

Is your community reaching everyone everyday? Exploring the experiences and perspectives of Active Communities practitioners in serving low income citizens.

by

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B.A., University of Waterloo, 2004

A Thesis submitted in Partial Fulfillment of the
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ABSTRACT

This project explored the experiences of recreation providers in offering initiatives to low income citizens through a government initiative entitled *Active Communities*. Using social marketing as a theoretical framework, this qualitative inquiry used interviews and a focus group to gather information from nine recreation providers working in public recreation facilities across Vancouver Island.

Understanding the perspectives of recreation providers and furthering our knowledge of the benefits and costs associated with offering initiatives to low income citizens was central to this inquiry. As well, the project sought to understand the role of public recreation in communities and how that may influence the provision of services.

The findings showed that offering initiatives to low income citizens is important and rewarding to participants. The lack of resources and policies, however, and the shifting philosophy of public recreation pose various barriers to the ability to be successful in providing initiatives for low income citizens.

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| | |
|--|-----|
| Supervisory Committee Page..... | ii |
| Abstract..... | iii |
| Acknowledgments..... | iv |
| Table of Contents..... | v |
| Chapter 1: Introduction | |
| Background | 1 |
| Purpose Statement..... | 4 |
| Research Questions | 4 |
| Assumptions | 5 |
| Limitations | 5 |
| Delimitations | 5 |
| Operational Definitions | 6 |
| Chapter 2: Literature Review | 8 |
| Benefits of Physical Activity | 8 |
| Who are the inactive?..... | 10 |
| Barriers to Physical Activity | 10 |
| Social Determinants of Health | 16 |
| Interventions | 18 |
| Research with Recreation Professionals | 23 |
| Active Communities | 26 |
| Theoretical Framework..... | 28 |
| Overview of Social Marketing..... | 28 |
| Social Marketing Research & Interventions..... | 33 |

| | |
|-----------------------------------|----|
| Tending to Language | 37 |
| Conclusion | 38 |
| Chapter 3: Methods | 39 |
| Research Design | 39 |
| Orientational Framework..... | 40 |
| Sample Selection..... | 40 |
| Participant | 41 |
| Interviews | 42 |
| Focus Group..... | 45 |
| Researcher as an instrument | 48 |
| Ethical Concerns | 49 |
| Trustworthiness..... | 51 |
| Credibility | 51 |
| Transferability..... | 52 |
| Dependability..... | 52 |
| Confirmability..... | 53 |
| Data Analysis | 53 |
| Chapter 4: Results | 57 |
| Description of Participants | 57 |
| Envelope Activity | 63 |
| Categories | 69 |
| Category One | 69 |
| Low Income, not poverty. | 69 |

| | |
|--|-----|
| Category Two | 75 |
| “Recreation for everybody” is our mandate | 75 |
| We value recreation and believe everyone should have access to it..... | 75 |
| We are not reaching everybody..... | 80 |
| Category Three..... | 83 |
| Lack of resources and policies | 83 |
| Category Four..... | 89 |
| Partnerships are important..... | 89 |
| Thematic Analysis | 93 |
| Theme One | 94 |
| We are what we do | 94 |
| Theme Two | 98 |
| The price isn’t right (yet) | 98 |
| Theme Three | 100 |
| Spaces, places and community faces. | 100 |
| Theme Four | 104 |
| The message and the medium | 104 |
| Application of Findings | 106 |
| Summary..... | 107 |
| Chapter 5: Discussion | 109 |
| Recreation in Canada | 109 |
| Social Marketing and Public Health | 112 |
| Poverty and Recreation..... | 114 |

| | |
|---|-----|
| Policies for access to recreation | 117 |
| Don't come to us, we will come to you | 119 |
| Collaboration often leads to recreation | 121 |
| Summary | 125 |
| Chapter 6: Recommendations for Future Research, Policy and Practice | 127 |
| Future Research | 127 |
| Social Marketing | 127 |
| Built Environment | 133 |
| Homelessness and recreation | 134 |
| Access Programs | 135 |
| Implications for policy and practice | 136 |
| Community not company | 137 |
| Reaching the low income citizens | 138 |
| Increased opportunities for grants and funding | 139 |
| Improved access programs | 140 |
| Getting outside, using parks and trails | 141 |
| Conclusion | 142 |
| References | 143 |
| Appendix 1: Information Letter | 167 |
| Appendix 2: Interview Schedule | 169 |
| Appendix 3: Focus Group Interview Schedule | 171 |
| Appendix 4: Interview Consent | 172 |
| Appendix 5: Focus Group Consent | 177 |

List of Tables

| | |
|---------------|----|
| Table 1 | 59 |
| Table 2 | 61 |
| Table 3 | 67 |
| Table 4 | 70 |

List of Figures

Figure 1 46

Figure 2 47

Chapter One

Introduction

Background

The benefits of physical activity (PA) are well recognized. PA is defined as all leisure and non-leisure body movement produced by skeletal muscles and resulting in an increase in energy expenditure (Public Health Agency of Canada, 2003). Participation in PA can decrease risk of type 2 diabetes, cardiovascular disease, and some types of cancer (Eyler, Brownson, Bacak, & Housemann, 2003). Further, PA provides psychological benefits such as decreased stress, depression and anxiety (Hausenblas & Fallon, 2006). It has been suggested that lack of activity and poor eating habits are a leading cause of death (Mokdad, Marks, Stroup, & Gerberding, 2004). While these benefits can be attributed to a higher quality of life, much of the Canadian population remains sedentary. In fact, over half (51%) of the population is inactive, which is defined as walking less than half an hour a day (Canadian Fitness and Lifestyle Research Institute, 2004). Among those that are inactive, individuals with low income are at greatest risk (Canadian Fitness and Lifestyle Research Institute).

There are numerous barriers which have been reported to limit the ability of individuals with low income to participate in PA. These barriers include (among others) a lack of financial resources, comprehensive health care coverage, affordable transportation, access to childcare and lack of time (Frankish, Milligan, & Reid, 1998; Williamson et al., 2006). The financial difficulties have been exacerbated in recent years with an increased reliance on user fees within the public recreation sector (Slack, 2003). Low income citizens frequently do not have discretionary monies to pay user fees for recreation and, therefore, do not use the services (Slack). This exclusionary pricing raises

fundamental questions about the social purpose of public recreation (More & Stevens, 2000).

In addressing low levels of PA and other health behaviours much of the health promotion literature has regarded these as primarily individual lifestyle choices (Raphael, 2003). While such interventions are understandable, it has been suggested that a broader view of health needs to be examined when implementing health promotion efforts. The social determinants of health perspective suggests that health is not merely the result of behavioural choices, but rather, a state of being that includes physical, emotional and spiritual elements (Williamson et al., 2006). Socio-economic status has been recognized as a determinant of health and has been labeled a fundamental cause of disease (Diez Roux, Link, & Northridge, 2000). Presently, there is acknowledgement that both lifestyle factors and determinants of health are contributing factors to the lack of participation in PA by low income individuals.

One approach to planning and implementing programs and services that accommodates individual and social level factors influencing health behaviours (including PA) is that of social marketing. Social marketing is often used for health promotion efforts and relies heavily on understanding the consumer perspective of any given behaviour when trying to create change. For instance, research has demonstrated that a marketing orientation to nurturing active lifestyles and curbing smoking among tweens (Zucker et al., 2000; Wong et al., 2004) to be among the most successful initiatives. Social marketing can be defined as “the use of marketing principles and techniques to influence a target audience to voluntarily accept, reject, modify, or abandon a behavior for the benefit of individuals, groups, or society as a whole” (Kotler, Roberto,

& Lee, 2002, p.5). Over the past 30 years, the use of marketing techniques to implement campaigns for social change, such as increase PA among low income individuals, has increased substantially (Donovan & Owen, 1994).

While the barriers hindering an active lifestyle among low income persons are well known, there is less information gathered on the barriers that those providing recreational and health promotion services face. Few studies have spoken to recreation practitioners delivering programs to low income citizens. One of the few studies, however, found that recreation providers often cite a lack of money, time and available resources as principle reasons for not adopting marketing strategies for hard to reach populations (Bright, 2000).

Providing more access to opportunities for PA has become increasingly important as levels of inactivity rise. In fact, the British Columbia (BC) government has recognized the need for an increase in PA across the population, and created the Active Communities Initiative (ACI) to improve PA levels. The aim of ACI is to increase rates of physical activity by 20% by the year 2010. The provincial management organization for ACI, British Columbia Parks and Recreation Association (BCRPA), provides a range of resources including grants, program toolkits and online information to facilitate community's¹ efforts to address the 20% goal (Active Communities, 2006). Subsidy, or access programs, are an integral part of many ACI strategies to reach and engage low income citizens.

Understanding how front-line practitioners working with the ACI perceive their role in increasing levels of PA among low income individuals is needed to advance the

¹ Community is broadly defined in ACI as a geographical municipality or electoral area, workplace, First Nations band or educational institution.

field, and is the purpose of this research. In order to capture the perspective of recreational practitioners and understand their experience in serving low income citizens, a social marketing framework was utilized.

It is anticipated that understanding the practitioner's perspective may help to refine municipal recreation organizational policies and procedures in order to better reach and serve low income citizens. Information gained in the study will be provided to BCRPA, further; a copy of the report will be available to participating communities by request. In addition, a publication manuscript will be written upon completion of the full report so that the information found can be disseminated throughout the research community and to communities worldwide.

Purpose Statement

It is widely recognized that low income groups are faced with many barriers to participation in PA initiatives. What remains understudied and thus not well understood is the experience of recreation professionals: what are the benefits of, and challenges to implementing programs designed for low income citizens? What skills or tools do professionals require to engage the hard to reach? What policies or organizational resources best support their work? This study aims to examine many questions that are not currently answered within the literature and provide new insight into future directions for health promotion initiatives for low income groups.

Research Questions

1. Within sampled ACIs, what are the current and past experiences of providing programs/initiatives to low income citizens?

2. What do practitioners perceive as the benefits and costs associated with providing programs to low income citizens?
3. What knowledge and skills do practitioners recognize as critical to successfully provide programs for low income citizens?
4. What resources (financial, personnel, time, etc.) and/or policies do practitioners need to support this work?
5. What other community priorities or needs compete for practitioners efforts?

Assumptions

1. My past experience and perspectives will become part of the research process and will influence data collection and analysis. This is discussed in detail in Chapter Three.
2. Participants recounted and articulated their experiences and perspectives to the best of their ability.

Limitations

1. Data collection strategies depended on the number of Active Communities that specifically targeted low income groups in their initiatives.
2. Findings relied on self report data – research participants were asked to recall information based on memory.
3. Participants represented limited geographical locations due to costs associated with travel.

Delimitations

1. Communities must be registered as an Active Community through BCRPA.

2. Communities had to self report that they are specifically targeting low income groups.

Operational Definitions

1. *Active Communities Initiative*: Implemented under ActNow BC, Active Communities is a strategy guided by the provincial government with the aim of increasing rates of physical activity by 20% by the year 2010.
2. *Active Community*: A community as defined by “any group that has shared interests” registered with BCRPA. To be registered as an ACI, communities must first register online. Once becoming an ‘active community’, communities must submit a plan and annually follow up with a report documenting their progress.
3. *Low Income*: For the purpose of this study, the term “low income” was used, however, variations of definitions exist in the literature and terminology is often used interchangeably (low income, poverty, socioeconomic status). Canada has no ‘official’ definition of poverty; however, the Canadian Council on Social Development refers to it as anyone below statistics Canada low income cut-off² (Ross, Scott, & Smith, 2000).
4. *Physical Activity Initiatives*: Participation in recreation/leisure/physical activities as implemented through ACI.
5. *BCRPA*: British Columbia Recreation and Parks Association – a not for profit organization dedicated to building and sustaining active healthy lifestyles and communities in BC, and the provincial management organization of the ACI.

² Low Income Cut-offs (LICO) after tax for one person (size of family unit) for 2007 categorized by community size were \$14, 914 in rural areas and in urban areas less than 30,000 people; \$16, 968, 30,000 to 99,999 people; \$18,544, 100,000 to 499,999 people; \$18,659 and 500,000 and over \$21,666 (National Council on Welfare).

6. *Physical Activity*: All leisure and non-leisure body movement produced by the skeletal muscles and resulting in an increase in energy expenditure (Public Health Agency of Canada, 2003).
7. *Recreation*: For the purpose of this study, recreation can include physical activity as defined above, or Active Living which refers a way of life in which physical activity is valued and integrated into daily life (for example, walking to work, taking the stairs, biking to the grocery store) (Public Health Agency of Canada, 2003).
8. *Access Program*: A municipal subsidy policy providing low income citizens low or no cost opportunities to recreate. Individuals must apply for the program through a facility that is in the community which they reside.

Chapter Two

Literature Review

The physiological, psychological and social benefits of physical activity (PA) are well documented in the scientific literature. This chapter begins with an overview of the multiple health advantages offered by an active lifestyle, and the variables characterizing the inactive population. The evidence describing the barriers to engaging in physical activity are then presented, followed by a discussion of the social determinants of health. Interventions designed to increase PA, including the Active Communities Initiative, are described for the reader. The chapter concludes with a discussion of the social marketing theoretical framework.

Benefits of Physical Activity

For almost five decades, research continues to support the evidence that PA is associated with health benefits (Salmon, Owen, Crawford, Bauman, & Sallis, 2003). Among those benefits that can be attributed to participation in PA is decreased risk of disease including cardiovascular disease, cancer, type 2 diabetes and osteoporosis (Eyler, Brownson, Bacak, & Housemann, 2003). Engaging in PA can reduce the chance of becoming overweight or obese which is often linked to the above diseases (Sallis & Owen, 1999). Further, participation in PA can provide psychological benefits such as decreased stress, depression and anxiety (Hausenblas & Fallon, 2006).

Cardiovascular disease is the leading cause of death in the world (Qian, Wang, Dawkins, Gray, & Pace, 2007). Studies show, however, that participation in PA can reduce the onset of risk factors such as hypertension and high blood pressure (Sallis & Owen, 1999). The second leading cause of death in many industrialized nations is

cancer. Evidence suggests that participation in PA can reduce the risk of onset of breast, prostate and colon cancers (Sallis & Owen). It has been suggested that through PA, an individual is able to build their immune system which plays an important role in the body's defence against cancer (Woods & Davis, 1994).

Participation in PA can delay or prevent the onset of type 2 diabetes by improving glycemic control, reducing blood pressure, and positively affecting coronary heart disease risk factors in individuals already living with the disease (Barrett, Plotnikoff, Courneya, & Raine, 2007). One study conducted by the Diabetes Prevention Group, suggests that individuals who participated in a lifestyle intervention reduced the incidence of diabetes by 58% (Knowler et al., 2002).

Osteoporosis occurs when the bones lose so much calcium that they become fragile and risk fracturing (Sallis & Owen, 1999). While the consumption of calcium can reduce the risk of osteoporosis, so can PA (Sallis & Owen). Evidence suggests that weight bearing PA promotes the absorption of calcium by bone tissue (Sallis & Owen).

Overweight and obesity pose multiple health complications. The health care burden related to unhealthy body weight is of increasing concern as rates of obesity rise. The prevalence of obesity among Canadians rose from 13.8% to 23.1% from 1978 to 2004 (Brien, Katzmarzyk, Craig, & Gauvin, 2007). Concurrent with this rise is the level of sedentary patterns in Canada. Individuals are engaging in activities such as watching television, reading, listening to music, sleeping and eating rather than becoming active (Salmon et al., 2003). As the rate of individuals who are sedentary continues to increase, so do the rates of premature death (Katzmarzyk, Gledhill, & Shephard, 2000).

Many psychological benefits can be attributed to participation in PA. It is suggested that increasing levels of PA can be effective in treatment of depression, anxiety, stress, sleep disorders and low self esteem. (Sallis & Owen, 1999; Hausenblas & Fallon, 2006). It is reported that individuals who engage in PA have higher levels of self esteem than those that are sedentary (Sallis & Owen). Finally, individuals who participate in PA are said to have a higher quality of life (Sallis & Owen).

Who are the Inactive?

Currently in Canada, over half of the population (51%) are inactive (CFLRI, 2004). Health Canada suggests that Among those that are inactive, certain population groups are more susceptible to leading sedentary lives than others. It is reported that older adults, adults with lower levels of education, adults with lower socio economic status and single mothers are among the most inactive groups (Burton, Turrell, & Oldenburg, 2003; CFLRI, 2004; Clarke et al., 2007). Women are more likely to be inactive than men and within groups of women, those with low income are more likely to be sedentary than those with high income (Fahrenwald, Atwood, Walker, Johnson, & Berg, 2004). In addition, individuals living in rural areas are found to be more inactive than those in urban areas (Parks, Housemann, & Brownson, 2007).

Barriers to Physical Activity

To better understand the barriers that individuals with low income are faced with when attempting to participate in PA, multiple factors must be considered. Firstly, individual and structural barriers must be reviewed, followed by an examination of how individuals living in rural versus urban settings might identify different barriers. In addition, it will be important to understand how ethnicity and cultural differences might

affect participation in PA. Finally, barriers that may arise from the environment and access must be recognized as they may inhibit the use of community recreation and subsequently participation in PA.

Individual barriers have been identified as those obstacles that originate within the person (Frankish, Milligan, & Reid, 1998). Many studies report that common barriers to participation in PA include lack of energy, feeling tired, not liking exercise and lack of motivation (Brownson, Baker, Housemann, Brennan, & Bacak, 2001). Further, individuals with low income are said to have poor exercise self efficacy due to lack of participation and prior opportunities to experience the benefits of PA (Burton et al., 2003; Frisby, Crawford, & Dorer, 1997). Finally individuals may report that fear of injury or fear of not belonging are reasons for not participating (Frisby et al., 1997; Parks et al., 2007).

Structural barriers refer to any obstacles which originate outside the person (Frankish et al., 1998). Lack of time, access to childcare, transportation and family responsibilities are common structural barriers which have been reported in the literature (Dutton, Johnson, Whitehead, Bodenlos, & Brantley, 2005; Frankish et al., 1998). For example in one study that examined the factors inhibiting the uptake of recreation among low income women, it was reported that poor public transportation and inadequate childcare were structural barriers to their participation rates (Frisby & Hoerber, 2002).

One barrier that can be considered both individual and structural is that of social support. It is commonly cited as one of the primary factors contributing to lack of PA among various groups (Frankish et al., 1998; Marquez & McAuley, 2006). Social support can range from having a friend to exercise with, to having a ride to an exercise class. In a

walking intervention, it was found that social support was directly correlated with walking and among the inactive, less social support for PA was reported than by regular walkers (Eyler et al., 2003).

In recent years, studies have identified that barriers may differ among those that are living in rural versus urban settings. Research has suggested that individuals with low income living in rural settings are most likely to be inactive (Parks et al., 2007). In one study, it was found that older ethnically diverse women reported fear of injury, lack of a safe location to exercise and caregiving responsibilities as the top three barriers to engaging in PA (Wilcox, Castro, King, Housemann & Brownson, 2007). Moreover, this study suggested that contributing factors such as increased poverty, greater distance to travel for health care services and lower levels of education may influence their participation in PA (Wilcox et al.).

Individuals with low income living in urban areas have lower rates of inactivity compared to rural individuals; however, they are still faced with many barriers to participation in PA (Wilcox et al., 2007). While urban individuals have access to neighbourhoods, streets, parks and malls to exercise they continue to report barriers such as lack of time, lack of energy and being too tired as barriers to PA (Potvin, Gauvin & Nguyen, 1997; Wilcox et al., 2007).

Research has indicated that there can be a variation in barriers to PA across cultures and among different ethnic groups. It has been reported that, on average, ethnic minorities tend to have lower levels of education and lower socioeconomic status both of which are associated with sedentary behaviours (Dergance, Calmbach, Dhanda, Miles, Hazuda, & Mouton, 2003). Additionally, it has been suggested that ethnic minorities

experience less PA in childhood, have poorer health as adults and receive less social support in general (Dergance et al., 2003).

Research has been conducted investigating various ethnic groups to determine barriers to PA. One study examined the perceived barriers reported by older adults who were considered Mexican Americans and European Americans. It was established that lack of time, knowledge, companionship, facilities and self consciousness were prevalent barriers to their participation in PA (Dergance et al., 2003). A second study reviewed the leisure patterns of Latinos in the United States. Latinos have been reported to be the most inactive of any ethnic and racial groups independent of social class. The most common barriers to PA in this population group identified were self efficacy and social support (Marquez & McAuley, 2006). Finally, a third study examined the perceived barriers of African Americans in the United States with type 2 diabetes. Researchers found the top five barriers to participation in PA for these individuals were pain, no willpower, inadequate health, not sure of what kind of exercise to do, and lack of social support (Wanko et al., 2004).

Environmental factors such as neighbourhood safety and weather are also barriers which inhibit participation in PA. Evidence shows that older adults were more active when they lived in neighbourhoods which they perceived to be safe and that neighbourhoods with low income individuals were more likely to experience crime (Brownson et al., 2001). Excluding crime rates, it is suggested that an individual's perception of safety includes street lighting, well-maintained paths, dogs on leashes and presence of others. These factors will influence their decision to participate in PA or not (Burton et al., 2003). Weather is often considered a barrier because of extreme

temperatures throughout the seasons, and the increased safety concerns that are associated with poor weather (Burton et al.).

Recently a growing interest has been placed on the influence of the built environment on PA (Diez Roux et al., 2007). Proximity of recreation facilities has become of increasing concern when associated with availability of PA opportunities for those with low income. One study aimed to determine whether the availability and accessibility of recreation differed by neighbourhood socio-economic status (SES). It was found that low and medium SES neighbourhoods had fewer physical activity resources available to them, moreover, any resources that were available were not offered free of charge and were therefore inaccessible by many (Estabrooks, Lee, & Gyurcsik, 2003).

Powell, Slater, Chaloupka and Harper (2006) were also interested in the importance of environmental factors on the uptake of PA. The results of their study confirm that in low SES neighbourhoods, there were less likely to be commercial recreation facilities. In those SES neighbourhoods that had such facilities, they were present in fewer numbers than in wealthier neighbourhoods. They suggested that the lack of facilities can be correlated to low PA levels among lower income groups.

