

# *Increasing Access*

FALL 2008

## Poverty Matters

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### Understanding Poverty

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





# Access

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# Understanding Poverty

The concept of poverty has many meanings in our society. It relates to individuals and families who struggle to meet basic needs. It also relates to the broader impacts on individuals, affecting communities as well as society overall. Gaining an understanding of these impacts will help combat common stereotypes and the stigmatization of individuals affected by poverty.

A deeper understanding of the issues facing British Columbians who live in poverty is a first step in developing solutions that increase access and encourage participation in physical activity.

There are many debates about how to define and measure poverty. People living in poverty face a number of social, environmental, economic and individual barriers that may prevent them from

“Exactly how ‘poor’ do you have to be to be poor?” Statistics can suggest some dimensions of the problem, but it is important to remember that the worst impacts of poverty are often hidden behind shame and isolation. The scenarios included throughout this resource are fictional composites. They are intended to illustrate the facts outlined in this document and are not based on lives of specific individuals.

Amrit and Manjit are farm workers who came to Canada seasonally before they had the opportunity to be sponsored by an uncle. Both now have full time jobs; Amrit is a janitor and Manjit works in a warehouse. Even though they both work close to 40 hours a week by picking up extra shifts, they don't have benefits because they are considered 'casual.' They also have two young children that Amrit cares for through the day before going to her job at night. Combined, the couple brings home less than \$29,000 a year and lives a very modest life. They would like to save money so their children can go to university, but so far have not had enough at the end of the month to even begin.

experiencing the health and social benefits of physical activity. While all British Columbians have the right to equitably access programs, services and amenities in order to achieve health benefits, circumstances may require that some people have support in order to be able to participate.

## Living with Poverty

Poverty affects British Columbians in a variety of ways. Whether the impacts are short term or long term, severe or relatively mild, poverty seriously affects individuals, organizations and communities.

Poverty is about struggling to meet basic necessities such as food, shelter and clothing. It's also about exclusion from:

- Essential goods and services
- Meaningful employment and decent earnings
- Adequate and affordable housing
- Safe neighbourhoods with public amenities
- Health and well-being
- Social networks
- Basic human rights<sup>1</sup>



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Poverty affects different people in different ways. One approach to understanding poverty suggests there are two important issues to consider – depth of poverty and affected populations.<sup>2</sup>

### The Depth of Poverty

Poverty is experienced differently by:

- Those at-risk of poverty – people who are one or two pay cheques away from poverty or whose employment is insecure
- The working (waged) poor – people working close to minimum wage and trying to make ends meet
- The temporarily unemployed – individuals facing short-term unemployment due to layoffs or other reasons
- The persistently unemployed – people who face barriers in finding and maintaining employment
- The dependent – individuals on a fixed incomes (i.e. retired people, people with work limiting disabilities)
- The homeless – people living without proper housing

### Populations Affected by Poverty

A recent study found that most people living in poverty were found in the following groups:

- People with work-limiting disabilities
- Recent immigrants
- Unattached individuals (ages 45 to 49)
- Single parents
- Aboriginal people<sup>3</sup>

According to 2001 census data, 17.8% of the Canadian population fell below the poverty line.<sup>4</sup> The following groups are disproportionately represented:

- 48% of the Aboriginal population
- 43% of recent immigrants
- 30% of visible minorities
- 15% of people with disabilities<sup>5</sup>

Poverty affects a range of people with very different needs and experiences. Strategies to support access to physical activity for people living in poverty need to take into account the variety of circumstances that give rise to poverty.

