Campaign of existence of an information line and directory which is housed in the Rmd public library website | Requests for info Web site hits | |
| Sense of belonging, wellness and physical fitness | Existing | Richmond Walk-a-Thon Day, whole or half day program | City | School Board, All Community Organizations, Coastal Health, Heart and Stroke | Planning groups with as many agencies as possible. Design the walk and programs related. I.e. walking trails, dykes, health information, interactive activities | # of participants, media involvement and reporting, # of organizations taking part | 2 |
| Affordable Housing | Existing | Housing for All | City of Richmond | Developers BC Housing | Land/Non-profit provider/Developer | One less homeless | 1.5 |
| Sense of Belonging | New | Free shuttle for Seniors | Richmond Addictions | Partnership | Present proposal to city, find donations for vehicles, Find sponsors for advertising on vehicles | No isolated seniors availing themselves of service survey | 1.5 |
| Increased sense of well being | Existing | Richmond Community Portal to Well Being | Vancouver Coastal Health | All related agencies, either National or Community based | Access funding, Assemble health agencies and non-profit society's (health based), Assemble community outreach personnel and educate them, Create online portal that community can access to see what health related initiatives, services and support are available | Statistics on # of hits on the site, Questionnaires to be filled out at health agencies and societies | 1 |
| Sense of well being/wellness | Existing | Good eating habits need to be learned and relearned throughout life | City of Richmond | All community associations | The sharing of good nutrition habits, Canada Food guide and Activity guide | Decrease in obesity/ overweight stats rather than increase | 1 |

| Outcome | New Or Existing | Strategy Name | Agency Lead | Agency Help | Initial Steps | Success Measures | # Red Dots |
|---|-----------------|---|--|--|---|---|------------|
| Increased sense of belonging | New | "Front Porch" Day People are encouraged to sit in front porch or yard and say hello to neighbours | Community Association, Council of Comm Assoc | City of Richmond | Establish task force (partnership based) volunteer Have kick off event (supported by meeting strategy) Volunteer for annual event | # of households participating website to track | 1 |
| Increase sense of belonging, Connectedness to ones community | New | Developing Self-Realization and Implantation of our Cultural identity | Each member of the community is ultimately responsible | Politicians, Various cultural organizations Faith groups, Parents/Elders | Accessibility to/Development of programs that help persons their self-identity - possibly led by counsellors psychologist, faith/spiritual leaders. Funding strategies, lobbying and marketing to increase awareness/education/inform | Over many years, perhaps generations, ongoing studies over long term such data review tonight | 1 |
| Increased sense of well being | New | | Chamber of Commerce | | Set a goal to reduce poverty in Richmond by 1/3 in ___ years | Annual reviews, updates | 1 |
| All 3 - physical activity, sense of belonging, sense of wellness | New | Richmond: Canada's Wellness Capital | City | Health, Community groups, School District, Business, Province | Set the vision/target, Get committed partners, Develop "game plan", Purchase resources to implement | Similar to milestones' - process and outcomes important | 1 |
| Connectedness/ Increase sense of belonging | New | Community Connections | Recreation or Health | Faith Communities, VCH, Schools | Have people of different cultural backgrounds come to the centre on one or two days. Interpreters available to tour about community resources and how they can be involved. Also to get input on what they would like/need to have access to. | Increased participation in community activities | 1 |
| Making Richmond more accessible for youth or people without a car. Getting cars off roads | Existing | Moving Richmond Green | Translink | Mayor and council, communities | Addressing routes needed to get people across Richmond in a direct and timely manner, lowering fares to increase more riders (make it affordable for families and youth) | More people on transit, less cars on road | 1 |

| Outcome | New Or Existing | Strategy Name | Agency Lead | Agency Help | Initial Steps | Success Measures | # Red Dots |
|--|-----------------|--|----------------------|--|---|---|------------|
| Sense of belonging/ Wellness and Well Being | Existing | | City of Richmond | All Arts groups in Richmond | Centralize a location for all arts groups to be located | Participation of groups | 1 |
| Connected Community | New | Annual competition for the most connected (city block) | City of Richmond | Community Centres, Faith community, Cultural groups, real estate companies | Identify measures of connected neighbourhood - thriving community life, define what is a neighbourhood | number of (city block) neighbourhoods participating | 1 |
| | | | | Children First, Sports BC | Girl Guides, Communities to designate a transportation co-ord, likely a volunteer to ensure that transportation is always avail for kids to get to activities | have formal structures for ensuring kids can access then even if their parents can't get them there | |
| | | Playground Programs | | Agencies i.e. Boys and Girls Club | | in park vandalism, Improves social skills among children (especially young) | |
| More engaged Community, Increase fitness & participation | New | Healthier Community Strategy | Community Centre | Schools/ Health | Learn Key Concepts. What message do I want to get out there, What programs are we targeting. | More engaged Community, Increase awareness of why healthier living is important | |
| Increased sense of Belonging | New | Increase # of sidewalks in | City of Richmond | | | | |
| Sense of belonging | New | Community Council, Outreach | City of Richmond | Community Associations | Staff, council buy ins | Public participation | |
| Increase sense of belonging and | New | A meeting place | City - Parks and Rec | Community agencies, youth workers | Identify one or more key locations | # of youth attending | |

| Outcome | New Or Existing | Strategy Name | Agency Lead | Agency Help | Initial Steps | Success Measures | # Red Dots |
|--|-----------------|--|--|---|---|--|------------|
| Physical Activity | | unstructured area for youth i.e.. Bike park, skate park games room | | Police, crime prevention | Identify target groups and potential activities Identify the host agency" | sense of belonging, physical activity crime, school attendance | |
| Sense of Belonging | New | Community Schools | School district and City | Community partners | Strengthen working relationships between partners Explore concepts developed in other communities | Children/families feeling supported and connected. Stronger schools and neighbourhoods | |
| Increased physical activity and connectedness in the community | Existing | You are part of us | City of Richmond, Parks and Recreation | Each community Association and Community organization and the Faith community | First examine existing program and services in each community centre. Second: explore community needs and barriers or gaps that people do not participate Third: Committee to address the issues and needs and plan accordingly. Fourth: set up program and facilities and promote | Participation rate composition breakdowns of participants. Number of programs increased | |
| Educate - Residents be it new or existing to services in Richmond | Existing | Wellness Package | School Board | Richmond Hospital | Meet at different community groups (multi-cultural) to ascertain what are most common questions from new immigrants. Existing residents will assist with services available | | |
| Increase sense of belonging - increase community connection/ ownership of community connection/ ownership of | New | Mandatory community service for youth (like in Europe) | Federal and Provincial Government | Community Organizations and schools | Examine the existing mandatory community civil service for youth that many European countries have (Germany for example) & build on this for Canadian youth! This would be a new and improved one-year mandatory civil service program for youth. | Measure European countries for success's, learn from any mistakes and implement an improved Candianized strategy of this program | |