Access to public recreation is often cited as the single most inhibiting factor to participation in PA among those with low income (Frisby & Hoeber, 2002). Ever more, there is a divide between those that can afford access to public recreation and those that cannot (Tirone, 2004). This divide has been created due to the increased reliance on user fees within the public sector (McCarville, 1995). In the past, public recreation has been funded by property taxes, provincial grants and user fees, however, decreased support

from other sources has caused user fees to be increased (Slack, 2003). More and Stevens (2000) suggest that the exclusionary nature of user fees is inconsistent with the service ethic which dominates public sector programming.

People must be willing to pay in order to participate in the service and therefore benefit from the activity. The burden of payment however, will weigh most heavily on those who possess the fewest resources (McCarville, 1995), and by charging users fees providers may be excluding low income individuals (Walsh, Peterson & McKean, 1990). Burns and Graefe (2006) suggest that service providers themselves must create opportunities for those living in poverty to take part without paying user fees. Moreover, it has been suggested that policy makers and public recreation practitioners need to shift their view that they are providing merely fun and games to one of essential service (Tindall, 1995). As Wharf Higgins and Rickert (2005) note,

while it is understandable for recreation centres to include the words “health promotion” or “disease prevention” in their philosophy and mission statements, and a common acknowledgement by the profession that municipal recreation departments are well positioned to play a significant role in this regard, there are few documented examples of how this is realized (p.454).

Additionally, communities have been recognized as important targets of interventions and advocacy efforts as ways to increase population rates of physical activity (Brennan Ramirez et al., 2006).

Individuals with low incomes must negotiate an array of barriers when attempting to engage in PA. These barriers suggest that personal, environmental and issues of access contribute to inactivity for persons living with low incomes. Yet, these barriers are

layered and connected in ways that permeate other aspects of their lives. The social determinants of health literature points to a broader view of the problem, and contextualizes a person's life choices in terms of their life chances and circumstances (Wharf Higgins, Rickert, & Naylor, 2006).

Social Determinants of Health

The social determinants of health perspective recognizes the broader social, economic and environmental conditions that constrain individual choice and affect health status (Frisby et al., 2001). They further suggest that health is a positive state of physical, emotional and spiritual well-being and that they are integral to quality of life (Williamson et al., 2006). This perspective is increasingly being recognized and applied in health promotion and population health; however, this has not always been the case.

Canada has been a leader in conceptualizing the societal determinants of health, yet there is evidence to suggest that Canada is failing to adopt its own population health concepts in health research (Raphael et al., 2005). For instance, medical treatments and lifestyle choices continue to dominate discussions concerning the cause of cardiovascular disease and type 2 diabetes (Raphael, 2003; Wharf Higgins & Rickert, 2005). Due to this phenomenon, health promotion efforts have often focused on lifestyle risk factors such as exercise and healthy eating (Ling & Raphael, 2004). While these factors may contribute to the onset of disease, it is suggested that the determinants of health need to be addressed within health literature and health promotion efforts. Raphael et al., (2005) argues:

considering the increasing evidence that many behavioural risk-factors account for little variance in health outcomes, and findings that behavioural change

programs may be especially difficult to implement with at risk populations, the application of more complex conceptualizations could be expected (p. 218).

The social determinants of health include income and social status, social support networks, education, literacy and health services among others (Health Canada, 1999). It has been widely recognized that income and its distribution are issues that should be addressed within health research (Raphael, 2005). Wilkinson and Marmot (2003) suggest that poverty, relative deprivation and social exclusion have a major impact on health and premature death. Moreover, it has been reported that socio economic status is a fundamental cause of disease and contributes to the increasing rates of morbidity and mortality related to health (Diez-Roux, Link, & Northridge, 2000). Evidence shows that the lower an individual's socio economic status, the lower their health (World Health Organization, 2007).

Raphael (2003) attributes various mechanisms to the correlation between low income and cardiovascular disease. Rather than ascribing risk to individually-focused characteristics, it is the distal, contextual factors, such as poverty and socio economic conditions that shape the known behavioural risks for heart disease (Wharf Higgins, Young, Cunningham, & Naylor, 2006). In particular, the experience of material deprivation that exposes individuals to an increased number of negative events such as poor quality of food and housing as well as inadequate clothing. In addition to lacking quality housing, food, clothing and other necessities for survival, material deprivation compromises a person's ability to access trusted and legitimate resources and sources of information, as well as access opportunities for recreation, culture and social activities crucial to human development over the lifespan (Raphael, 2003). It is the inability to fully

participate in community life and to control one's life (Marmot, 1999), that results in isolation and exclusion from society even in activities that do not require money (Mitchell & Shillington, 2002). Further these individuals may live precarious lives and therefore experience excessive psychosocial stress such as feelings of uncertainty. Finally, because of combinations of material and social exclusion, as well as limited access to healthful opportunities or living in under resourced neighbourhoods, these individuals are more apt to adopt health threatening behaviours such as high carbohydrate diets and tobacco use (Wharf Higgins et al., 2006). Reiterating the above, a recent report from the World Health Organization (WHO, 2003) suggests that "where people are on the social hierarchy affects the conditions in which they grow, learn, live, work and age, their vulnerability to ill-health and the consequences of ill-health" (p.22). The literature indicates that those individuals suffering from deprivation will likely have reduced health chances.

Interventions

In order to address the growing concern with rates of inactivity, interventions have been implemented to increase levels of PA among low income groups. To better understand what is currently being put into practice, an overview of these studies follows.

Using a participatory action approach to research, Frisby, Crawford and Dorer (1997) facilitated a study which was initiated by a group of low income women who acknowledged that there was a lack of access to PA services in their community. The purpose of this two year project entitled "*Women's Action Project*" was "increasing access to the health promoting benefits of community physical activity for themselves and their families" (p.21).

Upon completion of the study it was found that the low income women had benefited in numerous ways. Data showed that there was an increase in the perceived benefits of PA and a decrease in barriers inhibiting participation. Social isolation was reduced through program participation. In addition, the women who had participated in a leadership or research role gained skills and a few went on to further their education and found employment. The study also reported that the women developed the physical and mental stamina needed to deal with their situation and plan for the future (Frisby, Crawford, & Dorer, 1997).

“A taste of healthy living” was a community based intervention that took place on the Saanich Peninsula in Victoria, British Columbia (Wharf Higgins & Rickert, 2005). The purpose of the study was to evaluate the influence of a recreation program on the lives of persons at greater risk of developing type 2 diabetes, including those with low income. Rather than focusing on lifestyle risk factors, the notion that social circumstances could affect everyday behaviours guided the intervention. Engaging the participants in defining the scope and content of the program resulted in changes in health practices, as well as enhanced feelings of support, respect, trust, inclusion, and belonging. Upon completion of the study, it was suggested that “publicly-funded recreation is one of the economic and social conditions influencing the health of individuals and communities because of its potential in tending to people and places” (p. 452). Moreover, “municipal recreation agencies, particularly in partnership with community based organizations have the capacity to influence the socioeconomic environment affecting health that may diminish the effects of social exclusion” (p. 453).

Increasing Motivation for Physical ACTivity (IMPACT) was an intervention designed to increase levels of PA among low income multi-ethnic women. Two phases of the intervention were analyzed and reported on.

The first phase consisted of an eight week preparatory class based intervention using the stages of change theory as the guiding framework. The primary objective of this phase was to determine the effectiveness of a theoretically grounded class based course design to prepare low income women to adopt and maintain regular PA (Collins, Lee, Albright, & King, 2004). Multi-ethnic low income women who were attending adult education or job training courses in their community were invited to participate in the intervention. All participants took part in the preparatory classes which included small and large group activities, interactive discussions, problem solving and skill building tasks.

Upon completion of the classes, it was found that the course had increased knowledge and attitudes about PA (Albright, Pruitt, Castro, Gonzalez, Woo, & King, 2005; Collins et al., 2004). Further, many of the participants were able to shift their stage of readiness. As well, many participants made small but important increases in their walking behaviour (Collins et al., 2004).

The second phase of the intervention focused on determining the differential impact of personal counseling versus minimal print information on the longer term maintenance of PA (Albright et al., 2005). Following the classes, participants were divided into two groups, one which received home-based mail support and the other that received home-based phone and mail counseling.

Those individuals participating in the mail support group receive standard health information as well as monthly newsletters that addressed issues which had been

discussed in the IMPACT classes. Further they were provided with pedometers although little technical support was offered to assist them using them.

Those that were participating in the phone and mail counseling received telephone counseling weekly for the first four weeks, bi-weekly for the next eight weeks and then monthly thereafter for the remaining period. During telephone counseling sessions, health educators would problem solve and support the participant. In addition, pedometers were supplied to participants. Among this group, however, participants received tools to enable self monitoring logs. Finally, participants received the monthly newsletter as well as a prepaid mail back card which they were instructed to use to record their steps and return to the researcher.

Upon completion of the study it was found that during the class stage of the intervention levels of activity rose. Those that were in the mail support group showed a decrease in PA while those in the phone support group continue to show an increase in PA.

Inner-city, overweight African American adolescent women were the target of a two year intervention entitled *GOGIRLS!* which aimed to improve nutrition and PA habits. Using the social cognitive theory as their theoretical framework, this intervention was developed on the concept that both PA and diet contribute to the obesity problems in this population group. The intervention was designed to increase positive health and social outcome expectations of losing weight as well as increase confidence in their ability to modify diet and PA patterns (Resnicow et al., 2000).

Upon completion of the study the researchers indicated that there was success in engaging the community as well as in the recruitment of participants. It was found

however, that retention of participants was extremely difficult, with only a small percent of participants attending more than 75% of the classes. Further, it was indicated that the intervention may have been more successful had the parents of the participants been more involved. In addition, it was suggested that the program may not have adequately enhanced the efficacy and skills required to make diet and PA changes (Resnicow et al., 2000).

Understanding the impact of interventions to increase PA with African American women was the goal of a review completed by Banks-Wallace and Conn (2002). Using specific inclusion criteria they sought to discover how interventions were being designed and conducted, and in doing so, realize which studies were most successful. They found a wide range of studies were being implemented and of the eighteen that they included in their review, positive and negative outcomes were reported. It was suggested that African American women can increase levels of PA in response to interventions. Of those that were successful, the researchers noted that they often included one or more of four key elements including problem solving, provision of social support, group exercise and goal setting. Finally, the researcher noted that “effective health interventions must be consistent with the shared beliefs, values, and practices of the universe of the target population” (p.329)

A second review lead by Taylor, Baranowski and Young (1998) focused on research that had been conducted with populations at risk including low income, members of some ethnic minority group and individuals with disabilities. Fourteen studies ranging in study design and implementation were reviewed. The review suggests

that increasing levels of PA among these groups will have great impact on the participant's quality of life.

The review provided recommendations for future research in this area including two factors that should be implemented and evaluated. The first is that all interventions should include a community involvement component, making the research meaningful to the specific community. Second, there should be a significant assessment of needs, attitudes, preferences and barriers prior to the implementation of the intervention. The review also suggests that the use of a consistent theory based approach as well as a focus on short and long term evaluations, including process evaluations, would advance the field (Taylor et al., 1998).

The above interventions have all had varying degrees of success in promoting healthy lifestyles and increasing PA among individuals with low income. While the success and impact of these interventions is supported, little has been done with those individuals that are providing the PA opportunities to the low income citizens.

Research with Recreation Professionals

There is a paucity of published literature investigating the barriers and challenges experienced by recreation professionals when implementing programs designed for low income individuals. One of the few studies conducted (Allison & Hibbler, 2004) aimed to explore the experiences of eighteen recreation professionals about the types of issues and barriers that they perceive exist within municipal recreation agencies that may inhibit program access for people of colour. This qualitative study utilized semi-structured interviews to ask questions ranging from professional experience to the nature of the organization's philosophy toward diversity. From the interview data five themes emerged

as perceived barriers that were inhibiting program access and responsiveness to ethnic minority constituents.

The first theme was the changing face of community. Participants suggested that their agencies were not always able to respond appropriately to the changing nature of the communities they were serving. Communities that were once composed of a single ethnic group were quickly changing. This posed considerable challenges to the participants of this study because now rather than offering programs targeted at specific ethnic or cultural groups, they had to be responsive to people from different cultural and societal traditions with different language and communications patterns.

The second theme that emerged was the changing face of management of staff. This barrier dealt with the ethnic composition of staff and the lack of role models represented if a staff person is not of the same ethnic minority as the community in which they are serving. This notion was not always supported however, as it was also indicated that it was important to have a diverse representation of staff and that all recreation professionals should be able to serve all communities.

The third theme was deferred program responsibility, or the ability to provide creative and alternative program service delivery strategies. In doing so, however, participants suggested that they had to be cautious to not simply offer “special” programs and let those staff, typically minority staff, design them.

The fourth theme that emerged from the data collected in this study was language barriers and the politics of voice. For instance, languages differences between service providers and community members were identified as barriers to program access. Often

the recreation providers spoke only English which made it difficult to deal with communities members who are non-English speaking.

Finally, management and staff attitudes and stereotypes were identified as the fifth theme. Negative staff attitudes and stereotypes created persistent difficulty in responding to the needs of ethnically diverse constituents. These attitudes influenced both interaction with community members as well as the program and services offered to the communities.

The themes that emerged from this study provided insight into the experiences and perspectives of recreation professionals in delivering programs and services to ethnic groups. The findings from this study may provide insight into the current study and its conclusions.

A second study examined the effect of disseminating evidence-based guidelines that promote physical activity on US health department organizational practices. Using a quasi – experimental design, the study examined changes in the dissemination of a *Community Guide*, a set of evidenced based guidelines to promote physical activity. These guidelines were disseminated through three interrelated methods, including workshops, ongoing technical assistance and a CD-ROM. This study discovered that there was some change in the awareness and adoption of the health guidelines. It continued to discuss the project by saying that in the future, dissemination efforts should mirror behavioural interventions and modify their approach according to a stage of readiness. Finally, it suggested that a more active approach to dissemination should be adopted as well as a more audience-centered approach (Brownson et al., 2007).

Active Communities

Communities have been recognized as important targets of interventions and advocacy efforts as ways to increase population rates of PA (Brennan Ramirez et al., 2006). Within British Columbia, one such effort has been initiated by the provincial government. Active Communities is the physical activity component of ActNowBC! The goal of Active Communities is for British Columbians to be 20% more active by the year 2010. Currently there are 200 communities registered with the initiative, each at a different stage of implementation.

Upon registering as an Active Community, community leaders are able to access various resources. These include educational resources such as events and workshops, measurement tools such as a process evaluation tool kit, and marketing and communications resources including logos and branding information. Further, communities can apply for financial grants to assist them in the development and implementation of programs and services.

To date, many registered Active Communities have had great success in their community events. On Vancouver Island, Active Communities have used a variety of program development strategies to increase levels of PA.

Success Stories on Vancouver Island

Working together, the core municipalities in the region of Victoria have created several programs aimed at increasing activity levels and awareness of PA opportunities. *Taste of Recreation* offers community members the chance to purchase monthly passes in April for the low cost of twenty five dollars. Using this pass, individuals can visit any of

the recreation facilities in Victoria and have access to aquatic, gym, and group fitness drop-in programs.

In Saanich BC, a suburb of Victoria, *Super Size your Health* is an initiative geared at increasing levels of PA among children and youth. As part of this initiative, the municipality hosts an annual health fair. The fair aimed at youth strives to raise awareness about the benefits of healthy eating and PA. Working with community partners, the fair includes guest speakers, hands on projects for the youth and information booths. In 2007, approximately 2000 teens attended.

Super Size your Health included two notable initiatives. First video game bicycles at a local recreation centre where the player must spin the wheels of the bike, in order for it to function, therefore incorporating PA into their game. Second recreation facilities in Saanich have reduced the amount of junk food in their vending machines with the intention of soon making the machines 100% junk food free.

In Esquimalt, another suburb of Victoria, the ACI has led to some unique programs and services, including their health education workshops. Upon completing baseline testing for ACI, the staff discovered that one of the barriers, for their community members, to engaging in PA was lack of knowledge of programs and services available. To address this issue, the health education workshops introduce people to new activities and how to get started. Past workshops have included topics on heart health and gardening with arthritis.

Recognizing the impact of nutrition on health and wellness, municipalities on Vancouver Island and parts of the Greater Vancouver Regional District have partnered with a local grocery store chain to offer free nutritional workshops and grocery store

tours. The initiative entitled *Nutrition For You* engages community members of all ages in dietician led seminars and workshops. Among the workshops offered, *Young Chef on the Run* is designed specifically for youth aged 9-12 while workshops targeting seniors answer questions about healthy eating to ensure healthy aging (Thrifty Foods, 2008).

Communities across BC are having success with their initiatives. While they may not be geared towards low income groups specifically, communities are receiving positive response from their community members and raising awareness of the importance of PA, as well as increasing levels of PA (www.activecommunities.bc.ca). To measure these successes, communities have used various methods of impact and process evaluations including but not limited to, the TRACE process evaluation toolkit.

Theoretical Framework

Overview of Social Marketing

One approach to the planning and implementation of programs and services that accommodates individual and social level factors (including PA) is that of social marketing. Social marketing has been defined as “the use of marketing principles and techniques to influence a target audience to voluntarily accept, reject, modify, or abandon a behavior for the benefit of individuals, groups, or society as a whole” (Kotler, Roberto & Lee, 2002, p.5). The allure of social marketing is its commercial marketing roots applied to improve health and social justice issues for individuals and societies (Andreasen, 1995). The foundation of a social marketing orientation includes the key concepts of understanding the ‘consumer’, market research, audience segmentation, exchange theory, competition and the “marketing mix” (Grier & Bryant, 2005; Kotler &

Lee, 2008; Pirani & Reizes, 2005). What follows is a description of each concept, applied to the context of this study.

Understanding the consumer perspective is a key component to successful social marketing. Andreasen (1995) suggests that everything a good social marketer does starts with knowing and appreciating the consumer's perspective. Market research, which relies on both quantitative and qualitative methods, is conducted to ensure that the needs, wants, beliefs, problems and behaviours of the consumers are recognized and will be utilized in the creation and implementation of the social marketing campaign/intervention (Kotler et al., 2002; Kotler & Lee, 2008).

Understanding the perspective of the recreation professionals will be the foundation of this study. Past research shows that social marketing campaigns that do a thorough job of their market research are successful (Landers, Mitchell, Smith, Lehman, & Conner, 2006; Rothschild, Mastin, & Miller, 2006). By revealing the values, beliefs, needs and experiences of the consumer (in this case the recreation professionals), practice and policy recommendations can be developed to reflect and accommodate for their realities in programming for low income patrons.

It is widely understood that it is not possible to be all things to all people, rather various subgroups or populations will require different strategies to facilitate social change (Grier & Bryant, 2005). Rather than adhering to a 'one size fits all' orientation, audience segmentation is a strategy to identify a smaller group of individuals who have something in common. Commonalities may reflect demographic characteristics as well as psychographic variables - needs, wants, values, motivations, lifestyles and behaviours (Grier & Bryant, 2005; Pirani & Reizes, 2005).

This study will aim to determine how recreation professionals in different communities view their barriers and challenges to providing programs to low income citizens. It may be that upon completion of the market research, segmentation must occur in order to create policies that will be effective for different size communities, communities with higher socio economic status or communities with varying degrees of recreation facilities or resources available.

A fundamental component of the social marketing approach is that consumers must believe that the perceived benefits will outweigh the perceived costs when engaging in the proposed behaviour. This is known as exchange theory and is described by Grier and Bryant (2005) as “consumers acting primarily out of self interest as they seek ways to optimize value by doing what gives them the greatest benefit for the least cost” (p. 321).

Commercial marketers strive to place their product above the others to ensure that they are perceived as superior to the competition. Social marketers must do the same; however, their competition is not the opposing brand name rather it is “the current or preferred behaviour of the target market and the perceived benefits associated with that behaviour” (Kotler et al., 2002, p. 10). Understanding the status quo, competing community priorities, or the cost associated with offering programs for low income citizens will help to position the issue and clarify the behaviours that the recreational professionals are currently engaging in. It may be that useful information will arise from understanding these behaviours and applying them to policy creation. Further, policy creation will be influenced by investigating the organizations and individuals that may be persuading the recreation professionals decision to provide for low income groups or not.

There are various strategies which can be utilized to induce the consumer to undertake the desired exchange. Among them, are the benefit-based and cost-based strategies (Andreasen, 1995).

“Benefits are the positive consequences that target consumers believe will occur if they undertake a proposed behavior” (Andreasen, 1995, p. 226). When developing a benefits-based strategy, the social marketer must highlight the perceived positive outcomes of an exchange. This can be done in three ways; increasing the importance of a benefit, increasing the perception of the likelihood a benefit will occur and thirdly, adding a new positive outcome (Andreasen).

In order to ensure that the perceived positive outcomes are congruent with the values of the consumer, formative research must be completed. Andreasen (1995) suggests that there are two types of values, terminal and instrumental. A terminal value (or end state) enables the social marketer to understand those items that are most likely linked to the core product. For instance, a terminal value could include personal happiness or wisdom. An instrumental value (or means value) on the other hand refers to those values that are associated with doing a behaviour or accepting an idea, for instance, being honest or caring for others.

To ensure that these values are discovered in the process of conducting formative research, a technique known as laddering is utilized. This is the process of asking why questions to get from the attributes of a behaviour to the benefits (Andreasen, 1995).

A cost-based strategy focuses on reducing the importance of a cost associated with the behaviour and reducing the perception of the likelihood a cost will occur (Andreasen, 1995). Implementing a cost based strategy requires formative research to

determine what costs are associated with the behaviour. Further, the consumers should be asked how likely they believe that a specific cost will occur and how important that cost would be to them if it did occur (Andreasen). Costs can include both entry and exit costs. An exit cost refers to one which is associated with abandoning the old behaviour and an entry cost is associated with adopting the new behaviour (Kotler et al., 2002).

Upon understanding the consumer perspective, segmenting the audience and completing an assessment of the competition, social marketers will build their product platform using the 4Ps of commercial marketing which include the price (above), product, place and promotion. Using all four Ps to create an effective social marketing campaign will maximize its potential for success.

The product platform is the foundation upon which all the other aspects of the marketing mix will be formed. The platform consists of three levels, with each level representing one of three products; core, tangible and augmented. The core product reflects the values and beliefs of the target audience; it is the real reason why the consumer (recreation professionals) would want to engage in the desired behaviour. The tangible product is the behaviour being promoted (planning and delivery of PA opportunities for low income citizens) and finally, the augmented products are those that will help to support or promote the behaviour (Kotler et al, 2002; Kotler & Lee, 2008). Using the information provided from the recreation professionals, a product platform will be created that will have the most significance to them (Grier & Bryant, 2005).

