Community Venues and Facilities for Sports, Leisure and Culture – Impacts on Health: a Guide

Scottish Health and Inequalities Impact Assessment Network (SHIIAN)

Martin Higgins
Julie Arnott
Margaret J Douglas

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Scottish Health and Inequalities Impact Assessment Network
Community venues and facilities for sports, leisure and culture – impacts on health: a Guide

Introduction

This document aims to outline key links between a range of different types of community venue and health. This can be used in a formal health impact assessment or other work seeking to enhance the health benefits of these facilities. It outlines the issues that might be considered in an impact assessment of a proposal affecting community venues such as libraries, community halls, museums or sports centres. The document was developed following a Health Impact Assessment that members of the Scottish Health Impact Assessment Network carried out with South Lanarkshire Leisure and Culture. A report of this work is available separately.
This document highlights the key issues and summarises literature as a starting point for health impact assessment or other pieces of partnership work addressing these topics. There will always be local data and intelligence that needs to be added to the general points considered here.

The guide contains:

- Driver diagrams showing key areas of impact and pathways
- Summary literature review
- Suggested key questions to use in a health impact of a proposal relating to a community venue
- References
- Methods used to produce this document

Case studies will be published separately.

Acknowledgements

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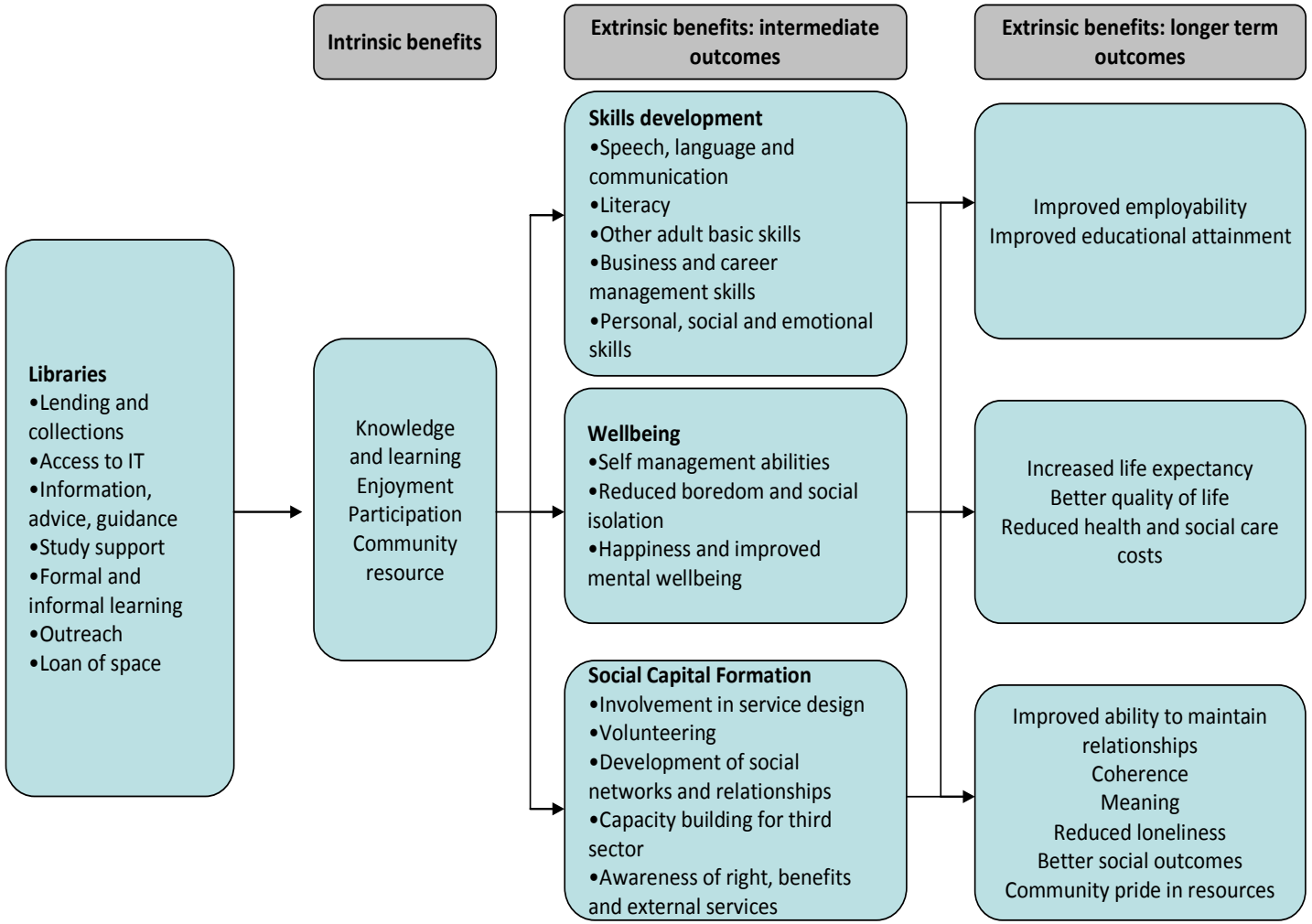
Key Issues and Pathways

