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UNDERSTANDING THE ROLE OF SPORT FOR DEVELOPMENT IN ADDRESSING
HEALTH DISPARITIES IN LOW-SES COMMUNITIES

A dissertation submitted in progress toward partial fulfillment of the requirements for the degree
of Doctor of Philosophy at Virginia Commonwealth University

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Definition of Terms

Health Disparity: a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities negatively affect groups of people who have systematically experienced greater obstacles to health based on characteristics historically linked to discrimination or exclusion (USDHHS, 2010).

Socioeconomic Status (SES): a combined total measure of social and economic characteristics such as employment, income, education, poverty level, and built environment (Pleasants, Riley, & Mannino, 2016).

Sport for Development (SFD): the intentional use of sport, physical activity and play to attain specific development objectives in low- and middle-income countries and disadvantaged communities in high-income settings (Richards et al., 2013).

Abstract

UNDERSTANDING THE ROLE OF SPORT FOR DEVELOPMENT IN ADDRESSING
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By Tiesha R. Martin, Ph.D.

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor
of Philosophy at Virginia Commonwealth University

Virginia Commonwealth University, 2018

Major Director: Dr. Carrie LeCrom, Executive Director; Associate Professor, Center for
Sport Leadership

The purpose of this study was to understand the role of Sport for Development (SFD) in addressing health disparities in low-SES communities. This was done using a multiple case study design, in which administrators, staff, and youth participants from five SFD programs were interviewed. A theoretical model, consisting of the theory of fundamental causes (Link & Phelan, 1995), the classification of SFD programs (Coalter, 2007), and the ecological model of health promotion (McLeroy, 1988), was developed to guide this study.

Interviews were transcribed and then analyzed using a deductive coding process (Gilgun, 2005). The findings revealed that the SFD programs in this study were driven by goals such as providing access and opportunity to sport, helping youth develop life skills, and promoting health. The programs worked to achieve those goals by providing education, through their use of sport, and by providing resources and services. Finally, the programs in this study promote health at the intrapersonal, interpersonal, organization, environment, and policy levels. These

findings hold various practical, scholarly, and policy implications and could shed light on how SFD programs may operate in order to reduce health disparities among low-SES populations.

Chapter One: Introduction

Background and Overview of the Literature

Research indicates that health disparities exist in the United States, as the burden of illness, premature death, and disability disproportionately affects certain populations (Gordon-Larsen, Nelson, Page, & Popkin, 2006). The U.S. Department of Health and Human Services (USDHHS) defines health disparities as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.” Health disparities negatively affect groups of people who have systematically experienced greater obstacles to health based on characteristics historically linked to discrimination or exclusion such as their racial or ethnic group, religion, gender, and socioeconomic status (USDHHS, 2010). Disparity in health is a problem that is at the forefront of the public health agenda. For example, one of the four overarching goals of Healthy People 2020, a national public health initiative that lays out the goals of the USDHHS for the following 10 years, is to create social and physical environments that promote good health for all. Further, the initiative aims to achieve health equality and eliminate disparities (USDHSS, 2010). This goal acknowledges that health disparities exist and places the issue on a national policy platform.

The existence of health disparity based on socioeconomic status (SES) has been well documented in medical, public health, and medical sociology research. That is, social and economic characteristics of individuals, families, and communities such as employment, income, education, poverty level, and built environment (i.e., access and/or proximity to adequate roads, housing, goods, and services) can affect an individual's health choices, behaviors, environmental risks, and access to medical care, which can influence overall health (Christine et al., 2017; Krieger, 1992; Yu, Talalovich, Gibson, & Cronin, 2014; Zimmerman et al., 2016). Research

indicates that individuals with low-SES tend to have higher rates of diabetes and obesity (Braveman, Cubbin, Egerter, Williams & Pamuk, 2010); cardiovascular disease (NCHS, 2014); preventable deaths (Smith, 2007), and stress and depression (Syme & Berkman, 2013; Williams & Strenthal, 2010). Research also indicates that the socioeconomic conditions of the places where people live can have more influence on health than personal socioeconomic position (Beckles & Truman, 2013). Clearly, health disparity based on SES is a major issue in the United States, and research suggests the importance of addressing the issue at both the individual and community levels.