“Place is where and when the target market will perform the desired behaviour, acquire any related tangible objects, and receive any associated services” (Kotler & Lee, 2008, p. 247). It refers to the distribution of goods and the location of sales and service

encountered (Grier & Bryant, 2005). Making the desired behaviour as convenient and accessible as possible is the primary goal of place, as well; it aims to make any competing behaviours seem less convenient (Kotler et al., 2002).

Promotion is the most visible aspect of social marketing and includes any persuasive communications used to convey the product to the consumer (Grier & Bryant, 2005). A communication strategy is developed which will aim to ensure that the consumer (recreation professionals) know about the product and believe that they will experience the stated benefits, and are inspired to act (Kotler et al., 2002).

Social Marketing Research & Interventions

To understand the usage of social marketing in community settings, a brief review of past interventions will be provided. Each of these interventions has utilized the concepts and constructs of social marketing to persuade their target market to adopt a new behaviour, thus creating social change.

In response to the increasing levels of inactivity and poor eating habits among youth, *VERB* was created using a social marketing framework. The *VERB* campaign's primary goal was to increase levels of PA among tweens (youth aged nine to 13 years) by increasing tweens positive beliefs about PA as well as increasing their self efficacy to overcome any barriers associated with participation in PA (Huhman et al., 2007). Using an array of public health, marketing and community experts *VERB* was developed by conducting formative research with tweens and their parents. Upon understanding their views and values, *VERB* was formed using the tagline "It's what you do" (Wong et al., 2004, p. 2).

The strategy of the campaign was to associate PA with activities that the tweens valued including spending time with friends, playing, having fun and having the opportunity to be active with parents. They were successful in achieving this goal as numerous evaluations indicate positive results (Huhman et al., 2005; Huhman et al., 2007). It has been reported that those tweens that knew about the campaign were more physically active and had a more positive outlook on physical activity.

Research indicates that smoking rates among youth rose steadily in the 1990s, and that approximately seventy percent of high school students in the United States tried smoking in 1997. Due to these numbers, a social marketing campaign was designed to raise awareness of the ill effects of smoking. The campaign was entitled “*Truth*” after the youth involved found out that the tobacco industry had been lying about marketing to youth (Zucker, et al., 2000).

“*Truth*” used youth input at every phase of development and with this information the marketing team created commercials, billboards, posters and print ads. Using the same production values and edgy humour as the tobacco industry, the “*Truth*” ads were created to ensure that they would draw the attention of the youth. Evaluation of the campaign showed that “*Truth*” achieved a brand awareness of 92 percent among teens in Florida (Zucker, et al., 2000). Further, in subsequent evaluations it was reported that smoking intentions and behaviour were substantially lower among Florida teens compared to other American teens (Niederdeppe, Farrelly, & Haviland, 2004) while anti-tobacco attitudes and beliefs increased substantially in the first year of the campaign (Farrelly, Healton, Davis, Messeri, Hersey, & Haviland, 2002).

Another campaign addressed accidents due to impaired driving that were becoming of increasing concern in rural Wisconsin. *The Road Crew* was a social marketing campaign developed in hopes of reducing barriers and increasing choice among young male bar patrons. It was discovered through formative research that the norm in their area was to go out and drink before driving home. In order to eliminate barriers and increase choice for these men, *The Road Crew* was developed to provide safe rides to and from the bar. This ensured that the consumers were able to continue to enjoy their experience at the bar, while, leaving their cars at home reducing the risk for fatal accidents due to alcohol consumption. This intervention was able to create a program that eliminated barriers associated with leaving their cars at home and in turn reduce the number of vehicle accidents on the highways in the area (Rothschild, Mastin, & Miller, 2006).

The Grateful Head campaign aimed to increase bicycle helmet use among university students on a campus in southeastern United States. Formative research in the form of focus groups allowed the students to participate in the creation of the message design including the slogan and logo. Further, the campaign engaged students in the delivery of the message by having peers instruct peers on the benefits of wearing a helmet. The students also taught each other how to wear the helmets properly which enabled the behaviour to become a social norm. In order to reduce one of the costs associated with wearing or attaining a bike helmet, the campaign provided coupons which individuals could redeem at local bike stores to receive a free bike helmet. The campaign was successful as bicycle helmet use increased both during and after the completion of the campaign (Ludwig, Buchholz, & Clarke, 2005).

TrEAT Yourself Well was a campaign that aimed to influence diners' menu choices in four restaurants in California. The study hoped to address the ongoing problem of obesity in the United States by conducting point-of-sale nutrition education interventions. The campaign endeavoured to influence the consumers purchase decision by reminding consumers of the availability of healthy items as well as change their beliefs and attitudes towards the advertised product. The trial was successful in creating more positive beliefs and attitudes which may increase future sales of healthier menu choices at these diners. The study also indicated, however, that in order to continue this trend, focus must be placed on ensuring that those menu choices that are healthy have the same appeal in taste as those that are not (Acharya, Patterson, Hill, Schmitz, & Bohm, 2006).

Save the Crabs, Then Eat 'Em was a social marketing campaign aimed at restoring water quality in the Chesapeake Bay. Upon conducting formative research it was found that those individuals living in the town nearby valued green and manicured lawns and eating the blue crabs that were caught in the local bay, but were less inclined to adopt environmentally-friendly actions. In order to provide a behaviour that these individuals intended to do, the community members were asked to use pesticide on their lawn in the fall rather than in the spring as an important measure in saving the Chesapeake Bay blue crabs. By understanding the consumers' values and providing a behaviour that was easy to act on, the campaign was successful in raising awareness and changing behaviour (Landers et al., 2006).

These above examples are just but a few that have successfully nurtured social change. Briefly, other issues that have adopted a social marketing orientation include

lowering blood pressure and blood cholesterol (Andreasen, 2003), increasing immunization rates (Carroll & Van Veen, 2002), giving blood, recycling, volunteering, (Sargeant; 2001; Wharf Higgins, Vertinsky, Cutt, & Green, 1999), in understanding fundraising practices in community events (Scott & Solomon, 2003; Wharf Higgins & Lauzon, 2003; Wharf Higgins & Hodgins, 2008), and most recently applied to Americans' perceptions of behaviours related to climate change (Semenza, Hall, Wilson, Bontempo, Sailor, & George, 2008).

Tending to Language

“Social marketers bear a special obligation to behave in an ethical fashion because they are purporting to act in society's interests and not – unlike commercial marketers their own” (Andreasen, 1995, p. 30). Social marketing is entirely compatible with community based and participatory research because of its primary principle: that success will be achieved only when social marketers' build their campaign from the consumers' wants and needs, acknowledging their life experiences and perspectives (Smith, 2007).

The language used in social marketing does reflect its roots in a commercial marketing orientation and can be distasteful to those not entirely familiar with the rich tradition of social marketing (Maibach, 2002). However, the shared phrasing is not to be confused with a shared bottom line. For instance, in the case of this study, the term consumer refers to the recreation provider, while the benefits and costs associated with performing the behaviour is interpreted as the facilitators and challenges of offering programs to low income citizens. The language may be different than other approaches to community-based research; however, the constructs and methods are akin: creating change through participant involvement.

Conclusion

This chapter surveyed the literature with regards to the benefits of PA, barriers associated with PA, social determinants of health, research with recreation professionals, Active Communities and social marketing. Evidence shows that participation in PA will among other things, decrease risk of certain disease and increase self esteem. According to the literature, low income citizens face multiple barriers to participate in PA, including a lack of access. Moreover, interventions that have been implemented with low income citizens indicate varying successes in increasing the rates of PA among this target group.

Currently there is little research conducted with those individuals that are providing low income citizens with PA opportunities at a community level. Using the ACI initiative in BC, and the theory of social marketing, this study poses many questions that are currently unanswered in the literature and thus provides new insight into future directions for health promotion initiatives for low income groups.

Chapter 3

Methods

This chapter begins with a description of the research design. Subsequently, information on the sample selection, participants, interviews, and the focus group are provided. The chapter closes with a discussion on the role of the researcher in qualitative inquiry, trustworthiness and finally, the data analysis process.

Research Design

The research design reflects the strategies for inquiry by asking what information will most appropriately answer the research questions and what methods will be most effective for obtaining it (Denzin & Lincoln, 2005). This study used an exploratory research design, a method that is commonly used in social marketing with an

objective to gather preliminary information that helps define the problem. It would be most characteristic of research conducted at the beginning of the marketing planning process, when you are seeking to determine the purpose and focus of your plan (Kotler & Lee, 2008, p. 73).

The aim of this qualitative inquiry was to explore and understand what the benefits of, and challenges are to implementing programs designed for low income citizens. As the researcher, I also hoped to gain information as to what resources and policies would support the recreation provider's work. The answers to these questions were achieved by conducting formative research which refers to "research used to help form strategies, especially to select and understand target audiences and develop draft marketing strategies" (Kotler & Lee, 2008, p. 75). Formative research can be conducted using two forms of data collection, however, for the purpose of this study, primary data

collection was used. Primary data refers to data that is freshly gathered for a “specific purpose or for a specific research project” (Kotler & Lee, 2008, p. 74).

Orientational Framework

The framework to orientate this study was social marketing. As described in Chapter 2, the social marketing orientation includes the key concepts of understanding the ‘consumer’, market research, audience segmentation, exchange theory, competition and the “marketing mix” (Grier & Bryant, 2005; Pirani & Reizes, 2005).

In order to frame the results of the study in a social marketing orientation, the data were first reviewed in raw form to reduce the data into manageable categories, including conducting a focus group with interviewees. A conceptual analysis of the five categories generated through the open coding process was facilitated through the lens of a social marketing framework. The results of both these explorations are explained in detail in Chapter 4.

Sample Selection

The selection of participants in qualitative research is purposeful, which means that a sample will be drawn of individuals who can best help the researcher understand the problem and the research questions (Creswell, 2003; Thomas, Nelson & Silverman, 2005). Two sampling strategies were used to select participants. First, convenience sampling was used to target only communities that were situated on Vancouver Island. This method is used when the researcher is trying to save time or money (Patton, 2002). Among those communities selected from the convenience sampling, critical case sampling was used to complete the sampling process. Critical case sampling is used when the researcher assumes that there can be generalization of the data, for instance, that

information gathered from one community will likely be true for other communities (Patton, 2002). The criterion applied for the critical case was the AC's inclusion of low income citizens as one of its prioritized audiences.

Participants

There are no rules for sample size in qualitative inquiry; rather the sample size should depend on what you want to know and the purpose of the inquiry. Further, sample size should be determined by what will be useful and what will have credibility, and what can be done with the available time and resources (Patton, 2002).

The research participants for this study were nine recreation providers working in municipal recreation centres across Vancouver Island ($N=9$). They were eight women and one man who have all been involved in community recreation for many years. Participating communities were from across Vancouver Island with three situated more than 100km from the University of Victoria, the base of this research. The remaining five communities were all within 50km of the university. Participants were selected based on their community's participation in the province wide Active Communities Initiative. Seven of the nine participants were approached because they were considered the "*Active Communities (AC) leader*" for their local initiative. The other two participants were actively involved in the delivery of low income programs in their community; however, were not the "*AC community leader*". In total, seven communities were involved in the study with one community having two different people being interviewed, and one community having a different representative for the focus group than the interview.

As an initial step in the recruitment process, potential participants were approached by way of personal contact or through email to ask if their community was

targeting low income citizens in their ACI initiatives. If they self identified that they were, they were invited to participate in the study.

Half of the participants were recruited through personal contact while the other half were recruited by email. I recruited all the participants as there were no concerns with “power over” situations. Participants were given or emailed an information letter (Appendix 1) which explained the study in detail and provided my contact information as well as my supervisor’s. Upon agreeing to participate in the study, I corresponded with the participants through email to determine date and time of the interview as well as confirmation of their attendance at the focus group. I sent the participants a thank you card after the completion of the interview and they were given a \$5.00 gift card to a coffee shop to show gratitude for their involvement in the focus group.

Interviews

Audio-taped key informant interviews were conducted as one method of data collection and each participant was interviewed individually. As stated by Kotler and Lee (2008), key informant interviews can be conducted with “decision makers, community leaders, technical experts, and others who can provide valuable insight regarding target markets, competitors, and potential strategies” (p. 77). Moreover, the purpose of conducting interviews is to gather information from participants that cannot be directly observed (Creswell, 2003; Patton, 2002). In addition, interviewing allows the researcher the ability to begin to understand the perspective of the participants (Patton). Interviews also allow the researcher a certain amount of “control” over the questioning (Creswell).

To ensure the highest quality of data and a successful interview, many steps were taken prior to and during the interviews. First, an interview schedule was created

(Appendix 2), to ensure that the same basic lines of inquiry were followed with each participant (Patton, 2002). An interview guide provides a framework for which the researcher can develop questions, probe for details and make decisions about which information to pursue in greater depth (Patton). To ensure that I was informed by the interview schedule and that the questions made sense to the participant, a pilot interview was conducted with one of the eight communities. The pilot interview revealed that there were some misunderstanding of the questions, and therefore the guide was adapted prior to continuing with the remainder of the interviews. After the second interview was completed, the participant suggested that the interview schedule be sent to future participants prior to their interview. Thereafter I sent the interview schedule to each participant via email at least one week before their interview. This was helpful for two reasons, the first was that the participants were able to prepare in advance ensuring that they had the resources and knowledge to answer my questions. In some cases, participants shared that they had spoken to other members of their programming team or their managers to inquire about an appropriate response to my question. Second, participants were able to come prepared with any written documents they felt would support the interview such as Active Living Guides, budgets, mission statements or promotional material.

All but one of the interviews took place at participants' place of work at the local recreation centre. The final interview took place at my office due to convenience for the participant. Upon arriving at the interview site, I ensured that the physical space for conducting the interview would be free from disruption. Creswell (1998) suggests that the physical setting is critical to ensuring accurate recording of information.

The interviews were all audio- tape recorded ensuring that the raw data from the interview was captured in the actual words being spoken by the participants (Patton, 2002). In addition to capturing the rich data through the audio device, by using this equipment, I was also able engage in conversation and maintain eye contact with the participants throughout the interview. Prior to each interview, the audio taping device was tested to ensure that it was working and that the batteries were charged. In addition, I kept an eye on the device throughout the interview to ensure that it was still functioning correctly.

Immediately following each interview, I reflected upon whether or not the interview was successful in revealing information that it intended to, and if not, why that occurred. Each interview was transcribed verbatim within one week of the actual interview. This allowed me the ability to determine if any changes needed to be made to the interview schedule before proceeding to the next interview.

Participants were all provided a copy of the transcription which they were asked to review and return with any clarifications. They were also asked to identify areas which they would like remove because they felt it identified them and would compromise their anonymity. This process is termed "member checking" and is highly recommended as a way of ensuring credibility within a study (Creswell, 2003; Guba & Lincoln, 1989; Thomas et al, 2005). I received emails from three of the participants who were concerned about their anonymity. One of whom edited her comments in light of these concerns and another participant wanted to check her quotes in the research paper prior to publication.

Focus Group

Following the interviews, four of the eight interview participants were able to participate in a focus group. Of those that could not attend, busy schedules and conflicting commitments were stated as reasons for not attending. In addition, one of the participants who had been interviewed was not able to attend due to a prior commitment, however, after some discussion, the community sent another recreation provider to represent their community at the focus group. In total, there were five participants for the focus group.

The main purpose of the focus group was to generate collective feedback about the initial interpretation of the data. The focus group also included a few questions that were asked of the participants to clarify and expand on information provided in the individual interviews. The focus group was held at the British Columbia Parks and Recreation Association conference in Victoria BC, the annual educational and networking event for practitioners, held at the Victoria Conference Centre. The location was convenient because the participants did not have to travel to a central location specifically for the focus group, rather they were already in the same place at the same time. The focus group itself was held over a lunch hour in one of the conference rooms.

Focus groups are similar to an interview, however, rather than being one on one, multiple individuals are being questioned at one time. Focus groups are useful for providing insights into target markets' thought, feelings and recommendations for ideas for future efforts (Kotler & Lee, 2008). Due to the nature of focus groups, participants are able to interact with each other which can enhance data quality (Patton, 2002).

Moreover, this focus group was unique in that it utilized a group activity that can provide a different way of eliciting answers and promoting discussions (Colucci, 2007).

An interview guide was used for the focus group; however, the majority of the focus group focused on the “envelope exercise” described here (Appendix 3). The “envelope exercise” was used as a way to complete a member check as well as determine whether the initial categories I set out were an accurate reflection of the interview data. I prepared ten categories in advance which were drawn from the interview data and supported each category with nine phrases. Each category was labeled on an envelope and placed in the centre of the table. In addition, the 90 phrases were cut up individually and shuffled before being placed on the table. Figure 1 shows a picture of the table prior to the participants arriving at the site of the focus group.



Figure 1. A picture displayed how the envelope activity was set up prior to the participants arriving at the site of the focus group.

The participants were split into two groups (one group of three and a pair) and were asked to go through the phrases and place them in the appropriate category. Approximately half an hour was spent on the exercise before I asked the participants to stop and address the remaining questions. The results of this exercise will be discussed in Chapter Four. Figure 2 shows a picture of the participants working through the envelope exercise, discussing the phrases and placing them in the category which they felt it was best suited.



Figure 2. A picture of the participants having a conversation about one of the phrases before placing it in the desired category envelope.

The exercise and the questions were both audio-tape recorded. Due to the nature of the exercise, I anticipated that the audio tape would be difficult to understand with

multiple voices talking at once. To ensure that all the information was captured, I brought two co-researchers to the focus group to take notes during and after the exercise. They were assigned to a group and they sat by and took notes on the conversations that occurred throughout the exercise. Upon completion of the focus group, the field notes and the audio-tape recording were transcribed verbatim. Results of the “envelope exercise” were sent to participants who expressed interest in receiving them.

Researcher as an Instrument

Due to the nature of qualitative research, the researcher is considered an instrument in the research process (Lincoln & Guba, 1985). The researcher must acknowledge her role in the research process and be reflexive as to how her previous experiences, assumptions, values and personal interests may contribute to the data collection process (Creswell, 2003).

I took reflective notes to document changing views and to promote validity and quality of data (Patton, 1990). I acknowledged that my involvement in the process evaluation of Active Communities³ provided me with insight that I might not have otherwise known about the implementation experiences of certain communities. Further, I acknowledged that my existing professional relationships with many of the participants may have influenced their decision to participate in the study and may have influenced their responses. Moreover, my past experience working in a recreation facility in a low income neighbourhood may predispose my perceptions of the benefits and costs associated with providing programs and initiatives for low income individuals.

³ I have been involved in developing the process evaluation tool entitled TRACE (Tools and Resources for Active Communities Evaluation) since June 2006. My involvement has allowed me to become familiar with the communities registered with this initiative as well as take part in workshops and data collection associated with this research. Currently, I am still involved in this process by providing technical support for communities using TRACE.

My experiences conducting qualitative research and the training acquired through various university courses including research methods, qualitative inquiry and action research methods also need to be considered. I have had multiple experiences as a research assistant on numerous projects that has allowed me to gain practical experience with data collection, management and analysis. Locke, Spirduso and Silverman (2000) suggest that “preparation for qualitative research is most effective when it takes the form of apprenticeship, with intensive field experiences and closely supervised opportunities to practice the analysis of actual data” (p. 115-116).

Finally, I recognized that my personal values influenced my interest in the study. I believe that qualitative inquiry is an important and strong form of research. I also believe in the importance of physical activity and feel that everyone in society, regardless of socio-economic status should have the opportunity to participate if they choose. My experiences and values shaped the study from its inception to completion, including determining the research questions, methodological choices and the analysis and interpretation of data.

Ethical Concerns

Thomas et al (2005) suggest there are two major areas in which a researcher can ensure that their study is ethical. The first is that all participants must be treated with dignity and the second is that the research should contribute to understanding or improving social circumstances.

Various steps were taken to ensure that this study was ethical. Initially, all participants were introduced to the purpose of the project and how their involvement would contribute to the study. Information about voluntary participation, confidentiality

and anonymity were discussed both in the information letter they received as well as prior to the beginning of the interview and focus group. I gave the participants the opportunity to ask any questions that they had or discuss the study with me. The details of the study and the participants involvement were outlined in a written informed consent (Appendix 4) which I asked the participants to sign and return upon agreement to participate. Each participant was also given an unsigned copy for their records. Further, the participants were asked to sign a second consent form (Appendix 5) prior to the beginning of the focus group which also included their consent to have their photograph taken. All but one of the five participants agreed to have their photograph taken, and so I ensured that the individual who did not provide consent to be photographed remained out of all pictures.

The study was approved through the University of Victoria Human Research Ethics Board. The study was low risk and did not pose any harm to the participants; therefore, measures did not need to be taken to ensure the participants wellbeing.

Anonymity was guaranteed by using code names both in the process of analysis including during the focus group and in the final report. Confidentiality was addressed by ensuring that all notes, transcription, interview schedules and photos will remain in a locked cabinet for a period of five years.

Participants could have withdrawn from the study at any time without penalty. It was explained that if they did choose to withdraw, I would contact them to discuss the use of any data I had already inquired. As it was, the participants all remained involved in the study; however, three of the eight interview participants could not attend the focus group due to other commitments.

Trustworthiness

Trustworthiness refers to “a quality achieved in a study when the data collected generally are applicable, consistent, and neutral” (Thomas et al, 2005, p. 357). Four criteria have been established to ensure trustworthiness has been achieved, they are; credibility, transferability, dependability and confirmability. These terms and their applicability to the study are explained below.

Credibility

Credibility is parallel to internal validity and can be achieved through various techniques in qualitative inquiry (Guba & Lincoln, 1989). First, credibility was achieved through building trust with the participants. Due to the existing professional relationships that existed with many of the participants, building rapport was done easily. With those participants that I did not previously know, rapport and trust were built from the initial phases of the study. My involvement with the TRACE process evaluation enabled this process as I was familiar with potential participant’s names and was able to engage with them outside of my study prior to asking them to participate. I ensured that I was reliable, approachable and respectful of the participants throughout the research process.

As previously mentioned, member checks were performed with each of the participants allowing them the opportunity to review their transcriptions to ensure that the information was correct and the researcher “got it right” (Guba & Lincoln, 1989). Moreover, the “envelope exercise” provided the participants the opportunity to clarify some areas that had not been clear and confirm if the experiences and categories described were in fact their reality.