| Outcome | New Or Existing | Strategy Name | Agency Lead | Agency Help | Initial Steps | Success Measures | # Red Dots |
|--|-----------------|--------------------------------|-----------------------------------|--|--|--|------------|
| Increase sense of belonging | New | Promote Community Card concept | City of Richmond | Community Centres | Identify what info should be on the community card make the blank common cards available to everyone. Encourage everyone to develop on for his/herself | When the political support the opportunity. When at least 50% of Rmd population use it | |
| All three | Existing | | Health Welfare, City Programming | Community, Volunteers | Speak to one another find out what is being done and what needs to be done | Community ownership of programming and growing brotherhood | |
| Increased sense of wellness/well being | Existing | Workplace literacy | Richmond Community Literacy Group | School District, Public Library, SUCCESS Touchtone, Kwantlen | Develop/adopt a training program and hire someone to run it. Identify company or organization willing to participate | Promotions for workers or better new jobs for workers | |

Appendix F – Inventory of Existing Richmond Community Wellness Services (Information compiled by Kelvin Higo in 2008).

Preventive Initiatives/interventions offered by the key stakeholders not including NGOs unless they partnered on a specific initiative. This list is not exhaustive but rather compiled to give a sense of the breadth of achievement within our community.

| Wellness Initiative | Service Provided by Initiative | | | | | | | | | | | Partnerships | | | | | | | Dimension of Wellness | | | | | |
|------------------------------------|--------------------------------|--------------------------|---------------------|-----------------------|----------------|------|------------------------|-----|----------|-----------|--------|--------------|-----------|--------------|---------------|--|--|--|-----------------------|--|--|--|--|--|
| | City of Richmond | Richmond Health Services | School District #38 | Provincial Government | NGOs/Community | RCMP | Richmond Mental Health | RAS | Physical | Emotional | Social | Intellectual | Spiritual | Occupational | Environmental | | | | | | | | | |
| 2010 Challenge | X | | X | X | | | | | | | | | | | X | | | | | | | | | |
| 2010 Trails strategy - (2004) | X | | | | | | | | | | | | | | X | | | | | | | | | |
| 40 Developmental Assets | X | X | X | | X | X | | X | | X | | | | | X | | | | | | | | | |
| Accessibility | X | | | | X | | | | | | | | | | X | | | | | | | | | |
| Action!Schools BC | | | X | X | | | | | | | | | | | X | | | | | | | | | |
| Active Seniors are Healthy Seniors | X | | | | X | | | | | | | | | | X | | | | | | | | | |
| ActNow BC | | | X | X | | | | | | | | | | | X | | | | | | | | | |

| Wellness Initiative | Service Provided by Initiative | Partnerships | | | | | | | | | | | | | | |
|---|--|------------------|--------------------------|---------------------|-----------------------|----------------|------|------------------------|-----|----------|-----------|--------|--------------|-----------|--------------|---------------|
| | | City of Richmond | Richmond Health Services | School District #38 | Provincial Government | NGOs/Community | RCMP | Richmond Mental Health | RAS | Physical | Emotional | Social | Intellectual | Spiritual | Occupational | Environmental |
| Adapted Fitness programs | Fitness programs for those with disabilities. | X | | | | | | | | X | | | | | | |
| Adult Counselling | Free counselling service for adults involved in addressing their substance use/misuse issues. | | | | | | | X | | | | X | | | | |
| Affordable Housing Statutory Reserve Fund | Establishes reserve fund in support of affordable housing projects. | X | | | | X | | | | | | | | | | |
| Atlas & Athena | Athletes Training and Learning to Avoid Steroids and Athletes Targeting Healthy Exercise & Nutrition Alternatives are peer led, gender specific, substance use prevention programs for high school sports team athletes. | | | | | | | | | | | | | | | |
| Auditory Training Equipment Program | Provides specialized hearing equipment to students with hearing loss for in-school use. | | | | | | | | | | | | | | | |
| B.C. Early Hearing Program | Identifies and provides appropriate intervention for any infant with permanent hearing loss. All newborn infants receive hearing screening. | | | | | | | | | | | | | | | |
| BC Healthy Living Alliance | Granted \$22 million by the Prov. Govt. to promote healthy eating, physical activity promotion and reduction in tobacco use. | | | | | X | | | | | | | | | | |
| Best Place to Raise Children | Vision is for Richmond to be the best place in North America to raise children and youth. | X | | | | | | | | | | | | | | |
| Better Backs and Balance | Supported by the Walk Richmond Initiative, to raise awareness around balance issues and risks of falls; and to improve individual's balance, agility and strength. | X | | | | | | | | | | | | | | |
| Block Party Promotion | Promotes neighbours knowing each other and fostering safety, inclusiveness, etc. | X | | | | | | | | | | | | | | |

