



# EVALUATING HEALTH & WELLBEING IMPACTS OF CANADA GAMES POOL AND CENTENNIAL COMMUNITY CENTRE

City of New Westminster

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## SUMMARY

Recreation and community centres are often viewed as significant contributors to a community's value, providing opportunities for physical activity, social engagement, and self-improvement. Two of the City of New Westminster's key recreation buildings (Canada Games Pool and Centennial Community Centre) are being renewed in the near future, and the City looked to develop a framework to establish how community centres contribute to overall community health and wellbeing. The framework developed as part of this project was used to establish how the current facilities contribute to health and wellbeing and is intended to be used again once the new facility is constructed to identify changes in impact.

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This project was conducted under the mentorship of the City of New Westminster staff. The opinions and recommendations in this report and any errors are those of the author and do not necessarily reflect the views of the City of New Westminster or the University of British Columbia.

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## Executive Summary



Figure 1. Rendering of the future New Westminster Aquatic and Community Centre (City of New Westminster, 2019).

### Health, Wellbeing, and Recreation

Canada Games Pool and Centennial Community Centre are two of the City of New Westminster facilities that deliver specialized programming. Both are legacy facilities, serving the community for over 46 years. Over the years, these facilities have provided inclusive spaces, registered programming, drop-in activities and opportunities for the community.

The costs to maintain and repair these older buildings continue to escalate and both buildings are functionally obsolete; therefore, the City has elected to build a new joint pool and community centre to replace these facilities on the existing site.

In recent years, the City has also prioritized health and wellbeing in key policy documents such as its Official Community Plan. This focus has stimulated the discussion of what role these facilities currently have on community health and wellbeing and consider how a new facility might improve on the City’s ability to provide these services. Partnering with the University of British Columbia, the City’s Parks and Recreation Department developed this project to:

#### investigate how Canada Games Pool and Centennial Community Centre currently contribute to community health and wellbeing

In addition to providing baseline measures of the facilities’ contributions to community health and wellbeing, the project was developed with the intention to be replicated in the future for the new facility. This project also considered the necessity of exploring who is not currently using the facilities and the need to engage with nonusers to understand what barriers are in place so the City might better develop programming to increase participation from marginalized demographics, resulting in the development of a “Phase 2” gap analysis framework for future study.

This study considered a wholistic definition of health and wellbeing, adopting the World Health Organization’s definition of health and the Canadian Index of Wellbeing’s indicators of wellbeing.

### REPORT HIGHLIGHTS

#### 4 Part Approach to Evaluating Health and Wellbeing:

- User survey
- Existing program evaluation
- Site and community evaluation
- Gap analysis framework

#### Key Evaluation Findings

- Survey respondents illustrated bias to being predominantly English speaking, owning their own home, earning over \$50,000 per year and living in the Uptown or East areas
- Majority of respondents are frequent or regular users of the facilities
- Pool facilities are the dominant service used (may indicate survey respondents were more likely Canada Games users)
- Small percentage of registered programming is dedicated to youth and seniors
- Buildings are not fully accessible to all ages and abilities
- Greater male drop-in participation
- Greater female registered program participation at Centennial Community Centre

#### Key Recommendations

- Conduct a gap analysis
- Develop an Equity Policy or Framework
- Conduct gendered participation counts
- Consider youth and older adult participation

## Evaluation Details

### Community Health and Wellness Survey

- Conducted between June 18 to July 15, 2019 using SimpleSurvey
- Community Connectors (City staff dedicated to engaging with the public to encourage responses) were used on-site for four days
- Survey questions were revised by committee
- Survey questions were modelled from existing health and wellbeing surveys
- Parents provided responses for their children based on their perception of their children's
- Five \$75 Parks and Recreation gift cards were used as incentives to increase response rates
- Survey results were analyzed using Microsoft Excel, looking at not only general responses, but also how responses might differ between gender and age
- Parents' responses for children were only considered for children aged 18 years and younger

### Program Evaluation

- Registration data provided by Canada Games Pool and Centennial Community Centre staff
- Card-scan drop-in, and low-income pass information received by the Manager of Business Operations
- Data that was not previously sorted (e.g. registration data) was evaluated using Microsoft Excel for gender and age information
- Programs were also evaluated based on their provision by season and age category

### Site and Community Evaluation

- Onsite evaluation conducted on June 21, which included conversations with facility managers
- Measures centered on accessibility, inclusion, and built environment features that have been shown to contribute to individuals' health and wellbeing

### Gap Analysis Framework

- Draft gap analysis framework developed and provided in the report's appendix
- Gap analysis is intended to consist of four parts:
  - In-depth data analysis
  - Community-wide survey
  - Targeted focus groups
  - Revision of existing policies and plans

## Conclusions

The City's 2019-2022 Strategic Plan identifies core priorities for the near term, with some overlapping with the findings of this report, particularly around Reconciliation, Inclusion, and Engagement.

The survey conducted was representative of only a small portion of the City's population, however it did illustrate that users have the opportunity to engage in opportunities to improve their own personal physical and mental health.

While issues were noted around accessibility for both facilities, it is anticipated that many of these issues will be improved or corrected fully upon the building of the new facility. It is important to note that while physical accessibility issues are likely to be mitigated through the new facility, program analysis identifies some gaps in service provision, particularly with respect to equity.

It is recommended that the City consider contributions to overall health and wellbeing, in particular through the inequities that may be experienced through programming or service delivery. The City may uncover more barriers using the gap analysis framework and may consider ways to address them through policy development, planning, services, or programming.

By embarking on this evaluation, the City has prioritized these outcomes as it moves in a new and exciting direction with the new facility. The redevelopment of Canada Games Pool and Centennial Community Centre provides the City with the opportunity to not only reconsider how a new facility will entice residents to use a brand new facility, but also how it can reframe its programming and service delivery to ensure it is able to provide an equitable framework and truly consider the community at large.

## 1.0 Introduction

Better health is central to human happiness and well-being. It also makes an important contribution to economic progress, as healthy populations live longer, are more productive, and save more. (WHO, 2019a)

The City of New Westminster (the City) has identified health as a priority in its Official Community Plan (OCP). This commitment has been illustrated not only through a Healthy Communities Partnership with Fraser Health and School District #40, but also in its actions and intentions.

Centennial Community Centre and Canada Games Pool are identified legacy recreation facilities in the City (City of New Westminster, n.d.). For over 50 years, these facilities have provided inclusive spaces, programming, and opportunities for the community. In addition to the need for maintenance and repair, both facilities also illustrate the evolution of architectural focus since the 1970's to modern day. Today's building design is centered around accessible and inclusive design – something that the facilities currently lack.

In response to these challenges, the City has elected to build a new joint pool and community centre on the current site. This facility expected to overcome these issues, and its designs have been developed through significant community consultation over the last year.

**PURPOSE:** To investigate how Canada Games Pool and Centennial Community Centre currently contribute to community health and wellbeing

This project provides a list of indicators that help establish how well the facilities contribute to health and wellbeing, and a framework that can be used to evaluate the new facility in the future.

This project evaluates the facilities' contribution to community health and wellbeing through:

- A user survey of how well the facilities contributes to their own personal health and wellbeing
- An evaluation of existing programs
- A site and community evaluation of the facilities
- Development of a gap analysis framework

This project recognizes that the health and wellbeing measure only provide an overview of how well the facilities contribute to current users. In order to establish how well these facilities contribute to **community health and wellbeing**, the project team identified that a **gap analysis** is required to explore who is not using the facilities and why they are not using them. To ensure that meaningful feedback is collected, the gap analysis was determined to be not in scope of this project. However, the framework has been provided to permit investigation at a later date.

## 2.0 Defining Health and Wellbeing

**Health** and **wellbeing** do not have singular definitions (US CDC, 2018). This project adopted the **World Health Organization’s** (WHO’s) definition of health and has used the **Canadian Index of Wellbeing’s** (CIW) indicators of wellbeing as these are recognized and reputable agencies and were identified as being inclusive of alternative definitions when considered together.

The WHO defines health as “the state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity” (2019b).

The CIW considers wellbeing to be the “quality of life factors valued by Canadians” (2018).

Internationally, wellbeing has been measured through gross domestic product (GDP) (Cohen, 2018). It has been recognized, however, that objective measurements (such as income) provides one element of a population’s overall wellbeing (Linton, Dieppe & Medina-Lara, 2016). In response, seeking information on people’s **self-reported wellbeing** has been used to provide a more complete account of wellbeing (Linton et al., 2016; NEF, 2012).

In Canada, the University of Waterloo identified quality of life factors that contribute to Canadians’ overall wellbeing:

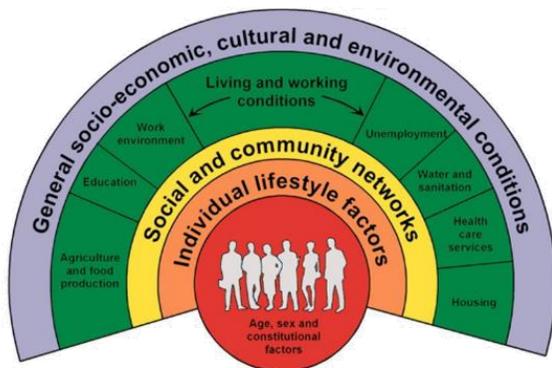


The **social determinants of health** are the social and economic factors that often specify **equity** concerns and reflect an individual’s societal status (PHAC, 2001).

In recent years, there has been much research to identify linkages between the policies developed and decisions made at a local government level and their impact on the **determinants of health**. The determinants of health include (Government of Canada, 2019):

**DETERMINANTS OF HEALTH:** personal, social, economic, and environmental factors that determine individual and population health (Government of Canada, 2019)

- income and social status;
- employment and working conditions;
- education and literacy;
- childhood experiences;
- physical environments;
- social supports and coping skills;
- healthy behaviours;
- access to health services;
- biology and genetic endowment;
- gender; and
- culture.



Source: Dahlgren and Whitehead, 1991

Figure 2. Model of the social determinants of health (Eikemo & Bamba, 2016).

**EQUITY:** fair treatment, access, opportunity, and advancement for all people, while striving to identify and eliminate barriers that have prevented the full participation of some groups (Independent Sector, 2019)

### 3.0 A Healthy Community

The City has committed to health and wellbeing as illustrated in the first goal in its [Official Community Plan \(OCP\)](#) (2018):

New Westminster is an equitable, inclusive, safe and welcoming place where all community members have opportunities to contribute, while feeling connected and accepted.

The City’s intention has been to become “more deliberate in facilitating community and individual wellbeing”. The ten policies listed in the OCP identifies the ways by which the City sees itself contributing to health and wellbeing. These policies relate to:

 Equity	 Inclusivity	 Built Environment	 Social Connectedness	 Civic Engagement
 Food Security	 Community Safety	 Children, Youth, and Families	 Child Care Facilities	 Accessibility

The City’s goal around community and individual wellbeing fits well with the [Canadian Institute of Planners’](#) (CIP) definition that defines a **healthy community** as one that (CIP, 2018):

 Supports and encourages active living	 Is inclusive to all ages and abilities	 Embraces diversity	 Fosters a sense of community	 Enables everyone to meet their full social and health potential
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Both of these visions of community health and wellbeing provide an overall sense of the considerations that were undertaken for this project. Collectively, the WHO and CIW definitions of health and wellbeing and the City and CIP’s descriptions of healthy communities provide the direction and base for the elements that have been considered in this project.

## 4.0 Recreation, Health and Wellbeing

The [Canadian Parks and Recreation Association \(CPRA\)](#) and [Interprovincial Sport and Recreation Council](#) identified five key goals and priorities in its 2015 Canadian Framework for Recreation:

**Active Living:** foster active living through physical recreation

**Inclusion & Access:** increase inclusion and access to recreation for populations that face constraints to participation

**Connecting People & Nature:** help people connect to nature through recreation

**Supportive Environments:** ensure the provision of supportive physical and social environments that encourage participation in recreation and build strong, caring communities

**Recreation Capacity:** ensure the continued growth and sustainability of the recreation field

### A Framework for Recreation in Canada 2015 Pathways to Wellbeing

A Joint Initiative of the Interprovincial Sport and Recreation Council  
and the Canadian Parks and Recreation Association



Figure 3. Title page for the Framework for Recreation in Canada (CPRA, 2015).