### Poverty isn't Only About Income

Here are some statistics showing that in BC, people are struggling to survive:

- Poverty affects a large number of British Columbians and, despite a strong economy, this number is growing larger. In 2006, BC had the highest provincial poverty rate in Canada – 13% or 546,000 people living in poverty in BC.<sup>6</sup>
  - To put this number in perspective, this is larger than the total number of people living in the Victoria metropolitan area in the same year (330,088).<sup>6</sup>
- BC has the highest proportion of working poor families in Canada.
  - 14.5% of BC's families with at least one person working in a full-time, full-year position were living in poverty.<sup>4</sup>
  - Over 245,000 British Columbians earn less than \$10 / hour at their job, despite the average hourly wage for BC being \$18.01.<sup>6</sup>
- The number of working-age single people who survive on incomes of less than half the poverty line more than tripled between 1989 and 2003. The figure jumped from 163,000 to 552,000.<sup>7</sup>
- The average family spends 34% of its income on food, clothing and shelter. Families living in poverty spend 54% or more of income on these items.<sup>8</sup> As people living in poverty struggle to cover the essentials, there is little if any money to spend on physical activity and recreation.
  - More and more families are in core housing need (i.e. they spend more than 30% of their income for shelter that is in good repair and suitable in size).
    - In 2001, Metro Vancouver had 122,280 households considered to be in core housing need (including 28% of all renters and 9% of homeowners).
    - 32,330 renter households are at high risk of homelessness.<sup>8</sup>

- Over 76,500 British Columbians used food banks in 2007. Almost 28,000 of those were children.<sup>9</sup>
- In 2004, Statistics Canada reported that the 20% of households with the lowest incomes spent on average \$1,086 per year on recreation items, compared to \$7,994 spent by the 20% of households with the highest incomes.<sup>10</sup>

## Poverty and Health: Understanding the Links

Maria, Fernando and their son came to Canada two years ago. Maria was an office manager and Fernando was a computer programmer. Since her arrival, Maria has only been offered jobs in a fish processing plant and in the back of a restaurant. Fernando bags groceries because he cannot find work in his field. Both earn minimum wage. Maria is depressed because she cannot get comfortable in her new environment, is struggling with her new baby, worries about how her older son is adjusting at school and knows her marriage is strained. Fernando feels responsible that they can only afford to live in a rundown one-bedroom apartment on a busy street, but doesn't want Maria to worry about this. On the rare occasions they have family time together, they cannot easily walk to the park because the sidewalk is poorly maintained and sometimes ends abruptly. The street traffic is also too heavy to play soccer together in the building's front yard.

Health was once believed to be solely an individual's responsibility. However, a growing body of research provides evidence that one's health is influenced by more than just individual choices. In fact, Canada's Chief Public Health Officer stated that efforts to address the growing level of obesity in Canada (known to be related to physical inactivity and a contributing factor in a number of chronic health conditions) must take into account more than issues of individual choice. They must also consider external factors such as life experience, early childhood development, education, stress, access to physical activity as well as the cost, availability and accessibility of nutritious food.<sup>11</sup>

The Chief Public Health Officer was talking about determinants of health – social, economic, environmental and individual factors that influence an individual's lifelong health. Research shows that poverty is a more reliable predictor of poor health and chronic disease than factors such as high cholesterol, high blood pressure, and smoking.<sup>12</sup> Adverse economic and social conditions are associated with the higher prevalence of almost all types of chronic disease.<sup>13</sup> Some of the key determinants of health include:

- Income and social status, social support networks, education and literacy, employment and working conditions, social environments, physical environments, gender, culture,<sup>14</sup> early childhood development, access to quality health services, nutrition and physical activity levels.<sup>15</sup>

Below are some details to provide greater context to the determinants of health and how these determinants affect people living in poverty.

### Income and Social Status

Although there are many determinants of health, income and social status has a strong relationship with one's health status.

- No matter which measures of health or cause of death are used, low-income Canadians are generally more likely to have poorer health and shorter life expectancy than other Canadians.<sup>13</sup> One study found that 23% of premature years of life lost in Canada can be attributed to differences in income.<sup>16</sup>
- Income inequality has an impact on every member of society. In societies with narrow gaps between rich and poor, everyone lives longer. In countries with wide gaps, life expectancy is shorter.<sup>17</sup>
  - In BC, the income gap is growing. The average income of BC's richest residents increased by 21.7% between 2001 and 2005, while the average income of the poorest residents only increased by 5.2% in that time.<sup>4</sup>

