

From: "Allison Ashcroft" <[REDACTED]>
To: "Victoria Mayor and Council" <mayorandcouncil@victoria.ca>
Cc: "Board" <board@npna.ca>, "Chris Coates" <ccoates@victoria.ca>, "Jocelyn Jenkyns" <JJenkyns@victoria.ca>
Subject: Fw: Email to Mayor and Council

Mayor and Council,

Many of you have been asking for more equity data since our presentation to COTW last week. Based on today's media reports, it also appear that Mayor and Council are still be deliberating on the use of an equity and affordability lens for critical decision-making related to significant public investments like the Crystal Pool Recreation and Wellness Centre.

Attached are 4 documents that provide the request for a) our opinion on preferred siting (C. Isitt), b) more maps including absolute numbers of children living in poverty (C. Dubow and Young) c) affordability consideration (C. Young) and d) more equity tools and resources for staff (C. Loveday)

Please use these documents to assist with making your decision to support the motion of Councillors Alto and Dubow tomorrow related to equity and Crystal Pool siting and design.

Attached you will find the following:

1) **A Recreation Centre Site Options Analysis** - Today we put together an analysis of Recreation Centre Site Options, in response to the media attention which suggested returning the development to the SW corner of Central Park. In this document, we have analyzed the pros and cons of the various city-owned sites we believe hold the best opportunity for equity and affordability benefits stemming from the City's investment in a new Crystal Pool. These sites include, the existing site of the current pool, the RAP parking lot, the east end/cook st side of RAP, and the arena parking lot. We also offer our opinion for why City staff's proposed sites of Central Park SW corner and Central Middle school are inferior sites that should not be considered equitable or sound investments by the City.

2) **Final and Full Equity Maps and Analysis** - Included here are the slides that we presented at COTW on June 6th along with some new maps you've not seen. These new maps include response to some of your questions on June 6th, notably the ones raised by Councillor Young related to whether a different story would be told if we were to look at absolute numbers of children in poverty vs proportion of children living in property. Please see slides 26-29 for the visual response to that question, but in short, the story is unaltered.

3) **Affordability Lens Analysis** - Our presentation last week was only permitted to be 15 mins in duration so we skipped over the affordability lens analysis we performed and are recommending that Council direct staff and their design team to conduct.

4) **Equity and Public Health and Recreation Research** - A set of resources for City staff to use in siting, designing the new recreation centre and engaging with underserved communities, and understanding the barriers to access and inclusion that lower income households face with regards to recreation, and the additional barriers that racialized people face (indigenous, newcomers and refugees).

Tomorrow's Motion

We implore you to approve the May 23rd motion as written and to deploy a process of site selection and design for the Rec Centre that is equitable and inclusive of the many voices and critical needs of this

community. If you must amend the first point re "dont build on greenspace" to "no net loss of greenspace", please ensure you make the amendment, "no net loss of greenspace within the same neighbourhood/neighbouring area".

We are not asking you to build a rec centre for low income people, we are asking you to bring community wellbeing and belonging to Victoria via this most significant investment, and to centre the most underserved in our community in the siting, design and amenity decisions. When you target the households with the greatest barriers to access and inclusion, and ensure that those barriers are addressed, then you create a facility that meets the needs of everyone (this approach is known as 'targeted universalism'). Finally, we ask that you consider the long term financial repercussions of your decisions around siting, design and amenity selection also. A stranded asset that is heavily subsidized by taxpayers and does nothing to bring down the City's police budget by addressing root cause of poverty and racial injustice. We have taken a very deep stab at doing this work for you, and ask that Staff be directed to assume this detailed work of volunteers.

The corporate secretary, Chris Coates, is cc'd here in addition to Jocelyn Jenkyns as we request that this email and its contents be appended to this agenda item much as you have included the letter from the President of the James Bay Neighbourhood Association.

Regards,
Allison Ashcroft on behalf of the board of the North Park Neighbourhood Association

PS We will also send this email to the VCAN representatives of all the neighbourhood associations as well as the media that were discussing the Crystal Pool today as we believe this is a conversation that needs to take place openly and with the greatest number of voices.

Applying an Affordability Lens to the Crystal Pool

NPNA Request that City Council and Staff apply an affordability lens to the siting, design, and amenity selection of the Crystal Pool.

City Staff's 2018 Proposed Design

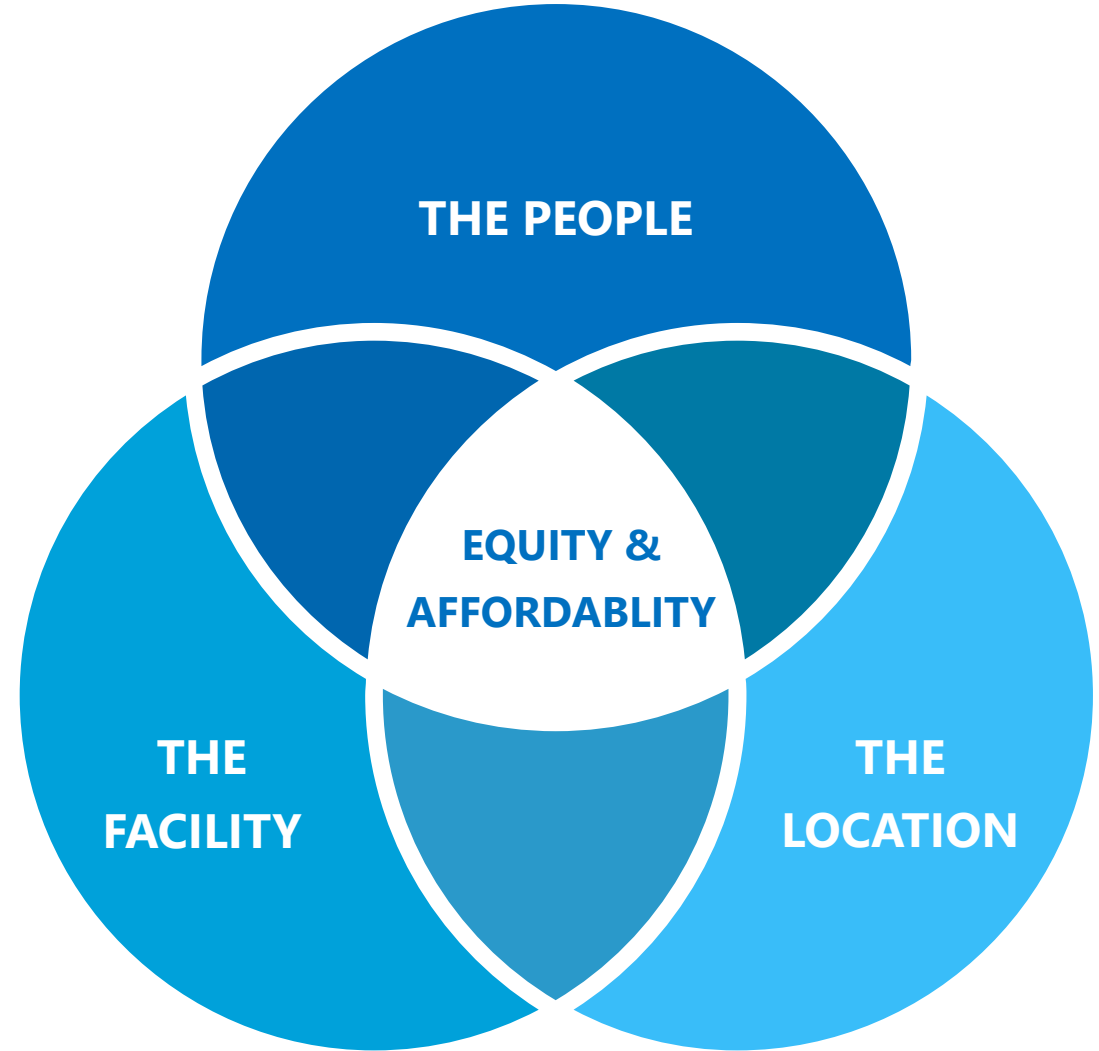
City staff and their design team have not:

- Estimated the capital cost of various amenities to determine value for money from each major service component of the rec centre.
- Projected operating and maintenance costs of different amenities to determine total cost of ownership beyond their initial capital cost.
- Projected demand for different amenities.
- Estimated revenues or determined the appropriate revenue models that will ensure access and inclusion to public recreation for all residents regardless of their means to pay.
- Done any targeted engagement of underserved communities who face additional barriers to accessing recreation above and beyond financial barriers.

Based on documented best practice in recreation facilities and our enquiry of other rec centre facilities in the region, pools are money losers and 50m pools are in low demand compared to warmer pools offering therapeutic benefits and pools with play features for families. Moreover, research cites an industry benchmark of one 50m per 350,000 population. At present there are two 50M pools at Commonwealth (only one used as a 50m pool due to demand other than during competition). The facilities in the highest demand, with the lowest cost and greatest revenue/rental potential are gymnasiums and art centres.

RECOMMENDED
APPROACH TO
DEVELOPING A CIVIC
RECREATION AND
WELLNESS CENTRE –

APPLY AN EQUITY AND
AFFORDABILITY LENS TO
ALL STAGES OF DECISION-
MAKING





Affordability considerations associated with the siting of the recreation centre facility

→ **Household Affordability:** Locate the facility to be convenient to the greatest number of people and the most underserved:

- High growth and density areas and employment centres.
- Demographic and socio-economic indicators

→ **Transportation access:** Locate the facility to be convenient to transit and active transportation routes.

- Transit, walking and cycling are more affordable options for visitors
- Reduce need for parking infrastructure

→ **Climate and energy:** Locate the City's most expensive and energy intensive facility next to low carbon, low cost energy sources

- Waste heat recovery from ice rinks and industrial loads and other renewable district energy options



OPERATING COSTS – Perform and report on analysis of lifetime operating and maintenance costs associated with the facility design. Assess amenity options using Total Cost of Ownership

a) Do we know the cost implications of a 50% increase in water volume (i.e. 50m pool vs 25m pool) to the facility's four largest costs:

- Energy: heating and ventilation
- Water
- Pool filtration
- Staffing costs (# of employees)

b) Have we prepared a Triple Bottom Line cost benefit analysis or life cycle costing analysis over the life of the asset to measure the impact of different options related to siting, amenity selection, service delivery/partnership models, etc.?

c) What is the appropriate mix of profitable and non-profitable services and amenities to reduce subsidization through property taxes. Which programs and amenities should be subsidized and for who?

The current facility is subsidized by taxpayers to the tune of \$1.6M annually. This subsidization is required largely because swim clubs reserve the majority of the pool's prime use hours and lane rental

Affordability considerations associated with the people using the recreation centre

► **Consider affordability of the facility and services to underserved:**

- Go beyond the LIFE program, it's too restrictive re eligibility and insufficient for those who are eligible (50 visits per year and \$50 program credit per year).
- Consider free and discounted memberships in exchange for volunteer hours at front desk (Y model).
- Operating costs of the facility are sunk, little incremental cost from increased visitors, no reason to be restrictive.

► **Consider value for money:**

Utilize this significant investment in social infrastructure to:

- Deliver on crime reduction and police savings or redirections (the annual police budget is \$26M or 1/4 of City's operating budget),
- Improve social determinants of health for Victoria's most vulnerable population
- Enhance community connections and sense of wellbeing for marginalized populations (seniors, youth, newcomers).
- Serve as resilience hub to respond to shocks (emergencies) as well as stressors throughout the year for neighbourhoods and populations that are more vulnerable to shocks and will require more support to respond and recover from them.



Affordability considerations associated with the people using the recreation centre

- ▶ **Bundle amenities to reduce overall costs while maximizing community benefit:**
 - Gymnasiums and arts centres are profit centres and can help to subsidize the costs of valuable community assets like community kitchens and childcare to fulfill critical local needs
- ▶ **\$1.6M/year in direct losses from the current facility are absorbed by Victoria taxpayers**
 - Could a partnership with a service agency (eg: YMCA/Native Friendship centre / ICA) reduce these losses and costs to taxpayers while delivering more services to a wider variety of people? Is the City of Victoria the best and most cost-effective operator of a specialized facility and services like a recreation centre?
 - If so, what critical community development and social planning needs could \$1.6 M in annual operation savings be re-assigned towards?

The background of the slide is an aerial photograph of a frozen body of water, likely a lake or river. The ice has formed into concentric, swirling rings or patterns, creating a textured, organic look. The colors are various shades of blue and white, with the darker blue representing the water and the lighter white/blue representing the ice.

Resources:

Equity and Public Health and Recreation

A Sampling of Recent Canadian Research on Impact of Recreation on Addressing Economic and Racial Inequities

SOCIAL BENEFITS FROM RECREATION AND PHYSICAL ACTIVITY

The significant list of individual and societal benefits from public recreation go well beyond physical health according to public health and recreation experts. And, those benefits can be exponential for traditionally underserved populations based on age, income, gender, immigrant status, and race, etc. as the findings from numerous studies show.

"Sport participation benefits individuals and society overall through improved physical, psychological and social well-being, increased civic pride, engagement and cohesion, and increased economic development and prosperity. However, some women and girls, Indigenous Peoples, persons with a disability, recent immigrants, new Canadians, socio-economically disadvantaged Canadians, older adults, members of the LGBTQ community, and Canadians living in rural, remote and isolated regions do not participate at the same rates as their mainstream counterparts. Inclusive policies and programming benefit members of these groups and other Canadian residents who may feel excluded from sport"

"Sport is about more than training and performance, and participation is about more than just the number of participants who show up to a program. Sport participation includes experiential aspects related to inclusion and community integration including, belongingness, engagement, meaning, mastery and challenge."

Source: [Policy and program considerations for increasing sport participation among members of underrepresented groups in Canada: A Literature Review](#), Cragg, S., C. Costas-Bradstreet, J. Arkell & K. Lofstrom. Interprovincial Sport and Recreation Council, Ottawa, 2016

Listed below are other recent Canadian studies referencing the benefits of recreation to underserved groups, including seniors, immigrants, and indigenous peoples, in addition to the equalizing benefits of public recreation on households of low income.

Source: [Active People, Active Places - BC Physical Activity Strategy](#), Ministry of Health 2015

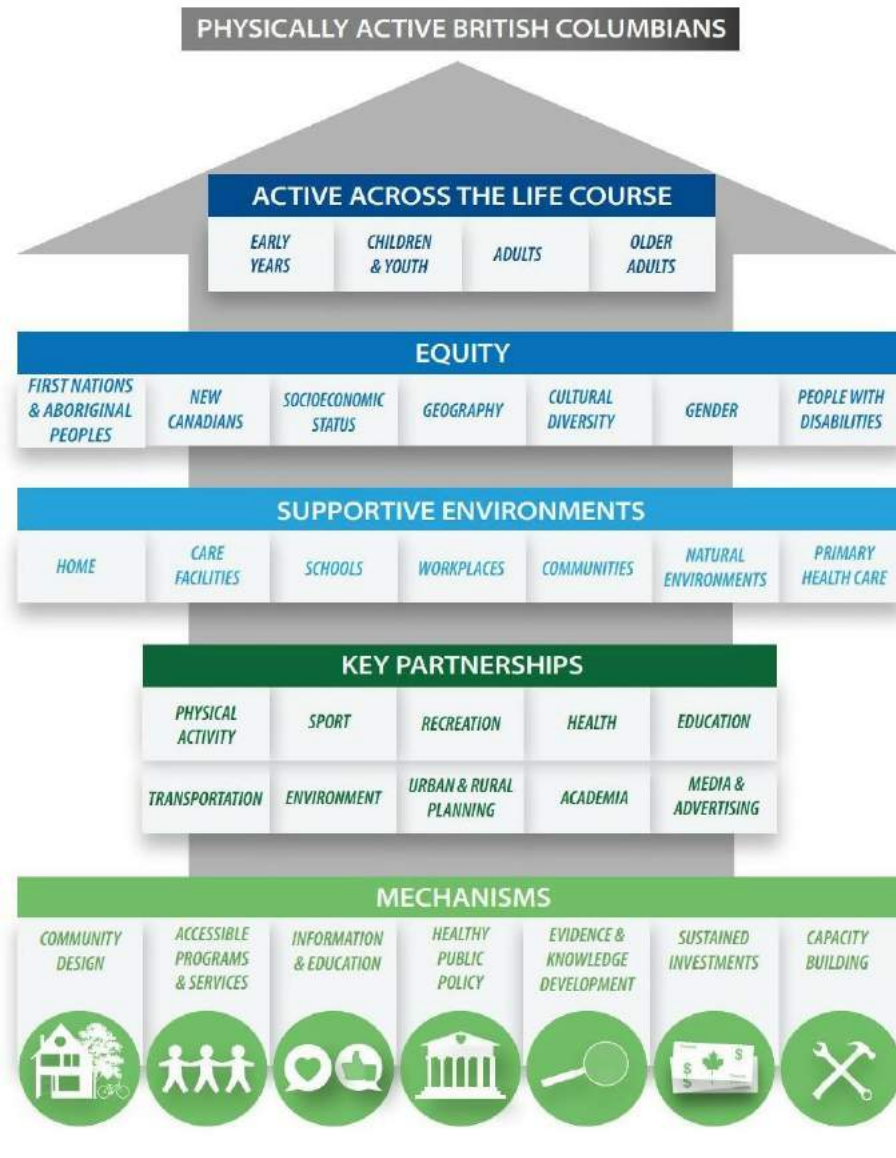
Some people face barriers to participating in physical activity due to the unequal distribution of social and economic resources in some geographic locations, and among population groups. Often these factors are interrelated. Population groups in B.C. (individuals and families) who face constraints to participating in physical activity include First Nations and Aboriginal Peoples, new Canadians, people living in rural and remote areas, people with disabilities, and people with low incomes and low levels of education. This strategy applies an equity lens to address the barriers and inequities faced by these groups of people. The multiple benefits of physical activity are well documented. Physical activity is good for the health and well-being of individuals, families and communities, as well as for the environment and the economy.

The [Healthy Families BC Policy Framework](#) identifies the need to address health disparities in a comprehensive approach to improving health.

Mobility - To reduce inequities, physical activity strategies need to be universal and accessible to the whole population, but with an additional focus on those with lower levels of physical activity. The B.C. Physical Activity Strategy incorporates this approach by applying an equity lens to policies, programs, environments and practices in physical activity.

Socio-Economic - Participation in physical activity is affected by the unequal distribution of social and economic resources in some geographic locations, between men and women, and among population groups. Often these factors are interrelated. Several population groups in B.C. face barriers and constraints to participating in physical activity, including: First Nations and Aboriginal Peoples, people with low incomes and low levels of education, new Canadians, people living in rural and remote areas, and people with disabilities. Inequities are also related to gender. In some circumstances, girls and women face more constraints to participation than boys and men.

FIGURE 6: B.C. PHYSICAL ACTIVITY FRAMEWORK FOR ACTION



THE SPIRAL STAIRCASE OF PHYSICAL LITERACY – IMPROVED HEALTH AND QUALITY OF LIFE BEGINS WITH ACCESS

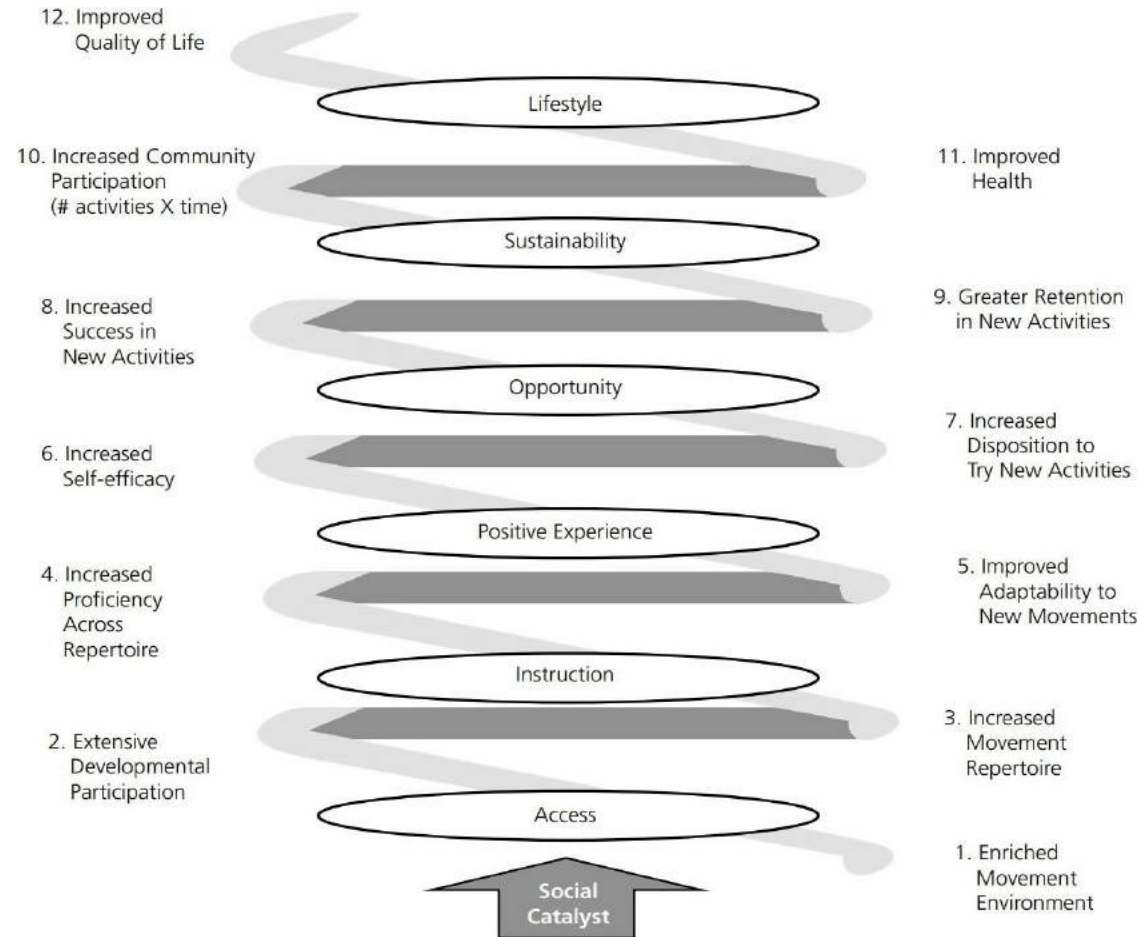


FIGURE 3
THE SPIRAL STAIRCASE OF PHYSICAL LITERACY
credit: Paul Jurbala

[2018 ParticipACTION Report Card on Physical Activity for Children and Youth](#)

While the physical health benefits of childhood physical activity are well known (e.g., improved heart, bone and muscle health; prevention of type 2 diabetes), a growing body of research has begun to examine the benefits of childhood physical activity in relation to brain health.

Emerging evidence suggests that physical activity in childhood and adolescence is associated with better cognition (i.e., thinking and learning), brain function (i.e., how the brain works) and mental health (i.e., emotional, psychological and social well-being). The landscape of preventable chronic disease among children and youth is changing—and not for the better. The prevalence of overweight and obesity, diabetes, and use of health services for mental illness is high. These issues are more prominent in children and youth with neurodevelopmental (brain-based) disabilities, where physical activity participation can be challenging, and social inclusion is limited due to the initial diagnosis, inaccessible facilities, and financial constraints.

[Active for Life: Durable by Design, Sport for Life Canada, 2016](#)

- The multistage Long-Term Athlete Development Framework is not only for athletes: it is also a Long-Term Participant Development Framework that describes developmental periods for individuals as they participate in sport and physical activity throughout their lifetime.
- In this document, a model is presented, Active for Life, and how it can be used to promote the inclusive design and delivery of programs and services for all Canadians from adolescence to mature adulthood.
- Large segments of society — including public institutions — still tend to view physical activity and sport as the domain of children, teens, and professional athletes.
- Too many Canadians face significant barriers to engagement in regular exercise or do not fully appreciate the life-changing benefits in health, social connection, and general wellness that can be derived from continued participation in physical activity and recreational sport.
- The dollars spent in support of community sport and physical activity represent a strategic investment in the health and wellness of Canadians. Having a more active population with relatively modest levels of physical fitness represents potentially billions of dollars in savings to our healthcare system. It has also been shown that active people are happier and healthier people (Blumenthal, 2007) and they suffer less depression and mental illness, and they are more resilient and resistant to disease. They are in effect “durable by design”.

Income and Social Determinants of Health



A Sampling of Recent Canadian Research on Impact of
Income on Health Outcomes

INCOME AND OTHER SOCIAL DETERMINANTS OF HEALTH

FROM:

Summary Report http://www.bccdc.ca/pop-public-health/Documents/Priority%20health%20equity%20indicators%20for%20BC_selected%20indicators%20report%20EXEC%20SUMMARY_2016.pdf

Full Report http://www.bccdc.ca/pop-public-health/Documents/Priority%20health%20equity%20indicators%20for%20BC_selected%20indicators%20report_2016.pdf

British Columbia is one of the healthiest provinces in Canada, ranking favorably among provinces and territories on several population health indicators. Despite this overall success, there is considerable evidence that health status varies greatly depending on geography, demographics and socio-economic status (SES).

SOCIO-ECONOMIC INDEX

The Socio-economic status (SES) of each Local Health Area (LHA) is defined by the overall socioeconomic index score as developed by BC Stats.³⁸ This index is a weighted summary of six individual indices including four basic indicators of regional hardship (human economic hardship, crime, health problems and education concerns) and two additional indicators of children and youth at risk. LHAs were categorized into three SES groups (low, medium, and high) using tertiles of the overall socio-economic index scores as cut off points. BC Stats regularly updates this index

By analyzing current data, 16 health equity indicators are examined across selected geographic, demographic and socio-economic dimensions. The selected indicators are organized into four chapters: life expectancy, early childhood development, adolescent health and general population health.

LIFE EXPECTANCY

Life expectancy at birth is used worldwide as a general measure of a population's health. Life expectancy of population groups can also indicate social conditions such as wealth, economic opportunity, healthcare and education.

KEY FINDINGS

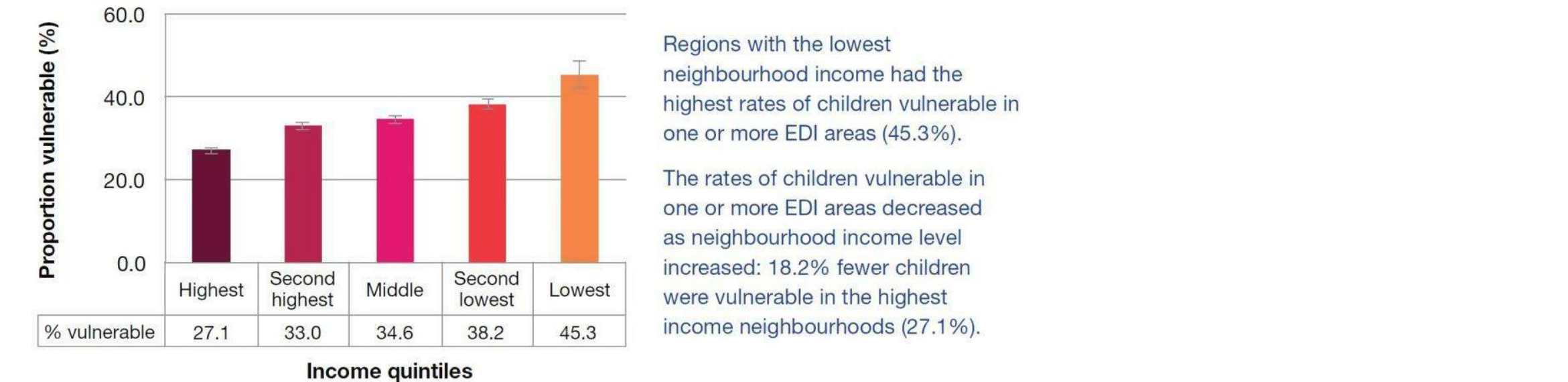
- Life expectancy in BC varies by sex, geographic region, and socio-economic status: People living in high SES local health areas are expected to live nearly four years longer than people living in low SES areas (82.2 vs. 78.6 years respectively).

“The true measure of a nation’s standing is how well it attends to its children – their health and safety, their material security, their education and socialization, and their sense of being loved, valued, and included in the families and societies into which they are born.” UNICEF, Innocenti Report Card 7, 2007 http://www.unicef-irc.org/publications/pdf/rc7_eng.pdf

- The rate of BC children who are developmentally vulnerable during early childhood varies significantly by geographic region, sex, and neighborhood levels of unemployment and income:
- Rates of language and cognitive development vulnerability varied by Health Service Delivery Area (HSDA), ranging from a low of 5.8% to a high of 13.5%.
- The rate of vulnerability in one or more EDI areas was higher in boys (40.3%) than girls (24.5%), and was higher in regions with higher unemployment (35.4%) than lower unemployment (29.8%).
- The rate of vulnerability in one or more EDI areas was highest among children in regions with the lowest income (45.3%).

Income

Figure 5. Percentage of kindergarten children vulnerable in one or more EDI areas in BC, by neighbourhood income measure, EDI 2011/12 - 2012/13, NHS 2011



Income

Figure 11. Percentage of kindergarten children vulnerable in physical health and well-being in BC, by neighbourhood income measure, EDI 2011/12 - 2012/13, NHS 2011

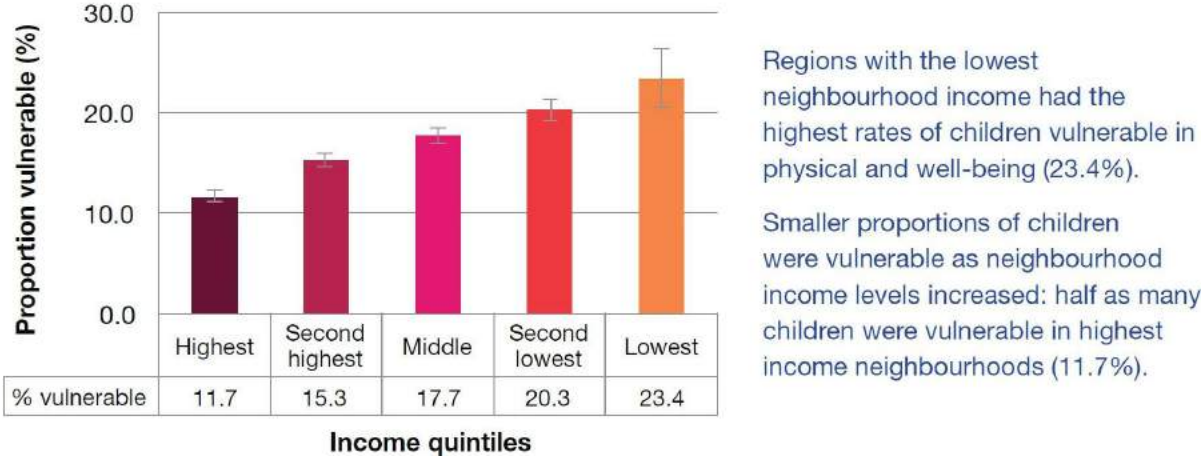
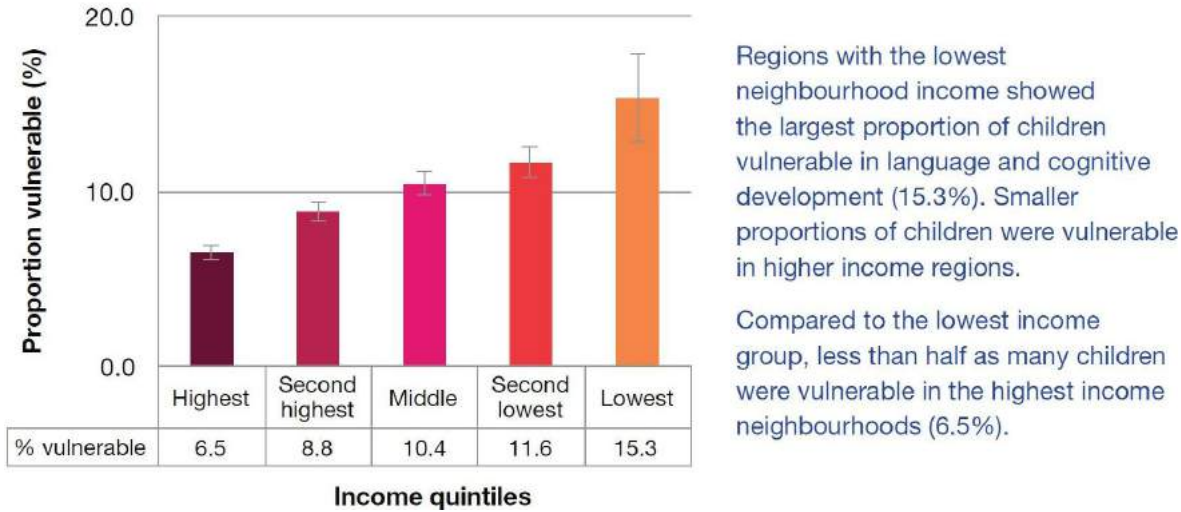


Figure 17. Percentage of kindergarten children vulnerable in language and cognitive development in BC, by neighbourhood income measure, EDI 2011/12 - 2012/13, NHS 2011



ADOLESCENT HEALTH

Adolescence is an important stage of life for healthy human development. A recent overview of adolescent health by the World Health Organization stated that “promoting healthy practices during adolescence and taking steps to better protect young people from health risks are critical for the prevention of health problems in adulthood.”⁵⁷

What happens in the early years of life can influence the health of adolescents, which in turn impacts adult health.⁵⁸ Many of the current and projected leading causes of death, disease and disability can be significantly reduced by preventing or minimizing various behavioral risk factors. These behavioral risk factors include tobacco use, alcohol and substance use, and those that result in injury and violence.⁵⁹

People tend to initiate many of these behaviors during adolescence, and socio-economic circumstances can influence the choices that people have or can make. Building resiliency and enhancing protective factors, such as family, school and cultural connectedness, can help youth overcome adversity and make healthier choices, thus increasing their likelihood to thrive in all aspects of life.