The following pages contain driver diagrams showing the direct and longer term benefits arising from the use of: libraries; museums and cultural venues; and sports and outdoor recreation facilities. These are adapted from a logic model first developed by Department for Culture Media and Sport [23].

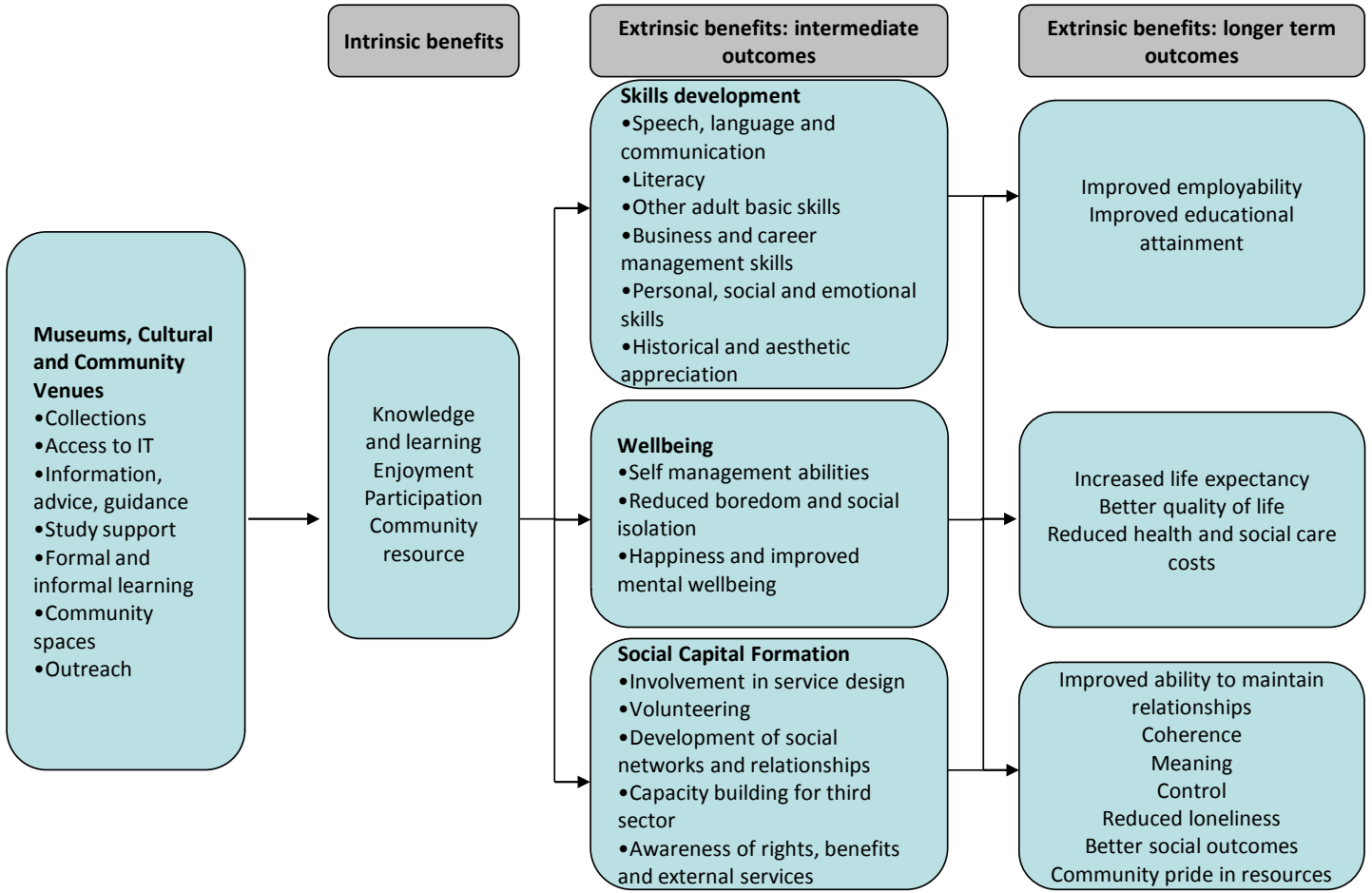
Using each type of venue brings intrinsic benefits – knowledge, skills enjoyment, participation and having a community resource. These can also lead to wider benefits in terms of skills, wellbeing, social capital and, in the case of sports facilities, physical activity. There is good evidence that these are associated with positive impacts for health, but the diagrams also highlight assumptions that need to be met for these benefits to be realised.