Similarly, the City's [OCP](#) has identified five key policies to help reach its [goal](#) for Parks and Recreation:

**Provid[ing] excellent programs, events and recreation opportunities for all within a high-quality, comprehensive network of parks, open spaces and facilities.**

Policy 9.3 is most relevant to this particular project: *Ensure versatile recreation facilities and programming that are responsive to the changing needs of the community.*

Within Policy 9.3, the City also indicates that it intends to implement the [2008 Parks and Recreation Comprehensive Plan](#). This plan has not only identified equity as a key concern to be addressed in its future programming, but also the challenges that the City is expecting to encounter as it continues its growth. The plan identified some target populations and actions that could help address these concerns, however it is unclear how many of the plan's identified actions have been completed as no reports were identified to provide a sense of current state of affairs with respect to the actions. This project may assist in beginning to identify progress on recommendations R-11 through R-11 that look to target participation and involvement from target demographic groups and R-14 that considers the replacement of Canada Games Pool and Centennial Community Centre (City of New Westminster, 2008).

In addition to the five identified recreation policies in the OCP, the City has also identified that central to meeting these objectives is ensuring that all parks and recreation facilities are:

- Accessible
- Connected by a variety of pedestrian-oriented links
- Able to meet the growing needs of residents

The focus of the CPRA and the City's two existing plans highlight the clear connections between recreation, health, and wellbeing. It recognizes that inequities exist and identification of some of the high level actions needed to address these issues. This project will highlight some of the ways by which the future New Westminster Aquatic and Community Centre will begin addressing some of these challenges.

## 5.0 Literature Review

Recreation contributes to community health and wellbeing in a variety of ways. In Canada, equal access to public recreation opportunities has been identified as a right of citizenship (Higgins & Rickert, 2005). Recreation centres are a way of meeting this need, providing venues that enable community development through social inclusion, cohesion, and capital (Higgins & Rickert, 2005).

### RECREATION FACILITIES' IMPACT ON HEALTH AND WELLBEING

- Increase **physical activity** (NRPA, 2019)
- Contribute to a **sense of community and community pride** (Center for Community Health and Development, 2018)
- Increase level of **fairness and equity** (Center for Community Health and Development, 2018)
- Provide safe spaces to **meet and socialize** (Barnes, 2011)
- Increase **cultural awareness** (Baker & Palmer, 2006)
- Improve **emotional and social wellbeing** (Baker & Palmer, 2006; Torjman, 2004)
- Reduced crime rates among youth** (Slack, 2003)

Bowles et al. found that individuals who walk, and also partake in organized sport or activity are more likely to achieve the recommended physical activity per week (2007). Recreation facilities are recognized as key facilities to **enable active, healthy lifestyles** (BCRPA, 2007). There is growing body of evidence supporting that recreation facilities not only provide opportunities to engage in physical activity, but also providing opportunities to improve mental health, nutrition opportunities, connections to nature, and strengthening interpersonal relationships (NRPA, 2019).

While more research has been conducted with respect to the contribution of outdoor trails, parks, and greenspace to individuals' health and wellbeing (particularly physical activity levels) (NRPA, 2019; Cohen, McKenzie, & Sehgal, 2007), recreation has generally been associated with a positive effect on wellbeing (Center for Community Health & Development, 2018; Baker & Palmer, 2006; Torjman, 2004; Slack, 2003).



### 5.1 Recreation Centres and Physical Health

Recreation facilities have long been recognized as being key contributors to helping individuals obtain their daily physical activity (NRPA, 2019; BCRPA, 2007). The **Canadian Society for Exercise Physiology** (CSEP) developed **Canadian 24-Hour Movement Guidelines** (2017) as a way to guide minimum physical activity levels. In Canada, there has generally been low levels of physical activity, with physical activity levels decreasing as people age across adults and children (Statistics Canada, 2018, 2017).

Physical activity is linked to a number of **positive physical and cognitive health outcomes**, including (NRPA, 2019; ParticipACTION, 2018; Sandys, 2007):

- Reduced chronic disease (osteoporosis, type-2 diabetes, arthritis)
- Improved cardiovascular health
- Improved thinking, learning, attention, and focus
- Improved emotional regulation, stress management and self-control
- Improved memory
- Improved coping abilities for anxiety and depression
- Improved self-esteem and self-worth
- Improved weight control

### CANADIANS MEETING THE CANADIAN 24-HOUR MOVEMENT GUIDELINES

(ParticipACTION, 2018; Statistics Canada, 2015)

- 62% of 3- to 4-year-olds
- 35% of 5- to 17-year-olds
- 32% of 18- to 39-year-olds
- 18% of 40- to 59-year-olds
- 12% of 60- to 79-year-olds

Canada Games Pool and Centennial Community Centre provide “centralized” services for the City’s residents, as they provide services that cannot be located elsewhere in the City. This highlights the importance that these facilities provide a welcoming environment for individuals of all ages, abilities, shapes, and sizes. While one of the primary health objectives of physical activity is to ensure individuals are able to maintain a

healthy weight (Province of British Columbia, 2016), psychologists have shown that stigmatizing, blaming, and shaming overweight individuals does not improve health behaviour (Gill, 2017). A recreation facility might help facilitate increased physical activity levels by focusing on healthy behaviours rather than obtaining a healthy weight (Gill, 2017).



## 5.2 Recreation Centres and Mental Health

### 4 WAYS MENTAL HEALTH IS IMPACTED BY RECREATION (Fenton et al., n.d.)

**Social** – social networks, social connections, social skills, social inclusion

**Psychological** – self-esteem, flow, accomplishment, self-confidence, stress

**Practical** – routine and structure

**Physical activity** – physiological health and sleep

Outside of the positive mental health benefits associated with physical activity, other programs provided through recreational facilities – particularly those centered on **arts** – contribute substantial mental health benefits (Taylor, Davies, Wells Gilbertson & William, 2015). In general, mental health benefits are associated with improvements to one’s self-esteem and self-confidence, improved life satisfaction, coping mechanisms for stress and management of depressive symptoms, and providing individuals with a sense of accomplishment (Fenton et al., n.d.).

Regular physical activity has been associated with **positive mental health benefits** – from reduced stress, anxiety, and depression, to improved prognosis of Alzheimer’s, increased alertness, and improved resiliency (Street, James & Cutt, 2007).

Many of the other mental health benefits associated with recreation are associated with the way that recreation impacts one’s social wellbeing (Fenton et al., n.d.).



## 5.3 Recreation Centres and Social Connectedness

Recreation provides a number of opportunities for individuals to expand their **social networks**, thus increasing their opportunities for social connection and improve the opportunity for social inclusion, helping individuals increase their self-resiliency with access to their community (CMHA, n.d.).

The opportunities developed through sport and recreation help individuals improve their **social relationship skills**, enabling them to engage more with their communities and increase their social capital (Taylor, et al., 2015).

Increased opportunities for social interactions through arts programs have been shown to be positively beneficial for individuals with a variety of physical and mental health challenges (Taylor et al., 2015).

Recreation helps build family and community cohesion, increasing individuals’ and communities’ resiliency (CPRA, 2015). The promotion of cultural and artistic programs is associated with increased social connectedness and social cohesion, helping individuals develop a sense of community (CPRA, 2015).



## 5.4 Recreation Centres and Sense of Belonging and Inclusiveness

While recreation facilities provide the opportunity to individuals to participate in physical activities, they also help **build the dimensions of social inclusion** (Bailey, 2005). As seen above, the opportunities afforded through recreation can help create the environments that may assist with one’s sense of belonging and develop a culture of inclusion (CMHA, n.d.).

Recreation can **help bring people together and overcome social barriers**; however, caution should be exercised as it has been challenged in creating systematic changes in attitude to improve social inclusion and community cohesion (Taylor et al., 2015). One of the challenges observed is that competition can create instances of reinforcement of “social and economic structures” (Taylor et al., 2015). This reinforces the need for recreational programs to intentionally provide opportunities for individuals of all ages and abilities.

### 4 DIMENSIONS OF SOCIAL INCLUSION (Bailey, 2005)

**Spatial** – individuals of different social and economic background participating together in shared activity

**Relational** – provision of a sense of belonging

**Functional** – developing one’s capabilities and competencies

**Power** – expanding social networks and improving community cohesion

Arts programming may help **bring individuals from a variety of different background together**, though long-lasting impacts of programming that has not been well explored in research (Taylor et al., 2015).



## 5.5 Recreation Centres and Education

The City’s recreation facilities have the goal of “offer[ing] excellence in program and customer service delivery that promotes social, mental, educational, skill, health and leisure development” (2016). Physical activity is essential for healthy childhood development, helping improve children’s learning, memory, emotional regulation, self-esteem, and self-worth (ParticipACTION, 2018).

**PHYSICAL LITERACY:** the motivation, confidence, physical competence, knowledge, and understanding to value and take responsibility for engagement in physical activities for life” (International Physical Literacy Association, 2014)

**Physical literacy** provides the fundamental base for individuals to learn basic skills such as rhythmic movements and fundamental motor skills (e.g. balancing, bending, twisting, pushing, pulling, kicking, skipping) (Mandigo, Francis & Lodewyk, n.d.). These provide the foundation that enable individuals to participate in physical activities for life (Sport for Life, 2019). The British Columbia Parks and Recreation Association (BCRPA) has recognized the significant role that recreation can play in helping children develop these fundamental skills through programming education to staff, providing opportunities for individuals to learn these skills, coordinating resources, among other actions (2015). Currently in Canada, **approximately two-thirds of Canadian children lack some of the foundational physical literacy skills** (CAPL, 2018). The City has recognized the significance of physical literacy in its programming, highlighting it as one of its strategic priority areas (Jassar, personal communication).

In addition to the physical literacy skills that children can develop through recreation, children also learn and develop **social skills**, leading to **meaningful relationships with others** (Barnett & Weber, 2008).

Participation in the arts is associated with a **positive impact on students’ academic performance**, not only contributing to increased self-esteem, but also contribute to the development of social capital by promoting network development (Taylor et al., 2015).



### 5.6 Recreation Centres and Safety

It has been documented that providing access to parks and recreation opportunities is associated with a **reduction in crime, vandalism, and reduced juvenile delinquency** (NRPA, n.d.). Recreational activities enable youth to develop skills that build self-esteem, preventing them from engaging in troublesome behaviours and groups such as gangs (MacKinnon, 2009).

Increased participation in exercise and sport are associated with reduced crime, however it is unclear how they impact protective and risk factors of crime (e.g. criminal behaviour, substance use, violence)

(Taylor et al., 2015). More evidence highlights the different opportunities that the arts provide to help prevent offenders, ex-offenders, and youth-at-risk from re-offense (Taylor et al., 2015). Some of this association has been linked to two main factors: displacement and diversion of energy and attention; and improved skills and development leading to improved confidence and self-esteem that promotes pro-social behaviour and deters anti-social behaviour (Taylor et al., 2015). More research is needed to investigate the impacts of the arts on the general population (Taylor et al., 2015).



### 5.7 Recreation Centres and Health and Cleanliness

In order to meet the health regulations in British Columbia, pools must be kept clean and clear of obstructions (BC Pool Regulation, Section 9). This is verified through annual inspections with Environmental Health Officers with the Health Authorities.

While there is no legislative requirement for other recreational facilities to maintain a general level of cleanliness, cleanliness is usually considered as a measure of customer satisfaction (City of Toronto, 2012; Hurd & Anderson, 2010).



### 5.8 Recreation Centres and Accessibility

In Canada, one in five (22%) of Canadians aged 15 years or over have one or more disabilities (Morris, Fawcett, Brisebois, & Hughes, 2018). More notably, the prevalence of disability increases as individuals age to 47% for those aged 75 years and over, women are more likely to have a disability than men (24% and 20% respectively) (Morris et al., 2018).

Of particular consideration for recreational facilities, children with disabilities are often excluded from public policy frameworks, healthy child development definitions, and community life (Donnelly & Coakley, 2002). The City’s current **Child and Youth Friendly Community Strategy** identifies individuals with disabilities as a population in its profile; however, they are only referenced in the Learning Domain of the strategy (2016). This Strategy also augments the desire to identify the gaps in assets, needs, and knowledge for families, children, and youth based on the information gathered to reduce policy and regulatory barriers (2016). In addition to this, individuals with disabilities or chronic medical conditions are often **less active** than the nondisabled (Rimmer, 2005).

**MOST COMMON  
DISABILITIES IN CANADA**  
(Morris et al., 2018)

- Pain
- Flexibility
- Mobility
- Mental health

Recreational facilities can increase opportunities for individuals with disabilities by **creating environments that are accessible and “match their specific abilities”** (Vancouver Parks Board, 2019). For example, the City of Barrie, Ontario provides sensory swims twice a month (n.d.), while the City of Vancouver provides information online on how programs might be integrated or adapted to an individual’s needs (2019).

