Active Recreation Incentives For Low Income Adults Living In Rural Communities

Challenges, Barriers and Financial Strategies to Increase Participation Rates

MPA Research Report

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Active Recreation Incentives For Low income Adults

Living In Rural Communities

FORWARD

Focus groups of low income adults from Norfolk County were held to discuss the challenges and barriers to active recreation. Financial strategies including subsidy programs were generated. Thirty adults ages 25 to 55 took part. Most participants in the sample were parents of children who have accessed the Canadian Tire Jump Start or Norfolk KidSport subsidy program for youth.

The purpose of the research was to determine if a subsidy program for low income adults would increase participation rates for active recreation. The results indicate that a subsidy program alone will not achieve this goal. The challenges or barriers of time, energy, child care, transportation, motivation, safety, location of facilities and costs must also be addressed.

Also included in the research were interviews with seven rural single tiered municipalities. All have populations less than 100,000 and are rural in nature. None of the municipalities interviewed currently has a subsidy program for low income adults. However, all do offer low cost or free active recreation activities for all residents.
EXECUTIVE SUMMARY

The purpose of this research study is to determine the challenges and barriers of participating in active recreation, for low income adults. Also examined is the question, if a financial subsidy for low income adults was offered, will it increase participation rates in active recreation?

Increasing physical activity rates is important as there is increasing evidence that people who exercise are healthier, live longer and enjoy a better quality of life than those who do not exercise. In addition, it has been found that people who exercise regularly reduce the risk of chronic disease such as colon cancer, cardiovascular disease, type II diabetes, osteoporosis, obesity and depression.

The methodology for the project includes hosting five focus groups. Thirty adults ages 25 to 55 took part. The baseline for selection was a household income of $30,000 or less. Most participants in the sample were parents of children who have accessed the Canadian Tire Jump Start or Norfolk KidSport subsidy program for youth. In addition to the focus groups, telephone interviews with seven rural single tiered municipalities were completed. All have populations less than 100,000 and are rural in nature.

A literature review was conducted. Published research has been organized to highlight the following questions: what are the global issues about active participation rates? What significant research has Canada and Ontario completed? What has been discovered about low income adults in rural settings? What has
been studied about financial incentives and participation rates for active recreation?

Major findings of the research project include:

- All focus group participants were knowledgeable about the health benefits of active recreation.

- The challenges and barriers to active recreation identified by low income participants are: time, energy, child care, motivation, transportation, safety, location of facilities and cost.

- Cost was always identified first as a barrier to participation. However, if a subsidy was provided to assist with fees or equipment, it would not guarantee the individuals involvement.

- To increase participation in active recreation for low income adults, finances along with the challenges and barriers identified, must be addressed.

- Instead of a subsidy, participants favoured the delivery of low cost or no cost activities that all residents could enjoy. The consistent scheduling of these events is important.

- The rural local governments interviewed do not have subsidy programs. All do offer low cost or no cost active recreation events that all members of the community are welcome to attend.
• Rural local governments are interested in developing policies and programs to address the issue of affordable recreation. Budget and staffing shortages are barriers to moving ahead. Creating partnerships and seeking financing through grants are two ways these smaller single tier municipalities plan to meet the needs of low income adults.

• Additional research is needed to examine subsidy programs for Ontario Works recipients. The focus group research indicated that this target group may be very receptive to receiving a subsidy program that would also address the challenges and barriers of participation. A multidisciplinary approach could be modelled after the Family First program in Toronto. (Appendix 2)
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INTRODUCTION

There is increasing evidence that people who exercise are healthier, live longer and enjoy a better quality of life than those who do not exercise\(^1\). In addition, it has been found that people who exercise regularly reduce the risk of chronic disease such as colon cancer, cardiovascular disease, type II diabetes, osteoporosis, obesity and depression.

A recent report on the quality of life and health in rural counties suggested that life is not necessarily better in rural communities. Rural residents suffer from poorer health and overall lower general quality of life than do urban residents.\(^2\) On average, rural populations have a higher number of seniors and children, higher unemployment, higher poverty, higher disability rates, and shorter life expectancy.\(^3\)

Norfolk County Council has identified participation in physical activity as a determinant of health that is a priority for all residents. Norfolk’s Strategic Plan for 2010 specifies that subsidies be made available for low income adults. A policy on what amount a subsidy should be or how to administer a subsidy does not currently exist.

The purpose of this research is to investigate the challenges and barriers to active recreation participation. If a financial subsidy were offered to low income adult residents, would it increase their physical activity levels? Information will also be gathered from nine rural municipalities to determine if subsidies or practises to encourage low-income residents to participate in active recreation are being implemented.

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\(^2\) Elliot, V. S. (2001). *Health of rural, urban residents lags behind suburbanites.* American Medical News, 44 (37)

\(^3\) Boughner, Karen.(2008)*Health & Social Services Department 2008 Annual report. Pg1:* [www.huhu.org](http://www.huhu.org)
NORFOLK COUNTY BACKGROUND

Norfolk County is located along the north shore of Lake Erie. It is close to many major metropolitan centres and is due south of Hamilton and Brantford, Ontario. With a population of 62,000 people, our largest urban centre is the Town of Simcoe (population 14,522). Within the County, there are many picturesque villages, hamlets and small towns such as Port Dover and Port Rowan. These small communities are being discovered by the first flux of the baby boomers, which have been dwelling in the larger urban centres and are now looking for a slower pace of life.

Norfolk County can be considered a rural, natural environment. There are many opportunities for outdoor recreation including boating, camping, hiking, fishing, and trails for cycling and walking. Provincial parks, public beaches, a protected biosphere and good system of Conservation Areas also exist. Unfortunately, a public transportation system does not serve the residents of Norfolk County.

The Community Services Department, Parks and Recreation Division is able to offer 6 arenas, one indoor pool, two senior centres; many parks, trails and a variety of fitness and active living opportunities for residents. Programs and facilities operate on a user fee basis. Norfolk Council has set recovery rates for the cost of operating recreational facilities and programs to range between 50% and 100%.

Subsidy programs for youth ages 4 to 18 years, to participate in sport and physical activity have been created through two partnerships. The Canadian Tire Jump Start Program and the Norfolk KidSport Chapter work co-operatively to fund registration fees and equipment needs of low-income children in Norfolk County.

Statistics Canada’s 2007 Canadian Community Health Survey reports over half of the population (52%) of the residents of Haldimand-Norfolk (the former regional
government prior to amalgamation in 2001) were inactive. The provincial average is 49%. According to Canada’s Physical Activity Guide to Healthy Active Living (CPAG) (2002), people should be active most days of the week. Health benefits can be achieved by accumulating 30 to 60 minutes of moderate-intensity activity or 60 minutes of light-intensity activity, 4 to 7 days a week. Total activity can be accumulated at 10 minute intervals.

