

BCRPA Recreation and Parks Performance Measurement Project Phase 1B

May 2014



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Acknowledgements

Janet Ready, Department Head, Recreation Studies Department, Langara College provided the opportunity and inspiration and Langara College provided funding for this phase of the BCRPA Performance Measurement project (Phase 1B).

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The information in this report is available to Parks, Culture and Recreation faculty in Langara College and other post secondary institutions, and practitioners and professionals in the Parks, Culture and Recreation field and other sectors.

Executive Summary

Project Purpose

The purpose of BCRPA Performance Measurement Project is to develop accountable and compelling measures to support the outcomes and benefits of parks, recreation and cultural services and facilities.

The initial BCRPA Performance Measurement report (H. Krueger & Associates, 2013) was presented to Parks, Culture and Recreation Directors and Senior Staff in a Forum in Whistler, BC in April 2013. The participants saw value in the project and the initial report and suggested that BCRPA demonstrate how the data could be used.

They recommended that the evidence-based data be used to advocate, inform, and educate political leaders, community members and other organizations about the value and impact that Parks, Culture and Recreation services has on communities. It was also recommended that the data could be used to engage other sectors to work in partnership with the Parks, Culture and Recreation sector to realize common goals. The participants further suggested that BCRPA partner with post-secondary institutions for future phases of the Performance Measurement Project.

The initial BCRPA Performance Measurement report (H. Krueger & Associates, 2013) identified three primary benefits associated with parks, culture and recreation services:

1. *enhanced mental and physical health and wellbeing*
2. *families and communities that are healthy, inclusive, welcoming, resilient and well planned*
3. *a relationship with the natural environment in which nature is protected, nurtured, understood, and appreciated*

Phase 1B of the BCRPA Performance Measurement Project focused on the first primary benefit:

Enhanced mental and physical health and wellbeing

Statistics Canada Canadian Community Health Survey

A key data source that was used for initially tracking performance in the first BCRPA Performance Measurement report is Statistic Canada's Canadian Community Health Survey (CCHS). The CCHS is a cross-sectional survey that collects information related to health status, health care utilization and health determinants for the majority of the Canadian population. The CCHS relies upon a large sample of respondents, enabling it to provide reliable estimates at the provincial health and region level. Data were initially collected every two years when the survey began in 2000. In 2007, it moved to collecting data annually. The target population includes all Canadians aged 12 years and over and within all 10 provinces and territories. The CCHS is currently the best available data source for routinely and efficiently tracking certain types of outcomes at the regional level.

The performance measures available in the CCHS and recommended in the initial report include:

1. Physical inactivity
2. Excess weight (overweight and obesity)
3. Perceived mental health
4. Perceived life stress
5. Tobacco smoking
6. Life satisfaction
7. Perceived sense of belonging to the local community

National Framework for Recreation in Canada

While the BCRPA Performance Measurement Task Group was working on the Performance Measurement project, BCRPA was contributing to a project called the Pathways to Wellbeing, a resource that was being developed to establish a National Framework for Recreation in Canada. Some of the information from the national project was used to inform the work of the BCRPA Performance Measurement Task Group.

BCRPA Performance Measurement Project – Phase 1B

The second phase of the project, referred to as Phase 1B, took the data from the initial report and added other relevant, evidence-based data to produce a 'Fact Sheet' with scientific data that highlights the first primary benefit identified in the BCRPA Performance Measurement Report - *Enhanced mental and physical health and wellbeing*. Phase 1B is provided for Parks, Culture and Recreation professionals to use to support outcome and benefit statements.

The evidence-based data highlight the positive impact that participating in physical activity can have on a person's physical and mental health. The research available to date suggests that public recreation and parks services do have an important role to play in enhancing physical and mental activity and reducing excess weight in individuals.

Physical Activity - Personal Impact

- Regular physical activity leads to significantly reduced risks of a number of chronic health conditions, including heart disease, stroke, hypertension, colon and breast cancers, type 2 diabetes and osteoporosis. Being physically inactive increases an individual's risk of these seven chronic conditions by 30-60% (BCRPA, 2013).
- Physical activity rates tend to decline as an individual ages. The average person spends 9.5 hours in sedentary pursuits, the equivalent of about 69% of their waking day (BCRPA, 2013; Statistics Canada, 2011).
- 84% of 3-4 year olds in Canada meet the Canadian Physical Activity Guidelines for the Early Years, which recommend at least 180 minutes of daily physical activity at any intensity (Active Healthy Kids Canada, 2014).

- 7% of 5-11 year-olds in Canada, and 4% of 12-17 year olds, meet the Canadian Physical Activity Guidelines for Children and Youth, which recommend at least 60 minutes of daily (Active Healthy Kids Canada, 2014).
- For children, the presence of a playground within the park is significantly associated with enhanced levels of physical activity and healthy weight (BCRPA, 2013; Potwarka et al., 2008).
- In British Columbia, the annual economic burden of physical inactivity is estimated at \$1.1 billion dollars in 2012 (with \$335 million dollars in direct healthcare costs and \$780 million dollars in indirect costs associated with short- and long-term disability and premature death) while the annual economic impact of excess weight totaled \$2.2 billion dollars (\$612 million dollars in direct costs and \$1.6 billion dollars in indirect costs). (H. Krueger & Associates, 2013).

Active Transportation

- According to parents, 24% of 5- to 17-year-olds in Canada use only active modes of transportation to/from school, 62% use only inactive modes, and 13% use both active and inactive modes (Active Healthy Kids Canada, 2014).
- Between 2000 and 2010, the percentage of Canadian children and youth using only inactive modes of transportation to/from school increased from 51% to 62%. During the same period, the proportion of children and youth using only active transportation decreased from 28% to 24% (Active Healthy Kids Canada, 2014).
- In another survey, 58% of parents reported that they walked to school when they were children, compared with only 28% of their children today. Conversely, 13% of parents reported being driven to school as children, compared with 41% of their children (Active Healthy Kids Canada, 2014).