Other considerations for recreational facilities is the provision of equipment and building design features that **facilitate accessible opportunities**, and consideration to the facility’s policies and procedures and how they address access and inclusion (e.g. service animals and personal care attendants) (Anderson, n.d.).



## 5.9 Recreation Centres and Equity

While recreation services provide a number of different benefits to participants, the (CPRA) identified a variety of different systemic barriers that exist in recreation services (n.d.):

- Gender bias
- Cultural barriers
- Socio-economic barriers due to cost
- Organizational barriers
- Communication barriers

**EQUITY:** fair treatment, access, opportunity, and advancement for all people, while striving to identify and eliminate barriers that have prevented the full participation of some groups (Independent Sector, 2019)

**DIVERSITY:** inclusion of different characteristics (Independent Sector, 2019)

Characteristics of diversity include race, language, culture, religion within ethnicity, disability, and socio-economic status (Independent Sector, 2019; UBC Recreation, n.d.). Based on the information available, this work considers only a few elements of diversity.

Recreation has not been exempt from these disparities, with **viaSport BC** listing a number of underrepresented groups observed in sport and physical activity (n.d.). As a potential factor, it has been recognized that recreational activities have been slow to adapt to the changing demographics within cities, which may contribute to reduced participation from some of these groups (Ford, Lee, Mills & Frisby, 2015).

When considering systemic barriers to inclusion, there are particular issues with organizers of sport feeling that providing programs and having an open-door mindset is sufficient to enable social inclusion in sport (Forde et al., 2015). These findings illustrate the **need for proactive actions directed toward inclusion**.

### UNDERREPRESENTED GROUPS IN SPORT AND PHYSICAL ACTIVITY (viaSport BC, n.d.)

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Women and girls</li> <li>• Persons with disabilities</li> <li>• LGBTQI2S</li> <li>• Marginalized youth</li> <li>• Indigenous people</li> </ul> | <ul style="list-style-type: none"> <li>• Socio-economically disadvantaged</li> <li>• Newcomers</li> <li>• Rural, remote and isolated regions</li> <li>• Older adults</li> </ul> |
|---|---|

In general, there has been increasing awareness of the inequities that appear as a result of the policies and decision-making processes that have been made in the best interests of the majority, leaving behind those who do not have the same access to means to meet their full potential. This has resulted in discussions around **equity, inclusion, and diversity**.

**INCLUSION:** the act of creating environments in which any individual or group can be and feel welcomed, respected, supported, and valued to fully participate (Independent Sector, 2019)

Inclusion in recreation should consider one’s “level of health or wellbeing, physical size or fitness level; sexual orientation, gender identity or expression; racial, ethnic, or cultural identity” (UBC Recreation, n.d.).

**Five barriers** have been identified as contributing to institutional and structural barriers for those of **ethnic minorities** (Allison & Hibbler, 2003):

1. The inability to respond to the changing face or nature of the community served
2. The pigeon-holing of ethnic minority staff into specific niches, forcing individuals to act as minority spokespeople
3. Development of programs specifically for targeted ethnic minority populations that ethnic minority staff are asked to develop
4. Language of barriers and the languages that are heard to result in change
5. Pre-existing attitudes and stereotypes driven by management and staff

## Gender

In general, girls and women are less likely to participate in sport than boys and men (Sandys, 2007). In British Columbia, **girls and women are outnumbered by boys and men in every age category** from the ages of 4 through 85 (Vancouver Park Board, 2018; Sport for Life, 2016). In addition to this, **women and girls are significantly less active** than boys between the ages of 12 and 19 (Johnstone & Millar, 2012). This said, **girls are more likely to be involved in social, skill-based, and self-improvement activities** than boys (King, Law, Hurley, Petrenchik & Schwellnus, 2010), though there is limited research on these impacts.

In recent years, there has been increased recognition of the **barrier experienced by those who are gender-variant** when services and sport are **distinguished by binary gender** (male and female) (CCES, 2012). The City of Vancouver has recognized the heightened health vulnerabilities of these individuals and has used the findings of its 2014 **Building a Path to Parks & Recreation for All** report, which focuses on reducing barriers for trans\* and gender variant members of the community.

## Age

Both **youth** (typically 13-18 years of age) and **older adults** (often 55 years of age or older) illustrate lower physical activity levels. In the City, only 38% of individuals aged 65 years or older are meeting the Canadian Physical Activity Guidelines of 150 minutes of moderate-to-vigorous activity per day (MHMC, 2015). In 2015, only 46% and 45% of Grade 10 and 12 students respectively, reported getting 121 minutes or more of moderate-to-vigorous exercise in New Westminster (BC Ministry of Education, 2015a; 2015b).

While 77% of 5- to 19-year-olds are participating in organized physical activities or sport, only 37% of 11- to 15-year-olds in Canada play outdoors for more than 2 hours outside of school hours (ParticipACTION, 2018).

## Income and Socio-economics

Though in British Columbia, public recreation facilities are funded through user fees and local government tax dollars, **recreation fees can create a barrier** for individuals living with low income; fees can result in some users being displaced when fees are increased or charged (BC MSCD, n.d.; Nyaupane, Graef & Burns, 2007; More & Stevens, 2000).

Individuals who live with low income are more likely to have lifestyles that support walking and biking, but they are often **lacking both income and time to participate in moderate-to-vigorous intensity physical activity** (Spinny and Willward). These impacts are even more significant for women living with low-income (Reid, Frisby, & Ponic., 2002).

### YOUTH & OLDER ADULT POPULATION IN NEW WESTMINSTER (Census, 2016)

**4.4%** 15-19-year-olds **29.1%** 55 years and over

Children's and youth participation in recreational activities has been illustrated to be associated with participation in such activities in adult life (Yoesting and Burkhead, 2018; Scott & Willits, 1998).

In addition to the physical benefits received by increased physical activity, recreational activities (considered to be those that are "preferred and enjoyable activities participated in during one's free time") have shown to have a positive impact to the relationships of older adults, also resulting increased participation in leisure activities (Chang et al., 2014).

Individuals living with low income are also recognized as particularly vulnerable populations as they often have poorer health outcomes; this has been associated with them living in areas with poorer access to parks (Maroko, Maanta, Sohler, Grady & Arno, 2009). Similar work has been done to identify if the spatial distribution of recreation or sports facilities impacts levels of physical activity for individuals living with low income (Harrington, Jarvis, & Manson, 2017).

In 2009, the City recognized the importance of reaching out to low-income adults and identifying ways to increase their participation in recreation in its **Everybody Active report** by identifying key barriers experienced by this demographic.

## Immigrants and Refugees

**34.9%** immigrant population in New Westminster (Census, 2016)

The Vancouver Foundation found that **community centres can help recent immigrants meet others** in their community, reducing their social isolation and promoting participation in health-promoting activities (2012). Doherty and Taylor found that young immigrants participating in sport and physical activity benefit through improved language skills and assimilation to mainstream culture; however, lack of knowledge around sport and language, and prejudice are recognized barriers (2007).

Forde et al. found that immigrants may experience a **number of barriers** in participating in recreational activities, can be approached with an assimilationist policy model, relying on immigrants to identify their own ways of participating in recreation (2015). Forde et al. concluded managerial and staff practices can impact social inclusion for these populations (2015).

### Sexual Identity and LGBTQI2S+

Individuals of the LGBTQI2S+ community are more likely to **experience harassment**, leaving individuals feeling unsafe; this has negative impacts to their participation in extracurriculars and overall health (Daly, Foster, Keen, & Patchett, 2015). Daly et al. describe the need to create spaces that are welcoming – particularly with respect to changerooms, the use of gender neutral language, and customer service trainings to help staff understand their role in creating such environments (2015).

LGBTQI2S+ teens are even **less likely to participate in sport** than their straight counterparts (viaSport BC., n.d.). Additionally, homophobic discourse is commonly utilized throughout sport, resulting in environments that are supportive of pre-existing stigmas associated with the LGBTQI2S+ community (Trussell, Kovac & Apgar, 2018). Many individuals who identify as LGBTQI2S+ experience particular barriers related to changing room spaces and a general lack of support for the community (Bordingnon et al., 2016).



## 5.10 Recreation Centres and Built Environment

It has been well documented that the **built environment** influences peoples' behaviours through neighbourhood design, transportation networks, natural environments, food systems, and housing (PHSA, 2008). When looking at the recreation facilities in New Westminster, the concepts such as walkability, traffic safety, nearby density and mixed-used development, transit and active transportation opportunities, and urban greening have the opportunity to impact a large number of population health outcomes from improved general health, to reduced hospitalization and injury, to improved mental health and social wellbeing (BC CDC, 2018).

Evidence also supports that there is increased use of recreational facilities when developments are integrated within or beside existing communities and in mixed-used neighbourhoods (BC CDC, 2018).

**Building design** and **architecture** also have potential to impact peoples' health by providing designs that are supportive to health, wellbeing, and accessibility (CAGBC, 2018; Steemers, 2015; NDA, 2014). This can be done not only by considering some of the standards developed by LEED and WELL, but also the adoption of universal design principles (CAGBC, 2018; NDA, 2014).

Universal design principles ensure that individuals of all ages and abilities have equitable opportunities to come to a facility and participate without experiencing physical barriers that could be circumvented through design (NDA, 2014).

## 6.0 Incorporation and Practices Considering Health and Wellbeing Elsewhere

In recent years, there has been increasing awareness around community health and wellbeing, with a number of organizations looking for ways by which to measure the two. While a variety of different organizations have found some ways to consider health and wellbeing in their work, most organizations looked at a specific component of health and wellbeing – in particular inclusion and equity from an LGBTQI2S or gender equity lens. This section summarizes the work completed elsewhere; a more extensive summary can be found in Appendix D.

### 6.1 Overall Health and Wellbeing in Recreation

Recreation has clear connections to community health and wellbeing; however, health and wellbeing objectives have not necessarily been intentionally integrated into recreation programs and facilities. Below are some recreation agencies that have worked to incorporate health and / or wellbeing into their programs.

#### 6.1.1 City of Toronto: Parks and Recreation Facilities Master Plan (2017)

##### FACILITIES MASTER PLAN PRINCIPLES

**QUALITY** – facilities are relevant, flexible, and barrier-free  
**INNOVATION** – design, providing, and funding of spaces  
**SUSTAINABILITY** – maximize utilization, protect infrastructure, and contribute to environment long-term  
**EQUITY** – all residents are able to use recreation facilities

In the City of Toronto’s most recent **Parks and Recreation Facilities Master Plan (2017)**, it:

- Conducted an evaluation of its facilities
- Identified provision per capita
- Conducted a needs assessment
- Developed a report card of performance measures

This approach has focused largely on the objective measurements of equity and did not consider how its recreation facilities contribute to overall health and wellbeing.

#### 6.1.2 City Parks Alliance, Washington, DC: Active Parks, Healthy Cities (2018)

City Parks Alliance considered the contribution of parks to overcoming particular health challenges across the United States in its 2018 report, **Active Parks, Healthy Cities (2018)**. This report identified different ways by which parks can increase physical activity participation, and specified the need to find ways to measure park usage (City Parks Alliance, 2018). The report states that having **measurements** “greatly increases agencies’ ability to target investments and activities to serve all residents and to make the case to the public and public officials about the value of their services” (City Parks Alliance, 2018).

##### INCREASING PHYSICAL ACTIVITY IN PARKS

Parks programming  
 Park design  
 Marketing and outreach

#### 6.1.3 Davenport-Perth, Toronto: Davenport-Perth Neighbourhood and Community Health Centre Program Evaluation (2017)

The Davenport-Perth Neighbourhood in Toronto conducted a **Program Evaluation** to consider the effectiveness and impact achieved by the Centre with respect as to how it met the strategic objectives outlined in its **2014-2019 Strategic Plan** (Fleisher, 2016).

The evaluation lists the strategic objectives and targets and performance indicators used for success; specific programs are evaluated using surveys, interviews, observation, and staff and partner feedback to identify its success (Fleisher, 2016).

##### STRATEGIC OBJECTIVES

**Health Promotion** – targeted initiatives for at-risk populations  
**Youth** – reduce barriers for youth  
**Seniors** – reduce barriers for seniors  
**Mental Health** – early intervention and support  
**Health and Academic Outcomes** – children, youth, and families  
**Organizational Capacity** – respond to changing stakeholder priorities

## 6.2 Measuring Wellbeing

Measurements of wellbeing have been undergoing reform in recent years, particularly as the recognition that to include **self-reported wellbeing is essential** to having a better understanding of just how wellbeing is truly impacted (Linton et al., 2016; NEF, 2012). Below are some ways by which other agencies have worked to evaluate wellbeing.