In 2005, 5.7% of Haldimand and Norfolk residents lived in poverty. This percentage represents 6,143 people.

Norfolk County Council also serves as the Board of Health for the Haldimand-Norfolk Health Unit. It recognizes the significance of poverty as one of the determining factors of physical and mental health. In 2007, a strategic plan was developed for Council’s term of office until 2010. Three persuasive indicators helped to place policy development of a subsidy program for low-income adults onto the strategic planning agenda. The first is the fact that Haldimand-Norfolk rates 2nd in the Province of Ontario for deaths related to heart-disease and cancer. Physical activity rates are a risk factor in both diseases.

The second is the success of partnering with Canadian Tire Jump Start and Norfolk KidSport to provide over $30,000 each year in sport and equipment subsidies. Municipal Councillors concluded if children of low-income families were benefiting

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4 Anonymous (2008) Rating Canada’s Regional Health, Which health region has the most physically active population? Canadian Fitness and Lifestyle Research Institute (www.cflri.ca)

from a subsidy program, their parents may also receive the health and quality of life benefits.

The third persuasive indicator was the release of Parks and Recreation Ontario report, *The Health, Social and Economic Benefits of Increasing Access to Recreation for Low-Income Families (2007)* by Dr. Mark Totten. “Arguable, poverty is the greatest barrier to achieving physical and mental health. The complexity and multi-facet nature of these barriers calls for a public health approach to improve access to recreation for low-income families.”

The goal set by Norfolk County Council as outlined in the 2010 Corporate Strategic Plan is: Goal A7: Support policy initiatives that subsidize child/adult active recreation opportunities. Objective: Partner in the development of subsidized adult active recreation opportunities. No budget has been set for this policy development project. A report to Council is expected to include partnership opportunities and a budget request for 2011.

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LITERATURE REVIEW

The literature available about low income adults and active recreation participation rates is limited. Research about rural settings is also restrictive. Publications that have been located are fairly recent and thought provoking for local governments. The method of searching for relevant literature involved: contacting the Faculties of Recreation and Leisure Studies at the University of Waterloo and Brock University; speaking with physical activity consultants in Ontario and Nova Scotia and searching the university library collections using SPORT Discus. This is an international data base of materials in sport, recreation, management and policy development initiatives. The structure of this section has been designed around the following format: Why is active recreation participation rates a problem? What research has taken place in Canada and the Province of Ontario? What has been discovered about low income adults in rural settings? What has been studied about financial incentives and participation rates for active recreation?

Issue Framing Research: Global Agenda

The World Health Organization (WHO) has established that physical inactivity is a major contributor to the global burden of disease, disability and premature death. It has also identified that regular physical activity is an important promoter of good mental health and improves a person's overall quality of life.7 The Global Alliance for Physical Activity, created by WHO to investigate possible solutions to the international issue of physical inactivity, supports the need for a comprehensive campaign and policy development to increase physical activity levels around the world. In a report authored by lead researcher Dr. Fiona Bull, barriers to increasing financial and policy support for

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7 Bull, Fiona, Pratt, Michael, Shepherd, Roy, Lankenau, Becky. (2007) Implementing national population based action on physical activity for action and opportunities for international collaboration. SAGE journals: http://ped.sagepub.com pgs.1
population based actions are identified. Specific to this research study, the barriers of infrastructure, leadership, partnerships, training, research of what is working and human and financial resources are relevant.  

The Global Alliance for Physical Activity also suggests that Parks and Recreation departments within local governments are a key to the successful delivery of active recreation campaigns and programs. Dr. Bull and fellow researchers identify the tools to introduce successful evidence-based physical activity campaigns and programs. They include policies, guidelines, training courses, networks, partnerships and systems of surveillance and evaluation.

**Canadian Studies:**

Katzmarzyk, Gledhill and Shepard, take a cost: benefit approach to studying physical activity patterns in their research on the economic burden of physical inactivity in Canada. The publication of *Canada’s Physical Activity Guide to Healthy living* in 1998 and the 1996 US Surgeon General’s report on physical activity and health, have increased the awareness of the health benefits of physical activity. Many scientists have

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8 Bull, Fiona, Pratt, Michael, Shepherd, Roy, Lankenau, Becky: (2007) Implementing national population based action on physical activity for action and opportunities for international collaboration. SAGE journals: [http://ped.sagepub.com](http://ped.sagepub.com) pgs. 8-11

9 Katzmarzyk PT, Gledhill N, Shepard RJ(2000). The economic burden of physical inactivity in Canada. CMAJ 2000;163(11);1435-40


11 Anonymous (1996). *Physical activity and health: a report of the Surgeon General*. Atlanta(GA); National Centre for Chronic Disease Prevention and Health Promotion, Centres for Disease Control and Prevention, Department of Health and Human Services
confirmed that physical inactivity can lead to a variety of chronic diseases including heart
disease, type 11 diabetes and some cancers.

In their research, Katzmarzyk, Gledhill and Shepard attempt to estimate the
direct health care costs associated with physical inactivity. If the Canadian public were
to increase their physical activity levels by 10% an astounding savings of $150 million
per year in health care costs could be realized. 12 Health care and treatment savings could
be reallocated to removing the barriers to participation for active recreation. An increase
in facility infrastructure, decreased fees, and additional funds for health promotion
activities could be realized by Canadian communities and agencies.

A Statistics Canada (2008) 13report proposes that Canadians with higher incomes
have increased odds of participating in active recreation. This analysis found that
Canadians whose income was greater than $60,000 had a 1.3 % higher possibility of
participating in active recreation than incomes $30,000 or less. Also supportive of this
research proposal is the knowledge that higher income earners may live in urban areas
with better access to recreation facilities and services. More physical activity options,
such as parks, gyms and bicycle trails could be available to urban residents.

The Canadian Fitness and Lifestyle Research Institute (CFLRI) has taken
Statistics Canada findings and expanded upon them by assessing trends in physical
activity patterns. The Increasing Physical Activity Benchmarks Program Report

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12 Katzmarzyk PT, Gledhill N, Shepard RJ (2000). The economic burden of physical inactivity in
Canada. CMAJ 2000;163(11);1435-40

(2004)\textsuperscript{14} identifies time, energy and motivation as the most frequently rated important barriers to active recreation. Other important barriers are health, cost, feeling comfortable, lack of skill and fear of injury.

Gender differences were also identified. The CFLRI report found that women reported having a lack of energy as a barrier more than males. Overall, higher educated and higher income participants reported fewer barriers to participating in active recreation.