Given the association between negative health outcomes and SES, researchers argue that public health programs and interventions are necessary to address health disparities (Braveman et al., 2010). However, according to Sullivan-Bolyai, Bova, and Harper (2005) much of the research on health disparities has focused on identifying the disparity and policy development. Little research has been done assessing interventions or programs aimed at addressing or reducing health disparities. The small amount research that has assessed programs and interventions posits that programs and interventions should focus on health promotion through behavioral change and increasing access and use of health services (Phelan, Link, & Tehranifar, 2010; Sullivan-Bolyai et al., 2005). Researchers also argue that interventions to reduce health disparities should consider a person's social and physical environments in addition to individual level-factors. Further, the use of multilevel interventions, or those that impact individuals and the community or organizations with which the individual is associated, may address changes in individual behavior (e.g., exercise, diet, vaccinations), policy, and service delivery, which will ultimately reduce health disparity (Paskett et al., 2016). Given the previous research on the existence of SES-based health disparities, and health disparities-based interventions, there is a

need for more research assessing these types of programs or interventions. Additionally, researchers have expressed the need to explore alternative ways to promote health and engage individuals and communities in health-based interventions (Sullivan-Bolyai et al., 2005; USDHHS, 2010).

Sport has been well-documented as a mechanism that can engage individuals in physical activity and because of its broad appeal, sport has been shown to bring people together and draw attention to social issues in a way that other mechanisms may not (Chalip, 2006; Levermore, 2008). Thus, sport has been used to promote health among individuals and within communities. Specifically, sport for development (SFD), or “the intentional use of sport and physical activity to advance sport and broad social development in disadvantaged communities” (Kidd, 2008, p. 370) has been used in this way. SFD programming is typically designed to focus on specific social issues that plague the population it serves. The existence of health disparities among low-SES populations is a social issue, thus providing the perfect opportunity for SFD. SFD programming has been used to increase healthy behaviors, and improve access to health services and opportunities to be active for marginalized populations (e.g., those with low-SES). Research has shown that engaging in sport activities can improve physical health (Gotova, 2015), mental health (Hanrahan, 2012; Tailaferro, Eisenberg, Johnson, Nelson, & Newmark-Sztainer, 2011), and social well-being (Bergeron, 2007; Dimech & Seiler, 2011; Eime, Young, Harvey, Charity, & Payne, 2013). Additionally, SFD programs that have combined sport activities with educational components have been able to tackle topics such as HIV/AIDS awareness (Hershow et al., 2015; Kaufman, Spencer & Ross, 2013), nutrition (Conrad, 2016), and drug and alcohol abuse (Mones & Teulingx, 2016), among others. This has been done in an effort to bring

awareness to health concerns, reduce risky behaviors associated with negative outcomes, and ultimately reduce the prevalence of those health issues.

There is evidence to suggest that sport, particularly SFD, has been used to promote health among marginalized individuals (Conrad, 2016; Hershow et al., 2015). However, more research is needed to determine how SFD can be used to address the issue of health disparities among low-SES populations. Much of the research on SFD programming is outcome-based, in which the impact of the program is measured quantitatively based on the extent to which program participants achieve desired program outcomes (Burnett, 2015; Levermore, 2009). This is particularly the case for health related SFD programs (Edwards, 2015). There is extensive literature that implies that sport-based health interventions and programs are working. However, in recent years, sport for development literature has been more critical, suggesting that SFD programs can work, but under certain circumstances, conditions, and practices (Bruening et al., 2015; Miesner & Schulenkorf, 2016; Schulenkorf, 2017; Webb & Richelieu, 2015).

Additionally, much of the research on health-based SFD focuses on the promotion of health for individual participants through behavioral interventions. Not much has been studied about the role of SFD in promoting health at the community level or how SFD can work to reduce health disparities. With these gaps in mind, more research is needed evaluating the processes (i.e., design and operations) of health-based SFD programming in order to determine how they work to promote health and reduce health disparities within low-SES communities.

Statement of Purpose and Research Questions

The purpose of this study was to understand the role of SFD in addressing health disparities in low-SES communities. This was done by assessing, from the perspective of stakeholders, how SFD programs operating in low-SES communities in one city work to promote

health within those communities. This investigation was guided by the following research questions:

1. What are the goals of the SFD programs operating in low-SES communities?
2. How are the SFD programs' goals related to health promotion?
3. What specifically are the SFD programs doing to address the health concerns that exist in the community they serve?