### 6.2.1 Waterloo: Wellbeing Waterloo Region

**Wellbeing Waterloo Region** (WWR) is a community-led initiative that utilized a collective impact model to evaluate the conditions and systems that shape community wellbeing in the region (2019). This group used a **community survey** to answer (WWR, 2019):

This group used the eight contributors to wellbeing identified by the Canadian Index of Wellbeing (CIW) to develop a **series of indicators** that could be used to measure health and wellbeing (Smale & Gao, 2019). While the group focused the regional indicators to a few, they developed an extensive list that is also available on its website (WWR. 2017).

*In today's complex and interconnected world, how do we improve the wellbeing of the community so that no one is left behind and everyone thrives?*

### 6.2.2 New Economics Foundation, UK: Measuring Well-being – A guide for practitioners

**MEASURING WELLBEING**  
Individual units of measurement  
Subjective indicators  
Survey / Interview / Focus group / Engagement

The **New Economics Foundation** developed a handbook to help identify ways to **measure wellbeing** in hopes that it will help tailor projects, programs, and services to meet the needs of target demographics (NEF, 2012). It highlights the ways that wellbeing is typically measured (at an individual level using subjective indicators) (NEF, 2012).

The handbook suggests three different sets of questions that pertain to (NEF, 2012):

- Short Warwick-Edinburgh Mental Well-being Scale
- Office for National Statistics well-being questions
- Social trust

It also provides a list of ways to administer such questions such as a questionnaire, interview, focus group, or community consultation events (NEF, 2012).

In addition to providing suggestions of questions, the handbook also provides guidance on ways that results might be analyzed, interpreted, and used for future work to dig deeper into feelings of self-esteem, optimism and engagement (NEF, 2012).

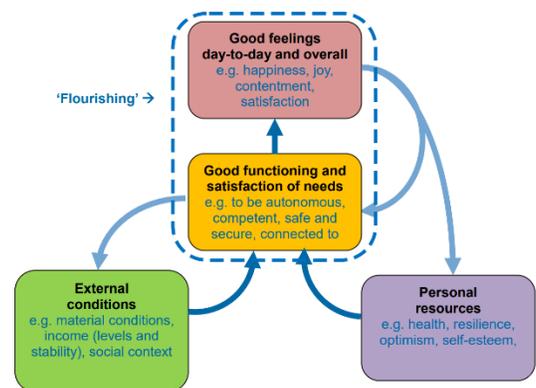


Figure 4. Influencers of wellbeing and where different measurements might be developed (NEF, 2012). NEF recommends that wellbeing measurements work to evaluate items such as those listed in the pink and yellow boxes (2012).

## 6.3 Measuring Equity, Diversity, and Inclusion

While **equity** (Independent Sector, 2019) is often recognized as a significant issue in many local governments, finding a way to successfully incorporate and measure the impacts of equity-based work is challenging. As there are a number of population groups that face inequities, it can be challenging to identify where to start.

One of the first steps to developing programs that have diverse attendance is to recognize the barriers in place that prevent **inclusion**. **Inclusive recreation** typically considers the way by which individuals with disabilities are included in recreation (NBACL, n.d.); however, it must also consider individuals “level of health or wellbeing,

physical size or fitness level; sexual orientation, gender identity or expression; racial, ethnic, or cultural identity” (UBC Recreation, n.d.).

Below are different ways by which other agencies have recognized inequities and worked towards measuring inclusion and providing programs that serve a diverse clientele.

### 6.3.1 City of Ottawa – Equity & Inclusion Lens

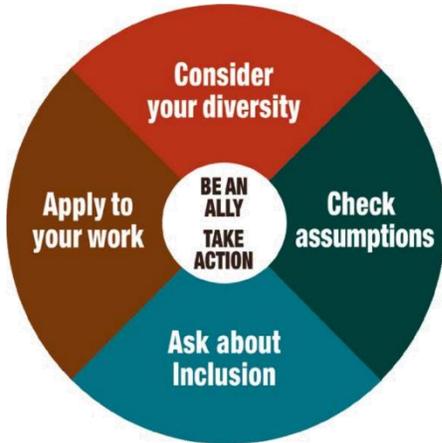


Figure 5. City of Ottawa’s Equity and Inclusion Lens framework (2018).

The City of Ottawa developed an **Equity and Inclusion Lens Handbook** to help City councillors, management, staff, community partners, consultants, and businesses, and community agencies help contribute to “the full inclusion and participants of all residents and employees” (2018).

The Handbook provides an overview of its framework to not only be an ally to marginalized populations, but also mechanisms to take action (Figure 5) (City of Ottawa, 2018).

**QUESTIONS AROUND INCLUSION** (City of Ottawa, 2018)

- Who is not included in the work you do?
- What could contribute to this exclusion?
- What can you do differently to ensure inclusion?

The guide emphasizes that the inclusion of equity in one’s work and becoming an ally “is a lifelong learning process of asking questions so as to apply (and re-apply) insights to action” (City of Ottawa, 2018). It provides a number of tangible actions that can be undertaken by any individual or department, helping assist a change in the operation of a system.

### 6.3.2 City of Coquitlam – Gender Equity Program

In 1999, following a BC Human Rights complaint, the City committed to establishing a **Gender Equity Program** that worked towards addressing gender equity in sport and physical activity (City of Coquitlam, 2005). This program was worked to develop a series of **policy guidelines and processes** to remove systemic barriers and to create **evaluation and performance measurement** tools to help document changes (City of Coquitlam, 2005).

**Gender and Age Data Collected for:**

- Registered spot and physical activity programs
- Non-profit sport rental groups using subsidized facilities
- General admissions
- Casual users of outdoor sport and physical activity facilities
- Grant recipients

As a result, Coquitlam has worked to develop policy in (2005):

- Program analysis and development
- Facility allocation
- Capital planning
- Fees and charges
- Partnerships and proposals

Programming changes included development of “women’s only” programming. The City also adopted a Gender Equity Policy; however, following its 10-year summary report, it is unclear how the City has continued to ensure that it is working towards meeting the objectives listed in the Policy (City of Coquitlam, n.d.).

### 6.3.3 viaSport British Columbia

A 2010 Olympics legacy foundation, **viaSport** has been working since 2011 to help provide British Columbians of **all ages, abilities, and ambitions** with the **fundamental knowledge, skills, and opportunities** to thrive via sport and physical activity (2016).

viaSport has cultivated a series of **resources** focusing on underrepresented groups in sport and physical activities (Section 5.9) (n.d.). The organization has developed its own series of resources for increased sport participation for women and girls, persons with disabilities, LGBTQI2S, and youth, though its' resource library is immense (viaSport, n.d.).

### 6.3.4 Inclusive Recreation Resource Centre – Inclusivity Assessment Tool

The **Inclusive Recreation Resource Centre** (IRRC) at the State University of New York at Cortland has developed an **Inclusivity Assessment Tool** to help measure physical and social inclusion (Anderson, n.d.). To gain access to the assessment tool, one must complete the Center's *Inclusion U* exam (Anderson, n.d.).

#### 9 MODULES OF *INCLUSION U* (Anderson, n.d.)

- |                                    |                             |
|------------------------------------|-----------------------------|
| 1) IRRC overview                   | 5) Physical inclusion       |
| 2) What is inclusion               | 6) Administrative inclusion |
| 3) What to know about disability   | 7) Programmatic inclusion   |
| 4) The Inclusivity Assessment Tool | 8) Partnerships             |
|                                    | 9) Wrapping up              |

### 6.3.5 Alberta Urban Municipalities Association – Measuring Inclusion Tool

#### 5 LEVELS OF INCLUSION (AUMA, 2017)

- Invisible
- Awareness
- Intentional Inclusion
- Strategic Inclusion
- Culture of Inclusion

In 2017, the **Alberta Urban Municipalities Association** (AUMA) released its **Measuring Inclusion Tool** (MIT) to provide a method to measure the level of inclusiveness both in municipal areas of focus and within the community (2017).

The MIT evaluates 15 different **areas of focus** within the municipality and community, rating each on a scale of the "**5 Levels of Inclusion**" (AUMA, 2017). These scores are developed based on how a municipality would rank itself on a series of questions on each of the levels of inclusion (AUMA, 2017). Suggested **practices** are also provided based on the results of the MIT, enabling the municipality to improve on its inclusion in specific areas (AUMA, 2017).

### 6.3.6 City of Vancouver – Trans\* and Gender Variant Inclusion

The **Vancouver Parks Board** (VPB) tasked a **Trans\* and Gender Variant Inclusion Working Group** in May 2013 to identify barriers and provide recommendations on ways that the VPB could help overcome identified barriers (2014).

The group provided actions and recommendations to help improve access for trans\* and gender variant individuals, all linked to the identified pillars (VPB, 2014). These were separated based on what the working group deemed to be appropriate priority timelines (quick starts – within 3-6 months, to long term priorities – within 4-10 years) (VPB, 2014).

#### 5 PILLARS FOR TRANS\* AND GENDER VARIANT INCLUSION (VPB, 2014)

- Signage and literature
- Public spaces (including washrooms and changerooms)
- Human resource training and policies
- Programming
- Collaborative public and community

### 6.3.7 Government of Canada – Gender-Based Analysis Plus

The Government of Canada’s Gender-Based Analysis Plus (GBA+) process uses a gender-based lens to identify the differences in experience for diverse groups of women, men, and non-binary people (2018; Figure 6). The process considers not only gender, but also the significance of **intersectionality** – the recognition that individuals are defined by several different characteristics (e.g. age, disability, education, income, race, culture, income, religion, sexual orientation) (Government of Canada, 2018).

This process is meant to help evaluate one’s experience based on policies, programs, and initiatives, with the intention of helping process users to identify their assumptions of equality so they can better serve peoples’ needs (Government of Canada, 2018).



Figure 6. GBA+ process (Government of Canada, 2018).

## 7.0 Methods

### 7.1 General Methodology

Considering the number of ways by which recreational facility may influence health and wellbeing given the broad definitions adopted for this project, and the pre-existing commitments and plans with respect to community health and wellbeing, this project chose to use a variety of methods to evaluate:



Because this project has adopted a broad definition of health and wellbeing, it was understood that a variety of processes should be undertaken to obtain a true understanding of how these facilities contribute to community health and wellbeing. This has resulted in a two-phase approach:

Phase 1: Evaluation of Current Users and Site

Phase 2: Gap Analysis

### 7.2 Phase 1: Evaluation of Current Users and Site

Phase 1 of this project is meant to identify the different ways by which Canada Games Pool and Centennial Community Centre currently contribute to the health and wellbeing of current users of the facility. It has been broken down into varying levels of analysis:

- 1) A user survey
- 2) A high-level overview of available programs and participation rates
- 3) An on-site evaluation

Details on each of the components of the project’s evaluation can be found in Appendices A and B.

#### 7.2.1 User Survey

The user survey was developed by committee with a member from the **City’s Parks and Recreation department**, **Social Planning department**, and from **Fraser Health’s Population and Public Health team**. The survey was made up of nearly 50 questions of self-reported measures of health and wellness indicators. Questions were drawn largely from existing broad community health and wellbeing surveys.

**SURVEY GUIDES**  
Local Health Authorities’ *My Health My Community* survey  
University of Waterloo’s *Community Wellbeing* survey

The survey was distributed with assistance from the City’s communications department in an online format and on-site using community connectors – City staff tasked with seeking survey participants at special events or on-site.

**SURVEY DISTRIBUTION**  
When: June 18 – July 15, 2019  
Where: online, on-site, community events  
How: online, community connectors on-site

To increase response rates, a draw for one of five \$75 Parks and Recreation gift cards as used as an incentive for all participants who completed the survey. This gift card could be applied to any Parks and Recreation registered program or other fee.

### 7.2.2 Overview of Programs and Participation Rates

#### PROGRAM AND PARTICIPATION RATE OVERVIEW

- 1) Identify number of programs available for different age groups
- 2) Identify the ways in which programs contribute to community health and wellbeing
- 3) Identify female and male participation rates by age

An overview of the programs provided at the two facilities was conducted by reviewing the last year's Active Living Guides available online and by obtaining a series of data sets regarding participation rates. This process also provided an opportunity to identify ways by which data is currently collected for the City's programs and ways to help improve collection in future years.

