



Increasing Access

FALL 2008

Poverty Matters

Benefits of Increasing Access

Developed for leaders in recreation and active living to mobilize change and increase opportunities for physical activity.





Access

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Benefits of Increasing Access

Access refers to equitable opportunities to use and benefit from information and public programs, services and amenities to maximize physical and social health. Equity means providing different opportunities to address a variety of barriers to ensure the same result – increased physical activity that can enhance community health and social wellbeing.

Research evidence from a variety of fields has documented important benefits of recreation programs related to health and well-being, skills development, social capital and economic strength.¹ By ensuring that information and opportunities to be physically active are accessible, recreation departments can help improve the health of all British Columbians – including people living in poverty.

Beyond improving individual health and wellness, public programs, services and amenities are important ways for community members to develop social networks and enable individuals to engage with the wider community; long-term benefits include reduced health care spending on chronic disease treatment.

Benefits of Increasing Access helps leaders in the fields of recreation and active living articulate the benefits of access to physical activity for people living in poverty to advocate for organizational support and policy change. By doing so, community members most in need will be able to realize the health and social benefits of physical activity.

Personal Health and Well-being

Research has shown that poverty is bad for your health because factors such as low income, social status and low educational attainment have been associated with poor health. Recreation programs,

services and amenities that ensure access to physical activity for people living in poverty will help reduce negative health impacts that are linked to socio-economic disparities.

At the transition house that Sam just moved into, the local community centre offered two programs for residents and their families in the building's common room. One was a fitness class for moms and their children, and the other was a self-defense class with babysitting. The classes cost only one dollar each time, but her neighbour mentioned that everyone could go even if they couldn't afford it. Sam decided to check it out and ended up going all eight weeks. It was great to meet her neighbours and she felt comfortable because everyone else was a beginner too. She also didn't have to worry about rushing to catch the bus with two children in tow. By the end of the eight-week class, Sam felt better about herself than she'd felt in a long time. She actually felt in control of her health. She learned some exercises that she could do with her children at home and had more energy when she was with them. She also felt less stress over her situation and could sleep much better at night.²



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The links between regular physical activity and health outcomes have been well established.

- Regular physical activity significantly reduces the risk of coronary heart disease and stroke³ (the leading causes of death in Canada), and reduces diabetes (the fourth major killer disease), and prevents site-specific cancers (particularly in the colon, breast and lungs).³
- In addition, physical activity helps combat osteoporosis³ and helps to decrease the incidence of heart disease, stroke, diabetes and other conditions linked to poverty.⁴
- Regular physical activity also protects against obesity and assists weight control. It fosters development of healthy muscles, bones and joints and increases strength and endurance. It also helps maintain function and preserve independence in older adults.⁵
- Studies also show that those who exercise regularly have longer life expectancy than those who are sedentary.⁵
- Physical activity contributes to mental health, protecting against stress and anxiety,⁵ reducing depression and contributing to emotional and psychological well-being.³

- Four large population studies in the US and Canada have shown that general well-being is somewhat greater, and depression is much less frequent, in those who exercise “much” compared to those who exercise “little” or “not at all.”⁶
- Low literacy is linked with physical inactivity for a variety of reasons including limited ability to access and use health knowledge and lack of awareness of opportunities. Recreation provides opportunities for lifelong learning about personal health, active living and healthy lifestyles.
- Physical activity enhances overall health and well-being, which is critical to personal quality of life.

Social Development and Inclusion

Magda fled from her home country with her three children and their grandmother and was so happy to start a new life in Canada. However, Magda didn't know anyone and only had limited English. For the first year she became increasingly isolated and only left her house to go to work. Luckily, her settlement worker suggested a community kitchen close by where she could share her experiences with the other women. One day, the coordinator from the local community centre came by to invite all the participants to tour the facility. She didn't know what a 'community centre' was so she decided to go with the group. While on the tour, the coordinator introduced the women to the staff and the many different activities they could do both inside and outside. The coordinator also asked the women what kinds of activities would be helpful or interesting for them. About two weeks after the tour, the coordinator came back to the community kitchen with some booklets on walking (which was one of the activities suggested by the women). Then and there, the group decided to do a walk around the park, and Magda even volunteered to take the leader training class that would be happening at the community centre so she could lead the community kitchen group on different walks each week.

Ensuring equitable distribution of public programs, services and amenities is also a matter of customer service and a mandate of local governments.