The first two research questions were necessary to determine if SFD programs are trying to address health related issues. That is, are the intended outcomes of the programs related to health promotion? Are the goals of the programs directed only to participants or is the intent to impact the entire community? Research suggests that because the program operates in a low-income community, health inequality might be an issue for program participants. As a SFD program, the goals should be related to addressing a need or issue that exists for participants and the greater community. Therefore, the first two questions are an important step to assess whether the program is designed to meet the needs of the community it serves. Finally, the third question aimed to identify key aspects of the programs' operations that may help to promote health within the community they serve. This information could help stakeholders (i.e., administrators, staff, members of the community) see how the program outcomes are being achieved.

Theoretical Model

Given what is known about the causes of health disparity for low-SES individuals, interventions aimed at reducing health disparity for that population, and the structure and practices of sport for development programs, a theoretical model was developed to guide this study. The model, portrayed in Figure 1, depicts the synthesis of three theories: the theory of fundamental causes (Link & Phelan, 1995), the ecological model for health promotion

(McLeroy, Bibeau, Steckler, & Glanz, 1988), and the classification of SFD programs as sport-plus or plus-sport (Coalter, 2007). This combination represents 1) the causes of health disparities for low-SES individuals and 2) the role that SFD programs can play in addressing those causes, thus addressing health inequality. Each theory or model is briefly explained in the sections that follow. Further detail of each theory is presented in chapter two.

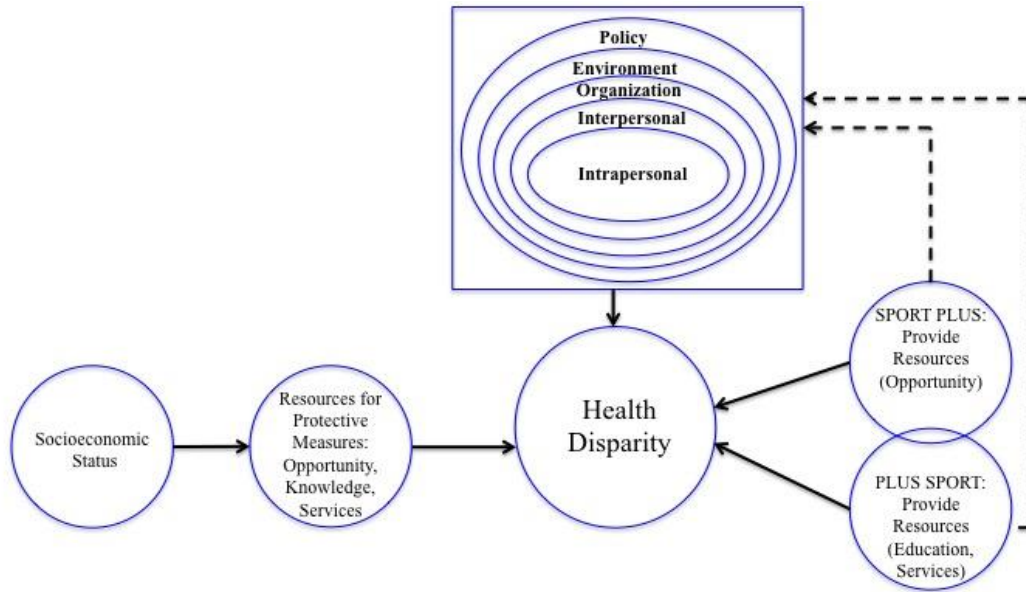


Figure 1. Causes and SFD's role in addressing health disparity within low-SES communities

Theory of fundamental causes. The left side of the model is a depiction of the theory of fundamental causes (Link & Phelan, 1995), which suggests that social conditions or socioeconomic status are the main cause of inequality and disparity in health in the United States. The theory posits that low-SES individuals experience negative health outcomes and mortality at a rate that is higher than wealthier and more educated individuals because they lack the resources such as money, knowledge, access, opportunity, and social capital to avoid risks and adopt protective strategies (Link & Phelan, 1995). Interventions and programs aimed at

increasing positive health outcomes for marginalized populations and reducing the prevalence of health disparities should focus on addressing the issue of lack of resources as it relates to negative health outcomes (Phelan et al., 2010). Thus, within the context of this study, because the SFD programs that are being evaluated are operating in a low-SES community, they should address the issue of health disparities by providing resources to participants and/or the community that they serve.