Adolescence is an important stage for healthy adult development. Promoting healthy practices and taking steps to better protect young people from health risks can prevent or reduce the impact of health problems in adulthood.⁸ Using BC’s Adolescent Health Survey data collected in 2013, five priority health equity indicators for the BC youth in Grades 7 to 12 were examined across three equity dimensions, sex, geographic region, and neighborhood income level.

Five indicators that pertain to adolescent health that have short- and long-term consequences among BC youth in Grades 7 to 12 include:

- Teen current smoking rate
- Substance use before age 15
- Prevalence of discrimination
- Prevalence of physical and/or sexual abuse
- School connectedness

YOUTH AND SMOKING

Tobacco smoking is the leading cause of preventable death in Canada and has negative health impacts on people of all ages, including youth. Short-term health consequences of smoking among young people include respiratory and non-respiratory health conditions, addiction to nicotine and risk of other drug use. Longer-term health consequences of regular teen smokers are lower rates of lung growth and poorer lung function than those who have never smoked.⁶⁵ Most smokers begin smoking by age 19; if people have not started smoking by this age, they are less likely to smoke, while youth who smoke regularly typically continue to smoke throughout adulthood.^{66, 67}

YOUTH AND SUBSTANCE USE

Substance use before age 15 is defined as the percentage of students who reported first trying alcohol, tobacco and/or marijuana before the age of 15.

Using alcohol or marijuana at a young age can affect cognitive development and can be associated with risky substance use behavior in adulthood. The younger an individual is when they first use substances, the more likely that they will engage in other risky behaviors, such as smoking, other substance use and driving under the influence.

Delaying the use of alcohol and other substances, even by one or two years, can significantly improve youths’ short- and long-term health outcomes.⁷¹ BC AHS results show that some youth are more vulnerable to early substance abuse than others.^{72, 73} Protective factors (such as family, school and cultural connectedness) can help youth make healthier choices and improve their health outcomes.

YOUTH AND DISCRIMINATION (BASED ON RACE, PHYSICAL APPEARANCE, GENDER IDENTITY, OR SEXUAL ORIENTATION)

The prevalence of discrimination is defined as the percentage of students who reported experiencing any discrimination in the past year, based on their race or skin color, their physical appearance or their sexual orientation. Discrimination can affect youth in many ways and has been linked to emotional distress.

Youth who experience discrimination are also more likely to report mental health effects in the preceding month (feeling extremely sad, discouraged or hopeless), not to like school, and to have seriously considered suicide in the past year.⁷⁵

Certain characteristics can make youth more vulnerable to discrimination. In BC overall, around one in five youth reported being discriminated against because of their physical appearance.⁷⁶ If youth are overweight or obese, discrimination rates can double. Research by the McCreary Centre Society has shown that Aboriginal youth report experiencing discrimination based on physical appearance at higher rates than non-Aboriginal youth.⁷⁷

YOUTH AND PHYSICAL OR SEXUAL ABUSE

the prevalence of physical and/or sexual abuse is defined as the percentage of students who reported ever being physically or sexually abused. Sexual abuse included any indication of sexual abuse, forced sex, or being the younger sexual partner of someone who was not close in age at first sex. For the 2013 BC AHS, sex between youth who were both less than 12 years old was not considered abuse.

Physical and/or sexual abuse can affect youth emotionally, behaviorally and physically. These effects can be made worse when youth are victims of both types of abuse. The experience of physical or sexual abuse is strongly related to poor health outcomes, including lower self-perceived health and consideration of suicide.⁷⁸ Certain characteristics can make youth more vulnerable to physical or sexual abuse. In BC, youth with a limiting health condition or a disability report rates of abuse that are twice as high as those of other youth. Youth identifying as lesbian, gay or bisexual and Aboriginal youth also report higher rates of physical and sexual abuse compared to other youth.^{80,81}

YOUTH AND SCHOOL CONNECTEDNESS

School connectedness is a combined measure created from the BC AHS questionnaire items asking youth:

- how much they felt being a part of their school,
- how well they got along with people at their school,
- how much they felt cared about at school by teachers and school staff,
- being happy at their school,
- school staff treating them fairly,
- getting along with teachers, and
- safety at school.

A higher score indicates higher connectedness to school. Connections to family, school, friends, and community are important contributors to good health. They are a valuable resource in times of stress or in reaction to difficult experiences or decisions. School connectedness is associated with positive academic and health-related outcomes,⁸² and is linked to reduced risk-taking.⁸³ Previous McCreary reports showed that youth who report higher school connectedness were more likely to describe their mental health as good or excellent and were more likely to expect to continue their education beyond high school.⁸⁴

KEY FINDINGS

Several key indicators of adolescent health (prevalence of physical and sexual abuse, discrimination, smoking, and substance use before age 15) vary significantly by geographic region and sex:

- Rates of substance use before the age of 15 differed by HSDA, ranging from the lowest (22%) to the highest (50%), a difference of 28%.
- Females reported higher rates of abuse (22%) and discrimination (41%), and slightly lower rates of smoking (9%) than males (13%, 30% and 11%, respectively).

GENERAL POPULATION HEALTH

Measuring general health and mental health can reveal a population's overall health and well-being, resiliency and social environments. Adult health and well-being are influenced by a complex set of social and environmental factors that include current living and working conditions, as well as early life experiences.

- Measuring behaviors related to nutrition, physical activity and smoking can give insight into current population health as well as the potential future chronic disease burden.^{.89, 90, 91, 92, 93}
- Measuring rates of adult health conditions can highlight important population and public health issues.^{.86, 87} For example, mood disorders can have significant economic costs, high risks of suicide and loss of quality of life; anxiety disorders can lead to more frequent use of costly emergency and primary care services.^{.88}

Adult health and well-being are influenced by a complex set of social and environmental factors that include current living and working conditions. Adult health can also be influenced by experiences in the early years that contribute to school success, and then by behavioral risk and protective factors during adolescence.

Past research and monitoring have shown that adult health status, health conditions and health behaviors can be significantly different between men and women, by geographic region and between socio-economic groups.^{.94, 95, 96, 97, 98, 99, 100}

Seven general health status and outcome indicators, all based on self-reported data from the Canadian Community Health Survey from 2007/08 to 2011/12, were examined across various geographic, demographic and socio-economic dimensions. These self-reported indicators generally coincide with health system data.^{.85}

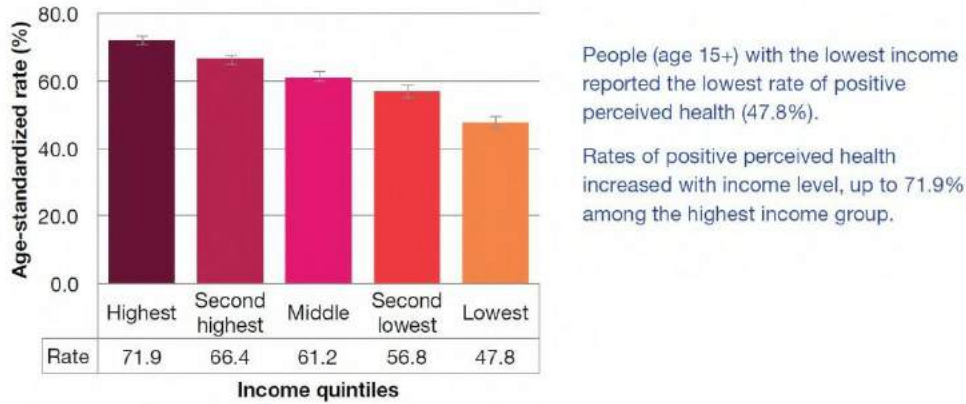
- Positive perceived health
- Positive perceived mental health
- Mood or anxiety disorder
- Adult obesity rate
- Fruit and vegetable consumption
- Leisure time physical activity
- Current smoking rate

PERCEIVED HEALTH

Perceived health can give insight into an individual's satisfaction with life and their overall well-being, which are measures identified in BC's Guiding Framework for Public Health. Additionally, perceived health is known to be a reliable and valid measure of health status associated with functional decline and morbidity.^{.104}

Income

Figure 32. Percentage of population (age 15+) with positive perceived health in BC, both sexes by income, CCHS 2007/08 - 2011/12

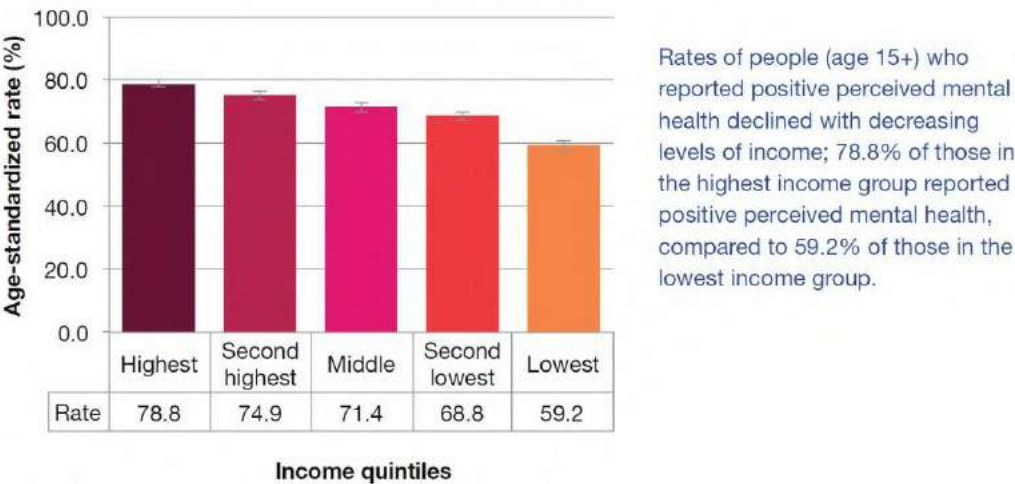


PERCEIVED MENTAL HEALTH

Socio-economic disadvantages such as low levels of education, low income and poor housing are recognized risk factors for poor mental health.¹⁰⁵

Income

Figure 37. Percentage of population (age 15+) with positive perceived mental health in BC, by income, CCHS 2007/08 - 2011/12

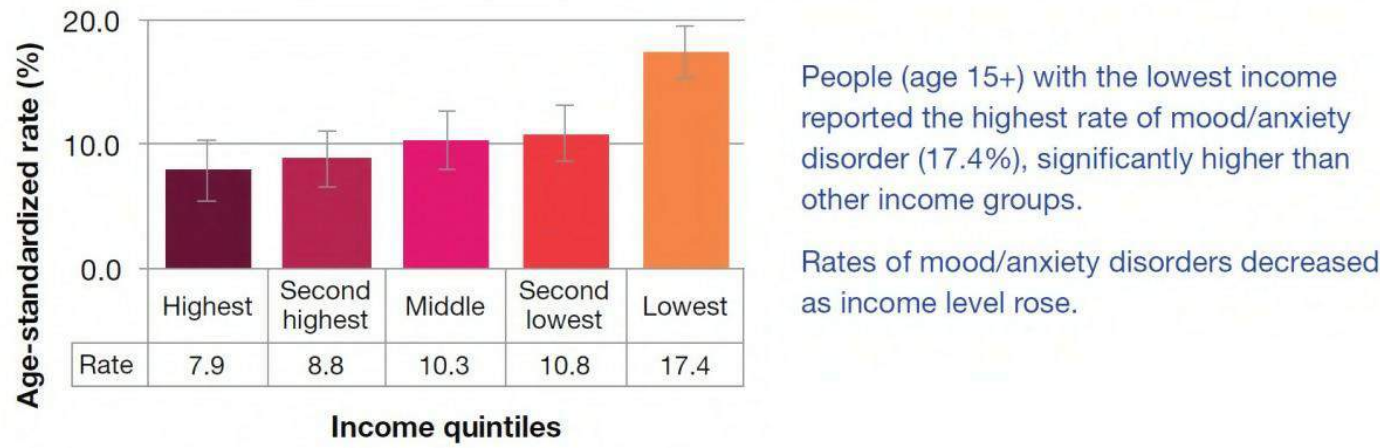


MOOD/ANXIETY DISORDER

Anxiety disorders can be chronic and constitute a considerable social burden. A relatively small group of the Canadian population experiences anxiety disorders at serious and chronic levels that interfere significantly with quality of life and ability to function in academic, occupational and social contexts.¹⁰⁶ The high rate of co-morbidity of mood/anxiety disorder with other conditions can be burdensome, as people with multiple diagnoses require greater access to medical services than those without such concurrent disorders.

Income

Figure 41. Mood/anxiety disorder prevalence of population (age 15+) in BC, by income, CCHS 2007/08 - 2011/12



OBESITY RATES

Adult obesity rate is defined as the percentage of the BC population (aged 18+) that are classified as obese (BMI >30 kg/m²), based on self-reported height and weight data in the CCHS. Obesity increased significantly in Canada between 1985 and 2000.

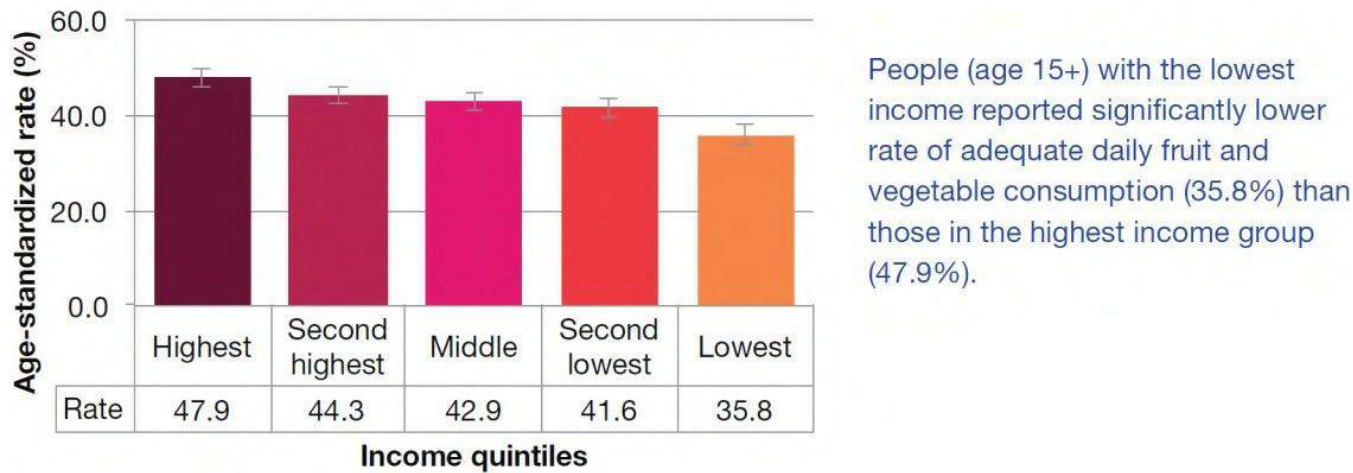
Being obese substantially increases the risk for many chronic conditions, such as diabetes, asthma, depression, and cardiovascular diseases. Obesity and other weight-related issues are shaped by social, cultural, economic, political and environmental factors, such as current trends in food production and marketing, recreation and physical activity opportunities, sedentary work and transportation.¹⁰⁷

CONSUMPTION OF FRUITS AND VEGETABLES

Choosing and practicing healthy eating habits can promote and support social, physical and mental well-being for everyone, at all ages and stages of life.¹⁰⁹ However, not everyone has access to or can afford nutritious, safe and personally acceptable food. How food is produced, processed, distributed and marketed as well as a person’s income and area of residence can all impact food choices.¹¹⁰

Income

Figure 47. Adequate daily fruit and vegetable consumption (age 15+) in BC, by income, CCHS 2007/08 - 2011/12

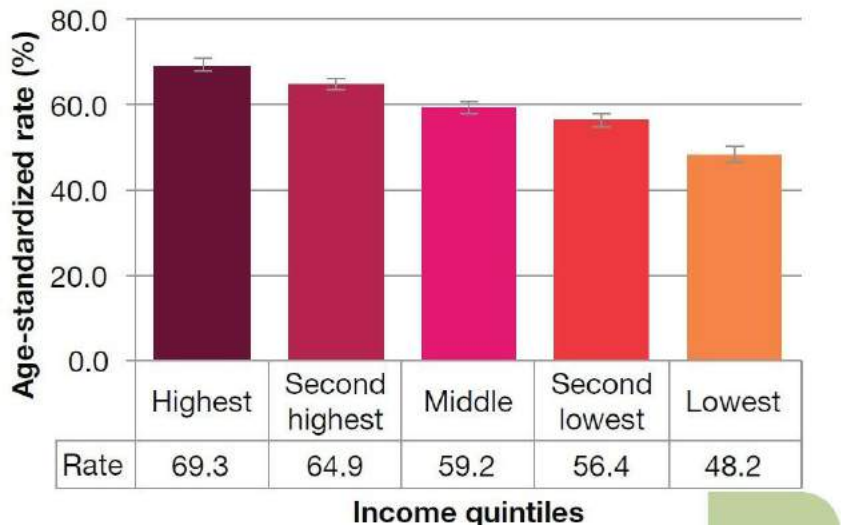


LEISURE TIME PHYSICAL ACTIVITY

The health benefits of physical activity include reduced risks of cardiovascular disease, some types of cancer, osteoporosis, diabetes, obesity, high blood pressure, depression, stress and anxiety. The economic impact of physical inactivity can be substantial to the healthcare system: the total cost of physical inactivity in BC in 2013 was estimated at \$1 billion.¹¹¹ Though physical activity is recognized as a key performance measure to monitor and promote healthy living in the province,¹¹² leisure time physical activity accounts for only a portion of an individual’s overall physical activity. Leisure time physical activity does not include daily living, commuting and occupational physical activity including household chores. Monitoring trends in the level of leisure time physical activity across equity dimensions in the province can help to provide some understanding of the health risks of vulnerable population groups.

Income

Figure 52. Percentage of population (age 15+) in BC that is active or moderately active during leisure time, by income, CCHS 2007/08 - 2011/12



Rates of people (age 15+) who reported as active or moderately active during leisure time declined with decreasing levels of income; 69.3% for those in the highest income group, significantly higher than those in the lowest income group (48.2%).

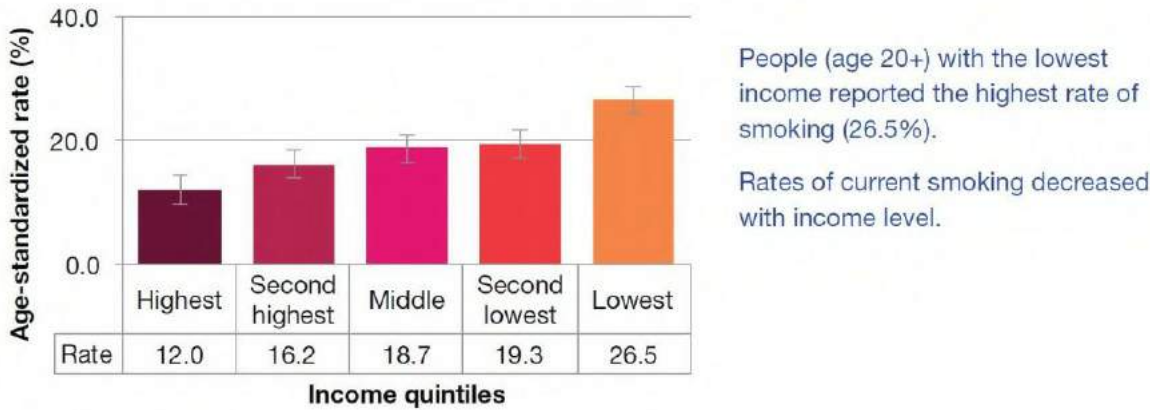
ADULT SMOKING RATES

Tobacco smoking has serious health and economic impacts on society. It is the most preventable cause of lung cancer (a leading cause of cancer death), accounting for about 85% of all new lung cancer cases in Canada.¹¹³ Smoking is estimated to increase the risk of coronary heart disease and stroke by 2 to 4 times; dying from chronic obstructive lung disease (such as bronchitis and emphysema) by 12 to 13 times; and the development of lung cancer in men by 23 times and in women by 13 times.¹¹⁴ The estimated annual economic burden of tobacco smoking in Canada, based on 2012 figures, is \$21.3 billion.¹¹⁵ The annual economic burden attributable to smoking in BC is estimated at \$2.0 billion in 2013.¹¹⁶

The profound negative consequences of tobacco smoking at the individual and societal levels and the evidence of geographic, sex, and socio-economic differences in smoking rates in BC, warrants continued monitoring of this indicator.

Income

Figure 57. Current smoking rate of population (age 20+) in BC, by income, CCHS 2007/08 - 2011/12



KEY FINDINGS

Among the general BC population, the rates of different health and well-being indicators vary significantly by geographic region, sex, education and income:

- Obesity rates were more than three times higher in the HSDA with the highest rate (22.4%) compared to the one with the lowest rate (6.9%).
- Significantly higher rates of females reported mood/anxiety disorder (13.7%) and adequate fruit and vegetable consumption (48.6%) than males (7.7% and 36.4% respectively).
- People with at least a high school diploma reported significantly more favorable rates for a number of indicators than those with less than a high school education: positive perceived health (62.5% vs. 45.3%), positive perceived mental health (72.0% vs. 59.0%), adequate fruit and vegetable consumption (42.9% vs. 34.8%), leisure time physical activity (59.5% vs. 51.3%), mood/anxiety disorder (10.2% vs. 16.4%), adult obesity (12.2% vs. 17.3%) and current smoking (16.6% vs. 39.8%).
- People in the highest income group reported significantly more favorable rates than those in the lowest income group for a number of indicators: positive perceived health (71.9% vs. 47.8%), positive perceived mental health (78.8% vs. 59.2%), adequate fruit and vegetable consumption (47.9% vs. 35.8%), leisure time physical activity (69.3% vs. 48.2%), mood/anxiety disorder (7.9% vs. 17.4%) and current smoking (12.0% vs. 26.5%).

CONCLUSIONS AND NEXT STEPS

The results of analyzing 16 indicators from BC’s priority health equity indicator suite demonstrate that some groups of British Columbians are doing noticeably better than others. The evidence provided here reveals some of the inequities various populations groups may face across geographic, demographic and socioeconomic dimensions. Application of similar approaches by others at the health system or program levels could reveal important health inequities in service delivery and utilization. This type of information can inform policies and programs to reduce inequitable gaps and improve opportunities for good health across all population groups. As a next step, PHSA PPH intends to engage our partners to explore how these findings can inform monitoring trends on health inequity. Additionally, working with a variety of partners, PPH also hopes to begin exploring how equity surveillance of the prioritized suite of equity indicators can inform action on promoting health equity.

Barriers to Recreation for Indigenous Peoples

The background of the slide is an aerial photograph of a frozen lake. The ice has formed into a series of concentric, irregular rings or ridges that spiral outwards from a central point, creating a complex, organic pattern. The colors are various shades of blue and white, with the darker blue representing the open water or thinner ice and the lighter white representing the thicker ice ridges.

A Sampling of Recent Canadian Research

SPORT AND RECREATION BARRIERS AND STRATEGIES FOR FIRST NATIONS

[Aboriginal Long-term Development Pathway, Sport for Life Canada, 2016](#)

This document presents a roadmap for developing sport and physical activity among Indigenous peoples. The Aboriginal Long-Term Participant Development Pathway is a reference for those who work with Indigenous participants in sport and recreation. It has grown out of the understanding that mainstream models for sport development do not necessarily align with Indigenous needs or experiences. As such, this document tries to address that gap by outlining the key elements that need to be considered when planning, developing, and implementing programs for and with Indigenous peoples and communities.

INDIGENOUS LONG-TERM PARTICIPANT DEVELOPMENT PATHWAY WORKSHOP (FULL DAY)

- The [Indigenous Long-Term Participant Development Pathway](#) resource and Supporting Indigenous Participation workshop is designed to help sport and physical activity leaders and organizations across Canada enhance their understanding about how to support Indigenous participants and athletes in their programming. The workshop will spend time developing an appreciation of Indigenous culture, and how that culture plays out in terms of engagement and sustained participation through the sport system. It will outline the key elements that need to be considered when planning, developing, and implementing programs for and with Indigenous peoples and communities, including a focus on supporting the physical, mental, spiritual, and cultural needs of the individual to maximize their experience in sport and physical activity. The workshop will focus on how we can adjust the competition pathway and some of the policies within the system to ensure that we create a clearer pathway for Indigenous participants and athletes.
- Upon completion of the workshop, participants will have:
 - Increased cultural awareness and understanding about our shared history as Indigenous and non-Indigenous peoples in Canada, through participation in the [KAİROS Blanket Exercise](#)
 - Increased understanding of the Indigenous and mainstream systems in Canada
 - Ideas to support participants' physical, mental (intellectual and emotional), spiritual, and cultural needs
 - Tools and an action plan to better support Indigenous participants in programs
 - A certificate of workshop completion and 3 National Coaching Certification Program (NCCP) Professional Development (PD) points (if applicable)
- To book a workshop, please [fill out this form](#) or contact us at events@sportforlife.ca.

CALLS FOR ACTION - SPORTS AND RECONCILIATION

87. We call upon all levels of government, in collaboration with Aboriginal peoples, sports halls of fame, and other relevant organizations, to provide public education that tells the national story of Aboriginal athletes in history.

88. We call upon all levels of government to take action to ensure long-term Aboriginal athlete development and growth, and continued support for the North American Indigenous Games, including funding to host the games and for provincial and territorial team preparation and travel.

89. We call upon the federal government to amend the Physical Activity and Sport Act to support reconciliation by ensuring that policies to promote physical activity as a fundamental element of health and well-being, reduce barriers to sports participation, increase the pursuit of excellence in sport, and build capacity in the Canadian sport system, are inclusive of Aboriginal peoples.

90. We call upon the federal government to ensure that national sports policies, programs, and initiatives are inclusive of Aboriginal peoples, including, but not limited to, establishing:

- i. In collaboration with provincial and territorial governments, stable funding for, and access to, community sports programs that reflect the diverse cultures and traditional sporting activities of Aboriginal peoples.
- ii. An elite athlete development program for Aboriginal athletes.
- iii. Programs for coaches, trainers, and sports officials that are culturally relevant for Aboriginal peoples.
- iv. Anti-racism awareness and training programs.

91. We call upon the officials and host countries of international sporting events such as the Olympics, Pan Am, and Commonwealth games to ensure that Indigenous peoples' territorial protocols are respected, and local Indigenous communities are engaged in all aspects of planning and participating in such events.

The background of the slide is an aerial photograph of a frozen body of water, likely a lake or river. The ice has formed into concentric, swirling rings or patterns, creating a textured, organic look. The colors are various shades of blue and white, with the white representing the snow or ice and the blue representing the open water or thinner ice. The overall effect is a sense of depth and natural beauty.

Barriers to Recreation for Newcomers and Refugees

A Sampling of Recent Canadian Research on Barriers to
Public Health which may be extrapolated to Recreation

SPORT AND RECREATION BARRIERS AND STRATEGIES FOR NEWCOMERS

[Creating Inclusion of Newcomers in Sport and Physical Activity, Sport for Life Canada, 2014](#)

Newcomers to Canada may have established their basic needs (e.g. a home, work, school for children) but they may not have integrated into their communities. Many may struggle to find a place in Canada well after they arrive, and sport and physical activity can be an important vehicle for helping them feel that they belong.

The ICC (2014) has affirmed the existence of several barriers that prevent the inclusion in sport. Although the report is specific to new citizens, some of the barriers identified may resonate with other populations as well, since we are still struggling to eliminate these barriers for all Canadians who wish to be physically active. The ICC (2014) report also provides an excellent compilation of information that can guide sport and physical activity leaders as they strive to meet the needs of newcomers. As the report confirms, "the good news is that the barriers cited by new citizens are mainly structural challenges, rather than cultural issues".

Overview of the Barriers

According to ICC (2014), many new citizens are not participating in sport, despite a general interest in wanting to. This low involvement is due to several barriers including the following:



PUBLIC HEALTH SERVICES AND NEW CANADIANS/REFUGEES

The following barriers to access, availability, and applicability/appropriateness of public health facilities and services for newcomers more than likely corresponds to similar barriers in sport and recreation facilities and services for newcomers.

IMMIGRANT POPULATIONS/NEW CANADIANS

Source: <http://www.bccdc.ca/pop-public-health/Documents/RHImmigrantPopulationRecommendations1.pdf>

IMMIGRANT POPULATION WORKING GROUP RECOMMENDATIONS

The Working Group used "A Framework for Conceptualizing Equity in Health Care"¹ to organize recommendations. This framework is based on three dimensions for understanding equity in the delivery of health services:

- Availability,
- Accessibility,
- Acceptability.

Based on five meetings of the Immigrant Population Working Group and a Community Engagement meeting with various settlement and immigrant serving agencies, a number of Barriers and Opportunities for Action were identified. The following is a summary of the Working Group's findings.

1. AVAILABILITY OF SERVICES

Barrier

Immigrants can experience difficulties finding a family physician and accessing health care in their own language.

Opportunities for Action

- Increase capacity within the interpreting community to provide services to GPs.
- Provide the opportunity for foreign trained health care professionals to act as cultural health brokers. It can be challenging for some immigrant sub-groups (e.g. sponsored seniors) to obtain extended medical care.
- Improve the availability of extended health care services.

2. ACCESSIBILITY OF SERVICES

Barrier

Immigrants have challenges in navigating the complexity of the Canadian health care system.

Opportunities for Action

- Increase support for cultural health brokers.
- Hire foreign trained health care professionals as cultural health brokers.

Barrier

A lack of culturally responsive and (geographically) accessible health services means:

- Immigrants may travel long distances.
- Services may not be provided at suitable times for immigrants.
- Health care providers may not recognize

mental health issues of immigrants

Opportunities for Action

Partner with localized immigrant community organizations to provide:

- Health promotion programs,
- Medical outreach services,
- Mental health services.

Barrier

Discontinuity between settlement services and health services means that settlement workers often have limited knowledge about available health services.

Opportunities for Action

- Build health promotion capacity among settlement workers & immigrant serving agencies.
- Improve information support between health literacy coordinators and settlement agencies.
- Improve collaboration between community agencies and settlement workers. Information is provided in a way that does not enhance health literacy, such as using only English and using jargon or advanced vocabulary.
- Improve health literacy by utilizing: »» cultural health brokers and existing community programs, » media, such as radio and TV, and »» ESL classes.
- Promote awareness of interpreting services for health care providers.
- Develop partnerships between immigrant serving agencies and the BC Health Literacy Strategy.

Barrier

Waiting periods can delay access for new immigrants to access the publicly funded health care system.

Opportunities for Action

- Examine waiting period policies in BC, to ensure they meet the Accessibility Principle of the Canada Health Act. The Social Determinants of Health including poverty, transportation and housing affect health status of immigrants.
- Provide support within the health sector to address the social determinants of health.

3. ACCEPTABILITY OF SERVICES/PATIENT CENTERED CARE

Barrier

- Limited cultural competency means that health care is not always culturally responsive.
- Limited cultural safety means that immigrants don't always feel their cultural identity has been respected.