The process of peer debriefing or engaging others in the discussion of the researcher findings, conclusions, tentative analyses and any stresses that arose was conducted throughout the research process (Guba & Lincoln, 1989). I engaged with colleagues, friends, my supervisor, and committee members on a regular basis.

Finally, progressive subjectivity or the “process of monitoring the evaluator’s own developing construction” (Guba & Lincoln, 1989, p.238) builds credibility. This was done throughout the process of the study as prior to the interviews or the focus group, I documented my own construction.

Transferability

Transferability refers to whether the results of the study have the potential to be transferred to other settings and can be thought of as parallel to generalizability. It can be demonstrated with a rich thick description of the study, including descriptions of time, place and context in which the data was collected and conclusion found (Guba and Lincoln, 1989; Creswell, 2003; Thomas et al., 2005). These details have been provided, so any individuals wishing to replicate or use elements of the project will be able to do so in their own situations.

Dependability

In order to ensure that the study is dependable and is concerned with the stability of data over time (Guba & Lincoln, 1989; Thomas et al., 2005). To ensure reliability, a paper trail was kept throughout the data collection process including field notes, audio tapes and any changes that are made to the interview schedule. Changes to both the interview schedule and the process of conducting the interviews were documented throughout the research process. This was necessary because, after the pilot interview, the

interview schedule changed significantly and, after the first interview, participants were sent a copy of the schedule prior to the interview allowing the participant to prepare in advance.

Confirmability

Confirmability is concerned with “assuring that data, interpretations, and outcomes of inquiries are rooted in contexts and persons apart from the evaluator and not simply figments of the evaluator’s imagination “(Guba & Lincoln, 1989, p. 243). To ensure confirmability, my role in the data collection process has been described. Moreover, the bias that I bring to the study was acknowledged (Creswell, 2003).

Data Analysis

In the literature, scholars have commented that, due to the nature of qualitative research, data analysis is not a procedure that begins upon completion of data collection. Rather, it is a process whereby the researcher is continuously reviewing and making sense of the data throughout data collection and management (Creswell, 2003; Thomas et al, 2005). This characterized the experiences in this study which is best described as an iterative and reflective process.

I began to organize, abstract and integrate the data from the onset of the project (Thomas et al, 2005). First, I tried to organize the key informant interviews in such a way that there would be time to transcribe and review each interview before moving on to the next. In a few cases, this was not possible due to reasons of convenience when I was traveling to conduct interviews and did not have time to review the transcriptions prior to the next interview. When possible, I transcribed the interview verbatim within days of the interview. This initial step allowed me the opportunity to begin to become

familiar with the data. All data were transcribed verbatim in a Microsoft Word document. Data were organized using bullets and italics if necessary to differentiate between texts. After completing the transcriptions for the eight key informant interviews, an initial data analysis was performed prior to the focus group held at the end of the data collection process.

Using the eight Microsoft Word documents that had been created from the transcriptions, I read and reread the data to make sense of it. When I felt comfortable and familiar with the data, I began the process of open coding to create categories which would be used in the focus group “envelope activity”. A category can be defined as “a collection of similar data sorted into the same place” (Morse, 2008, p.727). Categories are developed using content analysis, in which similar chunks of data are placed proximally. They are separated from the document itself and are positioned in such a way that example after example of the same thing may be examined and commonalities can be identified (Morse). Using open coding, ten categories were created from the key informant interviews. These ten categories were taken to the focus group and used in the “envelope activity”.

A second data analysis was conducted upon completion of the focus group. To guarantee all the data were captured at the focus group, I and two co-researchers attended to ensure field notes were taken. The field notes were transcribed into a Microsoft Word Document. Furthermore, the focus group was audio-taped and this was transcribed verbatim immediately following the conference. I continued the data analysis process by going through the “envelope activity” and reading both the field notes and the transcription. As previously mentioned, the results of the envelope activity can be found

in Chapter 4. The process of reading through the information allowed me to begin to understand the new data and recognize the areas which needed to be condensed, added or re-organized.

Morse (2008) suggests that if a category becomes too large it can be separated into smaller units or sub-categories. Through the process of the focus group and the analysis that followed, I determined that the categories needed to be condensed and sub-categories needed to be formed. Through a second stage of open coding using the Microsoft Word documents, I was able to form four categories, each with one to four sub-categories. To confirm and organize the data further, NVIVO 2.0 qualitative software was used. The data were imported into the software and the process of creating tree nodes was initiated. This process was done as a way to begin to understand NVIVO as well as organized and sort the data in a more efficient manner.

Following the analyses of the open coded data, I began to write my results chapter (Chapter 4) to continue to familiarize myself with the data and the categories that had emerged. Through this process I became familiar with my data prior to conducting the process of coding my data through the framework of social marketing. To begin to create themes, I asked myself “what is this about?” and began to think interpretively (Morse, 2008). In order to complete this process, I began by creating a chart that outlined the key concepts of social marketing and placed the categories according to where they belonged in the social marketing framework. With a slightly unsuccessful attempt at the chart, I went back to my data, my categories and the social marketing literature. Finally, through this process I was able to draw four themes which were reflected in my raw data and open coding as well as conceptualized through the lens of social marketing. The

categories and themes drawn from the data will be discussed in full detail in the following chapter.

Chapter 4

Results

This chapter describes the categories and themes that emerged from the qualitative data gathered through the interviews and focus group. The chapter begins with a description of the participants and their communities. Following is a description of the results of the “envelope activity”. A detailed explanation of the four categories and their sub categories that emerged through open coding will be provided. Finally, a further analysis led us to social marketing which served as an orientational framework to further our understanding of the data, advancing our analytical process from the categorical to the thematic.

Description of Participants

Participants for this study were all community recreation providers employed at their municipal recreation centre. Participants ranged in their job responsibilities and titles, for instance, some were programmers or coordinators and others were considered managers. In addition, seven of the nine participants were recognized as the “AC leader” for their Active Communities Initiative (ACI). The remaining two were involved in the delivery of initiatives to low income citizens in their community, albeit not under the ACI umbrella.

The communities that participants represented also varied to some extent. All of the communities operated a municipal recreation facility and were implementing recreation programs and services as part of local government responsibilities; yet the demographics of their constituency varied, some serving rural and others urban.

Participant and community characteristics are outlined in Table 1. Table 2 describes the

programs and initiatives offered, at the point when interviews were conducted, in the communities as reported by the participants.

Table 1

Participant and community characteristics

| Interview Number | Interview Date | Interview Duration | Participant in Focus Group | Participant Job Title | Participants' Role in Active Communities Initiative | Gender | Total Population of Community* | Average Income of Community** | Total Number of Community Members currently using Community Access Program**** |
|-------------------------|-----------------------|------------------------------|-----------------------------------|----------------------------------|--|---------------|---------------------------------------|--------------------------------------|---|
| 1 | January 28, 2008 | 2pm-2:40pm (40minutes) | Yes | Aquatics and Fitness Coordinator | Community Leader | F | 16,840 / Urban | \$62,635 | 483 |
| 2 | February 5, 2008 | 10am-11am (60 minutes) | No | Preschool Programmer | Community Leader | F | 78,057/ Urban | \$56,674 | 3000 |
| 3 | February 25, 2008 | 1:30pm-2:30pm (60 minutes) | No | | Community Leader | F | 29,572/ Urban | \$62,665 | |
| 4 | February 26, 2008 | 10:30pm–11:30pm (60 minutes) | No | Community Coordinator | Community Leader | F | 7,538/ Rural | \$58,623 | 76 |

| | | | | | | | | | |
|----------|---------------------------|-------------------------------|------------|--|---------------------|----------|--------------------------|-----------------|-----|
| 5 | April 1, 2008 | 2pm-3pm (60 minutes) | No | Recreation Programmer | Community Leader | F | 41,387/ Urban | \$45,469 | 55 |
| 6 | April 4,2008 | 2:30pm-3:10pm (40 minutes) | Yes | Community Recreation Coordinator | n/a | M | 16,840/ Urban | \$62,635 | 483 |
| 7 | April 8, 2008 | 1:30pm-2:30pm (60 minutes) | Yes | Manager, Community Recreation and Development | Community Leader | F | 41,940***/ Urban | \$76,647*** | |
| 8 | April 14, 2008 | 9am-10am (60 minutes) | Yes | Program Services Manager | Community Leader | F | 9,704/ Rural | \$64,141 | 264 |
| 9 | April 25, 2008 | n/a | Yes | | n/a | F | 29,572/ Urban | \$62,665 | |

n/a = not applicable *Demographic Data: Canadian Census 2006 ** Take from Statistics Canada 2006 Community Profiles –Median Income in 2005: all census families ***Combined data from three communities that are all served by one community centre.

**** Refers to those individuals who meet the criteria for access programs (tax forms, proof of address and income) who have applied and received an access card, these individuals may use the card weekly, bi weekly, monthly or not at all.

Table 2

Description of the programs/initiatives currently offered as reported by participants

| Community No. and Participant No. | Access Program | Initiatives offered through recreation centre | Initiatives implemented under Active Communities Umbrella |
|--|---|--|---|
| 1 and 6 | Yes: 52 drop-ins, one free week of summer camp, 50% one registered program. | Aquatic Scholarship Program, free swims and skates, free drop-ins to Teen Centre, community special events, KidSport and Canadian Tire JumpStart | Walking program, nutrition program and grants enabled better reach to Aboriginal community. |
| 2 | Yes: 52 drop-ins, one free week of summer camp, 50% one registered program. | Outreach programs, free swims and skates, special events, KidSport, Canadian Tire JumpStart and subsidized summer camp. | Walking programs, distribution of free equipment and application for grants and funding. |
| 3 and 9 | Yes: 52 drop-ins, one free week of summer camp, 50% one registered program. | Programming in partnership spaces. | Walking guide and signage, application for grants and funding, collaboration with community partner and special events. |

| | | | |
|---|--|--|--|
| 4 | Yes: 50% off eligible programs. | Reduced cost of pedometers and reduced drop in fee for parent/toddler play group. | ACI special events. |
| 5 | Yes: 40 dollars off one program, money limited to revenue from vending machines. | Youth outreach programs, Canadian Tire JumpStart and senior program led by volunteers. | Pedometers at reduced cost. |
| 7 | Yes: 52 drop-ins, one free week of summer camp, 50% one registered program. | Reduced cost of child minding, special events, free pedometers, KidSport, Canadian Tire JumpStart and Grade 3 free swimming lessons. | Walking guide and nutrition program. |
| 8 | Yes: 52 drop-ins, one free week of summer camp, 50% one registered program. | Special Events and KidSport. | Application for grants and special events. |

Envelope Activity

The “envelope activity” took place during the focus group and was used as a way to confirm the interpretation of the open coding from the interview data. I cut out phrases (90 in total) from the eight interviews that represented the ten categories produced from the open coding. For each category an envelope was placed on the table with the category title clearly labeled on the front. The 90 phrases were isolated from their text and cut out individually. I placed them on the table after shuffling them to mix the phrases from each of the categories. In their groups, participants could draw a phrase from the centre of the table and through discussion with each other decide which category they felt it best suited. The ten categories used for the “envelope activity” were:

1. We define poverty and low income as...
2. Access programs currently being used in our community do not reach everyone...
3. Building partnerships and working collaboratively is important to our success in reaching poverty/low income citizens...
4. Knowledge and skills needed to work with poverty/low income citizens...
5. Money is tight but with a little effort we can get some funding...
6. It is important and rewarding for us to offer programs to poverty/low income citizens...
7. We haven't prioritized poverty/low income people: they are just part of our community...and our mandate reflects that.
8. Providing programs for poverty/low income citizens can be challenging...
9. We try to be creative and engage our community with free opportunities...

10. Policies and resources that would make offering programs to poverty/low income citizens easier would be...

The exercise took approximately 30 minutes, however, it would have continued had I not had to end it due to time constraints. In total, the participants were able to read and discuss 38 phrases. Of those 38 phrases, they were able to assign 35 phrases to my pre-determined categories; however, the phrases were not always assigned to the same categories in which I had placed them originally. Three of the phrases were assigned to new categories created by the participants as they did not feel they were suited to any of the 10 pre determined categories.

The outcome from this exercise resulted in 39% of the phrases having the same phrase-category fit as those I created (15/38 phrases). This indicated that the participants felt that only 39% of the phrases matched the categories where they had originally been placed. Throughout the exercise, participants inquired as to whether a phrase could fit in more than one category if they felt it matched best in two. I had recommended that this was possible if they felt it was necessary. Including the phrases that were assigned to the same phrase-category fit as I had, as well as to another category, 47% of the phrases would have been considered to “fit” (18/38).

As mentioned above, the participants found two gaps in the pre-existing categories, and asked if they could assign some phrases to new categories which they had created. This was encouraged and therefore two new categories were established. First it was discussed that a category around messaging and communication should be included. As one participant stated:

We talked about a communication or marketing piece, and how potentially whether it is because of literacy or other obstacles that the message needs to be delivered and communicated in a different way to low income... [participant #1, focus group]

A second category that the participants felt was missing centered around staff dedication and their willingness to go above and beyond to meet the needs of the low income citizens in their communities. The participant who suggested the category acknowledged:

And the other one we had was about staff, just sort of going above and beyond, just to make it inclusive for everybody, even though let's say it didn't fit into some of our leisure access policies, we figure out ways to make it work, so just inclusive and dedicated staff [participant # 9, focus group].

Through this exercise I was also able to understand that some of the categories were seen as stronger areas of concern for the participants than others. For instance, category ten which was labeled "policies and resources..." had seven phrases placed in the envelope, none of which were the phrases I had assigned to the category prior to the exercise. After the exercise was completed, the participants and I engaged in a conversation where it was reiterated that policies and resources are of great significance to their ability to provide initiatives for low income citizens. This notion is supported, as one participant suggested:

I think that for me, the loudest from working through some of this, is the amount in terms of policies and resources, and I think that it is probably fairly significant in our community [participant #8, focus group].

The “envelope activity” was an extremely successful way to understand those categories that needed to be synthesized, added or eliminated. From the results of the “envelope activity” the ten categories were reduced to four main categories each with their own sub categories. Table 3 presents a summary of the categories including those that were created prior to the focus group, the synthesized categories as well as the themes that emerged from the data analyses. These categories will be discussed in the next section of this chapter, followed by the themes.

Table 3

Categories and Themes

Categories derived from open coding of interviews

| | |
|-------------|---|
| Category 1 | We define poverty and low income as... |
| Category 2 | Access programs currently being used in our community do not reach everyone.. |
| Category 3 | Building partnerships and working collaboratively is important to our success in reaching poverty/low income citizens |
| Category 4 | Knowledge and skills needed to work with poverty/low income citizens... |
| Category 5 | Money is tight but with a little effort we can get some funding... |
| Category 6 | It is important and rewarding for us to offer programs to poverty/low income citizens... |
| Category 7 | We haven't prioritized poverty/low income people: they are just part of our community... and our mandate reflects that. |
| Category 8 | Providing programs poverty/low income citizens can be challenging. |
| Category 9 | We try to be creative and engage our community with free opportunities |
| Category 10 | Policies and resources that would make offering programs to poverty/low income citizens easier would be... |

Categories determined post focus group

| | |
|------------|---|
| Category 1 | Low income, not poverty. |
| Category 2 | “Recreation for everyone” is our mandate. |
| Category 3 | Lack of resources and policies. |
| Category 4 | Partnerships are important. |

Interpretive Themes

| | |
|---------|-------------------------------------|
| Theme 1 | We are what we do. |
| Theme 2 | The price isn't right (yet). |
| Theme 3 | Spaces, places and community faces. |
| Theme 4 | The message and the medium. |

Categories

Four main categories (Table 3) were drawn from the eight key informant interviews and the focus group. Each category is supported with one to four sub categories. The following presents the four categories as well as a description of each sub category and its significance to the study.

Category One

Low income, Not Poverty.

It was recognized prior to the beginning of the study that it would be important to understand how participants' viewed poverty as it played out in recreation in their community. In the pilot interview, the first question asked of the participant reflected this. The participant struggled to understand and articulate an answer without breaking it down into multiple questions. It was from this interview that I determined that the question posed to the participant should be multi-tiered and include their definitions of poverty and low income. In addition, I moved the question in the interview schedule so that it was the third question rather than the first, allowing the participant the opportunity to become comfortable with the questioning process before being asked this question. The participants' definitions of poverty and low income can be found in Table 4.

Table 4

Participants' definitions of poverty and low income

| | Poverty | Low Income |
|---------------|---|---|
| Participant 1 | <p>Poverty seems like something lower, like for instance when I think of poverty I think of people living on the streets in downtown Victoria or Vancouver.</p> | |
| Participant 2 | <p>I am talking they can't afford, they are not even sure if they afford to eat that day, let alone, they don't know what is going to happen in an hour from now, let alone the next day, let alone what is going to happen for dinner. So that to me is what poverty was, they are just, they can't even, it is survival for them.</p> | <p>They generally have the means to survive, they have a home, you know, their kids are in school, they have clothes, maybe they are secondhand clothes, they are able to fill out funding forms, they have access to licensing and federal grants, but they are living at their means, and they are still part of our regular society.</p> |

Participant 3

Poverty is almost a demeaning word, I feel like low income means you are trying, but poverty means you have just given up, but yet they still deliver the same challenge right?

Participant 4

Ok, well poverty isn't necessarily low income... the definitions of poverty really speak to people's view of the world, and how meaningful their life is. Whether or not they see themselves as resourceful and whether or not they feel that they have access to the resources they need to lead a meaningful life, and what is their quality of life.

So definitely low income could be one determinant of whether or not someone feels that they are poverty stricken, but it is not the only one. There are many people, I think who are very low income, who would consider themselves to be very wealthy, not based on whether they live in a big house, but based on whether or not they have a good quality of life.

Participant 5

I guess poverty means, you know, not meeting the needs of their family, they are lower then, they have to live month to month and they have to cut out a lot of stuff.

And then low income just means that they can do some stuff but not a lot, you know like, I would consider a lot of people in a low income, because we don't have lots of extra dollars.

Participant 6

Poverty is probably people that aren't earning a pay cheque, or they are earning money but it is not enough to make their ends meet.

Low income would be somebody that earns a pay cheque, and is living pay cheque to pay cheque. And can make ends meet but recreation is something that goes to the bottom of the priority list, so they can sometimes participate, when they can afford.

Participant 7

I guess poverty is when you have enough money to, or not enough money to put a roof over your head, or to feed yourself or clothe yourself. So it is people that can't manage that, can't manage that whole basic human needs.

Low income probably isn't. Very little discretionary income, ya you have got that, and they know they are going to have a meal but they don't have any money really, they might see participating in recreation as a luxury.

Participant 8

I see poverty as people that have nowhere to live, that are actually living in the ..., and they come out and they participate in the food program in the middle of [*the community*] that is what I see as poverty.

Low income is I see low income as clients that are on [*access program*], that um, are struggling but yet can have access to some of the services.

*Participant 1 was the pilot interview and this question had not been created until after the interview. This answer she provided for poverty was the reason why the researcher changed her interview guide to include a question that reflected the participants' perspective of poverty and low income.

*Participant 9 did not provide a definition of poverty and low income as she participated only in the focus group.

The definitions provided from the participants' indicated that the majority felt that individuals living in poverty were individuals who did not necessarily have a home nor knew where their next meal would come from. They were considered individuals that were either homeless or living well below the low income cutoff. Individuals who were described as low income were those individuals that had a place to live and had an income. They were defined as those individuals that could provide essential needs for themselves and their families but did not always have the discretionary income to spend on recreation.

Upon completion of the eight interviews, further insight into this topic was deemed necessary. I wanted to investigate which descriptor the participants' used on a daily basis when programming for individuals living in poverty and/or low income. In addition, I wished to understand if the participants used only one term or the other and what that meant to them. The question of language was raised at the focus group and the participants answered unanimously that they used "low income" as the term of reference for individuals using their access programs⁴. Two participants commented on the language used and for whom they were directed. The first participant said "Well the one [*word*] we always use is low income..." [participant #7, focus group]. The second participant remarked:

We just don't have the skills to work with someone let's say, who is homeless, we just don't have the abilities...it is just something that...we probably wouldn't tackle, but we would pass them on to someone that could. So we probably deal with more low income families [participant #9, focus group].

⁴ "Access programs" refers to programs that are offered through local governments that alleviate financial barriers associated with user fees.

Based on this consistent feedback, participants confirmed that low income was the term they used in their daily work. In addition, based on this, the definition used by the participants enabled me to understand who comprised a “low income” population.

Category Two

“Recreation for Everybody” is our mandate.

“Recreation for everyone” was the reoccurring response when the participants were asked about their organization’s mandate: “Well, we are supposed to be providing the service for everybody” [participant #4, interview], and, “the mission of the [community] is to provide recreation opportunities for everybody in the [community], so that is the mandate...”[participant #5, interview]. An integral part of public recreation philosophy is that, as an income distribution strategy similar to education, it should be accessible to all. However, in reality, this is not actually the case as will be explained below.

2a) We value recreation and believe that everyone should have access to it.

As this subcategory suggests, the participants of this study valued offering recreation to the community and felt that everyone should have access to publicly funded facilities, services and programs. To best describe this category, two layers were created and will be illustrated here.

i) It is important and rewarding.

Providing accessible and affordable opportunities for physical activity and as well as recreation was extremely important to the participants of this study. When asked if they felt that it was important or not for them to offer programs for low income citizens, all of the participants responded that it was both important to them personally and

professionally. The participants expressed that not only do they hope to offer initiatives for everyone; they believed that those with low income should have access to opportunities. For instance, one participant affirmed, “I believe that everybody deserves it” [participant #5, interview]. Moreover, she said “I just believe everybody; everybody should have opportunities to go out and have fun, and play ball and do stuff” [participant #5, interview].

Participants recognized the inherent value of recreation to contribute to individual’s health and quality of life, and for that reason, they had all chosen to work in the recreation field. Their role in recreation and the importance of offering initiatives for all was reflected when they discussed both the reason for choosing the profession, and also how they view their communities and society as a whole. For instance, one participant stated, “If you are in recreation you are in there to hope that everybody recreates, you are there basically to hope that everybody leads an active lifestyle and recreates” [participant #6, interview]. Further, when discussing the importance of offering initiatives to low income citizens, the participants recognized a broader perspective on the health and wellbeing of their communities. For instance, one participant commented, “I just believe that, um, in equity, everybody gets what they need...a community that has a lesser discrepancy between the rich and the poor is a healthier community for all of us” [participant #3, interview]. This sentiment was reflected by another participant when they said “I think that society is only as healthy as its most vulnerable citizen” [participant #7, interview].