The CFLRI is a national research agency that is concerned with advising, educating and informing Canadians and professionals about the role they can play in creating active lifestyles for Canadians. The \textit{Survey of Physical Activity in Canadian Communities} (2009)\textsuperscript{15} reports that approximately half of municipalities surveyed offer financial assistance programs for children and youth. Also, 29\% of respondents provide discounts for special populations such as low income individuals. The size of the community is also relevant in this study. Municipalities of 10,000 to 99,000 people reported that 48\% offer a discounted fee structure for low-income individuals.

\textbf{Parks & Recreation Ontario Affordable Recreation Research}

Parks and Recreation Ontario initiated the Ontario Access to Recreation for Low-income Families project 2007. A diverse collection of 26 organizations contributed to the compilation of a promising practices guide. Most municipalities included in the guide are from populations of 100,000 and over. A rural perspective is lacking from the research.


Of relevance to this study is the approach taken with Ontario Works recipients. Dr. Gina Browne (2001) researched the Investing in Families project for the priority neighbourhood of Jane and Finch in Toronto. “Caseworkers used a proactive family case management approach in partnership with Toronto public health, Toronto Social Services, Toronto Children’s Service and Toronto Parks, Forestry and Recreation.” Browne found that when an integrated approach includes recreation services there are permanent positive outcomes for the family. Important pieces of the project that are contributed to its success include the completion of a recreational assessment for each member of the family. Barriers are identified and the resources to ensure participation are provided. Follow-up and evaluation with the families is also completed by the recreation staff. The budget allocated to Families First project is $1 million. Funding was secured through the National Child Benefit Supplement Reserve Fund.

**Rural Low Income Study**

The Ecological Theory System was first developed by Urie Bronfenbrenner in 1979 when he was studying human ecology and the factors that shaped child development. Churchill, Plan Clark, Prochaska-Cue and Creswell, applied Bronfenbrenners ideals when they looked at how rural low-income families had fun. Of relevance to this research on financial barriers, rural family incomes were identified as playing an important role in how decisions are made about engaging in recreation and physical activities. Their research also documented that low-income rural families found

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they had limited access to recreation facilities, transportation, variable work schedules and proximity to physical activity opportunities.

Three components of Bronfrenbrenner’s Ecological system were framed as part of this research. Microsystems (age, gender, transportation, amount of free time and health); ecosystem (economic situation, lack of facilities nearby; hours required for work and the amount of social supports from family and friends); and macro system (how policies of the State affect activity rates).

Financial Barriers:

The relevance of financial restraints and participation in physical activity was recently studied in the Netherlands. Steenhuis, Nooy, Moes and Schult (2009)\(^{18}\) interviewed 27 low education level men and women ranging in age from 23 to 50. The respondents were also asked about their perceptions towards a variety of pricing strategies. The study found that addressing financial barriers with options such as discounts and lower priced activities may help with encouraging low-income adults to participate in physical activity. The research also found that barriers such as time, child care, transportation and location of facilities must also be addressed. To achieve the goal of increased active recreation participation rates, the study suggests that financial incentives need to address individual needs versus developing a policy that will suit all low-income adults. The limitations of this study are that income level was not asked. However, it was documented that almost half were unemployed and nine had low level jobs.

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The Women’s Active Living Kits (WALK) program is a federal government initiative from Australia. The purpose of the WALK program is to target physical activity rates for priority groups, such as low income women. Caperchoine, Mummery and Joyner\textsuperscript{19} created ten focus groups to evaluate the walking program. Part of the research included questions about factors that limit their physical activity levels. Costs, transportation, child care and equipment were identified as major barriers. Strategies to help increase active recreation rates were also collected. Education of the benefits of physical activity as a risk factor to chronic disease was reported most by participants. Having a staff person or facilitator to lead or organize events was also important.

An urban recreation department in the province of Ontario was the focus of a study regarding financial assistance programs. Ron McCarville\textsuperscript{20} has recently investigated the design of financial assistance programs offered by municipal recreation departments. A focus group of seven low-income women evaluated an existing financial subsidy program. Findings indicate that a subsidy alone does not ensure an increase in active recreation participation. Participants advocate for a multi-disciplinary approach to assist with their low-income status. Transportation, child care, equipment and scheduling of activities were all reported as challenges that needed to be addressed before these adults were able to engage in active recreation. Recreation staffs are encouraged to develop partnerships with other social service agencies to help remove these barriers.


The literature reviewed has established the need to further investigate the issue of financial barriers in relation to active recreation participation. Residents in rural communities do face a different set of challenges due to population, geography, facility and program infrastructure and funding priorities of their local governments. The research question that this document will seek to investigate is: What are the challenges and barriers for low-income adults living in Norfolk County, to participate in active recreation? Will a financial subsidy help to increase participation rates?
METHODOLOGY

Over the past five years, Norfolk County Recreation Division has successfully administered two subsidy programs for children and youth. The Canadian Tire Jump Start Fund and Norfolk KidSport have collectively raised $30,000 per annum to support registration fees and equipment for active recreation. Applications are received from families who have a financial need. One of the baselines for establishing financial need is a household income less than $30,000. Recreation staff has been fielding an increasing number of requests for subsidies for the adults of these families.

To help answer the research question of whether a financial subsidy will increase active recreation participation rates for low-income residents, qualitative data needs to be collected. Focus groups are useful in helping to identify the financial needs of low-income adults in relation to participating in active recreation. According to Basch, “a focus group is a qualitative research technique used to obtain data about feelings and opinions of small groups of participants about a given problem, experience, service or other phenomenon.” Focus groups allow the facilitator to have a discussion with the group which helps to build trust and enriches the information gathered. Successful focus group interviews include members who have similar backgrounds or experiences. Homogeneous groups feel comfortable with each other and will share their feelings more openly about their financial barriers to participation.

Direct quotations recorded at the focus group sessions are used to support ideas and concepts shared by participants. These words help to reveal deeper thoughts and experiences than what could be captured in a survey or questionnaire.

Ethical approval was obtained from the Human Resources Department at Norfolk County to develop a research project that would involve interviewing adults who had applied for subsidies for their children. All participants gave written informed consent before the focus group session. Anonymity has been maintained throughout the document.

The qualitative data collected has not been quantified. Instead, patterns or themes of ideas have been captured. These themes will become the foundation for analysis and recommendations. Although single viewpoints are important, they have not been reported or considered as part of the recommendations.