The Built Environment

- Neighbourhood characteristics are related to leisure-time physical activity.
- Young teenagers are 2.5 times more likely to walk if there is a recreation destination within one kilometre of their home (American Journal of Health Promotions, 2007).
- People are more physically active in their leisure time if:
 - they lived in neighbourhoods with several free or low-cost recreation facilities, such as parks, walking trails, bike paths, recreation centres, playgrounds, and public swimming pools;
 - they have interesting things to look at while walking;
 - the levels of street traffic did not make it unpleasant to either walk or ride a bike;
 - there were designated areas for bicycling;
 - the sidewalks were well-maintained;
 - there was a higher level of safety at night; and
 - there were places to buy necessities within easy walking distance from home. (Public Health Agency of Canada, 2011)
- Canadians were significantly more likely to report walking or biking to work or school if their neighbourhoods had:

- a transit stop less than a 15-minute walk from their home;
- sidewalks on most of the streets;
- designated areas for bicycling;
- several free or low-cost recreation facilities;
- well-maintained sidewalks in their neighbourhood;
- levels of street traffic that did not make it difficult or unpleasant to walk. (Public Health Agency of Canada, 2011)

Mental Health

- Physical activity can also have a protective effect against cognitive decline in older individuals. (Public Health Agency of Canada, 2011).
- Being physically active is associated with 25% reduced risk of major depression, 27% reduced risk of panic attacks and 35% reduced risk of social phobia. (BCRPA, 2013; Goodwin, 2003)
- Regular physical activity compared with no physical activity is associated with 29% reduced risk of being diagnosed with any mental disorder in young adults. (BCRPA, 2013; Strohle et al., 2007)
- Physical activity can also have a protective effect against cognitive decline. Studies showed a 35-38% reduced risk of cognitive decline in non-demented individuals who engaged in mild, moderate or high levels of physical activity and a reduced risk of developing dementia (in particular Alzheimer's disease) in older adults who are physically active (BCRPA, 2013; Sofi et al., 2011; Vogel et al., 2009;).

Local Data Sources

The scientific data contained in this document is largely nationally and provincially based. It can be used as a foundation to engage partners, advocate for change and educate the public and political leaders about the benefits of Parks, Culture and Recreation services and facilities.

It is recognized that the most meaningful data for communities are the data that pertain to the local environment. Local data can be located in various documents in every community including Official Community Plans (OCP), Parks, Culture and Recreation Master/Strategic Plans, Cultural Mapping Projects, Early Childhood Development Instrument (EDI), School Districts Strategic Plans, and health reports from local Health Regions.

Conclusion

It is recognized that this collection and interpretation of data is an initial project. The implications of the first focus area of the National Framework for Recreation, *enhancing mental and physical wellbeing*, have positive, broad ranging applications in BC communities.

Further discussion and commitment are required to determine additional research needs to support the next two focus areas identified in the National Framework for Recreation: *help build communities that are healthy, inclusive, welcoming, and resilient*, and *help people connect with nature*. Another area that was identified during this phase or the

Performance Measurement Project is the impact of Arts and Culture on individual and community health and wellbeing.

Next Phase

The Performance Measurement Project – Phase 1B was presented at the BCRPA 2014 Senior Staff Forum in Kelowna, BC, in April 2014. There was agreement among the participants that the next phase of the Performance Measurement Project should focus on the impact of Arts and Culture on individual and community health and wellbeing.

Arts and health is a growing international field that embraces many forms of art to promote health and prevent disease in individuals and communities, enhance health service delivery and enrich research inquiry. It is recognized that arts and culture has a powerful linkage to all three benefit statements included in this project. There is solid evidence that illustrates the benefits of arts and culture. According to the Arts Health Network Canada (2014), there are approximately 700 research articles, many of which make the connection between arts and wellness/health. The linkages are absent in the current study and subsequent research is required.

Introduction

Government funded and non-profit organizations are finding it increasingly important to be accountable to their funders about the progress they are making towards their intended goals. An effective way to be accountable and to track progress is to develop a Performance Measurement system.

Parks, Culture and Recreation is a human service sector that provides endless benefits to our communities. While the social, psychological and health literature on the benefits of Parks, Culture and Recreation is extensive, it is a challenge to monitor, measure, record, and report examples of these benefits, in a way that is meaningful to elected officials and residents (Edey-Nicoll, 2008). Parks, Culture and Recreation organizations need to identify the values and subsequent benefits that are accrued to individuals and communities through various types of services and link evidence-based data to those benefit statements.

The challenge is not the lack of data, but the lack of knowledge about the data that are available. More time and attention needs to be given to interpret and apply data to support statements about the benefits of Parks, Culture and Recreation facilities and services.

A measurement tool to determine the degree to which the intended benefits of the services are achieved needs to be established. This would provide Parks, Culture and Recreation organizations with a way to demonstrate that, not only did they expend resources according to their declared intentions, but also that these resources were used to achieve the desired benefits (Edey-Nicoll, 2008).

Background

In Spring 2012, the British Columbia Recreation and Parks Association (BCRPA) recognized the need to develop accountable and compelling measures to support the outcomes and benefits of parks, recreation and cultural services and facilities.

BCRPA created a Performance Measurement Task Group comprised of Parks, Culture and Recreation professionals and educators. The Task Group began to develop the concept of creating a quantitative tool that could be used to engage potential partners and advocate, educate, inform, and market the benefits of Parks, Recreation and Cultural services and facilities.

The BCRPA Performance Measurement project started with the Task Group, which referred to the Canadian Parks and Recreation Association, National Benefits Hub (2014). This resource, formerly known as the Benefits Catalogue was originally printed in 1997 and later updated to an online version, speaks to the benefits of parks and recreation. The Task Group started with the eight benefit statements included in the CPRPA Benefits Catalogue. They combined and reworked them to develop three focus areas for the Performance Measurement project. The focus areas were referred to as primary benefits and included:

- 1) Enhanced mental and physical health and wellbeing;
- 2) Families and communities that are healthy, inclusive, welcoming, resilient and well planned
- 3) A relationship with the natural environment in which nature is protected, nurtured, understood, and appreciated. (BCRPA, 2013, p. 4).

In Fall 2012, BCRPA contracted researcher, H. Krueger and Associates Inc. to write a report identifying and summarizing existing key data sources, which would provide the best available evidence to support the CPRA Benefit Catalogue statements.

The BCRPA Performance Measurement report, referred to as the initial phase, was developed and presented at the BCRPA Symposium Senior Staff Forum in April 2013. The original BCRPA Performance Measurement is available on the BC Recreation and Parks Association website. [[BCRPA Performance Measurement Report](#).]

The report is rich in data about the first focus area, *Enhanced mental and physical health and wellbeing* (especially the area of physical activity), but light in data about other two focus areas.

While the BCRPA Performance Measurement Task Group was working on the Performance Measurement project, BCRPA was contributing to a project called the Pathways to Wellbeing, a resource that was being developed to establish a National Framework for Recreation in Canada. Some of the information from the national project was used to inform the work of the BCRPA Performance Measurement Task Group. [The National Framework for Recreation discussion paper is available at <http://www.cpra.ca/EN/main.php?action=cms.framework>

National Framework for Recreation in Canada

The National Framework for Recreation in Canada identifies the challenges that communities face, including changing demographics, urbanization and threats to the natural environment, challenges to health, increasing inequities, social challenges, and infrastructure deficit (National Framework for Recreation, 2014, pp. 7-8).

Parks, culture and recreation can address these challenges with policies and practices that: enhance mental and physical wellbeing, help build communities that are healthy, inclusive, welcoming, and resilient and help people connect with nature. The benefits of participating in recreation activities are endless and are well documented in the Benefits Hub (2014).