| Wellness Initiative | Service Provided by Initiative | Partnerships | | | | | | | | | | | | | | |
|---|---|------------------|--------------------------|---------------------|-----------------------|----------------|------|------------------------|-----|----------|-----------|--------|--------------|-----------|--------------|---------------|
| | | City of Richmond | Richmond Health Services | School District #38 | Provincial Government | NGOs/Community | RCMP | Richmond Mental Health | RAS | Physical | Emotional | Social | Intellectual | Spiritual | Occupational | Environmental |
| Block Parents | Safe neighbourhood haven where assistance is available. | | | | | X | | | | | X | | | | | |
| Breakfast Programs | Healthy breakfasts provided to school children to enable learning. | | X | | X | | | | X | | | | | | | |
| Breast Feed Promotion | Reduces infant respiratory diseases, middle ear and urinary tract infections, allergies and asthma reduces the incidence of childhood obesity. Also contributes to the healthy development of the brain and nervous system. | | X | | | X | | | | X | | | | | | |
| Business/Realty/Block Watch | Promote crime prevention strategies. | | | | | | X | | | | X | | | | | |
| Cardiac Rehab Program | Targets those who have had a heart attack, bypass surgery, angiogram/angioplasty, valve problem or who are at high risk of developing heart problem. Consists of exercise, nutrition education and stress management. | | X | | | | | | | X | | | | | | |
| CDA Cooking for your Life | Nutritional classes targeting persons with chronic diseases. | | X | | | X | | | | X | | | | | | |
| Child Care Statutory Reserve Fund | Establishes reserve fund in support of child care projects/initiatives. | X | X | X | | | | | | | X | | | | | |
| Chronic Disease Self Management Program | Lay led education program providing information and practical skills on managing chronic health problems. | | X | | | X | | | | X | | | | | | |
| Citizen CrimeWatch | Community based program involving citizens patrolling. | | | | | | X | | | | X | | | | | X |

| Wellness Initiative | Service Provided by Initiative | Partnerships | | | | | | | | | | | | | | |
|-------------------------------|---|------------------|--------------------------|---------------------|-----------------------|----------------|------|------------------------|-----|----------|-----------|--------|--------------|-----------|--------------|---------------|
| | | City of Richmond | Richmond Health Services | School District #38 | Provincial Government | NGOs/Community | RCMP | Richmond Mental Health | RAS | Physical | Emotional | Social | Intellectual | Spiritual | Occupational | Environmental |
| City Beautification - | Encourages Citizens to become involved in the beautification of the city by adopting trees, parks, trails or streets. Thirteen hundred volunteers participate in this program including over 80 groups from school children to service clubs. | X | | | | X | | | | | X | | | | | X |
| City Recreational Programs | City provides recreational programming for residents of all ages. See Parks, Recreation & Culture Guide at www.richmond.ca . | X | | | | X | | | | | | X | | | | |
| Communicable Disease Control | Provides all school immunizations, influenza immunizations immunization of adults and high risk individuals and groups. | | X | | | | | | X | | | | | | | |
| Community Advisory Committees | Advisory committees established by City Council. | X | | | | | | | | X | | | | | | X |
| Community Fitness Centres | Located in a number of community recreation facilities. Many have fitness coordinators to assist individuals and groups with their active living needs. | X | | | | | | | | | | | | X | | |
| Community Kitchens | Participants meet 1-2 times a month to prepare meals for themselves and/or their families. Provides an opportunity to learn new recipes, meet with others, practice language skills and save time and money. | X | | | | | | | | | | | | | X | |

| Wellness Initiative | Service Provided by Initiative | Partnerships | | | | | | | | | | | | | | |
|--|---|------------------|--------------------------|---------------------|-----------------------|----------------|------|------------------------|-----|----------|-----------|--------|--------------|-----------|--------------|---------------|
| | | City of Richmond | Richmond Health Services | School District #38 | Provincial Government | NGOs/Community | RCMP | Richmond Mental Health | RAS | Physical | Emotional | Social | Intellectual | Spiritual | Occupational | Environmental |
| Community of Excellence for Sports & Wellness | Supports the City vision of being the most appealing, liveable well managed City by leveraging access to existing and new sport and recreation facilities through enhanced community activity and outreach programs, in conjunction with a community based primary prevention strategy led by VCHA. Will also model a Sport for Life community, a model of life long healthy active living. | X | X | X | | X | | | | X | X | X | X | X | X | |
| Constructive Alternative To Teen Suspension (CATS) | A structured, preventative program involving a mandatory 3 day commitment for students who have violated the drug and alcohol policy in the Richmond School District. | | | | | | | X | | | | X | | | | |
| Corporate Wellness Programs | Promotes staff wellness. | X | X | | | | | | | | | | | | X | |
| Cycling in Richmond | Richmond Community Cycling Committee formed in 1993 to work in partnership with the City. Provides input on promoting infrastructure projects as well as education and awareness activities promoting cycling. | X | | | | | | | | | | | | | X | |
| D.A.R.E. | Prevention program targeting global substance abuse problem. | | | | | | | | X | | | | | | | X |
| Daily Physical Activity | Goals to be developed as per the ActNow initiative | | | X | X | | | | | | | | | | X | |
| Daytox | A program for adults involved in the process of managing their withdrawal from substance use. | | | | | | | | | | | | | | X | |
| Dental Screening Program | Began in 2006. Goal is to reduce preventable chronic dental disease and promote optimal dental health for all residents. | | | | | | | | | | | | | | | X |

| Wellness Initiative | Service Provided by Initiative | Partnerships | | | | | | | | | | | | | | |
|---------------------------------|---|------------------|--------------------------|---------------------|-----------------------|----------------|------|------------------------|-----|----------|-----------|--------|--------------|-----------|--------------|---------------|
| | | City of Richmond | Richmond Health Services | School District #38 | Provincial Government | NGOs/Community | RCMP | Richmond Mental Health | RAS | Physical | Emotional | Social | Intellectual | Spiritual | Occupational | Environmental |
| Developmental Screening | Uses the Ages & Stages screening tool. | X | | | | | | | | | X | | | | | |
| Diabetes Day Care | Provides exercise and nutrition education for diabetics. | X | | | | | | | | | | | | | | |
| Draft Older Adults Service Plan | Adopted by City Council in Sept 07. | X | | | | | | | | | | | | | | |
| Effective Connections | Offers self awareness and improved coping strategies at RH Outpatient Psych. Dept. | | | | | | | X | | | X | | | | | |
| Everyone Can Play | Approximately 10,000 residents play field sports supported by 2500 volunteers and 17,500 spectators. Encourages participation in outdoor sports activities. | X | | | | | | | X | | | | | | | |
| Expressive Art Group | Group art therapy. | | | | | | | | | | | | | | | X |
| Falls Prevention | Has led to a 'walkable community accord' aimed at reducing falls through education, awareness and prevention. | X | | | | | | | | | | | | | | |
| Family Counselling | Support and counselling offered to family members of a person who has misuse issues or addiction issues that affects the family. | | | | | | | | | | | | | | | X |
| Fee Subsidy Program | Enhances access to recreation and is available for admissions and program registration in community centres, cultural centres, aquatic centres and arenas (income testing is required). | X | | | | | | | | | | | | | | X |
| Food Security Task Force | Community committee working on food security issues. | X | | | | | | | | | | | | | | X |
| Garratt Wellness Centre | Promote chronic disease prevention and management to reflect community need. | X | | | | | | | | | | | | | | X |

