



**Physical Activity and the Inner City:
The Case of West Central Neighbourhood**

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Preface

This paper was written for a course entitled Inner City Seminar. The course was largely made up of a community placement and volunteer work. The research component focused on building community-university partnerships between students and local community organizations. My research was a direct response to the requests and needs of the community organization I volunteered with for the year—the Healthy Living Program (HLP), run by Gerry Pearson. Thus the style of the paper is much less academic than is typically expected. This paper was written with an informal voice as the target audiences were community organizations. This piece of work attempts to form a meaningful relationship between a university student and a local organization. This is a difficult bridge to establish. Vocabulary and writing style are very important in that relationship if it is to be mutual and accessible.

Importantly, this research has been effective in the real world. In the Spring of 2005 the HLP in cooperation with the West Central Women's Resource Centre created a free Gym and Swim program with some instruction, child care and a nutritional snack once a week. This continues to be offered to both men and women in Fall 2005. In October 2005, the HLP was able to create a short term position for a 'Physical Activity Coordinator'. I was interviewed and hired for the job. Currently, we are working hard to establish a wide assortment of activity programs in the West Central Neighbourhood based on the findings of this study. These positive results are in part due to the accessibility of this final report. This was not created for academics only and is now being used to serve the community.

Katie Anderson

Abstract

Physical Activity and the Inner City: The Case of West Central Neighbourhood describes a community-university partnership project that provided benefits for the local community and enhanced the student's knowledge of program development. For several months, the author volunteered her time collecting data from residents in the community to use as a tool for developing activity projects under the Healthy Living Program.

Physical Activity and the Inner City: The Case of West Central Neighbourhood

*Katie Anderson

I. INTRODUCTION

This research began with an interest in food security in the inner city of Winnipeg. I have been volunteering with the Healthy Living Program (HLP) run by Gerry Pearson at St. Matthew's Maryland Community Ministry. As a volunteer, I helped to run a 'Food-To-Go' program. Every two weeks a group of residents (3-6 people) get together to cook a full meal, enough for everyone in their home. The evenings are relaxed, fun and at times, educational. For the most part, these are times of connection and conversation, building on existing and new friendships. The 'Food-To-Go' program addresses a serious concern in the West Central neighbourhood—isolation. Many people living in this part of Winnipeg do not know their neighbours or feel comfortable walking at night. Often, individuals are unaware of programs and services in their area that would help them to be happy and healthy. A 'Food-To-Go' program, while offering food education and skills, also helps to make those connections, to distribute information. 'Food-To-Go' also makes a positive connection—one of fun, benefit and shared development. Gerry has a lot of experience with nutrition and healthy eating and has a bank of knowledge and ideas about food programming. To provide a more balanced 'Healthy Living Program' she asked me to do some research in the area to find out what kind of active living programming she could provide. Gerry and I talked at length about our goals and the limits of the HLP. It was agreed that I would talk to some local experts to find out what is already going on in the community and then I would speak with residents to find out what they would like to do. These conversations with residents were intended to offer community information and to gather information for future HLP active living programming.

*Katie Anderson is the winner of the Institute of Urban Studies Student Paper Award, 2005.

II. RESEARCH QUESTIONS

Following are the general questions this research attempted to ask and answer.

1. Are residents of the Inner City* generally, and residents of West Central Community*** more specifically, physically active?
2. If yes, what are they doing? If no, why not?
3. For those who are not physically active, what can the Healthy Living Program** and the West Central community offer them? In other words, what do they want?

*Inner City is not an official term used by the City of Winnipeg, but is commonly used to describe the centre of Winnipeg including the official Downtown and surrounding areas including West Central Community.

**Healthy Living Program (HLP) is a partnership between St. Matthew's Maryland Community Ministry (SMMCM), Clinic Community Health Centre, Spence Neighbourhood Association and an Urban Aboriginal Ministry. Gerry Pearson is the coordinator for the HLP that operates out of St. Matthews Maryland Community Ministry.

***West Central Community is geographically defined by Portage Ave (south border), Notre Dame Ave (north border), Balmoral St.(east border) and Arlington St. (west border).