BCRPA Senior Staff Forum - April 2013

The BCRPA Performance Measurement Report (H. Krueger & Associates, 2013) was presented to Parks, Culture and Recreation Directors and Senior Staff in a Forum in Whistler, BC, in April 2013. The participants of the Forum were asked to provide feedback about the Performance Measurement Report.

The participants agreed that the Performance Measurement Project should be aligned with the National Framework for Recreation in Canada. They suggested that BCRPA demonstrate how the data could be used. They recommended that the evidence-based data be used to advocate, inform, and educate political leaders, community members and other organizations about the value and impact of Parks, Culture and Recreation services. It was also recommended that the data could be used to engage other sectors to work in partnership with the Parks, Culture and Recreation sector to realize common goals. The participants further suggested that BCRPA partner with post-secondary institutions for future phases of the Performance Measurement Project. They noted that more research is needed about the social impacts of parks, recreation, the environment and arts and culture.

The Opportunity

Recognizing that further research needed to be identified and analyzed led the working committee to initiate a further study. BCRPA looked to their post-secondary educational institutions to partner in future phases of the project.

One of BCRPA's Board members is the Chair of the Recreation Studies Department at Langara College. Research has been encouraged within Langara College, specifically applied research within the community. The Chairperson of the Recreation Services Department submitted a proposal to the College Administration to invest faculty time, experiences and knowledge in an Applied Research Project. She advocated that the BCRPA Performance Measurement Project is strongly connected to practical applications in the Parks, Culture and Recreation sector in BC.

This project was also strongly aligned with the Langara College Strategic Plan. It was student focused, in that the research would be used to enhance the curriculum in the Recreation Studies department. It fits the priority of employee sustainability, in that the project provided an opportunity for leadership and professional development for faculty. It also aligned with the priority to expand Langara's profile with key stakeholders, because it created a valuable connection for the Langara College Recreation Studies department to the field of Parks and Recreation in BC. The proposal was approved and Langara College Recreation Studies Department partnered with BCRPA to conduct an Applied Research Project based on the BCRPA Performance Measurement Project.

The timeline for the project was January – April 2014.

Outcome Driven

The BCRPA Performance Measurement report is outcome driven. Outcomes, also known as benefits, describe "the results a service is intended to achieve; they are qualitative in nature and generally long-term or global" (BCRPA, 2013, p. 9).

Public benefits, which are derived from Parks, Culture and Recreation programs, services and facilities, have been widely published and reported. Recreation provides multiple pathways to wellbeing for individuals, communities, and places and spaces in both outdoor and indoor environments (National Framework for Recreation in Canada, 2014, p. 3).

Evidence-based

In addition to being outcome driven, the focus of the BCRPA Performance Measurement Project is that the Parks, Culture and Recreation sector be evidence-based. Recreation is committed to “fact based” decision-making – getting the best evidence and using it to guide policy and practice. The BCRPA Performance Measurement Project integrates the best available research evidence with practitioner expertise and the characteristics, needs, capacities, values and preferences of those who are affected. This requires support for the systematic collection and analysis of data, the sharing of information, and the use of qualitative research methods, evaluation and social and economic modeling.

Measures are scientific data or statistically sound data. These data are quantitative in nature and support benefit / outcome statements. One type of performance measurement that is used in business is a Performance Indicator. It is described as a type of quantifiable measure that is used to help an organization identify the needs and expectations their customers or stakeholders and then determine a progress toward the organizational goals of meeting the needs. (Sanchez, Hynuk; Robert, Benoît, 2010).

Research (Edey-Nicoll, 2008, p. i) has shown that quantitative measures are valuable to gain and maintain economic, public and political credibility, while qualitative measures are needed to demonstrate the value and the benefits of services.

The data used in this project has been taken from existing research documents that demonstrate that the resources invested in Parks, Culture and Recreation provide long-term benefits to our communities.

Project context

The Applied Research Project, referred to as Phase 1B, set out to apply the evidence-based data that were collected. The project is comprised of the following elements:

- a) A concise summary of applicable data from the initial BCRPA Performance Measurement Report and other sources identified during this phase of the project – Fact Sheet;
- b) The methodology of project;
- c) Descriptions of case studies about how three municipal Parks, Culture and Recreation Departments in BC used the evidence-based data;
- d) Lessons learned;
- e) Parameters of Phase 2 of the project.

The following scientific data highlight the first primary benefit identified in the BCRPA Performance Measurement Report – *Enhanced mental and physical health and wellbeing* (BCRPA, 2013, p. 4) and are provided for Parks, Culture and Recreation professionals to use to support the outcome and benefit statements. This also aligns with the first focus area of the National Framework for Recreation in Canada (2014).

Enhance mental and physical wellbeing

Evidence concludes that public recreation and parks services have an important role in enhancing physical activity, which in turn, is a critical factor in improved physical and mental health (National Framework for Recreation, 2014, p. 12).

Physical Activity - Personal Impact

- Only 58% of adults in B.C. get the recommended 30 minutes of physical activity per day. (Barr, 2010)
- The most recent Canadian Health Measures Survey found that that only 15% of Canadian adults and 7% of Canadian children and youth get the recommended amount of physical activity (Heart & Stroke Foundation, 2011).
- The risk of obesity has been shown to decline by 4.8% for each additional kilometre walked per day and can increase by 6% for each hour spent in a car per day. (Active Transportation In Canada, 2011).
- Individuals who are physically inactive have a 45% increased risk of getting coronary artery disease compared to individuals who are physically active. (BCRPA, 2013; Haskell, Blair, & Hill, 2009; Katzmarzyk & Janssen, 2004; Penedo & Dahn, 2005; Vogel et al., 2009).
- Compared to physically active women of normal weight, physically inactive but normal weight women had a 55% increased risk of premature mortality. (BCRPA 2013; Hu et al., 2004).
- Excess weight is associated with an increased risk of at least 17 chronic health conditions. (e.g. the risk of type 2 diabetes is almost 2 ½ times higher in overweight compared to healthy weight males mortality. (BCRPA 2013; Anis et al., 2010)
- Physical activity rates tend to decline as an individual ages. The average person spends 9.5 hours in sedentary pursuits, the equivalent of about 69% of their waking day. (BCRPA, 2013; Statistics Canada, 2011)
- Regular physical activity leads to significantly reduced risks of a number of chronic health conditions, including heart disease, stroke, hypertension, colon and breast cancers, type 2 diabetes and osteoporosis. Being physically inactive increases an individual's risk of these seven chronic conditions by 30-60%. (BCRPA, 2013)
- 84% of 3-4 year olds in Canada meet the Canadian Physical Activity Guidelines for the Early Years, which recommend at least 180 minutes of daily physical activity at any intensity (Active Healthy Kids Canada, 2014).