| Wellness Initiative | Service Provided by Initiative | Partnerships | | | | | | | | | | | | | | |
|-----------------------------------|--|------------------|--------------------------|---------------------|-----------------------|----------------|------|------------------------|-----|----------|-----------|--------|--------------|-----------|--------------|---------------|
| | | City of Richmond | Richmond Health Services | School District #38 | Provincial Government | NGOs/Community | RCMP | Richmond Mental Health | RAS | Physical | Emotional | Social | Intellectual | Spiritual | Occupational | Environmental |
| Getting Richmond Moving!(2005) | Promotes a Healthy Choices Plan. Has sponsored an annual Children's Challenge and a scavenger hunt. Provides access to software that can track your steps, physical activity and how much fruit and vegetables you eat as well as how much water you consume. Also sponsored the Walking Series promoting various walking opportunities in Richmond. | X | X | X | | X | | | | X | | | | | | |
| Gilwest Clinic | Provides HIV and Hepatitis C follow-up, consultation, testing, contact tracing, education and treatment services for Richmond Residents. | | X | | | | | X | | X | X | | | | | |
| Grade 5 Active Pass | Pilot program initiated in 2007 to encourage youth participation in physical activity. Gives admission to drop in swimming, drop I skating, pitch & putt golf with a paying adult various other drop in programs at local community centres. | X | | | | | | | | X | | | | | | |
| Harm Reduction Services | Needle exchange service is offered at several RHS locations. | | X | | | | | | X | | | | | | | |
| Health Fairs | working in partnerships with community to promote healthy eating, breastfeeding and food security in the community. | X | X | | | | | | | X | | | | | | |
| Healthy Babies & Families Program | In partnership with community, provides and promotes a full continuum of services from pre-conception to age two, building the foundation for optimal social, physical and emotional health and well being for each child and family. | | X | | | X | | | | X | | | | | | |

| Wellness Initiative | Service Provided by Initiative | Partnerships | | | | | | | | | | | | | | |
|--------------------------------------|---|------------------|--------------------------|---------------------|-----------------------|----------------|------|------------------------|-----|----------|-----------|--------|--------------|-----------|--------------|---------------|
| | | City of Richmond | Richmond Health Services | School District #38 | Provincial Government | NGOs/Community | RCMP | Richmond Mental Health | RAS | Physical | Emotional | Social | Intellectual | Spiritual | Occupational | Environmental |
| Healthy Food & Drink Choices Program | Fully eliminate the sale of unhealthy foods and beverages from schools. Deadline moved forward to Jan 08 from Sept 08 for middle and elementary schools. | X | X | X | X | X | | | X | X | | | | | | |
| Healthy Schools Network | Healthy children are better able to learn and schools can directly influence children's health | | X | | X | | | | | | | | | | | |
| Healthy Steps | Focus on physical fitness. | | | | | | X | | | X | | | | | | |
| Home Security Checks | RCMP & BlockWatch offer a free home security inspection. | | | | | | X | | | | X | | | | | |
| Injury Prevention | Promotes networks and partnerships with goal of reducing the rate of intentional and unintentional injuries. Projects include bike helmet initiatives, sports injuries, prevention of violence against children, youth and women. | | X | | | X | | | | | | | | | | |
| Intercultural Strategic Plan | Addresses community cultural issues. | X | | | | X | | | | | X | | | | | |
| John M.S. Lecky Boathouse | To provide a venue for competitive rowing as well as an opportunity for others to get involved in paddling sports. | X | | | | X | | | | | | | | | | |
| Joint Works | Fitness activity for those persons with arthritis. | X | | | | | | | | | | | | | | |
| Kindergarten Hearing Screening | Provides hearing screening for all kindergarten children in Richmond. | | X | | | | | | | | | | | | | |
| KnowDice | An interactive and fun prevention initiative for grade 6/7 students who are in the primary stages of their gambling experiences. | | | | | | | | X | | | | X | | | |
| Lose Weight Feel Great | Aquatics program targeting weight loss and fitness | X | | | | | | | | | | | | | | |
| Lunch Bunch | Social lunch for seniors held at RMHT. | | | | | | | | | | | | | | | X |
| Meth Watch Program | Retailers report suspicious transactions. | X | | | | X | X | X | X | | | | | | | X |

| Wellness Initiative | Service Provided by Initiative | Partnerships | | | | | | | | | | | | | | |
|---|---|------------------|--------------------------|---------------------|-----------------------|----------------|------|------------------------|-----|----------|-----------|--------|--------------|-----------|--------------|---------------|
| | | City of Richmond | Richmond Health Services | School District #38 | Provincial Government | NGOs/Community | RCMP | Richmond Mental Health | RAS | Physical | Emotional | Social | Intellectual | Spiritual | Occupational | Environmental |
| Mindfulness Based Cognitive Therapy Group | 2/yr- use of mindfulness practices to achieve and maintain mental health. | | X | | | | | | | | | X | | | | |
| Minoru Sports Pavilion | Offers specialized fitness programs such as Healthy Backs and Strong Abdominals; Osteofit 1; Osteofit for Life etc. | X | | | | | | | X | | | | | | | |
| Multi Cultural Comm. | Promote relations with multi cultural community. | | | | | X | | | | | X | | | | | |
| Noakes Maternity Clinic | Family physicians who provide care for pregnant women , their partners families who plan to give birth at Richmond Hospital and for 8 weeks after the baby is born. | | X | | | | | | | X | | | | | | |
| Nutrition | Provide targeted educational resources, workshops and events for priority populations to improve their nutritional knowledge and skills. | | X | | | | | | | X | | | | | | |
| Parent Education Series | Parents receive up to date information on substance use, gambling and other addictive behaviours as well as skills on how to prevent problematic substance use in their children. | | | | | | | | X | | | X | | | | |
| Parent Support Groups | A counsellor led group for parents whose children are using or misusing substances. | | | | | | | | X | | | X | | | | |
| Passport to Wellness | Focus is on education about mental health, social skills and leisure activity. | | | | | | | X | | X | | | | | | |
| Pedestrian Safety | "Being Seen in Richmond" - pedestrian safety tips. | | | | | X | | | | | X | | | | X | |
| Peer 2 Peer | Grade 10 students create an interactive display to educate their younger peers about some elements of substance use, gambling and other addictive behaviours. | | | | | | | | X | | | X | | | | |

