



Department of
Sport and Recreation



Sport and Recreation and Public Health

A resource for community
sector professionals working
in local government

Our whole
community **wins**

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Message from the Director General

Sport and recreation is crucial to maintaining a healthy, active lifestyle. Participation in regular physical activity is part of the solution to addressing chronic illness and improving mental health.

Community facilities provided by government, like parks, ovals, pools and leisure centres, are key settings for improving general health and quality of life and enhancing social support through connecting communities.

Participation in sport and active recreation can improve educational outcomes and help divert young people from anti-social behaviour through building resilience and providing positive avenues for them to let off steam. For people of all ages, participation provides opportunities to learn new skills and make new friends.

One of the enduring challenges facing those who provide and manage community facilities and services is demonstrating the value provided to users and local communities.

This resource is important as it assists local government sport, recreation and community sector professionals to articulate the contribution their work makes to health promotion and the achievement of better public health outcomes.

It is important that we collaborate across all levels of government and encourage partnerships with health promotion and community support agencies to strengthen the work already being done.

I look forward to continuing to work with local government in getting more Western Australians active and engaged with their communities.



Ron Alexander
Director General
Department of Sport and Recreation



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Sport and recreation is not a luxury in society. On the contrary, sport and recreation is an important investment in the present and the future¹.



Introduction

The current Health Act in Western Australia was enacted in 1911. Since that time, our collective understanding of public health has changed significantly.

In the 1911 Act, attention was paid to the regulation of sanitation, housing standards, food safety, nuisance and offensive industries, the spread of infectious disease and the provision of primary health care services (access to medical, hospital and clinical services). All of the regulatory services outlined in the 1911 Act remain relevant – though may be delivered somewhat differently now, with many amendments made to the Act over the past one hundred years.

In 2014, a new Public Health Bill was introduced to the Western Australian Parliament. The development of the Bill is a major public health initiative and regulatory reform project for Western Australia. The new bill contains several objectives that relate to health promotion, preventive health and social equity. These include²:

- *to promote and improve public health and wellbeing and to prevent disease, injury, disability and premature death;*
- *to promote the provision of information to individuals and communities about public health risks;*
- *to encourage individuals and communities to plan for, create and maintain a healthy environment;*
- *to support programmes and campaigns intended to improve public health; and*
- *to reduce the inequalities in public health of disadvantaged communities.*

Apart from continuing traditional roles in regulation of environmental health, proposed changes to public health legislation provide **an opportunity to highlight the role that local governments already play** in creating physical environments, providing facilities and infrastructure for sport, recreation, leisure and community and delivering programs and services that encourage participation in health promoting activities.

As outlined in the *Public Health Bill 2014*, local government will continue to play a significant role in enabling public health outcomes to be achieved. The functions of local government include:

- to initiate, support and manage public health planning for its local government district; and
- to develop and implement policies and programmes to achieve the objects of this Act within its local government district.

This expectation is supported by the *Western Australian Local Government Act 1995* which requires local governments to play an active role in meeting the social, economic and environmental needs of their communities.

In a guide to developing a local government public health plan published by the Public Health Advocacy Institute of Western Australia³, it is stated that a Public Health Plan should:

Build on past experiences and have a balance of strategies that address the more traditional public health risks and legislative requirements with the emerging areas of and roles within the social health and chronic disease management strategies that promote community wellbeing and connectedness.

This new direction in planning for health calls for a more integrated approach to provision of facilities, programs and services to address chronic disease, mental health issues and social isolation in our communities. No one discipline is responsible for the health of a community and there is a need to clearly define level of responsibility, expected actions and outcomes. To achieve this, we need to work together.



The purpose of this document is to assist local government sport, recreation and community sector professionals to better articulate the contribution their work makes to health promotion and the achievement of better public health outcomes.

Purpose of this document

Local government in Western Australia plays a significant role in all areas across the health spectrum. Unlike environmental health services, there is no legislative obligation for local governments to provide lifestyle services such as sport and recreation services, libraries and arts events, improve living standards through enhanced neighbourhood amenity, protect the natural environment or consider impacts on global ecosystems.

As a result much of what is provided by local government for community benefit is discretionary, with many social facilities and services contributing to community wellbeing and preventive health outcomes in meaningful ways. Without access to programs and services, and facilities and infrastructure for sport, recreation and community, our lives would be poorer and our health status lessened.

Apart from the well-documented benefits of participation in physical activity through sport and recreation, our lives are enriched through social interaction, connection to our community, and involvement in cultural and artistic events.

If we are to plan effectively for public health, the role of the sport, recreation and community sector in protecting and promoting physical, mental and general community health needs to be recognised and incorporated into strategic health planning.

The purpose of this document is to assist local government sport, recreation and community sector professionals to better articulate the contribution their work makes to health promotion and achievement of better public health outcomes.

The document itself is presented in several sections:

- **What is health?:** An overview of contemporary understandings of health and the community health spectrum
- **Approaches to planning for health:** A synopsis of current approaches to public health planning and integrated planning
- **Sport and recreation through the lens of health:** A discussion regarding where sport, recreation and community professionals can best contribute to public health planning, and how sport, recreation and community services can add value to current practice by looking through the lens of health
- **Evaluating healthy outcomes:** A brief guide to principles of evaluation with examples
- **Assessing community value of facilities, programs and services:** A guide to current methods for determining community perceptions and worth placed on facilities and services



GLOBAL ECOSYSTEM

Waste disposal | Planning and development control | Climate change strategies | Energy saving | Recycling



NATURAL ENVIRONMENT

Tracks and trails | Biodiversity and conservation management | Coastal management | Air and water quality monitoring | Sustainable development | Parks and public open spaces



BUILT ENVIRONMENT

Environmental health | Building control | Facility development | Lighting and safety | Pedestrian zones | Parks and playing fields | Play spaces | Cycle routes | Road management and parking



ACTIVITIES

Community programs and services | Physical activity promotion | Play provision | Recreation and leisure



LOCAL ECONOMY

Local jobs | Regeneration | Economic development | Tourism | Marketing | Community grants



COMMUNITY

Social cohesion | Community centres and services | Community development



LIFESTYLE

Libraries | Leisure centres | Social support | Sport and recreation development | Heritage and art



PEOPLE

Age | Gender | Hereditary factors



What is health?

Defining health

The World Health Organisation defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”⁴ with this definition of health more focused on quality of life rather than diagnosed illness⁵.

This definition expands our understanding of health beyond provision of primary health care and access to medical and clinical services. Achieving better community health is much more complex and relies on interplay of social and environmental factors that promote good health outcomes.

Within social models of health, community influences, living and working conditions, socio-economic status, social activity and mobility within neighbourhood settings of built and natural environments all play a part in determining individual health and well-being (Figure 1).

Health benefits of sport, recreation and community facilities and services

The importance of sport and recreation in community life and the positive outcomes of participation in physical activity, social programs and activities, and community events are well-documented¹. The parklands and pathways, leisure and aquatic centres, sportsgrounds and playing fields, clubrooms and community facilities provided by local government play a substantial role in mitigating chronic disease and enhancing community perceptions of their general health⁶ and quality of life.