III. METHODOLOGY

All interviews were conducted in a casual, conversational way. This was something Gerry and I talked at length about—not making residents feel as though they were under a microscope. I made a point in the community, of speaking with residents who had some relationship with Gerry or the Ministry since I am an outsider, a researcher from the University, not a resident. In volunteering and in research within this community, this has been a serious ethical debate for me. Being comfortable with my place in the neighbourhood was very important before I could even begin resident-interviews. After I spent some time with local experts and more volunteer time with Gerry, I felt more at ease. Deciding to interview those with a relationship to Gerry or the Ministry certainly impacted the sample size and statistical validity of our findings, however it was the most appropriate method, based on my position in the community.

Phase 1

Local 'experts' were interviewed at their offices or place of work in January regarding physical activity and attitudes towards activity in the West Central neighbourhood. These experts included community service providers, recreation programmers, involved residents, and University of Winnipeg academics. Speaking with these 'experts' painted a general picture of the culture of physical activity in the West Central neighbourhood. In this portion of the research I was asking questions like:

- What types of programming exist in the area?
- What are people in the area doing, what are they participating in?
- What are the barriers to participation in West Central neighbourhood?

Importantly, all 'experts' stated that there is not a lot of programming for adults, and that they weren't sure what the residents would ask for. All 'experts' thought it very important for these questions to be asked and that the research was valuable and relevant to the needs and future development of the neighbourhood.

My findings in the preliminary expert interviews immediately altered my perspective on the subject as it applies to the neighbourhood. Issues like childcare, transportation and food quality were important considerations for any physical activity programming to be pursued. It became very clear at this phase that the model of physical activity I was accustomed to would not apply in this circumstance. I will discuss this in more detail in the 'Findings' and 'Recommendations' sections. These initial interviews allowed me to refine the second phase—interviewing West Central residents.

Phase 2

Originally, my intention was to interview residents in a more formal way—prearranged meetings and individual conversations. This immediately proved to be an inappropriate approach. Alternately, I conducted individual interviews with people while they were already attending other group activities at St. Matthew's Maryland Community Ministry. This allowed me to have a casual, non-threatening conversation with them at their pace and leisure—on their turf, not mine. The relaxed environment was conducive to great discussion, which would have otherwise been lost in a formal, intimidating

(“microscope”) interview setting. While this may have hindered the reliability of the data, it was the most comfortable and useful method. Gerry and I agreed that while we should attempt to speak to both men and women and to vary the ages, approaching random residents in the neighbourhood was unnecessary. The scale of Gerry’s program is local and thus she is most concerned with the needs of those in the West Central community—this is her clientele and she is working to further improve their programming. In these discussions, we talked about:

- What kinds of things they do to be active?
- Do they want to be more active?
- What keeps them from getting involved, from getting active?
- If they could have any kind of programming, what would it be?

In total, I spoke with nineteen people: seven experts (three men, four women) and twelve residents (three men, nine women). Ages ranged from early 20s to late 60s. In total there were 10 white and 9 aboriginal participants. This is not intended to be representative of the West Central community, but rather represents those interested in being interviewed about physical activity. It is important to note here, that the Healthy Living Program had just completed an evaluation process in January and numerous residents had already been interviewed for that report and were not interested in being grilled again. This may have impacted who was available for my conversations.

IV. LITERATURE REVIEW

This literature review gives an overview of the information ‘out there’ regarding physical activity, but is not intended to be exhaustive. The existing literature supports the purpose and relevance of this research. Originally, I was concerned that the literature would make too many generalizations across communities—assuming that what the literature described in the United States or other inner cities should be synonymous with Winnipeg’s circumstance. In fact, the literature and its generalizations helped to draw a more careful picture of West Central’s situation. By identifying the themes surrounding physical activity (like the urban environment, design and their implications for residents) I was able

place West Central in the larger picture, asking ‘does this generalization suit West Central, if not, why not’. The following is a review of the literature—how physical activity and health are perceived and used—which helped to shape this local research.

“Being physically active means that you are regularly doing activities that move your body. To prevent weight gain and to reduce risks of chronic diseases (such as diabetes, stroke, and heart disease) your activities should last at least 10 minutes and each add up to 1 hour each day. You do not need to do sports or be a member of a gym to be active, you can walk, dance, ride a bike, work in the garden, play tag with the kids or do other things that you enjoy and that can just be a normal part of your life” (Gerry Pearson, personal communication, November 2004).