The literature evidence underpinning the diagrams is summarised in the next section of this document.

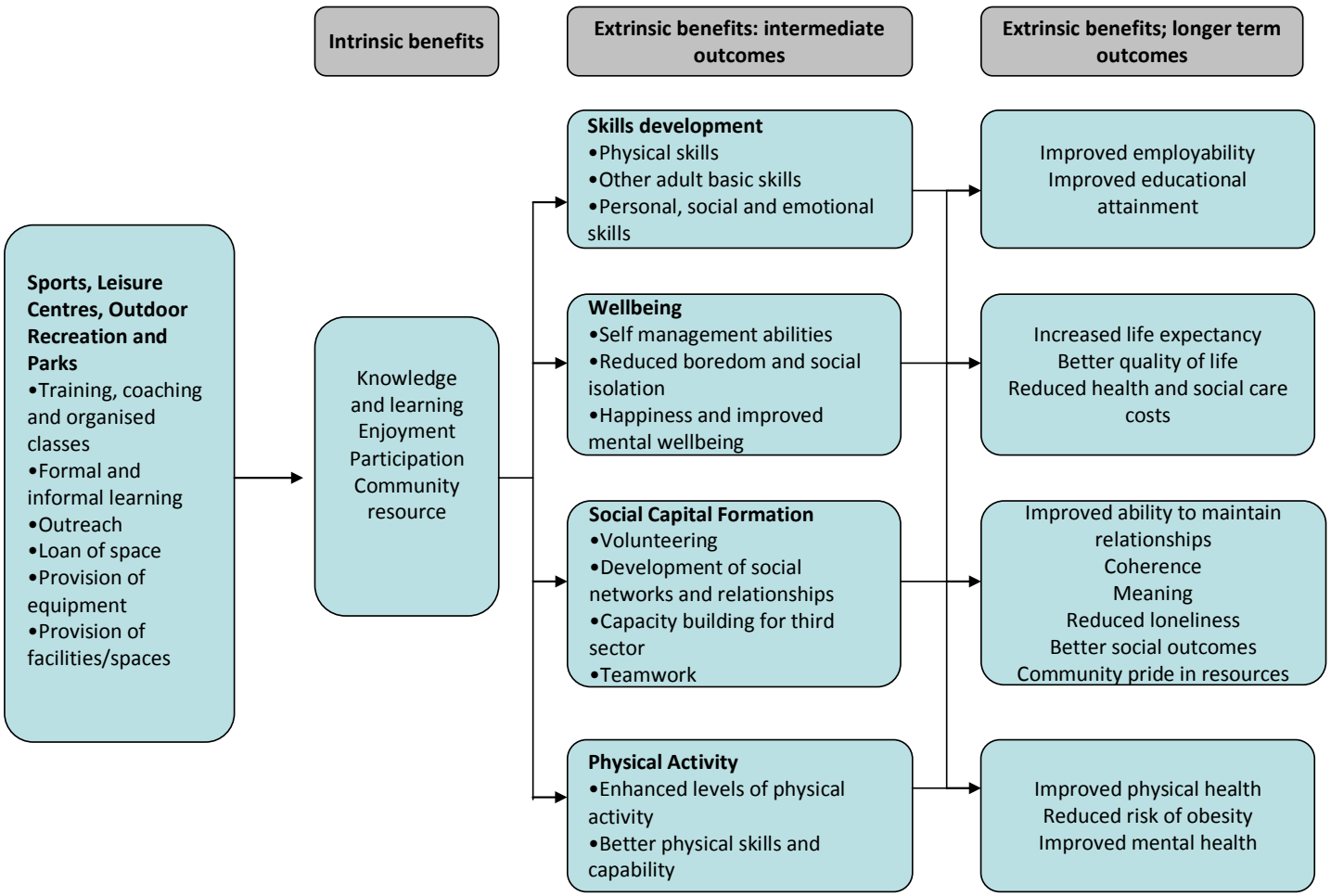
Driver diagrams- areas of impact and pathways