- Provincial and national human rights legislation requires that there is no perceived discrimination in public service delivery.¹¹ The Canadian Human Rights Act (1982) has affirmed the principle of equality while making provisions for affirmative action programs to eliminate disadvantages.²
- The United Nations General Assembly has recognized a comprehensive right to health that includes available, accessible and acceptable facilities, goods and services necessary for the realization of the highest standard of health.⁹

Social inclusion, or the feeling and reality of belonging, is often a missing link in the lives of people affected by poverty. Opportunities for participation in one aspect of public life can build an individual's capacity to cope in other areas of their lives. By using physical activity opportunities to reach diverse audiences, recreation can play an important role in supporting the development of social networks and inclusive, welcoming communities.

- Inclusion can be an important starting point to address long-standing social, political, economic and cultural inequities.⁹ Recreation provides opportunities to build social skills and stimulate participation in community life. It can also play a role in reducing racism and building understanding between diverse cultures.³
- Public places and the people who animate them play an important role in social well-being.¹⁰ Recreation programs, services and amenities can naturally facilitate community inclusion as they are opportunities for people to engage in public life and develop relationships with other community members.⁷
- Recreation offers opportunities for individuals to develop their social networks and reduces isolation, loneliness and alienation. Reducing social isolation can often improve the psychosocial health of women² and can help address issues linked to poverty such as emotional stress, depression, poor nutrition and physical inactivity.¹²
- Recreation can build self-esteem and positive self-image which are foundations to personal quality of life.³

In a two-year study where low income women were actively involved in recreation program planning, participants stated that having meaningful input into and access to community recreation contributed to their individual health and connection to the community.

- Participants felt that they contributed to improving their community.
- Engaging in the planning sessions reduced their social isolation and improved their self confidence and skills.¹³

Societal Benefits

John left the reserve at the age of 35 and figured that there had to be something better for him in the big city. He hadn't been able to work regularly due to the seasonal nature of the jobs in his area. He also found that he was developing a number of health issues that were common in his community and felt he needed a change. He caught a Greyhound bus with \$50 in his pocket. He didn't know what he would do once he got there, but had heard that anyone could get a job nowadays so he wasn't too worried. When he arrived, he didn't know where he was nor did he know anyone and had no idea where to begin looking for housing or a job in the city. He was lost and things were so different from home. He ended up living on the street for about six months and his health got worse before he stumbled across a new drop-in soccer program that was for guys living on the street. He loved soccer when he was growing up and actually had some decent skills. The program organizers hooked him up with a support agency that helped him find a place to live and get some work experience. Things are finally looking up and he's glad to be able to play soccer again, too.¹⁴

Equitable access to recreation and increased opportunities for active living provide benefits for all members of society.

- Recreation reduces both the incidence and severity of illness and disability. The health care system gains from reduced costs that otherwise would be spent on the medical treatment of leading chronic health conditions.³
- Health Canada has estimated that for each \$1 invested in physical activity alone, there is a long-term savings of \$11 in health care, including fewer nervous system problems, less medication usage, lower anxiety, reduced reliance on subsidized child



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care, less counseling and reduced usage of food banks.¹⁵

- Recreation also contributes to reducing costs of social service intervention and foster care.¹⁵
- In addition to preventive benefits, recreation is a proven therapeutic tool used in hospitals, clinics and communities to restore physical, mental and social capacities.¹

One five-year study tracked the progress of low-income families who received comprehensive social supports, including health promotion, employment retraining, and recreation activities for children. The study indicated that the programs paid for themselves through reduced need for other services:

- By the second year of the research project, parents reported fewer mental health problems, less medication usage, lower reliance on subsidized child care, less counseling and reduced food bank usage.¹⁶
- The impact of providing recreational services alone resulted in a 10% greater exit from social assistance compared to the parents of children who did not receive this service.¹⁶
- In addition to reductions in reliance on social assistance, improvements in health literacy, health status and community participation were documented as well.¹⁷

Although this study provided access to recreation to children, benefits were seen by their adult caregivers. Consider how increasing access directly for adults could lead to greater benefits.

Beginning the Conversation

The task of improving the health status of people living in poverty can seem overwhelming. It is helpful to understand that change is not instantaneous. It is achieved over time as awareness and understanding is translated into policies and programs with measurable results.

One starting point to begin minimizing the health disparities experienced by people living in poverty is to develop the ability to engage in constructive dialogue with individuals who have the ability to affect funding and policies. The following section provides ideas for possible responses to common questions or statements about the fairness and effectiveness of access initiatives. These points, along with information specific to your community, will help decision makers gain an understanding of how access to physical activity may help minimize the effect of determinants of health experienced by people living in poverty.

What to say when they say...²

“People living in poverty in our community don’t seem very interested in physical activity programs.”

What may seem like disinterest often is something else. People living in poverty experience diverse circumstances and face many barriers that may hinder them from participating in physical activity.