For many North Americans, there are no tasks naturally built into our day that move our bodies. To be physically active in our modern society of cars, suburban living, TV, video games and sedentary forms of employment, requires a concerted effort. As a result of our busy and hectic lives, many North Americans neglect their body’s need for physical activity. Recent sources now state that 10-25% of teenagers and 20-50% of adults have a serious weight problem (<http://www.obesitycanada.com>). Along with weight concerns, chronic and devastating illnesses are resulting from Canadian’s unhealthy lifestyles. In fact, because of rising cardiovascular diseases, diabetes and cancer, the Canadian economy is paying over \$55 billion every year for these growing components of our health care costs (<http://www.gov.mb.ca/healthyliving/chronic.html>.) In response, numerous ‘healthy living’ campaigns and programs have been established in hopes of better educating the population on the importance of physical activity, better eating and relaxation as important components of ideal Canadian lifestyles.

An individual’s physical fitness (level of physical ability) is composed of four basic elements: cardiovascular endurance, strength, flexibility and body composition. Thomas Collingwood argues that working hard at these four elements will simultaneously benefit the individual (including the ‘at-risk’ individual) not only physically but also emotionally and intellectually (11). Clare Blackburn also argues that physical activity is beneficial to our mental health and well being (110). Relieving stress and tension through physical activity reduces the likelihood of mental illness as well as physical illness.

For most life is hectic. For those living in stressful socio-economic situations, finding time, money or the simple motivation to be physically active may sometimes seem impossible and irrelevant (110). Commonly, physical health is the reason for physical activity. This is relevant to any population—better physical health is always a benefit. However more importantly for the West Central neighbourhood, some of the literature suggests that our degree of health is not only a result of physical activity but of social activity too.

While for some, 'health' is simply the lack of illness, others see 'health' as "embedded in positive feelings and good relationships with others...balance" (Hardey 30). When author Robert D. Putnam (2000) began to examine American health as a function of our relationships with one another, he found that Americans are suffering from a lack of connections and friendships in their own communities. This network of friends, neighbours, coworkers and bowling partners is referred to as social capital. "[S]ocial capital refers to the collective value of all social networks and the inclinations that arise from these networks to do things for each other" (DeGraaf & Jordan 20). On Putnam's website he gives some examples of how social capital has declined over the past 25 years: 58% less people attend club meetings, 33% less people are having family dinners, and 45% less people are having friends over (<http://www.bowlingalone.com/>). With less outside connections, this previous community social life gives way to "family isolation and community stagnation" (20). This is a serious pattern and problem cited in Winnipeg's Inner City, including West Central neighbourhood.

Physical activity can be a very social event. Softball teams like the one started by Winnipeg's Inner-City Aboriginal Neighbours, Mom and Tot 'Wiggle Giggle and Munch' preschool programs, and Winter Carnival Weekends with tobogganing, skating and snowman building are all ways of bringing a community together while promoting active living. In a neighbourhood like West Central Community and the Inner City in general, there are weak connections between people even living on the same street (Silver, Hay & Gorzen) and thus any reason or excuse to bring people together, to meet each other, to know their neighbours is a building of social capital (DeGraaf & Jordan; Ziersch et al.; Grenier et al.; and Twiss et al.). Social capital means long-term friendships, coworkers, friendly neighbours

and bowling partners for years—all working together in times of need and times of celebration. Social capital is stimulated in a positive and open way with increased physical activity at the community level. This can take place through community special events, team sports and just more outdoor (engaged and not isolated) time. And thus the cycle begins—physical activity leads to physical health and social connections; social connections leads to a healthy social fabric in the community. Physical activity has the ability to bring both physical and social health to a participating community.