Assumptions: libraries are accessible to a range of people; there is support to access and use resources provided; resources are accessible and relevant; active engagement of local people; space available for use by local people



Assumptions: museums , cultural and community venues are accessible to a range of users – barriers identified and removed; there is support to access and use resources provided; heritage and installations made accessible and relevant and adapted to feedback; active engagement of local people; space available for community use



Assumptions: physical activity is additive not substitute; centres are accessible to a range of people – barriers are identified and removed; there is support and encouragement to access and use resources provided; active engagement of local people; space available for community use

Summary Literature Review Findings

This section provides a brief summary of the research literature on the links between libraries, cultural and community venues, sports facilities and health.

Libraries, cultural and community venues

The information search identified a number of pieces of research that articulate the pathways and processes whereby libraries can be expected to contribute to health improvement. The research rarely manages to record systematically changes to health and wellbeing that arise from engagement with library services. In fact, some researchers have suggested that 'libraries are traditionally good at presenting data about activities and processes but less good at gathering qualitative data and evidence of personal or social impact.'[1]

A systematic review of engagement with cultural activities and sports participation highlights a number of trends that are relevant to publicly funded libraries:[2]

- cultural engagement increases with age whereas sports participation decreases with age;
- childhood experience of cultural activities is associated with subsequent adult engagement
- high levels of education and socioeconomic status are associated with cultural activities but income levels are not associated with likelihood of attending arts events
- men do more sport while more women attend cultural activities
- families rather than non-families visit heritage venues and libraries.

The same review concluded that: older black and minority ethnic people are less likely to attend cultural venues; single men are less likely to attend arts venues, museums and libraries; women, older people and black and minority ethnic people are less likely to do sport; and people with less education are less likely to do sport or take part in cultural activities. Overall there is a suggestion that engagement in sports and any cultural activity produces improvements in subjective wellbeing.

The evidence for interventions that improve engagement of participation is limited. There is some evidence that participation in arts activities improves primary school children's academic achievement and structured arts activities are associated with improvements in children doing activities compared with those who do not. There is also some evidence of educational improvements (in numeracy especially) for young people doing sport. There is little evidence of wider impact for attendance at and provision of libraries and museums. However, recent government policy has acknowledged the indirect benefits of such provision and libraries in particular have been associated with policies aimed at social inclusion, local economic development and tourism.[3, 4] A review of the impact of libraries in England commissioned by the Department of Media, Culture and Sport captures the essence of how modern libraries are conceived.

> ‘In many of the ‘new’ areas of libraries activities – for example, early years support, adult basic skills, health support, information and guidance – libraries are not, and never will be, the lead agency. This means that the interaction that people have with libraries in these areas will be less intensive, and, correspondingly have a more mild impact, than other service providers for these activities (e.g. schools, health centres).
> It is therefore important that evidence regarding libraries impact should not claim one-to-one causative relationships , but should concentrate instead on showing how libraries can ‘make a contribution towards/have a bearing on’, a range of socio-economic problems’.[5]

The report then provides a logic model with the processes and pathways whereby libraries might contribute to addressing socioeconomic problems. We have adapted this in the driver diagrams above.