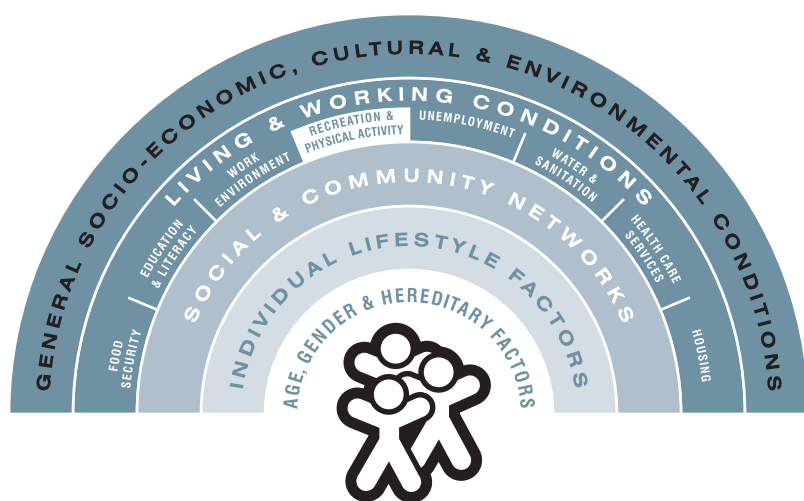


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- Even after the impact of government transfer payments and income taxes, the poorest 20% of the population had only 4.8% of the income in 2003. The richest 20% had 44% of the income.<sup>7</sup>
- For women, the difference is even greater.
  - Unattached women and single-parent mothers have consistently higher poverty rates than men. The most glaring difference in 2004 was the gap between the poverty rate of 47.1% for single-parent mothers and the rate of 22.2% for single-parent fathers.<sup>7</sup>



*It has been recognized that more than individual choice influences one's lifelong health – these social, economic, environmental and individual factors are known as **determinants of health**.*

*These factors need to be considered when developing strategies to increase physical activity levels of people living in poverty.*

### Education and Literacy

“Health literacy” is a concept that makes the connection between low literacy and health. It refers to one's ability to access, understand, evaluate and communicate information to promote and maintain health.<sup>18</sup>

- It has been shown that rates of chronic disease are higher among adults with less than a high school education.<sup>19</sup>
- A 2004 study showed that Canadian adults with lower educational levels and lower income levels reported that lack of awareness of opportunities was the second most common barrier to their participation in physical activity. They were also less likely to report receiving information that would help build more physical activity into their lives.<sup>20</sup>

- Lower levels of education and literacy are linked to lower incomes. People living in poverty may be less aware of how to access and use information about the health benefits of physical activity.

### Physical Environments

The physical environment in which people live, such as their house and neighbourhood, affects the options available to them for activity, transportation, work and food.

- Often, people living in poverty are forced to spend much of their income on rent due to a lack of adequate, affordable housing, leaving little room financially to spend on physical activity.<sup>15</sup>
- Individuals without adequate housing are also at a greater risk for a wide range of physical health problems, including respiratory tract infections, arthritis, infectious diseases, poor oral and dental health, skin and foot problems and poor management of chronic conditions such as diabetes.<sup>15</sup>
- Lower income Canadians are more likely to report that barriers such as access to safe places to walk, cycle and be active prevent them from taking part in regular physical activity. They are also more likely to report excessively busy streets prevent them from taking part in physical activity.<sup>21</sup>

### Physical Activity Levels

Regular physical activity is known to protect against a number of chronic diseases, obesity and some cancers. However, physical activity is often dependent on other factors, including income, education and physical environment.