Opportunities for Action

Improve culturally competency and cultural safety by:

- providing education to health care providers, including how to work with cultural brokers and interpreters, as well as on the use of alternate therapies, and
- utilizing the knowledge and expertise of immigrant serving agencies to help train health care providers and/or improve health programs and services.

REFUGEES AND MIGRANT WORKERS TO CANADA

Source: <http://www.bccdc.ca/pop-public-health/Documents/RHRefugeePopulationRecommendations1.pdf>

REFUGEE POPULATION WORKING GROUP RECOMMENDATIONS

The Working Group defined “refugee” to include government-assisted refugees (GAR), refugee claimants and migrant workers. Over the course of five meetings, the Refugee Population Working Group identified three main strategies for how the health care system can better meet the needs of refugee populations in British Columbia. The following is a summary of Barriers and Opportunities for Action for each strategy.

1. BUILD CAPACITY AND QUALITY IN THE HEALTH CARE SYSTEM

Barrier

Limited capacity of primary care providers to take on refugee clients, as:

- interpretation services are limited.
- practitioners are insufficiently reimbursed for working with refugees.
- there is a lack of knowledge about health issues that refugees face.

Opportunities for Action

- Add refugees to chronic disease group so GPs will receive extra remuneration.
- Create MSP fee code for interpreting services.
- Create a website that provides information to primary care teams.
- Ensure the availability of specialty clinics for refugees who require enhanced medical support.

Barrier

Limited resources available to address pre/post migration stressors may lead to higher rates of mental health and substance use issues.

Opportunities for Action

- Increase availability of trauma counselling.
- Train teachers and counsellors to identify mental health concerns in refugee children.
- The Interim Federal Health (IFH) program should fund counselling and interpretation for counselling for refugees.
- Create a website to help caregivers locate resources. Inadequate medical insurance coverage for refugees.
- Extend medical coverage to migrant workers.
- Simplify the IFH processes and improve timeliness of the payment system. Inadequate number of culturally competent health care providers.
- Provide cultural competency training to front line staff, health care providers and students.
- Implement a cultural health broker program.

2. IMPROVE PARTNERSHIPS BETWEEN HEALTH CARE SYSTEM AND SETTLEMENT/COMMUNITY-BASED ORGANIZATIONS

Barrier

Limited partnerships and linkages with organizations that work with refugees to raise the awareness about the range of services that are available to refugees.

Opportunities for Action

- Create new government position that could serve as a liaison between organizations.
- Create a list of community groups arranged geographically and by language.
- Promote communication and coordination between health services and settlement agencies. Inadequate legal representation for refugees.
- Provide free legal representation for refugees.
- Ensure that laws and regulations under Employment Standards and WorkSafe BC are complied with by employers of migrant workers. Refugees face difficulties navigating the complexity of the Canadian Health Care System.
- Implement a cultural health broker program, building on existing models.

3. ADDRESS THE SOCIAL DETERMINANTS OF HEALTH IN ORDER TO IMPROVE HEALTH CARE SYSTEM UTILIZATION

Barrier

Lack of safe, affordable and adequate housing, and difficulties in securing housing.

Opportunities for Action

- Increase the number of housing search workers.
- Eliminate wait period for BC Rental Assistance.
- Increase the transition time period out of Welcome House. Financial constraints affect access to health care.
- Enhance level of income assistance.
- Extend income assistance period for refugees, after they find employment.
- Abolish travel loan repayment.
- Provide childcare for two years post-arrival. Insufficient job training and employment opportunities for refugees.
- Develop job coaching, counselling and specialty training services for refugees. Miscommunication between health care providers and refugees.
- Increase diversity of types of English as a second language classes, including programs for illiterate people, different learning abilities, locations, rates of learning, etc.

Barrier

Difficulties with mobility and transportation to access health care.

Opportunities for Action

- Provide bus pass.
- Revise policy around the number of strollers permitted on the bus.
- Develop and fund mobile health clinic.
- Provide accompaniment (e.g. cultural health broker).

NPNA's Equity Slide Deck

This presentation of maps presents the economic, racial and spatial equity issues for consideration in siting the new recreation centre and should also inform who is engaged and the needs to be addressed in selecting the amenities for this new wellbeing centre. We are adamant that this facility be sited north of Pandora, and we are quite certain that a 50m lap pool will not rank high in priority if a fulsome engagement of underserved populations were to occur, and an equity lens using the data-driven information provided here be used by staff and council of the City of Victoria.

Note that slides #26-29 provide absolute numbers of children living in poverty in Victoria in response to Councillor Young's question on absolute vs proportionate number of children living in poverty.

Please note that by both absolute and proportionate terms that the northern neighbourhoods house more children in poverty than elsewhere, but that economic equity is not the only issue for children and families in Victoria's north end. Racial equity also plays a significant role and this intersectionality with lower income and wealth adds to the barriers these residents experience in reaching their full potential. Moreover, the spatial equity issues present in the north end, related to the disproportionately high burdens and disproportionately low city services/amenities also make these neighbourhoods and the residents living in them, at further disadvantage and marginalization.

Notice to Reader:

A COMMUNITY-LED CONVERSATION OF CRITICAL SIGNIFICANCE AND TIME-SENSITIVE IMPORTANCE

Report Purpose and Status:

This presentation has been prepared by board members of the North Park Neighbourhood Association, the impetus being the proposed relocation of Crystal Pool away from the underserved, northern neighbourhoods of Victoria. The concepts contained within this presentation have been shared and are supported by neighbourhood representatives at VCAN. We will continue to refine this draft presentation and add more interpretative text and speakers notes in the lead up to our June 6th 2019 presentation to Mayor and Council. However, a number of community partners have requested immediate access to this work-in-progress document thus we are making it available as is. For the most recent version of this document, please visit www.npna.ca. Any questions, please contact Allison Ashcroft at allisonashcroft@yahoo.com

Invitation to Use:

We invite our community partners to utilize relevant aspects of this presentation to generate a discussion about equity related to public development decisions of the City of Victoria, CRD Housing, VIHA, School District 61, and others that community members find similarly concerning. Please keep this page attached to any versions of this presentation you generate or distribute. The concepts contained within this presentation are also recommended for use in prioritizing equity for Neighbourhood strategies and the Neighbourhood Summit.

Request for Your Respectful Interpretation:

Many slides contained within this document present sensitive information about injustices in our community and highlight the disproportionate burdens experienced by certain neighbourhoods, by racialized members of our community, and by households living in poverty. We love our community and all those who live, work and play here as guests of the Lekwungen people. We embrace the increasing diversity in our neighbourhoods and across Victoria, AND we seek greater equity and inclusion (and affordability) for ourselves and our neighbours in pursuit of wellbeing for all of Victoria's residents regardless of the neighbourhood we call home.

It is the failure of our systems and institutions to acknowledge and address historic and persistent injustices which prevent certain groups from reaching their full potential. Vulnerability and marginalization is neither a choice nor a result of inaction and the data visualizations contained within this presentation provide the evidence base for Victoria's inequity. These graphics and statistics should not be interpreted as a failing of certain individuals, households, or neighbourhoods, nor as fuel for NIMBYism or gentrification. Moreover, these slides do not convey the richest assets we currently possess in our commitment to community pride, neighbourliness, and volunteerism for which North Park and the other underserved neighbourhoods of Victoria have no rival.

Finally, talking about inequity, and recognizing its role as a root cause for our most complex challenges and disparities, is a relatively new conversation and can be understandably triggering. Be kind, be patient, and be generous in your critique of this presentation and the conversations it is intended to initiate. We are at the beginning of a transformative shift in pursuit of equitable wellbeing; have faith in the goodwill of your neighbor and our shared commitment to this vision.

EQUITY ANALYSIS OF CRYSTAL POOL

From an equity and affordability perspective what is the preferred location for the City's Recreation and Wellness Centre?

Community's Position*:

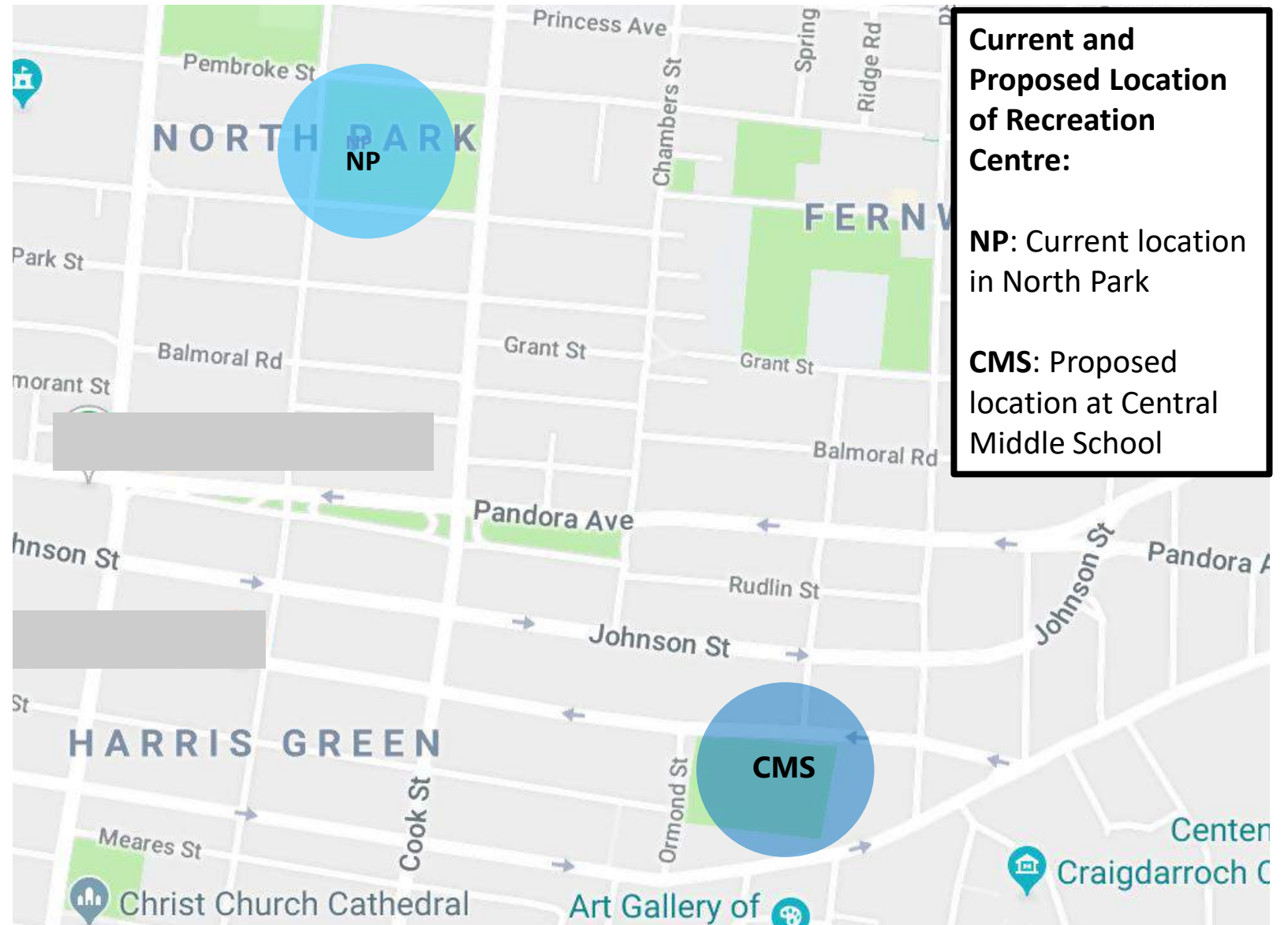
There is an unequalled opportunity to use this significant investment to reverse persistent and increasingly entrenched neighbourhood and demographic inequities across our community

** This position has the support of board members from the neighbourhood associations of Burnside Gorge, Oaklands, Hillside Quadra, North Park, Fernwood and Downtown/Harris Green. At the May meeting of VCAN, neighbourhood representatives supported in concept the retention of the Crystal Pool in the north end of Victoria and need for 950 Kings to be retained for community benefit and recreation. Furthermore, VCAN supports equity as the priority for the Neighbourhood Summit and Neighbourhood Strategies development.*

EQUITY LENS

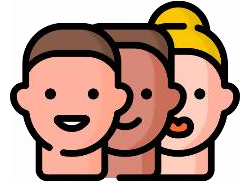
UNINTENDED CONSEQUENCES OF NOT USING AN EQUITY LENS TO SITE AND DESIGN THE CITY'S RECREATION CENTRE?

What are the long term unintended consequences of removing a significant public asset from northern neighbourhoods that already house disproportionately high community burdens and have disproportionately fewer community assets and benefits ?



EQUITY FRAMEWORK FOR USE WITHIN A CIVIC CONTEXT

Four Types of Equity



PROCEDURAL (INCLUSION)

Inclusive, accessible, authentic engagement and representation in the process to develop or implement programs or policies.



INTERGENERATIONAL

Decisions consider generational impacts and do not result in unfair burdens on future generations.



DISTRIBUTIONAL (ACCESS)

Programs and policies result in fair distributions of benefits and burdens across all segments of a community, prioritizing those with highest need.



STRUCTURAL

Decision-makers institutionalize accountability; decisions are made with a recognition of the historical, cultural, and institutional dynamics and structures that have routinely advantaged privileged groups in society and resulted in chronic, cumulative disadvantage for subordinated groups.

Summary of Recreation Centre Redevelopment Process to Date from Equity Perspective

The Crystal Pool Recreation and Wellness Centre cannot and should not be viewed in its development as a “land transaction” or in its operations as merely a “facility”. Thoughtful development and siting of this significant amenity could go a long way towards addressing inequity and the cycle of poverty.



PROCEDURAL EQUITY (INCLUSION)

Procedurally, the City has fallen short in ensuring equitable engagement in the process for siting and designing the new Crystal Pool facility, and determining community development and recreational needs (amenity selection).



STRUCTURAL EQUITY

City's decision-makers philosophically recognize the historical, cultural, and institutional dynamics and structures that have routinely advantaged privileged groups in society and resulted in chronic, cumulative disadvantage for subordinated groups, the strategic plan reflects that understanding throughout.

However, absent analysis and an equity and affordability lens, the City will not be able to operationalize changes and institutionalize accountability.



DISTRIBUTIONAL EQUITY (ACCESS)

Distributionally, the City is risking the entrenchment of neighbourhood inequities (ghettoization / gentrification) by not using an equity lens in how it distributes services, burdens and amenities.



INTERGENERATIONAL EQUITY

The siting decisions being made today related to long term care facilities, mental health facilities, social housing, recreation centres and firehalls, land use and density decisions, the delivery of programs and services, and direct award grants, will all determine the fate of Victoria's neighbourhoods and whether some become gentrified or ghettoized over the near and long term.

Secondly, poor investment decisions around the replacement of the recreation centre could leave the city with a stranded, underutilized asset that costs taxpayers heavily each year thereby saddling unfair cost (and greenhouse gas) burdens on future generations.

SEEKING THE CITY'S COMMITMENT

DIRECT TO THE CRYSTAL POOL REPLACEMENT PROJECT:

1. Don't build in scarce and valued public greenspace!
2. Bring an equity lens to siting, design, amenity selection, engagement, procurement, and evaluation to inform decisions and investment in community.
3. Bring an affordability lens to assess total cost of ownership, siting, amenity selection, operating costs, costs to taxpayers and users.
4. Invite potential partners and neighbourhood representatives to collaborate to align and help achieve these equity and affordability objectives.
5. Permanently table the current staff report with recommendation to site in Central Middle School and commit to retaining Crystal Pool north of Pandora street within walking distance of the people and neighbourhoods that will most benefit from it.
6. Rise and report on the failed negotiations with RG Properties to site Crystal Pool in the arena parking lot.

ORGANIZATIONALLY:

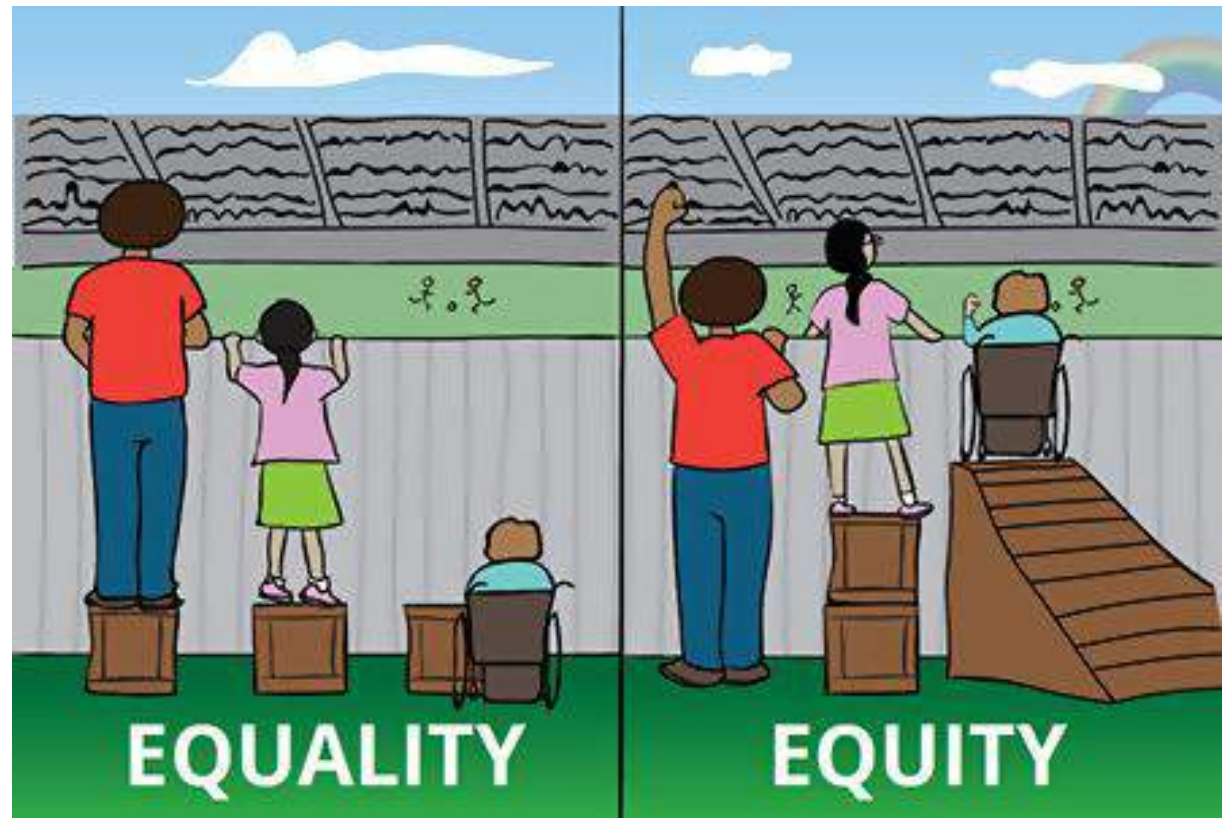
Embed **Distributional, Procedural, Structural and Inter-generational Equity** into the City's DNA (amend corporate policies guiding hiring, staff training and professional development, procurement and civic engagement).

THE LINK BETWEEN EQUITY AND RECREATION

Unequivocal research links the [social determinants of health](#) and other social benefits with recreation and [physical activity](#).

[Significant barriers](#) to access and inclusion by sectors of society:

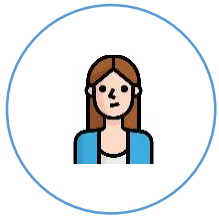
- poverty,
- equity and affordability,
- race,
- ethnicity,
- language spoken,
- immigrant status, etc.



Global Best Practice (including BC Provincial directives) ask communities to incorporate an equity lens to “policies, programs, environments and practices in physical activity” in order to ensure truly universal access.

Benefits of more equitable and inclusive physical recreation are EXPONENTIAL for traditionally underserved populations who may feel “excluded” or experience barriers to access.

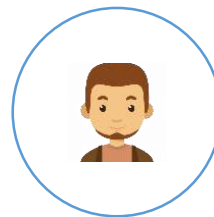
In Victoria, those folks are:



Women and girls



Indigenous Peoples



People of colour



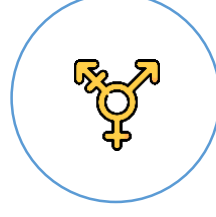
persons with a
disability



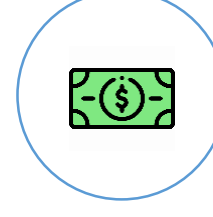
seniors



new Canadians - recent
immigrants and refugees



members of the LGBTQ
community



low income individuals
and families



people with lower levels of
formal education

SOCIAL BENEFITS FROM RECREATION AND PHYSICAL ACTIVITY

Societal benefits extend well beyond physical health:

■ **Psychological and social well-being**

- Better cognition, brain development, mental health for children

■ **Increased civic pride**

- Community attachment, engagement and cohesion,
- Reduction in racism, bigotry, violence, crime
- Newcomers – a way to connect with their new community

■ **Economic development and prosperity**

- equalization benefits for low-income households

■ **“Durable by design”**

- more resilient and resistant to disease / chronic illness

■ **Vastly improved early childhood developmental trajectories**

■ **Increased life expectancy overall**

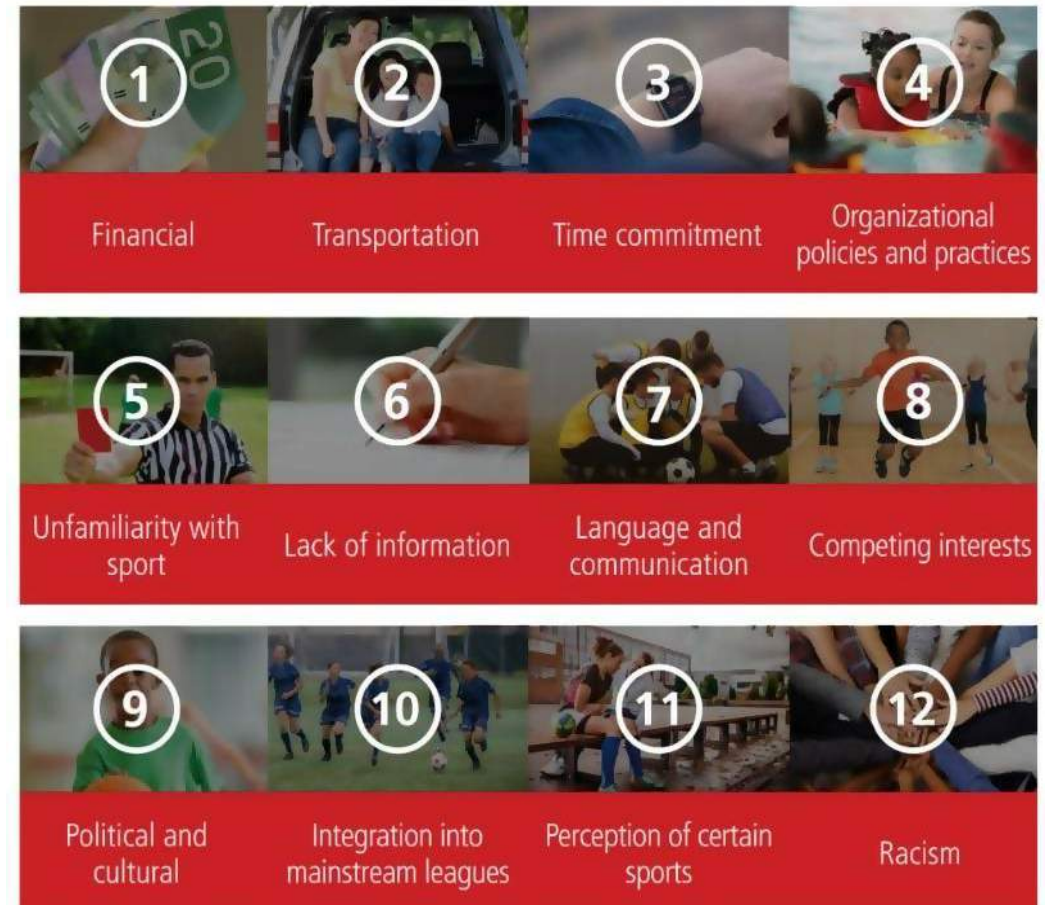
■ **Reduced smoking rate for youth and adults**

SPORT AND RECREATION BARRIERS AND STRATEGIES FOR:

INDIGENOUS PEOPLES

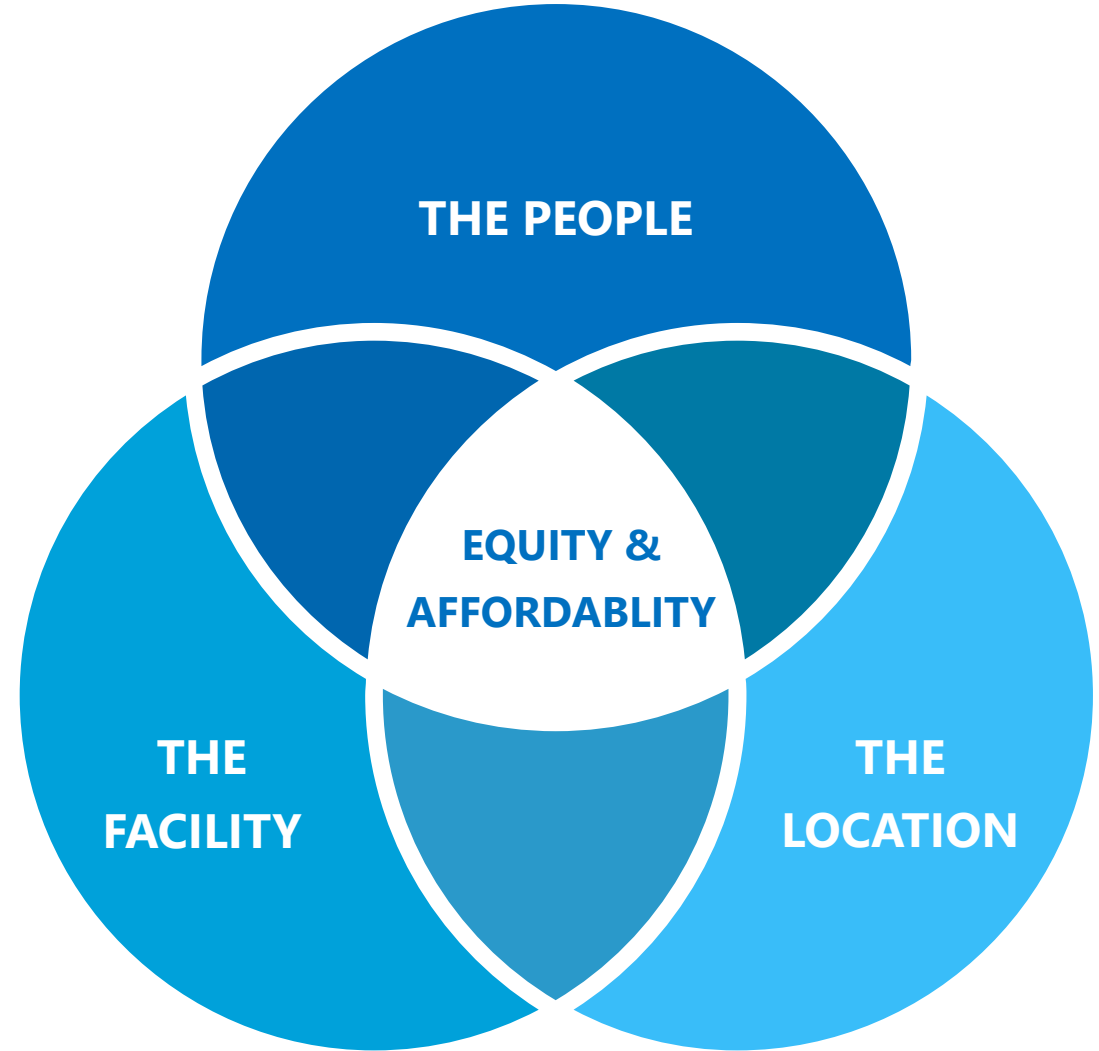
- Cultural safety
- Anti-racism framework
- Traditional spaces - sweat lodge, elders lounge
- Knowledge transfer
- Reflection of values/ culture
- Equity hiring
- Community integration
- Familiarity, comfort

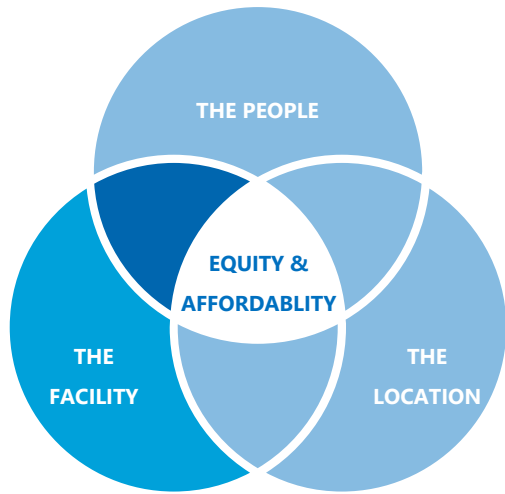
NEWCOMERS



RECOMMENDED
APPROACH TO
DEVELOPING A CIVIC
RECREATION AND
WELLNESS CENTRE –

APPLY AN EQUITY AND
AFFORDABILITY LENS TO
ALL STAGES OF DECISION-
MAKING





THE FACILITY

Outdated Paradigm:

Training and performance metrics, numbers of participants showing up for a program.

New Paradigm:

Experiential aspects related to inclusion and community building such as belonging, engagement, meaning, mastery and challenge.



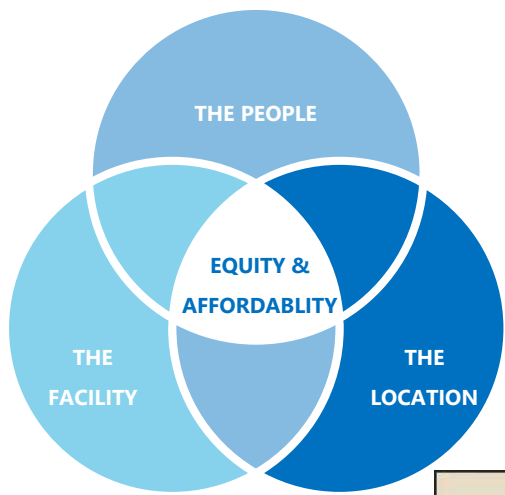
*"Public institutions continue to equate physical activity and sport as the domain of children, teens, and professional athletes."
(Active for Life / Durable by Design 2016)*



Is the pool being designed using the old paradigm or the new?

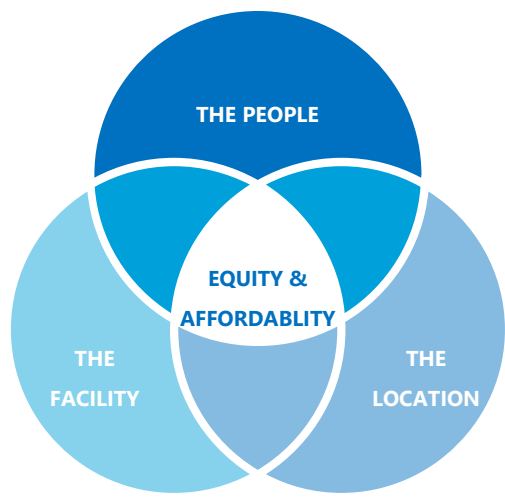
Do we understand the needs of the underserved populations in our city?

And can this facility bridge the gap in services to those citizens?