Collection of this information is meant to help uncover some of the systemic barriers that may exist in programming, particularly noting the findings of the literature review that illustrate that certain demographics are less likely to participate in recreation activities than others.

### 7.2.3 On-Site Evaluation

An on-site evaluation of both Canada Games Pool and Centennial Community Centre was conducted to see how the buildings facilitate community health and wellbeing.

Criteria was developed with consideration to the architectural, design, and built environment features that are known to contribute positively to health, wellbeing, and inclusion.

#### CORE SITE EVALUATION GUIDANCE

WELL Building Standard

PHSA Healthy Built Environment Linkages Toolkit

Centre for Excellence in Universal Design

Inclusive Recreation Resource Center

## 7.3 Phase 2: Gap Analysis



Phase 1 of this project is meant to identify the different ways by which Canada Games Pool and Centennial Community Centre currently contribute to health and wellbeing.

It was identified early on that pursuing information solely on current users would not provide a true reflection of how well the facilities contribute to **overall community health and wellbeing** as it would ignore those who are not currently participating.

To overcome this challenge, it was decided that a gap analysis should be conducted to make true conclusions with respect to the facilities. Unfortunately, due to the timing of the project, conducting a gap analysis in the same time frame as Phase 1 of the project was not possible; however, it was decided that this project would include the framework of a gap analysis to be conducted at a later date.

The framework for the gap analysis can be found in the Appendix C.

#### GAP ANALYSIS FRAMEWORK

- 1) In-Depth Data Analysis
- 2) Community-Wide Survey
- 3) Targeted Focus Groups
- 4) Review of Existing Policies and Plans

The gap analysis consists of four different segments, with survey questions and a checklist for existing policies and plans developed based on previously identified barriers through the [Ontario Government \(2014\)](#), [Alberta Government \(2004\)](#) and [Canadian Parks and Recreation Association \(CPRA\) \(n.d.\)](#).

## 8.0 Results and Discussion

### 8.1 Survey Highlights

#### SURVEY HIGHLIGHTS

- 336** respondents with **262** having used facilities in the last year
- 63%** residents of New Westminster
- 48%** women respondents
- 44%** respondents 35-54 years of age
- 74%** of respondents spoke primarily English or English AND one other language at home
- 46%** of respondents identified as at least partially as Eastern or Western European descent
- 23%** of respondents have lived in New Westminster for 5 years or less
- 10%** of respondents live with a disability
- 52%** of respondents own their own home
- 47%** of respondents are parents

Of the 63% of respondents who live in New Westminster:

- 35% live in the Uptown area
- 30% live in the East area
- 18% live in the Downtown area
- 13% live in the West area
- 5% live in the Queensborough area

Parent respondents completed 162 responses on physical and mental health for their children that were aged 18 years and younger

### 8.2 Site Evaluation Highlights

In general, Canada Games Pool and Centennial Community Centre reflect the era in which they were built. Not all of the areas of either building are accessible for someone who require a mobility aid.

Outside of the lack of physical accessibility, the facilities also lack universal changing areas and have signage that may not be visible or easily understood by all demographics coming to the facility.

In total, 0.5% of the population of New Westminster responded to the survey (Census, 2016). It is important to remember that any results from this survey will give only a high-level overview of participants' health and wellbeing.

Of respondents who stated they did not use Canada Games Pool or Centennial Community Centre in the last year, the majority stated that they used other facilities, that the timing of programs did not work for them, or the facilities were too far for them to travel.

In addition to the 262 completed surveys, 70 surveys had been completed by individuals who had not used Canada Games Pool or Centennial Community Centre in the last year. Of these additional 70 respondents, 15 respondents (21%) stated they use other private facilities to get their physical activity, while 14 (20%) stated scheduling is problematic, and another 12 (17%) stated the facilities are too far from their residence.

While there were 262 respondents to the survey, 71 of them respondents failed to complete the survey. To ensure that survey data could be used, responses for all answered questions were included in the analysis (Appendix G).

Most of these respondents (77%) have lived in New Westminster for more than 5 years.

Respondents of the survey were generally found in a middle-income category (43%), earning more than \$50,000 per year. Individuals who earned less than \$22,000 per year consisted of 3% of survey respondents.

Bus, bike, and walking paths are available around the facilities; however, they could be challenging to navigate requiring some familiarity with the bus routes, bike routes, or needing to navigate hilly terrain.

While the facilities do not have any formal area for socialization, there is a shared courtyard space for both facilities that is appropriate for some social engagement, though it would not function well in inclement weather.

### 8.3 Program Evaluation Highlights

Generally, programming at both facilities work towards building social, mental, and physical wellbeing, providing individuals with the opportunity to learn new skills and meet new people.

Programs are heavily weighted toward preschoolers, children, and delivery of private sessions. These programs deserve particular weighting as they are fundamental to children’s development; however, there is a general lack of programming for youth and older adults. Male participation also drops as they age.

### 8.4 Key Takeaways

Key takeaways from the results of the overall evaluation process are:

- Certain populations are underrepresented in the survey responses (e.g. non-English speakers, renters, individuals living with lower than median income), as well as in registered participation programs (particularly youth and older adults)
- Canada Games Pool and Centennial Community Centre do not currently create an inclusive environment to individuals of all ages and abilities, largely due to their construction
- Canada Games Pool and Centennial Community Centre are used to contribute to at least a portion of respondents’ physical activity levels



### 8.5 Physical Health and Participation

#### SURVEY RESPONDENT HIGHLIGHTS

\*children’s results are for participants aged 18 years and younger as reported by a child’s parent, based on the parents’ perception

**45%** of adults report having excellent or very good physical health

**42%** of adults get 4 or more hours of physical activity per week

**29%** of adults get 50% or more of their physical activity at Canada Games Pool or Centennial Community Centre

**17%** of children get 50% or more of their weekly physical activity at Canada Games Pool or Centennial Community Centre

**53%** of adults and **55%** of children are frequent or regular users

Most adult respondents to the survey (59%) report using the pool facilities (pool, hot tub, sauna) when visiting Canada Games Pool and Centennial Community Centre. Parents reported that 75% of their children used the pool facilities when attending Canada Games Pool or Centennial Community Centre. Adult respondents also identified participating in exercise sports or physical activity (54%) and improving or maintaining their fitness level (57% and 42%, respectively) as their reasons for using these facilities.

Over half of respondents (55%) reported wanting to use the facilities for weight management, looking to either lose, gain, or maintain their weight.

Parents filled in the survey on behalf of 162 children aged 18 years and younger. Of these, parents reported that 81% of their children had excellent or very good physical health.

Of parents responding on behalf of their children, 29% of children were getting 7 hours or more of physical activity per week. On the other hand, 31% of children were engaging in physical activity at 3 hours or less per week. Regardless of the number of hours of physical activity received per week, the majority of children obtain 1%-25% of their weekly physical activity at Canada Games Pool or Centennial Community Centre. Of the 162

children represented in the survey, 18% got none of their moderate to vigorous physical activity at these facilities. It is worth noting that 1% (2 respondents) reported that their children had poor physical health.

Between July 2018 and June 2019, Centennial Community Centre provided 192 different physical activity registration opportunities (i.e. different registration codes). Cycling, dance, fitness, martial arts, sport, and yoga classes were classified as those that contributed to physical health and fitness.



## 8.6 Mental Health

While most survey respondents reported having excellent or very good mental health, 5% of respondents reported having poor or very poor mental health. Interestingly, 26% of respondents who reported with good or very good mental health participated in 3 hours or less of physical activity per week.

**55%** of adults reported having excellent or very good mental health

Parents report that **78%** of children have excellent or very good mental health

While most parents reported that their children had excellent or very good mental health, 1% (2 respondents) reported that their children had poor mental health, and another 1% were not sure. It is also worth noting that while most respondents reported that participating in activities at Canada Games Pool or Centennial Community Centre made their children feel good about themselves, 5 respondents (3%) stated that this was untrue. More exploration could be conducted to investigate in what ways programs may or may not contribute to children's self-esteem.

Both facilities provide a number of programs that are shown to contribute to improved mental health either through physical activity (swimming programs and availability of the fitness centre at Canada Games Pool; fitness classes at Centennial Community Centre), or through arts and related culture programs (e.g. dance, drawing, painting classes at Centennial Community Centre).

While Canada Games Pool does not provide any programming that centres itself on mental health, it should be recognized that providing fitness opportunities can be positive contributors to mental wellbeing. Between July 2018 and June 2019, Centennial Community Centre provided 162 different registration opportunities (i.e. different registration codes) for programs that centered around mental health and wellbeing – these programs included meditation and yoga.

Nearly half of respondents participate in activities at these facilities to improve their mental wellbeing (48%) or to reduce their stress levels (47%).



## 8.7 Social Connectedness

While only a small proportion of respondents (25%) cite coming to Canada Games Pool or Centennial Community Centre for the purpose of meeting new people and socializing, nearly half of respondents (50%) reported meeting new people at the facilities.

**Nearly 50%** of respondents have met new people at Canada Games Pool or Centennial Community Centre

Notably, only a few respondents (3%) indicated that they wanted to meet new people and had not successfully managed to do so. These results suggest that respondents have found the environments (physical or socially constructed) at Canada Games Pool or Centennial Community Centre conducive to creating and building relationships with others.

Both facilities lack specific infrastructure (e.g. a designated space for socialization such as a café or lounge area). Benches are available on the exterior of the buildings that would provide a space for users to meet; however, they are not covered and would not be appropriate for use year-round.



### 8.8 Sense of Belonging and Inclusiveness

4% of respondents cite experiencing discrimination at Canada Games Pool or Centennial Community Centre

Canada Games Pool and Centennial Community Centre appear to contribute to an overall sense of social inclusiveness with 11 respondents (4%) citing experience with discrimination; however, it should be maintained that the survey respondents underrepresent typically marginalized groups, therefore this result may not provide a full picture of social inclusiveness across all users.

Three of the 11 survey respondents who detailed experiencing discrimination selected gender, race or skin colour, ethnicity or culture as the source of their discrimination.

While most respondents who use Canada Games Pool or Centennial Community Centre state that they feel like they belong when coming to the facilities, 14% of respondents did not feel that they belonged. This result was most pronounced in the older adult population of respondents with 27% of respondents in that age category citing they did not feel as though they belonged.

14% of respondents do not feel like they belong at Canada Games Pool or Centennial Community Centre



### 8.9 Education

Both Canada Games Pool and Centennial Community Centre provide many different registered programs that help facilitate opportunities to learn new skills. Of all survey respondents, 16% cite using the facilities to learn new skills.

Centennial Community Centre provided 24 different registration opportunities for programs that were more centered on traditionally educational programs including skill development (e.g. cooking), computer programming and science.

Respondents who cited that the education and / or programming opportunities do not fit their or their family's needs and interests (22%) most often had issues with respect to the timing of the activity (36 responses), but also that programs are not provided (23 responses), often full (21 responses) or some other reason (24 responses).

A further analysis of the programs that have waitlists and engaging further with the community with respect to the other types of programming or activity times that would work best would help the City better meet the needs of the program. Of the 17 respondents who provided explanations, 5 stated that variety in programming was lacking, either related to routines becoming too familiar, that programs were too restrictive, or that there was a

lack of youth or senior specific programs. One respondent identified the lack of opportunities to try different sports as an adult versus the many opportunities available for children.



### 8.10 Safety

While Canada Games Pool and Centennial Community Centre respondents generally share that they feel safe while using the facilities (80%), respondents who identify not feeling safe detailed the use of inappropriate language and behaviour, as well as safety features (e.g. handholds for the pool or non-skid flooring) would help users feel safer while using the facilities.

80% of respondents feel safe using Canada Games Pool or Centennial Community Centre

On the exterior of the buildings, lighting was assessed, however it was done during the day. It is recommended that lighting be considered for late fall, winter, and early spring programming to ensure that all users feel safe during all times of the year.

In general, respondents (78%) felt that they had washroom and changeroom amenities that were safe for them to use. One respondent detailed a desire for universal changerooms to improve safety, and another noted that the washroom and changeroom facilities were not accessible to “non-gender conforming folks”. In keeping with the suggestions from the City of Vancouver’s work on Trans\* and Gender Variant Inclusion, it was noted that both facilities used labelling that is generally considered to be non-inclusive for those who identify as non-binary (i.e. not male or female). This might impact individuals’ sense of safety, particularly if individuals identify as trans or gender variant.