- Between 1981 and 2001, the prevalence of inactivity decreased only slightly in socio-economically disadvantaged groups but it has decreased dramatically among persons with higher incomes and education.<sup>22</sup>
- Physical inactivity is higher among women, older persons, aboriginal peoples, and persons who are members of ethnic groups.<sup>22</sup>

- According to the 1998/99 National Population Health Survey, about 62% of persons with a household income of \$20,000 or less were considered inactive. The same survey also showed that about 62% of persons without a high school education were considered inactive.<sup>22</sup>
- Many low-income and rural neighbourhoods are not designed to support physical activity as an essential part of healthy living. For example, limited access to walking trails and sidewalks may indicate that physical activity is not recognized as an important aspect of community life.<sup>23</sup>

## The Costs of Poverty

Poverty is often spoken about as an individual responsibility. This perspective ignores the powerful social, cultural, political, economic and environmental factors that affect the ability of individuals to address their circumstances.<sup>23</sup> It also ignores the potential costs to society of failing to address the needs of people living in poverty.

Jamie is a single parent who rents a unit at the local trailer park and works full time at a convenience store in town. Although the recent opening of a new ski resort is benefiting many people in town, Jamie is not one of them. Costs of food, rent and transportation for her and her child have increased sharply. Jamie recently went to the doctor and found that her blood pressure is skyrocketing due to stress. Despite the fact that she sometimes saves money by skipping a meal here and there, she has also gained weight and is now at risk of developing diabetes. The doctor recommended that she exercise regularly, but this has caused more stress for her. Jamie cannot afford even the discounted rate at the local fitness centre, and even if she could, she can't pay for babysitting, doesn't know how to use the machines and knows she just wouldn't fit in. Walking could be an option, but it is dangerous along the side of the highway and wouldn't be possible in the winter. So far, she hasn't started exercising and doesn't even know where to start.

A recent study by the United Way of Calgary concluded, "Poverty is not inevitable. There are a number of policies and programs that have been shown to be effective in reducing the depth or the incidence of poverty."<sup>24</sup>

The same study found that without an effective and sustained effort at poverty reduction, the city would pay:

- Increased health care costs of at least \$3.35 million per year and possibly as much as \$16.3 million
- Increased school system costs of at least \$4.9 million and perhaps as much as \$7.9 million
- Costs elsewhere in the economy amounting to as much as \$32.6 million per year.<sup>24</sup>

Studies have demonstrated that people living in poverty have decreased levels of physical activity.<sup>22</sup> The findings of these studies can be linked to other studies that calculate the costs of inactivity to society.

- A recent conservative estimate suggests that \$2.1 billion (or 2.5% of direct health care costs) in Canada could be attributed to physical inactivity.<sup>25</sup>
- In 2005, it was estimated that physical inactivity cost the British Columbian health care system \$211 million a year in direct costs (hospital, physician, drug, institutional and other costs) equal to 1.8% of total government spending on these services.<sup>26</sup>
- The same study concluded that indirect costs to the BC economy amount to an additional \$362 million each year in productivity losses (disability and premature death due to physical inactivity).<sup>26</sup>
- Statistics Canada's National Population Health Survey of 1996-97 showed that sedentary Canadians were 60% more likely to suffer from depression than physically active Canadians. Based on the above numbers, if 5% of mental illness cases in BC can be avoided through regular physical activity, it is estimated that an additional \$81.2 million (in both direct and indirect costs) could be saved.<sup>26</sup>



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The links between poverty and poor health outcomes are well documented. There is less research documenting the relationship between recreation and poverty, but what research has been done indicates that recreation can play a key role in addressing some of the worst impacts of poverty.<sup>13</sup>

Harry hasn't found a full-time job since the mill closed and his wife now has to work double shifts at the diner. Harry didn't grow up poor, and it's been hard on his pride to take 'handouts' or 'charity.' He doesn't like going to the food bank or accepting used clothes. There are just no jobs in town, but it's also too expensive to relocate. As depressed as Harry is, some of the other guys are worse off. He's lost a couple of good friends to alcohol, depression and drugs. His saving grace has been the new 'Dad n' Kids' program over at the community hall. Once a week, he and the other dads in town get a chance to play gym sports with their kids after school and focus on something other than their current situations. There is even a program leader to organize games and teach new skills. Since the program started, Harry is moving more and has more energy. He is even considering volunteering with the program to learn how to coach and maybe start up a program on another day.