- 7% of 5-11 year-olds in Canada, and 4% of 12-17 year olds, meet the Canadian Physical Activity Guidelines for Children and Youth, which recommend at least 60 minutes of daily activity (Active Healthy Kids Canada, 2014).
- 40% of 5-17 year olds in Canada accumulate at least 60 minutes of daily physical activity at least 3 days per week (Active Healthy Kids Canada, 2014).
- Parents report that their 3-4 year olds and 5-11 year olds get 5.3 and 4.1 hours per week, respectively, of physical activity outside of school while participating in unorganized activities, whether alone or with a friend (Active Healthy Kids Canada, 2014).
- The World Health Organization and Canadian Guidelines classify body weights by body mass index (BMI) (BCRPA, 2013). BMI is calculated by dividing the respondent's body weight (in kilograms) by their height (in metres) squared.

Overweight and Obese		
Canadian Community Health Survey, Statistics Canada, 2009/2010		
Classification	BMI	Health Risk
underweight	<18.50	increased health risk
normal weight	18.50 - 24.99	least health risk
overweight	25.00 - 29.99	increased health risk
obese, class I	30.00 - 34.99	high health risk
obese, class II	35.00 - 39.99	very high health risk
obese, class III	≥40.00	extremely high health risk

Source: Statistics Canada, Canadian Community Health Survey 2009/2010, <http://www12.statcan.gc.ca/health-sante/82-228/help-aide/DQ-QD04.cfm?Lang=E>

- A person who is 5'7" (1.7 metres) tall and weighs between 121 and 159 pounds (54.8 and 72.1 kilograms) is normal weight
- A person who is 5'7" (1.7 metres) tall and weighs between 160 and 191 pounds (72.5 and 86.6 kilograms) is overweight
- A person who is 5'7" (1.7 metres) tall and weighs over 192 pounds (87 kilograms) is obese
- Despite the clear benefits associated with physical activity, 40.4% of British Columbian's were physically inactive in 2011. It is perhaps no surprise then that 46.7% of the population carries excess weight. (BCRPA, 2013)
- Only 58% of adults in B.C. get the recommended 30 minutes of physical activity per day. (BCRPA, 2013; Statistics Canada, 2011)
- By 2036, 25% of Canadians will be 65+ year of age (Statistics Canada, 2010). 50% of provincial/territorial government health spending is on older adults' care needs (Canadian Institute for Health Information, 2011).

- In 2011, 15.8% of British Columbians over the age of 12 were daily or occasional smokers (BCRPA, 2013; Statistics Canada, 2011).
- Evidence suggests that cigarette cravings and the desire to smoke can be reduced in adults through as little as 10 minutes of moderate intensity physical exercise, specifically when cravings are strong. (BCRPA, 2013; Haasova et al., 2012)
- There are economic benefits of reducing three key risk factors, each substantially associated with chronic disease; tobacco smoking, physical inactivity, and overweight/obesity. (BCRPA, 2013; H. Krueger & Associates, 2013a, 2013b; Krueger et al., 2013).
 - Total healthcare or direct costs in B.C. attributable to three risk factors in 2012 are estimated at \$1.6 billion dollars, while the indirect costs (i.e. short and long term disability as well as premature mortality) are estimated at \$3.7 billion dollars, yielding total annual attributable costs of \$5.3 billion dollars.
 - The annual economic impact of physical inactivity in the province totaled \$1.1 billion dollars (\$335 million dollars in direct costs and \$780 million dollars in indirect costs) while the annual economic impact of excess weight totaled \$2.2 billion dollars (\$612 million dollars in direct costs and \$1,561 million dollars in indirect costs). (H. Krueger & Associates, 2013)

Active Transportation

- According to parents, 24% of 5- to 17-year-olds in Canada use only active modes of transportation to/from school, 62% use only inactive modes, and 13% use both active and inactive modes (Active Healthy Kids Canada, 2014).
- Between 2000 and 2010, the percentage of Canadian children and youth using only inactive modes of transportation to/from school increased from 51% to 62%. During the same period, the proportion of children and youth using only active transportation decreased from 28% to 24% (Active Healthy Kids Canada, 2014).
- In another survey, 58% of parents reported that they walked to school when they were children, compared with only 28% of their children today. Conversely, 13% of parents reported being driven to school as children, compared with 41% of their children (Active Healthy Kids Canada, 2014).
- Among students in grades 6 to 12 who do not walk or bike to school, 42% spend between 5 and 15 minutes per day travelling to school by motorized means, and another 42% spend 16 minutes or more (Active Healthy Kids Canada, 2014).
- 51% of 12- to 19-year-olds in Canada report walking between 1 and 5 hours per week to/from school and work, and while doing errands. 27% report less than 1 hour, and 22% report more than 5 hours (Active Healthy Kids Canada, 2014).
- 10% of 12- to 19-year-olds report cycling at least 1 hour per week to/from school and work, and while doing errands. 9% report less than 1 hour, and 81% report not using cycling for transportation (Active Healthy Kids Canada, 2014).

- In youth aged 15-17 years, the daily time spent walking decreased from 17 to 11 minutes between 1992 and 2010; this decline was particularly evident in girls. During this time, the percentage taking all of their daily trips by car increased from 29% to 39%, and the percentage engaging in at least 1 daily trip by active transportation decreased from 52% to 37% (Active Healthy Kids Canada, 2014).

The Built Environment

- Neighbourhood characteristics are related to leisure-time physical activity (Public Health Agency of Canada, 2011).
- A 2011 Statistics Canada's Canadian Community Health Survey found people more physically active in their leisure time if they lived in neighbourhoods with:
 - Several free or low-cost recreation facilities, such as parks, walking trails, bike paths, recreation centres, playgrounds, and public swimming pools;
 - 65% were physically active, compared to
 - 55% in neighbourhoods without these facilities.
 - Interesting things to look at while walking;
 - 66% were physically active, compared to
 - 54% in neighbourhoods without interesting things to look at.
 - Levels of street traffic that did not make it unpleasant to either walk or ride a bike;
 - 64 & 65% (respectively) were physically active, compared to
 - 56 & 57% (respectively) in neighbourhoods with excessive amounts of traffic
 - Designated areas for bicycling;
 - 65% were active, compared to
 - 60% in neighbourhoods without designated areas for bicycling.
 - Well-maintained sidewalks;
 - 64% were active, compared to
 - 59% in neighbourhoods without well-maintained sidewalks
 - A higher level of safety at night;
 - 64% were active, compared to
 - 58% in neighbourhoods where the crime rate makes it unsafe to walk at night
 - Places to buy necessities within easy walking distance from home;
 - 64% were active, compared to
 - 59% in neighbourhoods with few of these amenities
 (Public Health Agency of Canada, 2011)
- Canadians were significantly more likely to report walking or biking to work or school if their neighbourhoods had:
 - A transit stop less than a 15-minute walk from their home;
 - 32% engaged in active transport, compared to
 - 15% in neighbourhoods without a transit stop nearby
 - Sidewalks on most of the streets;
 - 33% engaged in active transport, compared to
 - 12% in neighbourhoods without sidewalks on most streets
 - Designated areas for bicycling;