- When time and resources (including money, transportation and childcare) are tight, many low-income parents are prepared to sacrifice their own involvement to ensure their children’s needs for physical activity are met.
- Other barriers may include lack of social support networks, low self-esteem, lack of knowledge of basic skills, lack of awareness, isolation and sometimes depression.
- Language and other cultural barriers may also exist.²

To ensure that programs and services are truly accessible to people living in poverty, it is important to discover what barriers exist and then develop strategies that address not only cost but also the other needs that affect participation.

“Poverty is not really our mandate. Aren’t there social service agencies in the community that deal with this issue?”

We all have a role to play. While poverty reduction is not explicitly within the mandate of local recreation departments, it is well known that many programs, services and amenities delivered through local governments are effective in alleviating some of the worst aspects of poverty. By ensuring access to physical activity opportunities, local governments, through their recreation departments, can improve health outcomes experienced by people living in poverty.

- Investment in health promotion and active living opportunities for people living in poverty at the prevention stage will help alleviate costs later at the treatment stage. Increasing the number of people who are physically active has benefits for the whole community by:
 - Reducing medical costs over an individual’s life span
 - Reducing the cost to businesses of absenteeism
 - Helping support health and independence for older adults therefore reducing the cost of institutional care.²
- Local governments can also play an important coordinating role in identifying issues, bringing together stakeholders to identify solutions and communicating with decision makers at senior levels of government, foundations and the private sector about the need for resources to ensure that access to physical activity is a reality for people affected by poverty.

It is essential that all members of the community have access to physical activity opportunities even if they are unable to pay the full cost or require other types of support so that they can experience the health and social benefit that recreation offers.

“We are concerned about designing programs or policies specifically for those on low incomes. These policies may be seen as segregation or as unfair to those having to pay full price. It’s reverse discrimination.”

“Service equity” is the term that refers to “the right of every individual to equal opportunity, equal access and equal participation in all that society has to offer regardless of age, disability, sexual orientation, ethnicity, language, income, gender or religious differences.”¹⁷ Service equity does not mean all persons are treated exactly the same – different treatment for different groups may be needed in order to ensure that everybody is treated fairly.²

- The Canadian Human Rights Act (1982) has affirmed the principle of equality while making provisions for affirmative action programs to eliminate disadvantages.²
 - Access programs and policies are ways to ensure that barriers to participation are addressed. Rather than discrimination, these programs and policies enable participation regardless of situational disadvantages.
 - It is also important to point out that poverty is experienced differently by different people. In addition to low income, people living in poverty face other barriers to accessing services, including literacy, lack of social support networks, cultural barriers and language barriers, to name a few. Because of these barriers, targeted initiatives aimed at increasing equity are necessary to ensure that everyone in the community has the opportunity to experience the benefits of physical activity – including people living in poverty. ●



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Further Information

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Access to Recreation Programs in Canada (CCSD).

www.ccsd.ca/perception/244/louise.htm

The Benefits Catalogue (Canadian Parks and Recreation Association) – A collection of facts that support the benefits of recreation.
www.cpra.ca/EN/main.php?action=cms.initBenefitsCat

Cost of Physical Inactivity in British Columbia (Genuine Progress Index Atlantic).
www.health.gov.bc.ca/prevent/pdf/inactivity.pdf

Cost of Obesity in British Columbia (Genuine Progress Index Atlantic).
www.gpiatlantic.org/pdf/health/obesity/bc-obesity.pdf

A Cross Canada Look at the Issue of Access to Recreational Activities for Low-Income Families (Everybody gets to play™) CPRA, 2004

Culture and Recreation: Links to Well-Being (Caledon Institute) – A discussion paper outlining the importance of recreation and culture in communities.
www.caledoninst.org/Publications/PDF/472ENG.pdf

Engaging Culturally and Linguistically Diverse Communities in Physical Activity Discussion Paper (Centre for Culture, Ethnicity and Health).
www.ceh.org.au/docs/Resources/Engaging%20CALD%20Communities%20in%20Physical%20Activity%20-%20A%20Discussion%20Paper.pdf

Leisure Access: Enhancing Recreation Opportunities for Those Living in Poverty (Kamloops Women's Action Project).
www.lin.ca/resource-details/4091

Literature Review – Best Mechanisms to Influence Health Risk Behaviour (Ontario Women's Health Council).
www.womenshealthcouncil.on.ca/userfiles/page_attachments/734665_lit_rev-bestmech.pdf

Obesity Epidemic in Canada (Library of Parliament: Parliamentary Information and Research Service).
www.parl.gc.ca/information/library/prbpubs/prb0511-e.htm

Obstacles to Health (Commission to Build a Healthier America).
www.commissiononhealth.org

Promoting Healthy Living in BC's Multicultural Communities (AMSSA).
www.amssa.org/multiculturalhealthyliving/phase2/data/files/Reportfinalversion.Nov10.06.pdf