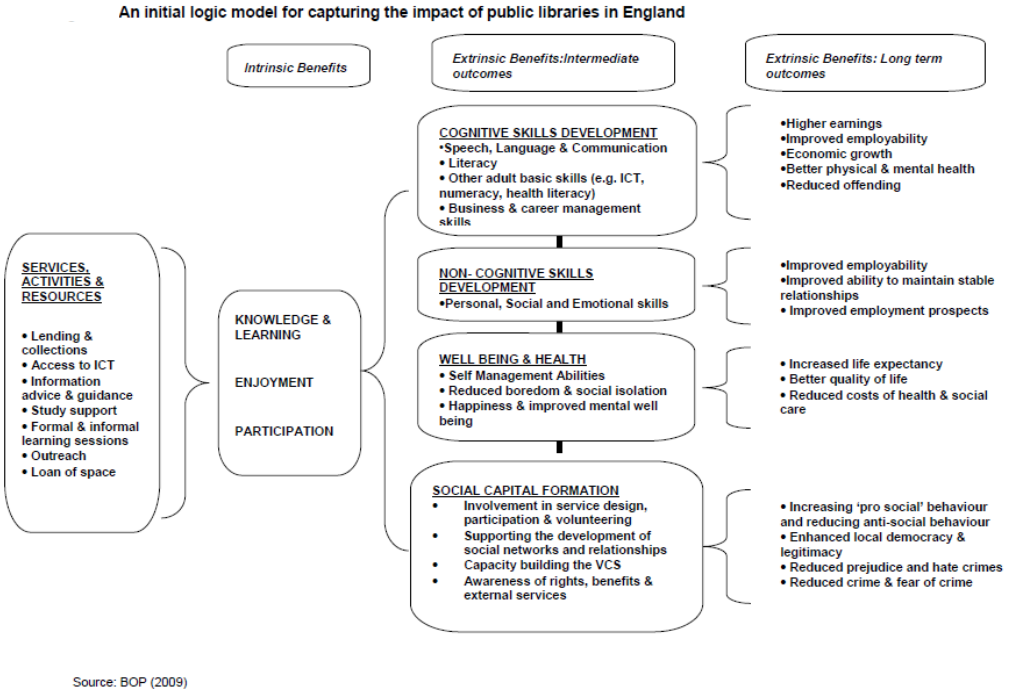


Figure 1: Logic model for impacts of libraries (taken from DCMS, 2009)[5]

A research review from 2011 noted that libraries had considered marketing a ‘core offer’ but there has been no agreement about what this might entail.[6] The 2015 Strategy for Public Libraries in Scotland has recommended that key stakeholders ‘continue to develop national programmes or initiatives with a view to all public libraries creating a clear “core offer” to promote consistency in the key areas of activity, including learning, reading and literacy, economic wellbeing and digital inclusion.’[7]

Perhaps the greatest health benefit associated with libraries arises from their contributions to education and knowledge for individuals. At a population level there is an association between better health and better education.[8, 9] So at a very basic level, by increasing access and engagement with libraries, there may be health benefits although quantifying the contribution of libraries to those benefits has not been done. The key issue then relates to increasing participation, which is something the library and cultural sector has been trying

to do for many years. A report commissioned by ALMA UK highlighted the additional economic value associated with investments in libraries. This report suggests that 33 pence is generated in expenditure on local goods and services for every £1 spent on libraries in Scotland.[10] The Strategy for Public Libraries in Scotland states that spending on libraries is £21 per capita, which is very small compared to other sectors.[7]

In a similar way, classes run at community venues will offer the potential for positive health impacts. These impacts may be direct – benefits associated with physical activity or individual-level contribution to social capital and wellbeing – or more indirect – notions of neighbourhood social capital. A potential challenge arises however when trying to decide if specific activities do or do not contribute to health. For example, it is clear that health promotion campaigns that rely on information exchange to improve behaviour have little impact on health inequalities.[11-13] A more assets-based or community development focus to improving health might be more effective. There is evidence supporting the role of youth work in improving outcomes for children, especially if there is a balance between universal approaches and targeted approaches.[14]

Another pathway to health that has relevance for libraries, cultural venues and community venues is the idea of social prescribing. This takes the form of some kind of referral to a library or arts provider as a means of addressing complex social problems and related health issues, usually mental health issues. Qualitative work has highlighted that people who experience social prescribing value the social contact it enables and the increased self-esteem and confidence.[15, 16] GPs value the fact that social prescribing increases the options available for helping patients, 'thinking it is important to help patients take control of their own health and wellbeing.'[17, 18] A single observational study also demonstrated improvements in self-rated health after a 10 week social prescribing intervention.[19]
There are, however, some concerns that social prescribing may not help address the underlying problems contributing to mental ill-health. [20]

A less direct form of health benefit associated with libraries is the idea of the library as a therapeutic landscape where people have time away from their everyday roles. This is described as 'more than a building in which services are housed, and that there is a need to go beyond library-as-access-to-materials to think about the public library as a space.' [21] As Brewster acknowledges, there is little work so far on this subject but it remains a plausible pathway to positive health impact.

Another example of the library as space that is important to health is the idea of the library as a public space that enables social interaction and the development of social capital and community resilience. Again, this is a pathway to health that makes sense and there is some evidence developing as to how this might work.[22, 23] In particular, research from Norway has elucidated how libraries function as local meeting places which can facilitate a range of communication and interaction that contributes to and creates social capital.[24, 25] Varheim suggests that a number of options are available to libraries.