| Wellness Initiative | Service Provided by Initiative | Partnerships | | | | | | | | | | | | Dimension of Wellness | | | | | |
|--|---|------------------|--------------------------|---------------------|-----------------------|----------------|------|------------------------|-----|----------|-----------|--------|--------------|-----------------------|--------------|---------------|--|--|--|
| | | City of Richmond | Richmond Health Services | School District #38 | Provincial Government | NGOs/Community | RCMP | Richmond Mental Health | RAS | Physical | Emotional | Social | Intellectual | Spiritual | Occupational | Environmental | | | |
| Positive Ticketing | Tickets redeemable at City facilities given out to youth to recognize positive behaviour. | | | | | X | | | | | X | | | | | | | | |
| Pre Natal Education | | | X | | | | | | X | | | | | | | | | | |
| Prevention in Elementary Schools | A program to empower children with the knowledge they need to reduce risks, develop refusal skills make healthy life choices. | | | | | | | X | | | | X | | | | | | | |
| Problem Gambling Presentations | Presentations in schools aimed at helping young people make healthy choices as well as letting them know where to go if they need help. | | | | | | | X | | | | X | | | | | | | |
| Public Art Program | Promotes establishment of public art in the community. | X | | | | X | | | | | | X | | | | | | | |
| R.E.A.D.I.T.T. | | | | | | | | | | | | | | | | | | | |
| Responsibility, education & development Initiated Through Tutoring | Aimed at youth who have fallen behind in their studies and due to behavioural problems have come to the attention of the police. | | | | | X | | | | | | X | | | | | | | |
| RCMP Youth Section | 6 constables assigned to High Schools/2 to DARE program. | | | | | X | | | | | | X | | | | | | | |
| Recreation Access Card | Entitles residents with permanent disabilities a 50% discount to drop in activities. | X | | | | | | | | | | X | | | | | | | |
| Restorative Justice Program | Bring together those affected by an incident where a child/youth has come into conflict with the law. | | | | | X | | | | | X | | | | | | | | |
| Richmond Children First | Community network of agencies working to improve the health and well being of young children and youth in Richmond. | X | X | ? | X | X | X | X | X | X | X | X | X | X | X | X | | | |

| Wellness Initiative | Service Provided by Initiative | Partnerships | | | | | | | | | | | | | | |
|-------------------------------------|---|------------------|--------------------------|---------------------|-----------------------|----------------|------|------------------------|-----|----------|-----------|--------|--------------|-----------|--------------|---------------|
| | | City of Richmond | Richmond Health Services | School District #38 | Provincial Government | NGOs/Community | RCMP | Richmond Mental Health | RAS | Physical | Emotional | Social | Intellectual | Spiritual | Occupational | Environmental |
| Richmond Fitness Challenge | Entering its 11th year. To complete the challenge, participants must workout at least 3 times per week for 3 months. Persons completing the challenge receive a Fitness Challenge t-shirt and a change at draw prizes. | X | | | | | | | | X | | | | | | |
| Richmond High COLTS Program | Provides support to high risk teen pregnancy and parenting program. | X | X | | | | | | | | | | | | | |
| Richmond Oval | Post Games, the facility will become a multi purpose centre of excellence for sports and wellness. Will contain the largest fitness centre in Richmond a full complement of sports medicine services, specialized wellness programs, a nutrition centre, indoor walking and running tracks and multiple other activities. | X | X | | | | | X | | | | | | | | |
| Richmond Youth Basketball | Developmental league for children & youth 5 - 17 years which promotes self esteem, friendship, cooperation leadership opportunities. | X | | | | | | X | | | | | | | | |
| Richmond Youth Intervention Program | Provide assessment, counselling /or referral services to youth. | | | | | | | | | | X | | | | | |
| Rides & Slides | Interactive health promotion game. | | | | | | | | | | | | | | | |
| Roots of Empathy | Evidence based classroom program that reduces levels of aggression and violence among school children while raising social/emotional competence and increasing empathy. | | X | X | | | | X | | | | | | | | |
| Safe Communities | A not for profit community coalition dedicated to creating a safe community to live, work & play. | X | X | | | | | | | | | | | | | X |

| Wellness Initiative | Service Provided by Initiative | Partnerships | | | | | | | | | | | | | | |
|--|--|------------------|--------------------------|---------------------|-----------------------|----------------|------|------------------------|-----|----------|-----------|--------|--------------|-----------|--------------|---------------|
| | | City of Richmond | Richmond Health Services | School District #38 | Provincial Government | NGOs/Community | RCMP | Richmond Mental Health | RAS | Physical | Emotional | Social | Intellectual | Spiritual | Occupational | Environmental |
| School Fruit & Vegetable Snack Program | Pilot program to provide 1 serving of BC fruit and vegetables, 2 times per week during the school year to elementary school children. | | | X | X | | | | | X | | | | | | |
| Seniors Peer Counselling | Offers trained senior volunteers who guide and support their peers through difficult times. | X | | | X | | | | | | X | | | X | | |
| Seniors Wellness Clinics | Blood pressure, glucose tests, massage, reflexology, reiki, medication concerns etc services offered | X | | | X | | | | | | | | | | | |
| Special Needs Programs | Adapted fitness programs designed for people with disabilities including head injuries, strokes, MS and wheelchair participants. | X | | | X | | | | | | | | | | | |
| Speech Language Program | Communication development presentations, normal speech and language development. | | X | | | | | | | | | | | | | |
| SpeedWatch | Volunteers promote safe driving habits. | | | | | X | | | | | | | | | X | |
| Sport & Social Club | Group fitness activity. | | | | | | X | | | | | | | | | |
| Substance Abuse Strategy | Addresses substance abuse issue in the community. | X | | | | X | | | | | X | | | | | |
| Team IZZAT | Youth targeted program run by RCMP volunteers. | | | | | | | | X | | | | | | | |
| Tobacco Reduction Strategies | Includes Tobacco Sales Enforcement, No Smoking Bylaw enforcement, Smoking Cessation, health promotion activities delivered by the tobacco reduction coordinator in our schools and community. | X | | | | | | | | | | | | | X | |
| Walk Richmond Project | Goal is to engage residents in life long walking and supporting individual health and a commitment to community wellness. Has developed a Summer Walking Series as well as an interactive website. | X | | | | | | | | | | | | | | X |