## What Role does Recreation Play?

Local governments, through their recreation departments, can play a vital role in promoting inclusion and minimizing the health inequities that often affect people living in poverty.

- 1) Local governments are a primary provider of recreation and have the ability to impact health outcomes at the community level. Recreation offers many opportunities for community members to be physically active.
- 2) Local governments are mandated to ensure that services are equitable for all members of the community, including ensuring that recreation and physical activity opportunities are accessible by people living in poverty.
- 3) Local governments have connections and influence on many areas of the community, so they are well-positioned to coordinate community-wide strategies that impact the health and well-being of people living in poverty. Recreation departments often work with community health units, schools, community services, cultural groups and a diverse range of user groups – all of which have the potential to serve people living in poverty.

While recreation opportunities are not an end to poverty, they are a means to address some of the health inequities experienced by people living in poverty. Beyond impacting individual health and wellness through physical activity, recreation can also foster social development and inclusion and reduce costs to the wider community.<sup>27</sup> ●

## Further Information

### Further Information on - Understanding Poverty

**A Cross Canada Look at the Issue of Access to Recreational Activities for Low-Income Families** (CPRA (Everybody gets to play™)) – Summary of consultation sessions regarding access to recreation opportunities for low-income families.  
[www.cpra.ca/UserFiles/File/EN/sitePdfs/initiatives/ConsultationReport.pdf?PHPSESSID=52bef76b45f63ebb187c4bd2f8a5a991](http://www.cpra.ca/UserFiles/File/EN/sitePdfs/initiatives/ConsultationReport.pdf?PHPSESSID=52bef76b45f63ebb187c4bd2f8a5a991)

**Cost of Eating in BC 2007** (Dietitians of Canada) – BC dietitians call for practical and achievable solutions to poverty.  
[www.dietitians.ca/resources/resourcesearch.asp?fn=view&contentid=1944](http://www.dietitians.ca/resources/resourcesearch.asp?fn=view&contentid=1944)

**Cost of Physical Inactivity in British Columbia** (Genuine Progress Index Atlantic) – Direct and indirect social costs associated with sedentary lifestyles.  
[www.health.gov.bc.ca/prevent/pdf/inactivity.pdf](http://www.health.gov.bc.ca/prevent/pdf/inactivity.pdf)

**Policies of Exclusion, Poverty and Health** (Wellbeing through Inclusion Socially and Economically (WISE)) – Podcast audio of first hand accounts of living in poverty.  
[bcseawalker.podbean.com](http://bcseawalker.podbean.com)

**The Poverty Matrix: Understanding Poverty in Your Community** (Tamarack: An Institute for Community Engagement) – A framework for understanding different groups of low-income residents and mapping out the extent and depth of poverty for each group in your community.  
[tamarackcommunity.ca/downloads/tools/poverty\\_matrix2e.pdf](http://tamarackcommunity.ca/downloads/tools/poverty_matrix2e.pdf)

**Poverty and Mental Illness** (Canadian Mental Health Association) - Fact sheet describing the relationship between poverty and mental illness.  
[www.ontario.cmha.ca/backgrounders.asp?CID=25341](http://www.ontario.cmha.ca/backgrounders.asp?CID=25341)

**PovNet** - An online poverty resource for advocates, people on welfare, and community groups.  
[www.povnet.org](http://www.povnet.org)

**Promoting Healthy Living in BC's Multi-cultural Communities** (AMSSA) - Survey of health care and social service providers as well as community assessment involving a range of stakeholders.  
[www.amssa.org/multiculturalhealthyliving/phase2/data/files/Reportfinalversion.Nov10.06.pdf](http://www.amssa.org/multiculturalhealthyliving/phase2/data/files/Reportfinalversion.Nov10.06.pdf)

**Still Left Behind** (SPARC BC) – A regularly updated study that compare the cost of living in BC with income assistance rates.  
[www.sparc.bc.ca/income-security-projects-at-sparc-bc](http://www.sparc.bc.ca/income-security-projects-at-sparc-bc)