**Focus Group Participants**

Four focus groups were developed from the applications that had been approved for Jump Start or KidSport funding. Individuals were recruited to be part of the research at a spring sport festival, held in March 2010. An additional group was created from participants at a local mental health resource centre. This approach to the focus group selection could be considered bias. All participants were familiar with the financial subsidy programs offered by Norfolk County. Most participants were also engaged in some form of physical activity or were motivated to be searching for an activity.

The participants’ economic backgrounds varied. All meet the criteria of a total household income of $30,000 or less. However, the source of income included single incomes, unemployment benefits; Ontario Works Recipients or Ontario Disability Benefit payments. The focus groups were organized by source of income.
In total 30 adults ages 25 to 55 took part. Each focus group had six participants. There were 22 female and 8 male participants. All seven wards of Norfolk County were represented geographically.

**Data Collection**

The focus groups took place at the Simcoe Recreation Centre between May and June of 2010. This facility is a hub of active recreation for the County. It also hosts the office where the subsidies for children and youth are administered. The author of this report acted as the facilitator of the groups. Each person was invited to attend by a personal telephone call or email. Once convened, the facilitator guided the discussion; asked probing questions and sought clarification when needed. Main ideas were recorded on flipcharts to encourage further discussion. Another recreation staff acted as a scribe and recorded specific comments made by participants. The sessions were not audio recorded. Each session ranged from 60 to 90 minutes.

The focus groups were semi-structured with a series of 8 questions. Participants were encouraged to share their personal experiences and thoughts regarding the benefits of active recreation, barriers to participating and financial incentives that may encourage a higher participation rate.

Following each focus group, the data was analysed by identifying themes concerning barriers to participation and potential financial incentives that would enable a greater participation rate of active recreation.

**Format and Questions asked at the focus group**

Step 1: Described the purpose of the focus group
Step 2: Introduced the topic of active recreation
a. Definition of recreation: an active free time activity that helps the individual improve their health; develop a skill or build self-esteem. This active activity can be planned in advance or could be something very spontaneous. (Parks and Recreation Ontario 2010)

b. Introduce yourself to the group and share one active recreation activity that you have enjoyed in the last month

c. Research tells us there are many benefits to active recreation. What benefits have you experienced from participating in the activity you shared with the group?

d. What barriers have you experienced when you participate in active recreation?

e. What suggestions do you have to make active recreation in Norfolk County more accessible or affordable for you?

f. If a subsidy was offered to help you participate in active recreation would you use it?

g. If yes, what would you use the subsidy for?

h. What value of subsidy would you need to participate in the active recreation activity of your choice?

i. Do you have any other suggestions for or experiences that you would like to share about active recreation in Norfolk County?

Telephone Interviews

When the focus groups were finished and the data analyzed, telephone interviews of single tier municipalities that are comparable in size to Norfolk County were completed. The recreation staffs were asked if they had a subsidy program in place
for adults. If one existed, information about the policy and how their local government supported low-income adults was collected. Comparators included: Brant County; Chatham-Kent; Greater Sudbury; Haldimand County; Kwartha Lakes; Prince Edward County; and Essex County. All comparators are rural in nature.
RESULTS

The results of the data collected have been divided into three categories. They include benefits of active recreation, challenges to engaging in active recreation, and economic barriers and incentives.

Benefits of Active Recreation

It was very helpful to start off the focus groups by brainstorming the benefits of participating in active recreation. Participants easily offered up their knowledge of why it is important to include physical activity in their lives. The health benefits of lowering blood pressure; reducing the risk of chronic diseases including diabetes, coronary heart disease and cancers were always mentioned first. Additional benefits such as helping to manage or reduce stress, increasing mental wellness and contributing to a general sense of good self esteem were also recorded. An opportunity for fun and something to do with family and friends rounded out the list of benefits.

Focus groups participants receiving a Disability Pension were very confident about the mental health benefits they receive when participating in active recreation. Being able to handle stressful situations and an increase in energy were most frequently reported.

One participant got quite animated when describing the direct benefit.

“Let me tell you…when I am stressed or angry I grab my running shoes and head out the door for a long walk. My family lets me go on my own because they know that this is my way to blow-off steam. It’s a whole lot better than throwing something or hitting SOMEONE! When I return, I am so, so calm and…you know, I can handle whatever my kids are up to.”

Another showed emotion when describing the benefits of active participation.

“Active recreation has saved my life. Since getting off the couch and starting this new journey, my blood pressure is in the safe zone. Three months ago it was 230/120. I was a walking time bomb. Since I started working out it has dropped to 120/70. I am losing weight. I have so much more energy I can’t believe it. The other
great thing that has happened is the clarity of mind that I am experiencing. It is really helping me to make good decisions for my life.”

The ease in which participants could discuss the benefits of active recreation is a good indicator that the message promoted by governments and health organizations is being absorbed. People know the value of active recreation and can share personal experiences about the benefits. However, many challenges and barriers exist that are limiting the quantity and types of experiences for low-income adults.

**Barriers and Challenges to Engaging in Active Recreation:**

The results of barriers and challenges to active recreation are summarized in Table 1.

<table>
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<tr>
<th>Barrier</th>
<th>Challenges</th>
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| Time    | • Predominately a female issue  
         | • Lack of time due to care giving role and domestic duties  
         | • Taking children to sports activities sponsored by Jump Start/KidSport |
| Safety  | • Predominately a female issue  
         | • Not safe to work out alone or walk on rural roads |
| Motivation | • Male issue  
           | • Low self-esteem  
           | • Body image issues |
| Energy  | • Predominately a female issue  
         | • Too tired after work and caregiving |
| Child care | • Who to trust  
           | • Cost  
           | • Parents want to be with children |
| Facilities | • Location of: centralized in Simcoe  
             | • Too far to travel  
             | • Only one indoor pool |
Transportation

- No public methods
- Taxis are expensive
- Must walk or ride a bike if one doesn’t own a car

Financial

- Fees for gym or sport memberships
- Transportation is expensive
- Equipment/clothing
- Child care costs

**Time, Energy & Gender**

All of the females in the focus group (22) replied that a perceived lack of time due to caregiving or working was a major barrier preventing them from participating in active recreation. The participants indicated that domestic duties such as preparing meals, cleaning, and looking after their children and or spouses limited their free time. Comments included, “as a woman, we always put everyone else’s needs first” and “it is really hard to balance all that needs to be done each day. After homework and running the kids to their sport activities, the day is done.” Another participant shared:

“I have tried to get up early to work-out, before the kids are up, but they hear me and want to eat breakfast which takes me away from my time….so I just give up on me and think that someday they will be older…that’s when it will be my time.”

