



# Physical Activity for Marginalized Women in British Columbia: A Discussion Paper

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## Introduction

Physical activity has important positive effects on both physical and mental health for women (Reid, Dyck, McKay, & Frisby, 2000; Warburton, Nichol, & Bredin, 2006). Yet many women in British Columbia find it challenging to engage in levels of physical activity that are sufficient to promote health and marginalized women, in particular, face many barriers to participation in sport, recreation, and physical leisure (BC Healthy Living Alliance, 2007; Frisby, Reid, & Ponc, 2007). Researchers with the BC Centre of Excellence for Women's Health, in partnership with ProMOTION Plus, conducted an environmental scan to learn more about physical activity for marginalized women in British Columbia (BC). People working within the physical activity and women-serving sectors were invited to discuss how they understand the concepts of physical activity and marginalization and what they know about what is being done to support marginalized women's involvement in physical activity to improve their health. We defined the physical activity sector as any BC government or not-profit agency with a mandate to provide sport, recreation, fitness, or leisure services and the women-serving sector as any government or non-profit agency that provides health or social services to marginalized women in a specific or targeted manner.

We found that people working in the physical activity and women-serving sectors have both shared and distinct ways of understanding the concepts of physical activity (and its relationship to health) and marginalization. Peoples' views regarding these terms in turn shape the opportunities they facilitate for marginalized women's involvement. In this paper, we discuss these commonalities, differences, and opportunities with a view to facilitating future dialogue and action toward enhanced physical activity and health for marginalized women in BC.

## Partners to Improve Women's Health through Physical Activity

The BC Centre of Excellence in Women's Health (BCCEWH) and ProMOTION Plus are partnering to facilitate this initiative. The mission of the BCCEWH is to improve the health of women through innovative research and the development of women-centered programs, practice, and policies. ProMOTION Plus is a BC non-profit organization mandated to enhance physical activity in women and girls, guided by values of equity, diversity, and inclusion. This partnership was supported by funding from the Vancouver Foundation Community-based Health Research granting program and the Canadian Institutes of Health Research, Institute of Gender and Health through an Emerging Team Grant.

The aim of our partnership is to improve the health of marginalized women in BC through research and knowledge exchange on physical activity for women. Our objectives are to a) increase knowledge about how to create effective, women-centred physical activity opportunities and b) support a wide range of service providers to offer women-centred physical activity as part of their program activities.

This discussion paper is one step in our developmental work on the topic of physical activity for marginalized women in BC. To date, we have conducted a community-engaged environmental scan that gathered information on how physical activity for marginalized women is being understood and acted upon. This discussion paper summarizes the results of the environmental scan and raises questions to stimulate dialogue across the physical activity and women-serving sectors. In the fall and winter of 2011-12, we will facilitate a virtual Community of Practice (CoP) to provide a venue for service providers, policy-makers, and community-based researchers from across the province to discuss areas of interest for mutual learning and potential action (the virtual CoP is described in more detail on page 14). Building on the discussions in the CoP, our partnership will then initiate further participatory action research project.

## Background on Women's Physical Activity and Health in BC

Physical activity is a core health promotion activity that can result in numerous health benefits (Warburton, et al., 2006). In fact, all governments in Canada, including BC, have committed themselves to promoting 'healthy living' through physical activity (Government of British Columbia, 2011; Intersectoral Healthy Living Network, 2005; ParticipACTION, 2011). However, research shows that on average and across all age groups women are less active than men and that women identify significant barriers to physical activity, including cost, safety, language, transportation, child-minding, stigma, and health concerns (Canadian Fitness and Lifestyle Research Institute, 2010; Frisby, et al., 2007).