| Wellness Initiative | Service Provided by Initiative | Partnerships | | | | | | | | | | | | Dimension of Wellness | | | | | |
|----------------------------|--|------------------|--------------------------|---------------------|-----------------------|----------------|------|------------------------|-----|----------|-----------|--------|--------------|-----------------------|--------------|---------------|--|--|--|
| | | City of Richmond | Richmond Health Services | School District #38 | Provincial Government | NGOs/Community | RCMP | Richmond Mental Health | RAS | Physical | Emotional | Social | Intellectual | Spiritual | Occupational | Environmental | | | |
| Walking Bus Program | Promotes walking to school to enhance fitness as well as being environmentally responsible. | | X | | | | | | | X | | | | | | | | | |
| Waterworks aquatic program | Targets persons with arthritis. | X | | | | | | | | X | | | | | | | | | |
| Way to Go! | Traffic safety awareness program. | | | X | | | | | | X | | | | | | | | | |
| Wheelchair Sports | Programs for wheel chair sport opportunities including curling, tennis and basketball. | X | | | | X | | | | X | | | | | | | | | |
| Youth Health Clinics | | | | | | | | | | X | | | | | | | | | |
| Youth Health Teams | Focus is youth driven teams in schools actively educate youth on health related issues during school hours or events. | | | | | | | | | | | X | | | | | | | |
| Youth Network | Community Network of agencies working with youth. | X | | | | X | | | | | | | | | X | | | | |
| Youth Outreach Counselling | A service that meets youth where they are at while helping eliminate some of the barriers youth have to accessing treatment. | | | | | | | | | | | | | | | X | | | |

Appendix G – Richmond Social Services Inventory
 * Courtesy of the Richmond Community Services Advisory Committee (2003)

| Category | Programs | Agency | Target Group | Language(s) | Clients Served Per Month | Clients Turned Away In Past Month | Waiting List |
|------------------|--|---------------------------------------|--|-------------------|------------------------------|-----------------------------------|--|
| Child Care | Richmond Child Care Resource & Referral Centre | Volunteer Richmond | Families with children 0-12 yrs. Child care providers | English & Chinese | 35 | No - last month | |
| | Treehouse Early Learning Centre | Richmond Society for Community Living | Children 3-5 years old | English | 25 children | No | Yes - waiting period unknown |
| | Infant Development Program | Richmond Society for Community Living | Children from birth to 3 yrs old with a developmental delay or at risk of being delayed. | English | 160 families | No | No - but funded to support 100 families, currently supporting 160. |
| | Study Buddy | Big Sisters of BC | Girls/young women 7-17 yrs old | | Fluctuates | | |
| Children & Youth | Prevention | RADAT | Elementary school aged to seniors | English & Chinese | Not specified | | |
| | Suicide Prevention | Chimo Crisis Services | Grade 9 students | English | 300 | No | No |
| | Stepping Out | Chimo Crisis Services | Grade 6 & 7 students | English | 60-65 | No | No |
| | Youth Outreach | RADAT | Youth | English & Chinese | Not specified | | |
| | Employment Program | RYSA | Multi barrier youth at risk, 15+ to 30 (as per HRDC & MRH guidelines) | English | 20-25 (depends on contracts) | Yes - 75 youth | Yes - 3 to 4 months until new contact approved & started |
| | Youth & Family Outreach | RYSA | Male and female (at risk youth) 13-18 yrs. (may be extended) | English | 10-20 per program | No | No |
| | Children's Holiday Camp | Salvation Army Resource Centre | Summer camp for 7-12 yrs old | English | Not specified | | |
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| Category | Programs | Agency | Target Group | Language(s) | Clients Served Per Month | Clients Turned Away In Past Month | Waiting List |
|-----------------------|---|-----------------------------------|---|---|--|---|---------------------|
| Counselling & Support | Big Brothers Program | Big Brothers of Greater Vancouver | Matches adult male volunteers with boys between 7-12 yrs old who are from male absent homes | English | 40 | No | Yes |
| | Lets Be Friends | Big Brothers of Greater Vancouver | Matches adult male volunteers with boys and girls 7-16 yrs old who are from Chinese speaking families | English & Chinese | 17 | Yes - currently 3 families on wait-list | Yes |
| | Problem Gambling | RADAT | Youth & Adults | English & Chinese | Not specified | | |
| | Withdrawal Management/Home Detox | RADAT | Youth & Adults | English & Chinese | Not specified | | |
| | Adult Outpatient Counselling | RADAT | Adults | English & Chinese | All 5 RADAT Programs: 1100 | No | Yes |
| | Adult Crisis & Suicide Intervention | Chimo Crisis Services | Adults (19+) in crisis, at risk of, or bereaved by, suicide | English & Chinese | Unable to answer | No | No |
| | Fire Victim Assistance (replace basic household stuff) | Salvation Army Resource Centre | | | | 0 | |
| | Hospice Volunteer Visiting Support Program | Richmond Hospice Association | Richmond residents facing a life-threatening illness the bereaved their families & friends | English, Chinese & Punjabi volunteer services | 45 residents per month plus their families & close friends | Yes - 5 people | Yes - 3months |
| | Individual Bereavement Counselling & Grief and Loss Support Program | Richmond Hospice Association | Richmond residents who are bereaved or dealing with grief and loss | English | 10 | Yes - 5 people | Yes - 3 to 6 months |
| | Hospice Relocation Group | Richmond Hospice Association | Richmond residents | English, Cantonese & Punjabi volunteer services | 36 | No | No |

