



Summary Report

Physical Activity for All: Understanding Inclusion

In 2008, the Alberta Centre for Active Living received funding from the Alberta Sport, Recreation, Parks & Wildlife Foundation to complete an important research project called *Physical Activity for All: Understanding Inclusion*.

The project studied the barriers that prevent or limit people from being physically active and the supports or facilitators that help to overcome barriers and encourage an active lifestyle.

Research Goals

We wanted to learn why some groups of people are vulnerable to being less physically active. The five identified groups for this project included:

- people from rural areas
- Aboriginal peoples
- newcomers to Canada
- older adults
- people with mobility issues

One of the driving factors which led to this project is that the five identified groups face higher health risks due to their reduced levels of physical activity. By finding ways to remove or reduce barriers and increase or modify supports or facilitators, the health of people in these vulnerable groups may be improved.

Finding Answers, Getting Ideas

We asked individuals and practitioners some important questions, such as:

- What barriers to physical activity do vulnerable groups face?
- What types of supports and facilitators are in place, or could be put in place, to encourage vulnerable groups to become physically active?
- How can current practices and policies related to physical activity be modified to better promote physical activity for all people?



Research in Action

The research took place by completing two sets of 12 focus groups* throughout Alberta.

1. In the first set, a total of 84 people from the five vulnerable groups participated.
2. In the second set, a total of 97 practitioners took part. Practitioners included front-line health care providers, social workers, recreation staff, and those involved in health promotion.

*Note: Some of the people in the participant focus groups self-identified themselves as belonging to one or more of the inclusion groups. Similarly, some of the practitioners work with more than one of the vulnerable groups.

Asking Questions, Listening to Feedback

Focus group participants from the five vulnerable groups were asked about their first-hand experiences with barriers to active living and supports or facilitators that can contribute to active living. The responses can be categorized into five areas:

- personal factors: such as individual motivation or individual physical factors
- interpersonal factors: such as the role played by family, friends and co-workers (e.g., whether others are supportive of an individual's physical activity, or not)
- organizational factors: such as the support or lack of support for physical activities within schools or workplaces, or the level of support for physical activities shown by health agencies or health care facilities
- social, cultural, physical environment and community factors: such as a region's level of community support for physical activity through social and institutional networks in the area, as well as physical environment factors in the community
- policy factors: such as public policies and laws at the local, regional, provincial or national level, as well as policies within organizations, such as schools and workplaces

Research Results Relating to Vulnerable Groups

Several common themes emerged from the focus groups with individuals from the vulnerable groups.

The most common reason given for limited physical activity was a "lack of time." However, the reasons for lack of time varied from group to group, and within each group.

For example, some newcomers said that they are too busy with work or raising a family to make time for physical recreation. Some rural residents said they didn't have time to travel long distances to take part in physical activities.

Other common responses included:

- lack of personal motivation (for a wide variety of reasons)
- winter weather or poor weather hampers physical activity options and/or personal motivation
- costs of many physical activities are too high for many people
- lack of knowledge or confidence with personal skill or ability to do an activity
- lack of awareness about physical activity options
- lack of awareness about the health or other benefits of being active

In the tables following, we summarize some of the key feedback received during the focus groups.

Barriers and Supports/Facilitators for Vulnerable Groups

People from Rural Areas



Barriers

- economic costs associated with being physically active, e.g., cost of personal transportation, in addition to the cost of the activity/program
- long travel times to recreation events/facilities, or to places/locations (e.g., outdoor walking trails)
- fear that “too much” exercise will result in worse health or injury
- lack of motivation
- rural towns are generally geared for vehicles, not biking or walking (e.g., few sidewalks or bike paths)
- winter weather and conditions often prevent physical activity or limit options

Supports/Facilitators

- socializing while being active
- family and friends support and encourage them
- having child care available or classes for children, e.g., during fitness program times, so the parent is free to participate fully
- when the physical activity is fun (and of interest to the participant)
- owning a dog helps to encourage frequent walking activity by the owner

Aboriginal peoples



Barriers

- physical activity programs or services did not make a connection between physical self and whole self
- mental and physical health, e.g., fear of getting worse
- lack of time, e.g., no time to fit physical activity into their schedule, given other responsibilities for school, work and/or family; using active transportation takes too long to get from place to place, too much planning required
- lack of energy, e.g., tired
- economic costs associated with being physically active, e.g., gyms are expensive, personal training costs are expensive, people with low income can't afford these costs
- winter weather and conditions often prevent physical activity or limit options