THE LOCATION





THE PEOPLE

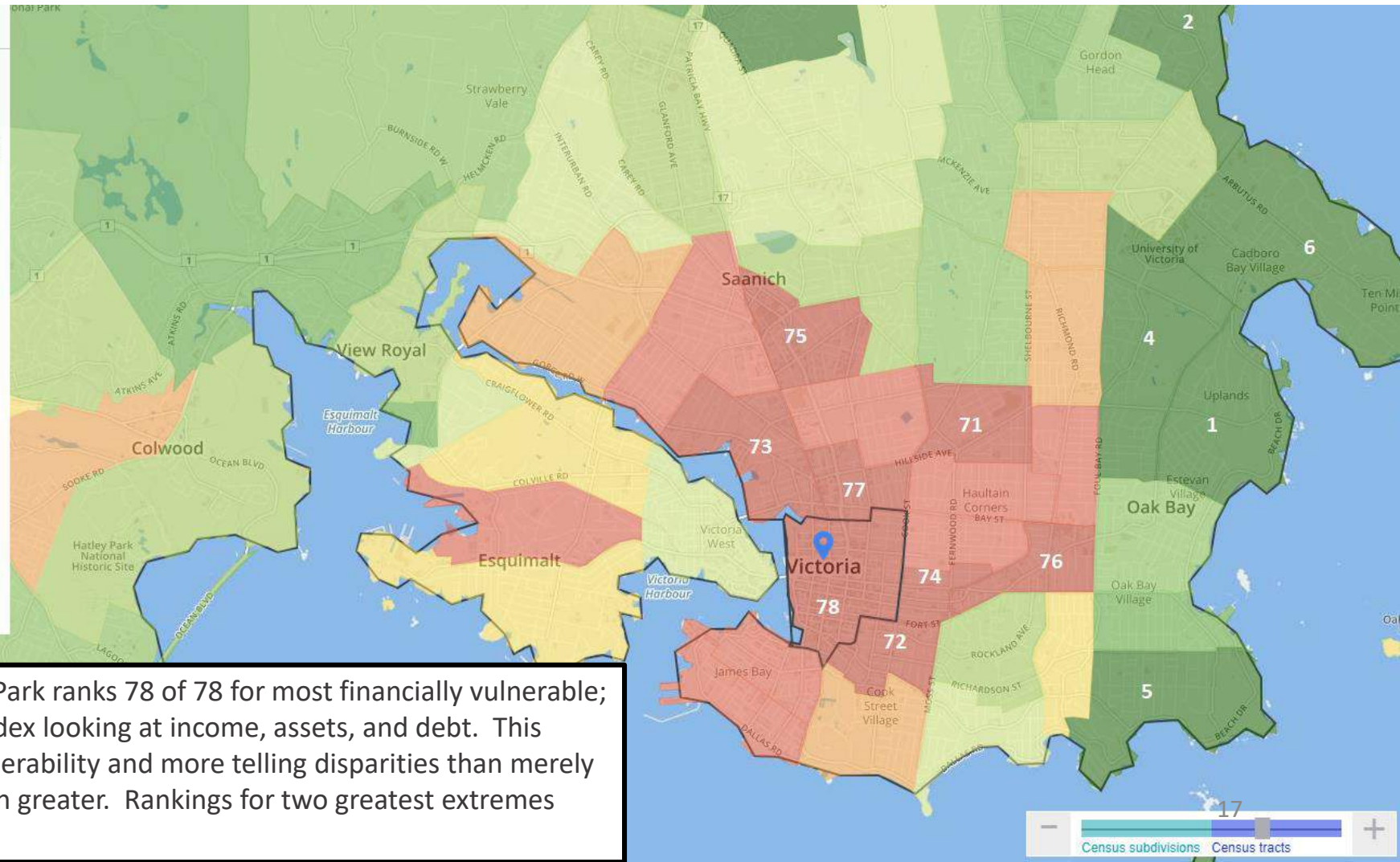


Economic Equity

Disparities in income and financial health/vulnerability are widening in Victoria and these disparities are the root cause for most of Victoria's growing pains and social issues. Affordability is an issue for low and moderate income households including students, seniors and young families. Renters are at financial disadvantage in Victoria to homeowners, and those who purchased homes many years ago have wealth that newer residents can't hope to attain.

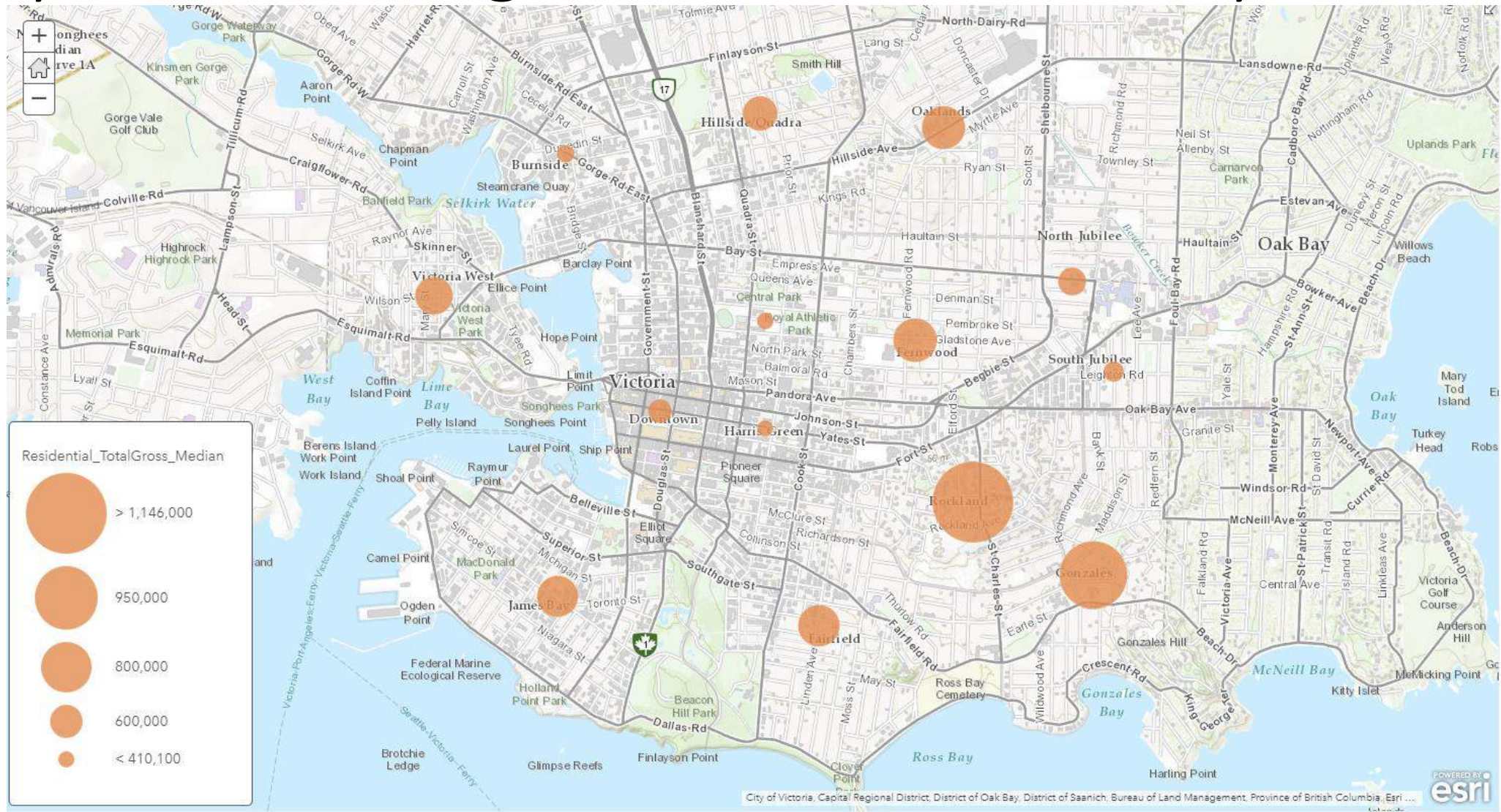
The neighbourhoods of downtown, North Park, Hillside Quadra and other northern neighbourhoods are the last remaining areas of affordability for a large number of Victoria's residents today. Even so, residents in these neighbourhoods still live in core housing need (high shelter costs, overcrowding, in need of major repair), more than residents in other areas of town. And living in the northern hoods comes at the cost of fewer and lesser quality public services and higher crime rates (assault, property and quality of life crimes).

Source: <https://communitydata.ca/NFHI/>



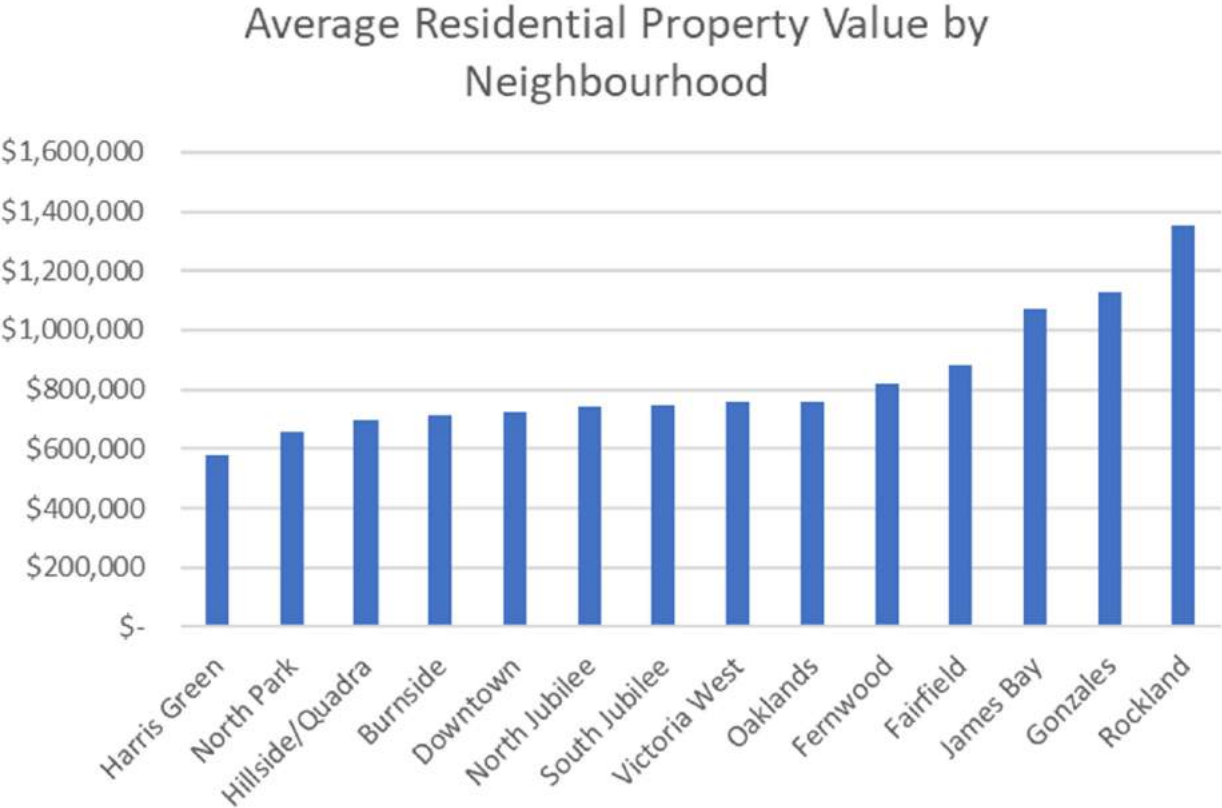
The census tract consisting of downtown and North Park ranks 78 of 78 for most financially vulnerable; Hillside Quadra 77 of 78. The NFHI is a composite index looking at income, assets, and debt. This index reflects a more accurate sense of financial vulnerability and more telling disparities than merely reporting on income since wealth disparities are even greater. Rankings for two greatest extremes shown by numbers on map in white text.

Median Residential Property Values by Victoria Neighbourhood Boundary



VICTORIA'S AVERAGE PROPERTY VALUES BY NEIGHBOURHOOD (IN ASCENDING ORDER)

- The northern neighbourhoods close to the existing recreation centre have the lowest property values in the city and presumably provide the most affordable housing options.
- The newly proposed location for the recreation centre, abutting Rockland and Fairfield, favour access to the households with the highest property values.
- Lower land values can also be an indication of lesser public amenities and other valued services lowering wealth creation of homeowners in these areas.



Neighbourhood	Average 2019 Property Value
North Park	\$ 656,439
Hillside/Quadra	\$ 694,335
Burnside	\$ 715,962
Downtown	\$ 725,599
North Jubilee	\$ 740,080
South Jubilee	\$ 748,603
Victoria West	\$ 757,812
Oaklands	\$ 760,078
Fernwood	\$ 819,388
Fairfield	\$ 881,051
James Bay	\$ 1,075,101
Gonzales	\$ 1,126,754
Rockland	\$ 1,354,350

Source:



See where your neighbourhood ranks!
By [Mark Brown](#) and [Romana King](#)
Apr 11, 2017

Ranking of where to buy in CRD	Neighbourhood	Municipality	Realtor Grade	Impact of Relocating Crystal Pool from Central Park to Central School
5	Fairfield East	Victoria	★★★★★	positive
5	Fairfield West	Victoria	★★★★★	positive
7	Rockland	Victoria	★★★★½	positive
8	James Bay	Victoria	★★★★½	positive
14	Downtown	Victoria	★★★★	neutral
14	Songhees	Victoria West	★★★★	neutral
22	Fernwood	Victoria	★★★★	neutral
58	Victoria West	Victoria West	★★★★	neutral
71	Jubilee	Victoria	★★★★½	negative
79	Oaklands	Victoria	★★★★½	negative
111	Hillside	Victoria	★★★	negative
115	Mayfair	Victoria	★★★	negative
129	Rock Bay	Victoria	★★★	negative
➡ 133	Central Park	Victoria	★★½	negative
136	Burnside	Victoria	★★	negative

EQUITY LENS

Neighborhood rankings from a realtor magazine article advising on where to buy out of all 150 neighborhoods in the CRD

Please note that we do not agree with these realtor rankings of Victoria’s northern neighborhoods which place many of these areas at the very bottom of the list of the region’s 150 neighbourhoods.

That said, moving the recreation centre away from these ‘low scoring’ areas and toward the most ‘coveted’ neighbourhoods in the region isn’t going to improve the standing of these areas to northern residents or realtor rating systems.

UNDERSERVED POPULATIONS IN VICTORIA: LOW INCOME

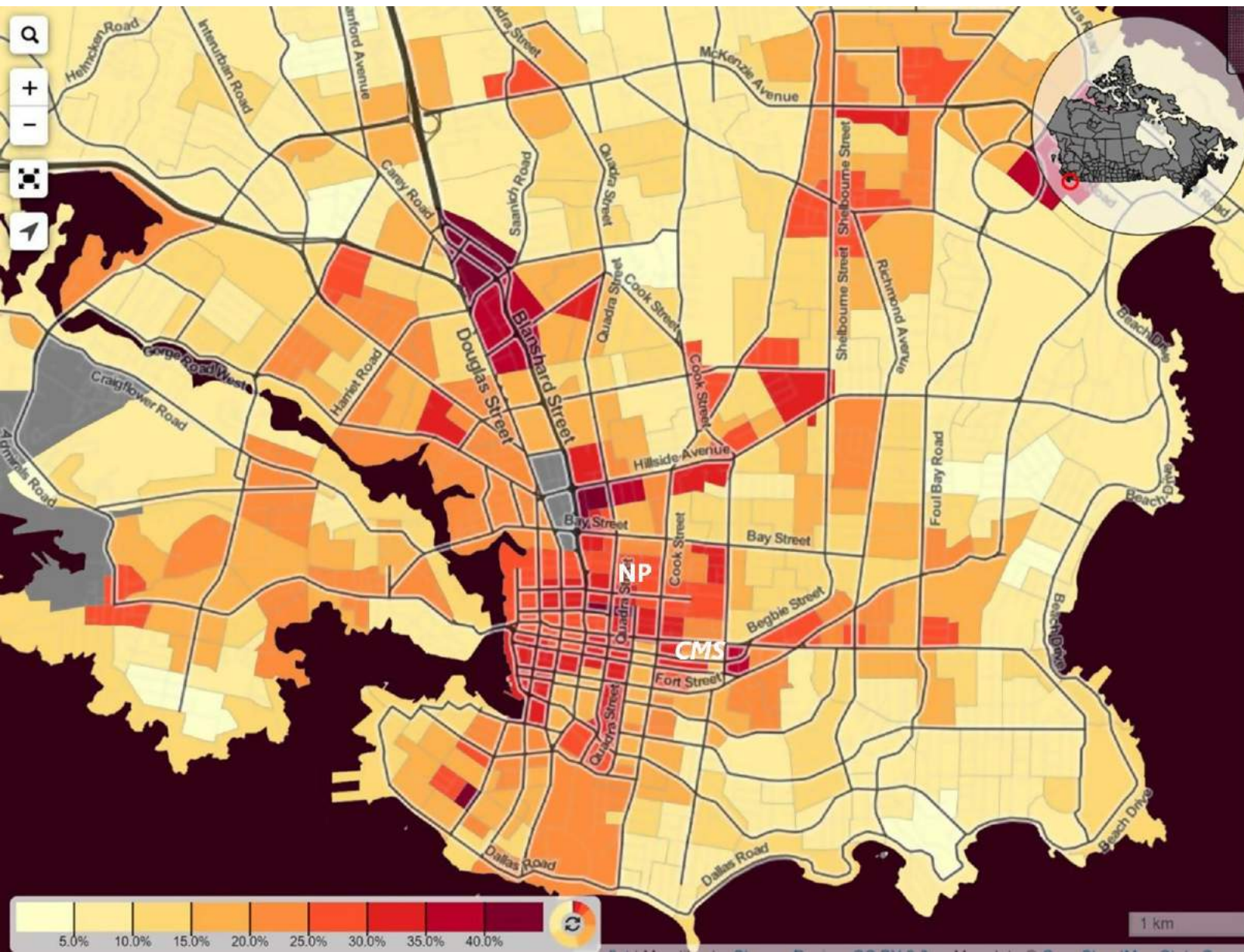
EQUITY LENS

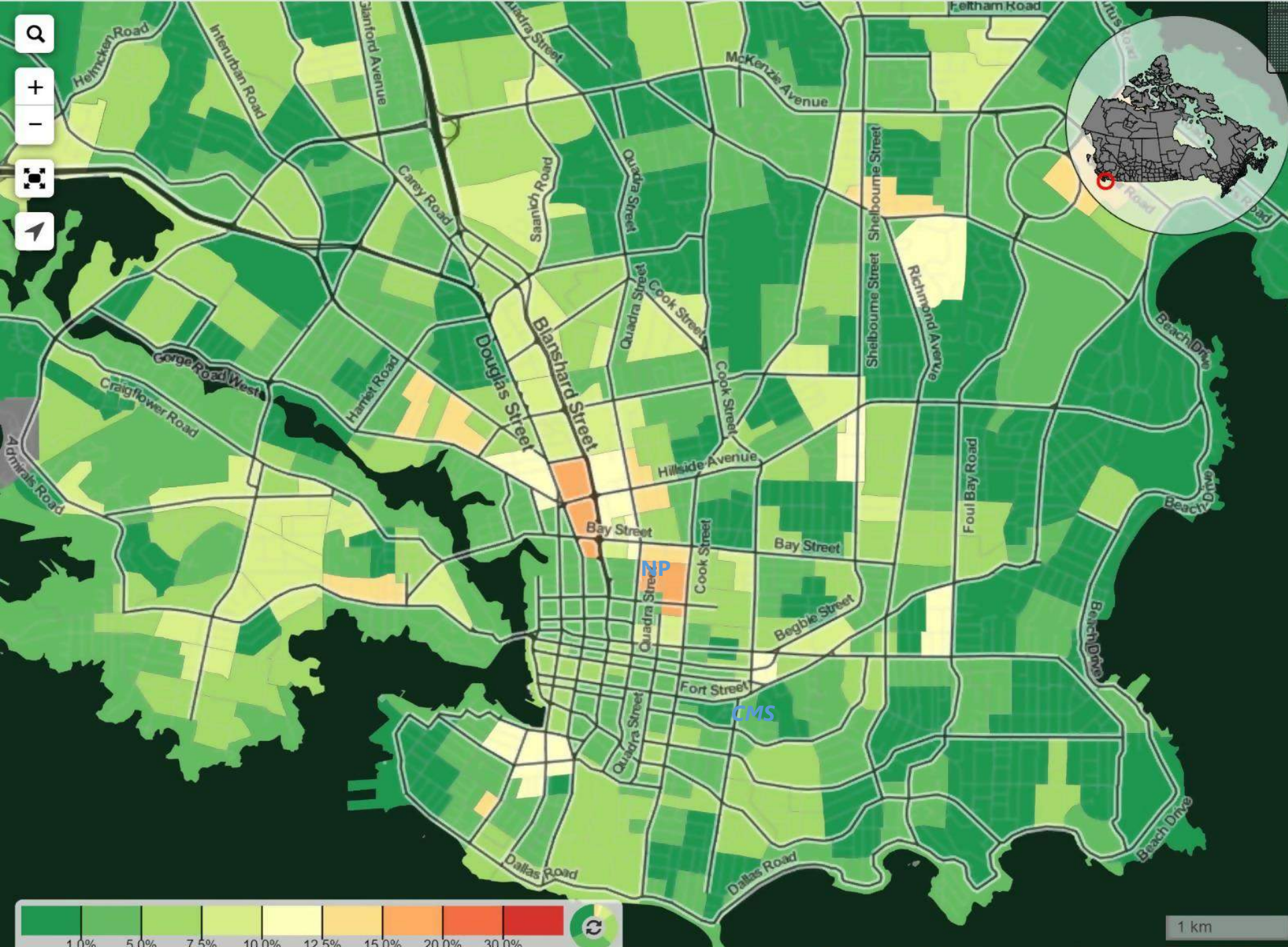
People Living Below the Low Income Measure (LIM)

(LIM refers to households earning less than 50% of median income)

The vast majority of the lowest income quintile households live on the north end of downtown, North Park and Hillside Quadra. Conversely, the areas with the smallest proportion of these households are Fairfield, Gonzales and Rockland.

Applying an equity lens would evaluate the existing location as vastly preferable to the Central Middle School for a significant investment in public recreation.





EQUITY LENS

HOUSEHOLDS LIVING IN CORE HOUSING NEED

(OVERCROWDING, HIGH SHELTER COSTS AND IN NEED OF MAJOR REPAIR)

There are two areas of town with high proportions of households living in core housing need (15-20%):

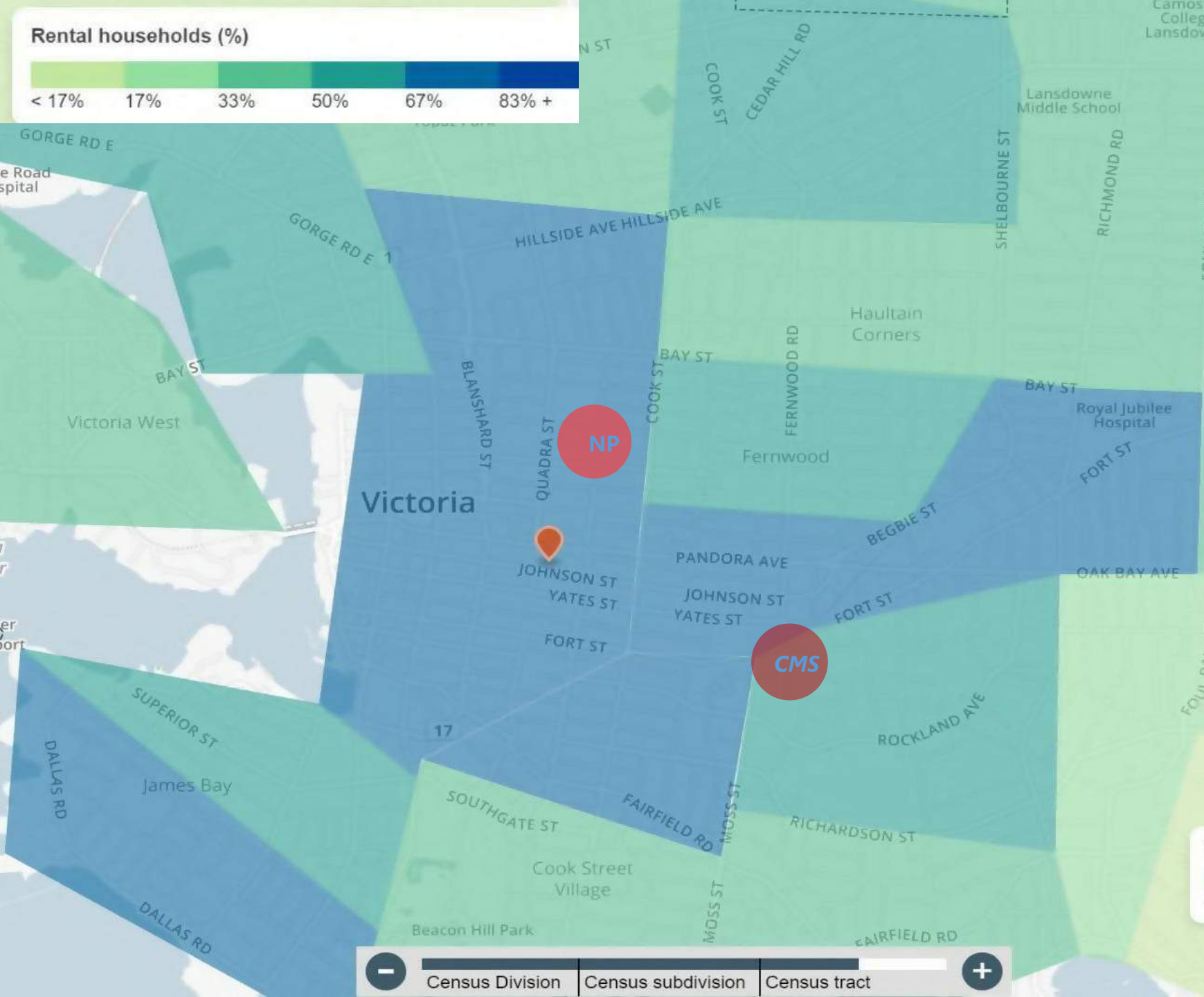
- **North Park**, and in particular, the areas immediately abutting Crystal Pool/Central Park
- Blanshard Court (Evergreen Terrace) in **Hillside Quadra**

HOUSEHOLDS LIVING IN SUBSIDIZED HOUSING AS PERCENTAGE OF ALL HOUSEHOLDS

Downtown and North Park have the highest proportion of households in subsidized housing (15 – 30% of households).

All other neighbourhoods have fewer than 15% of resident households living in non-market housing.





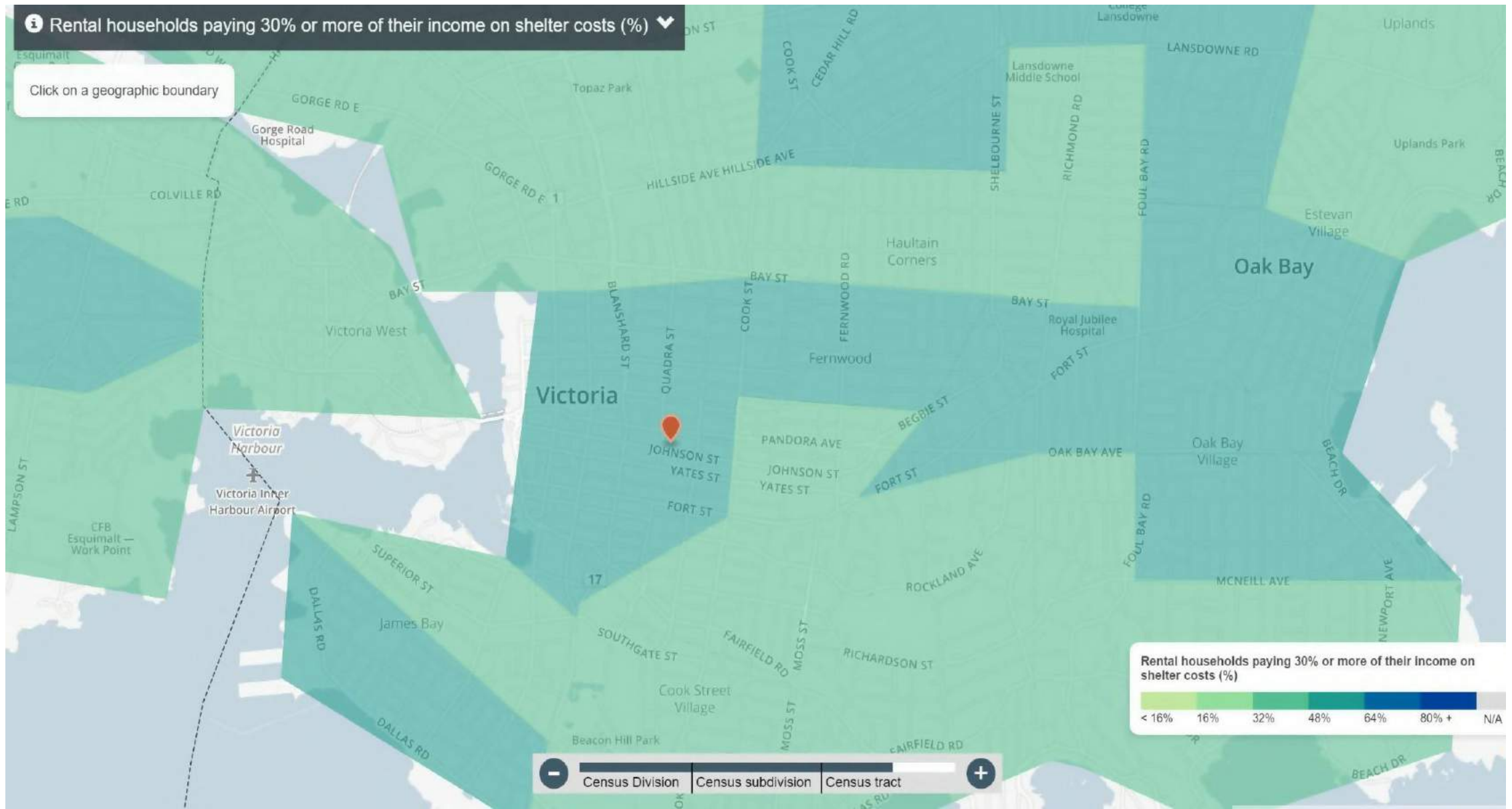
EQUITY LENS

Rental Households

Proportion of households that are renters, blue areas represent areas where in excess 2/3rds of households are occupied by renters.

Renters generally have less financial wealth and rarely have access to green space as most live in multifamily high rise buildings.