| Category | Programs | Agency | Target Group | Language(s) | Clients Served Per Month | Clients Turned Away In Past Month | Waiting List |
|----------|---|--------------------------------------|--|--|---|--|----------------------|
| | Family Therapy | Family Services of Greater Vancouver | All people of low income | English & Chinese | 2002/03 FY: processed 164 intakes, provided 1829 hrs of service & services to 228 | | |
| | Vancouver/Richmond Incest Sexual Abuse Centre (VISAC) | Family Services of Greater Vancouver | Children 2-19, adults and families and their non-offending care-fivers who have suffered from sexual abuse & trauma | English, Korean, Spanish & Portuguese | 2002/03 FY: 24 families & 30 children received therapy. 55 individual adults received therapy | Yes | Yes - up to 6 months |
| | Family Counselling Program (MCFD Access) | Touchstone | Families | | Not specified | | |
| | Crisis & Referral Line | Chimo Crisis Services | All ages & genders; any individual with psychological, social or mental health crisis; on-going support to mental health consumers; past, present or future clients of Richmond Health Services Mental Health Team or Richmond Mental Health Emergency Services Team | English; others depending on language skills of volunteers | 600 | Yes - no. of unserved calls unknown as calls may just get busy signals | No |
| | Richmond Senior Peer Counselling | Volunteer Richmond | Seniors | English & Chinese | May 03, 11 received counselling & 5 on waiting list | No | Yes |
| | Stopping the Violence Counselling | Chimo Crisis Services | Women (19+) who have experienced violence in relationships | English, Spanish | Unable to answer | | |
| | Multicultural Women's Outreach | Chimo Crisis Services | Women who have left the transition house | English, Hindi, Punjabi | Unable to answer | | No |

| Category | Programs | Agency | Target Group | Language(s) | Clients Served Per Month | Clients Turned Away In Past Month | Waiting List |
|--------------------|--|--------------------------------------|---|---|-------------------------------|-----------------------------------|----------------------|
| Family & Parenting | Peer Support | Richmond Women Resource Centre | All women | English, Chinese, Farsi, French | 25 | No | No |
| | Adolescent Crisis & Suicide Intervention | Chimo Crisis Services | 13-19 yrs old (& their families) who are at risk of suicide or in crisis | English & Chinese | Not specified | No | No |
| | Children Who Witness Abuse | Chimo Crisis Services | Children 4-18 who have witnessed abuse | English & Chinese | Not specified | No | Yes |
| | Eating Disorders | Chimo Crisis Services | 13+ & older | English | Unable to answer | No | Yes |
| | Family Support Program | Richmond Family Place | Parents in need of parenting support & education. Many ESL & low-income parents | English, Spanish | 100 parents | Yes - Turn away 5-8 | Yes - 2 to 6 months |
| | Satellite Programs: East Richmond Family Place & Hamilton Family Place | Richmond Family Place | Parents with children 0-5 in East Richmond, many new immigrants and refugees; in Hamilton, geographically isolated, few community support | English | East Hamilton 80; Hamilton 70 | Yes - Turn away 10-15 | |
| | Parent Connections | Richmond Family Place | Parents with children 0-5 who are interested in starting parent-facilitated groups | English | 6 ongoing groups | No turn away | No |
| | Richmond Student Parent's Program | Family Services of Greater Vancouver | Students who are parents and want to finish their high school education | English | 25 | No | No |
| | Nobody's Perfect | Family Services of Greater Vancouver | Isolated parents of children 0-5 yrs old | English, Chinese, Spanish, Hindi/Somali, Hindi/Punjabi, Farsi | 20 per month | No | Yes - up to 3 months |
| | Family Life Education | Family Services of Greater Vancouver | Adults 19+ men and women, often parents | English & Chinese | 15 | No | No |

| Category | Programs | Agency | Target Group | Language(s) | Clients Served Per Month | Clients Turned Away In Past Month | Waiting List |
|--------------|--|--------------------------------------|---|---|--------------------------|-----------------------------------|--------------|
| Food Support | Richmond Foster Family Support Program | Family Services of Greater Vancouver | MCFD approved family care homes for children aged 0-19 | English | 20 | No | No |
| | Community Action Plan for Children (Open Access) | Touchstone | Families | English, Chinese, Hindi, Gujarati, Urdu | Not specified | No | Yes - 3 wks |
| | Family Intervention Program Director (MCFD Access) | Touchstone | Families | | Not specified | | |
| | Job Wave (pre-employment services & job placement) | Salvation Army Resource Centre | Employable single adults & parents on income assistance | | 250 for all programs | | |
| | Family Tracing | Salvation Army Resource Centre | Lost family members | English | 250 for all programs | | |
| | Food Distribution Service | Richmond Food Bank | Low-income Richmond residents & persons in crisis | English | 1570 | No | No |
| | Emergency Social Assistance | Salvation Army Resource Centre | Low-income working adults & families | English | 250 for all programs | | |
| | Community Lunch | Salvation Army Resource Centre | Low-income youth & adults | English | 250 for all programs | | |
| | Christmas Community Dinner | Salvation Army Resource Centre | Low-income youth & adults | English | 250 for all programs | | |
| | Toy and hamper distribution | Salvation Army Resource Centre | Low-income families | English | 250 for all programs | | |

| Category | Programs | Agency | Target Group | Language(s) | Clients Served Per Month | Clients Turned Away In Past Month | Waiting List |
|----------------------------|--|--|---|---|--|-----------------------------------|------------------------------|
| Law & Justice | Pro Bono Lawyer Consultation | Salvation Army Resource Centre | Low income adults | English | 250 for all programs | | |
| | Public Education | Canadian Mental Health Assoc - Richmond Branch | General public, service providers, consumers & family members | English | 75 | No | No |
| Health Services | Pathways Clubhouse | Canadian Mental Health Assoc - Richmond Branch | Adults with a history of mental illness | English | 175 | No | No |
| | Caring Sisters Mental Health Support Group | Richmond Women Resource Centre | Women who are mental health consumers | English | 8 to 10 | No | No |
| Multicultural & Settlement | Host Program | SUCCESS | New immigrants & refugees | English training' application will depend on host volunteer & immigrant refugee | 60 matches between host and immigrant refugee per year | No | Yes - difficulty in matching |
| | Settlement & Adaptation Program | SUCCESS | New & old immigrants & refugees | Chinese (Cantonese & Mandarin) | 1000 | Yes - no record | No |
| | Chinese Help Lines | SUCCESS | Individuals whose mother tongue is Cantonese or Mandarin | Chinese (Cantonese & Mandarin) | 200 | No | No |