Women who are racialized, disabled, elderly, mothering, rural-dwelling, living on low income, or a combination thereof, tend to have the lowest activity levels and face multiple and overlapping barriers to being physically active (Barrett, Plotnikoff, Courneya, & Raine, 2007; Burton, Turrell, & Oldenburg, 2003; Caperchione, Kolt, Tennent, & Mummery, 2011; Day, 2006; Ewing, Schmid, Killingsworth, Zlot, & Raudenbush, 2003; Grace, Williams, Stewart, & Franche, 2006). Women in such marginalized social groups also tend to have poor health status and experience a range of physical and mental health issues that could benefit from physical activity, such as cardiovascular disease, diabetes, and depression (Barrett, et al., 2007; Chasey, Pederson, & Duff, 2009; Concepcion & Ebbeck,

### Story Box A: Portland Phoenix Women's Street Soccer Team

The [Portland Phoenix](#) are a soccer team for women who are homeless or at risk of homelessness in the downtown east-side of Vancouver. All women are encouraged to 'come as they are' regardless of health or social status. Members include single mothers, Aboriginal women, women who have substance use issues, and youth at-risk. While such teams for men are more common, this is the first women-only street team of its kind. It is supported by the Portland Hotel Society, which is a non-profit organization providing housing and related supports to marginalized individuals and families.

The Phoenix practice twice a week, rain or shine. There is no cost to team members and equipment, childcare, and transportation are provided. Players do not have to provide proof of housing or income to participate. The team is coached by a female volunteer and participates in monthly tournaments against mixed-gender teams across the Lower Mainland and BC. This year, the team had the opportunity to travel to Paris and play in Homeless World Cup.

2005; Morrow, Hankivsky, & Varcoe, 2008; Uebelacker et al., 2010; Wharf Higgins, Young, Cunningham, & Naylor, 2006).

Given what we know about marginalized women’s participation rates and the benefits of and barriers to engaging in physical activity, we are interested in exploring how to build on the work already being done across BC to foster more – and more effective – approaches to physical activity provision that are women-centred, reduce barriers to participation, and promote marginalized women’s health and healing.

### **A Community-Engaged Environmental Scan**

The ideas in this paper were generated through a community-engaged environmental scan. Our goals in the scan were:

- a) To understand the current context for and status of physical activity opportunities for marginalized women in BC at the local and provincial levels;
- a) To explore how people working in the physical activity and women-serving sectors are thinking about and taking action to promote physical activity for marginalized women; and
- a) To create an initial inventory of people to invite into further dialogue through a virtual Community of Practice.

To gather information from a range of perspectives and contexts, we spoke with policy makers, service providers, and community-based researchers in the physical activity and women-serving sectors. We chose to engage with both sectors because we knew from our previous work that people in both sectors value physical activity for marginalized women but are not necessarily working together or in similar ways to foster it.

We defined the physical activity sector as any government or not-profit agency with a mandate to provide sport, recreation, fitness, or leisure services in BC, such as recreation centres and community sport agencies. We defined the women-serving sector as any government or non-profit agency that provides health or social services to marginalized women in a specific or targeted manner, including anti-violence organizations and community health centres. In some cases, an organization might be understood as acting in both sectors; the YWCA, for example, has a mandate for both physical activity and women’s equality. Additionally, some of the opportunities identified in the women-serving sector were lead by volunteers who were trained in the physical activity sector, such as graduate students in kinesiology programs. That said, most of the people we spoke with

#### **Story Box B : Healthy Families BC**

The Government of British Columbia is currently prioritizing “Healthy Families BC” policies and programs across ministries and departments. The website ([www.healthyfamiliesbc.ca](http://www.healthyfamiliesbc.ca)) highlights the multi-faceted approach to promoting healthy living through healthy eating, healthy starts, healthy lifestyles, and healthy communities. Physical activity is a core component of the Lifestyles and Communities approaches.

Within the healthy communities section, the website encourages communities, schools, and work places to provide opportunities for people to make healthier choices, including engaging in physical activity. The healthy lifestyles section of the website outlines resources for physical activity including suggestions for a range of activities across all ages and gender and tip sheets for getting started from the Public Health Agency of Canada.

identified themselves as working primarily in one sector or another.

We conducted the scan by strategically identifying diverse people and organizations at the local and provincial levels. Provincially, we approached relevant government branches and non-profit organizations with a BC mandate. At the local level, we approached organizations in four communities: Kitimat, Nelson, Kamloops, and Vancouver. We chose these communities to build on the research team’s existing relationships as a starting point for the scan and because they range in size, geography, and socio-demographic make-up, reflecting the diversity of BC communities. The list of people we spoke to extended beyond our pre-existing networks through referrals and word of mouth. In all, we spoke to 36 people .