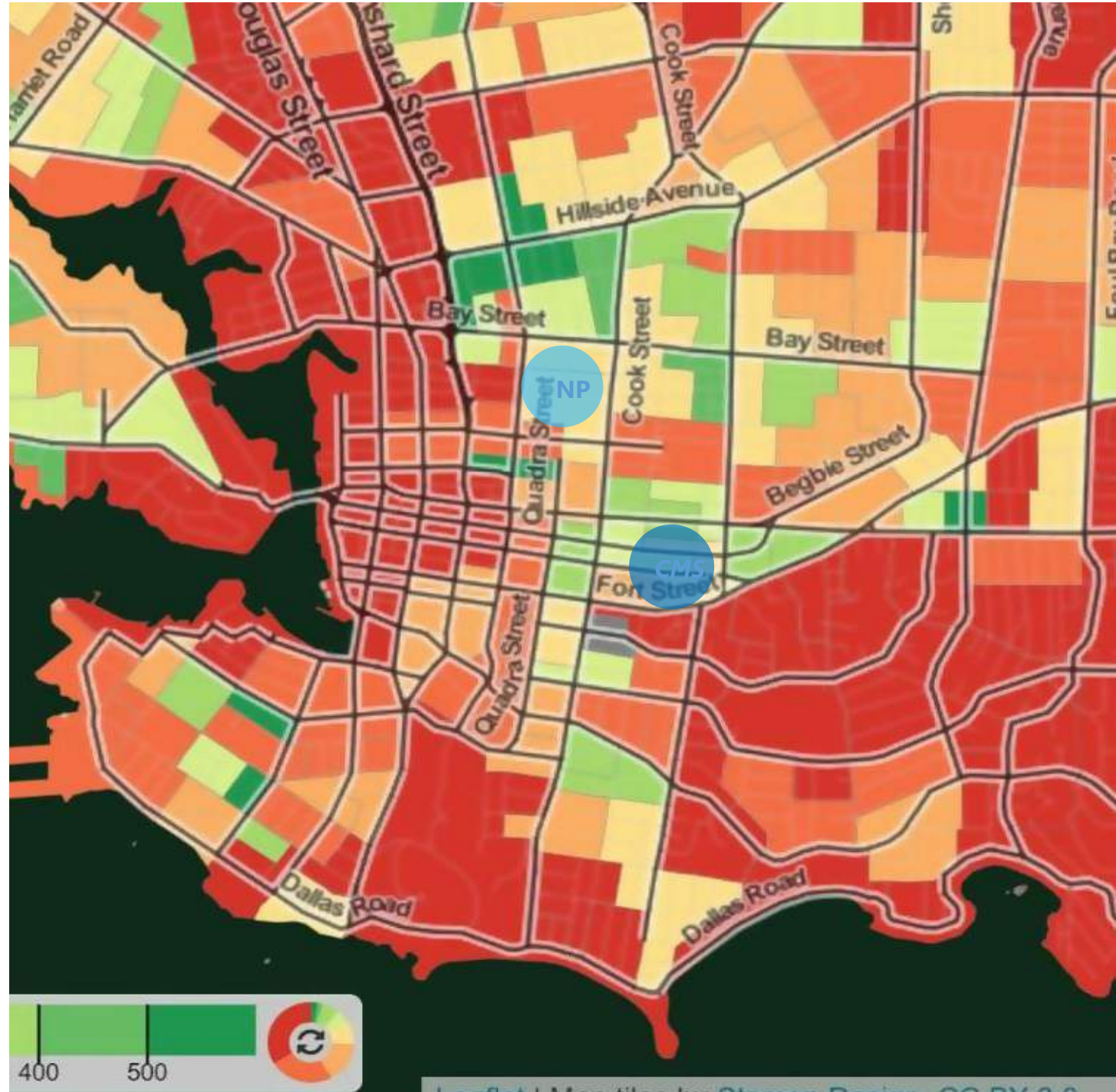
Rental Households Spending more than 30% of Income on Housing



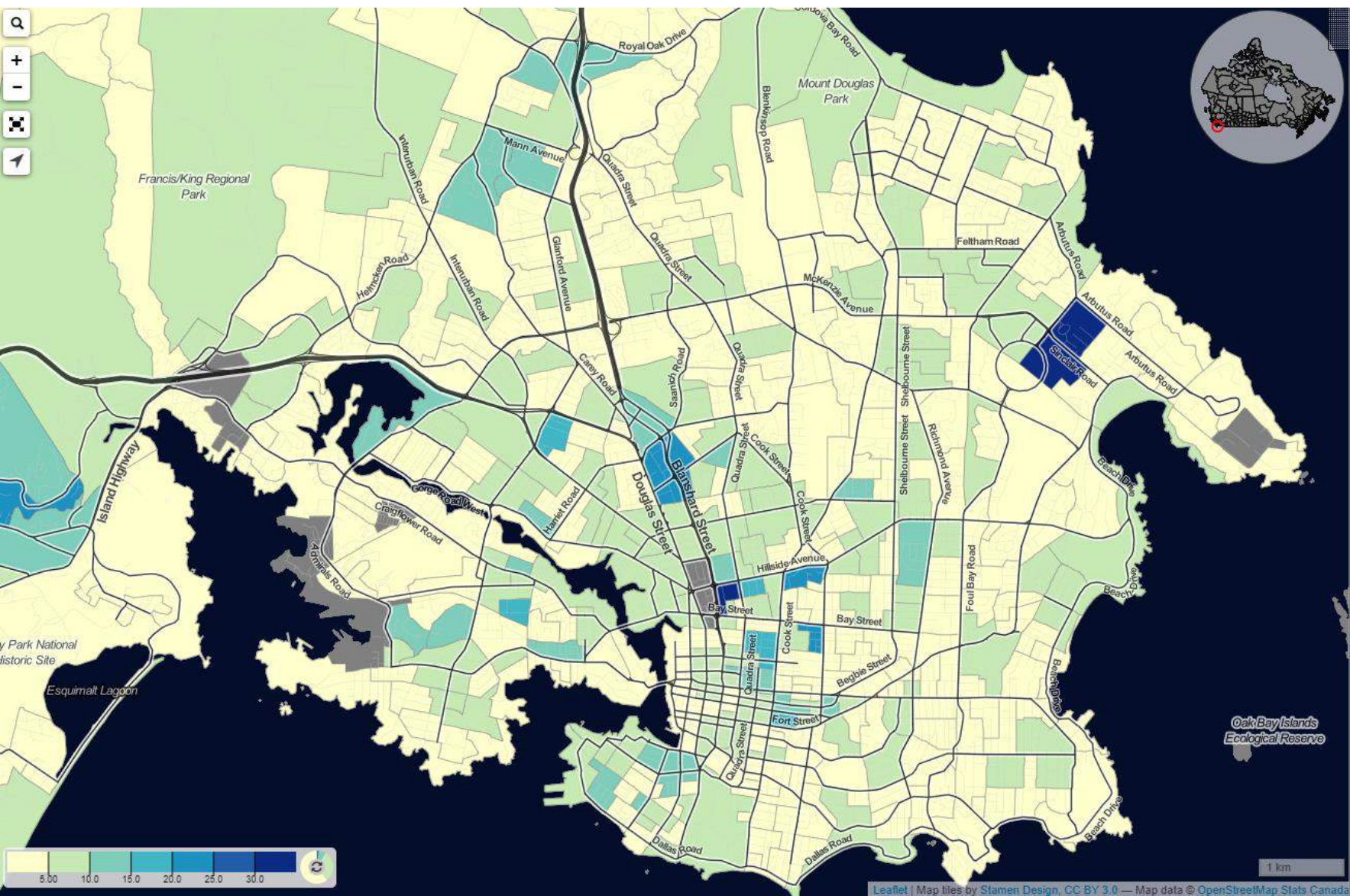
TODDLER DENSITY (TODDLERS PER KM2)


Areas in green denote the highest number of toddlers per square km. The immediate area surrounding both the existing and proposed recreation centre locations have higher number of toddlers than the rest of the city,

That said, there's a vast discrepancy in the income levels of these families with the proportion of children living in poverty being significant (20% or greater) throughout the north end of town near the existing recreation centre (see map on following page).



Toddlers Living in Poverty (absolute numbers)



Toddlers living in poverty (0-5yo) in Victoria BC by allison ashcroft 

Based on Canada Census 2016

Toddlers living in poverty based on LICO levels shown in absolute numbers at the census dissemination area level of disaggregation.

2019-06-07

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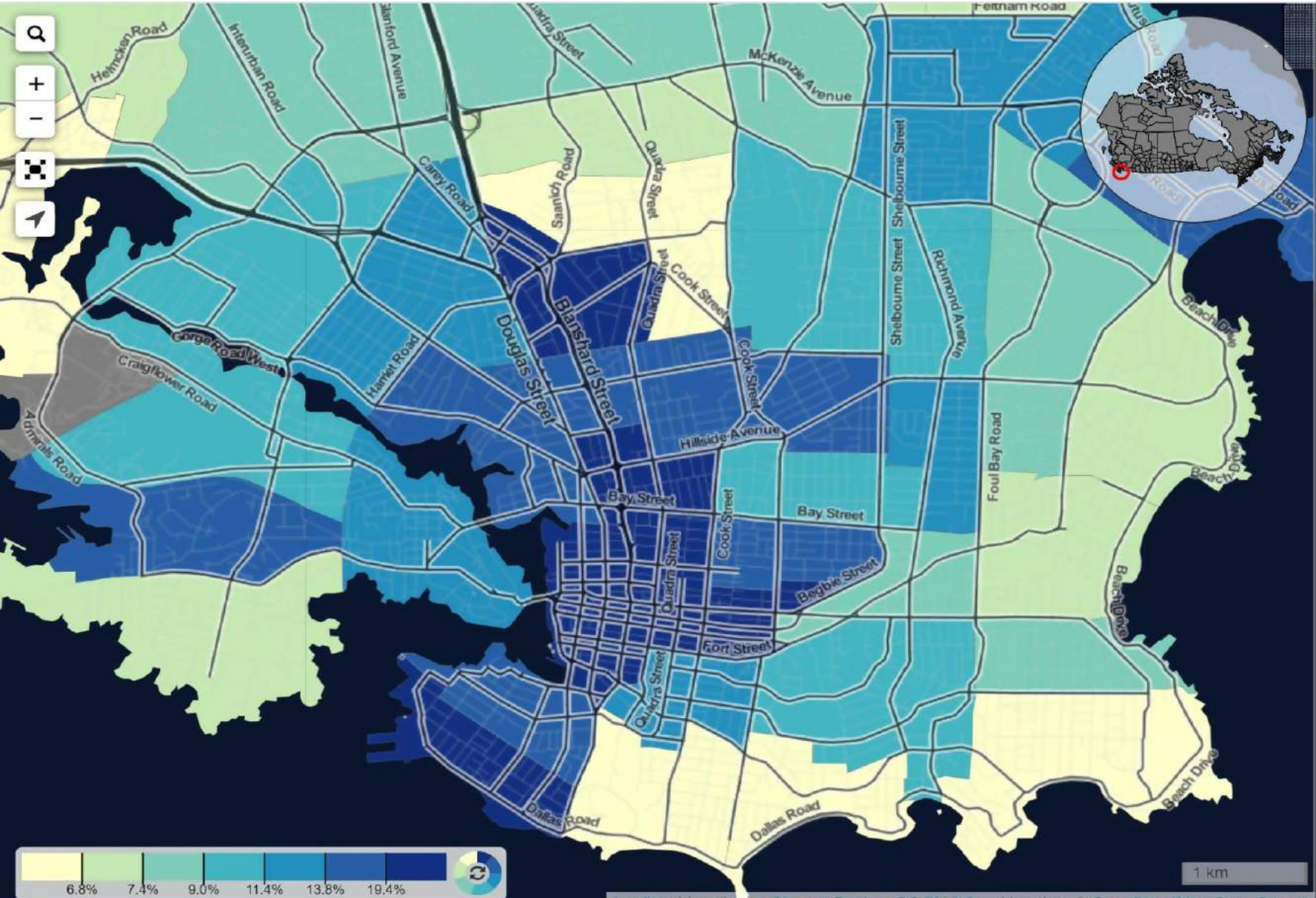
Featured Maps ▾

More Maps by allison ashcroft ▾

Even more Maps

Start a New Map

Children (0-18) Living in Poverty



Prevalence of Low Income for Children in Victoria BC

Canada Census 2016

Prevalence of Low Income for Victoria residents 0 to 17 years (%) (undefined)

Prevalence of Low Income (%)	Number of Census Tracts
5.0%	1
6.8%	2
7.4%	3
9.0%	4
11.4%	5
13.8%	6
15.0%	7
16.0%	8
17.0%	9
18.0%	10
19.4%	11
20.0%	12
21.0%	13
22.0%	14
23.0%	15
24.0%	16
25.0%	17
26.0%	18
27.0%	19
28.0%	20
29.0%	21
30.0%	22

Prevalence of Low Income for Children in Victoria BC 2016 by allison ashcroft

Based on Canada Census 2016

% Children 0-17 years living in poverty based on LICO by census tract Census 2016 28% for neighbourhoods of North Park, Harris Green, and Downtown Victoria (CT9350010)

[Link Text](#)

2018-05-17

Browse more Maps

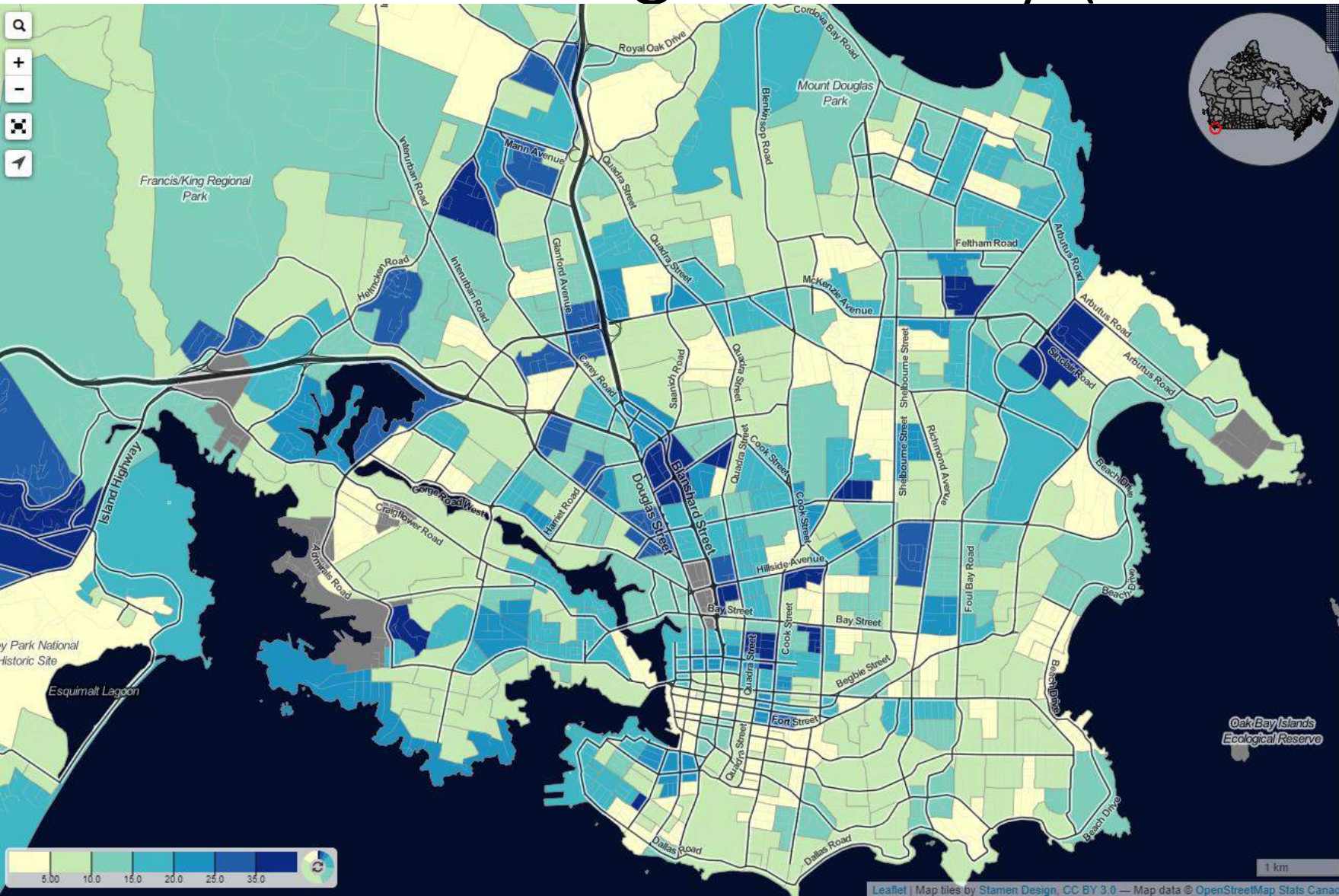
Featured Maps ▾

More Maps by allison ashcroft ▾

Even more Maps

Start a New Map

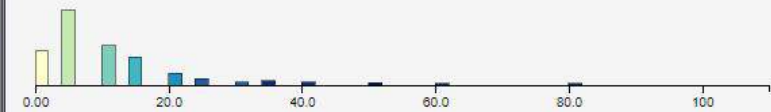
Children Living in Poverty (absolute numbers)



Children living in poverty in Victoria BC (absolute numbers) (Canada Census 2016) ▾

Canada Census 2016

Children living in poverty (0-18yo, absolute numbers at census dissemination area level) (undefined)



Children living in poverty in Victoria BC (absolute numbers) by
allison ashcroft

Based on Canada Census 2016

Children 0-18 yo living in poverty based on LICO levels. Shown in absolute numbers at the census dissemination area level of disaggregation.

2019-06-07

Browse more Maps

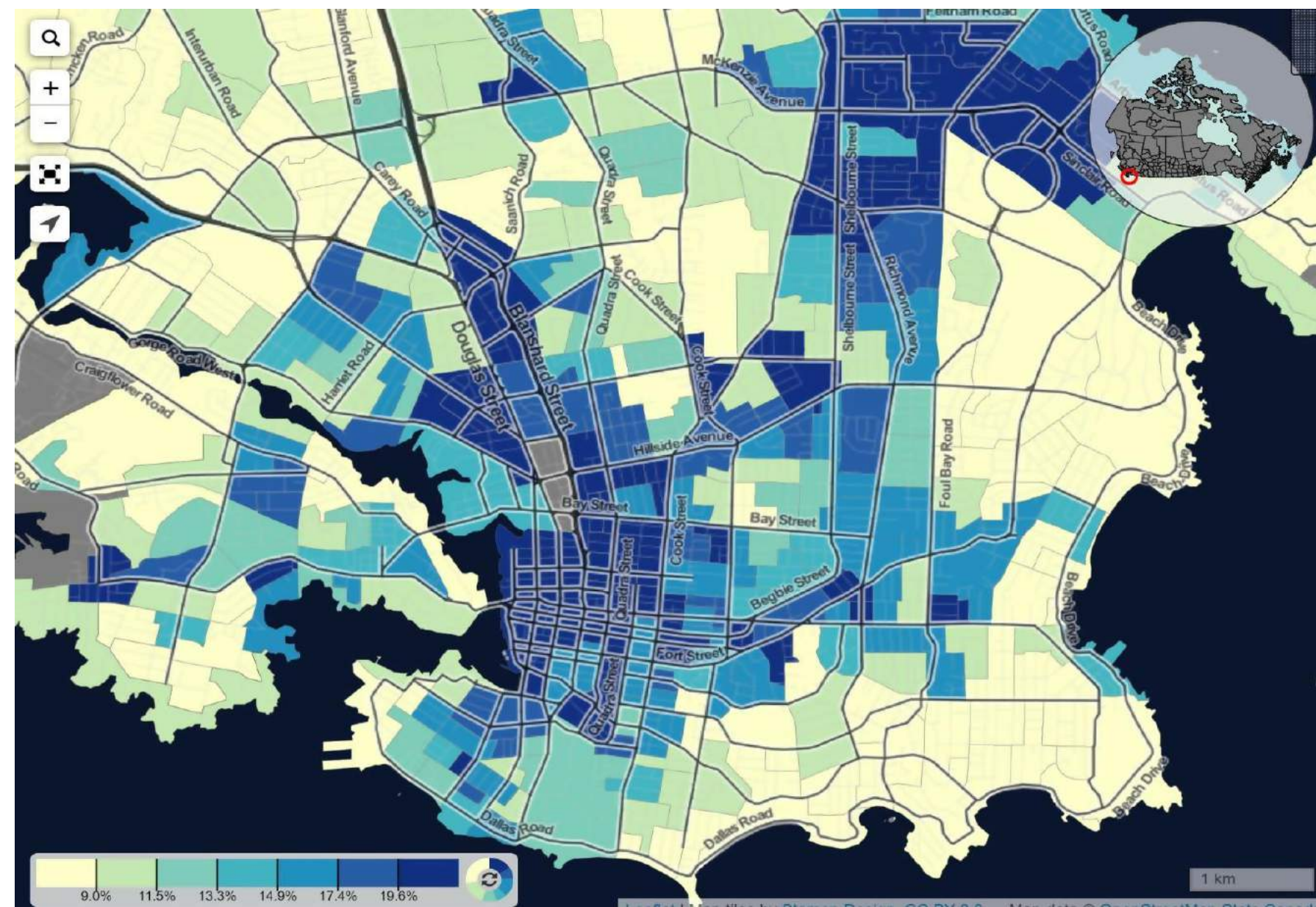
Featured Maps ▾

More Maps by allison ashcroft ▾

Even more Maps

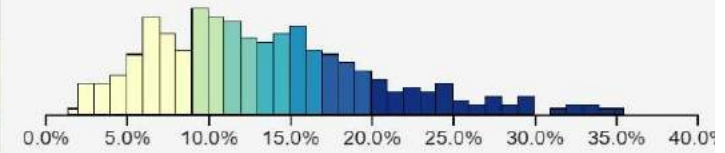
Start a New Map

Adults (18 - 64) Living in Poverty



Prevalence of Low Income 18-64yo Victoria BC 2016

Canada Census 2016
Prevalence of Low Income 18-64 yo Victoria BC (undefined)



Prevalence of Low Income 18-64yo Victoria BC 2016 by allison ashcroft

Based on Canada Census 2016

22.6% of 18-64 yo experiencing low income in
Downtown, Harris Green, North Park Census Tract
CT9350010 = 2,081 pop.

[Link Text](#)

2018-05-19

Browse more Maps

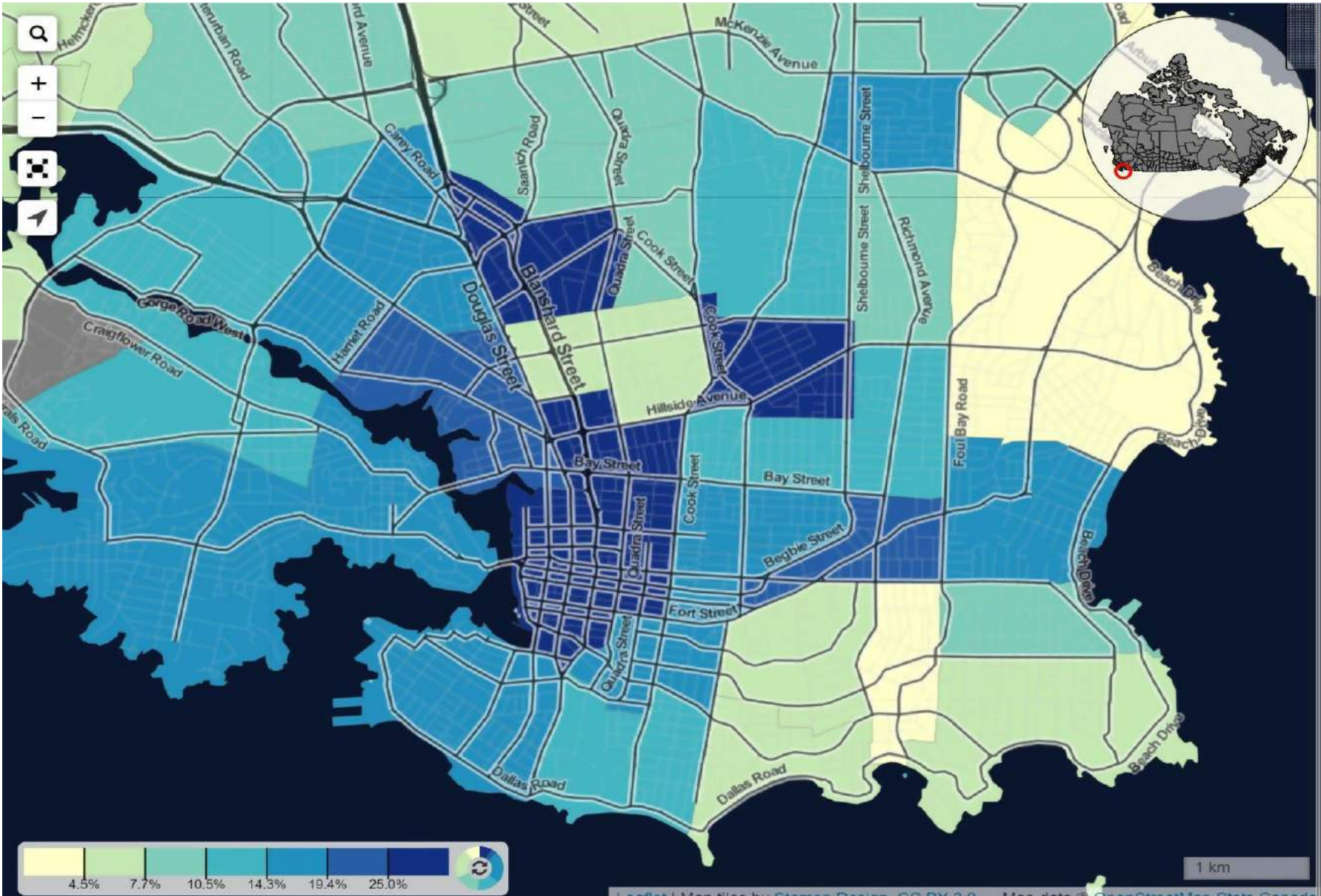
Featured Maps ▾

More Maps by allison ashcroft ▾

Even more Maps

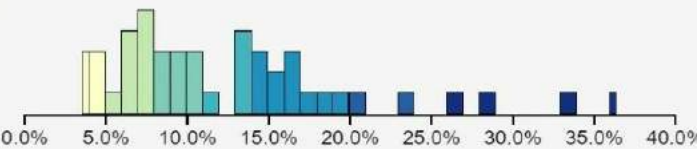
Start a New Map

Seniors (65+) Living in Poverty



Seniors Living in Low Income (Victoria BC 2016) (Canada)

Canada Census 2016
Seniors Living in Low Income 65 years and over (%) Victoria BC (undefined)



Seniors Living in Low Income (Victoria BC 2016) by allison ashcroft

Based on Canada Census 2016
% of 65+ living in low income based on LICO 2016 census 36.4% of Seniors in North Park, Harris Green and Downtown neighbourhoods are of low income LICO levels.

[Link Text](#)

2018-05-17

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More Maps by allison ashcroft ▾

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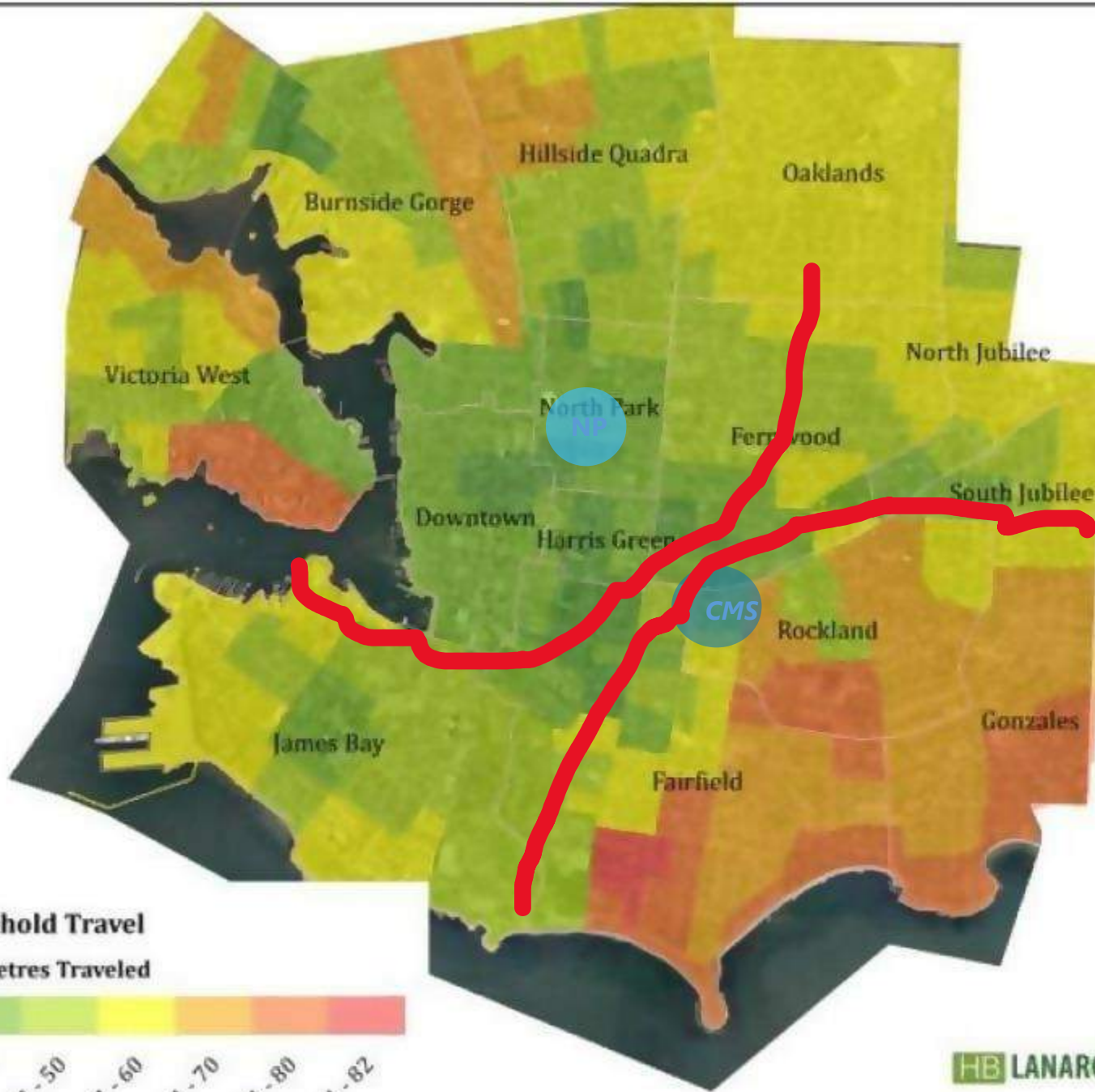
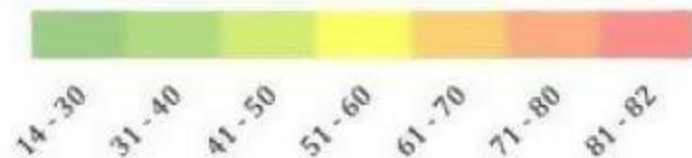
Start a New Map

MOBILITY AS INDICATOR OF ACCESS/CHOICE AND WEALTH

This map depicts Daily Private Vehicle Kms Travelled and is a proxy for:

- household vehicle ownership
 - higher disposable income
- Households with vehicles and higher incomes have more choice when it comes to accessing recreation and wellness. The existing recreation facility is centred in the area with lowest vehicle ownership and easily accessed on foot.

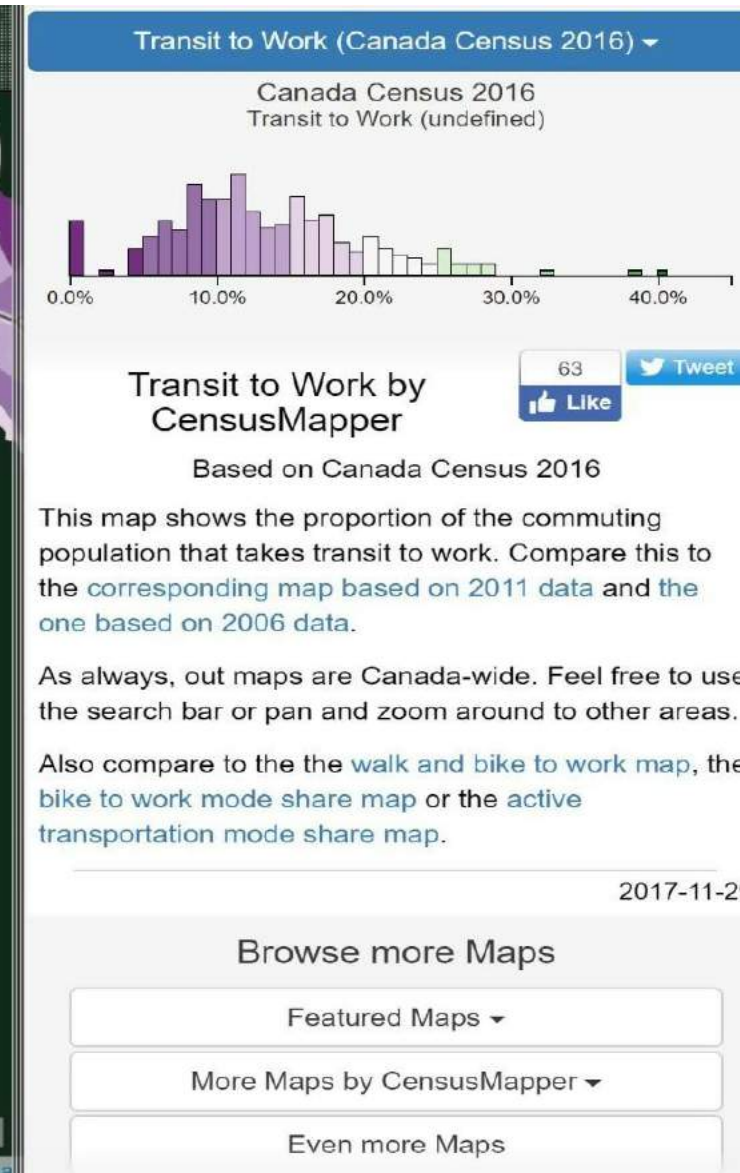
Daily Household Travel
Vehicle Kilometres Traveled



Draft Produced: February 15th, 2010

Transit Taken to Work

Possible indicator of no household vehicle ownership and/or lower disposable income

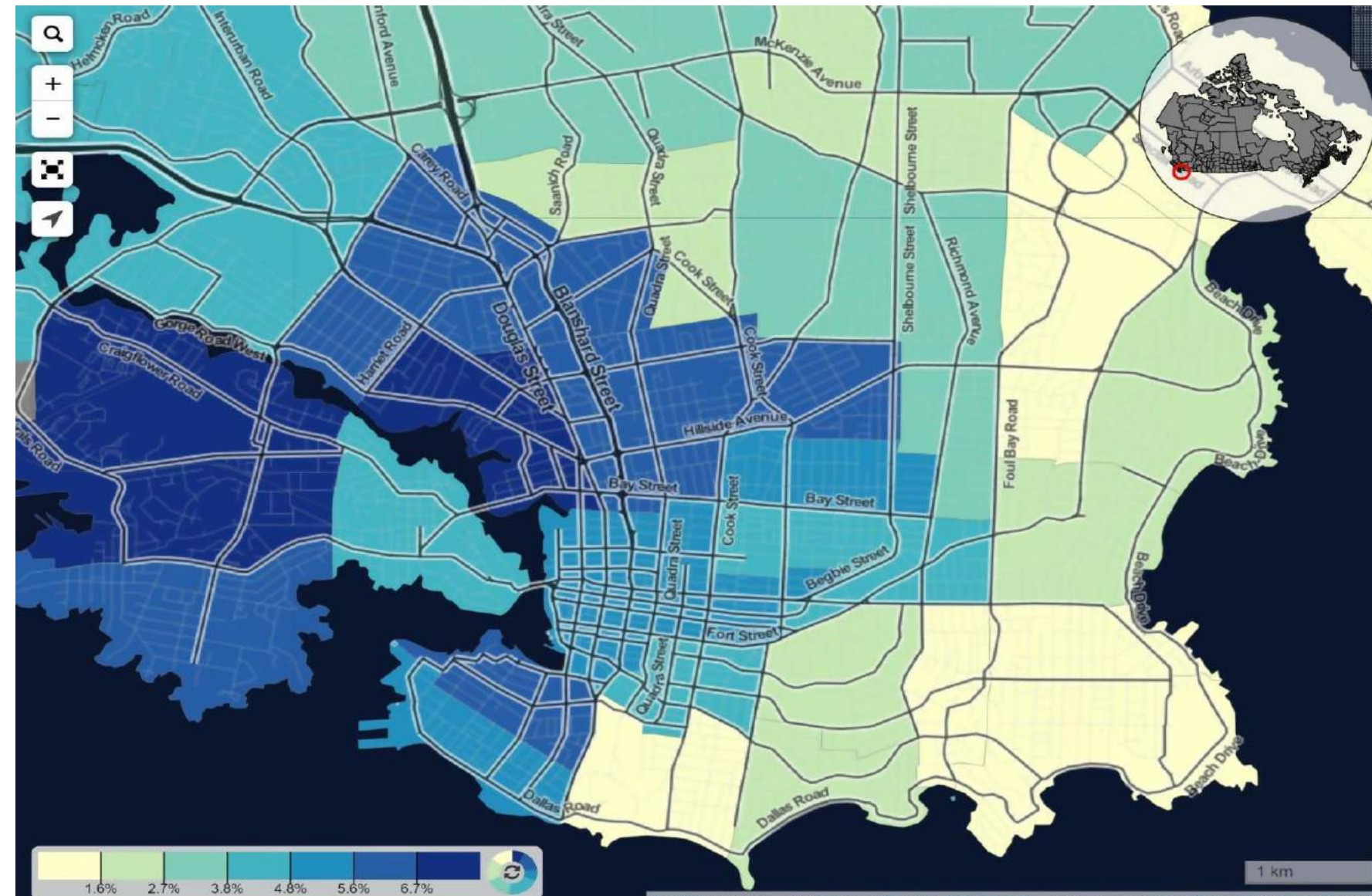


Racial Equity

Race over class (or income) is often cited as a greater factor when it comes to access, inclusion, and belonging. The northern neighbourhoods are home to the greatest number and proportion of urban indigenous, newcomers, and people of colour in the city. These traditionally marginalized groups also comprise a disproportionate percentage of our low income and high financial vulnerability households in Victoria.