- 32% engaged in active transport, compared to
- 22% in neighbourhoods without designated areas for bicycling.
- Several free or low-cost recreation facilities;
 - 31% engaged in active transport, compared to
 - 15% in neighbourhoods without these facilities
- Well-maintained sidewalks in their neighbourhood;
 - 32% engaged in active transport, compared to
 - 16% in neighbourhoods without well-maintained sidewalks
- Levels of street traffic that did not make it difficult or unpleasant to walk;
 - 28% engaged in active transport, compared to
 - 23% in neighbourhoods where the traffic made it difficult or unpleasant to walk (Public Health Agency of Canada, 2011)
- Parks that are located within 500 metres of a child’s home contributed to a BMI reduction of -0.14 and recreation services within 10 kilometres reduced BMI by -1.44 (BCRPA, 2013; Wolch et al., 2011). For children, the presence of a playground within the park is significantly associated with enhanced levels of physical activity and healthy weight (BCRPA, 2013; Potwarka et al., 2008)
- Young teenagers are 2.5 times more likely to walk if there is a recreation destination within one kilometre of their home (American Journal of Health Promotions, 2007).

Mental Health

- Being physically active is associated with 25% reduced risk of major depression, 27% reduced risk of panic attacks and 35% reduced risk of social phobia (BCRPA, 2013; Goodwin, 2003)
- Regular physical activity compared with no physical activity is associated with 29% reduced risk of being diagnosed with any mental disorder in young adults (BCRPA, 2013; Strohle et al., 2007)
- Physical activity can also have a protective effect against cognitive decline. Studies showed a 35-38% reduced risk of cognitive decline in non-demented individuals who engaged in mild, moderate or high levels of physical activity and a reduced risk of developing dementia (in particular Alzheimer’s disease) in older adults who are physically active (BCRPA, 2013; Sofi et al., 2011; Vogel et al., 2009;)

Local Data Sources

The scientific data contained in this document are largely nationally and provincially based. It can be used as a foundation to engage partners, advocate for change and educate the public and political leaders about the benefits of Parks, Culture and Recreation services and facilities.

It is recognized that the most meaningful data for communities are the data that pertain to the local environment. Local data can be located in various documents in every community including Official Community Plans (OCP), Parks, Culture and Recreation Master/Strategic Plans, Cultural Mapping Projects, Early Childhood Development Instrument (EDI), School Districts Strategic Plans, and health reports from local Health Regions.

Methodology

The challenge that was identified in the BCRPA 2013 Senior Staff Forum was how to use the evidence-based data that was included in the initial BCRPA Performance Measurement Report. The purpose of the Performance Measurement Project is to collect data that articulates compelling and accountable measures of the benefits of the Parks, Culture and Recreation services, and that supports the role of this sector in contributing to the public good and achieving health outcomes.

Phase 1B of the project was an applied research project that took the scientific data from the BCRPA Performance Measurement Report (2013) and other sources and used it to address Parks, Culture and Recreation sector based issues. According to the United Nations Population Fund (UNFPA, 2004), applied research is 'a type of research conducted on the basis of the assumption that human and societal problems can be solved with knowledge'. It can also be described as an application of problem solving and developing innovative solutions.

The project is guided by two key principles; 1) that the best available scientific evidence be identified from existing sources versus creating new data; and 2) that the best data sources would be sustainable for routinely and efficiently tracking relevant performance indicators over time. A key data source that was used for initially tracking performance in the BCRPA Performance Measurement Report is Statistic Canada's Canadian Community Health Survey. The CCHS is a cross-sectional survey that collects information related to health status, health care utilization and health determinants for the majority of the Canadian population (BCRPA, 2013).

Three Parks, Culture and Recreation Departments that were willing to use the evidence-based data to support the benefit statements and track their usage were chosen as case studies. The three British Columbia municipalities that participated were: North Vancouver, White Rock / South Surrey and Trail. The size of the communities was determining factor in choosing the municipalities; the objective was to find one small, one medium in size and one larger community. The location of the communities was also a determining factor; one is located in Metro Vancouver, one is in the Fraser Valley and one is in the West Kootenay region of the interior of BC. Due to the timeline of the project, the relationship with the researcher was also a factor. Two of the municipalities, North Vancouver and White Rock were chosen because representatives of these communities are members of the BCRPA Performance Measurement Task Group. The other municipality, Trail, was chosen because of the relationship between the researcher and the Director of Trail Parks and Recreation Department; they had worked together in past years.

Phase 1B researcher worked with the representatives from each of the municipalities to frame and focus the individual projects for the case studies. North Vancouver and Trail developed the case studies for this project. The White Rock / South Surrey project was underway and the case study highlighted the value of using the evidenced-based data to engage partnering organizations and to educate their working group about the health of the residents in their community. This approach was used to generate dialogue that focused on successes and positive results.

The case studies from Phase 1B were presented at the BCRPA Symposium Senior Staff Forum in Kelowna, BC, in April 2014. Following the Forum, semi-structured individual interviews were conducted with representatives from each of the municipalities to gather perspectives about the case studies, the challenges they faced and the lessons learned. The descriptions of the case studies were validated through participant checking, where the researcher shared the analytical thoughts, and drafts of the final report with research participants to ensure they were represented accurately.

Phase 1B of the Performance Measurement project consisted of:

- Background information about the overall project
- A Fact Sheet made up of evidence-based research taken from the BCRPA Performance Measurement Report (2013) and other sources the researcher encountered during this phase of the project
- Definitions of terms used in describing Performance Measurement
- An analysis of the feedback received from participants of the 2013 BCRPA Symposium Senior Staff Forum
- A description of each of the case studies.

The information in this report is available to Parks, Culture and Recreation faculty in Langara College and other post secondary institutions, and practitioners and professionals in the Parks, Culture and Recreation field and other sectors.

Case Studies

Three Parks, Culture and Recreation Departments that were willing to use the evidence-based data to support the benefit statements and track their usage were chosen as case studies. The three British Columbia municipalities that participated were:

- Trail
- North Vancouver
- White Rock/South Surrey

Case Study #1 - Trail, BC

The Location

Trail is a city in the West Kootenay region of the interior of BC. In addition to Trail, the regional district area that surrounds Trail includes the communities of Warfield, Fruitvale, Montrose, Rossland and Electoral Areas A and B.

The Objective

The objective of the original project in Trail was to develop a comprehensive Leisure Access program that would support residents of Trail and the surrounding communities who faced financial barriers to access Parks & Recreation services. Over the course of the study, the original project changed as a result of the political situation in the region regarding recreation services. With the ultimate withdrawal from recreation service agreements by four communities in the area, the City of Trail was faced with having to administer their “two tiered” fee structure to an additional 30%+ of their regular users. The objective of the project became one of advocacy and education to add depth to the conversations that were occurring in the region.