Even so, sport and recreation services are sometimes undervalued as a means of improving and maintaining community health and wellbeing. As an example, team sports are often regarded principally as a means of improving and maintaining physical health through participation in organised activity. What tends to be less well recognised is the role team sports can also play in supporting better mental health through the social bonds and the community connections gained through involvement as a player, coach, parent or volunteer.

A range of positive community outcomes can be generated through encouraging increased physical activity⁷. Advocating for increased physical activity as part of a local government public health plan may involve various business units⁷ as a whole of local government approach to physical activity can achieve a range of outcomes for the community. To achieve multiple outcomes, potential social, environmental and economic benefits need to be understood (Figure 2).

Figure 1: The social determinants of health and the roles of local government.

(Original source: World Health Organisation and image adapted from City of Wanneroo Public Health Plan)

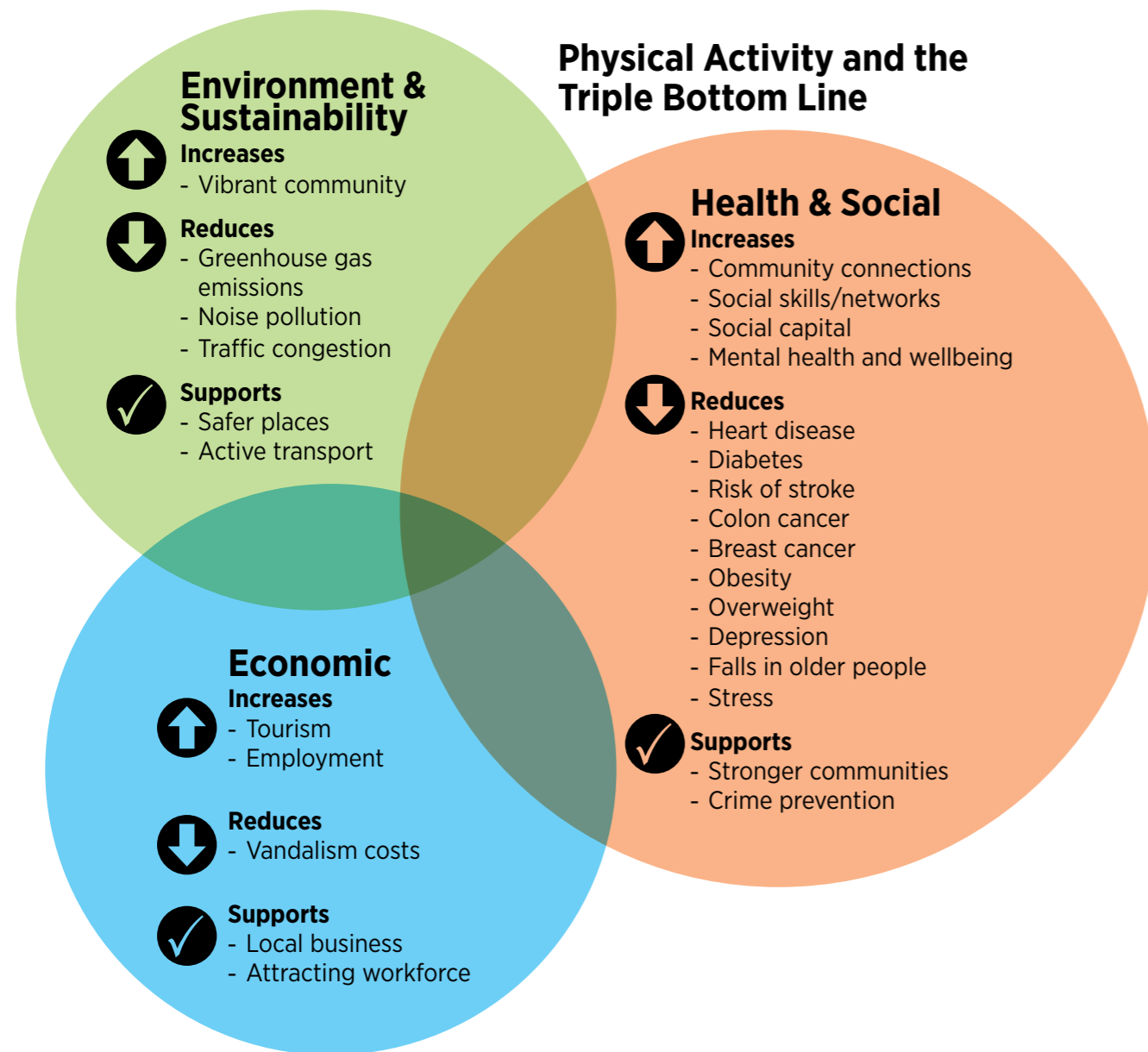


Figure 2: Physical Activity and the Triple Bottom Line⁷

The triple bottom line (sustainability) approach considers potential social, environmental and economic outcomes and benefits. This approach ensures multiple viewpoints can be considered, whether the primary aim of a program or service is increasing physical activity and reducing chronic disease; or improving mental health through social interaction and providing a place where people can meet and explore a shared interest; or improving environmental amenity through community involvement in parkland upgrades or redevelopment.

The importance of partnering

As improving public health is a multi-dimensional task, building good working relationships with internal and external stakeholders is imperative. To improve community health outcomes and add value to existing programs and services, sport, recreation and community development professionals may choose to work with environmental health, public health and health promotion professionals to develop better cross-sectoral understanding of roles and potential contributions.

Adding value does not need to be complicated. Simply providing information about healthy nutrition and weight loss may add value to a physical activity program. Working with an external service provider with experience in dealing with people who are lonely or socially isolated may add value to community programs by encouraging previous non-users to participate.

Internal partnerships can provide numerous health promotion opportunities. Even in a park redevelopment project there is scope for health promotion through involvement from various disciplines within local government, resulting in a far better, more valued community asset than if one discipline area works alone. For example, in response to priority areas identified in the local government public health plan, a park redevelopment project may incorporate increasing physical activity and improving mental health in its overall goals. To achieve these goals, project planning might include:

- Ensuring universal design principles guide redevelopment to encourage users of all ages and abilities (planning and design)
- Activating the space through regular outdoor exercise programming and other community activities (sport and recreation officers)
- Incorporating planted areas that provide space for quiet reflection (parks and gardens officers)
- Interpretation of natural features and involvement of volunteers in maintaining the space (environmental and community development officers)

Apart from sharing experience, information and knowledge, partnering with internal and external stakeholders also brings potential for sport, recreation and community professionals to develop joint projects, optimise internal funding, and access external funding and support.