Role of Recreation in Promoting Social Inclusion (Laidlaw Foundation).
www.voicesforchildren.ca/documents/laidlaw/donnelly.pdf

Social Disparities and Involvement in Physical Activity: Shaping the Policy Agenda in Healthy Living (Groupe de recherche interdisciplinaire en santé, University of Montreal).
www.gris.umontreal.ca/rapportpdf/R03-02.pdf

Taking Action: Mobilizing Communities to Provide Recreation to Women on Low Incomes (British Columbia Centre of Excellence for Women's Health).
findarticles.com/p/articles/mi_qa4118/is_200504/ai_n13510205

Vibrant Communities (Community-driven effort to reduce poverty).
tamarackcommunity.ca/g2.php

A Vision for a Health Literate Canada (Expert Panel of Health Literacy).
www.cpha.ca/uploads/portals/h-l/report_e.pdf

When the Bough Breaks: provider-initiated comprehensive care is more effective and less expensive for sole-support parents on social assistance (McMaster University) – A Canadian research project that provides evidence that access pays for itself through decreased reliance on social services.
www.familiesfirstedmonton.ualberta.ca/documents/Gina_Browne_WTBB.pdf

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² Frisby W. & Fenton J. (on behalf of The Kamloops Women's Action Project) Leisure Access: Enhancing Recreation Opportunities for Those Living in Poverty (British Columbia Health Research Foundation, 1988)

³ The Benefits Catalogue. (1997). Gloucester, ON: Canadian Recreation and Parks Association.

⁴ Raphael D. Social Justice is Good for our Hearts: Why Societal Factors – Not Lifestyles – are Major Causes of Heart Disease in Canada and Elsewhere (CSJ Foundation for Research and Education, 2002)

⁵ Colman R. & Walker S. The Cost of Physical Inactivity in British Columbia. GPI Atlantic for BC Ministry of Health Planning, November 2004.

⁶ Shephard, Roy J., Exercise and Relaxation in Health Promotion, Sports Medicine, Vol. 23, No. 4, 211-216, April 1997

⁷ SPARC BC and BC Recreation and Parks Association. Everybody's Welcome: A Social Inclusion Approach to Program Planning and Development for Recreation and Parks Services (Social Planning and Research Council of BC, 2006)

⁸ Rioux M. "The Right to Health: Human Rights Approaches to Health." In D. Raphael, T. Bryant & M. Rioux (Eds.), *Staying Alive* (Toronto, ON: Canadian Scholars' Press Inc., 2006) pp 85-110

⁹ Inclusion: Societies that foster belonging improve health (Count Me In, Ontario Prevention Clearinghouse)

¹⁰ Sylvain Coté. *The Well-Being of Nations. The Role of Human and Social Capital.* (Paris: Organization for Economic Co-operation and Development, 2001). Cited by Peter Clutterbuck, Christa Freiler, and Marvyn Novak. *Meeting the Civic Challenge of Social Inclusion: Cross Canada Findings and Priorities for Action.* (Inclusive Cities Canada, 2005)

¹¹ SPARC BC and BC Recreation and Parks Association. Everybody's Welcome: A Social Inclusion Approach to Program Planning and Development for Recreation and Parks Services (Social Planning and Research Council of BC, 2006)

¹² Frisby W., Reid C. & Ponc P. (2007). Leveling the Playing Field: Promoting the Health of Poor Women Through a Community Development Approach to Recreation. In P. White & K. Young (Eds), *Sport and Gender in Canada* (pp. 120-136). Don Mills, ON: Oxford University Press. p 124.

¹³ Reid C., Frisby W., & Ponc P. (2002). "Confronting two-tiered community recreation and poor women's exclusion: Promoting inclusion, health, and social justice." *Canadian Women's Studies* (21(3) 2002) pp 88-94.

¹⁴ Vancouver Dream Catchers retrieved September 3, 2008. www.vancouverdreamcatchers.org

¹⁵ Haldane S. "Scientific Research Supports Recreation for Children Living in Poverty." *Parks and Recreation Canada* (58(6), 2000). Cited by Torjman, Culture and Recreation: Links to Well Being (Caledon Institute, 2004).

¹⁶ G. Browne, C. Byrne, J. Roberts, A. Gafni and S. Whittaker. "When the Bough Breaks: Provider-Initiated Comprehensive Care Is More Effective and Less Expensive for Sole-Support Parents on Social Assistance." *Social Science and Medicine* 53(12), 2001.

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¹⁸ Hastings Institute. Document Prepared for the BCRPA / NPRA Conference, 1994 (Social Planning, City of Vancouver, 1994) cited in Frisby and Fenton, Leisure Access.



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