The conversations were relatively informal and touched on people’s a) organizational mandates, programs, and policies, b) experiences and perspectives as practitioners who provide services for marginalized women, and c) understandings of the opportunities and challenges in providing

opportunities for physical activity for marginalized women. The conversations included telephone and face-to-face meetings with the project team’s Research Assistant and ranged from 20–75 minutes in length. She compiled notes throughout the process. We created a list of questions as a starting point for each conversation (see Appendix A), but let the discussions unfold according to each person’s expressed interest and understanding of the issues within their context.

Initially, we decided to leave the definitions of the key terms (physical activity and marginalization) open-ended because we recognized that they are not fixed and wanted to explore how they were being understood from various perspectives. Early on in our scanning process, however, we learned that there were important commonalities and differences among the people working in the two sectors, particularly in relation to how these key terms were conceptualized. Understandings of these terms were at times named explicitly in the conversations and at times were implicit in peoples’ descriptions of programs and their experiences of managing them. These patterns raised the following questions for our team about the conceptualizations within each sector and what they mean for the programs and opportunities being offered for marginalized women in BC:

- a) How do people in the physical activity sector and women-serving sector **conceptualize physical activity and health?**

### Story Box C: AIDS Society of Kamloops (ASK) Integrated Programs

The [AIDS Society of Kamloops](#) (ASK) is a non-profit agency that runs a Wellness Centre providing housing, health and social support for people living with HIV/AIDS, Hepatitis C, mental illness, and substance use issues. ASK runs wellness-oriented programs that are open to people living in their supported housing, people who are street- and sex-trade involved, and those participating in ASK Wellness’s employment program.

The physical activity opportunities that are run in connection with other Wellness Centre programs include community gardening and the Hi5 Run/Walk club. Anyone in the City of Kamloops is welcome to join the run club and all abilities are welcome to join at any point during weekly runs. Running shoes, water bottles, and clothes are made available through donations. Hi5Run/Walk Club also provides life skills education on physical fitness and nutrition as an avenue to better mental health and quality of life. Hi5 Run/Walk Club members also have the opportunity on occasion to attend fitness or yoga classes with volunteer instructors.

- b) How do people in the physical activity sector and women-serving sector **conceptualize marginalization**?
- c) **What is being done** in the physical activity sector and women-serving sector to promote opportunities for physical activity for marginalized women?
- d) **What could be being done** by the physical activity sector and women-serving sector to promote further opportunities for physical activity for marginalized women?

To describe what we learned through the environmental scan, we have organized its results below to begin answering the first three questions, and pose a few more specific questions to initiate discussion about the fourth.

## Results of the Environmental Scan

### 1. Conceptualizations of Physical Activity and Health

People working in both the physical activity and women-serving sectors conceptualized “physical activity” broadly in relation to opportunities for marginalized women. They identified a range of formal and informal activities across four general categories: 1) sport, 2) recreation and fitness, 3) leisure, and 4) active living. Table 1 outlines these categories with definitions and examples based on the information we gathered in the scan.

**Table 1: Categories of Physical Activity**

Term	Definitions	Examples provided
Sport	Organized and competition-based physical activity, both through practice and games	<ul style="list-style-type: none"> <li>• Soccer</li> <li>• Softball</li> <li>• Lawn bowling</li> </ul>
Physical recreation and fitness	Structured and semi-structured physical activities that are for the primary purpose of improving health and physical functioning	<ul style="list-style-type: none"> <li>• Lifting weights</li> <li>• Running</li> <li>• Fitness or yoga classes</li> </ul>
Physical leisure	Unstructured activities conducted for fitness and broader life-style benefits	<ul style="list-style-type: none"> <li>• Community gardening</li> <li>• Hiking or walking</li> <li>• Dancing</li> </ul>
Active living	Physical activity to meet the needs of day-to-day living	<ul style="list-style-type: none"> <li>• Walking for transportation</li> <li>• Carrying children</li> </ul>

People working in both sectors referred to recreation and fitness, leisure, and active living activities as the most common types of physical activity available to marginalized women. Those in the physical activity sector were more likely to describe offering sporting opportunities than those in the women-serving sector. However, their references to sport tended to focus on sport opportunities for children and youth that mothers may help to facilitate, rather than sport opportunities for women. An exception to this trend was the Women’s Street Soccer program in the Downtown Eastside of Vancouver, which offers soccer practices and games for women who are homeless or at risk of

homelessness, including the opportunity to compete internationally (see Story Box A, pg. 4).