The Situation

The goal in the Spring of 2014 was to have public service partners come together to develop the administrative plan and the proposed scope of services for the Leisure Access program. A description of the benefits of Parks & Recreation services, supported by evidenced-based data was going to deepen the discussion and awareness around the need for access to recreation services for all and how the community ultimately benefits by having such a comprehensive program in place. Several local social service providers who serve the regional population were keenly interested in the project and key partnerships had been established that were needed to make the project successful. An important factor that supported the concept of the development of a Leisure Access program was that it was identified as one of the key recommendations of the Trail Parks and Recreation Department’s Master Plan, which had recently been adopted by Trail City Council in January 2014.

As the Leisure Access program concept was in the early development stages, decisions made by political leaders in the surrounding communities changed and prevented the project from moving forward. Four of the five surrounding communities that had regional recreation agreements in place with the City of Trail withdrew (or opted to not renegotiate/renew) their recreation agreement with the City of Trail for the use of their recreation facilities and services. The resulting challenge became three fold; a negative financial impact to the recreation services offered through the City of Trail; additional recreation facility and service fees to the people from the communities surrounding the City of Trail and; the partnering agencies interesting in developing the Leisure Access Program, had regional jurisdiction responsibilities, not individual communities.

The first challenge was the reduced funding for Trail recreation facilities and services. With the surrounding communities withdrawing their joint funding or opting to not renegotiate/renew a recreation agreements with the City of Trail, the City was faced with an annual reduction of \$275,000 for operating Parks and Recreation facilities and services.

Secondly, instead of developing a comprehensive Leisure Access program that would remove financial barriers to the residents of Trail and surrounding communities who wanted to access Parks & Recreation services, the opposite occurred. Trail was faced with administering their “two-tiered” fee structure to residents of these surrounding communities who now, no longer contributed to recreation services.

The third challenge centered on jurisdiction boundaries. The City of Trail municipal taxes supported the municipal recreation facilities and services in the City of Trail. The provincial taxes from the City of Trail and five surrounding communities funded social services in the region. The provincially funded agencies could not separate their services by municipal boundaries.

The Outcome

The concept of developing a Leisure Access program that serviced the residents of Trail and surrounding communities became a secondary issue. The primary issue strayed from supporting people in Trail and surrounding communities who faced financial barriers to access Parks & Recreation services and shifted towards additional fees and barriers for all residents in the four surrounding communities. Furthermore, the local social service providers who serve the regional population could no longer participate because they were no longer able to offer equitable services to their clients/customers.

The changing political landscape and changing the project midstream was both disturbing and, at its core, heart-breaking. The local social service partners that were excited to see the project gain momentum and were on the road to developing a plan that had a groundswell of support seemed to feel let down by the political decisions.

While the service providers were disappointed, the communities were outraged. Community Councils of the areas that withdrew from recreation services responded by developing reimbursement systems for their local residents who accessed Trail Parks and Recreation facilities and services. Staff in Trail Parks and Recreation Department started to consider the following questions:

- What conversation is not occurring?
- How do could they add perspective to the conversation?
- How could they help people see, feel, and understand the impacts of these political decisions?
- How could they influence the political environment differently?

It was a difficult situation, given the fact that Trail Parks and Recreation Department staff are employed by the political leaders who made the decision.

The Result

The Director of Trail Parks and Recreation Department decided to write an article that addressed the situation. [Trail - Recreation: More than Fun and Games](#). She included descriptions of the benefits of Parks & Recreation services, supported by evidenced-based data in the article. She ensured that all colleagues and organizations whose work was referenced were circulated a copy of the article. She submitted the article to Trail’s Chief Administrative Officer (CAO) who endorsed it and released of the article within 30 minutes

of reading it. He directed Trail's communications staff to launch the article through the local media and all social media networks. Within four days, the article received over 2000 hits on the City's website that in the past had received approximately 500 hits on the most controversial topics.

A small media frenzy occurred in the first few days following the article. The media contacted the Director of Trail Parks and Recreation Department and partner organizations that were identified in the article. Interviews were requested by local radio, the newspaper, and requests for letters to the editor all came within 48 hours. The interesting thing was that the tone of inquiries had shifted from being a political issue to an issue about the impact of the decisions on the people, related to the benefits to them that were being challenged.

The article provided Trail and surrounding area political leaders with another layer of information for discussion. It deepened the conversation and provided credibility regarding what recreation is all about. Finally, it touched people on a level that the existing conversation hadn't in the past. The article reached the City of Lillooet, who contacted the Director of Trail Parks and Recreation Department to say how appreciative they were that this work had been done because they were also struggling with regional recreation issues.

The Evidence-Based Data

The evidence-based data and benefit statements were used to educate and inform the general public and political leaders about the how Parks and Recreation facilities and services contribute to the health of residents, communities and the environment. The national and provincial data was taken from the BC Recreation and Parks Association Parks Performance Measurement Project (2013) and Plan H - Resource Guide for Local Governments, Action Guides and Tool Kits, and videos (2014). Local data was supplied through the Interior Health – Local Area Profile, Trail Area, Community Health Facilitator and BC Healthy Communities Staff.

Case Study #2 – North Vancouver, BC

The Location

North Vancouver is comprised of the City of North Vancouver and the District of North Vancouver and is located on the north shore of Burrard Inlet, directly across from the City of Vancouver. The North Vancouver Recreation Commission (NVRC) services both the City and the District.

The Objective

The objective of the North Vancouver project was to embed health and wellness outcomes in strategy and evaluative measures to leverage and align with the evidenced-base data produced in the first phase of the BCRPA project.

The organization's guiding document, the NVRC Strategic Plan (NVRC, 2013), states the following mission;

“...to improve the health and wellbeing of all North Vancouver individuals, families and communities...”

Staff set out to establish a framework to measure this mission. The framework is designed to answer the following questions:

- What is the current health and wellbeing of our residents?
- What is the current demographic makeup of each neighborhood?
- Using demographic and service data, how many residents do we serve?
- How many residents do we not serve and why?
- How best do we reach the inactive and under-served?
- What are the barriers to activity and how can we mitigate those barriers?
- How best do we retain those inactive and under-served once we have connected?

The Situation

NVRC offers over 250 drop-in fitness programs a week and services 13 community recreation facilities. In their job of contributing to the creation of a healthy community, they are succeeding in serving the active residents. However, after analyzing and understanding the make-up of the various neighbourhoods of North Vancouver they realized that many residents were underserved, not from lack of services, but from not accessing the recreation services that are available to them. They recognized that some residents did not feel comfortable about accessing their facilities and services or didn't understand the benefits of being physically active.