| Category | Programs | Agency | Target Group | Language(s) | Clients Served Per Month | Clients Turned Away In Past Month | Waiting List |
|----------------------|---------------------------------|---|--|--|-----------------------------|-----------------------------------|--|
| | Settlement & Adaptation Program | Richmond Multicultural Concerns Society | New immigrants & refugees from South Asia, E. Europe & Philippines | English, Punjabi, Hindi, Urdu, Polish, Russian, Czech, Bulgarian, Ukrainian, Tagalog & Spanish | 500 | No | Yes - for settlement services one day, for language training with childminding onsite on week to one month |
| | Community Kitchens | Family Services of Greater Vancouver | Immigrant women & their preschool children | English, Chinese, Farsi, Somali, Arabic | 80 | No | Yes - until Sep. '03 and up to 3 months and again in '04 |
| | Volunteer Program | Richmond Women Resource Centre | New immigrant women | English | 8 | Yes | Yes - difficult to say - when an opening arises |
| | Computer Training/ Cap | Richmond Women Resource Centre | All women - primarily new immigrant women | English, Farsi | 40 | No | Yes - 2-3 wks |
| | English Conversation Class | Richmond Women Resource Centre | New immigrant women | English | 30-50 per week | No | No |
| | Micro Enterprise Program | Richmond Women Resource Centre | All women - predominately new immigrant women | English | 18 (for duration of 10 wks) | No | No |
| Services for Seniors | Volunteer Richmond | Seniors & others with long-term health problems & not able to do grocery shopping | English | Not specified | | No | |

| Category | Programs | Agency | Target Group | Language(s) | Clients Served Per Month | Clients Turned Away In Past Month | Waiting List |
|----------------------------|---|---|---|--|---|-----------------------------------|--|
| Services for Special Needs | Therapeutic Horseback Riding for Children & Youth with Disabilities | Richmond Therapeutic Equestrian Society | Children & youth with disabilities. Average 4-14 but older are taken if within 150 lbs. | English. Chinese only when volunteers are available | 42-60 per wk | Yes - 5 people | Yes - may be in Sept. |
| | Richmond Supports Child Care | Developmental Disabilities | Children & youth aged 0-12 with disabilities (also supports some youth 13+) | English. Translate materials into Chinese, Punjabi, Russian, Japanese, Spanish, etc. | 130 families & children\ | No | No |
| | Youth Connections After-School Program | Richmond Society for Community Living | Children 6-19 yrs old with developmental disability | English | Summer program - 31 children; Fall/Winter Program - 28 children | No | Yes - waiting period unknown |
| | Disability Resource Centre | Richmond Committee on Disability | People (all ages) with disabilities, their families & caregivers | English, Chinese | 1,000 | No | Yes - 3 to 6 months for computer training |
| | Day Services: Avenues, Richmond Community Options, Seniors Program | Richmond Society for Community Living | Adults with developmental disability | English | 44 | No | Yes - wait list held by MCFD, waiting period unknown |
| | Children & Adult Respite | Richmond Society for Community Living | Children & adult with a developmental disability | English | 48 families | No | Yes |
| | Supported Living | Richmond Society for Community Living | Adults with developmental disability | English | 13 individuals | No | No - waiting list held by MCFD |

| Category | Programs | Agency | Target Group | Language(s) | Clients Served Per Month | Clients Turned Away In Past Month | Waiting List |
|--------------|---|---------------------------------------|--|-------------------|---|-----------------------------------|--------------|
| Volunteering | Family Resources Coordinator | Richmond Society for Community Living | Families with a child with a developmental disability | English | New program - info not available | No | No |
| | Information & Referral Services | Volunteer Richmond | Richmond Seniors Directory targets seniors, Information booth at Richmond Centre & Caring Place, Richmond Community Services Directory serve all target groups | English & Chinese | 3,300 | No | No |
| | Volunteer Centre | Volunteer Richmond | 1) Non-profit agencies 2) Potential volunteers aged 12+ 3) Training board members, managers & volunteers | English & Chinese | 1) Provide recruitment services for 135 Not-for-profit org. in Richmond | | |
| | 2) Training for 22 org. in 2002 | | | | | | |
| | 3) Volunteer referral to 50 per month | | | | | | |
| | 4) website getting 62,000 visits | No | No | | | | |
| | Volunteer Development | SUCCESS | 16+ | English & Chinese | 250 volunteers & 410 clients | No | No |
| | Volunteer Training | Richmond Hospice Association | | | Not specified | | |
| | Hospice Volunteer Monthly Educational & Support Meeting | Richmond Hospice Association | | | Not specified | | |

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|----------|---|--------------------------------|---|--------------|--------------------------|--|---------------|
| Women | Welfare Advocacy | Richmond Women Resource Centre | women & their families on social assistance | English | 4 to 5 | Yes - 3-4 | Yes - 2-3 wks |
| | Custody & Access Support Group | Richmond Women Resource Centre | Women with custody & access issues | English | 12 to 15 | No - but had to reduce program from once a wk to twice a month | No |
| | French Speaking Women's Group | Richmond Women Resource Centre | French speaking women | French | 25 | No | No |
| | Single Parents Group for Chinese Speaking Women | Richmond Women Resource Centre | Chinese single moms | Chinese | 15 | No | No |
| | Women in Transition Support Group | Richmond Women Resource Centre | All women | English | 8 | Yes - it's a closed group (6 sessions) | Yes - 6 weeks |
| | Iranian Women Support Group | Richmond Women Resource Centre | Iranian & Afghan women | Farsi & Dari | 18 | No | No |



City of
Richmond

6911 No. 3 Road, Richmond, BC V6Y 2C1
www.richmond.ca