For example, following the Annual Snake Street Winter Carnival, Mrs. Jones from Snake Street discovers she has a leaky faucet. She remembers that Mr. Brown down the street whom she built a snowman with at the carnival is an underemployed plumber. Mrs. Jones gets her faucet fixed and Mr. Brown gets to use his underappreciated skills. Perhaps the woman has little money so she offers to fix his curtains with her sewing machine. Later Mr. Brown's neighbour is complaining that she has to get her kids' costumes ready for the school play, but her sewing machine is broken... Mr. Brown might refer the harried mother to Mrs. Jones. Then the busy mother makes a new connection with Mrs. Jones. Hypothetical and silly as this example may be—the point is clear. Increased physical activity is not only a way to improve the health of a community but also a means to bring people together... And most importantly, bring them together not over their problems but over a fun, enjoyable and laughter filled event (Kretzmann & McKnight).

This recognition that social capital is a greatly needed spin off from increased physical activity has caused the health community to review their 'healthy living' strategies. It is clear that typical 'healthy living' programming is not taking into account the differences in lifestyle and community struggles. 'Healthy Living' campaigns are typically aimed at middle-class white families in the suburbs (Day 1). While middle class suburbanites are concerned with their car culture, lack of sidewalks in their neighbourhoods and amenities located out of walking distance, many urban and inner city communities are faced with fears of crime, insufficient parks, pollution, lack of jobs to walk to and residential overcrowding prohibiting them from exercising at home (2). To better reach neighbourhoods with

lower incomes, and thus different lifestyles, “a refocusing of the active living agenda is necessary to ensure that its considerable energies and resources directly benefit these groups” (2). While we know that these communities must be financially efficient with any new programming due to limited resources, it is important for us to take the time to find out what the community would actually like to do. The community must be consulted to offer any HLP in an efficient way (3). Healthy living and physical activity programming must reflect the daily routines, form and abilities of the community (Frank, Engelke & Schmid 92). This research project will contribute to our understanding of what West Central community wants out of their Healthy Living Program at St. Matthew’s Maryland Community Ministry.

V. FINDINGS

All of the themes discussed in the literature review were prevalent in my conversations with residents.

- Health benefits
- Emotional/mental health
- Social capital
- Isolation
- Lack of information/literacy
- Suburban/wealthy lifestyle focussed programming
- The fun and playful component of physical activity

The largest concern for those in the West Central community is that of isolation or a lack of social networks and friends in the neighbourhood. All of those involved agreed that physical activity is a positive tool for pursuing greater connection, community involvement, and better overall emotional and mental health in the area.

When we discussed the issue of future programming there were 8 recurring themes:

1. Child Care
2. Cost—must be free

3. Transportation availability
4. Diversity of programming; the neighbourhood wants choice just like others
5. Consistent programming (predictable, need time to get established)
6. Physical/health problems must be adapted to
7. Continued Special Events programming
8. Sherbrook Pool as a focal point

Childcare

Before anyone would offer advice for programming, all residents and experts asked about the availability of childcare and what the cost of programs was. The HLP and the Women's Resource Centre (formerly Women's Project) have a child care budget which can be applied to any new programs in the neighbourhood, however parents are limited to where they can hold programs, since the Women's Resource Centre is not a licensed child care provider, thus parents must be at the same location as their children. Locations like Sherbrook Pool have limited space available for appropriate childcare.

Cost

All programming must be free and involve little commitment. So many residents are dealing with extremely limited funds and have hectic, sometimes unpredictable home environments. It is stressful and often impossible for most, women in particular, to consider making a class every Wednesday night for example, with kids in tow. Programming in this neighbourhood must be carefully scheduled around cheque dates and other financially tough times.

Transportation

Included in the financial concerns is poor access to reliable transportation. Winnipeg's Inner City or downtown is a huge geographic area. Even West Central neighbourhood can be a task to manoeuvre with kids in tow. Few have stable access to a car and the cost of a bus ticket is sometimes prohibitive to reaching an activity. St. Matthew's Maryland Community Ministry is fairly central, but has limited/inadequate space for physical activity programming. This argument is very important to the discussion being had by the City of Winnipeg regarding physical activity centres. A recent study,

Public Use Facilities Study (PUFS) has suggested that to improve economic efficiency, recreation centres in Winnipeg should be centralized and amalgamated. In the proposed plan, this would mean Sherbrook Pool would close and force residents to travel farther for pool access. Judging by my interviews this would mean residents of the West Central community would simply not go.