> ‘Firstly, libraries can generate social capital by working with voluntary associations to find ways of enhancing participation in these organisations and thus increasing participation in local community activities. Secondly, libraries can develop their capacity as informal meeting places for people. Thirdly, libraries can create social capital in their role as providers of universal services to the public. Of these, the second and third routes seem by far the most promising because the creation of social capital through voluntary association is doubtful at best’.[26]

But again, this research base needs further development not least to assess its transferability to a Scottish or UK context.[27] Museums have also been associated with the development of social capital.[27] Although the evidence of this impact is not overwhelming, it is a plausible health outcome that might be associated with museums and cultural facilities. More research is needed to verify this relationship.

Sports facilities and physical activity

Sports centres may have similar impacts to other community venues, but have added potential if they increase users’ overall levels of physical activity.

Physical activity prevents and helps to manage conditions such as coronary heart disease, type 2 diabetes, stroke, mental health problems, musculoskeletal conditions and some cancers. It also has a positive effect on wellbeing, mood, sense of achievement, relaxation and release from daily stress.[28] The cost of increasing physical activity is comparatively small especially compared with the long term savings achievable from reduced reliance on health and social care services. Costing for physical activity programmes delivered in primary care have, for example, suggested that the intervention costs per 100,000 patients would be £10,600.[29] Other health economic studies report similarly favourable costs.[30, 31] It is worth noting that the National Institute of Health and Clinical Excellence generally support interventions valued between £20,000 - £30,000 per Quality Adjusted Life Year per patient.

Recommendations from the Chief Medical Officers of the four UK countries stress the importance of sustained and regular activity. Specifically,

- All adults aged 19 years and over should aim to be active daily.
- Over a week, this should add up to at least 150 minutes (2.5 hours) of moderate intensity[1] physical activity in bouts of 10 minutes or more.
- Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or combinations of moderate and vigorous intensity activity.
- All adults should also undertake physical activity to improve muscle strength on at least 2 days a week.
- They should minimise the amount of time spent being sedentary (sitting) for extended periods.
- Older adults (65 years and over) who are at risk of falls should incorporate physical activity to improve balance and coordination on at least 2 days a week.

- Individual physical and mental capabilities should be considered when interpreting the guidelines, but the key issue is that some activity is better than no activity.[32]

Therefore, increasing participation and physical activity is a worthwhile objective in and of itself but also because of its benefits for a range of other health problems such as heart disease, obesity, diabetes and mental illness. There are numerous opportunities for sport. All of these opportunities provide worthwhile health benefits to those engaged in the process. But there is little evidence to show that a focus on sport or sporting organisations alone is likely to improve population health.[33-35] The greatest health gains relating to physical activity are likely to be attained by people whose physical activity levels are below the recommended levels.[36]

There is still some uncertainty about the most effective ways to increase physical activity. [37-41] There is some evidence that referrals to physical activity from primary care, GPs specifically, can improve activity levels. But the intervention needs to be supported and sustained. Recent work by Health Scotland has highlighted the possibilities for integrating physical activity work within community planning. NICE guidance[42] and Health Scotland[43] also highlight the importance of identifying a local lead for increasing physical activity and to ensure that local policies about and relating to physical activity (eg Local Development Plans, Transport and Housing Plans, Education policy) are coherent.

Many public sector organisations offer subsidised access to sports and leisure facilities. This is one of the ways that public services or facilities seeks to address social exclusion and non-participation. The evidence about differential pricing and access to services is not extensive. One study from the 1990s suggests that cost is more of a barrier to increased levels of participation rather than an absolute barrier. In other words, cost limits how often people do sport rather than whether they do sport at all.[44] A more recent study highlights the lack of research into the impact of subsidised sports facilities.[45] This study suggests that subsidised provision can help improve sports uptake for young people and people from black and minority ethnic backgrounds. But older people do not seem to use sports facilities even when they are subsidised. The author of this research notes that variables such as facility type and management approach can affect uptake levels.

There are also a number of potential indirect health and wellbeing impacts associated with involvement in sports and physical activity. For many people, activity provides social contact. For young people, there is anecdotal evidence to suggest that physical activity – whether sports or outdoor recreation -- also provides an alternative to other, more anti-social behaviours.

Other uses

Community venues may be used for a host of other specific purposes not explored in detail here. For example, they may provide space and facilities for children to play; they may enable provision of services and support for vulnerable people and their carers; they may be used as venues for the delivery of a range of services. For many potential uses, there is evidence available on the direct benefits of these to health - for example the

importance of play for healthy child development is well recognised .[46] Although a review of the health benefits of each of these is beyond the scope of this document, they should be recognised.