Sport-plus vs. plus-sport SFD programs. The right side of the model represents the structure or classification of SFD programs. In general, SFD programs are classified based on their goals, objectives, and their use of sport as a vehicle for social change as either sport-plus or plus-sport (Coalter, 2007). The main objective of sport-plus programs is to increase participation in sport within groups that have been traditionally socially excluded. These programs aim to reduce the barriers to entry to sports by providing the opportunity and resources (e.g., equipment, coaching, facilities) for sport participation (Sherry, 2010). Typically, the benefits that participants might incur such as general fitness and health, development of life skills, and education are a secondary focus of sport-plus programs. Within the context of health promotion, the idea is that sport participation in and of itself can help participants develop in terms of physical, mental and social health. By providing the opportunity to engage in sport, sport-plus programs can foster this type of development among low-SES individuals.

Alternatively, plus-sport programs put emphasis on social change with sport being used as a tool to help foster such change. These programs typically focus on facilitating short-term behavior change by combining sport activity with an education component (Coalter, 2012; Levermore, 2008). Additionally, many of these programs work to provide resources such as access to health services for participants and members of the community (Hershow et al., 2015) .

In these cases, the sport activity is used as a “fly-paper” to attract participants (Coalter, 2010, p. 298). In order to promote positive health outcomes for their participants, plus-sport programs may develop curriculum focusing on reducing the risk factors of negative health outcomes (e.g., physical education, nutrition, smoking, alcohol use) and provide goods and services such as food, screenings, and therapy in an effort to address the fundamental cause of health disparities. It is important to note that while the distinction has been made between sport-plus and plus-sport programs, there is a continuum on which SFD programs fall and differences are not always clear-cut. However, the classification of either sport-plus or plus-sport provides the foundation on which SFD programs are designed and evaluated. With that said, the type of SFD program (either sport-plus or plus-sport) might influence how the program addresses health concerns within the communities they serve.

Ecological model for health promotion. McLeroy and colleagues (1988) suggested that because individual social and environmental factors can cause negative health outcomes, interventions and programs that aim to promote health and prevent disease should not solely focus on individual factors. Instead, the ecological model of health promotion posits that such interventions should work to change intrapersonal, interpersonal, organizational, environmental, and policy factors which support and maintain unhealthy behaviors (McLeroy et al., 1988). Intrapersonal factors include characteristics of the individual such as knowledge, behavior, and attitudes, while interpersonal factors deal with an individual’s social network and support systems such as family, friends, and classmates. Organizational factors deal with public entities that support a person or a community such as schools, churches, or community centers, and the characteristics of those entities that may influence health. Environmental factors refer to the conditions in which an individual lives, including housing, quality of streets, and proximity to

goods and services like schools and grocery stores. Finally, policy deals with local, state or national laws that may influence health. When designing and implementing programs that aim to promote health, it is important to consider all of these factors.

Overall, the model presented in Figure 1 suggests that a SFD program operating in a low-SES community should work to provide resources by providing opportunity, education, or access to goods and services in order to reduce health disparities for participants. Additionally, SFD programs should work to influence individual, social and environmental factors that may impact health. With that, this model was used to guide my research questions, interview protocol, and data analysis. This study tested this model and expanded upon it by determining what specifically SFD programs are doing to address the health disparities in the low-SES communities in which they operate.

Overview of Methodology

Design. This study utilized a qualitative, multiple case study design to explore how SFD programs operating in low-SES communities promote health and work to reduce health disparities within that community. According to Simons (2009), “The primary purpose of a case study is to generate an in-depth understanding of a specific topic, program, policy, institution or system to generate knowledge and/or inform policy development, professional practice and civil or community action” (p. 21). Within the context of this study, I attempted to gain a deeper understanding of how SFD programs operate to address health disparities in an effort to inform practice (i.e., how SFD programs can address this issue) and policy (i.e., promoting the use of sport as a public health tool). Additionally, case studies are typically evidence-led, as researchers try to understand each individual case within the context of a larger problem or theory (Thomas, 2016). This study aimed to understand how the chosen SFD programs operate in relation to the

guiding theoretical framework. Thus, multiple case study was an appropriate methodology for this investigation.