Diversity of Programming

All residents I spoke with were using the Sherbrook Pool during free times, and would have preferred to have more frequent, affordable access. However, residents did not want to peg down only one type of activity they were interested in—arguably just like anyone else. Lack of activity appears to not always be about motivation, but is largely influenced by access. Many spoke of the variety of programming available to those with more financial stability. Those with easy access to the Leisure Guide, various community centres and a car are entitled to choose from a wide selection of programming in Winnipeg. These same respondents requested that a variety of programming be made available in their community; they need not be punished with poor programming for financial instability.

Consistent Programming

Residents interviewed from the West Central community are busy people and often cannot plan ahead. Different circumstances in this neighbourhood begs the model of physical activity to be flexible and adapt. While they all acknowledged the difficulty in establishing commitment to a weekly program, all expressed an interest in knowing that for example, every Wednesday there was something active they could do, with child care provided. A predictable drop-in model is working well at St. Matthew's Maryland Community Ministry for other social activities such as board games, painting and visiting—this model could be applied to physical activity programming. While it is not the same individuals every week at the S.M.M.C.M. drop-in, numbers are consistent. Those interviewed were already participating in some sort of programming, but had all experienced a period of no-involvement. Every resident interviewed stated the importance of programs existing as an outreach for people and in allowing enough time for people to find out about them to make them successful.

It is important for residents to have the choice to reach out and become involved with their community when they need it.

Physical/Health Problems

Numerous residents discussed their physical limitations as a restrictive factor to physical activity. Some live with osteoarthritis, high blood pressure and cholesterol, bad hips and knees, and others suffer from excess weight gain. These problems coupled with isolation, few friends, lack of transportation and no information leaves a lot of residents out. Many requested programs with adapted exercises and a calm, welcoming environment of understanding and acceptance. Gerry was aware of various programs at Sherbrook Pool and at Health Sciences Centre that the HLP can promote to the community.

Special Events Programming

All residents and experts were sure that Special Events programming which Gerry offers is exceptional and a very positive element of the community. Feasts, community dances, and community treasure hunts are among the activities people immediately thought of. Also art projects, baseball tournaments and dry socials were mentioned as great events for meeting friends and having a good time.

Sherbrook Pool

All residents interviewed, mentioned past and current use of the Sherbrook Pool. All go most often when it is a free slot—Friday evenings, and Saturday and Sunday afternoons. Many of the women hoped for another program like one the Women's Project had run in the past. This previous program offered an instructor and childcare on a given day of the week. Families could count on going to Sherbrook Pool once a week with their kids and having an instructor either show them how to use the weight room, treadmills, or basic swimming strokes. This was a very casual, non-committed environment where individuals weren't expected to have previous knowledge of the facility or the activity (aerobics, organized sports...) This type of programming is going to be pursued in the spring, for men

and women. Everyone interviewed, experts and residents, agreed that Sherbrook Pool is a great facility and is well used and needed by the neighbourhood—when it is affordable.

VI. WHAT DOES THIS MEAN FOR ‘HLP’?

I have compiled a list of activities and strategies HLP can pursue which will address the results of these community conversations. The Healthy Living Program is very pleased with the results and is able to use them for direct programming. Following are specific programming ideas the HLP may implement based on this research.

- Re-establish an arrangement with Sherbrook Pool, in cooperation with the Women’s Resource Centre, to offer an instructor and childcare to residents on consistent days. In April and May we will be creating a list of names of community members interested in participating to present to the City, to justify the need for the program. This was a concern for the City last time. Ideally we will establish multiple days and some for women and some for men only.
- Advertise in the community that Gerry and I can help fill out the waivers for City fees for Leisure Guide activities and Sherbrook Pool and other City programs. Gerry has said that each season, those who cannot afford to pay, can get a waiver from the City. This is also the case with regular City facilities like Sherbrook Pool. This is not well advertised and is an intimidating process for many. The goal of Gerry’s Healthy Living Program is not only to provide active programming, but also to encourage any kind of activity. This can include the promotion of existing programs in the area.
- Advertise for adapted programming which already exists in the neighbourhood. Sherbrook Pool offers aquatics and weight training for those living with pain, such as osteoporosis or arthritis. There is no need to duplicate services that are already being provided, but we can make the community more aware of them.
- Continue with the walking groups in various neighbourhoods around the city. This is a casual, non-committed way to interact, socialize and meet others in the area. Walking in a group also helps to dispel some of the fear many expressed in walking alone. This is free and easily

arranged, as some of the church members with cars participate and so can transport others from the neighbourhood to other destinations. Interactions such as these allow for friendships to develop and also for new ideas to be expressed for future programming.