Numerous external partnership opportunities exist within the health sector. Health promotion organisations like Healthway, the Heart Foundation, Diabetes Australia, the Cancer Council and Aboriginal health agencies all run regular campaigns that need outlets for distribution of materials, access to various settings for health interventions, and other program-based delivery models. Often health promotion programs are targeted at a particular population group (i.e. children, young people and older adults) and direct access to these groups through community support is crucial to success.

Metropolitan and regional Population Health Units are also a good source of information and resources. The core business of these agencies, managed by the Department of Health, is disease prevention and communicable disease control with a focus on the health and wellbeing of the whole community. Subject to approval processes, Population Health Units can provide data on local, regional and state-wide health status and comprehensive health education and disease control services. A list of Population Health Units within Western Australia is included as Attachment B.

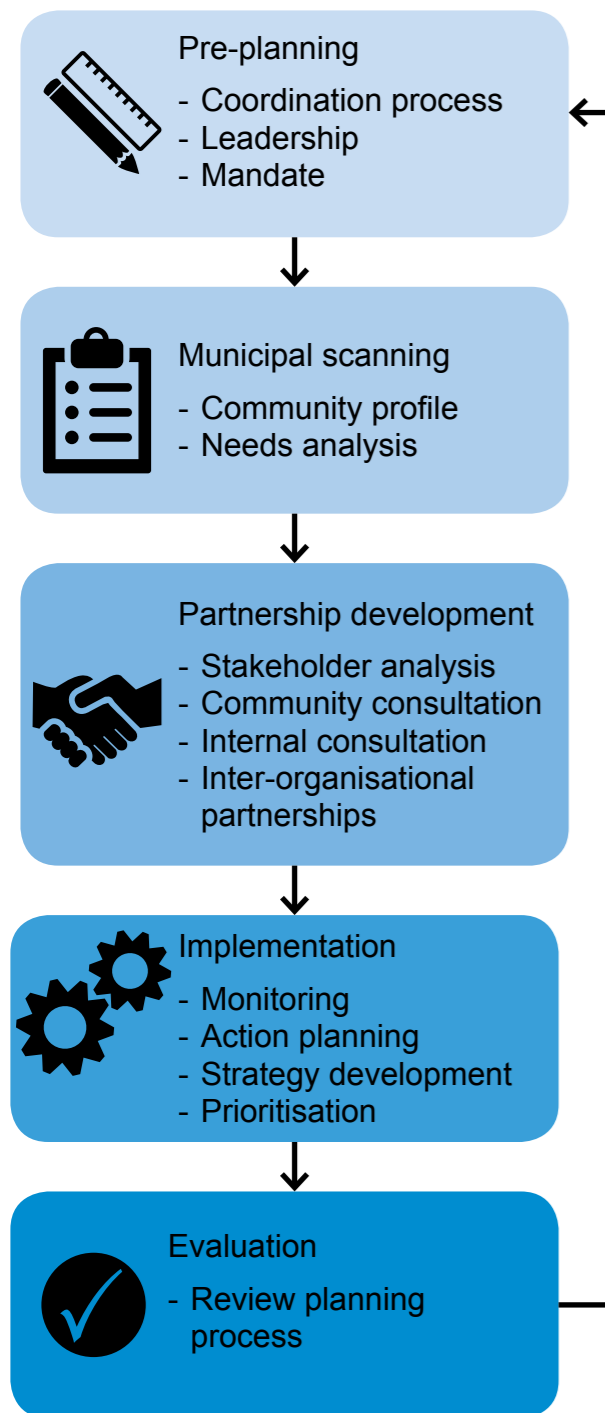


Approaches to planning for health

Deciding who will steer the public health planning process and the extent of involvement from other business units within your local government is an important step during the initial stages. Staff from a range of business units will already be involved (directly or indirectly) in promoting public health. It is important to consider the roles of professionals working in environmental health, sport and recreation, community development, community services, planning, building and engineering services, environmental services, and policy development. All contribute in some way to public health management, even though the word “health” may not be explicitly included in their job description⁹. By building diversity and using collaborative processes, the value of adopting a social determinants model of health can be reinforced³.

In line with integrated planning guidelines for local governments in Western Australia¹⁰, public health plans need to be aligned with Strategic Community Plans and Corporate Business Plans. It is recommended that a core group of professionals from within relevant areas of council come together early to agree on the proposed scope and planning process, and to identify links to current policy, potential partnerships, required resource allocation and expected benefits³.

It is further recommended that vision and direction, guiding principles, priority areas, internal and external stakeholders are identified and agreed early in the planning process.



Several local governments in Western Australia have initiated public health planning processes. There is no one prescriptive model and each organisation has based its approach to planning for health on community needs, available resources, skills and knowledge. There are numerous resources available to assist with the public health planning process and a list is provided as Attachment C.

In 2013, Parks and Leisure Australia (WA Region) commissioned a literature review of relevant health policy¹¹. As part of this project, a checklist to assist with planning for community health and wellbeing was developed¹². This checklist is included as Attachment D.

Key focus areas in current public health plans

In reviewing currently available public health plans, it is clear that there are four common areas of focus:

- Environmental health protection
- Healthy lifestyle
- Community lifestyle
- Emergency management

These focus areas and associated health outcomes are linked to priority issues and addressed through specific actions or strategies.

Of these main focus areas, healthy lifestyle and community lifestyle are most relevant to sport, recreation and community professionals.

Common priority areas directly influenced by sport, recreation and community practice include physical activity and social interaction.

| Focus area | Potential health outcomes | Priority issues to address |
|---------------------|---|--|
| Healthy lifestyle | Improved physical health through chronic disease prevention and reduction | Physical activity Healthy eating Tobacco & alcohol control |
| Community lifestyle | Improved mental health and social wellbeing Health-supporting physical environment | Social interaction Community education and events Urban planning |

| Priority issues | Current contribution ** |
|--------------------------------|--|
| Physical activity | Provision of sport and leisure facilities, programs and services including: gyms, swimming pools, indoor and outdoor courts and sport fields Provision of parks and public open spaces, walk paths, cycle ways and nature trails Maintenance of open space and council facilities to enhance safety and enjoyment |
| Healthy eating | Regulation of foods available in council-managed facilities Facilitation and development of community gardens |
| Tobacco and alcohol control | Compliance with existing tobacco and alcohol policy Managing smoke-free facilities |
| Social interaction | Provision of sport and leisure facilities, programs and services including sport fields and clubrooms, leisure centres, community centres, libraries, youth facilities, art centres, parks and community meeting places |
| Community education and events | Provision of health-related materials at council venues including community centres, leisure and aquatic centres and community events Provision of club development officers / recreation officers to enhance club capacity and increase community participation Community engagement in event planning and management |
| Urban planning | Planning of quality parks and public open space integrated with urban form Community engagement in public space planning |
| Environmental health | Ensuring public open spaces and community facilities meet environmental health guidelines and regulations |

** This is not an exhaustive list and many more examples of contributions to community health and wellbeing are carried out by local government every day

Figure 3: The process of planning for public health
(Adapted from original source: City of Wanneroo)

Looking at sport and recreation through the lens of health

Many local governments already deliver facilities, programs and services that encourage physical activity, social interaction and community connection.