The notion that providing programs for low income citizens was important to the participants was revealed through their comment stating how the rewards of providing

service for these individuals, and creating opportunities for them to participate in physical activity: “It is extremely rewarding and it is a real feel good” [participant #1, interview]. One of the participants, who was at a managerial level, reflected not only how she felt, but also the way her staff felt about offering programs to low income citizens. She stated, “staff do feel that it is more of an achievement than the other programs that they put on” [participant #8, interview].

The value and importance placed on offering programs to low income citizens explains why the participants go above and beyond their job descriptions to offer programs to these individuals. This concept is described in the following sub category.

ii) We go above and beyond.

As mentioned previously in the description of the envelope activity, this sub category was added after the focus group was completed. Participants noted that going “above and beyond” their job descriptions in dedication to the values underpinning their work was significant to their experiences and demanded visibility in the data. Through the interviews participants clearly expressed and described how they worked hard to make opportunities available to those low income citizens who wished to participate.

One way that participants went “above and beyond” was in their efforts to alleviate financial barriers towards participation for the low income citizens. When community members could not use the access program provided by the recreation centre (a topic that will be elaborated on in the next category), the interviews indicated that they would often spend the extra time to come up with a solution. This was described expressively by numerous participants.

If they can't afford it...we make it so that if they want to do schedule payments... or third party billing, those kind of things, we try to make that available to them [participant #2, interview].

And if there are programs that families can't afford, we will sit down with them and say well what can you afford and maybe look at what else we can do to find them funding [participant #6, interview].

Participants acknowledged that they were not always able to completely alleviate financial barriers and in such circumstances, rather than simply turning the individual away, they problem solved to the best of the resources available to them. For instance:

When people come in for [*access program*], and they don't qualify what I was doing for awhile was giving them a pedometer and one of Martin Collis's books – you don't qualify but here, here is something you can go do, and some passes [participant #7, interview].

Another participant accepted that they would not always be able to find a long term solution for each low income individual coming through the door; however, when possible doing what was within their control to make a difference:

We will have stacks of drop in passes at our desk, and if somebody comes in and can't afford to pay a drop in, then we are more then willing to go up and let them go through. Without even a card, reception will do the same thing, if they see somebody that really needs to get in, they will let them go [participant #6, interview].

Apart from financial barriers, the participants recognized that the low income citizens faced other barriers including but not limited to transportation and lifestyle

choices. In these scenarios, the participants identified the need to try to break down these barriers. For instance, in planning a free swim, one participant commented on the transportation issues facing one low income group in her community.

The transportation, like, getting them and having these good initiatives, and having these opportunities and now we need to arrange bus transportation and that is something we ran into...we had made the assumption that if we provide them the opportunity to come for a free swim, they are going to be able to take it. And the reality was that actually they are not because they need to get from point A to point B... [participant #1, interview].

She went on to describe how her community was able to alleviate this problem with a bit of dedication and hard work:

We had a walking group with the [*community group*] where they had elders and youth walking and they would come up to the recreation centre, so we had to facilitate a walking group so that they could walk up to the recreation centre together... [participant #1, interview]

Another participant discussed the reality that not all individuals are suited to activities offered in a municipal recreation centre, however, they are no less important than those individuals who can use the facilities. In this situation, the participant and her staff went above and beyond to try to be inclusive of a targeted community group, and described this by saying, "I think my staff are going to volunteer their time and go teach some pole dancing classes to them which would be appropriate for their type of lifestyle, as well as empowering women [*with*] self confidence, fitness, that kind of stuff" [participant #2, interview]. Even as the participants perceived that their efforts went

above and beyond, they also recognized that these fell short of reaching and serving all their constituents.

2b) We are not reaching everyone

Each of the seven communities represented in this study had an access program which enabled low income citizens to have the opportunity to access recreation at low or no cost. The structure of the access programs were often identical or in some cases varied slightly, however, they all shared the same basic underlying concepts.

In principle, low income citizens wishing to use the access program in their community had to apply through a formal application process either on paper or in person. Interested individuals needed to provide proof of residency and of income either in the form of a tax rebate or a paycheque stub. One participant explained their access program briefly by saying “we do have the [access] program...anybody is eligible for that, as long as they live in [community] and they fall under the poverty line” [participant #6, interview].

While the participants were all confident that the access program in their community was reaching some people, they acknowledged that it was not reaching everyone. Generally, the participants recognized that access programs failed to serve those individuals they considered to be living in “poverty” as well as those they considered to be the “working poor”.

First, individuals who the participants considered as living in “poverty” often do not have a fixed address, do not earn an income and may not file taxes. All of these factors contribute to their inability to apply for and receive access to the community

recreation centre in the area in which they are living. One participant shared her concern with this process:

We are neglecting to accommodate a whole bunch of people, because now we are required to define low income cutoff, we require that people provide the documentation to prove that they are below that. So we are missing a whole group that doesn't even have access to that [participant #1, interview].

Similarly, a second participant expressed her concern with both the opportunities that the access program provides as well as the requirements in the application process, she states:

They have no money, so I am saying – well they can't afford to eat lunch, what the heck are they going to do – they are not going to come for a Pilates class...they struggled reading the [*access program*] application, they can't even fill out the [*access program*] application because they can't read and write well [participant #2, interview].

While the participants recognized that the access program was not reaching those living in “poverty”, they also identified that individuals they considered the “working poor” were also not able to participate in the access program. These individuals were classified as those that are living above the classification of “low income”, but still do not have enough discretionary income to be able to afford recreation on a regular basis. One participant emphasized this gap when saying, “there is a whole gap of people that I call the working poor that don't qualify for that, well they would for the free events but they don't qualify for [*access program*], and they can't afford our programs” [participant #7, interview].

The participants all struggled with the notion that they were not reaching everyone in their community and recognized that they were missing those citizens that were not considered “low income” (those in poverty or the working poor). In discussing their access programs in general during the focus group, the participants all reflected on the role that their access program was currently playing in their respective communities and how that has impacted their ability to reach out to those living in poverty, low income and the working poor. The same participant who voiced her concerns with the “working poor” stated:

... and there are so many working poor and there is such a larger group that we are not reaching. And so I couldn't help but to reflect on what we are currently doing – there is such a large part of the population, we need to think of some other ways to reach them that is not through our [*access*] program [participant #7, focus group].

This comment received many head nods throughout the room and a second participant agreed and followed it up with her own words, “I concur with that, I think that the [*access*] program is good but it is really a band-aid approach... So there are many types of situations that we don't really touch upon [participant #8, focus group].

The access programs currently being used in the various communities were not reaching everyone, resulting in large gaps of individuals who still do not have the opportunity to participate in recreation or physical activity. Participants admitted this disconnect because they placed great value on offering recreation to everyone. In order to reach more low income citizens, the participants suggested that they would need better

policies and resources to assist them in this task. This topic will be discussed in the next category.

Category Three

Lack of Resources and Policies.

One of the most significant issues facing the participants in their attempts to implement initiatives for low income citizens was the lack of policies and resources available to them. As one participant stated, the resources available are often limited,

A lot of time we don't have the resources, which often comes down to funding.

Ya, we have all these things that we would love to do. But who is going to do it?

None of us have time. None of us have money – we need more staff, so all those resources for sure [participant #9, focus group].

In working through the analysis of the focus group data as well as in the individual key informant interviews, numerous thoughts were brought forward both in terms of the current policies and resources as well as where additional ones would be beneficial. The concepts were reduced into the following four sub-categories.

i) Finances and Funding.

It is perhaps unsurprising that money was considered a barrier to planning and implementing initiatives for low income citizens for each of the seven communities represented in this study. Many aspects of financial constraint were brought forward and discussed during the interviews and focus group. Topics such as generating revenue, balancing a budget, and finding funding to support initiatives all contributed to this conversation.

The participants suggested that in order to achieve their annual revenue quota and “balance the budget” they had to be aware of what programs they were implementing and how much it would cost for the community members. It was unrealistic to think that they could simply offer programs at low or no cost without finding the revenue elsewhere or, alternatively, disappointing their municipal government when submitting their year end budget. Each participant explained their circumstance in slightly different words, the first said, “we are in a funny situation with money...it is hard because we also have to balance our budget, every program I run, they are all cost recovery and they have to have some dollar value” [participant #5, interview]. Another commented on the realities of the political situation in his community, “council is budget responsibility...bottom line to them is that our budget matches, so we are the ones that have to be creative if we need to find money somewhere” [participant #6, interview].

This need to be resourceful was supported as the participants all shared their thoughts around funding opportunities available to them. They remarked that it was necessary to find supplementary sources of funding to enable initiatives to run at low or no cost. This was often done by seeking out sources of funding such as grants. The concept of finding funding to support these initiatives was well summarized when one participant said, “everything that we do, we try to get funding for and try to make it free for the community” [participant #2, interview]. Many of the grants that the participants received came directly from the ACI or through the British Columbia Parks and Recreation Association, however, they also mentioned other sources including Canadian Tire JumpStart funding, as well as money available through KidSport, an organization run through Sport BC. One participant explained the situation in her community when

they ran out of funds through the municipality, she said, “so if they don’t qualify or if they have already qualified and they don’t get anymore, they go to the JumpStart” [participant #5, interview]. In addition to subsidizing various programs with money received through funding sources, participants shared that whenever possible they tried to create free opportunities for low income citizens to participate in.

ii) Free Opportunities.

Using the resources that are currently available to them, participants revealed the importance of offering as many free opportunities as possible to the low income citizens in their communities. One way that they managed lack of resources was by promoting and encouraging individuals to walk, as it is a low cost activity. One participant shared her experience launching a walking brochure in her community, “and again, when you are getting back to the low income, that is free, and if you came to the launch you got a free pedometer and you know, we are trying to really push that whole walking message” [participant #7, interview].

Other ways that participants were engaging their constituencies in free activities was through offering monthly free swims, skates and special events for the whole community during holiday seasons. This was explained by one participant, “and we are doing a bunch of free events, free family events to celebrate the typical occasions, like, Halloween, New Years, Easter, but ours are combined with the social activity as well as physical activity, so skating, swimming, running, playing” [participant #3, interview].

While the participants shared what they were currently doing to offer free programs in their respective communities, they also acknowledged that they would like to be doing more. “We have to really increase our opportunities for free recreation, you

know. Yes that is a great thing and you qualify that way, but we need to have more free events, free opportunities” [participant #7, interview]. In discussing the desire to be able to do more for low income citizens, the participants also talked about the challenges that arise from trying to implement initiatives for low income citizens.

iii) *It can be challenging.*

Offering programs and services to low income citizens can be challenging. In addition to negotiating financial constraints, the participants expressed the lack of additional resources available to them. They conceded that there was also a lack of staff resources as well as lack of time available to support and implement initiatives for low income citizens.

In discussing these issues, one participant felt that it was beyond her control, “We are trying to do our best, but when you only have a certain amount of money it is hard to” [participant #5, interview]. A second participant reiterated this sentiment by saying, “We don’t have the staff time and we don’t have the money” [participant #1, interview]. Lack of staff time was brought forward by many of the participants. Not only did they feel constrained when trying to put together the initiatives, but also in dealing with the access program participants. One participant spoke to this lack of resources in offering programs to low income citizens by saying:

It is hard, once you have decided that you are going to try to support a hard to reach population, it does take a lot of time and energy. You have to be really committed to that; it is like that 80:20 rule, 20 percent of the people take 80 percent of your time [participant #3, interview].

Time was also discussed as an issue when participants recalled the energy demanded when dealing with conflict in the recreation centre. For instance in two of the communities with a higher percentage of low income individuals, participants spoke of this problem. The first said,

I also find the um, sort of the ability to deal with conflict is a challenge. The majority of the challenging patrons in the facility that we deal with um, that are breaking our rules, being disrespectful to other people, um being inappropriate, using inappropriate language, um, people that I have to remove from the facility from time to time, are [*access program*] clients [participant #2, interview].

A second participant spoke of the youth in the recreation facility,

A lot of the kids that live in poverty or low income, um, don't have the social skills and when they come in they don't act appropriately in the centre. I know for the youth services team it is a big problem to deal with them and get them to be acting appropriately in the area [*of the recreation facility*] [participant #6, interview].

iv) Knowledge and Skills.

The ability to deal with these conflicts and identify with the patrons was brought forward when asked about the knowledge and skills the participants currently have which enables them to successfully work with these individuals. Having the knowledge and skills needed to work with low income citizens was identified as being essential to the success of implementing initiatives in their recreation facilities. Some of the skills recognized as being integral to this process were patience, being non judgmental and having compassion. One participant stated:

The ability to be non judgmental, compassionate and patient when you have four million things on the go, and you have a deadline, and your manager is saying you have to get something in by the end of the day and you have an [*access program*] client that comes in and they want to fill out the form...[participant #2, interview].

Further, another participant said, “I know you need to have compassion to work with the population because you have to understand where they are coming from” [participant #5, interview].

Further it was suggested that the ability to learn about various cultures and diversity was an important skill, for instance, “community cultural awareness, because, there is a large percentage of our low income population that is Aboriginal” [participant #1, interview]. A second participant also agreed that an understanding of the community and its diversity was important:

the willingness to take some risks, to embrace diversity to try and be non judgmental, it is a tricky walk to walk sometimes, um, having a knowledge of the community is really important I think, it is really helpful [participant #3, interview].

Understanding your community in terms of your potential users was central to offering initiatives, but one participant also suggested that she must understand the political situation in her community to do her job well, she suggested that you need to, “have a little understanding of the whole political situation in town” [participant #4, interview].

Finally, being able to locate and use the available resources was described as an essential skill when working with low income citizens. One participant described this notion when she discussed the skills she had gained in the process of working at a recreation facility that had a larger percentage of low income citizens in the community demographics. She said, “I think the thing that I learnt is the resource part, is where to get access, to the things I need to access” [participant #2, interview]. Resources often came in the form of partnerships with other community organizations.

Category Four

Partnerships are important.

Building partnerships within their community was imperative to the success of offering initiatives to low income citizens. Each participant in this study commented on both the importance of building relationships and forming partnerships with a wide range of organizations and services. In addition, using these partnerships as a communication channel to the low income citizens was said to be important. The following describes these two sub categories.

i) Working collaboratively and building capacity.

Increasing community capacity by building partnerships with community organizations was an important part of participants’ success in offering programs to low income citizens. The ACI was described as being a catalyst for this process to occur as community organizations came together to build the success of their ACI initiative. One participant explains how the ACI enabled her community to join together by saying, “So the [ACI] initiative was the ideal vehicle for us to come together, it has really worked well” [participant #3, interview]. A second participant noted that the ACI has allowed

her community the opportunity to network with other communities: “I think that the networking opportunities that we have had and that we will see in the future, that is always beneficial ...so we don’t reinvent the wheel” [participant #1, interview].

The participants also shared the importance of using a community development model in which organizations work together. One participant described this concept when she said:

I guess knowing what is available in the community, that you can refer people to what resources they can have, I think that making really good connections with other agencies. True community development is when you can, when we all can be a catalyst, put our little skill networks together, that can make an opportunity happen [participant #8, interview].

Moreover, another participant expressed her view of why partnerships are so important and how that impacts her job, “because so much of what I do isn’t really programming as much as connecting with other organizations to make sure that our services are connected with other services in the community” [participant #4, interview].

In addition to discussing the value of building partnerships, many participants described the organizations that they were currently collaborating with on various initiatives. For instance one participant stated “It also speaks to community partnerships, so we have got a connection with a higher profile organization in town that is providing very accessible services, and who through them, they are connecting with [*various community organizations*]” [participant #4, interview]. Further, a participant shared her experiences partnering with the school district, “we have built some good relationships

with the schools, we have done some initiatives in the schools” [participant #7, interview].

Finally, the participants used community partnerships to reach individuals who were not already accessing the services offered through the recreation centre. The participants clarified that not only were partnerships important to build and development initiatives, they were also a highly effective way of reaching low income citizens and communicating to them.

ii) *Messages need to be communicated and delivered to low income citizens in a different way.*

The subject of how to communicate with low income citizens was brought forward in the focus group. The participants felt that having a sub-category that dealt with communication and messaging was important for this study because the way they communicate to low income citizens is often different than how they would reach individuals already using their facilities. Working with partnership organizations to try and reach low income citizens was considered as one effective way of actually reaching these individuals. For instance, one participant said “there are a few services in [*community*], that we have worked to build relationships with and try to get us in touch with those people, but we see it as a priority because it is part of our community, it is an important part” [participant #8, interview].

Another commented on using partnerships to not only communicate the initiatives happening at recreation centres but also to identify individuals who may be in need of an access card or a free pass to the recreation centre:

We promote [*access program*] to the schools and the school counselors, so they may be able to help us identify families that might need it, same with using [*community organization*] and the Ministry of Children and Families, so we rely on those professionals to help us out [participant #6, interview].

While participants recognized the need to communicate differently to those individuals living in low income situations, they also acknowledged that there were still gaps that need to be addressed. This was summarized when one participant explained:

I think we...could stand to learn how to do better at that [*reaching people in the community*], and I think that is sort of the challenge everywhere is marketing anything in general, how do you get people if they are not regular users, you know, the [Leisure Guide], the regular users, they pick it up and they know what they are looking for but people that aren't regular users, how do you get that to them? [participant #6, interview].

This challenge was amplified by the lack of resources and services available for the participant to use. Participants shared their frustrations when trying to “market” to low income citizens in their community:

We are constantly playing around with our advertising and marketing stuff, we don't have a ton of money, and I hate our leisure guide, I hate it... I have a bunch of my favorites ...well it is just that is so blah... and it is because we can't afford to go to someone that has some great desktop publishing skills to produce it right [participant #3, interview].

Another participant shared the lack of media available in her community:

We are a little bit, stricken in [*community*], because of not having a TV station, or a radio station...so we don't use a lot of um, media and um, we have one weekly newspaper and one monthly news magazine, so we rely probably disproportionably on the leisure guide to get the word out [participant #4, interview].

In addition, a participant suggested that there was an over reliance on print media used in her community “but we do rely on print a lot because it is the most inexpensive way to share information” [participant #3, interview].

Thematic Analysis

Coding the transcribed data into these categories provided for an in depth understanding of the content of the interviews and focus group. The following section provides a conceptual interpretation of the data through the lens of social marketing, which facilitated moving the analysis from the categorical to the thematic (Morse, 2008). Social marketing has been described in detail in Chapter Two. Where appropriate, these concepts associated with the marketing mix will be revisited in this chapter as applied to the data, and the four themes. It is important to note that the elements of the marketing mix are not meant to stand alone as independent ideas or offerings; indeed, to be effective, the 4 Ps should be integrated and connected. For example, although presented last, promotional strategies should complement and reflect how the product, price and place are tailored to meet the practitioners' needs. First, a brief description of the audience (who the practitioners are serving) will be described.

In this study, practitioners view their programs as serving, albeit not always well, low income citizens but not the “poor.” Participants defined their low income audience in

typical demographic and psychographic characteristics: underemployed or temporarily unemployed with minimal discretionary resources, low education and literacy, socially challenged or isolated, yet who recognize the value of recreation and physical activity to their quality of life.

In social marketing, grouping segments of “homophilious” individuals into distinct audiences enables marketers to tailor their health promotion opportunities to best meet the needs of each group. Clearly for participants in this study, the audience they can best serve with their current state of resources, staff, budgets and policies, is “low income” not the impoverished, nor the working poor. In honouring the perspectives and realities of participants in this study, who themselves occupy a distinct group of recreation professionals, it is important to define their audience in their terms. Thus, the street entrenched community are felt to be beyond participants’ reach in terms of their skills, resources and ‘license’ to serve. Recreation, despite its many benefits to enhancing quality of life, may not be seen as a priority by this constituency nor the health professionals who serve them. Similarly, these individuals are best left in the capable hands of social services with whom partnerships are seen as the most effective way to liaise with this population.

Theme One

We are what we do.

For participants in this study, the *raison d’être* of recreation as a profession is the joy and ‘flow’ that leisure can offer everyone. This is the foundation of why they entered the field. As described in the social marketing literature, the core product is defined as the “benefits your audience wants and expects to experience when they perform the behavior

– benefits they say are the most valuable to them” (Kotler & Lee, 2008, p. 208). The participants suggested that offering initiatives to low income citizens was extremely valuable to them. This was best described when they spoke of how being a recreation provider was part of who they were. One participant commented, “I mean, we are in the people business, what I am is part of what I do, it is sort of the same sort of thing” [participant #2, interview]. In addition, the participants acknowledged that being able to offer initiatives to low income citizens was extremely rewarding and at the essence of why they are recreation providers. They expressed this notion in various ways, one participant commented on her feelings when leaving work at the end of the day, “I walk away from my job often thinking- that feels really good to be able to come here and do what I do” [participant #2, interview]. Furthermore, a participant talked about how helping others to increase their quality of life was at the root of why she did her job “I just really enjoy um, helping people help themselves...have a better quality of life” [participant#3, interview]. Because the participants recognized the value in offering initiatives to low income citizens, they often felt obliged to go above and beyond their official job description to accommodate low income citizens who wanted to participate in recreation.

Participants suggested that they would often take time out of their daily routines to work with individuals or families to alleviate financial barriers. They reported that whenever possible they would try to accommodate specific needs, for instance, one participant said, “We will try the best we can to, if somebody needs to get into a program we will do the best we can to get them in” [participant #6, interview]. In addition to trying to reduce financial barriers, the participants commented on being creative by

offering one time specific assistance such as passes or financing for a specific program. They also discussed how they are also currently offering free initiatives and access programs as a way of engaging low income citizens.

Each community represented by participants in this study provided a range of free initiatives to low income citizens. For instance, many of the communities simply said that their organization offered free swim and skates on a monthly basis to all community members, but specifically low income citizens. One participant stated “we have free skates and free swims” [participant # 2, interview]. Moreover, a participant discussed how her community tried to make as many initiatives as possible free and used the ACI initiative as a platform to do so. She commented “Anything that we do, in particular ACI, we try and make it free, so that people can just come and sign in and out stuff...”[participant#2, interview]. Finally, a participant explained that when low income citizens in her community inquired about the access program they were also provided with a free resource to educate them further on the opportunities available to them, she said, “So when you come up and ask for [*access program*] you also get this package that would be... information on free stuff...so it is kind of like the “*Welcome Wagon*” but welcome to free opportunities” [participant #7, interview].