- Continue with Special Events planning. This was something everyone mentioned as a highlight of the neighbourhood. Any get togethers with food, family and socializing is exciting for residents. Both summer and winter special events can be easily adapted to be more active and engaging.

VII. RECOMMENDATIONS

This research has opened my eyes to the realities of living in West Central neighbourhood and how physical activity planning can and cannot be applied here. Most importantly, these interviews and conversations with residents have reinforced the diversity of urban experiences residents will have in Winnipeg and other large centres. A challenge for all researchers is to remove our experiential lens and attempt to see the real day-to-day experiences of the community of interest. In West Central community I was granted the opportunity to learn and adapt my thinking, in hopes of pursuing the most effective active living agenda. Following are the key recommendations I offer.

Transportation

Transportation is not a cost that we often consider when thinking of physical activity programming. While most walk a great deal due to a lack of transportation options, this is discouraging to those with so many other obligations and chores. Winnipeg's typical physical activity programming model is built on a suburban model of transportation. Many residents of the West Central neighbourhood cannot afford to put their kids in 'regular City programs'—skating lessons for Cindy, bowling for Karen and Dancing for Billy, all at different specialized facilities—let alone drive them there. Similarly for the adults involved, 'fitness' programming is of no interest to those interviewed. People in the West Central neighbourhood are walking and working hard all day and so are not interested in running on a treadmill or going to an aerobics class alone. According to conversations, they would rather have a fun, interactive and social physically active experience. Those living on social assistance should be given a transportation allowance or a bus pass for everyone in their family. This neighbourhood is not only

isolated from their neighbours due to a lack of connection and social capital, but also from the services offered to them blocks away due to a lack of effective and affordable transportation. Typical physical activity programming will not work in the West Central neighbourhood if urban form and design are not considered.

Decentralized Facilities

Physical activity opportunities should be offered in a decentralized way in this neighbourhood, as these residents do not fit the suburban model of mobility. The City of Winnipeg's PUFs suggests the removal of Sherbrook Pool for its inefficiency in the name of a centralized mega-facility. Firstly, the argument that Sherbrook Pool is inefficient is narrow-minded in that it does not consider how well it is used instead of how much revenue it brings in (a function of the socio-economics of the neighbourhood, not of the residents' need for Sherbrook Pool). Secondly, if for some the Downtown YMCA on Vaughan and Orioles skating rink west of Arlington are too far to walk with 5 kids, a mega-facility in another neighbourhood will be useless to these residents—and they will no longer have Sherbrook Pool. Neighbourhoods with greater political clout and professional expertise do not face the same threat to their community facilities or options for active living. Wealthier and more mobile Winnipeg families will travel to the new centralized location. PUFs is concerned with the financial efficiency of physical activity centres rather than the *incredible value* that some of these 'inefficient' facilities offer to neighbourhoods like West Central. According to this research, removing Sherbrook Pool would be a grave mistake.

Adult Programming

Physical activity is as crucial for adults as it is for children. West Central neighbourhood has a great deal of programming for kids, but little for adults. Adults are the role models for these same kids. Based on attention paid to adult programming versus children's programs, physical activity could be interpreted as something you do only as a child. This is an especially dangerous and unhealthy model for children and families struggling to create healthy lifestyles and patterns.

Recently, the Winnipeg Free Press published a series focusing on physical activity in various parts of the city. All of these stories have discussed the various programs available to children, but

has paid little attention to the lack of programming for adults, let alone adults with little financial freedom. The few articles which addressed physical activity and the stresses of low-income families, took place in the North End, which is geographically too far for West Central to be considered. Since the Free Press series is in direct response to the debate surrounding the PUFSS, these articles illustrate the political focus of the PUFSS and the Study's real goals.