Victoria Race, Immigration, and Ethnicity Statistics

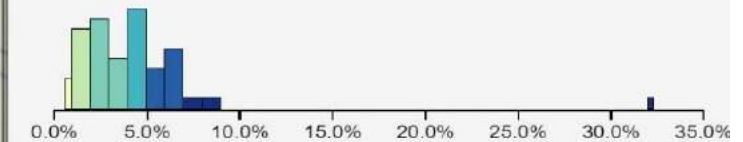
Identifying as Aboriginal



Identifying as Aboriginal Victoria BC 2016 (Canada Ce

Canada Census 2016

Aboriginal identity as percentage of Total - Aboriginal identity for the population in private households - 25% sample data (undefined)



Identifying as Aboriginal Victoria BC 2016 by allison ashcroft

Based on Canada Census 2016

Aboriginal identity as % of total pop by census tract
Census 2016 4.8% of total pop 405 people in Census
Tract [Link Text](#)

2018-05-17

Browse more Maps

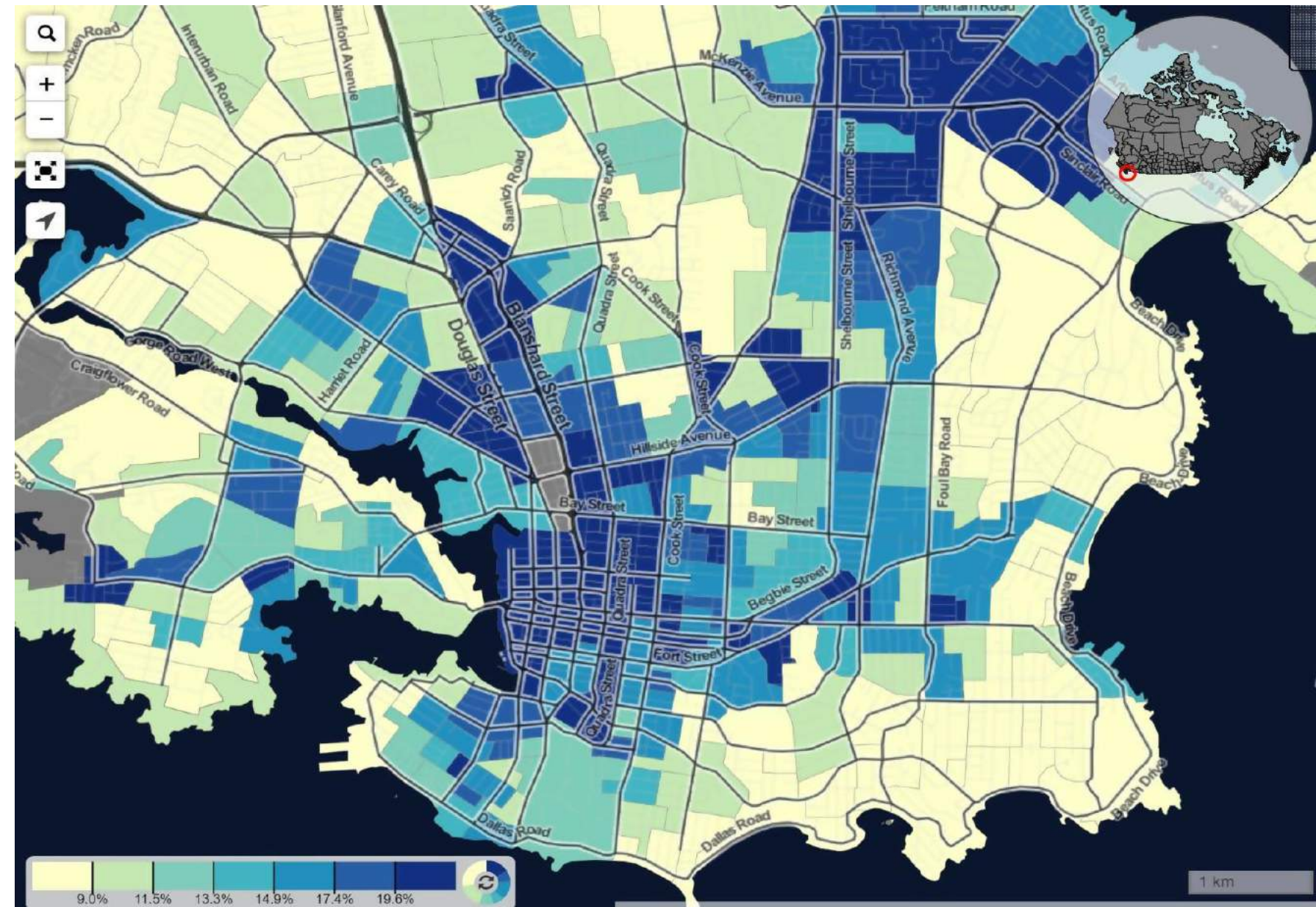
Featured Maps ▾

More Maps by allison ashcroft ▾

Even more Maps

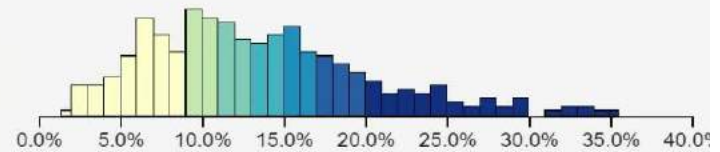
Start a New Map

Newcomers to Canada between 2011-2016



Prevalence of Low Income 18-64yo Victoria BC 2016

Canada Census 2016
Prevalence of Low Income 18-64 yo Victoria BC (undefined)



Prevalence of Low Income 18-64yo Victoria BC 2016 by allison ashcroft

Based on Canada Census 2016
22.6% of 18-64 yo experiencing low income in
Downtown, Harris Green, North Park Census Tract
CT9350010 = 2,081 pop.

[Link Text](#)

2018-05-19

Browse more Maps

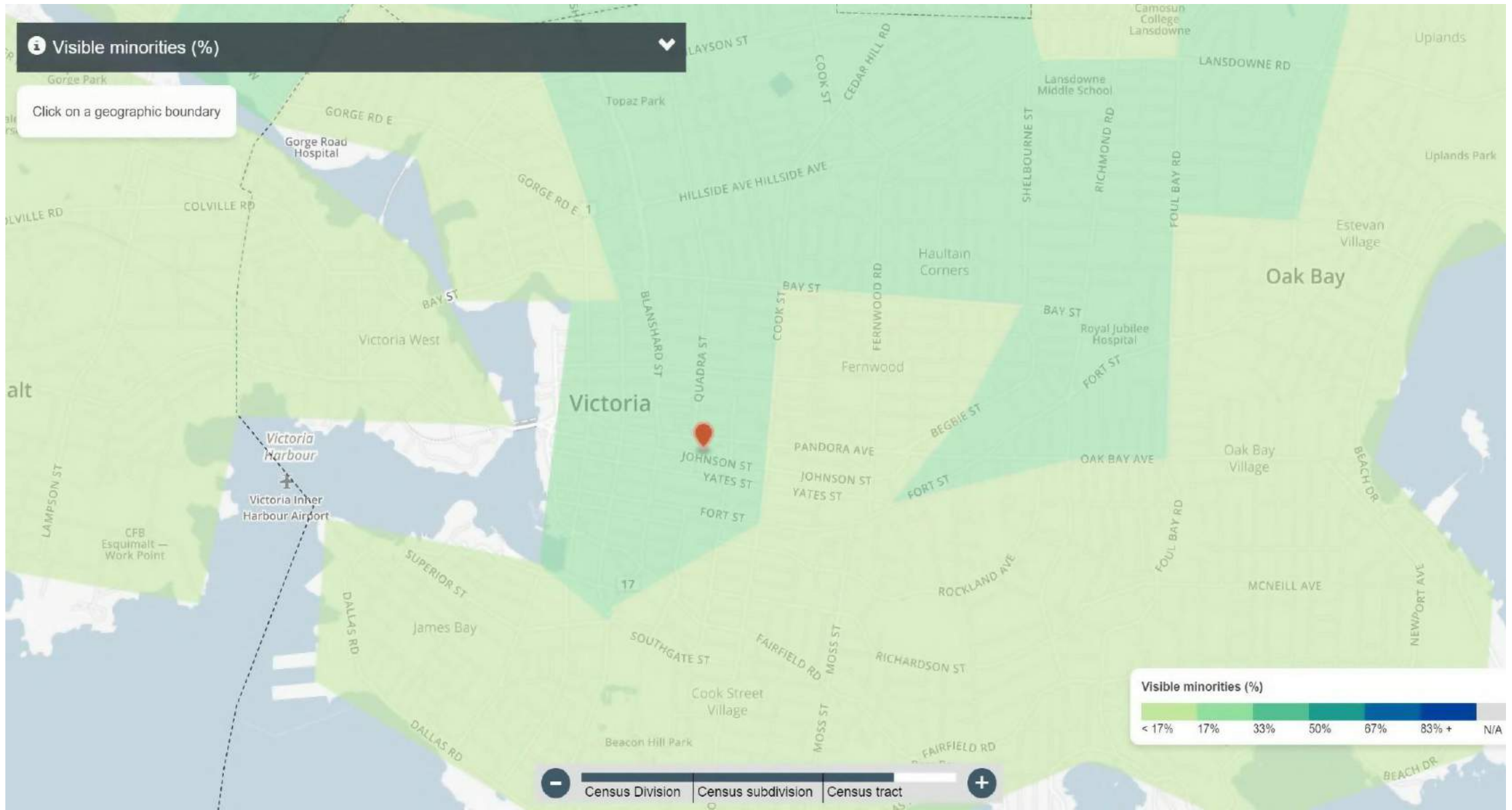
[Featured Maps](#)

[More Maps by allison ashcroft](#)

[Even more Maps](#)

[Start a New Map](#)

Visible Minorities (Census proxy for people of colour)



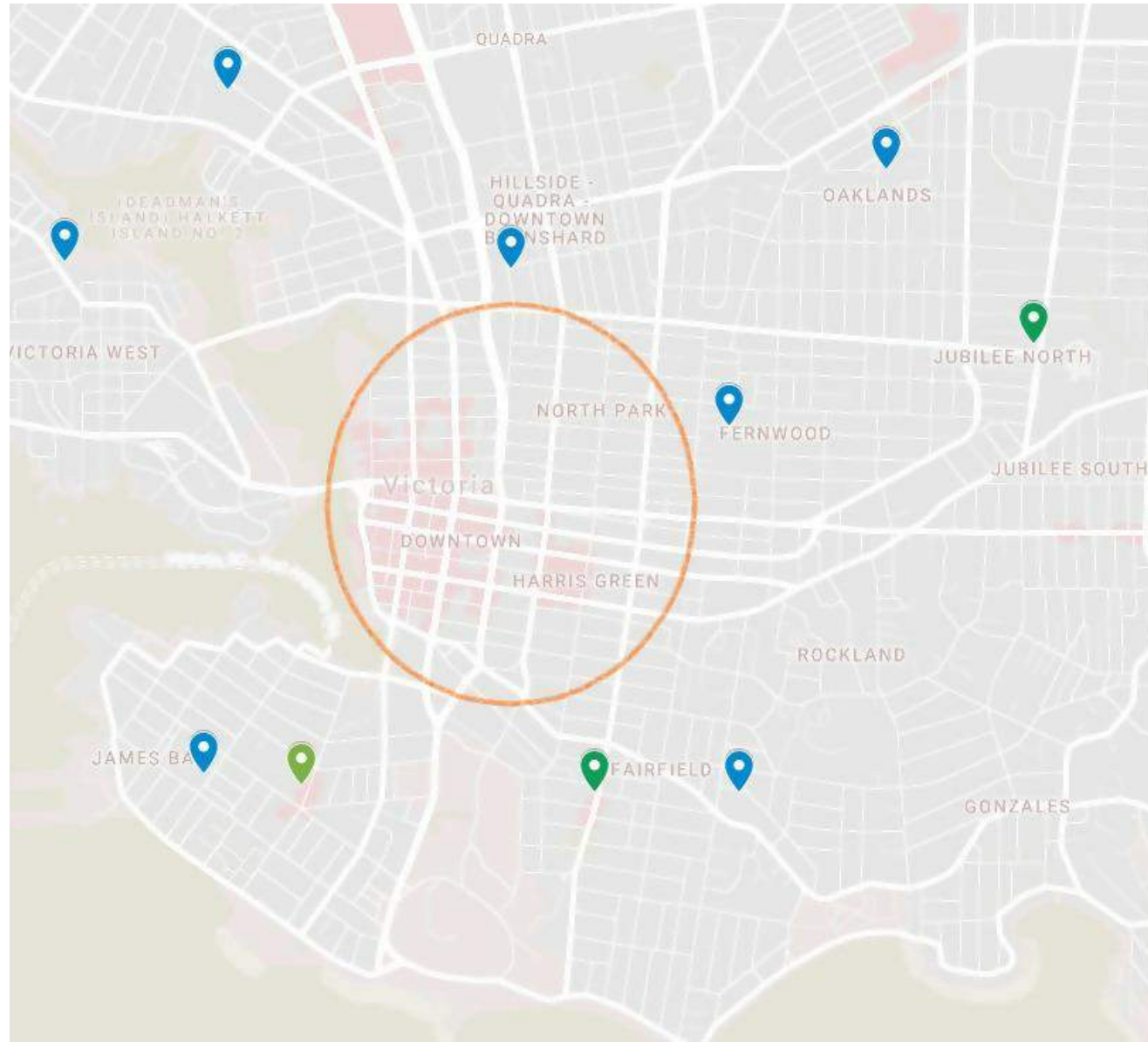
Spatial Equity

In a physical sense spatial equity can be the equitable development of land use. In a socio-economic sense it can refer to the equitable flow of goods and services from one spatial arena to another.

Spatial equity involves the redistribution of the overall resources and development opportunities and/or the optimization in an area through a planned and rationalized system of physical infrastructure. As an outcome, it envisions an area where such redistribution or optimization is achieved and sustained such that areas formerly neglected or lacking prioritization, are given equal chances to develop culturally, economically, and politically.

The neighbourhoods of downtown, North Park and, in particular, Hillside Quadra, have shouldered a disproportionate amount of the city's social burdens and received an underwhelming response by way of equitable community benefit and support services to help offset and absorb these burdens.

City of Victoria Funded Community Centres and Seniors Centres



Victoria Community and Seniors Centres

The City of Victoria owns, maintains, and/or pays the operating costs of 7 community centres and 3 seniors centres.

North Park, Downtown and Harris Green are the only densely populated neighbourhoods in Victoria without either a community centre or seniors centre.

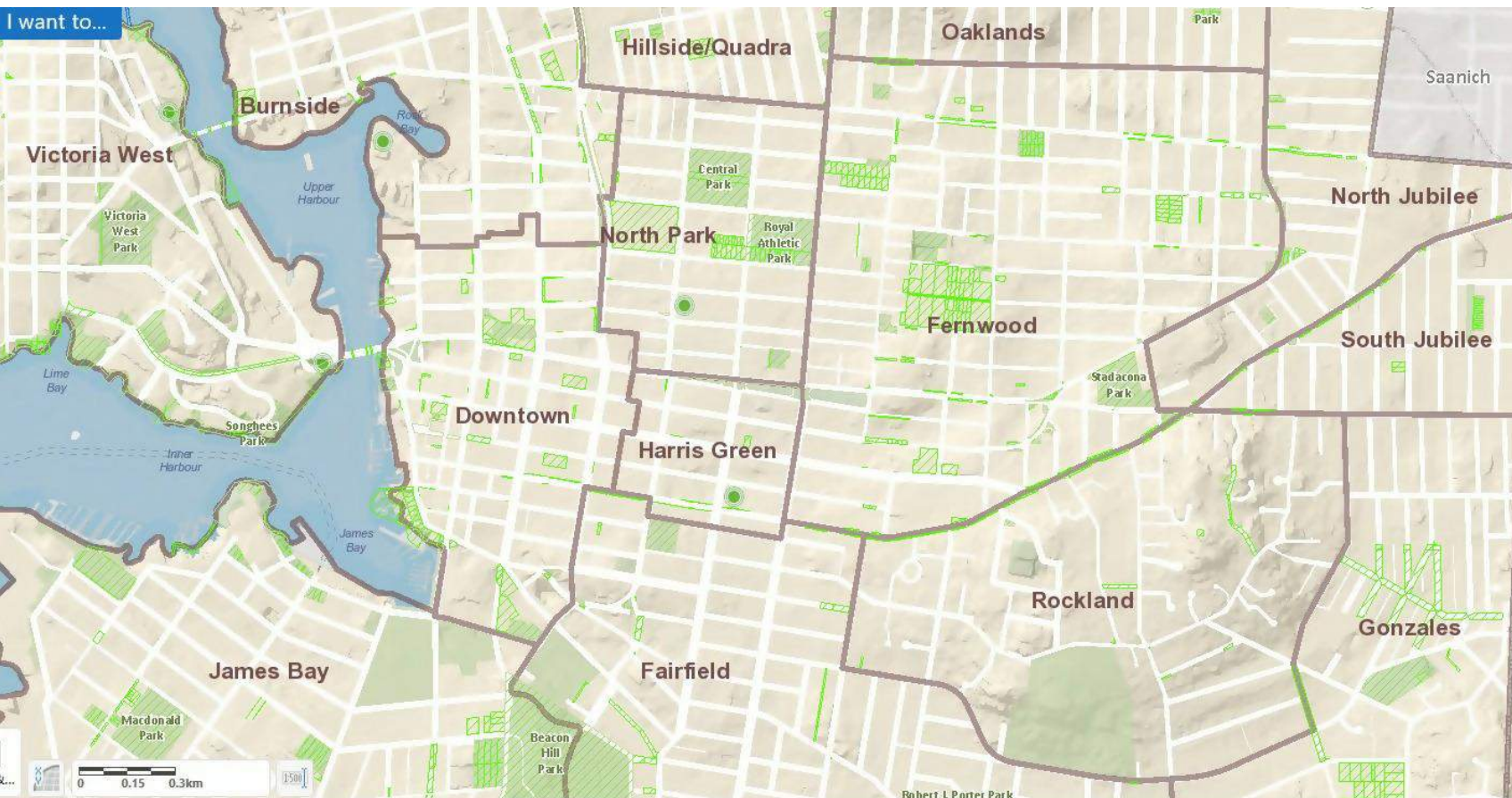
These three neighbourhoods have the greatest population density (residents/m²) and highest population growth.

Community and Seniors Centres

-  Fernwood Community Centre
-  Quadra Village Community Centre
-  Burnside Gorge Community Centre
-  Fairfield Community Centre - Garry Oaks R...
-  James Bay Community Centre
-  Oaklands Community Centre & Association
-  Victoria West Community Centre
-  Cook Street Village Activity Centre
-  JAMES BAY NEW HORIZONS SOCIETY
-  Silver Threads Service

City Parks and Proposed Park Acquisition Plans due to Green/Open Space Deficiency

Noteworthy that both North Park and Harris Green are identified as park deficient and targeted for park acquisition and yet Crystal Pool Replacement site #1 included significant loss of green space in North Park, and Crystal Pool Replacement site proposal #2 would entail significant park loss in Harris Green (the area of the City with the highest allowable densities and greatest proposed population growth)



City Parks and Proposed Parks

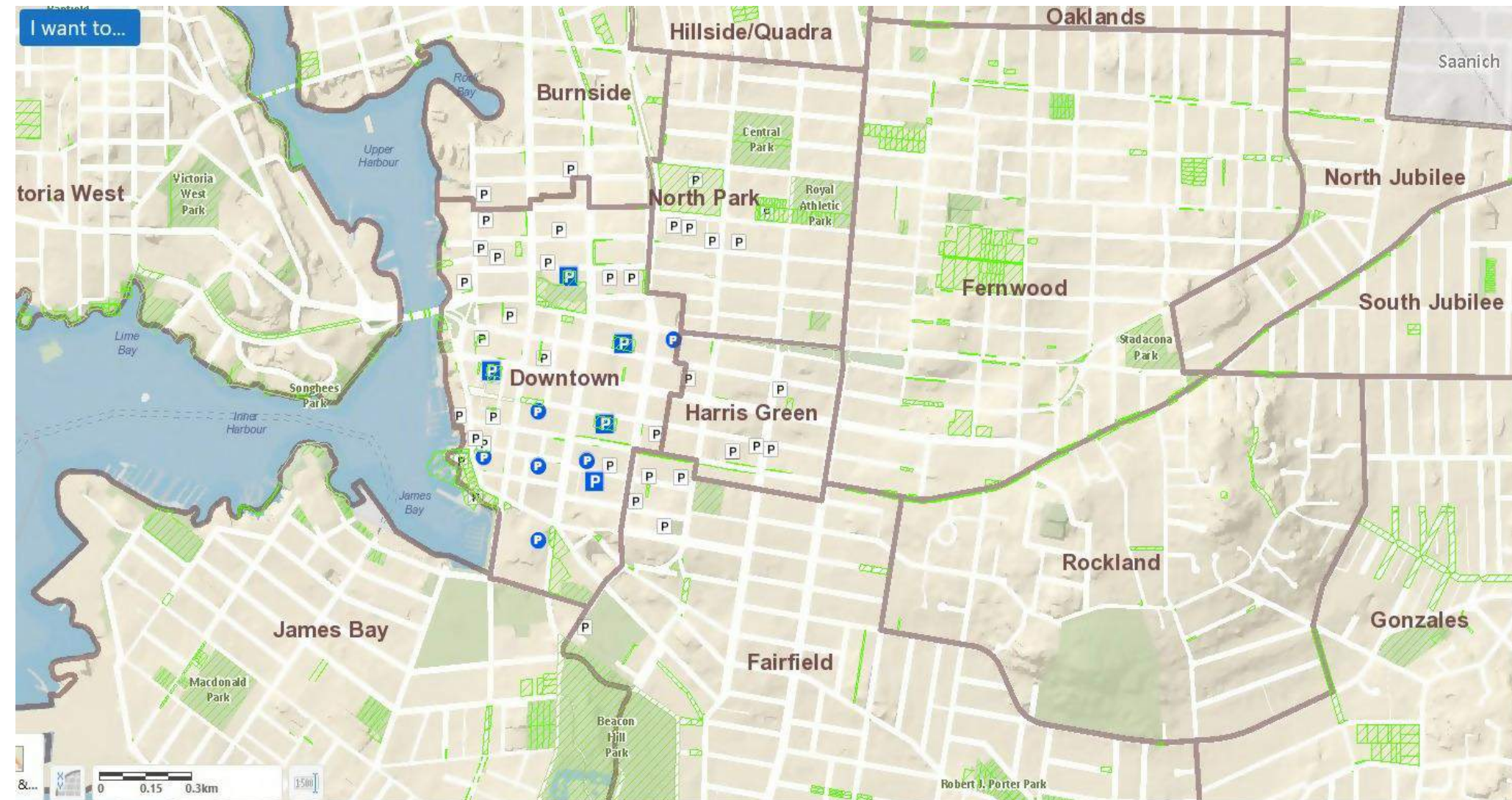
North Park, Downtown and Harris Green share one city park, Central Park. (Note: Royal Athletic Park is not accessible for use by the public).

The Official Community Plan, in recognition of the parkland deficiency for these three neighbourhoods, proposes that two parks be placed in North Park and Harris Green. (Note: OCP proposes 6 new parks total).

Green hatchings on this map represent City-owned property. Proposed parks are not situated on city-owned property thus property acquisition would be required to create these new parks.





Central Park provides valuable and scarce parkland for residents living in high-density housing without access to green space. It must be preserved for park purposes, not used for parking.

Victoria's Surface Parking Lots and Parkades (City and privately owned/operated)



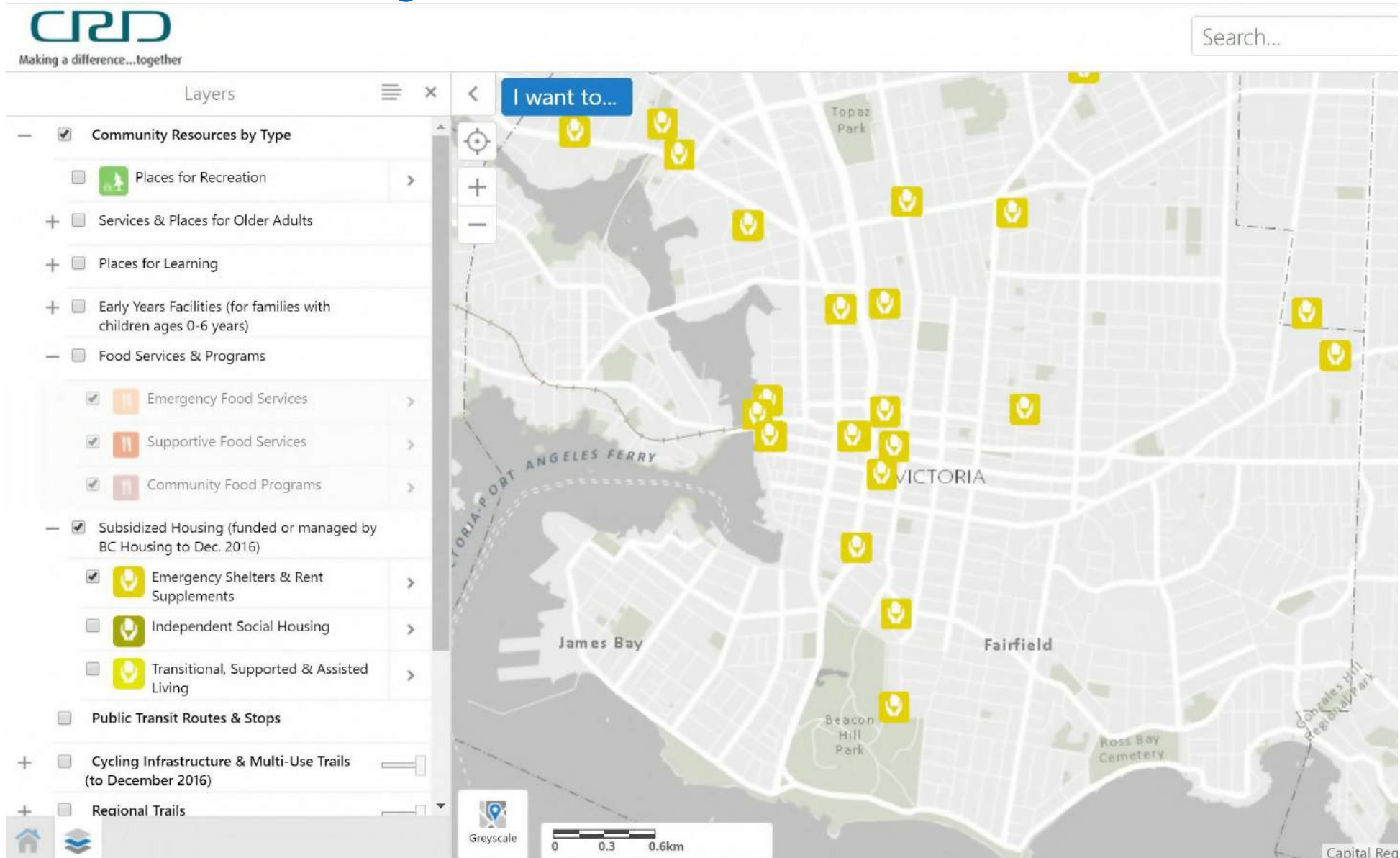
Victoria Parking Lots

Most every public parking lot and parkade are located in one of North Park, Downtown, or Harris Green