One difference between the sectors was the degree to which the activities were structured and organized by regular routines, rules, time, equipment, or other related protocols. For example, an informal activity would be a community garden that women are able to access at any time and contribute to in a way that feels comfortable for them. A more formal activity, on the other hand, would be a sporting game bound by specific rules, equipment, and timelines. While both sectors provided some formal and informal activities, activities identified in the women-serving sector tended to be less formal whereas those identified in the physical activity serving-sector tended to be more formal.

Those working in the two sectors viewed active living for marginalized women in different ways. In the physical activity sector, active living was seen as a choice to be made toward living a healthy lifestyle. In contrast, those working in the women-serving sector, understood active living as a necessity rather than a choice, since many marginalized women have to walk, for example, because they do not have access to other modes of transportation.

People also differed in how they conceptualized the relationship between physical activity and health. In the physical activity sector, physical activity tended to be understood as a key component of living a 'healthy lifestyle,' which contributes to community and population health. For example, the BC Provincial Government Healthy Families initiative positions physical activity as a primary prevention strategy to reduce chronic disease and injury and as a key component of living a healthy life (see Story Box B, pg. 5). In contrast, people working in the women-serving sector conceptualized physical activity as a mechanism to support marginalized women's safe and holistic healing across physical, mental, social, and spiritual dimensions of health. Physical activity in this sector is often one aspect of a broader health promotion program. For example, the AIDS Society of Kamloops facilitates an ASK Wellness program that includes running clubs as an integrated part of their housing, employment, and health promotion programming for women with HIV/AIDS, Hepatitis C, and mental health and substance use issues (see Story Box C, pg. 6).

#### **Story Box D: Leisure Access Subsidy Programs**

Leisure Access is a type of financial assistance or subsidy program often run in municipal or community recreation and fitness centers. While such programs are typically called Leisure Access, some are identified by other names such as Financial Assistance Programs. Leisure Access-type policies and programs exist in most communities across the province, including Nelson, Kitimat, Kamloops, and Vancouver.

Typically, Leisure Access-type programs reduce the cost of memberships or programs based on a identified percentage of the full cost according to applicants' personal income. At times, subsidies for onsite childcare are also provided. Eligibility for Leisure Access most often requires evidence of income levels, but at times when documentation is lacking, eligibility is assessed on a person-to-person basis. The Kamloops YWCA has component of its policy that is tailored to women who have been abused, which provides women and their children with short-term memberships at no-cost to YMCA programs upon request.



## 2. Conceptualizations of Marginalization

Marginalization in relation to physical activity was broadly conceptualized across the physical activity and women-serving sectors in reference to women’s social locations and access to services. People in both sectors identified many social, economic, and health factors that contributed to marginalization such as: poverty; ethno-cultural background and immigration status; age; and physical ability. Moreover, women and their families who are situated within these marginalized social locations may also be challenged by a lack of income, transportation, and/or childcare; stigma; and low English literacy when trying to access services.

Despite these commonalities, there are key differences between sectors and the people working within in them in terms of how these aspects of marginalization, and the barriers that they create, are understood in the context of women’s lives. We identified three frames within which people working in these sectors tend to conceptualize how women experience marginalization in regards to physical activity: 1) as one primary mechanism of marginalization; 2) as multiple mechanisms of marginalization that are additive; and 3) as multiple mechanisms of marginalization as a result of intersecting systems of power. Table 2 further explains these frames.