In addition to offering free initiatives, each community had an access program that low income citizens could apply for and use for admission to programs and services. While some of the communities offered identical access programs, others had developed a community specific program. In general, however, the access programs usually provided the low income citizens with free drop-ins to the facility as well as an

opportunity to register for one program per season at a reduced cost. This participant describes the access program available through his community:

And we do have the [*access program*], and we do promote that and try to get people into the centre with that, and that includes 52 drops-in a year, that includes a free week of summer camps and 50% off a program, so there is a lot there that families could come in and take advantage of without even have to pay anything [participant #6, interview].

As mentioned previously, offering initiatives to low income citizens and providing these individuals with an increased quality of life was rewarding and a motivation for the participants to go above and beyond to engage this group. In order to offer free initiatives and the access programs, the participants relied on the support of partnerships and external funding sources.

Building capacity and collaborating with organizations in the community was an important component of offering successful initiatives for low income citizens. By building relationships with others and working together, the participants expressed that they were able to better serve low income citizens. This was described by one participant when she said “It is so important to build those relationships with community members and with services so that we can work collaboratively, and it is not one person working in silos, you know, we can come together and try to make it work” [participant #8, interview].

Seeking external funding sources from various organization such BCRPA or Canadian Tire JumpStart allowed participants the flexibility they needed to accommodate individuals who did not qualify for the access programs or who were seeking extra

assistance in order to participate in recreation. As well, the funding sources could provide the financial resources needed to enhance free initiatives. One participant comments on how her community has applied for funding, “We have strategically gone to apply for grants and apply for funding to implement initiatives specific to low income” [participant #1, interview]. Using external funding enabled the provision of initiatives to low income citizens by providing the extra resources needed to be successful.

Theme Two

The price isn't right (yet).

Social marketing describes price as the cost associated with adopting the desired behaviour, or product. Through the process of exchange, social marketers strive to maximize benefits and minimize costs associated with the behaviour, in this case, offering programs to low income citizens (Kotler & Lee, 2008). Benefits and costs need not be only financial in nature, but reflect other aspects that practitioners' incur: positive and negative consequences that are psychological, emotional, physical or time related. Indeed, the participants of my study shared their struggles with exchange. First, while they placed high value on offering initiatives to low income citizens, they still had to negotiate various barriers which impeded their ability to reach everyone through their current programs and services. The participants discussed the reality that while they worked for a public organization, the need to bring in revenue and recover all costs associated with their programs and services was required. This attitude of being a business rather than a public service often meant that they would have to focus more on their revenue production than on service provision. One participant summarized this by saying, “We are a business, in municipal recreation but we need to accountable and

unfortunately we can't meet any target productions by focusing solely on low income" [participant #1, interview]. Another participant explains this notion by saying, "we are not supposed to lose money on anything, anything that loses money I can't run" [participant #5, interview]. As a way of recovering costs and not losing excess funds, the participants shared that they would often have to spend their time working on competing programs that had the ability to bring in revenue. One participant explained the situation in her community when she said:

Creating other programs that create revenue ...you are told you need to bring in x amount of dollars and you need to see this percentage increase and the reality is we can't make that happen by offering free programs and services [participant #1, interview].

In addition to the revenue lost from offering programs to low income citizens, the participants discussed the amount of time and energy needed to offer these initiatives and the cost of that to their other priorities. This participant commented on this concept when she remarked:

[It] takes a lot more time and energy and sometimes it is not always possible because of limited resources, um, limited staff resources. Because we are a smaller centre, we do a lot more with a lot less, and so I think that is probably one of the toughest parts [participant #8, interview].

The participants were spending considerable time and energy to offer initiatives that brought in revenue as well as trying to provide low or no cost programs for low income citizens. One of the ways that they were doing this was through the provision of an access program. The access program has already been discussed in detail in this

chapter; however, it is essential to restate that there are many constraints associated with both providing and using this service. As mentioned previously, the participants recognized that they were not reaching individuals living in poverty or those who are considered the “working poor,” moreover, there are barriers associated with the application process such as needing to submit a tax form, living in the community and being able to read and write. A participant expresses her concern with the access program in her community by saying:

if you don't have a fixed address, you can't apply for [*access program*], if you don't file income tax, you don't, you can't apply for [*access program*]. So we are not reaching those people, you know, there is, it doesn't address those types of people [participant #8, interview].

Even while faced with the above barriers, participants still strived to provide initiatives to low income citizens and do this by being creative and doing more with less.

Theme Three

Spaces, places and community faces.

The participants placed great value on their ability to offer initiatives to low income citizens and strived to do the best they could with the resources available to them. While they recognized that their access programs were not reaching everyone, they also accepted the notion that the initiatives they offered did not have to be traditional programs such as aerobics or swimming. Rather, participants used what resources they did have to be creative and offer unique programs that suited the needs of their community.

For social marketers, *place is* “where and when the target market will perform the desired behavior” (Kotler & Lee, 2008, p. 247). One of the ways that the participants suggested they could offer more with less was by encouraging the use of green space in their communities such as walking trails and parks. Using outdoor space to recreate and participate in physical activity allowed low income citizens the opportunity to participate, without having a user fee associated with the activity. By encouraging activities with no cost to the user, the opportunity to participate may be more appealing and convenient to low income citizens. This was described by one participant when she said:

We also thought that the more things that we can do in our community that don't require joining, paying a fee for, buying equipment for, the better. So that is why the walking trails, running trails and cycling areas and stuff [participant #3, interview].

Another participant commented on the amount of green space his community had to offer and that by promoting the use of parks, the recreation department was doing a small part in engaging low income citizens, he said, “in [*community*] we have many parks and I think at least if we can try to encourage free use of the parks and things for people with lower incomes then at least we are, we are playing a little part in it” [participant #6, interview].

A second way that the participants tried to reach low income citizens through unconventional means was by travelling to neighbourhoods and offering programs outside the recreation facility. This was done not only to reduce barriers associated with travel, but also to allow the low income citizens to be in an area that was familiar and

comfortable for them. This concept was described as one participant shared how her community implemented a program outside of the community recreation centre, she said:

It is free drop in at different schools... the middle school in [*community*] has one, [*community*] has it, and then we have the youth empowerment day which the recreation outreach team puts it on... they go to the schools. So every year we will go to the school, and then the kids just come there, and they play basketball and shoot hoops or soccer or stuff like that [participant #5, interview].

Offering programs during school time was another way that the participants suggested would enhance convenience and accessibility for low income children. One participant recounted how they were able to provide swimming lessons for free to Grade 2 students in her community, “what we used with our JumpStart funding is there is some low income schools...we offer free Grade 2 swim lessons, so we use the JumpStart funding for that, which I think is great because every child should learn how to swim” [participant #7, interview].

Moreover, working in collaboration with partnerships allowed participants the opportunity to communicate with more citizens by reaching them outside the walls of their community facility. By promoting recreation and physical activity right in the community, participants felt that they were able to engage an audience that might never walk through the doors of the recreation centre. This was described by one participant as she discussed one of her community’s initiatives:

We have done partnerships with the [*community organization*]...we go pick up the kids and take them out once or twice a week and we go do different recreation activities... We are working very closely with the school district who has access to

[*funding*], so we go into the schools and do after school programming, summer programming, weekend stuff and it is either no cost or very low cost...

[participant #3].

Finally, offering special events to the entire community was a way in which the participants could engage low income citizens in a one time non-structured activity that would provide them with a sense of community and the opportunity to recreate. One participant described an event she was currently planning in her community:

Another initiative was, is one that we are working on right now with the ---, is two community events, that are centered around World Health Day, so we have a health fair that is happening on [*date*]...that is to kind of look at what is in our community that is related to health and wellness that people can access and to get families kind of engaged, and sort of walking around looking at what we have to offer [participant #8, interview].

A second participant explained that when planning special events, keeping them accessible and free is a priority for her community, she stated:

The financial challenges of our patrons is number one, so whenever we have a special event for example, we had the [*event name*] event, we are working on right now a [*event name*] event, with the [*organization*], how are we going to get that initiative to our community so that they can all come and access it, so certainly it is top of mind [participant #2, interview].

Theme Four

The message and the medium.

As suggested by participants, engaging low income citizens in recreation was more than just providing the service. They recognized that to reach more individuals and increase levels of participation they would have to tailor both the content of their message and its delivery to be appropriate for low income individuals. Because social marketing literature suggests that “promotions are the persuasive communications designed and delivered to inspire your target audience to take action” (Kotler & Lee., 2008, p. 268), as with product offerings, communication strategies cannot be ‘one size fits all.’

Participants tried to reach low income citizens through their partnerships and relationships as a more suitable platform for communicating with these individuals. By working with organizations that are in contact with low income citizens on a daily basis, the participants acknowledged that they can more effectively get their message out. A participant commented on this when she talked about the importance of word of mouth as a communication channel being used to reach low income citizens:

Definitely I think we will do a lot of things more word of mouth so for example in partnering with [*community organization*]...or partnership with [*community organization*] and going physically there and presenting to them and having an opportunity, giving them an opportunity to have their questions answered on the spot and creating an environment as opposed to just putting it out there
[participant #1].

In addition, participants commented that through relationships formed with partnership organizations, low income citizens who were in great need of recreation

would be informed of the opportunities available to them. For instance, children were often recommended to attend a program, or families would be presented the opportunity to apply for the access program at their community facility. One participant explained this briefly when she said “so if there is a child that, the school principal or the teachers know would benefit greatly from a program they just refer them to us” [participant #5, interview].

When discussing how they communicated their message to low income citizens, the participants all recognized that they had various skills which enabled them to communicate effectively. One participant suggested the importance of simply being able to have a conversation with someone, she said, “Because I think it is important that I have the ability to sit down and have a cup of coffee and talk to someone about the impact of what is happening and not happening in their life” [participant #3, interview]. Moreover, as mentioned previously, the participant acknowledged the importance of having patience, being empathetic and non judgmental when communicating and working with low income citizens. The ability to be patient and its significance was described by this participant when she said:

Patience sometimes... a lot of people that are living in poverty or low income are not as educated and you might have to explain things a little more and help them fill out forms and do things like that, so patience can be a big thing... [participant #2, interview].

Having the skills to be able to communicate with low income citizens allowed the participants the ability to use appropriate language and get their message out in an effective way.

Application of Findings

This chapter has provided a rich description of the data gathered through the interviews and the focus group. Most notably, reflecting the participants' experiences and values, there is a need to more powerfully advocate for publicly funding recreation services, or at a minimum, revamping current subsidy structures to more adequately mirror the fundamental principles and ethics of public recreation. As previously discussed, access programs currently being used are not adequate and were described as a “band-aid” approach.

To better understand how access programs could be improved a few specific applications for policies will be discussed here. First, one participant suggested that the look of the “access card” must resemble that of the “regular” membership card to minimize the stigma associated with issuing a distinctive card:

We are looking at inter-municipally presenting an option, where they purchase an annual membership for half off, and they get issued the exact same membership card as everyone else so when they come into the centre they don't look any different than anybody else – so then that would hopefully eliminate one barrier [participant # 1, interview].

Another common barrier discussed with the access programs was the requirement of individuals having to provide proof of residence to obtain a card. Municipalities in the Greater Victoria Region have recently adopted an inter-municipal recreation membership card that allows patrons to attend all of the facilities in the region. This “regular” membership card costs approximately \$400 a year, clearly out of the reach for those living with low incomes. However, the format could easily be adopted for access

programs. Indeed, future policies may want to address the realities of individuals living transient lifestyles and create an access card that is not restricted to only one centre but could be used to for admission at multiple centres.

As well, an issue discussed throughout the interviews and the focus group was the reality that the application process for attaining an access card was discriminating. First, the form required participants to read and write. Future policies may want to address these issues of literacy by having an application process that is conducted verbally or pictorially, in a private area that protects applicants' humility and dignity. The condition of applicants' to document proof of their income was the final insult. To overcome this obstacle, one participant suggested that there could be a service that identified those in need so that the "screening" process was already complete prior to the individual seeking to apply. She said "I think you would have to have it almost set up that maybe some of the services identify certain people so that that screen process is already kind of done" [participant #8, interview]. Alternatively, policies may want to investigate the ability to provide access programs without asking participants to provide proof of their income.

Summary

This chapter has described the four categories and four themes that emerged through the analysis and interpretation of interview and focus group data. These findings suggest that there are many benefits and costs associated with providing initiatives for low income citizens. While there are barriers such as budget constraints and inadequate access programs, the participants all expressed the importance of enabling low income citizens the opportunity to participate in recreation. The experiences that they shared

through this study indicate that the participants believe in recreation and value the initiatives they offer to low income citizens.

Chapter 5

Discussion

The data collected through key informant interviews and the focus group provided insight into the experiences of recreation providers and their abilities to offer initiatives to low income citizens. This chapter will discuss those areas of most importance, as well as reinforce my findings with relevant literature and practice. The chapter will begin with a review of recreation as it has evolved in the last century. Next, the role of social marketing in public health will be discussed. Further, an explanation of the role of recreation for those living in poverty (or considered homeless) will be presented as well as an overview of literature currently available on access programs. A description of 'place' as described in social marketing and how it can be utilized in recreation will follow and finally a discussion of the importance of partnerships in public recreation will be provided.

Recreation in Canada

Engaging *all* citizens in publicly funded recreation opportunities has long been the goal of communities across Canada, as was confirmed by the participants of this study. The majority of participants expressed that their mandate was to serve *everyone* in their workplace. This mandate, however, is not being met. A discussion of the role of public recreation supports this finding in a broader context.

Equality of access to public recreation opportunities historically has been viewed by Canadians as a right of citizenship (Interprovincial Sport and Recreation Council, 1987; Tirone, 2004). With its roots in social reform, public recreation was utilized to foster social values, enhance community building and further the moral development of

citizens (Glover, 2004; Kunstler, 1992; Mahon, 2001). Traditionally, recreation was concerned with the urban poor and aimed to provide relief from their everyday life, to make them feel like part of their community, improve their quality of life and remove any class distinctions (Kunstler, 1992; Johnson & McLean, 1996; Wharf Higgins, 2005). Moreover, “recreation was a means to bridge social differences among people and reduce inequities by providing ‘an equal playing field’ - a better place to live, work, and play” (Wharf Higgins, 2005, p.28).

Historically, these goals have been met as public recreation served an important role in engaging citizens in physical activity and community affairs, for example, in 1934, “Pro-Rec” was established in British Columbia with the aim of providing healthy recreational activities to combat the "demoralizing influence of enforced idleness" among unemployed youths. Activities such as gymnastics, physical fitness, cricket and dancing were offered to British Columbians over the age of 15 (The Homeroom, 1992). The development of recreation continued with the formation of The Parks and Recreation Association of Canada in 1945 and the formation of the Canadian Association for Health, Physical Education, and Recreation in 1951. Both of these organizations reinforced the importance of recreation and leisure and advocated for these services to be provided in national, regional and provincial settings (Searle & Brayley, 1993).

During this time, the concept of community centres began to gain wide acceptance and continued to grow in popularity. They soon became the hub of communities due to their comfortable, non-threatening and familiar environment. Further, recreation centres became an ideal location for developing social inclusion, cohesion and capital (Glover, 2004a, 2004b). Not only did recreation centres serve as a meeting place,

publicly funded recreation services provided much needed access to societal resources which sustain health among all community members (Anderson et al., 2003).

As the findings of my study suggest, the ideology to provide a service for *all* has shifted as municipal recreation and parks services have become more market driven. The participants of my study confirmed that pressures to meet budget allocations and bring in revenue forced them to shift their program development and implementation to one of a business. Indeed an increased reliance has been placed on fees and charges that generate revenue needed to compensate for the decline in government support for recreation services (Godbey, Caldwell, Floyd, Payne, 2005; More & Stevens, 2000). In an attempt to do more with less, recreation came to be viewed as “something done in one’s ‘leisure time,’ catering largely to those who could afford to pay, rather than ‘fulfilling a traditional social mission’” (Wharf Higgins, 2005, p. 28). Moreover, citizens are now often viewed as customers, with recreation departments responding to specific demands and using branding to ‘sell’ their services (Godbey et al., 2005). A market orientation to provision of recreation services tempted the field away from its roots, and now a marketing lens as applied to this study has highlighted the significance of the recreation tradition to addressing inequities.

This shift in philosophy has placed a divide between those Canadians who can afford to access public recreation and those citizens who cannot (Tirone, 2004). In addition this divide has further alienated and made invisible underprivileged groups within communities (Frisby et al., 1997). Communities such as those represented in this study recognized the divide occurring among their citizens and in attempt to serve *everyone* policies have been put in place to lower fees for those who cannot afford to pay.

Research shows, however that these attempts have “been largely ineffective, suggesting that more complex social, cultural, economic and political factors are at play” (Frisby et al., 2001, p.14). Indeed, as was discovered in this study, trying to implement initiatives to *everyone* can be met with numerous challenges and drawbacks.

The participants of this study recognized two key gaps in the policies relating to the provision of low income citizens currently being implemented in their communities. As was mentioned in Chapter Four, the current access policies were viewed as sufficient, however, participants admitted that they were missing a large segment of the population: those individuals considered to be living in ‘poverty’. Moreover, they explained that the access programs currently being used were a ‘band aid approach’, and were not adequate for the continued provision of services. These two concepts will be discussed in detail later in this chapter. First, an examination of the role of social marketing in public health will be presented and then I will focus on the role of recreation for those that are living in poverty (or considered homeless) followed by an exploration of the current and past research conducted on access programs.

Social Marketing and Public Health

In my study, social marketing concepts and language were used to organize and discuss the themes that emerged from the key informant interviews and the focus group. To my knowledge, this was the first study to use social marketing as the framework to discuss recreation practitioners’ perspectives of offering programs to low income citizens. Increasingly social marketing has been adopted as a framework by policy makers, practitioners and health professionals to facilitate research (Gordon, McDermott, Stead, & August, 2006). Indeed, in the UK, a recent public health journal talks of the

“power of social marketing” while in the United States, social marketing has been embraced by organizations such as the Centers for Disease Control and Prevention (Gordon et al., 2006; Kohr, Stack, Newton-Ward, & Cooke, 2007). As well, Health Canada has adopted social marketing as a viable approach to fostering social change and through their leadership, other organizations such as local governments, not for profit agencies and community groups have come to embrace social marketing to advance their issues (Health Canada, 2008).

Kohr et al. (2007) emphasize the strength of social marketing in public health because of its persistence on the consumer and the need for in-depth formative research to be conducted creating a campaign rooted with the four P’s (product, place, price and promotion) of marketing. Moreover, research suggests that social marketing techniques could help the promotion of evidence-based knowledge by adopting the above strategies (Formoso, Marata, & Magrini, 2002). In fact, as social marketing becomes more popular within the public health regime, so to does the attention drawn to it. In a recent commentary Lilley (2007) states:

The idea is simple. The skills and talents learnt to push fast-moving consumer goods or financial services can be used to address socially driven health problems such as AIDS/HIV, drinking and driving, obesity and smoking cessation. It is an idea that is now appealing to public health planners and commissioners (p. 22).

Indeed, effectiveness reviews of social marketing have indicated that it is a very promising health behaviour intervention approach (Gordon et al., 2006), and can offer “an alternative, yet complementary planning approach that promotes the value of

consumer input, a sense of democracy, and participant empowerment” (Neiger, Thackeray, Barnes, & McKenzie, 2003, p.79). Further, as Smith (2008) states “social marketing’s advantage in the battle for social justice is its single – minded focus on understanding who people are and what people want as the key to providing social benefits (products, programs and services) they value and will adopt” (p. 93). As in this study, social marketing can also be a powerful way to make sense of how policies and programs are positioned by recreational professionals and offered to the less well resourced.

Poverty and Recreation

As defined by the participants of this study, ‘poverty’ was a term used to describe someone that was living a transient lifestyle and who did not necessarily have a home nor knew where their next meal would come from. As was described in an earlier chapter, the participants of my study recognized that they were not adequately reaching these individuals. The participants suggested that they did not have the skills nor the resources needed to reach these individuals and provide appropriate programs and services for them. The participants were able to define ‘poverty’ from their own perspectives; however, the term ‘poverty’ is intensely contested in Canada (Mitchell & Shillington, 2002).

There seems to be little agreement over what actually constitutes poverty in Canada. This is reflected by the fact that Canada has no official definition of poverty. Most commonly, the participants of this study (and others) use the Statistics Canada Low Income Cut-Offs (LICOs) to define and determine who is poor (Canadian Council on Social Development, 2000). The LICOs are income levels at which families spend 20%

or more of their pre-tax income on basic needs such as food, shelter and clothing than the average percent spent by Canadian families (Williamson & Reutter, 1999). The use of the LICO as a definition of poverty has been challenged by economists and policy makers with one of the criticisms stemming “from a more fundamental debate about whether poverty is absolute or relative in nature” (Williamson & Reutter, 1999, p.357).

Additionally, Phipps (2003) suggests that poverty should be conceptualized as one of three aspects: absolute, relative and subjective poverty. In absolute terms, poverty is defined as the deprivation of economic resources that are required to meet food, shelter and clothing needs necessary for physical well-being (Mitchell & Shillington, 2002; Williamson & Reutter, 1999). Relative poverty conversely is conceptualized as the deprivation of economic resources that are required for participation in society which is important not only for physical well being but also psychological and social well being (Kawachi & Kennedy, 1997; Williamson & Reutter, 1999). Subjective poverty refers to individuals feeling that they do not have the required resources to meet their needs (Auger, Raynault, Lessard, & Choiniere, 2004). Even while there continues to be no clear definition of what is meant by poverty, evidence indicates that regardless of its definition, “no one would dispute that poverty is bad for health” (Kawachi & Kennedy, 1997, p. 314).

As the participants of my study recognized, poverty is the most influential determinant of health and affects virtually all other determinants (Reutter, Harrison, & Neufeld, 2002; Subramanian & Kawachi, 2006). Further, evidence shows that Canadians living in poverty have poorer health status, morbidity, activity limitations and life expectancy (Reutter et al., 2002). Certainly the correlation between health and poverty is

indisputable, a notion that was identified by the participants of this study. What the participants suggested, however, was that the initiatives and programs they offered through recreation opportunities were not targeted at those they considered to be 'poor', rather those individuals that they identified as being 'low income'. The individuals who they considered as 'poor' or homeless were not benefitting from recreation services because participants felt they lacked adequate skills or resources to reach out to these individuals and include them in their programming. Engaging the homeless in recreation is not occurring among communities represented in this study, and likewise, there is lack of literature and interventions that has investigated the benefits of providing the homeless with opportunities to recreate.