One other time related theme involved the time that is being dedicated to create a supportive environment, for the active recreation their children have been sponsored to attend. Scheduling enough time to have a meal and do homework before attending martial arts classes, hockey or soccer was very important to the females. Over 80% of the members expressed feelings of stress when trying to balance their children’s activities and domestic obligations.
“Kids come first. It is really important to get them to soccer, or whatever sport they want to play. I don’t just drop them off, I want to stay and watch. I do a lot of sitting and cheering. It’s not about me, it’s about them and trying to provide a normal healthy life for them.”

The male participants (8) did not indentify that time was a barrier to participate in active recreation. Instead, they looked forward to the time they had set aside to meet a friend to walk with or work out with. They also indicated it was not a big deal for them to manage the time required for active recreation. The limited number of males in the study could influence this finding.

Another gender difference was apparent. The males all felt safe walking or working out on their own. They were not concerned with safety as a barrier. However, fifteen of the single females indicated that safety was major issue for them. The safety factor was heightened in the groups that lived outside of a town or village. No sidewalks, streetlights or neighbours close by were major concerns. Walking or riding a bike on concession roads is considered to be a dangerous outing for females or young families. Safety issues were a significant barrier for single females as well.

“If I want to walk with friends or family I come into town to do it. It is way too dangerous with the crazy drivers, stupid dogs and weirdo’s around. Ya know? I am not going to risk my personal safety just to get a little exercise. Those side roads are way too scary for me.”

A bigger issue for males was finding the motivation to want to be active. Low self-esteem and poor body images were shared as a major barrier to participation for the males. This is a surprising factor not usually attributed to males. Seven of the eight males considered themselves to be overweight. Not wanting to join a club or groups of people was a common thought for the men. Instead, they were interested in working out with a friend or preferred trying to be active on their own. Medications and poor health were cited as major influences for feeling insecure. Overall, the buddy system was a preferred method of engaging in active recreation for the male participants.
“I have a friend who is a personal trainer. He really believes in me and is trying to help me become healthier. He is volunteering his time and gym space. We go to the gym after hours to work out when no one else is around. I am not ready for other people to watch me struggle. I guess you could say I don’t like joining groups.”

Gender also played a role in energy levels for active participation. More than half (15) of the females in the group felt too exhausted to participate in active recreation after they had completed other care giving responsibilities. Many of the females are single parents. Their focus is upon keeping the family together and surviving. Trying to make a better life for their children and wanting to provide a “normal” or “average” upbringing is important. Five of the ladies had been enrolled in continuing education programs and were being supported financially by the Return to Work Centre.

“I am so thankful for the opportunity to go to community college here in Simcoe. I have always wanted to be a daycare worker. It’s hard to keep my head above water with homework and being a single mom. I know that I should go for a walk, but at the end of the day….I am exhausted.”

The males did not comment that lack of energy was a barrier for them.

**Other Barriers: Caregivers, facilities & transportation**

The majority of participants that were parents (17) identified that needing a caregiver for their children, while they participated in active recreation was a significant barrier to their activity levels. The cost, who to trust and the lack of child care services at active recreation events were all major issues. Comments such as, “when I work all day I want to spend time with my kids, not leave again to go to a fitness class” were common. “If my kids can’t go…then I don’t go” was another comment.

The location of active recreation facilities in Norfolk County was brought forth as a major theme when discussing barriers. It was felt that the six arenas and a ball diamond in each village were sufficient and if you were into those sports they were very organized. Walking clubs were also available at a variety of times during the day and evening for low costs. New trail development that will eventually connect the County to
Brantford was praised by several members. Biking or walking the trails was the most frequently reported use of County facilities. (20). If given the opportunity and finances, the activity the majority (24) of participants would like to engage in is swimming. There is only one indoor pool, which is located in Simcoe. The participants that lived outside of this community find it very difficult to attend the aquatic programs if they do not have a reliable method of transportation. No public transportation system exists in Norfolk and taxis are an expensive alternative. Participants agreed that it took a lot of planning if they did attend aquatic programs.

“I really love to swim lengths. It makes me feel good and youthful. I sometimes make it to Simcoe once per week for other appointments, so I use the money I pay for a taxi wisely and work in a swim on those days. It would be really great if another pool could be built in my town or a cheaper way to get to the pool was found.”

Another participant inquired:

“I wonder if the Councilors have considered the cost of building more facilities in each town…you know so we all have the same opportunities…versus the costs of putting together a public bus system?”

Residents living outside of the Town of Simcoe, where a majority of the active recreation facilities including an indoor pool, fitness centres, classes and programs are held, will travel up to 45 minutes one way to participate. The time and cost required is too restrictive for many.

**Financial Barriers**

The cost of participating in active recreation was the dominate barrier identified by all participants (30) in the focus groups. It was also the barrier that created the most diverse discussion.

All focus group participants have an annual household income of $30,000 or less. Over the course of the meetings, there emerged three distinct contributors of income that influenced thoughts about financial barriers. Individuals or families who receive Ontario
Works Benefits (12); individuals who receive an Ontario Disability Benefit (6) and individuals, single parents or families who are working for low wages (12).

The Ontario Works Benefit recipients shared their frustration that funding received barely covers the basics to survive. These expenses include shelter, food and clothing expenses. This group will not even consider paying for additional expenses such as a gym membership for themselves. Comments shared included, “paying for physical activity is not even on my radar” or “we don’t have a car so walking to the store for groceries is our fitness class.”

The participants receiving Ontario Disability Benefits did feel that the cost of active recreation was prohibitive however; they also felt that some opportunities were being provided by their resource centre and were being covered as part of their health benefits. If the individual really wanted to, they could afford some form of active recreation.

“It is really great that the resource centre helps out with organizing events and paying for some of our fees. Like when we go to the walking club together or go for a swim they will pay 50% of the cost as part of the program.” “My family knows that when I go to the gym I am able to control my mental health issues much better. They have helped me out with some of my housing costs so I can use the ODSP cheque for the fitness centre.”

The members of the focus group that could be classed as the “working poor”, also identified the cost of active recreation as a major barrier for themselves and their children. These individuals and families are employed at low paying jobs. Their incomes must provide for shelter, food, transportation and clothing costs, without additional benefits from the government. Most choose not to spend money on active recreation. They do take advantage of subsidies offered for their children.

“I haven’t even considered playing a sport for myself. Clothes for me are not even part of my budget. I would feel very guilty spending money on a fitness class when my kids might need something for school.”
These three streams of income appeared to influence comments about creating financial subsidies for adult active recreation.

**Subsidy Strategies**

The question, if a subsidy was offered to help you participate in active recreation, would you use it, was responded to with mixed outcomes. Much discussion revolved around strategies that would lower costs and increase participation for all residents of Norfolk County. Table 2 identifies a variety of subsidy strategies that were brought forward by focus group participants.