**What Determines Health?** (Public Health Agency of Canada) – A website funded by the Canadian Government to raise awareness about social determinants of health.  
[www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php#determinants](http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php#determinants)

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<sup>3</sup> Social Research and Demonstration Corporation, Preparing for Tomorrow's Social Policy Agenda (SRDC Working Paper Series 02-04, November 2002). Cited in Mark Cabaj, The Poverty Matrix: Understanding Poverty in Your Community (A tool for vibrant communities) (Tamarack: An Institute for Community Engagement, Second Edition, Winter, 2004)

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<sup>6</sup> Statistics Canada., Income Trends in Canada 1976 to 2006 (table 802)

<sup>7</sup> National Council of Welfare, Poverty Profile (2002-03)

<sup>8</sup> Greater Vancouver Regional Steering Committee on Homelessness, Regional Homelessness Plan for Greater Vancouver (update: November, 2003)

<sup>9</sup> Dietitians of Canada, The Cost of Eating in BC 2007

<sup>10</sup> Statistics Canada's Survey of Household Spending, 2004

<sup>11</sup> Government of Canada, Report on the State of Public Health in Canada (Office of the Chief Public Health Officer, Public Health Agency of Canada, 2008)

<sup>12</sup> Dennis Raphael, Inequality is Bad for Our Hearts: Why Low Income and Social Exclusion are Major Causes of Heart Disease in Canada, North York Heart Health Network, 2001 (<http://depts.washington.edu/eqhlth/paperA15.html>)

<sup>13</sup> Karen Hayward and Ronald Colman, Tides of Change: Addressing Inequity and Chronic Disease in Atlantic Canada, A Discussion Paper (Public Health Agency of Canada, 2003)



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<sup>15</sup> Vancouver Coastal Health Population Health Team and Steering Committee, Reducing Health Disparities in Vancouver Coastal Health Communities: Population Health Priorities (Vancouver Coastal Health Population Health Report, 2008)

<sup>16</sup> Dennis Raphael, 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)

<sup>17</sup> Crawford Killian, “Dying to Be Rich,” The Tyee (May 6, 2008) ([www.thetyee.ca/Views/2008/05/06/DyingRich/](http://www.thetyee.ca/Views/2008/05/06/DyingRich/))

<sup>18</sup> Irving Rootman and Deborah Gordon-El-Bihbety A Vision for a Health Literate Canada: Report of the Expert Panel on Health Literacy (Canadian Public Health Association, 2008)

<sup>19</sup> Wilkinson and Marmot, The Solid Facts

<sup>20</sup> C. Cameron, C. Craig & C. Paolin. (2004) “A Municipal Perspective on Opportunities for Physical Activity: Trends from 2000-2004.” Canadian Fitness and Lifestyle Research Institute. p 11.

<sup>21</sup> Canadian Fitness and Lifestyle Research Institute, 2006 Physical Activity Monitor: Perceived Barriers and Benefits (p 23) ([http://www.cflri.ca/eng/statistics/surveys/documents/pam2006\\_sec2\\_en.pdf](http://www.cflri.ca/eng/statistics/surveys/documents/pam2006_sec2_en.pdf))

<sup>22</sup> Gauvin L. (2003) “Social Disparities and Involvement in physical Activity: Shaping the Policy Agenda in Healthy Living to Successfully Influence Population Health.” Université de Montreal, p 7.

<sup>23</sup> Giles-Corti B. in Cameron C., Craig C. and Paolin S. (2004) “A municipal perspective on opportunities for physical activity: Trends from 2000-2004. Canadian Fitness and Lifestyle Research Institute p 44.

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British Columbia



**CONTRIBUTORS:**

Donna Lee

Social Planning and Research  
Council of BC

**EDITOR:**

Andrea Keen

BC Parks & Recreation Association  
T 604.629.0965  
F 604.629.2651  
www.bcrpa.bc.ca  
www.PhysicalActivityStrategy.ca

**DESIGN:**

KUBE Communication Design Inc.