“It is clear that the deleterious consequences of being homeless ‘prevent individuals from successfully functioning in their occupational, social and leisure activities’”(Dawson & Harrington, 1996, p.423). While the notion that recreation activities are ideally suited for the homeless, many continue to see the recreation and leisure needs of the homeless as trivial (Dawson & Harrington). Participation in recreation can help the homeless overcome social isolation and promote self efficacy, however, little research has been conducted on the effects of offering recreation to those individuals that are homeless (Dawson & Harrington; Kunstler, 1993).

In a study conducted by Kunstler (1993) it was indicated that research on the homeless has often focused on counting the number of homeless people, the causes of homelessness and characteristics of homeless people. Likewise, Milburn, Rosenthal and Rotheram-Borus (2005) suggest that few studies have examined the services needed for homeless youth (such as physical health care and education) and rather have focused on

characteristics of this population. In a review of literature, Kunstler examined studies that had incorporated recreation as one aspect of the intervention. He reported that recreation offers a great deal to the homeless including physical fitness, stress management, socialization, and the ability to learn and build friendships and self esteem. Moreover, he argued that recreation is seen as a positive way of filling time rather than participating in destructive behaviours (Kunstler). Without doubt, providing opportunities for recreation to the homeless and ‘poor’ will enhance their quality of life. Indeed, Kunstler (1992) stated the following when discussing the importance of recreation in the lives of the homeless. He said:

Recreation and leisure is a holistic profession which addresses all aspects of a person’s life. The recreation and leisure profession should embrace the opportunity to offer hope and comfort to a population so desperately in need of the human connection that recreation and leisure can provide (p.44).

Kunstler’s plea notwithstanding, there remains a dearth of published evidence that the recreation profession has heeded his call.

Policies for Access to Recreation

The participants of this study identified a gap in their ability to reach *everyone* in their communities. They recognized that their current policies were not serving the homeless or those they considered ‘poor’ and they expressed frustration that their current policies did not provide an easy way for low income citizens to benefit from using the access programs offered.

Both my study and the literature stress the importance of public policy as an effective way to address poverty and its health consequences (Reutter et al., 2002;

Williamson & Reutter, 1999). Currently, however, there is a low degree of government support for recreation programming as it is not considered an essential service for a basic human need (Reutter et al., 2002). Participants identified the lack of policies available as a limiting factor to the provision of services to low income citizens. Indeed, there are few policies available and little research has been conducted on how these policies can support public sector providers in subsidizing and assisting low income citizens.

The support for access programs was confirmed by participants of this study who stated that they did not want to see children or youth unable to participate in programs due to financial hardship. We do know that public providers have created a variety of programs that are intended to prevent and reduce the barriers associated with access (Hanvey, 2001). For example, the Canadian Council on Social Development conducted a survey of 167 municipal recreation departments across Canada. The survey sought to better understand the application of users fees and how these impeded opportunities for children and youth to participate in recreation opportunities. The survey found that the majority of communities were charging user fees; however, by using various strategies they were also making efforts to maintain or increase the financial accessibility of their programs. One strategy identified was the use of access programs, however, as was expressed by the participants of this study, potential low income users had to self identify their income level and complete numerous forms to be considered for subsidy.

Other barriers also affect participation in recreation programs, for example, the effectiveness of access programs for low income mothers was investigated through a study that asked participants about their experiences using the access program in their community. The participants' responses were unanimous indicating that while the access

program alleviated some of the program costs, issues remained such as childcare and transportation (Scott & McCarville, in press). These barriers were equally identified by the participants of my study, as they recognized that not only did policies need to be in place to address user fees, but also to ensure that low income citizens had transportation and childcare. Due to the lack of other research conducted on access programs (subsidies) there is little insight into what enables recreation providers to better serve low income citizens.

Don't come to us, we will come to you

Participants of this study indicated using unconventional strategies to reach low income citizens may engage a broader group of individuals. Traditionally, recreation services have been facility-bound due to the large amount of resources spent on creating infrastructures (Kaczynski, 2008). Moreover, emphasis is often placed on recreation centres as a hub where community members meet to socialize and interact (Glover, 2004). While the recreation centres do serve an important component of public recreation offerings, participants of this study acknowledged that offering programs and services to low income citizens was often done outside of the community recreation centre. This allowed participants to facilitate engagement in recreation by making it more accessible and convenient to the low income citizens.

Indeed, the social marketing literature indicates that in order for interventions to raise both awareness and create behaviour change, participation in recreation must fit easily into the low income citizens lives, requiring little extra effort on their part (Strand, Rothschild, & Nevin, 2004). By focusing on 'place', or where the low income citizens will participate in recreation (Kotler & Lee, 2008), social marketers are often more

creative in making their services available to target groups (Peattie & Peattie, 2003). Indeed, participants of this study who focused on offering creative options for low income citizens were able to better serve their community. Rather than rely solely on the use of the recreation centres, participants identified programs and services such as walking trails, public use of community parks and recreation outreach programs as viable approaches to service delivery.

Walking has been recognized as an accessible, affordable and achievable method of physical activity for inactive individuals (Reger-Nash, Bauman, Cooper, Chey, & Simon, 2006). Moreover, for most, walking is a familiar activity that is performed in daily activities (Powell, Martin, & Chowdhury, 2003). In a recent study conducted by the Centers for Disease Control and Prevention, focus groups were conducted to develop a social marketing program which would promote walking and other moderate-intensity activities. When participants were asked to describe “places” in which they walked, they indicated that their favorite place to walk was in their neighbourhood (Burroughs, Peck, Sharpe, Granner, Bryant, & Fields, 2006). Neighbourhood streets and sidewalks, as well as public parks, are most commonly reported as safe and convenient locations for walking (Powell et al., 2003).

Research suggests that public parks have an important role to play in facilitating physical activity (Cohen, McKenzie, Sehgal, Williamson, Golinelli, & Lurie, 2007). Parks and outdoor space have widely been recognized as accessible environments for community members to participate in physical activity at low or no cost and offer various opportunities to fulfill individual, social, environmental and economic benefits (Bedimo – Rung, Mowen, & Cohen, 2005). Further, parks can play a pivotal role in facilitating

physical activity in minority communities both by offering a place to recreate as well as by providing a destination for individuals to walk too (Cohen et al., 2007). In addition to having public parks available, research suggest that individuals who have to walk less than 10 minutes to the park are more likely to be active than individuals who are further away (Powell et al., 2003).

The benefits of walking and the use of parks were recognized by the participants of this study. In fact, by focusing the channel of distribution outside of the centre, participants of this study were able to do more with less and reach individuals who may have never come through the facility doors (Kotler & Lee, 2008). Indeed, “service providers that require participants to come to them are less likely to be successful” (Kaczynski, 2008, p.265) when trying to reach potential recreation participants. This reminds us that the moniker ‘Active Communities’ needs to be occasionally be taken literally and connect citizens with natural environments for active living.

Collaboration often leads to recreation

The participants of my study emphasized the need for collaboration through partnerships. They identified that through partnerships they were able to access resources, funding opportunities and a wide range of expertise and services not available through their recreation facilities. The literature indicates the need for collaboration as well. Providing convenient and accessible opportunities for low income citizens to recreate will certainly reduce the barriers associated with participation. Yet as noted in the social marketing literature, social marketers typically do not own their distribution channels, rather need to access these channels through various partnerships (Strand et al., 2004). Exchange or the sharing of human resources such as volunteerism and knowledge and

skills can be achieved when social marketing partnerships are formed (Lagarde, Doner, Donovan, Charney, & Grieser, 2005). Creating positive partnerships can assist in the delivery of initiatives such as increasing access to recreation for low income citizens (Lagarde et al.)

As do the participants of my study, the public parks and recreation literature supports the use of partnerships (Henderson, Neff, Sharpe, Greaney, Royce, & Ainsworth, 2001). As recreation departments are faced with increased economic pressures (Frisby & Hoerber, 2002), the use of partnerships gives recreation providers the ability to stretch existing staff, equipment and finances to be able to do more with their programming (Cousens, Barnes, Stevens, Mallen, & Bradish, 2006; Mowen & Kerstetter, 2006). Moreover, partnerships can result in collaborative goals which could effectively increase opportunities, expand the range of services offered and build a sense of community pride (Henderson et al.). To achieve these successes, some of the communities represented in this study have adopted a community development approach in their program and service provision.

A community development approach “challenges the expert role of managers by suggesting that decisions about public services and goods are best made with direct input and involvement from citizens” (Frisby & Millar, 2002, p.210). However, rather than have citizens make all the decision and solve problems on their own, a community development approach focuses on building networks and partnerships enabling managers to act as facilitators working “with” individuals rather than “for” them (Frisby & Millar). Further, research shows that communities operating under a community development philosophy are able to build partnerships easily (Kaczynski, 2008).

Using this approach, the participants of my study explained that they collaborate with government agencies, schools, not for profit groups and neighbourhood organizations to expand the programs and services they can offer. In addition, participants suggested that working with partner organizations was an effective way to get their message out. Partnering with community organizations that have relationships with marginalized populations and encouraging these individuals to build on their own social networks is a strategy for broadening reach (Frisby & Millar, 2002). This method of using partnerships to reach low income citizens is notable as recreation providers struggle with engaging their more vulnerable citizens. Bright (2000) describes the importance of reaching these low income citizens when he states, “the job of recreation professionals is not only to provide opportunities for achieving benefits but to get the word out” (p.12).

The participants of my study acknowledged that they were not succeeding in getting the word out, due to lack of resources and knowledge on how to effectively reach the “hard to reach”. Indeed, they are not the only ones to have a lack of understanding about how to reach low income citizens. In a recent review of literature, (Niederdeppe, Kuang, Crock, & Skelton, 2008) media campaigns used to promote adult smoking cessation were examined to determine the effectiveness of reaching individuals with low socioeconomic status. Using a logic framework guided by Viswanath’s (as cited in Neiderdeppe 2008) concept of communication inequality, the review recognized that low income individuals may not have the same access to media or have the same media use patterns as individuals with high socioeconomic status. In addition, they may not have the same motivation to change their behaviour, and when they do, they may have not have

access to social and structural resources such as social capital and health care access (Niederdeppe et al., 2008).

The review continued by examining media campaigns and evaluating which were the most effective in reaching individuals of lower socio economic status. The campaigns that were less effective were those that relied entirely on donated and earned media coverage. Moreover, campaigns that created effective persuasion campaigns but failed to have high levels of exposure did not succeed in changing behaviours. Those campaigns that used a diverse set of approaches including media campaigns in concert with community mobilization campaigns often found greater declines in smoking prevalence. While many interventions and campaigns were reviewed, the article suggested that “researchers have yet to identify targeted media strategies that are clearly effective in promoting long – term smoking cessation among low SES populations” (Niederdeppe et al., 2008, p. 1352).

The review (Niederdeppe et al., 2008) revealed substantial gaps in our knowledge of effective communication strategies for disadvantaged populations. It did, however, suggest the importance of recognizing that media campaigns used for the general population may not work for disadvantaged populations. Indeed, in a response to the review, Fagan (2008) reiterated this by saying “our traditional bias is to over-generalize the effects of evidence-based practices, assuming that what works for one population works for others” (p. 1357). To reduce this over generalization, targeting specific populations with media messages as is done in social marketing is one strategy identified as being effective in reaching low income citizens (Grier & Bryant, 2005). Further, tailoring messages to meet the literacy, cultural and motivational needs of low income

citizens will increase effectiveness of media campaigns. Finally, the review suggests that formative research should be conducted to discover media use preferences and current behaviours of individuals of low socio economic status (Niederdeppe et al., 2008). This concept was affirmed by Fagan (2008) when she suggested that research might want to consider the structure, framing and efficacy of the messages, the appropriate dose of the messages and the theories needed for behaviour change to reduce disparities.

Summary

In exchange for acting on the traditional tenets of public recreation, practitioners of this study identified that they are rewarded intrinsically when they go above and beyond their written job descriptions. This study has indicated that in order to better serve low income citizens in our communities we must first support the individuals that are providing the service. In order to reduce the price (or those things that make it hard, including lack of resources, lack of time) associated with offering programs and services to low income citizens, local government and policy makers need to ensure that future policies and initiatives work to increase the benefits associated with program delivery and minimize the costs. As mentioned above, the development of partnerships will ensure that the providers are able to collaborate with service organizations in their communities serving to enhance the likelihood of reaching low income citizens but also redistribute a large workload. Moreover, providing workshops and “how to” opportunities on finding and using resources within the community will enable recreation providers the ability to offer more with less, and spend less time seeking out funding to do so. In addition encouraging the use of outdoor space as well as creating policies that support the built environment will allow providers to implement services and initiatives that are low cost

and convenient for the low income citizens of their communities. Finally, by ensuring that the local government and management are supportive of offering programs to low income citizens will make certain that any burdens associated with budgeting or revenue do not have to become onerous and initiatives can proceed as the providers intended them.

In responding to the changing needs of citizens and the field of recreation, highlighted by the experiences of participants in this study, public recreation attempts to keep pace despite an often dwindling public purse. Researchers, policy makers and recreation providers will continue to raise awareness about the importance of physical activity and in doing so, need to remember to include all segments of their community in program delivery. In discussing the results of this study, implications for future research, policy creation and practice have been noted and will be illustrated in the final chapter.

Chapter 6

Recommendations for Future Research, Policy and Practice

This study sought to understand the perspectives of recreation providers on offering initiatives to low income citizens. Certainly, the information provided by participants will help to inform future research and implications for future policy and practice. This chapter will identify the areas of particular interest as supported through the current research and literature as well as recommendations from participants.

Future Research

Social Marketing

Social marketing interventions can be effective; in fact, there is little evidence of harmfulness caused by social marketing interventions (Gordon et al., 2006). Lefebvre (1990) argues that “successful community interventions are typically conceived as those programs that effectively disseminate knowledge and alter practices and policies at a variety of levels in the community” (p.209). While the knowledge gained from this study is only beginning to be disseminated, the information gathered provides new insight into the provision of recreation initiatives to low income citizens within public recreation.

Social marketing has been successful in framing this study as it has allowed the structure of the research questions, data collection, data analyses and results to be guided by a process that is shaped by and hinged upon an effectively audience- centered approach. When applied, social marketing theory and strategies resemble a community development or participatory paradigm, consistently reinforcing the practitioners’ perspectives in the research process and purpose. For this study, social marketing proved to be a valuable orientation to embrace – both practical by guiding data collection

techniques and philosophical by focusing analytical and interpretive decisions. It is important to recognize that the use of other theories in future research might offer new and different insights.

Social Cognitive Theory, also known as Social Learning Theory (SLT), is a renowned and well established theory and compatible with elements of social marketing (Baranowski et al., 2003). This model draws upon two central elements. The first element suggests that individuals must desire to achieve positive outcomes and avoid negative outcomes (Baranowski et al., 2003). The second element implies that the individual must have a sense of self efficacy in performing the behaviour (Kotler et al., 2002). In order to have positive self efficacy, an individual must believe that they have the skills and abilities needed to perform a specific behaviour (Kotler et al., 2002).

The environment also plays a key role in SLT. Andreasen (1995) suggests that SLT emphasizes the fact that the “environment can also influence behavior both by communicating norms and by making it possible and easy to act” (p.267). Variables which contribute to the environment include modeling, (learning how to perform a behaviour by watching someone else and receiving reinforcement) and availability (for example, having access to physical activity equipment) (Baranowski et al., 2003).

Using SLT, an emphasis could be placed on the recreation providers’ skills and abilities in reaching and serving low income citizens. By focusing on their skills and the ability to plan, implement and target low income groups, future research could highlight the recreation provider’s self efficacy in performing these behaviours.

One way of gaining knowledge is by looking to the experiences of other professions and learning from their attempts to reach and serve low income citizens. In a

five year study conducted in Ontario, Canada, researchers sought to discover the effects of offering provider initiated services to health and social services which were typically self – administered. By offering recreation, health promotion and employment training the researchers recognized the importance of offering services that portrayed the holistic nature of health, rather than simply social assistance. Further, they found that by offering comprehensive care to social assistance recipients, significant positive financial and social benefits were accrued (Brown, Byrne, Roberts, Gafni & Wittaker, 2001).

In turn, policies and resources could be created that would also support the recreation providers in having positive experiences when offering initiatives to low income citizens. Moreover, research could seek to better understand what role the workplace has on the ability to offer initiatives to low income citizens. Understanding the norms of all the recreation providers within a facility and talking to individuals who are in positions of power may provide new insight into the experiences of offering programs to low income citizens. Further, a more thorough analysis of resources currently available to recreation providers would enhance the ability for government and policy makers to minimize the gaps in service provision.

A second theory that may have worked as an alternate guiding framework for this study, or could be used in future research is the Theory of Reasoned Action (TRA). Developed by Ajzen and Fishbein, this theory suggests that people are more likely to perform a behaviour when they intend to perform that behaviour (Baranowski et al., 2003). It is argued that not only must one understand one's own perception of a particular behaviour but also one's perception of what they think others want them to do and how likely one is to be influenced by others (Andreasen, 1995). Therefore, an

individual's attitude and subjective norms will be key determinants of intention (Fife-Shaw, Sheeran, & Norman, 2007).

This study found that that the participants believe that offering initiatives to low income citizens was important, however, what it did not investigate was whether that belief was transformed into an intent to perform the behaviour. While we do know that programs are offered to low income citizens, we are not aware of how many potential programs or services are not implemented due to lack of intent. Further, as was described with SLT, future research could seek to better understand the culture within a recreation facility and better understand the views of all individuals who are working there including front-line staff, programmers and managers. It may be that the individuals I spoke with have varying views than their colleagues and therefore I did not capture what others perceive as important and how this influences social norms within a work environment.

Theory of Planned Behaviour (TPB) was an extension of Ajzen and Fishbein's TRA. Developed by Ajzen, TPB like TRA has been used extensively to predict and understand social and health behaviours (Fife-Shaw et al., 2007). Similar to TRA, TPB suggests that an individual's decision to adopt a behaviour will be based on their intention, attitude and perception of the social pressure to perform that behaviour (Fife-Shaw et al, 2007). In addition, TPB suggests that perceived behavioural control will be a factor in predicting intention and behaviour (Elliot, Armitage, & Baughan, 2007). Perceived behavioural control refers to an individual's belief in their ability to perform a behaviour or not (similar to self efficacy as described in SLT). It is suggested that when

perceived behavioural control is high, it is more likely that intention will be converted to action (Baranowski et al., 2003; Fife-Shaw et al., 2007).

Future research guided by the TPB could examine components of SLT such as self efficacy or perceived behavioural control, to assess the skills and abilities that recreation practitioners' have to provide initiatives to low income citizens. In addition, research could seek to further understand the practitioners intention to provide initiatives to low income citizens, as well as what they believe others want them to do (including coworkers, managers, policy makers).

Diffusion (or spread) is the process whereby an idea or behaviour perceived as new is communicated through certain channels of distribution among members of a social system (Dearing, Maibach, & Buller, 2006; Kotler et al., 2002). The Theory of Diffusion of Innovations was developed by Rogers and Shoemaker and has been extremely influential in the process of creating social change (Moseley, 2004). Using this theory, researchers have the ability to understand both the behaviour and mechanisms by which new ideas spread to a larger group of target individuals. Diffusion of innovations suggests that different individuals will adopt a new behaviour or idea (innovation) at different points in time, based on their motivation (Kotler et al., 2002). Throughout this theoretical model there are five segments of adopters. The innovators are those that begin the adoption process. They are most likely those who seek novel ideas and wish to be different. Early adopters seek the behaviour's intrinsic value. This segment is followed by both the early and late majority adopters. The early majority segment are those individuals that see others adopting the behaviour and decide to imitate. The late majority adopters are those that jump on the bandwagon, and finally, the laggards are those

individuals that must join in because the behaviour or idea has become popular and achieved acceptance (Kotler et al., 2002).

As has previously been mentioned, offering programs to low income citizens was important and valuable to participants. We know that they were motivated to offer initiatives and go above and beyond to meet the needs of low income citizens, because they believed that it was the right thing to do, and that everyone deserved the opportunity to recreate. Using diffusions of innovations, future research could examine where recreation providers are in their motivation to adopt the behaviour of offering various services to low income citizens. It may be that due to the intrinsic value placed on offering these initiatives, the recreation providers are considered early adopters and any new policies should be created with that in mind. Alternatively, if a larger study was conducted, future research may find that only a few recreation providers are early adopters and policy creation must work to convince the early and late majority adopters as well as the laggards to change their behaviour.

One ecological model that considers multi-level influences on behaviour including intrapersonal, interpersonal and community and policy determinants is known as the Precede/Proceed Model (Wharf Higgins & Rickert, 2005). Introduced by Green and Kreuter (1999), this model has guided planning efforts addressing health issues worldwide in a myriad of settings including communities, schools and workplaces. Using the Precede/Proceed model the researcher can conduct formative evaluations including determining predisposing, reinforcing and enabling factors for health. The Proceed component can use the evaluation data to move toward program goals and objectives. Used as a planning framework, Precede/Proceed helps to recognize individuals'

behaviours, lifestyle and environment and draws on several health promotion and educational theories including social marketing (Green & Kreuter, 1999).

Using the Precede/Proceed model, future research could focus on using formative research to evaluate the predisposing, reinforcing and enabling factors associated with offering initiatives to low income citizens. For instance research may start by evaluating the predisposing factors associated with offering initiatives to low income citizens such as the values and beliefs of the recreation providers. They may continue by identifying the reinforcing factors that continue to motivate the recreation providers including where they are receiving feedback and or rewards. Finally, by identifying enabling factors such as skills and resources needed to offer initiatives to low income citizens, future research would have the necessary information to create policy change.