### 8.11 Health and Cleanliness

The majority of survey respondents (70%) felt that Canada Games Pool and Centennial Community Centre were clean and safe to use; however, comments cited that the age and overall cleanliness of the buildings or washroom and changeroom facilities impacted their sense of safety. For the pool, consideration of the health department’s most recent pool inspection would be another indicator of health and cleanliness that could be considered. It is recognized that there are some features, particularly of Canada Games Pool that impact its ability to be cleaned thoroughly, particularly on the pool deck where some patch work has occurred.



### 8.12 Accessibility

Both Canada Games Pool and Centennial Community Centre are relatively inaccessible for anyone who might experience mobility challenges. This is largely due to the buildings’ designs. Some features have been included in each of the facilities to help facilitate accessibility, but individuals of all ages and abilities are unable to access all of the programs and features provided in the buildings.

The parking lot features nine stalls of 321 (2.8%) that are accessible parking only. It was noted during the on-site evaluation that only one of the two lots is currently accessible with curb cuts. This lot is located at the rear of the buildings, which also happens to be the lot with less lighting elements. This could discourage individuals who need accessible parking from attending classes in when it is dark.

The buildings could improve small things such as signage (e.g. providing Braille) or improving stair markings, but the upgrades to ensure that the buildings are fully accessible would be significant, particularly since these elements will likely be incorporated into the future new facility.

With the development of the design of the new facility, it is worth considering not only features that enable individuals of all ages and abilities to participate fully in the leisure activity of their choice, but also consider the spectator seating arrangements.



### 8.13 Equity

As noted previously, respondents to the survey showed that survey respondents were more representative of the City’s residents who predominantly spoke English as at least one of the primary languages spoken at home, were between the ages of 35 and 54 years of age, owned their homes, and had a household income of more than \$50,000 per year. Similarly, respondents who identified as being at least partially of East Asian or South Asian descent represented only 10% and 7% of survey responses, respectively. Ten percent of survey respondents identified having a disability.

These results illustrate that results obtained from the survey are not fully representative of the entire community; therefore, the findings from the program and site-evaluations were used to explore potential inequities based on the data available. This process highlighted the need to pursue a gap analysis in the near future.

The City’s low-income subsidy program underwent revision in recent years. Previously, the program required that individuals purchase passes in advance. The new system provides individuals with a number of credits that can be applied to desired programs.

**16%** of individuals living with low-income registered for the low-income subsidy recreation pass

The number of clients in 2018 and 2019 were added together and compared to the number of individuals living with low-income as per Census 2016 data; this illustrated that only 16% of all individuals in the City living with low income are accessing the available program.

Further analysis on the usage of the low-income subsidy program illustrates that a large sum of allocated credits goes unused; this may indicate that there are several other barriers that individuals might face in using the credits (e.g. transportation, childcare, employment, disability).

Programs at both Canada Games Pool and Centennial Community Centre are dominated by programs for preschoolers and children. The programming designated for youth and older adults is minimal for both facilities; however, the facilities and recreation department must identify and establish their priority populations, functions and objectives. Seniors and youth programming occur at other City facilities, for example Century House focuses programming for older adults and the Youth Centre targets youth programming.

**1%-2%** youth designated programming  
**0%** older adult designated programming

While these individuals may not require or desire specifically designed programs, engaging members of these populations in conversation will better inform any potential gaps and how to meet those needs.

Programs to integrate newcomers to recreation within the City were not identified; however, it should be acknowledged that newcomers often live with low income.

An in-depth analysis of program registrations and drop-in participation was attempted; however, statistics were not readily available, particularly for drop-in programs. The facilities differed dramatically with respect to the participation by gender.

### CANADA GAMES POOL

\*note that this does not include scans where gender has not been identified

**48%** female    **52%** male registered participation  
**29%** female    **64%** male membership scan participation from January – July 2019

At Canada Games Pool, registered participation was almost even across the last year with 48% female and 52% male participation. While this may lead one to believe that gender equity was improved at Canada Games Pool, the drop-in membership scan participation rates show a large difference in participation with only 29% female participation compared to 64% male participation.

The registered participation may be seen as the difference in approach with a perceived life skill in swimming and it being a necessity, whereas membership scans would represent more voluntary activity. The City does not currently provide designated swims for any segment of the population, but has engaged in conversation with respect to whether this mechanism is the best way to encourage increased participation from marginalized populations.

At Centennial Community Centre, female participation in registered is much higher than male participation; this may be due to the offering of more arts and dance-style programs. The participation rates were more even during the summer of 2018 at 49% female and 51% male participation, which could be attributed to day camp participation. Participation rates across the remainder of the year mirror the general participation of 63% female and 31% male registration. This participation is mirrored in drop-in membership scan participation rates with 78% female participation and 19% male participation.

### CENTENNIAL COMMUNITY CENTRE

\*note that this does not include scans where gender has not been identified

**63%** female    **31%** male registered participation  
**78%** female    **19%** male membership scan participation from January – July 2019

When looking at these results in more depth, there is more male participation in the construction or technical programs (e.g. computer-based programs), drama, martial arts, science, and sport programs – all of which saw male participation rates of over 60%. In comparison, art, cycling, dance, fitness, meditation, music, pottery, and yoga classes had more significant female participation (over 66%). The drop-in membership rates suggest that the programs offered - largely consisting of instructed fitness classes (e.g. workout, cardio mix, F.I.T., step classes), yoga, pilates, and spin classes – may not be appealing to the male demographic.

The results of this analysis suggests that there are gendered norms that still permeate society. This presents a particular challenge as it represents a systemic, societal challenge. The City may consider in which ways it is contributing to the reinforcement of these roles – perhaps through marketing or messaging – however it is recognized that these issues are much more complex than the services provided by the Recreation Department.



### 8.14 Built Environment

Respondents coming to Canada Games Pool or Centennial Community Centre largely travelled by car (63%); however, a large percentage (28%) also walk at least some of the time. Respondents from the Queensborough, West, and Uptown neighbourhoods were most likely to drive at more than 80%.

Walk Score: **74**  
 Bike Score: **73**  
 Transit Score: **50**

Based on respondents, youth (individuals aged 11-18 years of age) and young adults (individuals aged 19-24 years of age) were most likely to walk (75% and 57% of respondents in that age category respectively), suggesting that they may not have access to another mode of transport.

Half of survey respondents (50%) stated that they would consider taking active modes of transportation to Canada Games Pool or Centennial Community Centre with younger individuals (people aged 54 years and younger) more likely to consider forms of transportation alternative to the car (64% of respondents of that age category or higher). This suggests that these individuals may face fewer barriers to adopting active modes of transport.

Respondents living in the Queensborough neighbourhood were least likely to consider using alternative transportation.

Most respondents stated that the reason they would not consider active modes of travel is because it is faster for them to drive (21% of respondents) or that they live too far away (14% of respondents).

Canada Games Pool and Centennial Community Centre have been given “very walkable” and “very bikeable” ratings by Walk Score (2019). These results indicate that most errands or trips can be conducted on foot or by bike, respectively. Comparatively, the facilities have a transit score of 50, which represents “good transit” (2019). Three buses that travel on the roads surrounding the facilities, but they all have departures every 30 minutes, with two routes operating at frequencies of every 15-20 minutes during peak hours only.

Neither facility has covered bike racks, and the bike racks are not placed in a way that would incentivize individuals to ride their bikes to these facilities. In the designing of the new facility, creative bike parking facilities might be considered to help incentivize use of the bike paths located adjacent to the facilities’ site.

## 9.0 Lessons Learned and Limitations

Recognizing that this evaluation process will be undertaken again in the future, the following lessons learned should help inform the process when it is undertaken:



### Survey Timing

The survey ran live for a total of 21 days (June 25 to July 15). This provided a total of **262 completed responses** (though only 235 fully submitted responses). The survey responses did not appear to provide insight to the experiences of more marginalized groups. Many other surveys were also circulating around the same time as this survey, which may contribute to survey fatigue.

#### Recommendation:

- Provide a minimum of 3 weeks (ideally 4 to 6 weeks) to receive responses to the survey.
- Consider the timing between surveys.
- Consider different ways to engage marginalized groups.



### Data Collection

Trying to obtain registration data segregated by gender was very challenging to obtain. The way by which PerfectMind is able to produce the reports is not user-friendly and required staff to be familiar with all of the tools available in PerfectMind to obtain the appropriate reports.

#### Recommendation:

- Use the current evaluation framework to report on some equity measures (e.g. participation by age, gender, low-income measure) to help ensure that staff are familiar with pulling such statistics and manipulating statistics to obtain desired information.



### Survey Length

Community Connectors were sent out to site a few times during the survey launch. Complaints were received with respect to the length of the survey, resulting in individuals starting the survey and abandoning it.

#### Recommendation:

- Select a specific topic or component of health and wellness to evaluate in the future to provide a survey that is manageable for time.
- Evaluate only adult health (19 years of age or older) through the survey.
- Use another method to engage with individuals younger than 19 years of age (e.g. focus groups, open houses, connection with schools).



### Data Analysis

As the survey used in this framework is quite extensive, it required a large amount of data analysis in order to establish baseline measures.

#### Recommendation:

- Centre the evaluation to a component of health and wellbeing to enable a survey analysis that is more feasible in a short period of time.



### Scope

The framework used provides a detailed and comprehensive overview of the ways that these facilities contribute to community health and wellbeing.

#### Recommendation:

- Future projects related to such evaluation may consider looking at one or two elements of health and wellbeing to facilitate data collection and analysis.



### Lack of Other Examples

While evaluations of other facilities have been conducted to assess equity or the significance of particular features or programming on different populations, no examples of other comprehensive health and wellbeing evaluations were found. This made the process particularly challenging to identify how and what to measure.

## 10. Recommendations

While the intention of this project is to identify some baseline measures of these facilities' contributions to community health and wellbeing, it has also afforded the opportunity to consider ways by which current measurements could be changed to facilitate future evaluation of the community health and wellbeing indicators selected for the project.

Below are some of the recommendations that could be undertaken to improve data collection in the future:



### Conduct a Gap Analysis

The results obtained by the health and wellness survey, while consisting of only a small percentage of the City's population, also illustrated a number of biases, particularly as most participants were pre-dominantly English speaking and carried a middle-to-higher income. This might also build on the [2009 Everybody Active](#) report and findings reflected in the [2008 Parks and Recreation Comprehensive Plan](#).

#### Recommendation:

- Refine and conduct the gap analysis framework in whole or in part to obtain a more robust overview of facility users and ensure that the City's recreation facilities are meeting the needs of ALL residents.



### Develop an Equity Policy or Framework

The results of the program evaluation and relatively narrow demographic participation of survey respondents illustrates that there are inequities experienced in the delivery of programmed and / or recreation services delivered at these two facilities.

#### Recommendation:

- Develop an equity framework for the City's recreation department. This may be linked to the City's existing strategic planning initiative to develop a Social Equity Policy and exist as a chapter in this policy document once it is developed.



### Gendered Participation Counts

Currently, staff at Canada Games Pool count the number of users in different areas of the facility every 30-minutes. Unfortunately, these counts solely illustrate participation and do not provide a gendered count (male / female participation).

#### Recommendation:

- Include gender participation counts in each of the respective sections for the gym and pool to better understand how drop-in programs support.
- Track gender participation in drop-in instructed programs such as fitness classes; this may be included in staff or instructor duties.



### Youth and Older Adult Participation in Programs

The majority of programs delivered by both facilities are largely designed to deliver recreational services to preschoolers and children under the age of twelve. While there are specific facilities and programs run outside of these two buildings, some of the programs offered at these facilities are unique to them – especially the swimming facilities.

#### Recommendation:

- Consider program development or incentivisations to increase youth and older adult participation in recreation services provided at Canada Games Pool or Centennial Community Centre.

## 11.0 Conclusion

It is evident that both Canada Games Pool and Centennial Community Centre are valued facilities by members of the community. The facilities serve as major hubs for recreation in the City and are used by individuals from all over the City. Recognizing the priorities listed in the [2019-2022 Strategic Plan](#), the findings of this report highlight areas in which these facilities might engage some of the priorities, particularly around **Reconciliation, Inclusion, and Engagement**, and augmenting **Core Services** by working towards the City's vision of "a vibrant, compassionate, sustainable city that includes everyone."

The survey conducted represented a small sample size of the City's population; however, it illustrated that individuals engage in a number of activities for improvement of their own personal physical and mental health and wellbeing. It is anticipated that many of the issues noted – particularly those around accessibility and built environment or building design – will be improved or corrected fully upon the building of the new facility.