Case Selection. Five SFD programs that operate in low-SES communities within the city of interest were selected to take part in this study. For selection, a list of all non-profit sport-based community programs or organizations in the city was compiled. The five cases were selected based on the following criteria:

1. The program serves members of a low-SES community within the city of interest
2. The program offers sport-specific activities

Procedures. To answer the research questions, I used semi-structured interviews with administrators, staff, and youth participants of the five programs. Two program administrators, two staff members, and two youth participants were selected through purposeful sampling to take part in the interviews. During the interviews, participants were asked about their involvement with the program, their overall perception of the community in which they work or live, the program's goals and practices, and their perception of health inequality within the community.

Data Analysis. All interviews were audio-recorded and transcribed verbatim. Interview transcriptions were analyzed using the ATLAS.ti software program. Data analysis followed an evidence-based three-step deductive coding process (Gilgun, 2005) in which I used the developed theoretical framework to make sense of the data. The data were coded based on the elements of the theoretical model then were grouped together to create overarching themes related to how the five programs work to address health disparities within the communities they serve.

Rationale and Significance of the Study

Prominent medical sociologist Paul Farmer (2005) suggests that research on health inequality and disparity should be designed to improve services and social justice. In that, he argues that such research should aim to contribute to public policy, practice, and scholarship. With that sentiment in mind, the goal of this study was to determine how SFD programs work to reduce health disparities within low-SES communities. Better understanding the processes by which SFD programs work to promote health and reduce health inequality is important as this information can contribute to public health policy, as well as SFD and public health scholarship and practice.

In terms of policy, research indicates that finding new ways to engage communities is important in reducing health inequality (Sullivan-Bolyai et al., 2005). While sport can be used as a vehicle to get children more physically active and to address social issues, the role of sport in addressing public health concerns has not been explored with much depth in sport management research (Berg, Warner, Das, 2015; Rowe, Shilbury, Ferkins, & Hinckson, 2013). Furthermore, the sport/health connection has not been extensively explored by public health programming and policy as evident by Healthy People 2020, a federal public health initiative, not mentioning the role of sport at all (Berg et al., 2015). Exploring how sport programs work to produce positive health outcomes can be beneficial, as sport has the potential to engage marginalized populations and address health disparities. The results of this study may also provide insight into how SFD programs are working to address health inequality in a low-SES community. Thus, could justify the use of sport, specifically SFD programming, to address health inequality on a larger scale and better position sport as a tool for public health.

This study also holds special implications in regard to SFD scholarship and practice. According to researchers, SFD scholarship should help to inform the design of future programs and activities (Richards et al., 2013; Schulenkorf, Sherry, & Rowe, 2016). SFD researchers have begun to recognize the importance of evaluating how programs are working instead of just focusing on if they are working or not. This study should contribute to the growing SFD literature assessing the processes by which programs are working to achieve intended outcomes. Specifically, by using multiple case study as a methodology, this study should provide insight into how SFD programs are working to reduce health inequality within low income communities. Additionally, this study used the theory of fundamental causes as a basis for understanding the causes of health inequality among low-income populations as well as the classification of SFD programs and the ecological model of health promotion to understand the potential role of SFD programs in addressing health inequality. By assessing how the cases align with the developed theoretical framework, this study should contribute to SFD theory.

Positionality

As a qualitative researcher, it is important to assess my own experiences and biases as they relate to my research topic (Maxwell, 2013). It is important to note that my experiences with low socioeconomic populations and my experience with SFD have shaped my research interests and my biases toward this topic of study. Specifically, as a part of a working-class family, I spent much of my childhood living in a low-income community. I did not realize until after my family's finances changed and I was able to move into a different neighborhood the differences in the way we approached health and the resources that were available to us. Seeing this discrepancy made me want to a) determine why such disparity exists, and b) work to address this disparity. I continued to work with low-SES populations as an adult to promote physical activity

and nutrition in order to reduce the risk of obesity and other obesity-related illnesses. I spent two years working with a curriculum-based walking intervention aimed at Black, low-income single mothers. It was through that experience that I gained more insight into the barriers to a healthy lifestyle that this population faces and how community-based programs can, at least in the short-term, produce positive health outcomes. I have also spent the last year working specifically in one of the low-SES communities that will be used for the setting of this study. This work included developing and implementing sport programming for youth attending a summer and afterschool program, and conducting a needs assessment with youth program participants. This experience has allowed me to become familiar with the community and recognize first-hand that health disparities do exist for members of the community.