However, one of the key aspects of the *Public Health Act 2014* is that actions need to be supported by evidence-based practice. While there is often much evidence of the overall benefits of sport and recreation, there is often little evaluation of outcomes of specific programs or services.

In order for sport, recreation and community professionals to make a valuable contribution to public health planning, it is important that they understand how to add value to existing programs and services and how to evaluate health-focused outcomes.

Evaluation of outcomes may be focused on effectiveness of a particular program or service in changing behaviour, or a shift in overall population health, or an increase in community perceptions of value of facilities, programs and services delivered.

Much current evaluation of sport and recreation services is functional (did we meet financial or participation targets?) rather than outcome-focused (what did it achieve?). This is less so in community services where funding is often dependent on identifying and evaluating community or social outcomes – though “health” outcomes are not always explicit.

For sport and recreation professionals to continue to make a significant contribution to community health and wellbeing, it is important that all understand how to:

- Build an evidence base that supports planned activities
- Identify and achieve appropriate health outcomes
- Evaluate health outcomes

These areas of knowledge are explored in the following sections.



Working towards achieving healthy outcomes

One of the keys to success of any project or program is being able to clearly articulate its purpose and how achievement will be measured or assessed. Different stakeholders or participants in any project or program may have different expectations or measures of success.

One way to enhance your chance of success is to start the project or program by developing a model such as the Sport and Recreation for Health Planning Model (see Figure 4) and working through each stage prior to commencing.

A HEALTH INTERVENTION OR A RECREATION ACTIVITY?

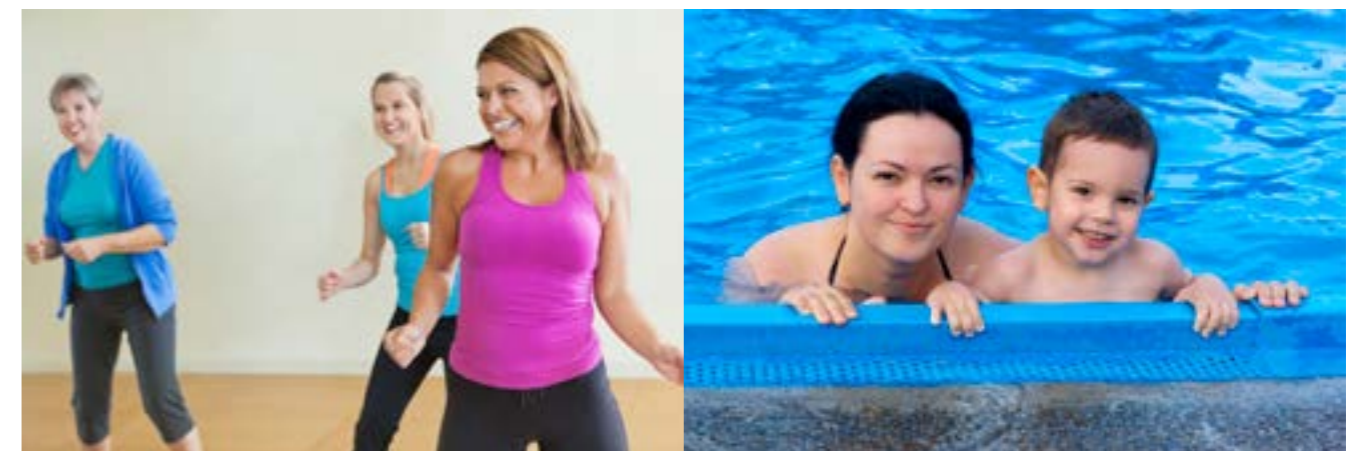
A program led by a public health professional to encourage people to use outdoor fitness equipment might be classified as a “health intervention” if its stated purpose was to change existing behaviours and improve levels of community physical activity.

The same activity, in the same setting, led by a sport or recreation professional might be marketed as a social event. Apart from enabling people to be active, its stated purpose may include getting people out of their homes and into nearby parklands to encourage social interaction and community connection.

Is this simply a recreation activity, or is it also a health intervention if the outcome is to enhance community wellbeing?

Many of the programs and services already offered by local government sport, recreation and community development professionals have a significant impact on local levels of physical activity and social interaction. Partnerships with internal and external health professionals can add significant value to existing programs.

As physical inactivity and social isolation are two main causes of chronic disease and depression, adding value to sport, recreation and community facilities, programs and services through health promotion will be essential to enriching community life.



How to use the Sport and Recreation for Health Planning model

Imagine you run a leisure centre. One of the actions identified in your local government public health plan is to increase physical activity in your community. You use your participation data to identify the current user groups in your facility.

You see that the level of participation by older people is relatively low. You know (from talking with a health professional) that participation in physical activity for older adults is very important to maintaining better general health.

You need to decide what your program can achieve. Is it simply about facilitating improvement in general health in line with your local government health plan? Or are you able to recognise opportunity to add value by reducing social isolation by encouraging older people to get out of their homes and incorporating health promotion messages? Will increased participation and your centre facilities also improve your operational bottom line: contributing to the economic health of your leisure centre? And how will you be able to evaluate whether you have achieved your purpose?

Using the model outlined in Figure 4, Figure 5 provides a worked example of what you might decide to do.