This review has identified that community venues may bring have wider benefits beyond the direct benefits arising from the specific services and activities provided. At the simplest level, they can provide space for people to participate in activities that are enjoyable, relieve stress and are meaningful to them, within their local community. Community venues can also be a public resource, which enable the development of social capital by providing space for people to interact, develop skills and build local community capacity. All of these would be expected to bring wider benefits to health. In order to gain these wider benefits, there needs to be active engagement with local people so that the venue is seen as a community resource and the activities reflect their needs and priorities. It is important that the venues are accessible and relevant to the whole community, and, if necessary, support is provided to make best use of the facility and resources. These issues should be considered in any partnership work seeking to gain the most health benefit from any community venue or facility.

Using the Evidence: Key questions

The questions below are intended to help understand any potential barriers that may prevent the facility achieving the potential benefits identified above. They may inform the collation of evidence for a formal health impact assessment of a specific proposal or be used in longer term partnership work aiming to gain maximum benefit from libraries, cultural, sports or other community venues.

- How many people will/do use the facility?
- Who are the users of the facility? Are they the people with highest health and other needs? Providing a service or a space will not guarantee attendance or uptake by all so it might be necessary to consider how to support people to access the space
- Which groups of people do *not* currently use the facility? What do they say prevents them from using it?
- How is the facility perceived by the local community? Is it seen as a local resource that they 'own' or is the space perceived as being for use by particular groups?
- Is space available for people to use flexibly or is it dedicated for specialist use only?
- What alternative facilities are there (realistically)?
- How good is the access to the facility particularly for people without private transport, or with a disability?
- How good is the access *within* the facility particularly for people with a disability?
- What is the range of groups/services available?
- What support is needed/is available to help community get best use of the venue?
- What is the physical condition of the facility?

Methods used to develop the guide

This document drew on evidence gathered for a Health Impact Assessment of libraries, cultural and community venues provided by South Lanarkshire Leisure and Culture, in 2014. The Health Impact Assessment included:

- Establishment of a steering group
- Collation of a population profile and data on use of the venues
- A stakeholder workshop with SLLC staff to identify issues and areas of impact
- Community consultation with users of nine different venues, using participatory appraisal methods to identify the ways in which people perceived the facilities impacted on them and their health
- Critical literature review to follow up the issues identified above
- Development of recommendations based on findings

This document draws primarily on the literature collated for the HIA, which was informed by the consultations with staff and communities.

The authors developed the key questions based on the literature and driver diagrams, and on their experience of this and other HIAs.

The draft document was then circulated to members of the steering group for the HIA, and other members of the Scottish Health and Inequalities Impact Assessment Network for further comments, particularly on the key questions.

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Appendix 1: Literature searches

We conducted two searches for this review. The first focused on academic journals.

Journal search

This search was carried out using Medline, Embase, Web of Knowledge, Emerald, ASSIA, Social Services Abstracts).The search terms were very limited:

Web of Knowledge
TITLE: ("village hall*" OR "community hall*" OR library OR libraries OR "community facilit*" OR leisure OR hall* OR "community venue*")
AND TOPIC: (health OR wellbeing OR "well-being" or "social capital")
Refined by: COUNTRIES/TERRITORIES=(ENGLAND OR NORTH IRELAND OR WALES OR SCOTLAND)
Timespan=All years. Search language=Auto

Web of Science:
TOPIC: (co-location OR co-located OR co-locate) AND TOPIC: ("village hall*" OR "community hall*" OR library OR libraries OR "community facilit*" OR leisure OR hall* OR "community venue*")

TOPIC: (co-location OR co-located OR co-locate) AND TOPIC: ("public service*")

Emerald
*Content = Journals, (*librar* *in All fields) and* ("social capital" or "social cohesion" OR connectedness *in All fields) and* (England or scotland or wales or "northern ireland" or "great britain" OR UK or "united kingdom" *in All fields), inc. EarlyCite articles, inc. Backfiles content*

Medline
Database: Ovid MEDLINE(R) 1946 to Present with Daily Update, Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations <March 31, 2014>
Search Strategy:
---
1 ("village hall*" or "community hall*" or "public librar*" or "community facilit*" or leisure or hall* or "community venue*").mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier] (81673)
2 exp Great Britain/ (298193)
3 1 and 2 (1189)
4 ("social capital" or wellbeing or well-being or health).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier] (1908916)
5 3 and 4 (538)
6 limit 5 to yr="2008 -Current" (189)
****