Furthermore, through my experience, I have recognized the power of sport. I saw firsthand how sport could be used as a vehicle for community and social change a few years ago when I spent the summer in Haiti working with a non-profit organization, Hearts and Hands for Haiti. The goal of the organization was to provide sport equipment to orphans, most of who lost their parents in the 2010 earthquake. It was such a warming feeling to see how excited the kids were to get a soccer ball and even more so to see how we could all come together and play a game of soccer despite cultural differences and language barriers. Additionally, the work that I have done in South Africa working with coaches to develop programs that incorporate soccer and an education curriculum to address issues within their communities (i.e. HIV/AIDS, teenage pregnancy, illiteracy) has been powerful and very eye opening.

The first bias that I have is related to the prevalence of health issues within low-SES populations. My entire research topic assumes that SFD programs that target low-SES populations should address health disparity. This study did not measure health disparity for low-

SES individuals. Rather, this study assessed how community-based sport programs operating in low-SES communities are addressing the issue of health disparity within that community. Thus, based on the abundance of literature that suggests that health disparity based on SES is an issue, and my own personal experience, I assumed that individuals living in that community experience health disparities. This bias or assumption may have had a positive impact on my research because my experiences have provided me context into my research topic and have given me insight into an issue that may heavily impact my population of interest. It informed the types of questions I asked and how I interacted with participants. On the negative side, even though health issues were prominent in the low-SES communities I have worked with in the past, I cannot generalize those experiences to all low-SES individuals. With that said, my bias may have caused me to too narrowly focus my research topic and my research questions.

Secondly, I feel that I have biases associated with the potential of SFD to address health inequalities. Through my experiences with SFD organizations, I have noticed that programs have good intentions and want to solve a specific social issue within the community they serve. While I recognize the power of sport, as a researcher, I must look at SFD with a critical eye. I have to realize that evaluation is important to determine how they are actually producing positive outcomes related to the social issue. Thus, my research aimed to evaluate how SFD programs are working to address the issue of health inequality through their design and operations.

Chapter Two: Review of Literature

The purpose of this study was to understand the role of SFD in addressing health disparities in low-SES communities. This study assessed, from the perspective of program administrators, staff, and youth participants, how SFD programs operating in low-SES communities in one city work to promote health within that community. With that purpose in mind, it is necessary to understand the issue of health disparities, how sport has been used to promote health, and how SFD has been used to address social issues within marginalized communities. Each of those topics is discussed in detail within the following review of literature.

Health Disparities

While this study does not directly measure health disparities, for the context of the study, it is important to understand the issue and how it affects individuals and communities with low socioeconomic status. Thus, this section contains an overview of health disparity in the United States and how socioeconomic status has been linked to health disparity. Finally, programs and interventions that address health disparities will be discussed.

Overview of Health Disparities in the United States. Scholars who have studied the issue of health disparity within the United States have generally focused on defining what constitutes health disparities, exploring the relationship between different demographic characteristics associated with disadvantage, and establishing the causes of disparities rather than the factors associated with them (Alder & Rehkopf, 2008). Within the literature, there is no consensually agreed upon definition of health disparities. In an early explanation and definition of health disparities, Margaret Whitehead (1992) suggested, “Equity in health implies that ideally everyone should have a fair opportunity to attain their full health potential and, more pragmatically, that no one should be disadvantaged from achieving this potential, if it can be

avoided” (p. 429). Much like this explanation, most definitions of health disparity imply that certain characteristics that are linked to social disadvantages result in health differences that are unjust and avoidable (Braveman, 2006). In an effort to establish consistency within public health and medical sociology literature, many scholars have begun to use the definition established by the United States Department of Health and Human Services (USDHSS) for Healthy People 2020 (cf. Braveman, 2014; Breen, Scott, Percy-Laurry, Lewis & Glasgow, 2014; Pleasants, Riley, & Mannino, 2016). The definition states that health disparity is “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage” (USDHSS, 2010, p. 28) Thus, according to this definition, health differences that are inherently biological would not be considered a health disparity (USDHSS, 2010). For example, only men are susceptible to prostate cancer, not because of a social difference between men and women, but because of a biological difference. Additionally, Klein and Huang (2010) make the distinction between health disparity (i.e., the difference in health status rates between population groups), health inequity (i.e., the disparity in rates due to differences in social, economic, environmental or health care resources), and health inequality (i.e., how the rates vary with the amount of the resource, and how the population is distributed among resource groups). However, within in the literature, these terms are often used interchangeably (Braveman, 2006). Consequently, for the purpose of this review and this study, health disparity, inequality and inequity were viewed collectively rather than distinctively.