Figure 4: Sport and Recreation for Health Planning Model

An example of Sport and Recreation for Health Planning Model

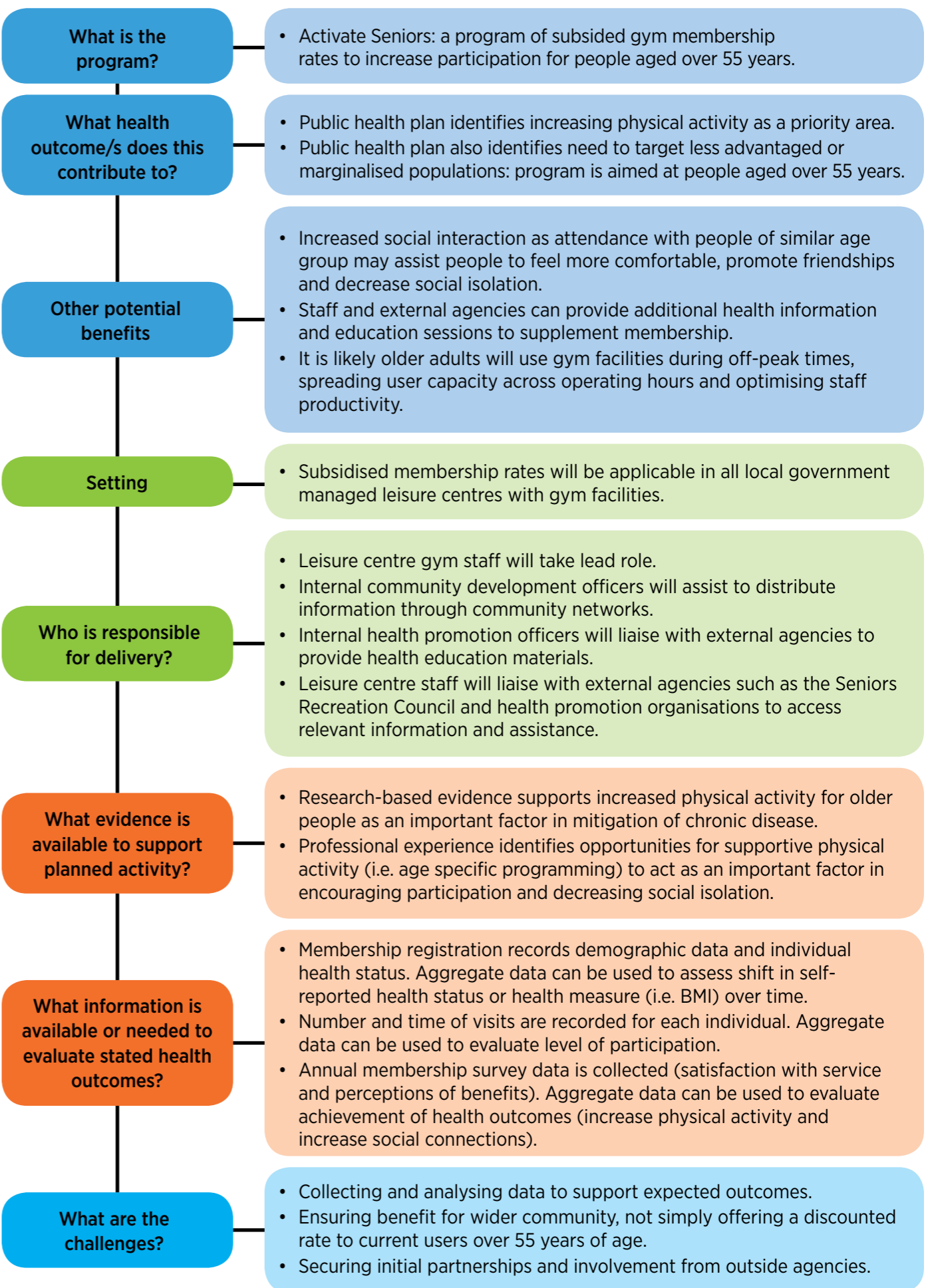


Figure 5: A worked example of the Sport and Recreation for Health Planning Model



Evaluating healthy outcomes

Evaluating the effectiveness of facilities, projects and services in contributing to community health outcomes is critical if managers and staff are to know if desired outcomes were achieved and to identify what lessons learned can be used to guide future projects and programs.

There are several elements to evaluation and what is needed will depend on the type and scope of project being evaluated. In general, evaluation will focus on these key aspects:

- **Process:** how did it work?
- **Impact:** who was involved and what was achieved?
- **Outcomes:** what difference did it make?

It is important that evaluation is well-thought-out early in the planning process, not simply considered as an add-on at the end of the project or program. This makes it easier to set up appropriate measures and incorporate data collection into program or project activities. It may be possible to build in evaluation through establishing partnerships with other agencies – particularly if partnerships are able to draw on health promotion or other evaluation skills and knowledge¹³.

For many facility and program managers, one of the most commonly-used methods of assessing programs and projects is through survey – often administered at the end of a project or program. It is also common that these surveys focus on measuring user satisfaction with facilities and services provided, with limited capacity to measure community benefit or identify if social benefits or health outcomes have been achieved¹⁴. In addition, surveys are usually administered only to current users, or project and program participants. To gain better understanding of the potential health benefits of access to a facility, project or program, it may be equally important to capture the views of non-users, particularly those who were invited to be involved in a project or program and chose not to participate or who started a program and chose not to continue.

Assessing health outcomes is not always a simple task and will often rely on individual responses and perceptions of health status. Indicative changes in health status that may have occurred through involvement in a project or program may be assessed by adding relevant health-focused questions into survey protocols. These questions might ask about self-reported health status, perceived value of service to maintaining health or development of community connection through facility or service use.

Health-focused surveys and questions

There are various tools available to assist with evaluating health outcomes. In the main, surveys are used to assess self-reported health status at a particular point in time, or over time through administration of pre-activity and post-activity assessment.

The SF-8™ self-reported health survey is used by the Department of Health as part of the Western Australian Health and Wellbeing Surveillance System (HWSS), a continuous data collection system which was developed to monitor the health and wellbeing of Western Australians. On average, 600 people throughout Western Australia are interviewed each month.

People are asked questions on a range of indicators related to health and wellbeing. Topics include:

- chronic health conditions,
- lifestyle risk factors,
- protective factors, and
- socio-demographic status.

Information from the survey is used to monitor the health status of all Western Australians, to inform health education programs, to evaluate interventions and programs, to inform and support health policy development, to identify and monitor emerging trends and to inform and support health service planning and development.

A breakdown of this information relevant to your local government area is available through Population Health Units (see Attachment B).

For examples of questions that might be included in user surveys to assess community health status and evaluate the success of participation in a project or program, see Attachment E.



What's the question?

The primary question asked in many health surveys relates to self-reported health status.

The following example is drawn from the SF-8™.

Overall, how would you rate your health during the past 4 weeks?

Excellent Very good Good Fair Poor Very poor

The SF-8™ Health Survey is licenced by the Medical Outcomes Trust and Quality Metric.

For more information go to: www.sf-36.org/tools/sf8.shtml

Assessing value of facilities, programs and services

One of the challenges facing sport, recreation and community facility and service managers is how to demonstrate that what they provide delivers value to users and local communities. Research and evaluation efforts are often aiming at convincing various audiences that facilities and services are a valuable resource for the whole community, well worth the investment of public funds. Even so, it is often difficult to measure community value or calculate the dollar value of outcomes and benefits of facilities and services provided.

Most attempts to value community facilities and services rely on subjective, rather than objective assessment, with evaluation often based on stated levels of user satisfaction or perceived community benefit. It can be difficult to develop models that demonstrate direct outcomes and financial return on investment in community facilities and services.

Commonly used methods to calculate economic value or return on financial investment include:

- **Direct spend:** calculated by multiplying the number of users by estimated spend to use a facility, program or service.
- **Direct use value:** calculated by multiplying the number of users by the amount they might be willing to pay if private market value was applied to subsidised facilities, programs or services.
- **Multiplier effect:** calculated as the value of user spending on services associated with visiting a facility, participating in a program or using a service (such as food and transport).

While accurate data for any of these economic measures can sometimes be difficult to obtain, estimations of value calculated by US researchers has resulted in substantial return on investment of provision of community facilities such as parklands and green spaces⁸. As an example, “direct uses” were measured in a telephone survey of Boston residents and were then multiplied by a specific dollar value for each activity. Based on the level of use and those values, it was found that in 2006 Boston’s park and recreation system provided a total of US \$354,352,000 in direct use value.