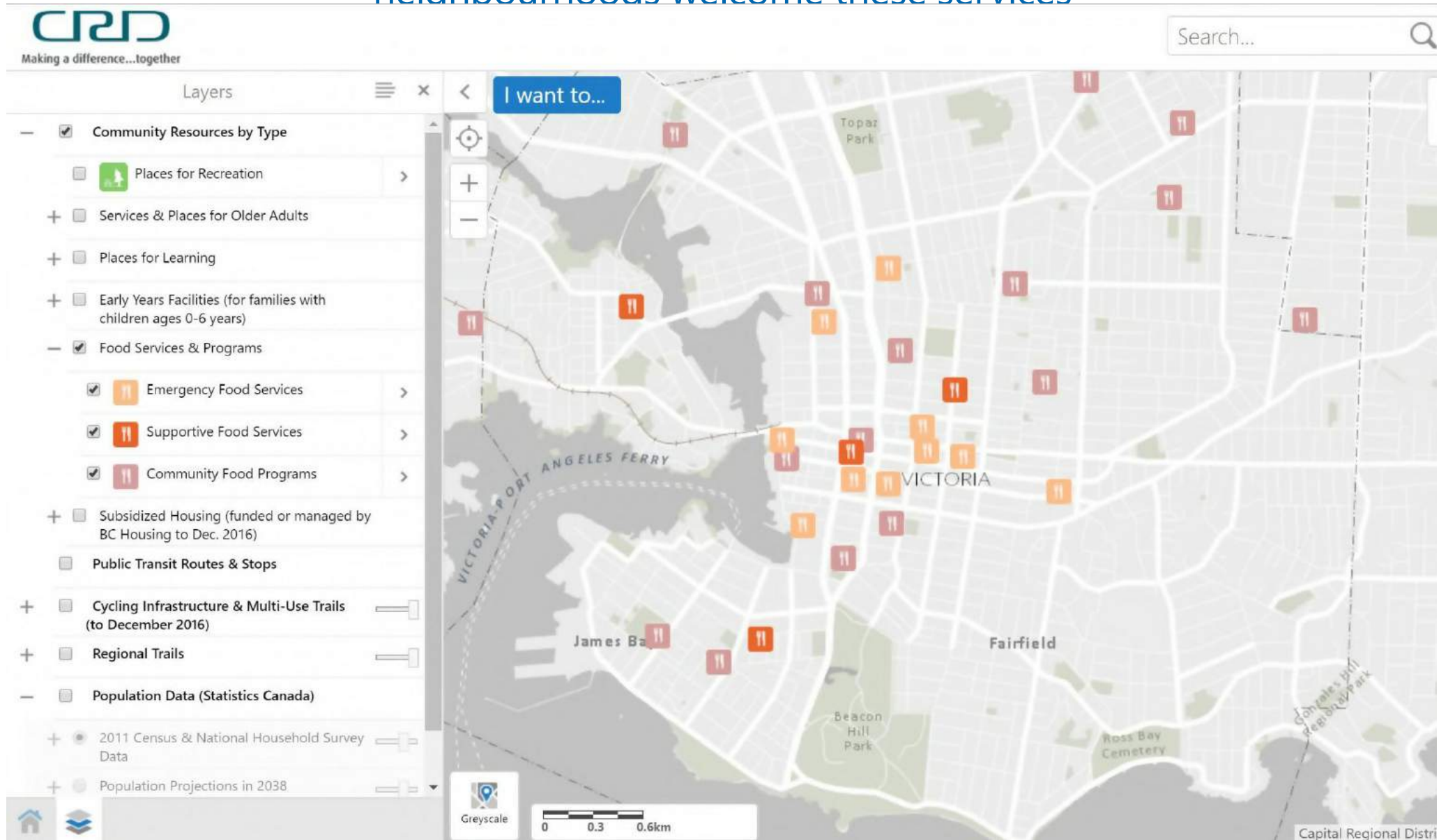
-  Neighbourhood Boundaries
-  City Parkade
-  Private Lots
-  Private Parkades

Source: VicMap May 12, 2018

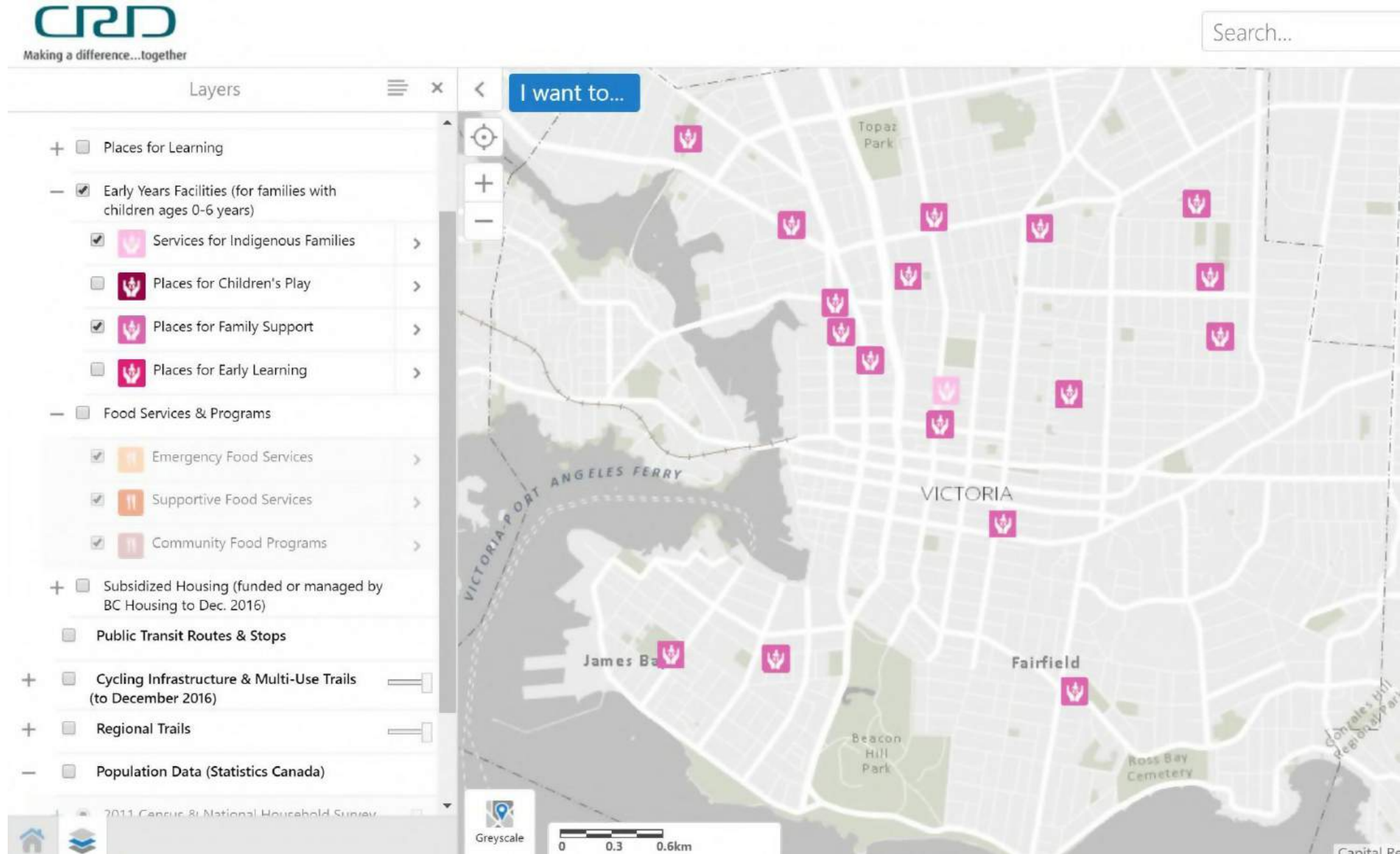
Emergency Shelters – distributed where need exists and where neighbourhoods welcome these services



Food Service Programs - distributed where need exists and where neighbourhoods welcome these services

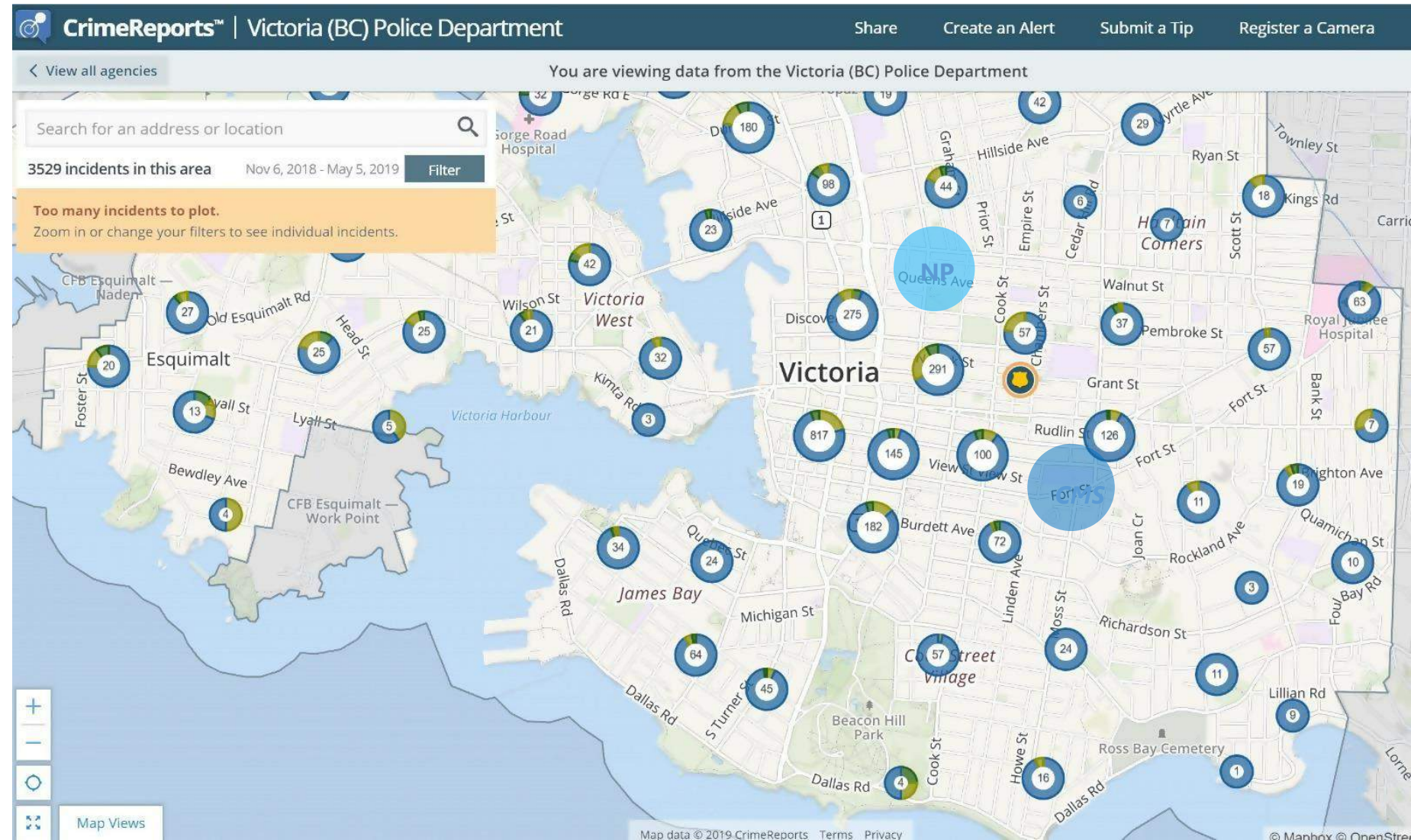


Centres of Support for Families and Services for Indigenous Families - distributed where need exists and where neighbourhoods welcome these services



COMMUNITY CRIME AND SAFETY

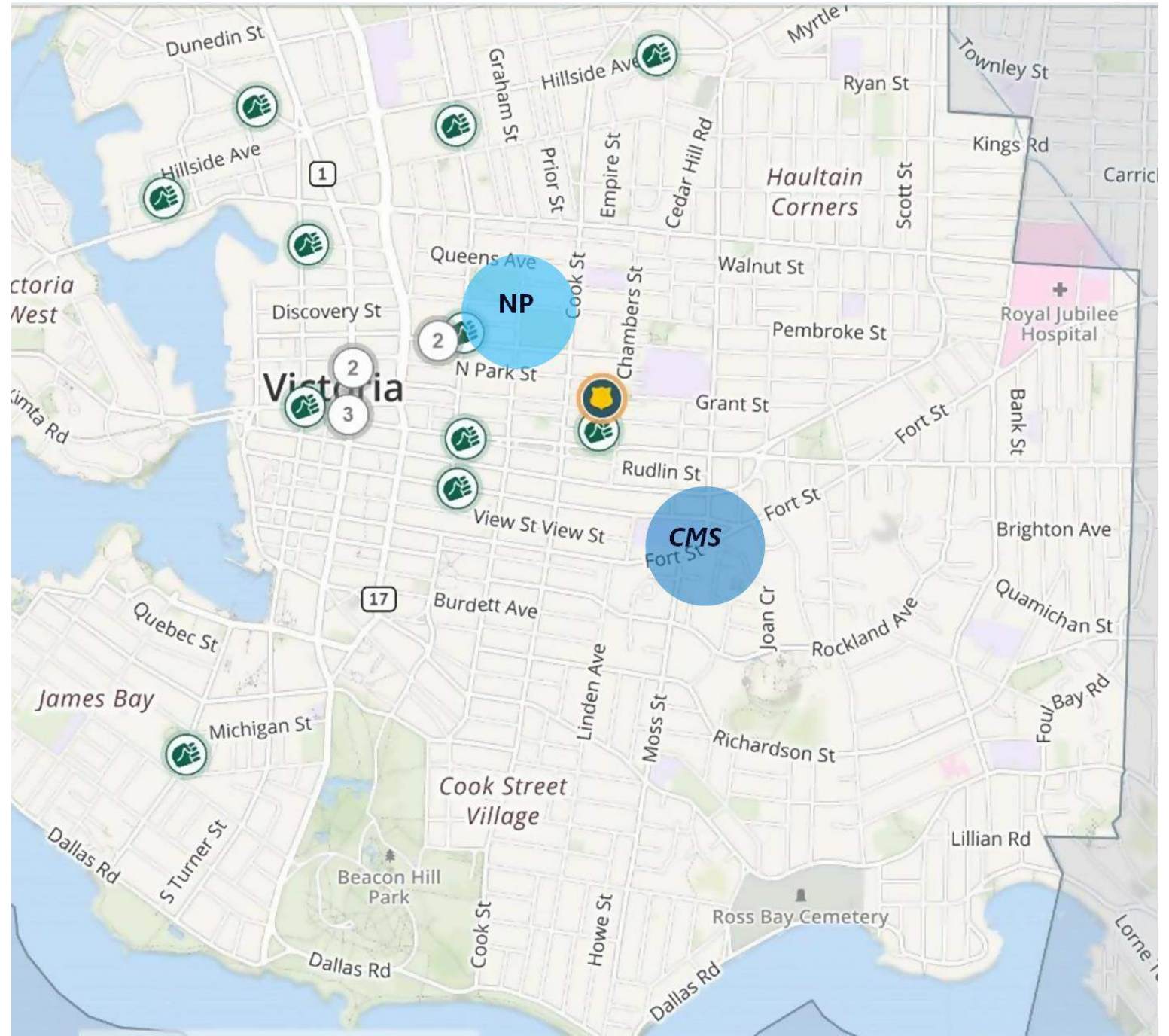
Victoria Police Department reports of all crime incidents for last 6 months show that the vast majority of total incidents have occurred in the downtown core, north end of downtown, North Park, and Burnside Gorge neighbourhoods.



VICPD REPORTED ASSAULTS (LAST 6 MONTHS)

While assaults make up the smallest # of incidents, they are most impactful to residents' and business' sense of safety.

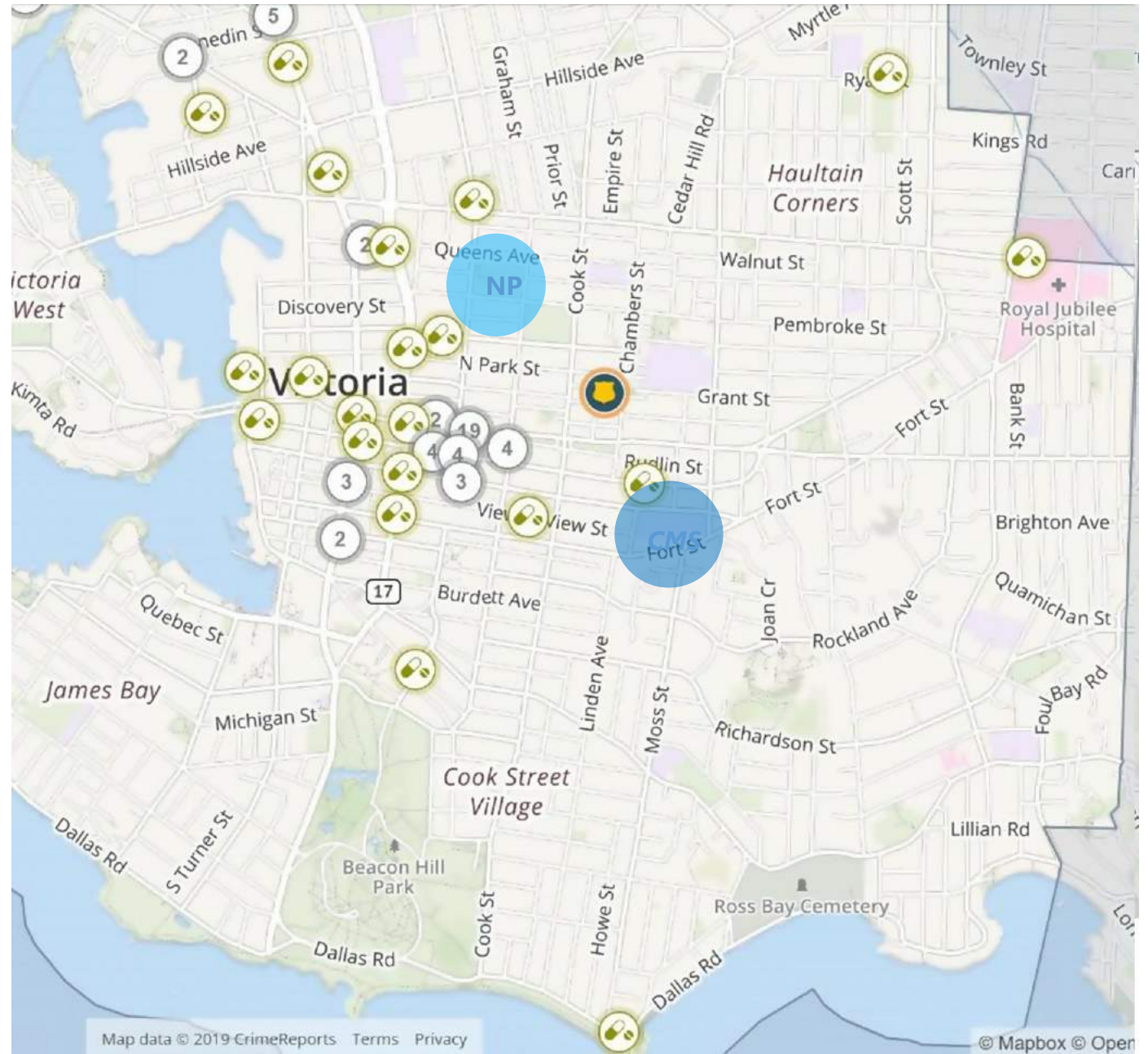
Reported assaults in the city are concentrated in the north end of the city in northern downtown, North Park, Hillside Quadra and Burnside Gorge



QUALITY OF LIFE CRIMES – DRUG-RELATED (LAST 6 MONTHS)

An anticipated concentration of drug-related quality of life crime incidents in the core and north end of downtown and North Park, but also extending along Douglas into Hillside Quadra and Burnside Gorge.

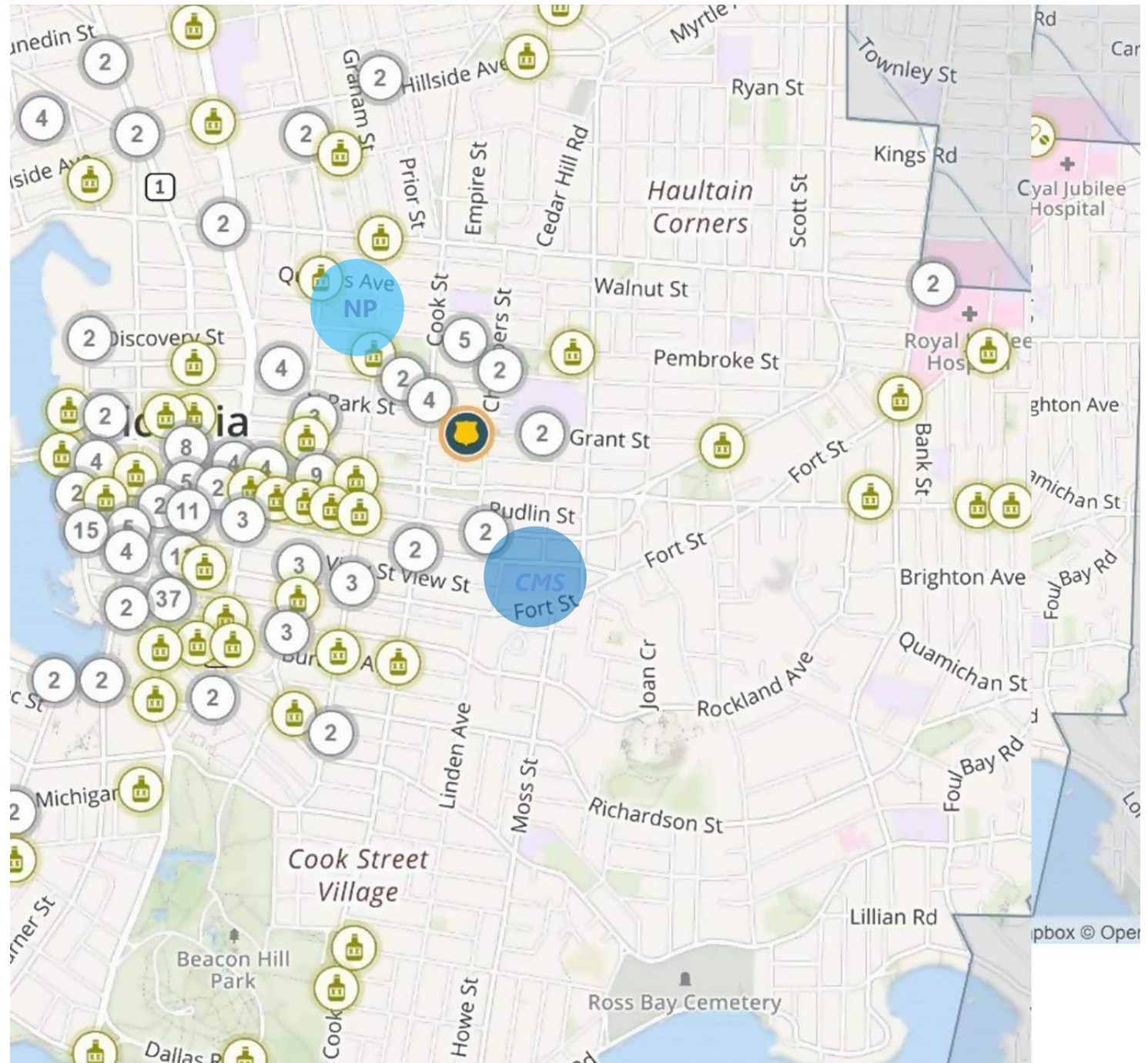
Drug-related quality of life crimes are non-existent in Fairfield, Gonzales, Rockland, and James Bay.



QUALITY OF LIFE CRIMES – ALCOHOL-RELATED (LAST 6 MONTHS)

Alcohol-related crimes are significant in the downtown where most bars and restaurants are located, but also more prevalent in the areas north of the downtown.

Alcohol-fueled quality of life crimes are non-existent in Fairfield, Gonzales and Rockland.



ICBC Crash Reports

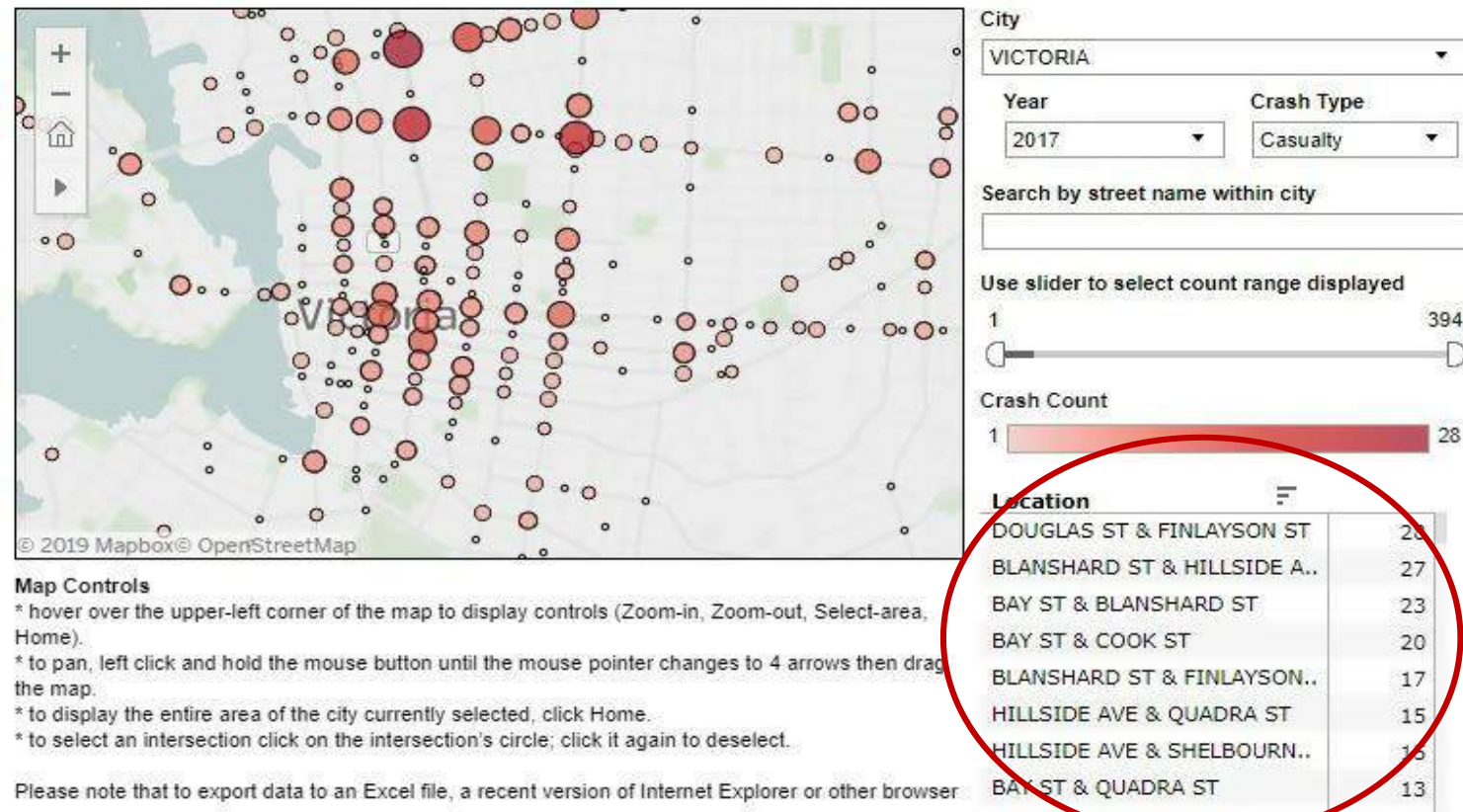
ICBC Casualty Report 2017

Vancouver Island Crashes - 2013 to 2017

Notes about the data

ICBC data as of March 31, 2018. Casualty crashes are crashes resulting in injury or fatality. Property damage only crashes are crashes resulting in material damage and no injury or fatality. Crash maps exclude crashes in parking lots and involving parked vehicles. Therefore, adding figures for any community/region won't provide an accurate total of all crashes in that area. Crashes between intersections are plotted in the middle of the nearest two intersections. In the "location" field, these crashes are grouped to the nearest 100 block/city block. Note that some 100 blocks extend through multiple intersections and may include more than one point on the map (but don't include crashes that occurred at intersections).

Accurate and verifiable information is not always available. Therefore, maps only include crashes where sufficient location information was available to determine a latitude and longitude. Crashes on boundaries will appear for both cities. When comparing map counts with previous publications, counts may differ due to rounding, late reporting or corrections to the data.



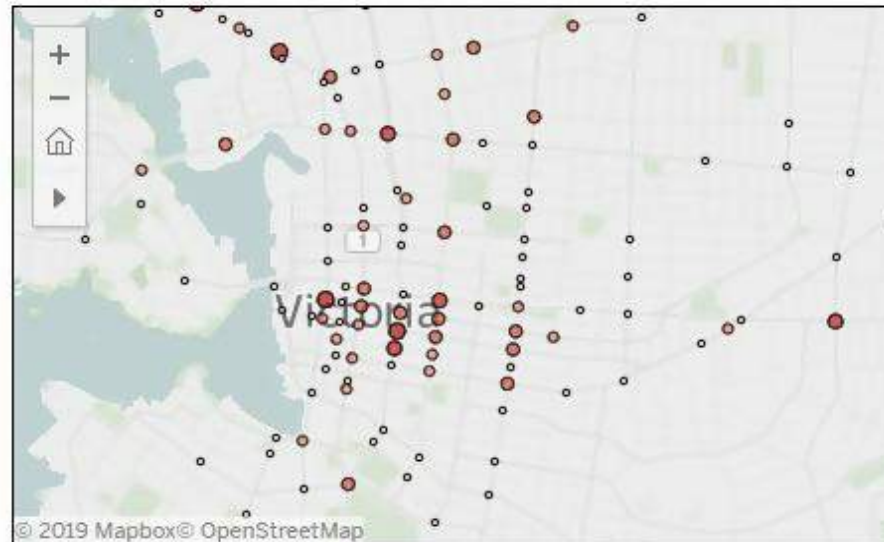
ICBC Crashes Involving Pedestrians 2015-2017

BC - Crashes Involving Pedestrians - 2013 to 2017

Notes about the data

ICBC data as of March 31, 2018. Casualty crashes are crashes resulting in injury or fatality. Property damage only crashes are crashes resulting in material damage and no injury or fatality. Crash maps exclude crashes in parking lots and involving parked vehicles. Therefore, adding figures for any community/region won't provide an accurate total of all crashes in that area. Crashes between intersections are plotted in the middle of the nearest two intersections. In the "location" field, these crashes are grouped to the nearest 100 block/city block. Note that some 100 blocks extend through multiple intersections and may include more than one point on the map (but don't include crashes that occurred at intersections).

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City/Community/Area
VICTORIA

Region Year Month
Vancouver Island (Multi... (All)

Search by street name within city

Crash Count
1 6

City	Location	
VICTORIA	DONCASTER DR & HILLSID..	6
	BLANSHARD ST & YATES ST	5
	GORGE RD E & ROCK BAY ..	5
	GOVERNMENT ST & JOHNS..	5
	BAY ST & BLANSHARD ST	4
	BLANSHARD ST & VIEW ST	4
	GORGE RD E & GORGE RD..	4
	GORGE RD E & JUTLAND RD	4
	OAK BAY AVE & RICHMON..	4
	PANDORA AVE & QUADRA ..	4
	BAY ST & QUADRA ST	3

Map Controls

- * hover over the upper-left corner of the map to display controls (Zoom-in, Zoom-out, Select-area, Home).
- * to pan, left click and hold the mouse button until the mouse pointer changes to 4 arrows then drag the map.
- * to display the entire area of the city currently selected, click Home.
- * to select an intersection click on the intersection's circle; click it again to deselect.

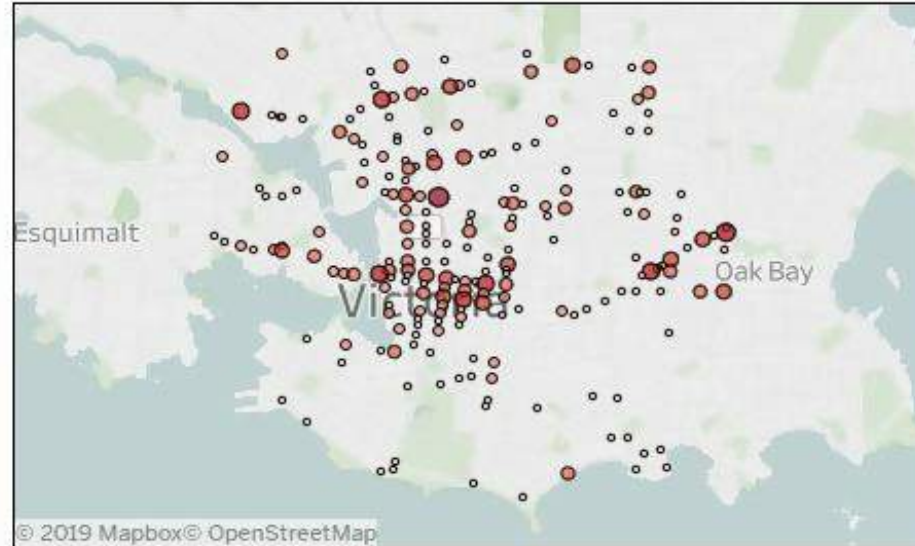
Please note that to export data to an Excel file, a recent version of Internet Explorer or other browser such as Firefox is required.

ICBC Crashes Involving Pedestrians 2015-2017

BC - Crashes Involving Cyclists - 2013 to 2017

Notes about the data

ICBC data as of March 31, 2018. Casualty crashes are crashes resulting in injury or fatality. Property damage only crashes are crashes resulting in material damage and no injury or fatality. Crash maps exclude crashes in parking lots and involving parked vehicles. Therefore, adding figures for any community/region won't provide an accurate total of all crashes in that area. Crashes between intersections are plotted in the middle of the nearest two intersections. In the "location" field, these crashes are grouped to the nearest 100 block/city block. Note that some 100 blocks extend through multiple intersections and may include more than one point on the map (but don't include crashes that occurred at intersections). Accurate and verifiable information is not always available. Therefore, maps only include crashes where sufficient location information was available to determine a latitude and longitude. Crashes on boundaries will appear for both cities. When comparing map counts with previous publications, counts may differ due to rounding, late reporting or corrections to the data.