Supports/Facilitators

- when the physical activity is fun
- socializing while being active
- family and friends support and encourage them

Barriers and Supports/Facilitators for Vulnerable Groups

Newcomers to Canada

Barriers

- lack of time, e.g., other priorities for work, school and/or family take a lot of time and energy; physical activity opportunities are often far away and take too much travel time
- lack of confidence and knowledge surrounding how and where to be physically active, e.g., language issues – don't understand instructions, don't understand facility policies/rules
- economic costs associated with being physically active, e.g., don't have a bike; families need multiple bikes to use cycling as a form of active transportation
- have more important things to do with free time (physical activity not highest priority)

Supports/Facilitators

- family and friends support and encourage them
- socializing with family and friends while being active
- desire to lose weight and be healthy
- when the physical activity is fun



Older Adults

Barriers

- aches and pain felt when being active
- the attitude that retirement-aged people deserve a rest (lack of motivation)
- economic costs associated with being physically active, e.g., program/equipment costs; need to purchase the gear but may have limited budget for items such as skis, racquets, golf clubs, etc.
- don't want to feel like a failure if can't do an activity
- hard to learn a new activity when you are older (need to start earlier, e.g., by the time you are in your 60s)
- safety concerns, e.g., don't want to exercise in the dark/evenings due to fear of criminals, etc.

Supports/Facilitators

- striving to achieve the health benefits of physical activity
- participation in physical activity programming reduces feelings of isolation
- reduced program costs for seniors
- adequate and nearby parking, e.g., at program location
- access to public transportation to get to facilities or programs



Barriers and Supports/Facilitators for Vulnerable Groups

People with Mobility Issues



Barriers

- perceived risk of injury or illness, e.g., poor vision adds to risk, some people can't see the layout; being sick, fear of falling, poor balance
- lack of motivation, e.g., physical activity is not always seen as fun; lack of courage to try new things
- lack of time, e.g., transportation to and from places to be active can take a lot of time, lots of planning involved
- mental and physical health issues, e.g., depression; physical or mental health flare-ups and relapses interfere with consistent routine for activities
- instructors often don't know how to modify a physical activity to be inclusive to all
- physical activity areas/locations are too crowded, e.g., activity areas often crowded and/or some facilities require more space to accommodate wheelchairs

Supports/Facilitators

- owning a dog helps to encourage frequent walking activity by the owner
- socializing while being active
- when the physical activity is fun
- desire to lose weight and be healthy



Research Results from Practitioner Focus Groups

A wide range of inputs were heard from the focus groups involving 97 practitioners. Below summarizes some of the common barriers and supports/facilitators that were identified by practitioners and relate to some or all of the vulnerable groups.

Barriers

Time

- time constraints, e.g., commute/travel times, working two jobs, taking care of family, etc.
- set up programs at convenient times/seasons for the targeted group, e.g., for older adults, don't set up a walking club at a time when participants are often gardening

Transportation

- transportation issues, e.g., high cost of transportation (urban or rural), limited public transportation (particularly in rural areas)
- time consuming to use public transportation, especially for people with physical disabilities

Cost/Affordability

- activity/program costs are perceived as expensive

Availability/Accessibility

- some rural areas or urban locations may have limited facilities and/or limited access to instructors
- rural areas (and some urban locations) may have insufficient demand to run a program
- some rural areas have difficulty attracting a specialty instructor (especially in winter months when travel may be difficult)

Physical Environment

- in many smaller/rural communities there are few or no sidewalks for walking activity
- towns and cities are very automobile dominant and cater to cars, so it's hard for many to use active modes of transportation, e.g., cycling on safe paths or roads