ASSIA / Social Services Abstracts

Abstract search:
ab("village hall*" OR "community hall*" OR library OR libraries OR "community facilit*" OR leisure OR hall* OR "community venue*") AND ab(health OR wellbeing OR "well-being" OR "social capital") AND ab(England OR wales OR "united kingdom" OR "great britain" OR "northern ireland" OR Scotland OR UK)

Title search:
ti("village hall*" OR "community hall*" OR library OR libraries OR "community facilit*" OR leisure OR hall* OR "community venue*") AND (health OR wellbeing OR "well-being" OR "social capital") AND (England OR wales OR "united kingdom" OR "great britain" OR "northern ireland" OR Scotland OR UK)

Title / Abstract search:
ti("village hall*" OR "community hall*" OR library OR libraries OR "community facilit*" OR leisure OR hall* OR "community venue*") AND (england or scotland or wales or "northern ireland" or UK or "united Kingdom" or "great britain" or britain)

- "village hall*" OR "community hall*" OR library OR libraries OR "community facilit*" OR leisure OR hall* OR "community venue*"

AND

- health OR wellbeing OR "well-being" or "social capital")

- co-location OR co-located OR co-locate

AND

- "village hall*" OR "community hall*" OR library OR libraries OR "community facilit*" OR leisure OR hall* OR "community venue*" or “public service*”
- libraries / library

AND

- "social capital" or "social cohesion" OR connectedness

Grey literature search

The grey literature search produced 57 references. Each reference was screened by title.

Browse/ search of:

- Scottish Government
- COSLA
- JRF
- Improvement Service
- Arts Council
- Local Government Association
- IPPR
- MLA (now part of Arts Council)
- CILIP
- Department for Culture Media and Sport

- UK Government Publications – research and analysis documents (search terms communities, community, library, libraries, culture, cultural)

Search Strategy:

Google / Google Advanced

General

- Health AND "village hall*" OR "community hall*" OR art* OR librar* OR "community facilit*" OR leisure* OR hall* OR "community venue*" filetype:pdf
- Wellbeing AND "village hall*" OR "community hall*" OR art* OR librar* OR "community facilit*" OR leisure* OR hall* OR "community venue*" filetype:pdf
- Social capital AND "village hall*" OR "community hall*" OR art* OR librar* OR "community facilit*" OR leisure* OR hall* OR "community venue*" filetype:pdf
- Council services AND art* OR leisure OR hall OR venue OR communtiy filetype:pdf
- Closure* AND "village hall*" OR "community hall*" OR art* OR librar* OR "community facilit*" OR leisure* OR hall* OR "community venue*" filetype:pdf
- Health benefit AND "village hall*" OR "community hall*" OR art* OR librar* OR "community facilit*" OR leisure* OR hall* OR "community venue*" filetype:pdf

Libraries

- librar* AND benefit* OR health OR wellbeing OR "social capital* OR skills OR employability OR volunteering filetype:pdf
- Librar* AND co-locat*
- Librar* AND integration
- 'health benefits of libraries'
- hybrid service* library*
- librar* AND health
- Librar*AND wellbeing

Village Hall / School Hall / Community Hall

- Village Hall* AND benefit OR health OR wellbeing OR "social capital" filetype:pdf
- School hall* AND health OR benefit*OR wellbeing OR "social capital" filetype:pdf
- Community hall* AND health OR benefit OR wellbeing OR "social capital" filetype:pdf
- community facilit* AND benefit OR health OR wellbeing OR "social capital" filetype:pdf
- Community centre AND AND benefit OR health OR wellbeing OR "social capital" filetype:pdf
- physical space* AND "community" filetype:pdf
- Community AND "social capital"
- HIA community colocat* filetype:pdf

Others

- Joint use

- multi-use community filetype:pdf
- mixed use development filetype:pdf
- community space filetype:pdf
- community network* filetype:pdf
- hybrid service*
- integrating and co-locating services of public services
- dual-use filetype:pdf
- "public services" AND "social capital"
- community Development
- "community development" "village hall*" OR "community hall*" OR art* OR librar* OR "community facilit*" OR leisure* OR hall* OR "community venue*" OR filetype:pdf
- capacity Building
- capacity building "village hall*" OR OR OR "community hall*" OR OR OR art* OR OR OR librar* OR OR OR "community facilit*" OR OR OR leisure* OR OR OR hall* OR OR OR "community venue*" filetype:pdf

For further information contact:

ScotPHN
c/o NHS Health Scotland
Meridian Court
5 Cadogan Street
Glasgow
G2 6QE

Email: nhs.healthscotland-scotphn@nhs.net

www.scotphn.net
www.healthscotland.com