Built Environment

One viable approach to increasing participation in recreation is to develop policies and programs that support park, trail, and greenway development use (Killingsworth, James, & Morris, 2003). Indeed, the design of the built environment can have substantial impact on human health and may influence the decision for an individual to participate in physical activity or not (Maibach, 2003). Acknowledging the importance of the built environment on the health promotion agenda, communities are recognized as important targets of interventions and advocacy efforts are seen as a way to increase levels of physical activity (Ramirez et al., 2006). The active living movement continues to focus its attention on the “built environment and policy changes that would make it easier for individuals to incorporate physical activity into their daily routines through walking and bicycling for transportation and recreation...” (Day, 2006, p. 92). In fact, a growing body

of literature has begun to debate whether availability of physical activity resources including recreation centres is an important predictor of physical activity. What is less understood is the impact of the built environment that facilitates the use of public spaces for walking and exercise (Diez Roux et al., 2007). Moreover, Brownson et al. (2001) report that researchers need to continue to develop and evaluate physical activity interventions that focus on environmental and policy changes.

Future research should investigate the importance of trails and green spaces in communities such as those represented in this study. Moreover, the importance of public spaces is essential to the provision of services for low income citizens because of their low cost nature and health and social benefits (Bedimo-Rung et al., 2005; Cohen et al., 2007). Finally, future physical activity interventions could place a focus on using outdoor facilities such as parks, trails and green spaces rather than indoor facilities such as community recreation centres.

Homelessness and Recreation

The evidence that income and health are correlated is clear, however, what is less clear is what role recreation could have in the lives of those that are considered poor or those who are homeless. Little research has been conducted on the effects that participation in recreation could have on these individuals. As Kunstler (1993) expressed “research and evaluation are desperately needed to investigate the values of recreation and demonstrate its effectiveness with the homeless population” (p.73).

The information collected in this study has strongly indicated that recreation providers currently do not feel they have the skills or resources necessary to provide initiatives for poor or homeless individuals. Indeed, professionals may feel overwhelmed

themselves at the difficulties that homeless people face and the lack of services available to them (Kunstler, 1992). Research that explores the impact of recreation on homeless people, the partnerships needed, as well as the perspective of recreation providers in serving these individuals would contribute to the current gap in the literature.

Access Programs

The access programs being implemented in the communities represented in this study although considered adequate, were not serving everyone. There is an abundance of literature and research that has documented the barriers to participation in recreation for those that are low income, including a breadth of information on constraints and user fees. To better serve the low income community, I recommend that future research should continue to focus on the perspectives of those that are delivering the access programs, including managers and policy makers, and local politicians who set and approve municipal recreation budgets. A more thorough examination of the programs would enable future policies to be created with fewer gaps. In fact, this was also suggested by a participant of the study when she said:

I think that it would be neat to...have someone come in and look at the overall [*access program*], and also look at does it really address, some of the other pockets, which I don't think it does and how can we address some of those real poverty situations, you know. They put together [*access program*] and it works, but it doesn't really work for all aspects of low income ... [participant #8].

Moreover, future research could focus on low income/poor individuals that are not currently engaged in recreation. Exploring the issues with low income individuals, their experiences with access programs, comfort levels, interests etc. Recreation

providers and policy makers alike will be able to adapt and construct better programs, marketing and policies that will reach these individuals more effectively. As mentioned in Chapter 5, communication strategies need to be altered to better reach low income citizens, for example by developing a diverse set of approaches including media campaigns and community mobilization (Niederdeppe et al., 2008). To insure effectiveness of the above strategies, formative research must be conducted to guarantee that the media use preferences and health related behaviour of the target audience are known, and that the low income citizens are adequately exposed to and motivated by the message. Recreation providers need to consider the literacy needs, language preferences and cultural values of the low income individuals in their communities (Niederdeppe et al).

In order to address the above inquiries and advance the field, researchers may want to adopt the design used by Lester, Tritter and Sorohan (2008). Using qualitative inquiry they conducted focus groups with both General Practitioners (GP's) and mental health patients. First, they interviewed the GP's and mental health patients independently and then invited them all to participate in a focus group. By involving the providers and the clients concurrently a mutual understanding of perspectives was achieved. In a similar manner, collecting data with recreation providers parallel with low income citizens, and then together, may uncover an appreciation of their respective issues, while providing an opportunity to brainstorm innovative solutions.

Implications for Policy and Practice

This study aimed to discover the experiences of recreation providers in offering services to low income citizens. The purpose of the study was to discover what was

currently facilitating the recreation providers in reaching low income citizens as well as identifying those areas that they found challenging. A logical next step would be to communicate these findings to government agencies and explore the perspectives of policy makers to understand how to best support public recreation professionals to better serve the low income citizens of their communities. An important aspect to consider is how this will impact service delivery and budgetary decisions in the face of other competing issues that may seem just, if not more compelling to address – issues related to the environment, housing, schools and other public services. Recreation administrators are faced with making several difficult decisions with their allocated budgets to ensure their priorities receive operational resources. It would be equally insightful to capture the perception of social services and government staff who serve low income citizens more frequently, in order to piece together the range of potential of community services.

Community not Company.

As has already been reported, the role of public recreation has shifted from being a service offered for all to a service offered to those who can pay. With budget restrictions and the need to bring in revenue, municipal recreation providers are being asked more and more to operate their centres as businesses. This shift, however, must be acknowledged by government agencies and policy makers because as we have discovered in this study, the traditional tenets of recreation, providing services to all members of a community, is important to recreation providers and at the heart of why they do what they do. Future policies must reflect the notion that public recreation is a service available to all segments of society; otherwise recreation centres run the risk of imitating the “private gym” and lose the ability to support and facilitate community development initiatives as

the recreation providers of this study all know are extremely important to the well being of their communities.

Reaching the Low Income Citizens.

Reaching low income citizens was often a difficult task that the participants did not always have the resources to carry out. To better serve the community, the participants acknowledged that they would have to be creative in how they were getting their message out. One participant expressed his concern with current practices within his organization when he said:

I think we are definitely...could stand to learn how to do better at that, and I think that is sort of the challenge everywhere is marketing anything in general, how do you get people if they are not regular users, you know, [*Leisure Guide*], the regular users, they pick it up and they know what they are looking for but people that aren't regular users, how do you get that to them? [participant #6, interview].

The struggle to identify and reach those individuals that could benefit from the initiatives available was expressed by many of the participants. They also recognized that using only print media was not sufficient due to issues of literacy that may occur amongst low income citizens. Using word of mouth and actually going to local organizations such as food banks or neighbourhood houses where low income citizens came to spend time or seek resources was suggested as an effective way of reaching these individuals.

Participants expressed the view that local organizations such as schools and government agencies would often identify individuals who they felt were in great need of the initiatives provided at the recreation centres.

To better reach low income citizens, “how to” toolkits could be developed for recreation providers. This would enable them to work from templates and best practices rather than having to spend their time “inventing the wheel”. These toolkits must reflect the realities of low income citizens and be informed and developed through research. Known as pre-testing or piloting in the marketing literature, this process is critical to the success of communicating campaigns and information. Such toolkits could provide information on marketing techniques, including, but not limited to, the use of partnerships as effective distribution channels, media advocacy skills to generate increased public awareness and support, and communication strategies for working with politicians.

Increased Opportunities for Grants and Funding.

Lack of resources was a theme that emerged from the key informant interviews and the focus group. Participants acknowledged the lack of time and staff they had to put towards planning and implementing programs for low income citizens. They explained that they were faced with continuous budget constraints that deterred them from offering more low or no cost initiatives. Additional grants and funding that went directly towards the provision of services for low income citizens would be widely appreciated amongst the participants of this study. In fact, one participant discussed this possibility at the conclusion of her interview. She said:

I just think that it would be, if there were some kind of grant funding available that you could actually hire [a] kind of a project coordinator that could um, work with the communities. Like maybe do some of things that we talked about, some educational stuff for staff, some kind of, looking at this is what you are doing in

this department; here is what is happening in your community. Have you thought about this? Or have you thought about that? Those kinds of extra pieces that we don't have the time for... [participant # 8, interview].

As well, one participant discussed the value that the financial support from the Active Communities Initiative had on her community. She explained that funding from ACI had given her organization the extra motivation to take on the difficult task of finding transportation for individuals from the local Aboriginal community to get to the recreation facility. She said:

ACI, the thing that it has done, is enable us to facilitate that [providing transportation], which we wouldn't have, probably thinking about it, if it was just kind of going along with our same old same old. We wouldn't have really wanted to. We wouldn't have pushed it. We would have been like, no it is too much work [participant #1, interview].

This statement emphasizes how increasing the amount of grants and funding opportunities available for the provision of initiatives to low income citizens can stimulate action.

Improved Access Programs.

Participants described numerous frustrations that currently existed in the provision of access programs among their respective communities. First, they expressed concern that individuals wishing to apply for the program must be a permanent resident of their community and be able to prove their income. These requirements became difficult for potential users not only in situations where various 'tax communities' all used the same centre but also when an individual wishing to apply was leading a transient

lifestyle and did not have a fixed address. Moreover, the application process was often arduous for the low income citizens because it required both reading and writing to be completed.

As mentioned previously, future research should be conducted on the use of access programs both from the provider and user perspective. Indeed, this information will enable improved policies to be created that will facilitate the application process and result in increased low income citizen participation. For example, it may ease knowledge and access to subsidy programs if partnering agencies, who work daily with low income citizens, would administer the paperwork.

Getting Outside, Using Parks and Trails.

Using outside public space including parks, trails and neighbourhoods as places to recreate has been described as an easy and cost effective way to engage low income citizens in recreation opportunities. Policies need to be created so that recreation providers can continue to create programs and services that are out in the community rather than within the walls of the recreation facility. To date, the communities represented in this study used walking guides and trails to encourage active living among their low income citizens. Increased trail markings, pamphlets that including pictures rather than words, accessible walkways and lighting systems could all increase the levels of activity that occur in the community. Finally, recreation providers could continue to provide outreach services for youth and children that engaged them in their own communities, using local neighbourhood parks and amenities.

Conclusion

This study has clarified the many different experiences of recreation providers in offering programs to low income citizens. Through interviews and a focus group with nine recreation providers, I have been able to demonstrate the benefits and costs associated with delivery of initiatives to low income citizens from a provider perspective.

This study has highlighted that recreation practitioner's value the opportunity to offer initiatives to low income citizens. It is important to them both as individuals and professionals and is one of the reasons they have chosen to work in the recreation industry. In addition, the participants in this study believe that everyone should have the opportunity to recreate and the practitioners feel rewarded when they are able to provide opportunities for individuals to engage in physical activity and an active lifestyle. The participants also identified costs associated with offering initiatives to low income citizens including lack of resources and funding, gaps in policies including insufficient access programs, the struggle to provide public recreation in an increasingly revenue-generating sector and failures in their abilities to reach and communicate their messages to the low income members of their communities.

This research has highlighted the many reasons why practitioners' view the provision of services to low income and poor (homeless) individuals as so important to the health of individuals and society. Finally, the information gathered through this study has provided insight into future research and the creation of new policies and practice among public recreation facilities in Canada.

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Appendix 1

January 2008

Dear [name]

You are invited to participate in a study entitled *Is your community reaching everyone everyday? Exploring the experiences and perspectives of Active Communities practitioners in serving low income citizens* that is being conducted by Jenny Scott.

The purpose of this study is to document the experiences and perspectives of Active Communities leaders who have targeted low income citizens. The objectives of the study are to gain an understanding of the current experiences of recreation practitioners in implementing programs for low income citizens. In addition, this study hopes to better understand what knowledge, skills, resources and policies practitioners feel are necessary to successfully provide programs to low income citizens.

This study is being conducted for numerous reasons. First, it is well known that Canada has high rates of inactivity among our population. Among those that are inactive, individuals with low income are at greatest risk. Second, within the literature, many studies investigate the barriers of individuals to participation in physical activity; however, few speak to those that are providing the service. We hope that by understanding the practitioners' perspective our study will assist the creation of new policies or 'best practices'.

As a participant in this study, we would ask that you participate in an interview which would take no more than 1.5 hours of your time. During the interview, the researcher will ask you some questions that will draw on your experiences. In addition, the researcher would ask that

participate in a one hour focus group to be held in conjunction with the BCRPA conference in April 2008. During the focus group, the researcher will ask you to answer additional questions that will draw on your experiences.

By offering your time and knowledge, we hope that this study can provide insight into the development and success of programs for low income citizens.

This study is completely voluntary and has been approved by the Office of Research Ethics at the University of Victoria. If you agree to participate, Jenny will review and ask you to sign a consent form, before the interview and the focus group that explains how your identity will be protected.

If you wish to participate or require further information, please do not hesitate Jenny Scott or Dr. Joan Wharf Higgins.

Sincerely,

Jenny Scott

(250)-858-6849

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Dr. Joan Wharf Higgins

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Appendix 2

Interview Schedule**1. Can you describe your Active Communities Initiative since you became involved/or your community registered?**

- a. Why have you prioritized low income citizens in your Active Communities Initiative?
- b. Can you tell me about your current and past experiences providing initiatives for low income citizens?
- c. How is this different from the typical program, policies or services that your organization offers?

2. How do you understand and see poverty as it plays out in recreation?

- a. What does poverty mean to you? What does low income mean to you?
- b. Who is low income in your community?

3. How does offering initiatives to low income citizens fit with the mandate and mission of your organization?

- a. Can you show me any of your policy manuals where this might be reflected?

- b. Can you show me in your last leisure calendar some examples of specific programming?
 - c. Is there a line item in your budget specifically for low income initiatives?
 - d. Is this consistent with how you and your colleagues do your work?
- 4. Why is it important/not important to you personally and in your professional role to be able to focus your efforts on low income citizens?**
- 5. What are some of the positive and negative aspects of planning and delivering initiatives for this population?**
- a. Can you describe some specific rewards or penalties to you and your department?
 - b. How does offering programs to low income citizens contribute/take away from your current job descriptions/situations?
- 6. What do you see are the types of knowledge and skills needed to be able to work with this population?**
- a. Can you tell me about the knowledge and skills you currently have?
 - b. What do you think needs to be done to increase these skills?

Appendix 3

Focus Group Schedule

- 1 – Is there anything that goes together?
- 2 – Can everyone see their experiences in this exercise? In these categories?
- 3 – Is there anything missing?
- 5 – Poverty or Low income? Do you use them together? What term should I be using?
- 4 – Do you want to see your full transcriptions from your interviews? And/or would you like to see a summary of the focus group data?

Appendix 4

***Participant Consent Form
Interview***

Is your community reaching everyone everyday? Exploring the experiences and perspectives of Active Communities practitioners in serving low income citizens.

You are invited to participate in a study entitled **Is your community reaching everyone everyday? Exploring the experiences and perspectives of Active Communities practitioners in serving low income citizens** that is being conducted by Jenny Scott. Jenny is a master's student at the University of Victoria completing her studies under the supervision of Dr. Joan Wharf Higgins. You may contact either of them if you have further questions by emailing Jenny (250-858-6849; scottj@uvic.ca) or Joan (250-721-8377; jwharfhi@uvic.ca).

Purpose and Objectives

The purpose of this research project is to document the experiences and perspectives of Active Communities practitioners in serving low income citizens. Our research objectives include identifying (1) the current experiences of recreation practitioners; (2) the benefits and costs of providing programs to low income citizens; (3) the knowledge and skills practitioners recognize as critical to the successful provision of programs to low income citizens; (4) what resources and or policies do practitioners need to support this work; and, (5) what other community priorities or needs compete for practitioners efforts.

Importance of this Research

Rates of inactivity among Canadians are at alarming rates. Among those that are most at risk for inactivity are individuals with low incomes. The current literature provides information on the

benefits and costs associated with participation in physical activity from the perspective of an individual living with low income, however, what is understudied is the perspectives of those providing the service. This research will fill a gap in the literature and provide insight into the experiences and perspectives of recreation providers.

Participants' Selection

You are being asked to participate in this study because you are involved with the Active Communities Initiative in your municipality or region, and have knowledge of the types of Active Communities events and programs that are happening, and the audiences the initiative is trying to reach.

What is involved

If you agree to voluntarily participate in this research, your involvement will be to participate in a one on one interview. You will also be invited to participate in a follow-up focus group scheduled at your convenience during the BCRPA symposium in April 2008. The purpose of the focus group will be to bring together all the interview participants to discuss the findings from the interview, and ask questions about current and future experiences in serving low income residents.

Inconvenience

Participation in this study may cause some inconvenience to you, including the time it takes to take part in the interview (no more than 1.5 hours).

Risks

There is no known or anticipate risks to you by participating in this research.

Benefits

The potential benefits of your participation in this research include the opportunity for you to share your experiences and perspectives on offering programs to low income citizens in your community. By understanding your experiences, the benefits to Canadian society and the state of knowledge will include enhancing the current policy and best practices and disseminating information to other communities that may be engaging in initiatives such as Active Communities.

Voluntary Participation

Your participation in this research must be completely voluntary. You know the researcher or her supervisor through a professional relationship; however, you do not need to feel obligated to participate. If you do decide to participate, you may withdraw at any time without consequence or any explanation. If you do withdraw from the study we would ask permission to use the data you have provided us up to that point.

Anonymity

In terms of protecting your anonymity please know that no names will be used in reports. You will be assigned a code number to which your interview comments will be matched. Only the researcher and her supervisor will have access to the consent forms, the full list of participants and the assigned codes. Because we will be gathering information to describe the experiences of communities registered as Active Communities and engaging in providing programs to low income citizens, there may be some information that you think identifies yourself. We will provide you with the opportunity to review and revise the interview transcript so that you can remove or change information that you may feel reveals your identity.

For accurate data collection, we would like to audio-tape the interview and will ask your permission to do this before the start of the interview. Should you not want us to record the discussion, we will take notes instead. Transcripts of the interview will not include any names or other identifying information. No true names will appear in any written report. If there are audio tapes of the interview they will be erased following transcription. You will be given the opportunity to review transcripts and change anything that you feel identifies yourself.

Confidentiality

Your confidentiality and the confidentiality of the data will be protected by storing all the information securely in a locked room with no identifying information. Following collection of the data, only the researchers and the research assistant will have access to the information which is to be stored in the researchers' office at the University of Victoria. In final reports, the information collected will be grouped together and there will be no discussion or reporting of the findings about a single person. Data from this study will be disposed of two years following the completion of the project by shredding focus group transcripts/notes and deleting text/analysis files from computer harddrives, CDs and discs.

Dissemination of Results

It is anticipated that the results of this study will be shared with others in the following ways: in progress and final reports to the BC Recreation and Parks Association, at professional and scholarly meetings/conferences, in professional and academic journals.

Contacts

Individuals that may be contacted regarding this study include the researchers listed at the top of this form – Jenny or Joan. In addition, you may verify the ethical approval of this study, or raise

any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545).

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers.

Name of Participant

Signature

Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Appendix 5

***Participant Consent Form
Focus Group***

Is your community reaching everyone everyday? Exploring the experiences and perspectives of Active Communities practitioners in serving low income citizens.

You are invited to participate in a study entitled **Is your community reaching everyone everyday? Exploring the experiences and perspectives of Active Communities practitioners in serving low income citizens** that is being conducted by Jenny Scott. Jenny is a master's student at the University of Victoria completing her studies under the supervision of Dr. Joan Wharf Higgins. You may contact either of them if you have further questions by emailing Jenny (250-858-6849; scottj@uvic.ca) or Joan (250-721-8377; jwharfhi@uvic.ca).

Purpose and Objectives

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Importance of this Research

Rates of inactivity among Canadians are at alarming rates. Among those that are most at risk for inactivity are individuals with low incomes. The current literature provides information on the benefits and costs associated with participation in physical activity from the perspective of an individual living with low income, however, what is understudied is the perspectives of those providing the service. This research will fill a gap in the literature and provide insight into the experiences and perspectives of recreation providers.

Participants' Selection

You are being asked to participate in this study because you are involved with the Active Communities Initiative in your municipality or region, and have knowledge of the types of Active Communities events and programs that are happening, and the audiences the initiative is trying to reach. In addition, you participated in an earlier interview with Jenny about your experiences.

What is involved

If you agree to voluntarily participate in this research, your involvement will include being part of a focus group, which will be held at the BCRPA conference in April 2008. The purpose of the focus group is to share the findings from the interviews and to explore current and future ideas for working with low income groups.

Inconvenience

Participation in this study may cause some inconvenience to you, including the time it takes to take part in the focus group (no more than 1 hour).

Risks

There is no known or anticipate risks to you by participating in this research.

Benefits

The potential benefits of your participation in this research include the opportunity for you to share your experiences and perspectives on offering programs to low income citizens in your community. By understanding your experiences, the benefits to Canadian society and the state of knowledge will include enhancing the current policy and best practices and disseminating information to other communities that may be engaging in initiatives such as Active Communities.

Voluntary Participation

Your participation in this research must be completely voluntary. You know the researcher or her supervisor through a professional relationship; however, you do not need to feel obligated to participate. If you do decide to participate, you may withdraw at any time without consequence or any explanation. If you do withdraw from the study we would ask permission to use the data you have provided us up to that point.

Anonymity

In terms of protecting your anonymity please know that no names will be used in reports. You will be assigned a code number to which your focus group comments and documents will be matched. Only the researcher and her supervisor will have access to the consent forms, the full list of participants and the assigned codes. Because we will be gathering information to describe the experiences of communities registered as Active Communities and engaging in providing programs to low income citizens, there may be some information that you think identifies yourself. We will provide you with the opportunity to review and revise the focus group transcript so that you can remove or change information that you may feel reveals your identity.

For accurate data collection, we would like to audio-tape the focus group and will ask your permission to do this before the start of the focus group. Should you not want us to record the discussion, we will take notes instead. Transcripts of the focus group will not include any names or other identifying information. No true names will appear in any written report. If there are audio tapes of the focus group, they will be erased following transcription. You will be given the opportunity to review transcripts and change anything that you feel identifies yourself. If you take part in a group interview, complete anonymity cannot be guaranteed since others in the group will hear what you say. We ask everyone to not repeat what others say outside of the group interview; however you should know that other group members may know who you are and will hear what you say. Even though your name will not be used in any reports or discussions outside the interview, please understand that within the group, you will not remain anonymous.

Confidentiality

Your confidentiality and the confidentiality of the data will be protected by storing all the information securely in a locked room with no identifying information. Following collection of the data, only the researchers and the research assistant will have access to the information which is to be stored in the researchers' office at the University of Victoria. In final reports, the information collected will be grouped together and there will be no discussion or reporting of the findings about a single person. Data from this study will be disposed of two years following the completion of the project by shredding focus group transcripts/notes and deleting text/analysis files from computer harddrives, CDs and discs.

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Contacts

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Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers.

I consent to having my photograph taken during the focus group on April 25, 2008.

Name of Participant

Signature

Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.