While many issues may be handled through the building of a new facility, the results of program analysis stresses that there are gaps that exist in ensuring that the way that these facilities impact the overall health and wellbeing of the entire community of New Westminster. Some of these gaps might be covered through changes to programming or marketing or approaches to the programs, however, it should be recognized that changes to programs should not be conducted without engaging with the community at large – particularly those who are noticeably absent from typical recreation programming. Additionally, some of the survey results appear to mirror results obtained by the survey conducted to inform the City's [2008 Parks and Recreation Comprehensive Plan](#), particularly with respect to participation rates, and insight into the barriers experienced.

Beyond the planning and design of the new recreation facility, it is recommended that the City consider other ways that these facilities may contribute to health and wellbeing – in particular, experienced inequities through programming or service delivery. Other features that may contribute to community health and wellbeing rely on additional factors – such as coordination with the City planning department or an external agency such as TransLink to improve alternative transportation access to the facilities.

By embarking on the challenge to evaluate the way by which Canada Games Pool and Centennial Community Centre contribute to the community's health and wellbeing, the City has prioritized these outcomes as it moves in a new and exciting direction. The redevelopment of Canada Games Pool and Centennial Community Centre provides the City with the opportunity to not only reconsider how a new facility will entice residents to use a brand new facility, but also how it can reframe its programming and service delivery to ensure that it is able to provide an equitable framework and truly consider the community at large.

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## Icon References

### 2.0 Defining Health and Wellbeing

- "Community" icon by Creative Stall, PK, from thenounproject.com.
- "voting" icon by Nikita Kozin, RU, from thenounproject.com.
- "education" icon by fauzan akbar, ID, from thenounproject.com.
- "environment" icon by Made x Made,AU, from thenounproject.com.
- "healthy" icon by Adrien Coquet, FR, from thenounproject.com.
- "Swing" icon by Smalllike, from thenounproject.com.
- "city life" icon by ProSymbols, US, from thenounproject.com.
- "working" icon by Fahmihorizon, ID, from thenounproject.com.

### 3.0 A Healthy Community

- "equity" icon by Laura Amaya, from thenounproject.com.
- "add profile" icon by Andreas Wilström, SE, from thenounproject.com.
- "buildings" icon by Made by Made, AU, from thenounproject.com.
- "Network" icon by Matt Hawdon, GB, from thenounproject.com.
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- "Diversity" icon by Cara Foster, US, from thenounproject.com.
- "Community" icon by ProSymbols, US, from thenounproject.com.
- "champion" icon by Gan Khoon Lay, from thenounproject.com.

### 5.0 Literature Review / 7.0 Methods / 8.0 Results and Discussion

- "jumping jacks" icon by ProSymbols, US, from thenounproject.com.
- "Mental Health" icon by Juicy Fish, GB, from thenounproject.com.
- "Network" icon by Matt Hawdon, GB, from thenounproject.com.
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- "personal hygiene" icon by Made, AU, from thenounproject.com.
- "Accessibility" icon by Dumitriu Robert, RO, from thenounproject.com.
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- "buildings" icon by Made by Made, AU, from thenounproject.com.
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### 9.0 Lessons Learned

- "Survey" icon by Vectors Market, from thenounproject.com.
- "database" icon by H Alberto Gongora, CO, from thenounproject.com.
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- "Data Analysis" icon by Srinivas Agra, IN, from thenounproject.com.
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### 10.0 Recommendations

- "gap analysis" icon by Matt Brooks, US, from thenounproject.com.
- "equity" icon by Laura Amaya, from thenounproject.com.
- "gender" by Adrien Coquet, FR, from thenounproject.com.
- "students" icon by Piotrek Chuchla, PL, from thenounproject.com.

### Appendix C: Gap Analysis

- "Data Analysis" icon by Srinivas Agra, IN, from thenounproject.com.
- "Survey" icon by Vectors Market, from thenounproject.com.
- "focus group" icon by prinyanka, IN from thenounproject.com.

## Appendix A: Recreation-based Community Health and Wellbeing Survey

### Community Wellness Survey

The City of New Westminster wants to work towards creating widespread access to safe, enjoyable, accessible and sustainable recreation, parks, and other community facilities. To learn about how well the City is currently meeting this goal, Parks and Recreation wants to hear from you. This survey serves to better understand how Canada Games Pool and Centennial Community Centre currently contribute to your physical, social, and mental health and wellbeing.

Please complete the following survey before July 15 for a chance to win one of five \$75 Parks and Recreation gift cards that can be applied to any pass or instructed lesson.

1. Have you or your family used Canada Games Pool and / or Centennial Community Centre in the last 12 months?	
Yes	No [go to question 59]

### Physical Health

2. How would you rate your general physical health?	<ul style="list-style-type: none"> <li>a) Excellent</li> <li>b) Very good</li> <li>c) Good</li> <li>d) Poor</li> <li>e) Very poor</li> </ul>
3. I live with a disability (physical or mental) or a chronic illness that limits my ability to participate in activity.	<ul style="list-style-type: none"> <li>a) Yes</li> <li>b) No</li> </ul>
4. If yes, do you find Canada Games Pool and / or Centennial Community Centre challenging to access?	<ul style="list-style-type: none"> <li>a) Yes</li> <li>b) No</li> <li>c) I do not have a disability (physical or mental) or a chronic illness that limits my ability to participate in activity</li> </ul>

### Mental Health

5. How would you rate your general mental health?	<ul style="list-style-type: none"> <li>a) Excellent</li> <li>b) Very good</li> <li>c) Good</li> <li>d) Poor</li> <li>e) Very poor</li> </ul>
6. Participating in activities at Canada Games Pool or Centennial Community Centre makes me feel good about myself.	<ul style="list-style-type: none"> <li>a) Yes</li> <li>b) No</li> </ul>

### Facility Usage

7. How often have you used or visited Canada Games and / or Centennial Community Centre in the last year?	<ul style="list-style-type: none"> <li>a) Frequently (daily to 3 times a week)</li> <li>b) Regularly (1-2 times a week)</li> <li>c) Infrequently (1-3 times a month)</li> <li>d) Sporadic (less than once a month)</li> </ul>
8. What services do you use when you visit Canada Games Pool and / or Centennial Community Centre? [check all that apply]	<ul style="list-style-type: none"> <li>a) Swim</li> <li>b) Use the fitness centre / weight room</li> <li>c) Fitness drop-in class</li> <li>d) Take lessons as a registered program</li> <li>e) Watch my child[ren] / grandchild[ren] in a registered program</li> <li>f) Other [please specify]:</li> </ul>
9. I use Canada Games Pool or Centennial Community Centre to: [check all that apply]	<ul style="list-style-type: none"> <li>a) Participate in exercise sports or physical activity</li> <li>b) Learn a new skill or activity</li> <li>c) Improve my fitness level</li> <li>d) Maintain my fitness level</li> <li>e) Reduce stress level</li> <li>f) Improve mental wellbeing</li> <li>g) Reduce substance use (e.g. tobacco, alcohol, marijuana, other substances)</li> </ul>

	<ul style="list-style-type: none"> <li>h) Reach out to my friends or social support network</li> <li>i) Gain weight</li> <li>j) Lose weight</li> <li>k) Maintain weight</li> <li>l) Watch my child[ren] / grandchild[ren]</li> <li>m) Other [please specify]:</li> </ul>
10. How much moderate to vigorous physical activity do you get per week? (use your activity over the last month to help describe)	<ul style="list-style-type: none"> <li>a) Less than an hour</li> <li>b) 1-2 hours</li> <li>c) 2-3 hours</li> <li>d) 3-4 hours</li> <li>e) 4-5 hours</li> <li>f) 5+ hours</li> <li>g) I do not get any moderate to vigorous physical activity</li> </ul>
11. Weekly, how much of your moderate to vigorous physical activity is done at Canada Games Pool and / or Centennial Community Centre?	<ul style="list-style-type: none"> <li>a) 0%</li> <li>b) 1-25%</li> <li>c) 26-50%</li> <li>d) 51-75%</li> <li>e) 76-100%</li> <li>f) I do not get any moderate to vigorous physical activity</li> </ul>

### Children

12. Do you have any children?											
Yes					No [go to question 25]						
13. What age and gender are your children and are they enrolled in programs at Canada Games Pool and / or Centennial Community Centre?											
	Age		Gender		Enrolled at CCC			Enrolled at CGP			
Child 1											
Child 2											
Child 3											
Child 4											
Child 5											
Child 6											
14. How much moderate to vigorous physical activity does your child get per week?											
	1-2 hours	2-3 hours	3-4 hours	4-5 hours	5-6 hours	6-7 hours	7-8 hours	8+ hours	My child does not get any moderate to vigorous physical activity.		
Child 1											
Child 2											
Child 3											
Child 4											
Child 5											
Child 6											
15. How much of your child's moderate to vigorous physical activity is done at Canada Games Pool and / or Centennial Community Centre on a weekly basis?											
	0%	1-25%	26-50%	51-75%	76-100%	My child does not get any moderate to vigorous physical activity.					
Child 1											
Child 2											
Child 3											
Child 4											
Child 5											
Child 6											
16. How would you rate your child's general physical health?											
	Excellent		Very good		Good		Poor		Very poor		I'm not sure
Child 1											
Child 2											
Child 3											
Child 4											
Child 5											
Child 6											

17. One or more of my child[ren] live with a disability (physical or mental) or a chronic illness that limits their ability to participate in activity.											
	Yes			No, my child does not live with a disability (physical or mental) or chronic illness that limits their ability to participate in activity.							
Child 1											
Child 2											
Child 3											
Child 4											
Child 5											
Child 6											
18. How would you rate your child's general mental health?											
	Excellent	Very good	Good	Poor	Very poor	I'm not sure					
Child 1											
Child 2											
Child 3											
Child 4											
Child 5											
Child 6											
19. Participating in activities at Canada Games Pool or Centennial Community Centre makes my child feel good about themselves.											
	Yes		No		I'm not sure						
Child 1											
Child 2											
Child 3											
Child 4											
Child 5											
Child 6											
20. How often has your child used or visited Canada Games Pool and / or Centennial Community Centre in the last year?											
	Frequently (daily to 3 times a week)	Regularly (1-2 times a week)	Infrequently (1-3 times a month)	Sporadic (less than once a month)							
Child 1											
Child 2											
Child 3											
Child 4											
Child 5											
Child 6											
21. What services do your child[ren] use when they visit Canada Games Pool and / or Centennial Community Centre?											
	Swim	Fitness Centre / Weight Room	Fitness drop-in class	Take lessons as a registered program	Other [ please specify]						
Child 1											
Child 2											
Child 3											
Child 4											
Child 5											
Child 6											
22. My child[ren] use Canada Games Pool and / or Centennial Community Centre to: [check all that apply]											
	Participate in exercise, sports or physical activity	Learn a new skill or activity	Improve fitness level	Maintain fitness level	Reduce stress level	Improve mental wellbeing	Make new friends or play with their friends	Gain weight	Lose weight	Maintain weight	Other [please specify]
Child 1											
Child 2											
Child 3											
Child 4											
Child 5											
Child 6											

### Inclusiveness

23. Have you experienced discrimination at Canada Games Pool and / or Centennial Community Centre?	a) Yes b) No
24. If yes, on what basis have you experienced discrimination at Canada Games Pool and / or Centennial Community Centre? [check all that apply]	a) Gender b) Age c) Sexual orientation d) Ethnicity or culture e) Religion f) Race or skin colour g) Size or weight h) Income i) Language j) I have not experienced discrimination k) Other [please specify]
25. Canada Games Pool and Centennial Community Centre have many programs and services to meet my and my family's needs and interests.	a) Yes b) no

### Social Connectedness

26. I come to Canada Games Pool and / or Centennial Community Centre to meet new people and socialize.	a) Yes b) No
27. I have met net people at Canada Games Pool and / or Centennial Community Centre.	a) Yes b) No

### Sense of Belonging

28. I feel like I belong when I come to Canada Games Pool or Centennial Community Centre.	a) Yes b) No
29. When I go to Canada Games Pool and Centennial Community Centre, people acknowledge me by saying "hi" or smiling at me.	a) Yes b) No

### Education / Programming

30. The programs offered fit my and my family's needs and interests.	a) Yes b) No
31. If no, why? [check all that apply]	a) Desired activity is not provided b) Activity is often full c) Time of activity does not work for me d) Programs offered are too expensive e) None of the above (the programs offered fit my and my family's needs and interests) f) Other [please specify]

### Safety

32. I feel safe using Canada Games Pool and Centennial Community Centre.	a) Yes b) No
33. If no, please explain.	
34. I have a washroom and changeroom facility that I feel safe using at Canada Games Pool and Centennial Community Centre.	a) Yes b) No
35. If no, please explain.	