**Table 2. Subsidy Strategies to increase active recreation participation**

<table>
<thead>
<tr>
<th>Type of Subsidy</th>
<th>Strategy</th>
</tr>
</thead>
</table>
| Would you use a subsidy for active recreation? | • Ontario Works  
  • Ontario Disability Pension  
  • Employed – low income | • Will accept a subsidy - yes  
  • May accept a subsidy- maybe  
  • Only if the barriers of time, child care & facility location are met |
| Gender- Will you use a subsidy for active recreation? | • Males  
  • Females | • Yes  
  • Only if the barriers of time, child care & facility location are met |
| Subsidy Value                               | • $50 to $500 range. $250 most mentioned  
  • Depends on the activity  
  • No agreement on a value amongst participants |
| Lower fees                                  | • For all citizens not just low income |
| No Cost activities                          | • Offer more free skates, swims, special events and walking programs  
  • Plan consistent times, dates, locations like once/month |
| All ages family fun events                  | • Offer at local school gyms  
  • No or low cost |
<p>| Scheduling                                  | • Adult and children activities at the same |</p>
<table>
<thead>
<tr>
<th>Time and Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promotion</td>
</tr>
<tr>
<td>• Free handouts with ideas for activities, how to’s, try it events, testimonials, benefits of</td>
</tr>
<tr>
<td>• Mail out to Ontario Works with cheques</td>
</tr>
</tbody>
</table>

The Ontario Works recipients and the males taking part in the focus groups were most receptive to a subsidy program for themselves. Most (16) would use a subsidy for swimming programs or to join a fitness centre.

The employed participants working for minimum wage did not feel they would be able to make use of a subsidy without addressing the aforementioned barriers of childcare, time and energy. Only five participants were agreeable to applying for subsidies. As a group, they were also concerned about the process that would be required to apply for a subsidy.

“It is work for people to apply for subsidies. You really need to be organized with tax forms and paper work stuff…to prove that you have a financial need.”

The adults on a disability pension were most hesitant about receiving a subsidy. No one was overly enthusiastic about receiving additional funding. They would like to see what was involved before giving their support that a subsidy is a good idea. Most of their concerns were about being labeled as “needy”, “special” or “poor”.

“We already standout when we attend events because of the meds we take. Some days we look stoned or just out of it. If we had to show a card or it came up on a computer screen that we didn’t have to pay …. I don’t think I could look that person in the face. I might not come back.”

The value of a subsidy could not be agreed upon by the focus group participants. Amounts ranged from $50 to $500. The most frequently mentioned amount was $250 (10). Many said it would depend upon the active recreation activity that they chose to join. Registration fees, equipment, child care costs and travel would need to be
considered when recommending a subsidy value. Many thought the price of joining a
gym or sport league would still be too expensive, even if they did receive a subsidy (18).

The group members that were employed and low income earners (12) were
united in their thoughts that a subsidy should not solely be based upon income. A better
method is to take into consideration all the expenses that a family is covering with that
income. This group felt they were covering the basics of shelter, food, clothing and
transportation without any assistance from a government agency. (i.e Ontario Works and
Ontario Disability Plan.) Much discussion took place around expenses they were
covering on their limited incomes. As a result items to be considered when determining
the value of a subsidy should include: the number of family members being supported,
the cost of food, shelter, clothing, transportation and other issues such as health costs.

“I don’t think it is fair that I am working and paying for all my expenses and
have little left for the fun stuff like recreation. Other families that receive
subsidies from Ontario Works seem to have more and can get more because they
qualify for it. It wouldn’t be an easy system to work out, but it would help the
working poor like me be able to join a few more things.”

All participants (30) quickly agreed that the cost of participating needed to be
shared with the individual. Most (20) suggested that at least 50% of the cost should be
paid by the individual.

“It is good to pay something. That way you will value it more.”

One of the male participants was quite adamant about contributing.

“I don’t think the County should pay the whole cost. People will take advantage
of the service and it will just be a waste of taxpayer’s money. If you want to
play, you need to pay.”

A suggestion that was supported by a majority of focus group participants was to
lower the fees for all participants (26). They felt the benefits of active recreation were
important and that all residents, not just low-income families should be encouraged and
able to participate.
“It is great that the County is asking us for our input about the cost of physical activity. We talked about the benefits earlier…most of them relating to our health. This should be something that everyone can take advantage of not just us…you know… who can’t afford it.”

Offering free activities for all residents to attend was supported unanimously. A monthly schedule of activities such as skating, swimming, outdoor walks and a family outing that is consistent across the County was received with enthusiasm. Participants were aware of the events that are currently being offered. Many had attended them and felt they were inclusive and allowed families to mingle with others and try new activities without feeling isolated. Comments related to this included:

“The Tim Horton skates each Christmas season are really great. We can get out to the any arena in Norfolk and have a good time for free.” “Our family has really enjoyed the special events planned at Hay Creek and Windel park. We like it because you don’t have to pay or register in advance. The staff is always really friendly and fun too.” “Do more Tuesday night buddy swims. The first Friday of every month or a day like that would help me to remember.”

Planning all ages’ active recreation was welcomed by many respondents. Family sport drop in nights at local school gyms, family walks, and family “try it” nights were mentioned. A lower family fee or no admission at all was recommended.

“A family active night would be amazing! We could get out and throw around a basketball and meet other people too. No babysitter needed and I could get some much needed exercise. The local public school gym would be a perfect spot.”

Scheduling lower cost activities for adults at the same time that their children are attending active recreation events was another idea that was widely supported (26). Many thought that taking a fitness class together could be difficult as they would be worrying about their child’s behavior and ability to follow instructions, with other adults in the class. However, if the adults could be active, instead of just watching their child participate, it would help to eliminate the barrier of time. Placing equipment such as treadmills and exercise bikes in waiting areas was offered as a potential solution.
Educating all citizens about how to include active recreation into their lives was also an emerging theme. Seasonal posters, hand-outs, free try it classes, testimonials from other families and a list of low cost or no-cost activities to do were suggested. The participants receiving Ontario Works subsidies were receptive to receiving notices in their cheques.

“I found out about the Jump Start program from the little flyer that was in the mail out from OW.”

“I figure they only send us important stuff with the money each month. I try to follow up with the classes and courses they are offering.”

“My worker tells me to read everything I get in the envelope so there are no surprises! Free activities would be a good surprise.”

**Rural Municipal Strategies**

Interviews with seven single-tier municipalities were conducted to help expand the base of knowledge about adult subsidies for active recreation. The interview format is located in Appendix 1 of this document. The municipalities were chosen as comparators because of their size and rural structure. The group selected is currently used by Norfolk County when seeking information about other comparable issues such as wages and fees for services.