**Table 2: Frames of Conceptualizing Marginalization in the Context of Physical Activity**

Frames of marginalization	Examples	Associated barriers to physical activity
Single and primary mechanism	Poverty as primary mechanism for a woman on social assistance	1. Lack of income
	Ethnicity as primary mechanism for a newcomer to Canada	1. Language differences
Multiple, additive mechanisms	Gender and poverty as additive mechanisms for a single mother	1. Lack of income 2. Lack of childcare
	Ethnicity, age, and poverty as multiple and additive mechanisms for a senior new immigrant woman with no income	1. Lack of income 2. Cultural and language differences 3. Lack of age-appropriate opportunities
Multiple mechanisms based on systems of power	Gender and poverty for a woman who has been abused by her male partner	1. Lack of income 2. Trauma as a result of abuse 3. Safety 4. Disempowerment
	Colonialism, racism, gender, and poverty for a homeless Aboriginal woman who has a history in residential schools and mental health issues	1. Lack of income 2. Cultural differences 3. Safety 4. Stigma 5. Trauma as a result of systemic violence 6. Disempowerment

Certainly, marginalization is a complex process that manifests differently for different women, so it is not surprising that there are multiple ways that people understand it. In general, we found that those in the physical activity sector tend to conceptualize marginalization through the first two frames; as occurring through a single, primary mechanism or as occurring through multiple, additive mechanisms. The barriers that people identified related to the specific way they understood marginalization. The most prevalent understanding in the physical activity sector is that poverty is the primary mechanism of marginalization that creates the barrier of lack of income to pay for fitness, recreation, or leisure services. This dominant understanding is reflected in the prevalence of Leisure Access-type programs that subsidize the cost of admission to services and facilities across the province based on income (see Story Box D, pg. 8). Some people working in this sector view marginalization through the second frame of multiple and additive mechanisms. That is, they understand that a low-income mother may lack of childcare as well as funds, and thus attempts are made to address both barriers.

In comparison, those working in the women-serving sector tended to view marginalization through the second and third frames. The important distinction between the second and third frames is the ways in which the multiple mechanisms relate to one another. In the second frame, the mechanisms are seen as additive, meaning that different mechanisms build upon one another to create multiple issues or barriers in women's lives. People who use this frame in the women-serving sector acknowledge multiple mechanisms of marginalization and attempt to address multiple barriers confronting the women they serve.

In the third frame, the multiple mechanisms are seen as being interconnected and resulting from systems of power, including systems of race, class, and gender. Central to this view is the understanding that the mechanisms of marginalization cannot necessarily be separated from one another in the contexts of women's lives and therefore the barriers need to be addressed simultaneously. Further, power and oppression are understood to be the underlying mechanism of marginalization, which in turn result in ongoing experiences of trauma for marginalized women. From such a perspective, both

### **Story Box E: Yoga Outreach – Trauma-informed Yoga**

[Yoga Outreach](#) is a registered charity that provides a trauma-informed approach to yoga by partnering with a range of health and social service providers who work with marginalized women. Yoga Outreach staff match volunteer yoga teachers to organizations such as correctional facilities, safe and transition houses for women, mental health institutions, substance use recovery centers, and women's centers. The classes are offered on a regular basis and are free of charge for participants.

Yoga Outreach staff develop curriculum and training workshops that is trauma-informed and tailored to particular participants groups, such as people with concurrent disorders or youth at risk. The trauma-informed or trauma-sensitive approach to yoga is based on the recognition that many marginalized individuals have experienced ongoing trauma in their lives and may suffer from post-traumatic stress. The trauma-informed approach creates a safe environment through principles such as non-violent and invitational language from teachers, no touch or assists, and a welcoming room. Its focus is to encourage yoga participants to safely re-connect with their bodies and re-develop the ability to choose what type of movement feels right for them.

disempowerment and trauma are viewed as significant barriers to participation in physical activity and these need to be addressed alongside other barriers such as low income and a lack of child care. Yoga Outreach, for example, works in transition houses for women who have been abused and uses innovative trauma-informed teaching to create opportunities for women that are safe and empowering, as well as being free of cost (see Story Box E, pg. 10).