Different methods of program and facility valuation – both social and economic – are described in the following box. Reports that include examples of how these methods have been applied in various research and practical studies are included in Attachment F.

Program and facility valuation methods

Apart from valuations based on direct spend, direct use or multiplier effect calculations, there are various other methods used to ascribe value to specific facilities or services.



Social value

- **Social return on investment (SROI)**

SROI is a form of stakeholder-driven evaluation blended with cost-benefit analysis tailored to social purposes. SROI identifies what change is being created, places a financial (\$) value on that change and compares it with the costs of inputs required to achieve it. SROI analyses are generally conducted by accredited practitioners.



Economic value

The various methods outlined below can provide an estimation of economic value based on financial calculations, observation, community choice or responses to specific scenarios. The quality of the estimate will be dependent on the quality of information provided and the experience of the professionals involved in analysing results.

- **Economic impact analysis**

Economic impact analysis seeks to demonstrate the nature and extent of how a facility or service may impact on the local, regional or national economy, in terms of new investment or additional spending within a designated area.

- **Cost benefit analysis**

Cost benefit analysis is a systematic process for calculating and comparing benefits and costs of a project, decision or policy. It is often used to justify or establish feasibility of an investment or decision, or as a basis to compare projects.

- **Travel cost method**

The travel cost method estimates economic values associated with sites or facilities that are used for recreation. It assumes that the value of a site is reflected in how much people are willing to pay to travel to visit the site.

- **Hedonic pricing**

The hedonic pricing method is used to estimate economic values for services that directly affect market prices. It is most commonly applied to variations in housing prices that reflect the value of local environmental attributes such as access to parklands and open space, leisure, recreation and community facilities.

- **Contingent valuation**

Contingent valuation can be used to estimate economic values for virtually any facility or service and is the most widely used method for estimating non-use, or “passive use” values. The method asks people to directly state their willingness to pay for specific services, based on a hypothetical scenario.

- **Contingent choice method**

The contingent choice method can be used to estimate economic values for virtually any service. It is based on asking people to make trade-offs among sets of ecosystem or environmental services or characteristics. This method does not directly ask for willingness to pay—this is inferred from trade-offs that include cost as an attribute.



Attachments

Attachment A: The language of health

| | |
|----------------------------------|--|
| Health | Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity (World Health Organization [WHO], 1946). |
| Primary health care | Health care provided in the community for people making an initial approach to a medical practitioner or clinic for advice or treatment. |
| Epidemiology | The branch of medicine which deals with the incidence, distribution, and possible control of diseases and other factors relating to health. |
| Public health | Public health is defined as “the science and art of preventing disease, prolonging life and promoting health through the organised efforts and informed choices of society, organisations, public and private, communities and individuals” (WHO). |
| Environmental health | Environmental health addresses control of external physical, chemical, and biological factors that can potentially affect health. It is targeted towards preventing disease and creating health-supportive environments. This definition excludes actions not related to the physical environment, including social and cultural environments (WHO). |
| Chronic disease | Chronic diseases are illnesses that are prolonged in duration, do not often resolve spontaneously, and are rarely cured completely. Chronic diseases, such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes, are by far the leading cause of global mortality. |
| Non communicable diseases | A non-infectious chronic health condition, usually developing over a significant period of time, that can cause death, dysfunction or impaired quality of life. |
| Burden of disease | A measure to assess and compare the relative impact of different diseases and injuries on people or populations. |
| Incidence and prevalence | Incidence is the rate of new (or newly diagnosed) cases of a particular disease or disability and is generally reported as the number of new cases occurring within a period of time (e.g., per month, per year). Prevalence is the actual number of cases (people living) with a particular disease or disability either during a specified period of time or date. |
| Morbidity and mortality | Morbidity refers to the state of being diseased or unhealthy within a population. Morbidity rate refers to an incidence of ill health in a population. Mortality is the term used for the number of people who died within a population. Mortality rate refers to the incidence of death or the number of deaths in a population. |
| Determinants of health | Determinants are factors that can have a positive or negative impact on health. Negative determinants, also referred to as risk factors, can increase the chances of ill health and impede the management of health conditions. Smoking is an example of a risk factor. Positive determinants, referred to as protective factors, can prevent or decrease the chance of ill health. For example, good nutrition can help maintain good health or assist in the management of disease. The determinants of health include the social and economic environment, the physical environment, and the person’s individual characteristics and behaviours. |

| | |
|--------------------------------------|---|
| Social inequities in health | Differences in health status can exist between different social groups. Many health inequities are systematic, socially produced (and therefore modifiable) and based on economic status. |
| Social determinants of health | The social determinants of health are the conditions in which people are born, grow, live, work and age, including access to health services. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. Social determinants of health include: <ul style="list-style-type: none"> • Income and social status • Education • Physical environment • Social support networks • Genetics • Access to health services • Gender. |
| Health promotion | Health promotion is defined as the process of enabling people to increase control over their health and its determinants, and thereby improve their health (WHO). |
| Preventive health | Preventive health focuses on the prevention of disease, disability or death rather than treatment, and can be defined as “action to reduce or eliminate the onset, causes, complications or recurrence of disease” with primary prevention controlling exposure to risk and promoting protective health factors at the population level. |
| Health interventions | Health interventions are designed to improve health and quality of life through the prevention and treatment of disease and other physical and mental health conditions, through promotion of healthy behaviours. |

These definitions were sourced from several publications^{3, 11, 15}.

Attachment B: WA population health units

Population Health Units can provide:

- Assistance with health promotion planning
- Health education resources
- Subject to approval processes, data to inform population scanning and community needs analysis

Contact details for metropolitan and regional population health units can be found on the WA Department of Health website at:

healthywa.wa.gov.au/Healthy-WA/Articles/A_E/Contact-details-for-population-public-health-units

| Population health unit | Base | Postcodes serviced |
|--------------------------------|--------------|--|
| Perth metropolitan area | | |
| North Metropolitan | Joondalup | 6000–6040, 6045–6090 and 6556–6558 |
| South Metropolitan | Fremantle | 6100–6215 and 6953– 6992 |
| Regional | | |
| Coastal and Wheatbelt | Northam | 6041–6044, 6302–6315, 6350–6393, 6401–6428, 6460–6490, 6501–6513, 6516–6521, 6560–6575 and 6603–6613 |
| Gascoyne | Carnarvon | 6701 |
| Goldfields | Kalgoorlie | 6346–6348, 6429–6452 and 6646 |
| Great Southern | Albany | 6316–6373 and 6394–6397 |
| Kimberley | Broome | 6725–6743 and 6765–6799 |
| Midwest | Geraldton | 6514–6515, 6517–6519, 6522–6532, 6535–6537, 6614–6642 and 6701–6707 |
| Pilbara | Port Hedland | 6710–6723 and 6751–6762 |
| South West | Bunbury | 6218–6290 and 6398 |

Please note that some regional units may have access to limited information.