The interviews confirmed that the development of an active recreation subsidy program for low-income adults is desired by 100% of respondents. More than 50% have implemented a successful subsidy program for children and youth and realize the same benefits need to be extended to their parents or caregivers.

Unfortunately, not one of the municipalities interviewed has developed a policy or subsidy program for low-income adults. The reasons given for not accomplishing this task are mainly financial. Pressures from municipal councils to recover more operating costs are increasing fees. Council priorities have been focused upon infrastructure development not program services. Staff cuts have increased work loads for the
remaining staff to meet the daily obligations of operating facilities and have reduced the
time required to work on special projects such as fee subsidies. Council does not feel that
providing a subsidy is part of their role or mandate. Private business such as Canadian
Tire Jump Start or social service agencies should take the lead. There was interest in
applying for funding to research the topic. The Healthy Communities grant from the
Ministry of Health Promotion was mentioned by three municipalities as a possible source
of funding.

Three of the municipalities contacted have a YMCA in their community. They
feel that the Y’s have done a good job of providing services for low income residents and
will help support their efforts through joint fund-raising campaigns. Other sources of
funding included re-directing low-income participants to other social service providers
such as the Salvation Army for financial support.

Another municipality relies on a local community foundation as a source of
funding adult registration fees. An endowment fund had been established by an
individual for that specific purpose.

One local government is researching the issue through an Active Living
Coalition. They have joined with social service providers such as the local health unit,
Heart and Stroke foundation and fitness centre’s to apply for an Ontario Trillium grant.
In the near future, they will be hosting a series of focus groups for low-income women
with the goal of creating an affordable recreation policy for their County.

All of the municipalities contacted do provide seasonal free active recreation
activities. Many are part of national or provincial campaigns such as Winter Active and
June is Recreation Month. Free skates, swims, walks and special events are all common.

Promotional materials are also developed about the benefits of active recreation
and are included in Leisure guides; on websites and distributed at special events.
DISCUSSION

The purpose of this research was to identify the barriers to participation in active recreation and to determine if a financial subsidy for active recreation, designed for low-income adults, would increase participation levels.

Finances have been declared by the participants of the focus groups as a major barrier to participation. However, it appears that a subsidy alone will not achieve the goal of increasing participation levels.

The majority of low-income adults must have other needs met, before they can become physically active. The barriers of time, child care and transportation are just as important as finances, when making the decision to participate in active recreation.

Additional challenges of personal energy, safety, motivation and the proximity of recreation facilities and programs are also important factors to consider. Removing the economic barrier of paying for fees and equipment should not be addressed in isolation.

Associations with the type of income that was being received in a household may indicate success for certain classifications of low-income adults. The participants receiving Ontario Works and the males in the study were most receptive to subsidies for active recreation. The exact value of a subsidy could not be determined through this research. It appears that the amount needed to remove the financial barrier is related to the type of program the individual would like to pursue. This outcome suggests that subsidies could be tailored to individual needs. A range or variety of subsidies many need to be developed to increase participation rates.

Financial strategies suggested for increasing participation in active recreation were universal. Focus group participants were clear that all residents should have the same opportunity to participate and that income levels should not be the major funding criteria. Lowering fees or planning additional free activities on a regular basis would
help to increase physical activity rates for many citizens. Scheduling activities that families could attend together or at the same time as their children are participating, may also increase active recreation levels.

Continuing to educate all citizens about the benefits of active recreation and offering tips on how to make it part of a healthy lifestyle are also important strategies. Direct mail to Ontario Works participants could be beneficial in helping to move them into action.

The single tier municipalities interviewed for this study reinforced the ideas of low cost and free family events as their way of encouraging all residents to be physically active. From this sample, subsidies provided by municipalities for low-income adults do not exist in the population range of 120,000 and less. However, literature based upon research in larger urban centre’s, such as Toronto, have been able to experiment with subsidy programs for adults. The Family First program in Toronto’s Jane and Finch area is an example of how local government services can work together as a team and help a family achieve their active recreation goals. An outline of this program is found in Appendix 2.

Creating partnerships with health and social service agencies; physical activity providers; foundations and interested individuals could be a positive next step in developing successful strategies to increase participation rates.

Developing small pilot programs to test the suggestions offered by the three streams of financial income would be beneficial before recommending a subsidy policy to Council.
Limitations and Next Steps:

Questions that need further study, raised by this research include: If barriers and challenges to active recreation are removed, will physical activity rates improve? A baseline of current activity rates by low income participants would need to be established. A longitudinal study over the next few years should take place to help measure the results.

This research should be expanded to include more male participants. Gender differences were identified when discussing barriers and challenges. Would the same trends be apparent if a larger number of males took part in the focus groups?

Another limitation of this research is that the focus group participants had an established relationship with Norfolk County Recreation Division through the Jump Start or Kid Sport subsidy program for their children. If the research was expanded to include subjects who had not received a subsidy for their children, would the outcomes be significantly different?
CONCLUSIONS and RECOMMENDATIONS

The goal of this research project was to identify the challenges and barriers faced by low income adults when they considered participating in active recreation. If a financial subsidy was offered, would their participation rates increase? Qualitative data was collected through the use of focus groups and interviews with rural municipalities. After examining the benefits, challenges, barriers and financial strategies to increase active recreation for low income adults, several conclusions and can be drawn. Finally, a recommendation to Norfolk County Council is made.

The benefits of active recreation which can improve the overall quality of life for residents are being advocated by all levels of government. The World Health Organization, Canadian and Ontario governments as well as countries around the world are investing in research and promising practices that will promote action on how to increase physical activity rates.

Research has shown that people who are involved in physical activity on a regular basis may reduce the risk of chronic diseases such as colon cancer, cardiovascular disease, type 11 diabetes, osteoporosis, obesity and depression. Reductions in these aforementioned diseases will create significant health care savings. Focus group findings from this research indicate that citizens with low incomes are knowledgeable about the benefits of active recreation. Knowing that engaging in active recreation will benefit their length and quality of life is not a problem. Actually participating in physical activity is the problem.

The challenges and barriers to active recreation have been identified in the literature and were re-enforced in the focus group findings. Time, energy and the location of facilities to participate in active recreation are important challenges. Reliable child care and schedules that fit with the demands of family and work must be in place.
before physical activity is considered. Safety, personal motivation and experiencing a feeling that they are welcomed at activities are also important.

Transportation is a significant challenge with two faces. The first is the lack of public transportation. In Norfolk County, low income individuals and families who do not own a car are restricted in their mobility and have difficulty attending active recreation events. The second is the distance that must be travelled to participate at facilities. When only one facility is available for an entire rural community such as an aquatic centre, participation is limited if transportation is not available.