### ***3. What is being done to promote physical activity for marginalized women?***

The strategies that organizations use to provide physical activity opportunities for marginalized women tend to align with the ways in which they understand the core concepts of physical activity and marginalization. We also heard of exceptions to this tendency, however, and recognize that most people are working with the best of intentions. We recognize that most organizations operate in a context of competing policy mandates, limited resources, and differing perspectives on the best models for implementation. We therefore offer our summary comments not to be critical but rather to serve as the basis for seeking common ground and to prompt further discussion.

Earlier we described the physical activity sector as one that conceptualizes physical activity broadly in terms of healthy living and disease prevention, and understanding marginalization in terms of a single, primary mechanism or multiple, additive mechanisms that limit opportunities and access to programs. To improve access, the general trend in this sector is to frame opportunities for marginalized women within broader organizational mandates of inclusion and accessibility. This typically means that policies and programs are designed to ‘cast a wide net’, with programs offered to everyone and it is the responsibility of individuals or community groups to access them. At the provincial government level, a primary strategy in this regard is public education through websites (as described in Story Box B, pg. 5).

In the fitness and recreation fields, the primary means of promoting inclusion is to address women’s individual barriers to participation in pre-existing programs. As described in Story Box D (pg. 8), most often this includes subsidy programs that reduce or remove associated costs to existing programs through Leisure Access-type policies based upon income. Free or subsidized childcare is also offered by some providers. These strategies are in line with the understanding that marginalization is primarily a mechanism of a single factor, in this case poverty. Similarly, there are some programs

#### **Story Box F: ProMOTION Plus Granting Programs**

[ProMOTION Plus](#) is a BC non-profit organization dedicated to increasing opportunities for women and girls in the sport and recreation systems and guided by values of equity, diversity, and inclusion. With support from BC Government 2010 Legacies Now and the Canadian Government BC Sport Participation program, ProMOTION Plus partners with the BC Recreation and Parks Association to provide community grants to facilitate women’s physical activity.

The Forever Active Bodies Grant Incentive Program funds community organizations to provide opportunities for sport and fitness for inactive women 55 years and older. In 2011, grantees included the Shuswap Women’s Recreation Soccer Association and its “Fitness 55” program; the District of Sparwood Community Services and its “Floor Curling” program; and the Vancouver Native Health Society, Red Fox Recreation and its “Red Fox Active Elders” program.

designed for specific groups based on a different mechanism of marginalization, such as ethno-cultural background, where for example, language-specific programs have been developed for newcomers to Canada. Again, such programs typically tackle only one dimension of the problems facing those trying to access programs and services.

There are also some organizations within the physical activity sector that provide grants to support community programs for the general population more broadly or for women specifically. ProMOTION Plus, in partnership with the BC Parks and Recreation Association, for example, facilitates a grant program for senior women that has supported activities such as walking clubs and lawn bowling (see Story Box F, pg 11). Opportunities for marginalized women may be supported through such funding structures, if an organization or group knows that they exist and has the resources necessary to access and apply for them.

In general, there are few initiatives within the physical activity sector which directly aim to engage marginalized women and there is little outreach encouraging marginalized women to participate in the broader programs that are offered. That said, some organizations are proactive in their inclusion practices. For example, the BC Recreation and Parks Association has designed workshops to educate staff on how to break down barriers to access (see Story Box G, pg. 12). Some people also reported the provision of women-friendly programs such as women-only gym time, swimming, or dance classes.

Those working in the women-serving sector tend to understand physical activity broadly as a part of pursuing holistic health and healing in the context of women's lives. Marginalization tends to be understood in terms of multiple and interrelated mechanisms that both limit opportunities and access to programs and create repeated experiences of trauma and disempowerment. Despite these broad understandings, the people we met with generally reported that the opportunities for physical activity in the women-serving sector are few because physical activity is not typically their core mandate. The limited resources that they have are needed to meet their primary mandates related to violence, housing, substance use, primary health care, and food security.

When the women-serving sector offers opportunities for involvement in physical activity, they tend to be short-term, minimally-funded, or run by volunteers. They are mostly free, occasionally involve the provision of childcare, and are often provided as part of larger health or social programs. We identified a few exceptions in which organizations have physical activity built into their specific

### **Story Box G: BC Recreation and Parks Association Staff Training Workshops**

[BC Recreation and Parks Association](#) (BCRPA) is a non-profit professional association dedicated to building and sustaining active lifestyles in communities across BC. BCRPA is a resource agency for its members and aims to build capacity within the recreation sector. It also plays an advocacy role for the creation of accessible and inclusive recreation and physical activity.