People working in local government in regional areas may also contact the WA Country Health Service for information, particularly regional health profiles and service plans.

Country Health Service publications can be accessed at:

www.wacountry.health.wa.gov.au/index.php?id=445

Attachment C: Public health planning resources

Public Health Advocacy Institute of Western Australia (PHAIWA)

Public Health Planning: A guide to developing a local government Public Health Plan³

This document provides a step by step guide to the Public Health Plan process.

www.phaiwa.org.au/wordpress/wp-content/uploads/2015/08/LG_Planning_Guide.pdf

WA Department of Health

Western Australian Health Promotion Strategic Framework¹⁶

This document emphasises the importance of understanding and addressing the contributing factors to ill-health, integrating health messages across all government policy, and working with key partners to achieve the goal of a healthier community. It focuses on lowering the incidence of avoidable chronic disease and injury by facilitating improvements in health behaviours and environments.

www.public.health.wa.gov.au/2/1588/2/the_wa_health_promotion_strategic_framework_pm

Pathway to a healthy community: A guide for councillors⁹

This document (published by the South Metropolitan Public Health Unit) provides overview of the many different ways local government can contribute to better community health.

ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/SMHS/Reports%20and%20Publications/SMPHU/PathwayHealthyCommunity_GuideForCouncillors.ashx

Pathway to increasing active living: A guide for local government¹³

This document (published by the South Metropolitan Population Health Unit) provides a practical overview on the benefits that individuals and the communities can experience from active living, the role of local government in increasing active living, steps required in the planning, implementation and evaluation of active living strategies, and strategies that have been shown to increase active living.

ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/SMHS/Reports%20and%20Publications/SMPHU/PathwayToActiveLiving.ashx

WA Department of Local Government

Integrated Planning and Reporting: Framework and guidelines¹⁰

This document outlines the requirements of local governments in Western Australia to ensure strategic planning processes are linked to long term asset management and financial planning.

www.dlgc.wa.gov.au/Publications/Documents/IPR_Framework_Guidelines.pdf

WA Department of Sport and Recreation

Brain Boost: How sport and physical activity enhance children's learning¹⁷

DSR is developing a series of publications and advocacy materials for promoting sport, recreation and health that outline sport and recreation's value proposition (why sport and recreation matters) to the wider community. Compiled by the Curtin University Centre for Sport and Recreation Research, topics covered include benefits for learning and educational outcomes, crime prevention, building social capital and assisting mental health. Brain Boost is the first publication in this series.

www.dsr.wa.gov.au/support-and-advice/research-and-policies/brain-boost-new

World Health Organisation (WHO)

Social determinants of health: The solid facts¹⁵

This document outlines the growing evidence base to support public policy that considers the influence of social environment on public health outcomes. Ten topics covered include the health determinants of early childhood and the effects of poverty, addiction, working conditions, unemployment, social support, good food and transport policy.

www.euro.who.int/_data/assets/pdf_file/0005/98438/e81384.pdf

Government of Queensland

Social Impact Assessment Guide¹⁸

Social Impact Assessment (SIA) is often undertaken as a component of, or in conjunction with, Environmental Impact Assessment (EIA) or Health Impact Assessment (HIA) to identify and assess any social impacts that are directly related to a specified project.

www.statedevelopment.qld.gov.au/resources/guideline/social-impact-assessment-guideline.pdf

Attachment D: Planning checklist

| Defining health and wellbeing | Political and policy commitment |
|---|---|
| <p>There will be a need to define what health and wellbeing means to your organisation. The World Health Organization definition is adopted by most of the relevant Commonwealth and state government policies and strategies:</p> <p><i>Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. Having the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition and that governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measure.</i></p> <p>This implies an holistic approach to health, which acknowledges the wide range of social, environmental, cultural, economic and behavioural factors that impact on health and wellbeing within a community.</p> | <p>The scope of the plan will need to be actively decided by key stakeholders. It is important to ensure parks and leisure contributions to health and wellbeing are incorporated.</p> <ul style="list-style-type: none"> • Is there high level political and administrative support for collaborative planning? • Is there a statement of commitment to collaborative planning to improve community health and wellbeing? <p>Strong political and policy commitment is required at the beginning of any collaborative planning process and needs to be maintained throughout. It is important that those involved in collaborative planning have formal agreements and support to participate from management of their organisations. It is useful to instigate an agreed cross-agency reporting process to endorse any commitments made during the collaborative process.</p> |
| Principles | Assessment and measurement |
| <p>These core principles are identified as crucial to effective health and wellbeing planning:</p> <ul style="list-style-type: none"> • Strong political and policy support • Promotion and prevention • Addressing the social, economic and environmental determinants of health • Engaging the community • A whole of life approach • Addressing social inequity • Collaboration involving all stakeholders and agencies • Local level interventions in settings where people work, live and play • Evidence based interventions • Measurable outcomes • Sustainable development. | <p>There is a range of information required when planning action for the promotion of community health and wellbeing. As a stakeholder there is a need to ensure data and measurement incorporates relevant indicators for parks and leisure. These may include:</p> <ul style="list-style-type: none"> • Defining the contribution of parks and leisure services to the overall health and wellbeing of the community • Defining and measuring gains, gaps, inequalities and their causes in parks and leisure services • Monitoring and evaluating progress • Monitoring changes on a regular basis • Evaluating progress and the success or lack thereof in implementing policies and interventions; and assessing the effectiveness of actions to promote equity in health and wellbeing. |

| Target population | Settings for interventions |
|--|---|
| <p>A whole of community approach is suggested however, inequities within the community should also be addressed. Australia key risk populations for chronic illness are listed below and there may be local variations identified through local data collection and community consultation:</p> <ul style="list-style-type: none"> • Women (who are 20% less likely to achieve 'sufficient' physical activity compared with men) • Indigenous Australians • Older Australians • People who are socio-economically disadvantaged • People with a mental illness and people with mental and physical disabilities are disproportionately affected by chronic diseases • Identified local population • Populations specific to parks and leisure services. | <p>If health promotion interventions are included in a community health and wellbeing plan, decisions will need to be made about the most appropriate settings. General settings for intervention include:</p> <ul style="list-style-type: none"> • Community facilities including sporting facilities, leisure centres, parks, playgrounds, trails and other relevant parks and leisure settings • Home and neighbourhood • Early childcare and school premises • Workplaces • Aged care and healthcare facilities. |

This checklist was developed for Parks and Leisure Australia (WA Region)¹².

Attachment E: Examples of survey questions

Participation in physical activity

| Please indicate your level of participation for each of these items. | Rarely or never | Monthly but not every week | 1 to 2 days per week | 3 to 4 days per week | 5 to 7 days per week |
|--|-----------------|----------------------------|----------------------|----------------------|----------------------|
| How often do you typically take part in moderate to vigorous physical activity?* | | | | | |
| How often do you typically take walks for exercise? | | | | | |
| How often do you typically engage in exercise other than walking, e.g., jogging, cycling, active sports, activities at the gym or leisure centre, use of home gym, etc.? | | | | | |
| How often do you typically work in the garden or yard at home? | | | | | |
| How often do you typically engage in moderate or vigorous physical activity at your work? | | | | | |

** Moderate or vigorous physical activity includes activities that make you breathe harder than normal and last for at least ten minutes.