NVRC staff realized the opportunity to use the evidence-based data to shape messages about the benefits of being physically active and the opportunities available through their facilities and programs would be powerful but also somewhat shocking. For example, using the fact “compared to physically active women of normal weight, physically inactive but normal weight women have a 55% increased risk of premature mortality” is informative, but is also a shocking piece of evidence-based data. (BCRPA 2013; Hu et al., 2004). They wanted use the data to inform, educate and most importantly, to motivate an inactive resident to take that first step and reach out to the NVRC.

NVRC staff recognized that working with the medical profession would be advantageous in reaching inactive residents and delivering the message of the benefits of physical activity. NVRC staff understood that their goal of creating healthy communities would only be realized by working in partnership with other service providers such as Vancouver Coastal Health and the Network of Physicians. NVRC staff identified how the Parks and Recreation sector could use the benefit statements outlined in the National Framework for Recreation (2014), supported by the evidence-based data from the BCRPA Performance Measurement Report (2013), to engage the medical professionals in dialogue and demonstrate the value of having Parks and Recreation at the table, at the beginning of the process to shape community policy and programs.

The Outcome

One of the strategic goals of NVRC was to target the inactive and underserved population in North Vancouver. They recognized the need to repackage and market their fitness options in bite size pieces. They asked themselves how to operationalize their fitness programs to different segments of their community. For example, they recognized that if a community member were to see a video about the benefits of being physically active or that person's doctor advised them to become more active, some segments of the community could be overwhelmed by the number of fitness options to choose from. NVRC staff realized that they needed to change their service approach to help people navigate the various fitness options. They decided to code their programs to assist newcomers to understand where to start. They began to use a similar way-finding concept to ski resorts; the green circle is for people who are unfamiliar with the services or those just starting out, the blue square is for people who are familiar and are at an intermediate level and the black diamond is for people that are fit and want to advance their fitness levels.

The Result

Aligning North Vancouver Recreation Department's strategic plan with the National Framework for Recreation (2014) and using evidence-based data from the BCRPA Performance Measurement Report (2013) has resulted in discussions with other North Vancouver District staff about the District's Official Community Plan. The evidence-base data and benefit statements engaged and informed staff in other sectors about the how Parks and Recreation facilities and services contribute to the health of residents, communities and the environment. This led to further discussions about the District's outcomes, and how these outcomes should be measured.

NVRC staff are in discussions with the medical professionals in North Vancouver. To support these discussions, the first of a series of videos was produced to demonstrate the benefits of physical activity and the opportunities available to the residents of North Vancouver. (<http://youtu.be/PIBPH0eMK8Q>) (<https://www.youtube.com/watch?v=8ZEETxR61P8>)

The Evidence-Based Data

The evidence-based data and benefit statements were used to engage staff in other civic departments in North Vancouver and professionals from other sectors about the how Recreation facilities and services contribute to the health of residents, communities and the environment and how to measure the impact of the services. The national and provincial data was taken from the BC Recreation and Parks Association Parks Performance Measurement Project (2013) and the National Framework for Recreation report (2014). Local data were supplied through Stats Can, GIS and the Class Recreation Registration program.

Case Study #3 – White Rock/South Surrey, BC

The Location

White Rock (WR) is located in the southwest corner of the Lower Mainland, 45 kilometres from Vancouver and only five minutes to the Canada/US border. It is a seaside community clustered around Semiahmoo Bay and is surrounded on three sides by South Surrey.

South Surrey (SS) is a neighborhood of Surrey, BC, which borders on the City of White Rock. South Surrey comprises the entire Semiahmoo peninsula other than the small wedge of White Rock, and lies between Mud Bay to the northwest and Semiahmoo Bay to the south.

The Objective

In 2011 Peace Arch Hospital and Community Health Foundation (PAHF), which serves the South Surrey / White Rock (SS / WR) area, identified that in addition to their traditional role of raising funds and awareness to enhance the health and wellness, they would shift their attention to the concept of health promotion. The first step to making this vision a reality took place in the fall of 2012 when the PAHF Board initiated a conversation with a group of 22 community leaders. That conversation supported the PAHF's vision of being the healthiest community possible and led to the creation of a Working Group to realize this vision.

The Situation

PAHF Board approved funding to develop a Healthy Communities Strategic Plan with their community partners. The Working Group that was created consisted of representatives from White Rock City Council, Peace Arch Hospital and Community Health Foundation (PAHF), Surrey Parks, Recreation and Culture, White Rock Leisure Services, WR/SS Division of Family Practice, Surrey School District, Fraser Health, WR/SS Business District, Seniors Come Share Society, Semiahmoo House Society, Peninsula Foundation, and the Peace Arch Hospital. The group was co-chaired by the Executive Director, PAHF and the Director, Leisure Services, City of White Rock. A Healthy Community Coordinator was hired as a consultant to collect and analyze evidence-based data and to assist the group with the development of the plan. Student volunteers from Simon Fraser University, Vancouver Foundation, McGill University, and Langara College supported the research team. A copy of the final report can be accessed at:

http://langara.ca/departments/recreation/faculty/documents/White%20Rock_South%20Surrey%20Healthy%20Community%20Strategy.pdf

The Outcome

The project to develop a Strategic Plan for a Healthier Community for South Surrey and White Rock started in June 2013. The research was compiled in August and September 2013. As the data was being collected and analyzed, the planning committee had a presentation from the Healthy Communities Manager, City of Surrey, who informed them

about the 1986 World Health Organizations Ottawa Charter. While the Charter was dated, it shifted everyone's thinking from a medical approach to preventative health approach; health being socially determined and community supported. The Charter contained five principle actions that provided a solid foundation to base the local research (Ottawa Charter, World Health Organization, 1986). The Charter lays out five areas for communities to focus on when trying to achieve effective health promotion. These five areas are:

- Build healthy public policy
- Create supportive environments
- Strengthen community action
- Develop personal skills
- Reorient health services

The goals of Draft Strategic Plan for a Healthier Community for South Surrey and White Rock ran in parallel to the Ottawa Charter.

The Result

In March 2014, the Draft Strategic Plan for a Healthier Community for South Surrey and White Rock was completed (2014-2018). It includes five Strategic Goals: 1) Create a Hub for our Healthy Community; 2) Create and Maintain Health Enabling Built Environments; 3) Promote Health Literacy and Skill Development; 4) Connect Health Services to Community Resources; and 5) Advocate for Healthy Communities Policies.

Community members will achieve each of these goals through a commitment to a series of related actions. The actions for each goal will have measurable outcomes. All actions that are completed lead the community closer to the achievement of becoming the healthiest community possible. The next step is for the draft plan to be endorsed by the broader group of 22 community leaders. This Healthy Communities Strategic Plan (2014 - 2018) will be successful with endorsement from community leaders, partnerships and with sustainable financial resources from both public and private donors.