Even if the school system and the City of Winnipeg focus all their attention on getting kids active in their school years, most of them will not continue to be active into their adult lives if they never see adults living active adult lives. Adult-focused activity programming is a proactive approach to healthy living.

VIII. IN SUMMARY

This has been an incredibly valuable learning experience for Gerry and myself. The research has provided useful, hands on advice for future active living programming. The interviews with both experts and local residents painted a clear picture for what is needed and how future planning should be pursued.

The most crucial lesson learned from this research, which will guide me in all other research and work that I do, is this. Do not apply well-meaning and long-believed truths of a subject to another circumstance. Despite my years of physical activity programming and participation, my experiences do not translate to this community and its detailed daily reality. This research pushed me to 'think outside the box' and really hear what people were asking for. My ideas about what would work and how to 'fix' things were irrelevant and needed to be adjusted.

IX. ACKNOWLEDGEMENTS

Thank you to all the participants for their fantastic conversations, inputs and ideas. Experts and residents alike guided this research in the way the community needed it to go. Thank you also to Gerry Pearson for her wisdom and time. I hope this work is useful for future planning, and that we can continue to pursue these ideas in the coming months.

References

- Blackburn, Clare. 1991. *Poverty and health: Working with families*. Buckingham: Open University Press.
- Canadian Healthy Communities Network. 1993. *A healthy community is an active community*. Ontario: Government of Canada Fitness and Amateur Sport.
- Collingwood, Thomas R. 1997. *Helping at-risk youth through physical fitness programming*. Windsor, ON: Human Kinetics.
- Day, Kristin. 2003. Urban planning for active living: Who benefits? *Planners Network* Fall: 4. <http://www.plannersnetwork.org/www/pub/archives/fall03/day.htm>. (Accessed November 17, 2004)
- DeGraaf, Don & Deb Jordan. 2003. Social capital: How parks and recreation help to build community. *Parks and Recreation* December: 7.
- Foster, Emily R., Karyn Hartinger & Katherine A. Smith. 1992. *Fitness fun: 85 games and activities for children*. Windsor, ON: Human Kinetics Publishers.
- Frank, Lawrence, Peter Engelke & Thomas Schmid. 2003. *Health and community design: The impact of the built environment on physical activity*. Washington, DC: Island Press.
- Government of Manitoba. 2004. Neighbourhoods Alive! Invest in healthy lifestyles. <http://www.gov.mb.ca/chc/press/top/2004/11/2004-11-15-01.html>. (Accessed November 15, 2004)
- Grenier, K. Allen, Li Chaoyang, Ichiro Kawachi, D. Charles Hunt & Jasjit S. Ahluwalia. 2004. The relationships of social participation and community ratings to health and health behaviours in areas with high and low populations density. *Social science & medicine* 59: 9.
- Hardey, Michael. 1998. *The social context of health*. Buckingham: Open University Press.
- Kasser, Susan L. 1995. *Inclusive games: Movement fun for everyone*. Windsor, ON: Human Kinetics.
- Kretzmann, John P. & John L. McKnight. 1993. *Building communities from the inside out: A path toward finding and mobilizing a community's assets*. Chicago: ACTA Publications.
- Manitoba Culture, Heritage and Tourism: Recreation and Wellness Promotion. n.d. *Frosty clues, cues and what to do's: Winter Active*. Winnipeg.
- Morris, G. S. Don & Jim Stiehl. 1999. *Changing kids' games*. Windsor, ON: Human Kinetics.
- Putnam, Robert D. 2000. *Bowling alone: The collapse and revival of American community*. New York: Simon & Schuster.
- Silver Jim, Joan Hay & Peter Gorzen. n.d. *Aboriginal involvement in community development: The case of Winnipeg's Spence neighbourhood*. Winnipeg: CCPA.
- Twiss, Joan, Joy Dickinson, Shirley Duma, Tanya Kleinman, Heather Paulsen, & Liz Rilveria. 2003. Community gardens: Lessons learned from California healthy cities and communities. *American journal of public health* 93: 4.
- Ziersch, Anna M., Fran E. Baum, Colin MacDougall & Christine Putland. 2005. Neighbourhood life and social capital: The implications for health. *Social science & medicine* 60: 16.