Impact on personal health and vitality

| Please indicate your level of agreement with the following statements. | Strongly disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|-------------------|----------|---------|-------|----------------|
| My participation at this centre helps me to stay healthy | | | | | |
| My participation at this centre helps me to have less sick days | | | | | |
| My participation at this centre helps me to be more productive in work and life | | | | | |

Community connection

| Please indicate your level of agreement with the following statements. | Strongly disagree | Disagree | Neutral | Agree | Strongly Agree |
|--|-------------------|----------|---------|-------|----------------|
| I feel like part of my local community by participating at this centre | | | | | |
| I have made friends through my participation at this centre | | | | | |

Importance and value

| Using a scale of 1 – 10 (with 1 = not important and 10 = very important), please circle your response | How important? | | | | | | | | | |
|---|----------------|---|---|---|---|------|---|---|---|----|
| | Not | | | | | Very | | | | |
| How important is [this place, centre, program] to maintaining your health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| How important is [this place, centre, program] to improving your health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| How important is [this place, facility, project, program, service] to maintaining your sense of health and wellbeing? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

| Using a scale of 1 – 10 (with 1 = not at all valued and 10 = very much valued), please circle your response | How valued? | | | | | | | | | |
|---|-------------|---|---|---|---|------|---|---|---|----|
| | Not | | | | | Very | | | | |
| How much do you value having access to [this place, facility, project, program, service]? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| How much do you value being able to participate in programs at [this place/facility]? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| How much do you value being able to participate in [this program/service]? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

An example of a complete community survey is included in Community Benefits of Victorian Aquatic and Recreation Centres¹⁹.

Questions can be adapted to suit specific sport, recreation or community programs or activities.

Attachment F: Community, social and economic indicators

Community benefits

Institute of Sport, Exercise and Active Living Victoria University

Community Benefits of Victorian Aquatic and Recreation Centres¹⁹

This report on research conducted in six aquatic and recreation centres in Victoria identifies the scope and scale of the community benefits derived from operations and participation. Community benefit was defined as having both economic significance and social benefit. Economic significance relates to the size and nature of financial activities, while social benefit relates to organisational capacity to address the needs of the local community and the social connection users gained from participation in programs and services.

www.alfaleisure.org.au/wp-content/uploads/2014/05/Vic-Uni-2014-04-29-ARC-final-report.pdf

Social indicators

Vichealth and University of Melbourne: Community Indicators Victoria

This website provides an overview of the importance of community indicators and a comprehensive list of data sources that can be used to assess community wellbeing. Measurable indicators (approximately 80) are grouped around the 'five pillars of community health and wellbeing' that include: healthy, safe and inclusive communities; dynamic resilient local economies; sustainable built and natural environments; culturally rich and vibrant communities; and democratic and engaged communities.

www.communityindicators.net.au/measuring_wellbeing

Social Ventures Australia: Social Return on Investment: Lessons learned in Australia²⁰

This document aims to increase understanding of social return on investment (SROI) as an impact measurement approach, improve the evidence base and transparency of reporting and provides examples of Australian social return on investment analysis.

socialventures.com.au/assets/SROI-Lessons-learned-in-Australia.pdf

Economic indicators

Trust for Public Land: Measuring the economic value of a city park system⁸

This document provides examples of calculated economic benefits of city parks, using seven attributes: property value, tourism, direct use, health, community cohesion, clean water and clean air.

www.tpl.org/measuring-economic-value-city-park-system

State Library of New South Wales: Sustaining communities: Measuring the value of public libraries²¹

This document is a literature review of assessment and evaluation research that examines the various research approaches used to investigate and demonstrate the impact and social and economic value of public libraries.

www.sl.nsw.gov.au/sites/default/files/sustaining_communities.pdf

Active Living Foundation

The economic benefits of open space, recreation facilities and walkable community design²²

This report provides research synthesis and a review of literature exploring different approaches to attributing economic value to open space and recreation facilities.

atfiles.org/files/pdf/Economic-Benefits-Active.pdf

US Department of Agriculture and Natural Resources: Ecosystem valuation²³

This website is designed to provide an overview of different (non-market) economic valuation concepts, methods and applications.

www.ecosystemvaluation.org

Attachment G: Other information resources

The following information was sourced from the Parks and Leisure Australia (WA Region) Community Health and Wellbeing Planning Checklist¹²

Health and social data resources

Australian Bureau of Statistics: Australian Social Trends

The ABS has detailed demographic data that can be used to develop a comprehensive local profile, as well as specific data on social trends including population, family and community, health, education and training, work, economic resources, housing, crime and justice, culture and leisure.

www.abs.gov.au/AUSSTATS/abs@.nsf/mf/4102.0

Australian Institute for Health and Welfare (AIHW)

This government organisation has a large collection of data sources including the Chronic Disease Indicators Database. It also has a considerable range of research papers on many issues associated with community health and wellbeing, chronic disease and social determinates of health.

www.aihw.gov.au/

Public Health Information Development Unit: University of Adelaide

This federally funded unit was established in 1999 to assist in the development of public health data, data systems and indicators across Australia. Since that time, it has developed an integrated health information system that can provide data on a broad range of health determinants across the life course. The website provides downloadable statistical information and an online interactive mapping tool that enables local government to make comparisons with Australian standards on a range of social health and wellbeing indicators.

www.publichealth.gov.au/

World Health Organisation: Health and Environment Linkages Initiatives (HELI)

Established by the World Health Organization, this is a global directory of urban environment sites, including links to the WHO Healthy Cities Network, and other UN agencies (UN-HABITAT).

www.who.int/heli/en/

Urban planning and design resources

National Heart Foundation: Healthy Active by Design (HAbD)

Healthy Active by Design (HAbD) is a tool to inform the design of communities that support and promote healthy and active living. Practical guidance, checklists and case-studies are categorised into nine key design features that will assist planners, urban designers and related professionals to design a built environment that enables people to be healthy and active in their community.

www.healthyactivebydesign.com.au/

National Heart Foundation and The Planning Institute of Australia (PIA): Healthy Spaces And Places

The Healthy Spaces and Places project is a collaboration between Planning Institute of Australia, the National Heart Foundation and the Australian Local Government Association. The project pulled together a growing body of research showing the connection between health and wellbeing and the design and structure of towns, cities and regions and provides a range of resources and planning tools.

www.healthyplaces.org.au/site/resources.php

Western Australian Physical Activity Taskforce (PATF)

PATF operated from 2001 to 2012, linking government and community agencies to provide a coordinated and collaborative response to increasing and improving opportunities for physical activity in Western Australia. PATF resources are archived and available for download.

www.beactive.wa.gov.au/

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