The most significant barrier identified in the literature and focus group findings is finances. This research study found that low income participants have not considered participating in active recreation because they cannot afford the fees. However, providing a subsidy to assist with the cost of active recreation may not increase participation rates unless the other previous mentioned barriers are addressed.

The source of income (Ontario Works, Disability Pension or employed) may influence if a low income adult takes advantage of a subsidy program for active recreation. Additional research should be undertaken to further explore these three distinct groups and their challenges and barriers. The focus group results involving Ontario Works recipients would support the development of a pilot subsidy program similar to Families First in Toronto. (Appendix 2)

Strategies to increase active participation rates for all citizens were advocated by the literature and focus group research. Offering free or low cost activities for individuals and families on a regular basis is the strategy most widely recommended.

Continuing to educate all citizens on the value of active recreation and the opportunities available in their community is important.
Local governments that are rural in nature would like to address the issue of making active recreation affordable for all residents. Unfortunately, these municipalities lack the financial and staff resources to accomplish the task. Rural communities are able to create opportunities for active recreation for all citizens when partnerships are developed. Policies which allow for free or low cost events such as skating and swimming are also common amongst rural municipalities.
RECOMMENDATION

This study was undertaken to assist Norfolk County Council with a policy directive. Data was collected from low income residents to determine if a subsidy for active recreation would increase participation in active recreation. The research also identified the challenges and barriers that low income adults face when they are making the decision to participate in physical activities.

The data collected from the focus groups and other rural local governments demonstrates that the need does exist for a policy and programs which will assist low income adults to participate in active recreation. However, a financial subsidy program alone will not achieve the goal of increased participation in active recreation. To be successful, the challenges and barriers of time, energy, child care, transportation, safety, location of facilities and cost must also be addressed.

Policy and financial support that would allow the Recreation Division to create and offer low or no cost activities, which would be available for all residents to enjoy is also recommended.

To further investigate a subsidy program, the creation of a pilot project involving Ontario Works recipients is encouraged. The Families First Project, evaluated by Ontario Parks and Recreation and hosted by the City of Toronto, could serve as a best practice template. (Appendix 2)
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APPENDIX 1

**Interviews with Single-tier Rural Municipalities**

Questions asked in the telephone interview:

1. Does your municipality offer any type of subsidy for active recreation for its adult citizens?
2. If yes, what subsidies are offered? If no, move to question 9
3. Is there a policy in place to outline the procedure to apply/approve a subsidy?
4. How long has your municipality had a subsidy program for adults?
5. How do low-income residents find out about the subsidy program?
6. How do you determine who qualifies for a subsidy?
7. Do you evaluate who is using the program?
8. How is the program funded?
9. If no to question 2, Have you ever considered developing a policy to offer subsidies to low income adults for active recreation?
10. What type of program are you considering?
APPENDIX 2

Promising Practise: City of Toronto – Investing in Families Project

Organization Overview The City of Toronto’s division of Parks, Forestry and Recreation’s mission is “to provide world-class parks, a healthy urban forest and a wide variety of leisure opportunities and recreation skills and experiences to the diverse communities of Toronto in order to steward the environment, support lifelong active living and contribute to child and youth development.”

Date of Initiative February 2007 to present.

Location Jane/Finch Priority Neighbourhood

Purpose Investing in Families is designed to help improve the overall health and resiliency of single parent families in Toronto’s Priority Neighbourhoods. Parents are serviced by Ontario Works (OW) caseworkers using an integrated proactive family case management approach, in partnership with Toronto Public Health, Toronto Social Services, Toronto Children’s Services, and Toronto Parks.

This integrated approach is documented in the research of Dr. Gina Browne et al (2001), which concludes that when recreational services are provided for children on social assistance, while at the same time providing health, social services and quality child care support to the family, there are permanent beneficial outcomes.

Overview Toronto Social Services OW caseworkers visit clients in their homes to introduce the Investing in Families program. A detailed service plan is completed, release forms are signed and available services and opportunities are reviewed. The caseworker coordinates services with program partners, maintains proactive, regular contact and documents activities and results of service interventions and supports.

Toronto Public Health nurses provide in-home health assessments and services for each family member. They identify physical, emotional and mental health needs, required supports and appropriate referrals. Nurses maintain regular contact with clients, complete follow-up assessments and liaise with OW caseworkers regarding referrals, supports and the ability of clients to participate in employment-related activities.

Toronto Parks, Forestry and Recreation recreationists complete a recreational assessment and plan for each family member. They identify supports required to ensure participation and provide a brief education on the benefits of maintain regular contact with clients, complete follow-up assessments and liaise with OW caseworkers regarding referrals, supports and the ability of clients to participate in employment-related activities.
They place the client in age-appropriate skill development and/or informal recreation programs, provide referrals to other recreation providers, assist with registration and address any barriers to family participation. Recreationists are also responsible for follow-up and evaluation with families and provide feedback to Toronto Social Services on an ongoing basis.

**Benefits**

Many families are not aware of, or lack the funding and equipment for, recreation activities. Through recreation counselling, activities are identified and provided to meet children’s interests. Information is provided on available activities, options and locations, including free and low-cost opportunities.

- Equipment (swim wear, running shoes, workout clothes, etc.) and bus fare are provided when necessary.
- Investing in Families ensures that children have opportunities to gain sport skills and social opportunities through recreation that they otherwise may not have had.

Investing in Families has generated new partnerships with community organizations such as Jane-Finch Concerned Citizens Organization, and the Driftwood Hispanic Soccer League, among others. It also strengthened existing partnerships with Toronto Social Services, Toronto Public Health, and Toronto Children’s Services.

**Funding**

$1 million was drawn from the National Child Benefit Supplement (NCBS) Reserve Fund for start-up and operational costs for 2007 and was renewed in 2008. The funds are used to increase service delivery through the addition of temporary staff from Public Health and Parks, Forestry and Recreation in critical areas, and to ensure access to recreation programs for all family members. The funding also supports the $250 that each family receives for programs, transportation, and any equipment that is required to ensure participation.

The City of Toronto is committed to sustaining the Investing in Families initiative long-term. The National Child Benefit Supplement (NCBS) Reserve Fund will be used until December 2008. A change in benefits, effective July 2008, means that children of welfare recipients will no longer receive their parents’ benefits through Toronto Social Services. A new Ontario Child Benefit will be introduced and received directly from the province. To continue the Investing in Families program, new funding will need to be identified and secured. A formal evaluation and report to Toronto City Council will be completed at the end of the project in 2008 in an effort to continue the program.