Social/Cultural

- some of the groups place children at a higher priority, e.g., parents encourage their kids to take part in sports but don't participate in sports themselves
- many retired people suggest they have “earned the right to do nothing”
- dependency on the automobile, i.e., people often choose not to walk when they do errands
- some cultural groups do not allow their members to play team sports or consider physical activity as leisure and a luxury, and not a necessity
- some new Canadians were used to doing more manual labour in their country of origin, but the conveniences of daily life here lead to reduced physical activity, and onset of illness in some cases, such as diabetes
- group dynamics, especially in rural environments, e.g., people who are new to a rural community are sometimes considered “outsiders” and have a harder time finding out about programs, etc.
- people in the vulnerable groups often do not feel like they are accepted in community settings

Social Support

- societal trend where families and friends are living farther from each other and less available to help each other in regards to physical activities
- older people feel they stand out in fitness centers and don't want to work out with people 40 years younger than them



Awareness

- lack of awareness of what is available, e.g., programs, funding, etc.
- lack of awareness or understanding about the benefits of active recreation, e.g., "I don't play, I work."
- low literacy levels, which makes it difficult to understand directions, e.g., how to ride the exercise bike, or how to gain admission to programs and facilities

Mental/Motivation

- attitudes, such as:
 - “I don't need to be active because I am already healthy.”
 - “I can't be active, I'm not healthy.”
 - “Playing sports and physical activity is a waste of time.”

Supports/Facilitators

Leading by Example

- show people by your own personal actions how to be active
- create positive environments, e.g., lots of encouragement, celebrate successes, positive reinforcement
- have exercise leaders that are part of the target group, e.g., leader of older adults should be an older adult (results in better buy-in/participation levels)
- seeing role models in other people in the program; having practitioners/ leaders that are physically active and are positive role models

Program Resources/Communications

- make it fun, e.g., encourage messaging that highlights to target groups that it's more fun to walk with family and friends than on your own
- create programs that are enjoyable to the target audience

- obesity, e.g., some people believe they are too obese to be active
- chronic pain conditions, e.g., some fear making their pain or health worse
- general anxiety about being active (various causes of the anxiety), e.g., more fear of injury than thinking about benefits of improving one's health
- many people don't think they can do an activity, or can't do it without assistance; lack of confidence in how to do the exercises/activity
- patients who completed an exercise program are not motivated to exercise on their own after the program ends



Built Environment

- create an environment that is conducive to walking and bicycling

Programs/Resources/Communications

- ensure programs and leaders have a good attitude, and promote "happy face" or positive aspects of physical activity
- create a central guide or resource/place where people can look to find out about physical activity opportunities
- have a recreation facilitator to help people with low income to find low cost physical activity opportunities
- public messaging/education to better suggest that physical activity is not just about sports
- different organizations/types of practitioners to support their clients, e.g., multicultural health brokers and primary care networks (PCNs)
- develop a practical/regular communication method/system between organizations to communicate physical activity opportunities

Educational Efforts about Benefits

- increased focus on educating people about the benefits of exercise and physical activity
- individuals want to know "What's in it for me?" or "What's the pay off?"
- setting goals is important, e.g., focus on the reason/s to be active, such as overall health benefits, or taking fewer medications.
- more education needed to show/tell that even small amounts of physical activity can have health benefits
- educational reminders/messaging that physical activity can be done anywhere, not only in a gym
- promote the other health benefits associated with physical activity, such as mental health benefits
- more education of practitioners and patients about the key role of recreation and exercise specialists in health and wellness

Policies

- policies that promote accessibility to physical activity for all people
- develop or tailor school-use policies for after school programs and/or community use of school space for physical activity opportunities, e.g., one community started a health initiative where the town provided the location/space for being active for a dollar per person

Planning for Participation

- schedule programs carefully, e.g., many retired seniors do not want attend 7:00 a.m. classes
- tailor the location for maximum accessibility
- tailor the program for all people, e.g., consider the accessibility of the whole facility, the number of programs/times you are offering and the different/competing choices for physical activity that may be available in the area
- ensure flexible programming, e.g., adapt exercises for the type of disability and/or skill of the individual; use one-on-one and/or group settings/instructions, adapting equipment as needed
- more physical activity programs for vulnerable groups needed
- more programs for vulnerable groups should be offered in other/additional languages (e.g., Cantonese)
- 100% physically accessible facilities/buildings, i.e., many facilities say they are physically accessible to all but they are not (e.g., the fitness centre may be accessible but the entrance and change rooms are not)
- reduced activity centre memberships for vulnerable groups (this can be an incentive to being active)

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