BCRPA has created Everybody Active training workshops for recreation providers to increase their ability to understand and address barriers to participation for low-income adults and families. Previously offered in-person, they have recently been adapted as an online tool available to anyone in the sector. The Everybody Active workshops include information on issues of low-income and diversity, gendered effects of low-income, and related barriers to address including safety concerns, activity choice, and self-esteem and body issues.

mandates such as the YWCA, but these are not the norm. We observed that the more formal physical activity programs within this sector include martial arts, walk-run groups, and meditative yoga. There are also less formal opportunities that tend to have a social or spiritual connection such as community gardening, mindful walking, and dance. These programs tend to be more sustainable, because they require fewer resources. For example, in both Nelson and Kitimat, organizations run community gardens that women can participate in on an open basis, as well as share in the food that is produced.

Those working in the women-serving sector also facilitate women's access to local recreational programs by providing letters of support or verifying women's eligibility for Leisure Access-type subsidy programs such as those described in Story Box D (pg. 8). Importantly, as noted earlier, those from the women-serving sector often noted that the most common form of physical activity for marginalized women is an active lifestyle out of necessity. Many women walk as their primary mode of transportation and many women carry children and other heavy loads such as groceries for hours on a daily basis.

While many in the women-serving community reported making efforts to reduce barriers to participation for marginalized women, limited resources put constraints on how much time and effort can be made to creating opportunities for physical activity for marginalized women that are congruent with their understandings of it. That said, we did learn that some people in this sector are explicitly providing trauma-informed physical activities that attend to the disempowerment and trauma understood to be underlying mechanisms within the third frame of marginalization by partnering with organizations like Yoga Outreach as outlined in Story Box E (pg. 10).

## Conclusion

Marginalized women are the least likely social group to participate in physical activity and face multiple barriers when they attempt to do so (Canadian Fitness and Lifestyle Research Institute, 2010; Frisby, et al., 2007). Marginalized women also tend to have poor physical and mental health outcomes, which could benefit from physical activity (Chasey, et al., 2009; Morrow, et al., 2008; Warburton, et al., 2006). Through this community-engaged environmental scan, we found that people working in the physical activity and women-serving sectors are working to foster opportunities for marginalized women to participate in physical activity for improved health. Yet we also found that there are commonalities and variances amidst sectors in terms of how they conceptualize physical activity, and its relationship to health, and marginalization. The ways in which people conceptualized these key terms directly shape the opportunities and programs that they facilitate.

We also found that, for the most part, those working in the physical activity and women-serving sectors tend to operate in relative isolation from each other despite the overlap in their understandings of the issues and commitment to addressing them. In light of work already underway around the province, as well as the evidence related to women's low participation rates, barriers to participation, and the health benefits of physical activity, we believe that there is rich opportunity for exploring the potential to enhance opportunities across and within these sectors.

### ***What (more) can be done?***

The ideas in this discussion paper raise some important questions about what can be done to create more – and more effective - opportunities to promote physical activity for marginalized women across BC:

- ***What can be learned from the common and different understandings of physical activity, health, and marginalization?***
- ***In what ways can people in the physical activity sector and the women-serving sector partner to build on their diverse strengths and skill sets?***
- ***How can new and innovative approaches to providing safe and empowering physical activity opportunities for marginalized women be used as a platform for new developments, such as trauma-informed approaches to physical activity?***

### **An Invitation to a Community of Practice**

While the results from our scan show that efforts are being made in British Columbia to improve physical activity opportunities for marginalized women, we believe that more can be done to create new opportunities, counter the barriers women continue to face, and help alleviate the health problems that they experience. The ideas in this paper are not definitive, but exploratory. We see the commonalities and differences outlined in this discussion paper as an opportunity to stimulate further dialogue, mutual learning, and the creation of new opportunities. As such, we are using this paper both as a description of our learning in the environmental scan and as a platform for a virtual Community of Practice (CoP).