The Evidence-Based Data

The evidence-base data and benefit statements were used to educate people around the planning table about the facts related to the health of the residents and community of White Rock / South Surrey. The partnering organizations generally knew different kinds of information, but not the whole picture. The scientific data was organized and shared. It became a platform for the group to base their SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis and to form the five Strategic goals and corresponding actions. The national and provincial data were taken from the BC Recreation and Parks Association Parks Performance Measurement Project (2013). Local data were taken from the Population Health Profile (2010), SS / WR Local Health Area, Fraser Health Authority, Surrey Parks, Recreation and Culture Service Delivery Plan (2013), Surrey Parks, Recreation and Culture Strategic Plan (2008), Leisure Services Core Services Review, City of White Rock (2012), Early Development Instrument (Offord & Janus, 2014), and the Leisure Services Master Plan, City of White Rock, (2007). Over 140 facts about the South Surrey / White Rock community were compiled from these seven research documents.

Lessons Learned

Following the Performance Measurement Project – Phase 1B being presented at the BCRPA 2014 Senior Staff Forum in Kelowna, BC, in April 2014, the representatives from municipalities featured in this phase of the project were asked what they learned from their participation in this project.

They responded with the following thoughts:

- It took time to determine how to integrate national and provincial information into a local issue. In one particular case, the participant suggested that the more general the data was, the less likely it was to resonate with people in the community. Taking the broad-based information and complimenting it with local details, data and information added a stronger message about issue that was being addressed.
- When addressing the issue, keeping the focus on the benefits, supported by the evidence-based data, kept the message in check in a way that was not adversarial in a case that was highly emotional.
- The evidence-based data demonstrates that Parks, Culture and Recreation programs, services and facilities are a powerful means to an end.
- Applied research is not as controlled as traditional research because it deals with people. The process can get ‘messy’, so the researcher and participants need to trust the process and be creative in their approach.
- There is no ‘blueprint’ for this type of work. Communities that want to use the evidence-based data can start anywhere and go everywhere.
- The World Health Organization Ottawa Charter provides a strong, historical platform that supports the benefits of the Parks, Culture and Recreation sector.
- The quality of a Strategic Plan’s goals and actions are increased, by using stories (qualitative data) supported by scientific evidence (quantitative data).
- Evidence-based data is important research to use when setting goals into actions.
- Using evidence-based data increases Parks, Culture and Recreation sector’s credibility, because the benefit messages are not just anecdotal but are supported by defendable, concrete information.
- Utilizing evidence-based data to support benefit statements is essential.
- The National Framework for Recreation in Canada report (2014) and the BCRPA Performance Measurement report (2013) are research documents that provide valuable data on the national and provincial level. The medical profession / health authorities in each region of the province have scientific data that is specific to each community. This local data is needed to support the local stories about the benefits Parks, Culture and Recreation programs, services and facilities bring to our communities.

In the spirit of assisting future researchers and practitioners, this study's researcher summarizes lessons learned:

1. Ensure that all partnering organizations agree on the project deliverables

When two or more organizations are working on a research project together ensure that all partnering organizations agree on and have the same interpretation of the project deliverables prior to the commencement of the project.

2. Allow more time for the research to be completed.

Phase 1B of the BCRPA Performance Measurement Project ran from January – April 2014. The final report was completed by the end of May. This was a tight timeline for the researcher to connect with communities that may be interested in participating, to conduct the research and to report the outcome of the research. Based on the number of years she has worked in municipal recreation in BC, the researcher has strong connections with professionals in the field. She already had positive working relationships with the participating communities. If future researchers did not have those connections, more time would be needed to contact and work with participating communities.

Once the Parks, Culture and Recreation departments agreed to participate, they realistically only had three months to complete the project. Based on the operation of municipal Parks, Culture and Recreation departments, eight months to a year would be more effective. That way, if additional staff resources or budgets need to be adjusted, the departments would have time to plan for the research. Additionally, with a longer timeframe, Parks, Culture and Recreation staff could include a research project into their annual work plans.

3. Agree on a communications plan with partnering organizations.

When two or more organizations are working on a research project together, having a communication plan developed at the beginning of the project will keep all parties informed of the project's progress. It could also be used to communicate major concepts and flow of ideas and resources to the people who are not directly involved with the development of the project. Additionally, if the project changes, as often happens with Applied Research projects, the partnering organizations can lend support to the research group.

A communications plan would also provide the partnering organizations with the confidence that the project is on time and that all the components of the project will be delivered as per the agreement.

4. Be realistic about the amount of time and focus action research takes.

Since the Recreation Studies Department at Langara College had not done this type of research in the past, an estimated 75-100 hours was allotted to the project. The researcher put closer to 125 hours into the project, including the completion of the

final report.

5. Partnerships are essential to completing this type of research.

For BCRPA to continue with this research project additional partnerships need to be established. They include, but are not limited to; partnerships with universities to access and document data from existing sources; partnerships with Recreation Studies Departments in community colleges to apply the scientific research to the field; partnerships with municipal Parks, Culture and Recreation departments to participate in further research; and partnerships with regional health authorities to access data on a local level and to understand the health of our local communities.

Conclusion

It is recognized that this collection and interpretation of data is an initial project. The implications of the first focus area of the National Framework for Recreation; *Enhancing mental and physical wellbeing* have positive, broad ranging applications in BC communities.

A determination on the additional research needs to support the next two focus areas identified in the National Framework for Recreation; *Help build communities that are healthy, inclusive, welcoming, and resilient*, and *Help people connect with nature* require further discussion and commitment. Another area that was identified during this phase of the Performance Measurement Project is the impact of Arts and Culture on individual and community health and wellbeing.

The Parks, Culture and Recreation sector is vast with many different segments. One of the challenges in providing evidence-based data is determining what to measure. Linking service results, supported by scientific data, to the allocated resources will establish a level of credibility that has been missing in the past. In addition to the anecdotal stories that are vitally important to communicating the benefits of Parks, Culture and Recreation services and facilities, the scientific data makes the statements more defensible and solid.

BCRPA Performance Measurement Project - Phase 2

Participants of the 2014 BCRPA Symposium Senior Staff Forum were provided with three options for Phase 2 of the Performance Measurement Project to focus on;

- Help build communities that are healthy, inclusive, welcoming, and resilient,
- Help people connect with nature,
- The impact of Arts and Culture on individual and community health and wellbeing.

There was agreement at the BCRPA 2014 Senior Staff Forum that the next phase of the Performance Measurement Project should focus on the impact of Arts and Culture on individual and community health and wellbeing.

Arts and health is a growing international field that embraces many forms of art to promote health & prevent disease in individuals and communities, enhance health service delivery and enrich research inquiry. It is recognized that arts and culture has a powerful linkage to all three benefit statements included in this project. There is solid evidence that illustrates the benefits of arts and culture. According to the Arts Health Network Canada (2014), there are approximately 700 research articles, many of which make the connection between arts and wellness/health. The links are absent in the current study and subsequent research is required.

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