Map Controls

- * hover over the upper-left corner of the map to display controls (Zoom-in, Zoom-out, Select-area, Home).
- * to pan, left click and hold the mouse button until the mouse pointer changes to 4 arrows then drag the map.
- * to display the entire area of the city currently selected, click Home.
- * to select an intersection click on the intersection's circle; click it again to deselect.

Please note that to export data to an Excel file, a recent version of Internet Explorer or other browser such as Firefox is required.

City/Community/Area

VICTORIA

Region

(All)

Year

(Multi...

Month

(All)

Search by street name within city

Crash Count



City	Location	
VICTORIA	BAY ST & BLANSHARD ST	7
	CADBORO BAY RD & FORT ..	6
	BELCHER AVE & FORT ST ..	5
	DOUGLAS ST & FINLAYSO..	5
	GORGE RD E & GORGE RD..	5
	JOHNSON ST & PANDORA ..	5
	PANDORA AVE & VANCOU..	5
	QUADRA ST & YATES ST	5
	BAY ST & GOVERNMENT ST	4
	BLANSHARD ST & HILLSID..	4
	BLANSHARD ST & PANDOR..	4

Growth, Density, and Concentration

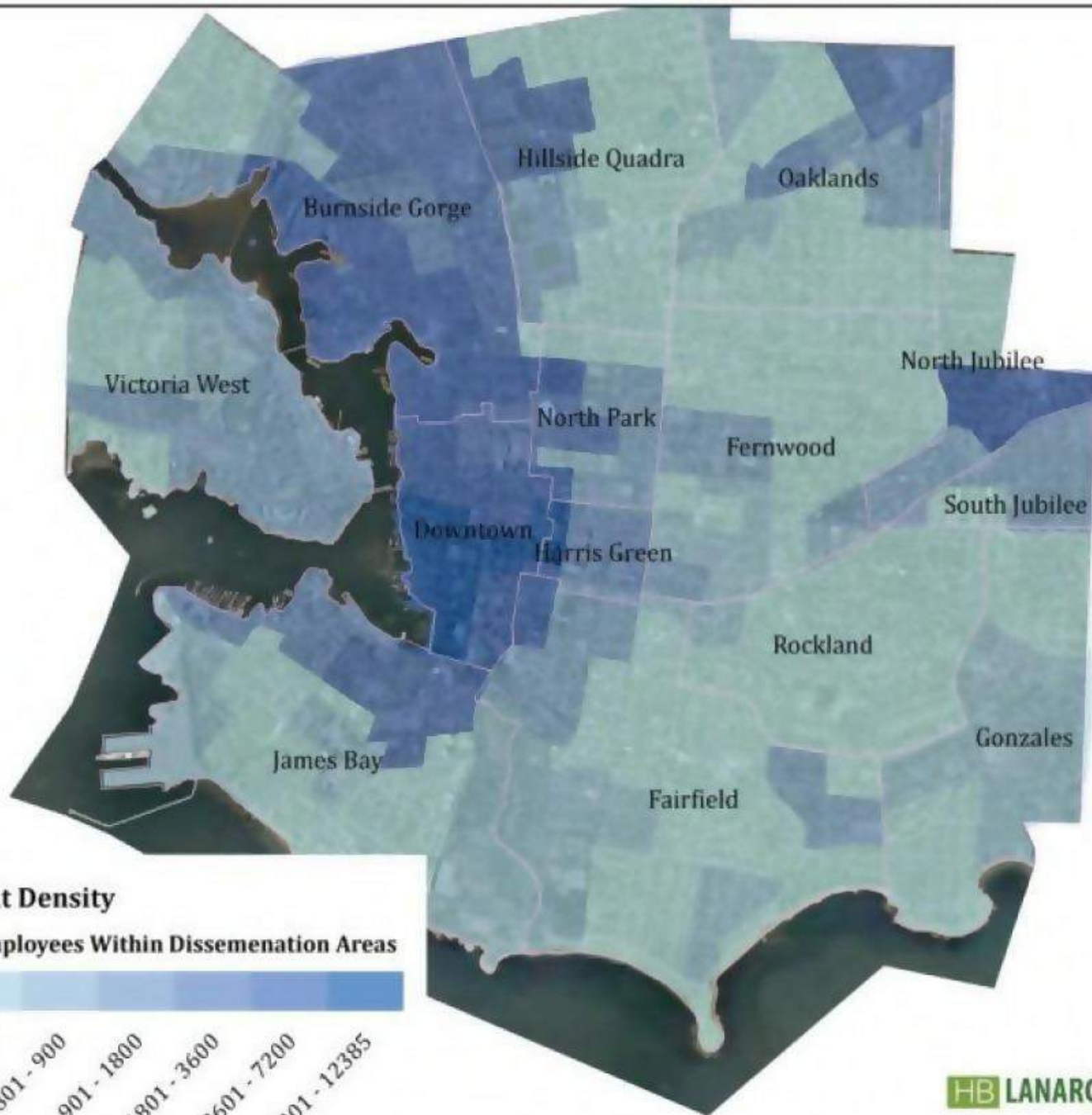
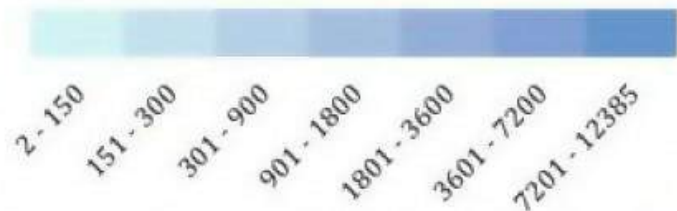
Another function of spatial equity. The northern neighbourhoods are home to all the economic and residential growth and significant land use and development changes; as such, they absorb the additional burdens that this concentration brings

Purely from a growth and density point of view there is solid rationale for siting the new Recreation centre in or around North Park, closest to the highest density and growth areas for both housing and employment.

Not only does it make sense to site the facility nearest the greatest number of people, but it also provides community gathering space for residents living in multifamily high-rises who are more likely to live alone and live in smaller spaces and are unlikely to have access to green space or recreation opportunities at home..

Employment Density

Number of Employees Within Dissemination Areas



HB LANARC

Draft Produced: February 15th, 2010

EMPLOYMENT DENSITY

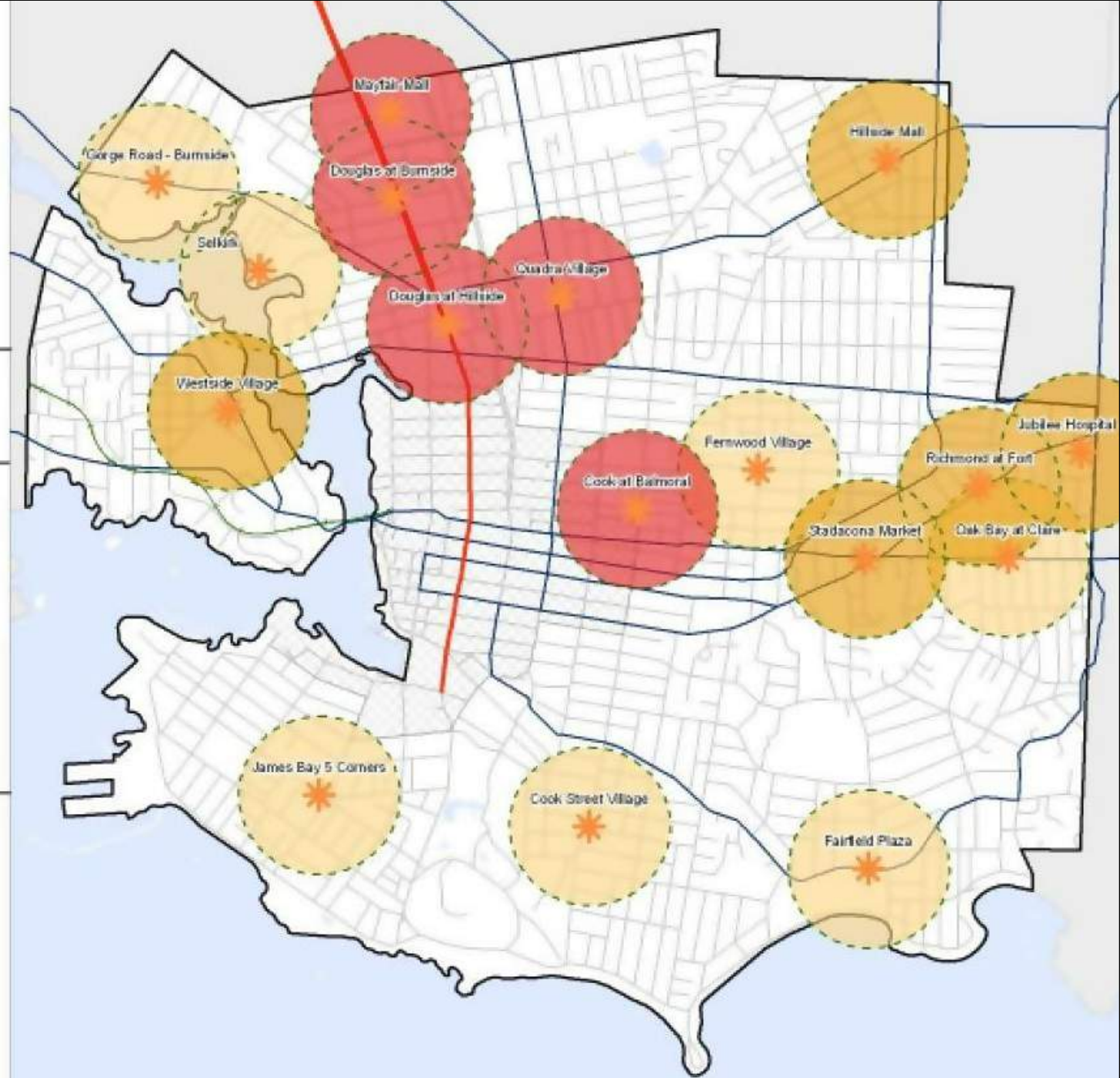
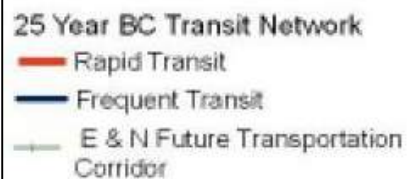
Victoria's downtown and the corridors north of the downtown and into the industrial lands of Rock Bay have been and will continue to be home to the majority of workers in Victoria and the region.

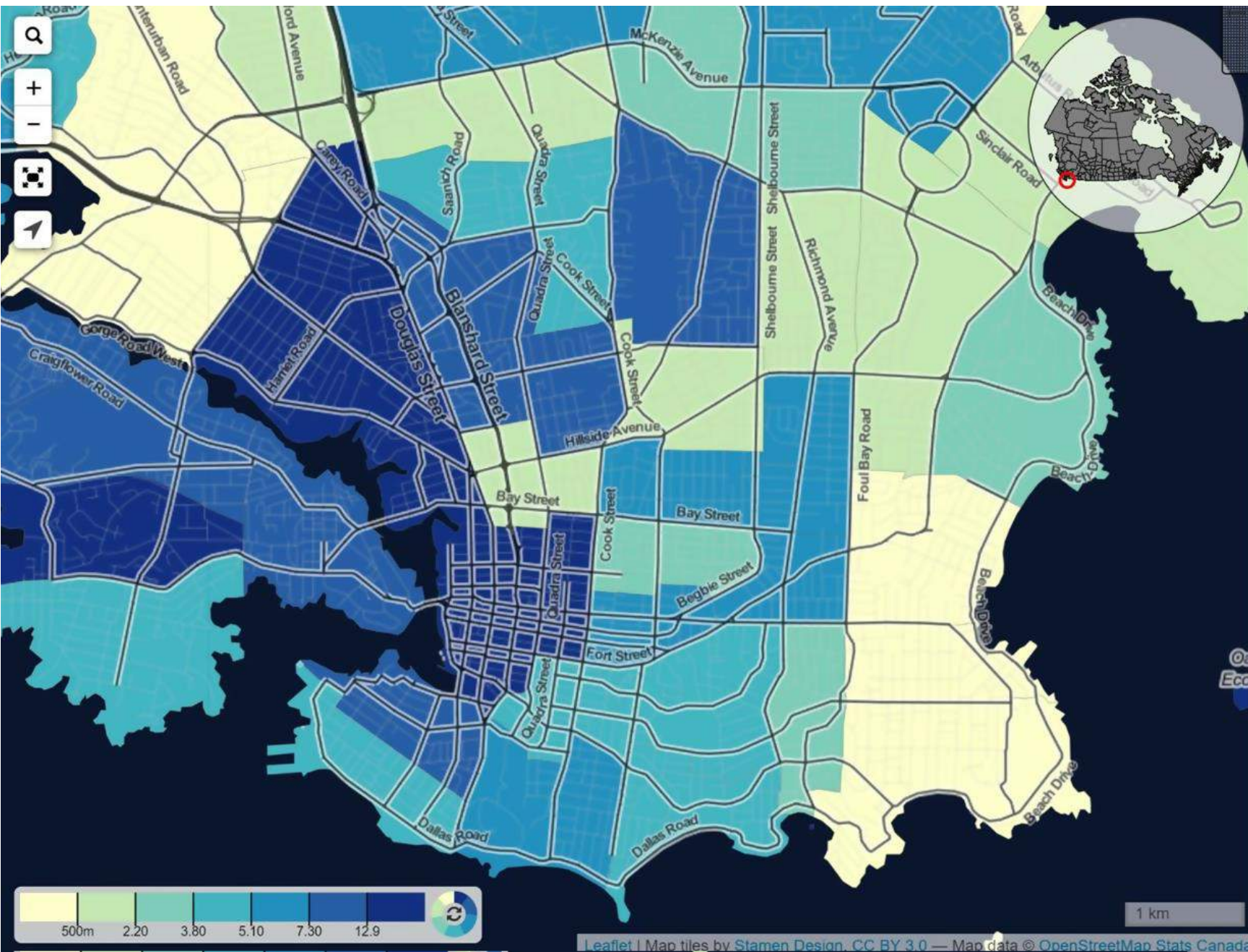
Situating a public recreation facility along this corridor would be convenient to employees and beneficial to business taxpayers.

PRIORITY AREAS FOR GROWTH (OCP)

The City's Official Community Plan identifies the neighborhoods in the north end of Victoria as being most suitable for growth and the southern ones to be least suitable.

Complete Villages Suitability

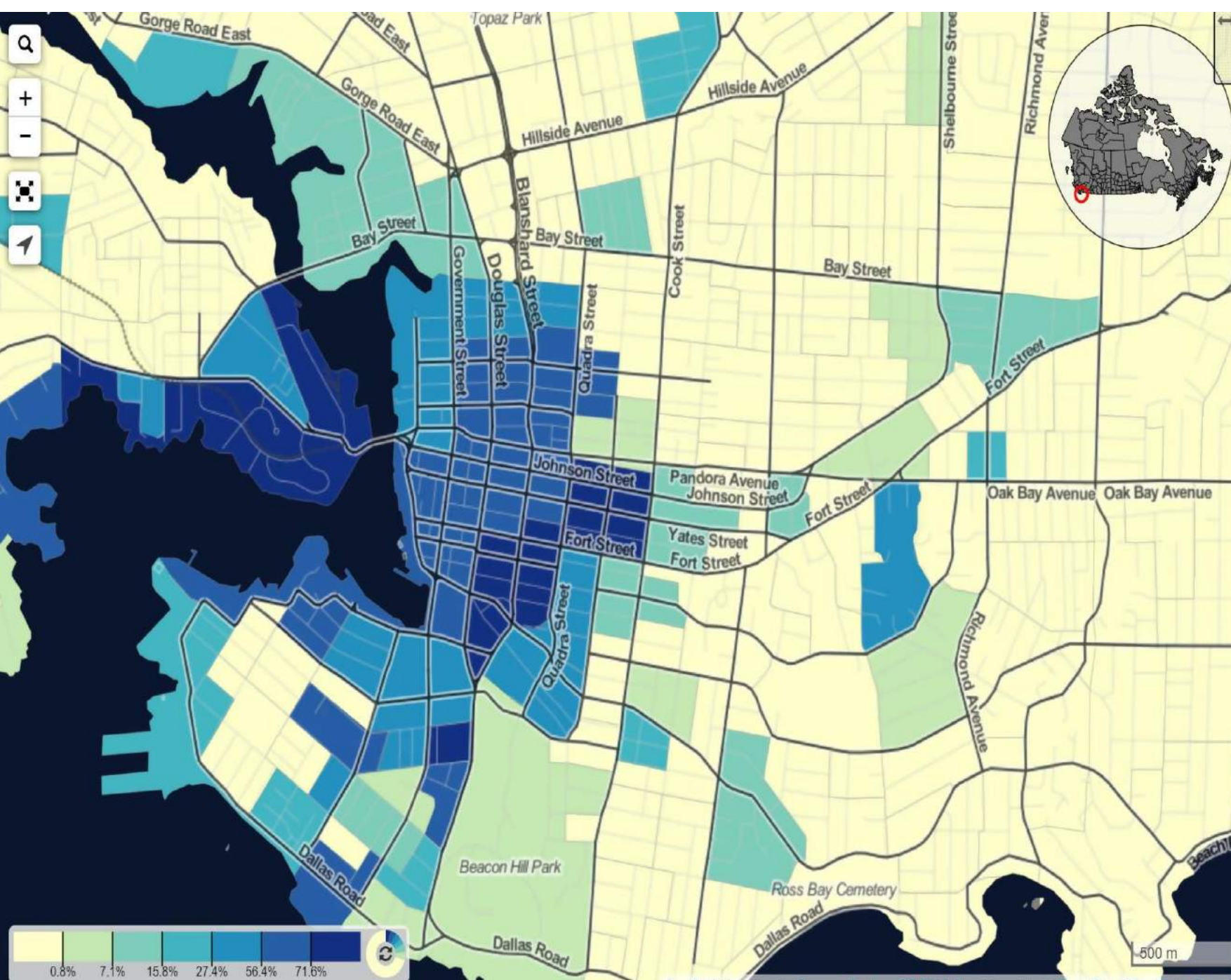




Growth Statistics

Population Change 2011 to
2016

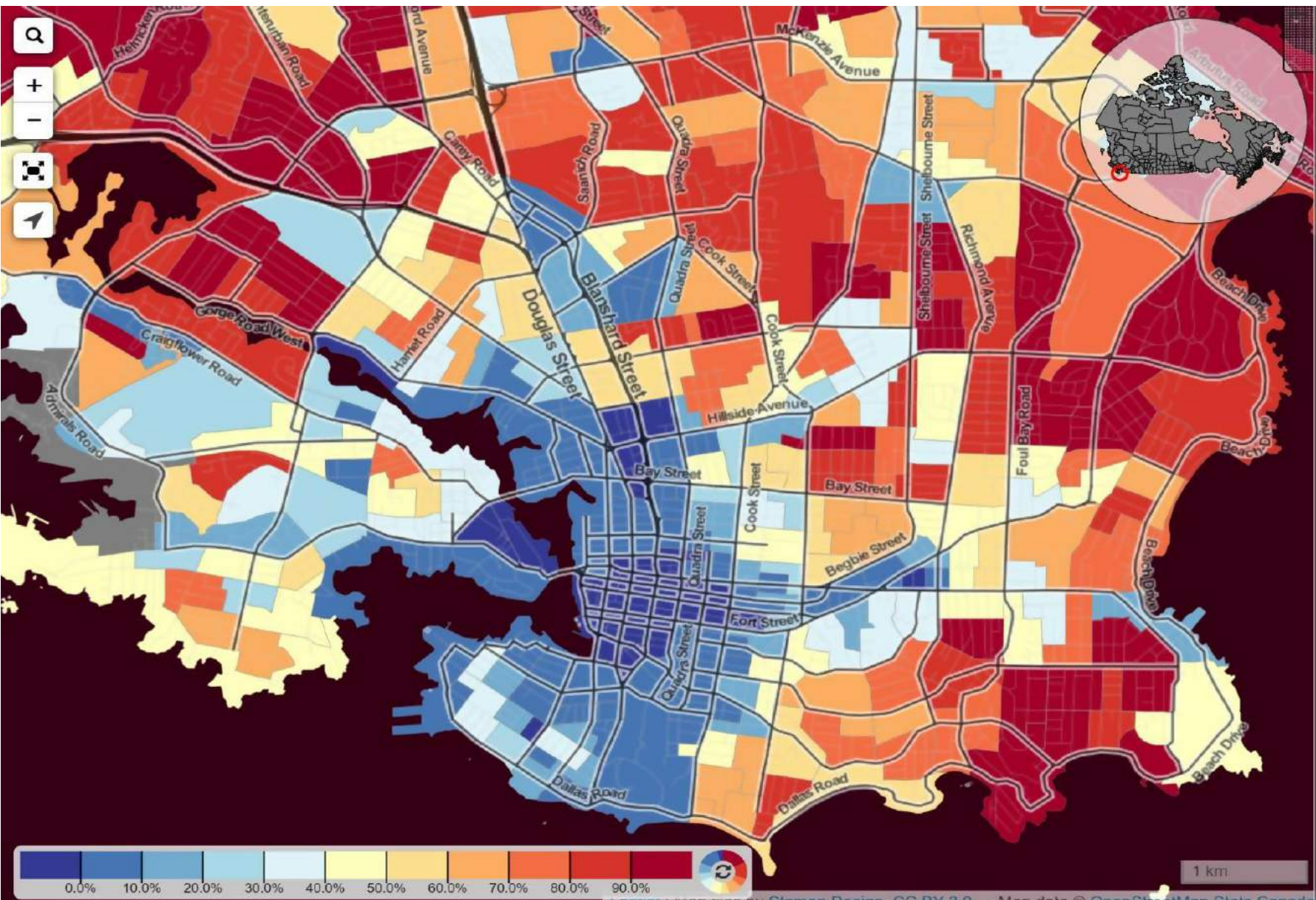
From 2011 to 2016, the concentrated and high density neighbourhoods of North Park, Downtown and Harris Green saw their resident population increase 15.5%



Housing Type

Percentage of Dwelling Units in Apartment Buildings over 5 Storeys

Households Living in Single Family Detached and Duplex



Single Detached and Duplex (Canada Census 2016)

Canada Census 2016
Single Detached and Duplex

0.0% 20.0% 40.0% 60.0% 80.0% 100.0%

Single Detached and Duplex by CensusMapper

Based on Canada Census 2016

This map shows the percentage of occupied dwelling units that are "Single Detached" or "Duplex" units. Compare that to the map of just [single detached](#) units. Census "duplex" units line up well with a "single family" home with a secondary suite, whereas what is commonly referred to as a duplex generally matches the census definition of a "semi-detached" dwelling.

2017-07-14

Browse more Maps

Featured Maps ▾

More Maps by CensusMapper ▾

Even more Maps

Start a New Map

Options Analysis

A Volunteer's High-level Analysis of Siting Options for the new Crystal
Pool Recreation and Wellness Centre

City-Owned Options for Rec Centre Siting in North Park



Site where existing building is

Pros

- Equity
 - Proximity to underserved neighbourhoods
 - No net loss of green space for park deficient, high density, high growth neighbourhoods.
- Affordability and Climate Action
 - District energy opportunities to reduce GHGs in arena and rec centre. These are both city-owned sites and energy intensive and GHG intensive facilities, opportunity for climate leadership and connection to other new private developments in this changing/densifying neighbourhood.
 - District energy opportunities to reduce energy costs of arena and rec centre which are second highest costs in these two facilities next to staffing. Possible cost-sharing of district energy with RG Properties and/or future revenue stream from district energy utility.
 - During closure years can save \$5M from rec centre operating budget of \$2.7M per year for which includes annual losses subsidized by taxpayers of \$1.6M (\$3.2M).
 - Good access to transit and active transportation

Cons

- Disruption- Rec centre shut down for two years, users will need to seek alternatives in the region for recreation.



RAP (Cook St)

Pros

- Equity
 - Proximity to underserved neighbourhoods
 - No net loss of green space for park deficient, high density, high growth neighbourhoods as any green space lost along Cook St will be gained in recovery of more useful Central Park greenspace
 - Net gain of green space as RAP could now be opened up to public for use on the 295 days of the year it is not used for Harbourcats games or other special events.
- Affordability and Climate Action –
 - Higher value realization of RAP which costs taxpayers \$500K in subsidy every year despite not being open to the public.
 - District energy opportunities to reduce GHGs in arena and rec centre. These are both city-owned sites and energy intensive and GHG intensive facilities, opportunity for climate leadership and connection to other new private developments in this changing/densifying neighbourhood.
 - District energy opportunities to reduce energy costs of arena and rec centre which are second highest costs in these two facilities next to staffing. Possible cost-sharing of district energy with RG Properties and/or future revenue stream from district energy utility.
 - Good access to transit and active transportation
 - Shared/complementary parking with RAP at existing RAP parking lot.
- No disruption for current rec centre users

Cons

- Rental space for special events like Rifflandia and Beerfest will be moderately smaller.



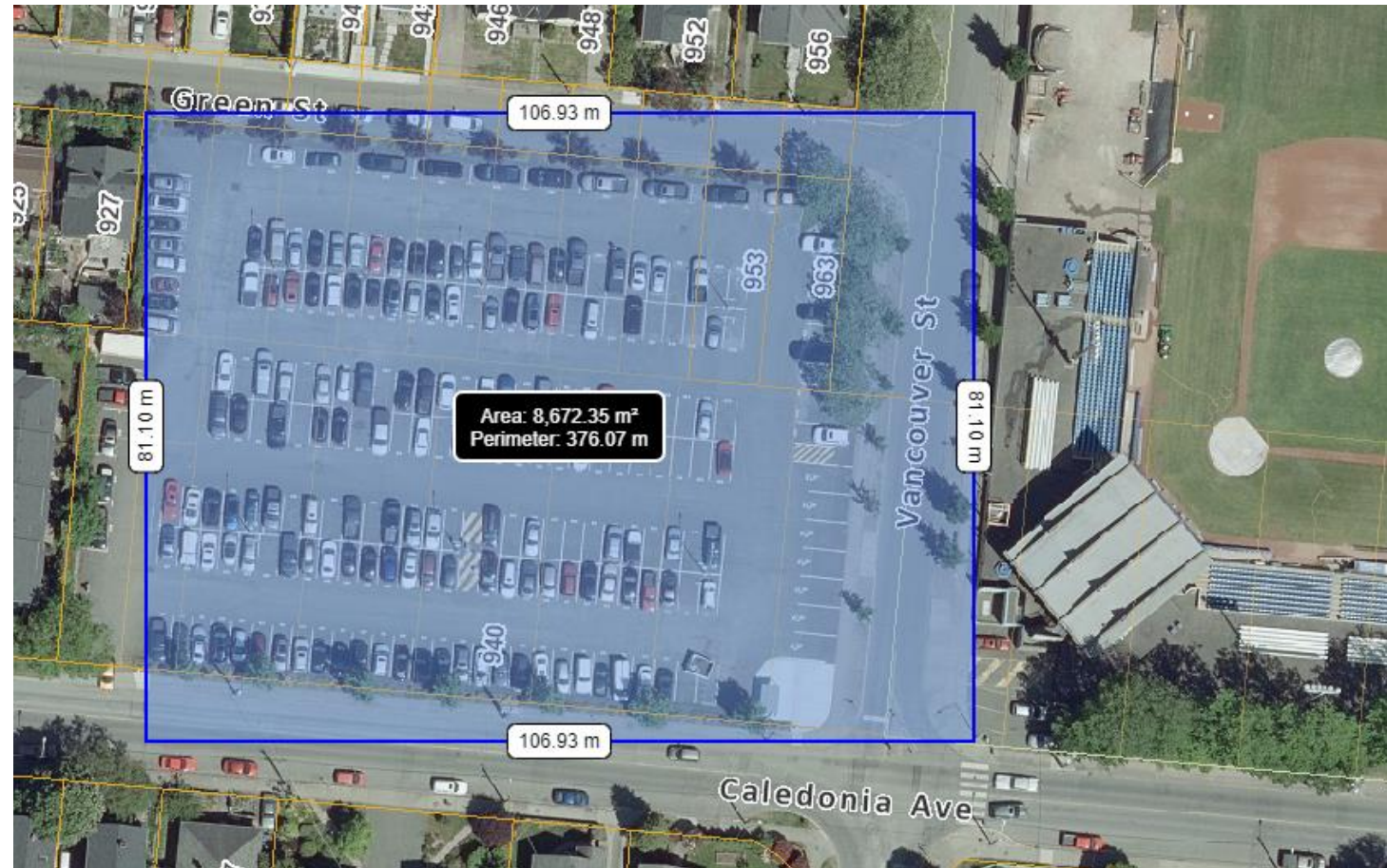
RAP Parking Lot

Pros

- Equity
 - Proximity to underserved neighbourhoods
 - Net gain of green space for park deficient, high density, high growth neighbourhoods. The OCP identifies North Park as needing park acquisition.
 - Elimination of one parking lot plaguing North Park.
- Affordability and Climate Action –
 - District energy opportunities to reduce GHGs in arena and rec centre. These are both city-owned sites and energy intensive and GHG intensive facilities, opportunity for climate leadership and connection to other new private developments in this changing/densifying neighbourhood.
 - District energy opportunities to reduce energy costs of arena and rec centre which are second highest costs in these two facilities next to staffing. Possible cost-sharing of district energy with RG Properties and/or future revenue stream from district energy utility.
 - Good access to transit and active transportation
- No disruption for current rec centre users
- Traffic Calming/Cycling synergies – Opportunity to push into roadway on Vancouver street if keep throughfare for cyclists. Use facility as traffic calming measure along Vancouver St. and increase size of site.

Cons

- Parking - Loss of parking for VICPD staff and RAP visitors will need to be replaced underground.



Arena Parking Lot

Pros

- Equity
 - Proximity to underserved neighbourhoods
 - Net gain of green space for park deficient, high density, high growth neighbourhoods. The OCP identifies North Park as needing park acquisition.
 - Elimination of one parking lot plaguing North Park.
- Affordability and Climate Action
 - Higher value realization of property tax exempt land than a parking lot accruing revenues to a third party on publicly-owned land.
 - District energy opportunities to reduce GHGs in arena and rec centre. These are both city-owned sites and energy intensive and GHG intensive facilities, opportunity for climate leadership and connection to other new private developments in this changing/densifying neighbourhood.
 - District energy opportunities to reduce energy costs of arena and rec centre which are second highest costs in these two facilities next to staffing. Possible cost-sharing of district energy with RG Properties and/or future revenue stream from district energy utility.
 - Incorporate Curling Club into new rec centre thereby freeing up city-owned land and reducing operating costs of this non-profit owned facility so they have a more sustainable business model.
 - Good access to transit and active transportation
- No disruption for current rec centre users

Cons

- Need to negotiate with RG Properties, or find exit clause in agreement, or expropriate parking lot land.
- Loss of parking will need to go underground or structured.



City Staff Proposed Site of Central Middle School

This site is not one that should be considered in our opinion.

- **Equity issues** - There are significant equity implications to moving the recreation centre away from the underserved neighbourhoods in the north end of town and placing adjacent to the city's most affluent neighbourhoods. These equity issues are well highlighted in our presentation to Council of June 6th and at www.crystalpoolforall.com
- **Loss of green space** –
 - Proposed site removes green space from the most densified residential area of town (Harris Green), only to become more so with proposed London Drugs site.
 - Harris Green has already been identified in the OCP as park deficient and targeted for park acquisition.



City Staff Proposed Site of Central Park (SW corner)

This site is not one that should be considered in our opinion.

There are significant equity implications to the nearby underserved neighbourhoods of Downtown, North Park and Hillside Quadra which are home to Victoria's most marginalized populations :

- Significant net loss of green space - under current proposal nearly the entire footprint of the existing building will be used for a 110-140 stall surface parking lot
- The design of the facility is of suburban typology, two storeys, huge building footprint, large surface parking.
- Shading of entire park to occur by placing facility on the sunniest, southwest corner of park.
- Elimination of Central Park's most utilized assets – basketball court, tennis courts, childrens and adults playground.
- Massive temporary and permanent disruption to park users.
- Significant loss of tree canopy.

The equity issues endemic to the northern neighbourhoods of Victoria are well documented in our presentation to Council of June 6th and at www.crystalpoolforall.com