Communities of practice, which have been increasingly used in the health and social fields, have been defined as “groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis” (Wenger, McDermott, & Snyder, 2002). Key CoP principles include ongoing participation, mutual engagement and learning, respect for both experiential and research knowledge, reflective practice, and critical thinking (Buysse, Sparkman, & Wesley, 2003; Poole, 2008). Virtual CoPs occur through web-based meeting technologies (Sharratt & Usoro, 2003).

We invite you to join us to discuss these and other questions you might have through a virtual CoP we are facilitating from November 2011 through April 2012. The meetings will be held as web meetings, in which you join a discussion by phoning a toll free number and connecting online via a web-link (thus you need only an internet connection and a telephone). In some communities, there may be the option for participants to gather in a local meeting room (that has a speaker phone and computer) and connect as a group. We will meet for one hour per month, during which time we will facilitate discussions that:

- a) provide the opportunity to discuss questions such as those identified above;
- b) learn about each others’ practices; and
- c) potentially initiate action towards new and innovative opportunities.

The agenda for each meeting will be emergent, building on participants' interest and ideas for action. We will augment the dialogue with the use of readings and guest speakers as appropriate. **If you are interested in participating, please RSVP through our contact information on the back cover of this paper.**

Finally, we see these activities – the environmental scan, this discussion paper, and the CoP – as developmental and exploratory stages in the process of creating a community-based and participatory action research project on a more specific aspect of physical activity for marginalized women in BC that is identified as being important and in need of study through the CoP. While participants in the scan and CoP will have the opportunity to participate in the research, it is not imperative that you do so. As participatory action researchers, we are committed to conducting research that is relevant and meaningful to people in their professional practice, communities, and personal lives. Facilitating this developmental work is our means of doing so.

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## Appendix A: Environmental Scan Questions

### ***People working at the provincial policy level***

- What physical activity policies and funding programs for women exist in your organization, including inventories of funded programs or organizations?
- What are the mandates and timeframes for policies and funding programs?
- Do you have any policies targeted at marginalized women's physical activity?
- In light of our conversation today, would you be interested in being involved in some on-going dialogue and learning about physical activity for marginalized women?

### ***People working within provincial organizations***

- What women's physical activity programs and policies exist in your organization, including inventories of programs and policies?
- What are the mandates and timeframes for programs and policies?
- Are any policies and programs specific to PA for marginalized women?
- In light of our conversation today, would you be interested in being involved in some on-going dialogue and learning about physical activity for marginalized women?

### ***People working within women-serving organizations at the community level***

- What is your mandate?
- What types of programs do you offer?
- Does physical activity fit into your programs? If yes, how so?
- How do women access these programs?
- Do you know of any formal or informal physical activity programs for marginalized women in your community? Can you connect me to them?
- In light of our conversation today, would you be interested in being involved in some on-going dialogue and learning about physical activity for marginalized women?

### ***People working within physical activity organizations at the community level***

- Do you have physical activity programs that are tailored specifically to women? Any that tailored to marginalized women?
- How do women access or participate in these programs (eligibility requirements, outreach done to encourage access or do people need to know)?
- Who leads programs (are programs peer-lead, instructor-lead or volunteer-lead)?
- Please identify other formal or informal physical programs for marginalized women that are relevant for marginalized women?
- In light of our conversation today, would you be interested in being involved in some on-going dialogue and learning about physical activity for marginalized women?

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## British Columbia Centre of Excellence for Women's Health

The mission of the British Columbia Centre of Excellence for Women's Health (BCCEWH) is to improve the health of women through innovative research and the development of women-centered programs, practice, and policies. To ensure effective research and useful knowledge exchange, we engage with communities, health care and social service providers, policy makers, and academics across Canada and around the world.

## ProMOTION Plus

ProMOTION Plus is the British Columbia organization for girls and women in physical activity and sport. It was established as a non-profit society in 1990 and was unique in Canada at the time. ProMOTION Plus is still only one of the three provincial organizations in Canada dedicated to increasing opportunities for girls and women in the sport and recreation delivery system.