### Health and Cleanliness

36. I feel like the facilities at Canada Games Pool and / or Centennial Community Centre are clean and safe to use.	a) Yes b) No
37. If no, please explain.	

## Built Environment

38. The area around Canada Games Pool and Centennial Community Centre is inviting and makes me want to spend time in nature / outdoors.	a) Yes b) No
39. If no, please explain.	

## Access

40. How do you typically get to Canada Games Pool or Centennial Community Centre?	a) Walk b) Bike c) Transit d) Car (alone or as a passenger) e) Other [please specify]
41. I would consider walking, biking, or taking public transit to Canada Games Pool or Centennial Community Centre.	a) Yes b) No
42. If no, why not? [check all that apply]	a) I live too far away b) I don't feel safe walking or biking c) I worry that my bike would get stolen d) My children are too young to be brought along by bike e) Transit is unreliable or there are too many transit transfers f) It is faster for me to drive g) I already walk, bike, or take public transit to Canada Games Pool or Centennial Community Centre h) Other [please specify]

## Demographics

The following questions will help us ensure that we have received a representative sample of the city.

43. How do you describe yourself?	a) Man b) Woman c) Nonbinary [space to add text] d) Other [please explain]
44. What is your age group?	a) 0-10 years b) 11-18 years c) 19-24 years d) 25-34 years e) 35-54 years f) 54-65 years g) 65+ years
45. Which is your current area of residence?	a) New Westminister b) Burnaby c) Vancouver / Richmond d) Surrey / White Rock / Ladner / Langley / Delta e) Maple Ridge / Mission / Abbotsford f) North Shore (West Vancouver / North Vancouver) g) Tri-Cities (Coquitlam, Port Coquitlam, Port Moody) h) Other [please specify]
46. Which area of New Westminister do you live in?	a) West (west of Twelfth Street) b) Uptown (Twelfth Street to McBride Boulevard and Royal to Tenth Avenue) c) Downtown (south of Royal Avenue, including Quayside) d) East (east of McBride Boulevard) e) Queensborough f) I'm not a resident of New Westminister
47. How long have you been a resident of New Westminister?	a) Less than 5 years b) From 5 to 14 years c) For 15 years or more d) I do not live in New Westminister

The next question refers to the ethnic origins of your ancestors, from both sides of your family. Ethnic ancestry refers to your roots or cultural background, and should not be confused with citizenship or nationality.

48. I identify my ethnic / cultural background as? [check all that apply]?	<ul style="list-style-type: none"> <li>a) Aboriginal / First Nation</li> <li>b) East Asian (including Chinese, Korean, Japanese)</li> <li>c) Eastern European</li> <li>d) Western European</li> <li>e) Latin American</li> <li>f) Middle Eastern</li> <li>g) South Asian (including Indian)</li> <li>h) Southeast Asian (including Filipino)</li> <li>i) African</li> <li>j) Australian or New Zealand</li> <li>k) None of these</li> </ul>																		
49. What are the primary language(s) spoken at your home? [check no more than 2]	<ul style="list-style-type: none"> <li>a) English</li> <li>b) French</li> <li>c) Punjabi</li> <li>d) Tagalog (Pilipino; Filipino)</li> <li>e) Cantonese</li> <li>f) Mandarin</li> <li>g) Korean</li> <li>h) Russian</li> <li>i) Spanish</li> <li>j) Persian (Farsi)</li> <li>k) Romanian</li> <li>l) Indigenous language(s) (e.g. Cree-Montagnais languages; Ojibway; North Athabaskan languages; Salish languages)</li> <li>m) Other [please specify]</li> </ul>																		
50. How many people are currently living in your household, including yourself??	Enter the total number of people																		
51. Of these people, how many are:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%;">How many?</th> </tr> </thead> <tbody> <tr> <td>Children age 5 and under</td> <td></td> </tr> <tr> <td>Children aged 6-10</td> <td></td> </tr> <tr> <td>Preteen and / or youth aged 11-18</td> <td></td> </tr> <tr> <td>Young adults aged 19-24</td> <td></td> </tr> <tr> <td>Adults aged 25-34</td> <td></td> </tr> <tr> <td>Adults aged 35-54</td> <td></td> </tr> <tr> <td>Adults aged 55-64</td> <td></td> </tr> <tr> <td>Adults aged 65+</td> <td></td> </tr> </tbody> </table>		How many?	Children age 5 and under		Children aged 6-10		Preteen and / or youth aged 11-18		Young adults aged 19-24		Adults aged 25-34		Adults aged 35-54		Adults aged 55-64		Adults aged 65+	
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Young adults aged 19-24																			
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Adults aged 35-54																			
Adults aged 55-64																			
Adults aged 65+																			
52. Of the adults in your household, how many bring income into the household?																			
53. What type of home do you and your family live in?	<ul style="list-style-type: none"> <li>a) A low-rise apartment building (5 stories or less)</li> <li>b) A high-rise apartment building (7 stories or more)</li> <li>c) A semi-detached home (townhouse)</li> <li>d) A single-detached home</li> <li>e) Other [please specify]</li> </ul>																		
54. Do you currently rent or own your home?	<ul style="list-style-type: none"> <li>a) Rent</li> <li>b) Own</li> <li>c) Prefer not to say</li> </ul>																		
55. What is your annual household income?	<ul style="list-style-type: none"> <li>a) Less than \$22,000</li> <li>b) From \$22,000 to \$50,000</li> <li>c) From \$50,000 to \$100,000</li> <li>d) More than \$100,000</li> <li>e) Prefer not to say</li> </ul>																		
56. What is your main activity?	<ul style="list-style-type: none"> <li>a) Employed, full-time</li> <li>b) Employed, part-time</li> <li>c) Unemployed</li> <li>d) Retired</li> <li>e) Going to school</li> <li>f) Household work / caring for children</li> </ul>																		

	g) On leave from work h) Other [please specify]
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Wrap Up

57. Do you have any additional comments?	
58. Please enter you email address for a chance to win one of five \$75 Parks and Recreation gift cards that can be applied to any pass or instructed lesson.	

Thank you for your interest in the survey. At this time we are only seeking input from individuals who have used the facility recently. Your response has helped inform the next phase of this project that will consider why residents of New Westminster do not use these facilities.

We invite you to stay up to date and learn about future survey opportunities by visiting the City of New Westminster online at [newwestcity.ca](http://newwestcity.ca).

59. If no (I have not used Canada Games Pool or Centennial Community Centre in the last year), why not? [check all that apply]	a) Facilities are too far b) Timing of programs do not work with my or my family's schedule c) I use other City facilities to get my physical activity d) I use other private facilities to get my physical activity e) Other [please specify]
60. Do you have any other comments?	

## Appendix B: On-site Evaluation Measures

Many different elements overlap between one another when identifying how the measures impact health and wellbeing. Linked factors are included in brackets after the measurement.

### Physical Health and Participation

- Number of programs specific to physical activity
- Staircase is accessible and visible from the main welcome area (**built environment / building design**)
- Walk score of the facility (**built environment / building design**)
- Zoning of the surrounding area (**built environment / building design**)
- Number of parking stalls (**built environment / building design**)
- Presence of cycling infrastructure from all directions (**built environment / building design**)
- Presence of covered and protected bike storage (**built environment / building design**)
- Presence of accessible walking infrastructure from all directions (**built environment / building design**)
- Number of bus routes with stops around perimeter of the facility (**built environment / building design**)
- Number of bus routes on frequent transit network (i.e. buses every 15 mins or less) with stops around perimeter of the facility (**built environment / building design**)

### Mental Health

- Number of programs centered around mental wellbeing / stress reduction
- Evidence of artwork, local culture and / or history integrated into common areas
- Natural features and / or potted plants or planted beds have been incorporated into / around the building (**built environment / building design**)
- Opportunity to engage with nature outside of the facility (**built environment / building design**)

### Social Connectedness

- Spaces available for socialization (e.g. café, seating area, moveable chairs and tables, benches) (**built environment / building design**)
- Tree canopy provides shade outside in congregating areas

### Education

- Number of programs specific to skill development, science, or technology

### Safety

- Universal changerooms (**inclusiveness and equity**)
- Universal washrooms (**inclusiveness and equity**)
- Lighting in parking lot (**built environment / building design**)

### Accessibility / Sense of Belonging and Inclusiveness

- Availability of adaptive equipment for participation (**equity**)
- Equipment is age and target demographic appropriate
- Signage for washrooms is universal and welcoming (**equity**)
- Building is accessible from the exterior to those who are mobility challenged (**equity and built environment / building design**)
- All areas of the building are accessible via elevator or ramp (**equity and built environment / building design**)
- Braille is available on signs (**equity**)
- Surfaces are smooth (**equity**)
- Floor space is clear (**equity**)
- Stair markings are clear (**equity**)

- Spectator seating is accessible (**equity**)
- Ratio of accessible parking stalls to the remainder of the of the stalls

### Equity

- Program distribution across:
  - Age groups (Parent & Tot (Under 3 / parent participation required), Preschool (2-5), Child (6-12), Youth (13-18), Adult (19+), Older Adult (55+))
- Gendered (male / female) registered program participation across age groups (Parent & Tot (Under 3 / parent participation required), Preschool (2-5), Child (6-12), Youth (13-18), Adult (19+), Older Adult (55+)) over the last year
- Gendered (male / female) drop in participation over the last year
- Opportunities for low-cost / free programs (drop in)
- Program available for Girls Only
- Ratio of number of individuals on low-income assistance program and number of residents in LICO (from Census)

## Appendix C-1: Gap Analysis Framework

### 1: Community Wellness Gap Analysis

The purpose of the gap analysis is to identify the residents within the City of New Westminster who are **not** currently using Canada Games Pool or Centennial Community Centre and work towards identifying the existing barriers and changes that can be made to programs or policies to make the facilities more inclusive and meet the needs of the entire community. This also aligns with some of the recommendations in the Parks and Recreation Comprehensive Plan with respect to identifying gaps and needs of all users.

It is recommended that the City consider **partnering** with other agencies such as School District #40 and Fraser Health (using the current Healthy Communities Partnership) and other non-profit agencies and other organizations to increase analyzing power and help identify specific user groups of interest.

The gap analysis is proposed to be conducted in four segments, recognizing that it may not be feasible or reasonable for each of the segments of the gap analysis to be conducted at one time.



#### In-Depth Data Analysis

**Purpose:** To use a variety of data sources, to help identify populations who are not currently served well by the facilities in question

The data analysis may include: a proximity analysis to other recreational facilities (including private facilities) and a mapping (Geographic Information System (GIS)) component.

Data sources include:

- Census
- Early Childhood and Middle Years Development Index
- McCreary survey
- My Health My Community Round 2
- Phase 1 Recreation Health and Wellness Report
- PerfectMind
- Student learning surveys



#### Community-Wide Survey

**Purpose:** To ensure broad engagement with the community who do not currently participate in recreation activities at the facilities in question

The contents of the survey would mirror the contents from Phase 1, but will focus on understanding individuals' reasons for not utilizing Canada Games Pool or Centennial Community Centre and the impact of their lack of participation on their overall health and wellbeing. The survey may help identify other ways that individuals work on their personal health and wellbeing (e.g. through park use, use of private facilities). Translation of the survey may be considered to reach the non-English speaking population.



#### Targeted Focus Groups

**Purpose:** To engage specific populations of concern in conversation to identify specific challenges and barriers they face in recreational activities

The focus groups will help provide additional information regarding the specifics on how to better engage specific population groups. This will hopefully provide more insight with respect to developing programs or policies that increase participation rates from these demographics.

Groups would be targeted using results from the data analysis and created using existing networks. It is suggested that groups be led in ways that make group members comfortable.



#### Review of Existing Policies and Plans

**Purpose:** To ensure that there is alignment between the goals and objectives of programs within recreation and existing internal policies and plans.

A review of existing policies and plans can help ensure that they are inclusive, work towards an equitable recreation system, and ensure that the frameworks are available to work towards and systemic changes required to create environments that might be more welcoming to different demographics.

A checklist similar to that used for Phase 1 could be used; however, it is advisable for it to be more policy-specific. A sample checklist has been provided below.

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*“The City has great potential for further park and facility development that will promote healthier wellness activities for everyone.”*

*- Public Open House Comment (City of New Westminster, 2008)*

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