Socioeconomic status as a determinant of health inequality. Disparity in health due to SES has been the subject of many studies over the past several decades. However, in order to understand the association between socioeconomic status and health disparity, it is important to first understand socioeconomic status and how it is measured. Within the literature, there is no

single agreed upon way to measure SES, however, there are clearly a few trends. Typically, SES represents a multidimensional measure of economic and social well-being (Braveman et al., 2005; Braveman et al., 2010; Pleasants et al., 2016). SES is typically considered a latent variable consisting of quantifiable variables that represent indicators of class, status and power within a society such as education, income, occupation and wealth (Braveman et al., 2005; Smith, 2007). Particularly in the United States, scholars have primarily used educational attainment (i.e., number of school years completed or highest level of schooling completed) and income level (i.e., annual household or individual income) to represent SES (Braveman et al., 2005).

While income and education have been consistently used to represent the construct of SES, these variables are individualistic. Research indicates that the socioeconomic conditions of the places where people live can have more influence on health than personal socioeconomic position (Beckles & Truman, 2013). Thus considering community level factors associated with socioeconomic status is important as well. Community level indicators of SES include housing conditions and population density (Syme & Berkman, 2013). Also important to consider in community-level SES is the concept of built environment. Built environment refers to man-made structures, features or facilities associated with a neighborhood or community and can include things such as proximity to goods and services, conditions of the roads, and public transportation. Low-SES communities tend to be plagued with poor housing conditions and over crowding and have limited access to grocery stores, adequate schools, health services and facilities (Berrigan & McKinno, 2008). These factors can lead to poor nutrition, poor health care, exposure to toxins, which can impact over health (Beckles & Truman, 2013).

Generally speaking, studies have been consistent in that lower SES individuals tend to have poorer health outcomes related to those who are wealthier and have higher educational

attainment. In a notable study, Smith (2007) used a longitudinal survey of 35,000 individuals and found that SES, whether measured by income or education, was associated with negative health outcomes. Data from the National Center for Health Statistics also indicate individuals living below the poverty line tend to have poorer health than wealthier individuals (NCHS, 2014). Specifically, the rate of death from heart disease and cerebrovascular disease increases exponentially as income level decreases. Additionally, Braveman and colleagues (2010) found that the poorest individuals have the highest rates of diabetes and obesity in the country. In terms of mental health, Syme & Berkman (2013) argued that low-SES, whether at the community level or the individual level, can cause stress associated with money, living conditions, strenuous work conditions, and other stressful life events and life changes. Further to this point, Williams & Strenthel (2010) argued that the ways in which individuals cope with stress could help determine stress' impact on health outcomes. For example, they found that low-income individuals and people living in low-SES communities tend to deal with stress by either internalizing, which can lead to issues with mental health, or by engaging in risky behaviors (i.e. smoking, risky sexual activity), which can negatively impact physical health.

These studies indicate a relationship between income and health and suggest that health inequality exists for low-income individuals and communities. Scholars suggest that given the association between negative health outcomes and low-SES, public health programs and intervention are necessary to address this health disparity (Braveman et al., 2010).

Theory of Fundamental Causes. Over the past several decades, public health and health promotion has shifted from a primarily biomedical and epidemiological focus toward a larger focus on social and environmental determinants of health (Green, Richard, & Potvin, 1996; Phelan et al., 2010). That is, instead of focusing solely on the science behind death and

illness, more research is being done to understand the social and environmental factors that influence the health of individuals and communities (Kokko, 2016). Prior to this focus on social and environmental determinants of health, people's health conditions and lifestyle decisions were linked to individual choices without regard to context or living conditions. This suggests that individuals are the main causes of their health outcomes (Link & Phelan, 1995). The Theory of Fundamental Causes, posited by Link and Phelan in 1995, suggests that individuals with low-SES experience negative health outcomes compared to higher SES individuals because of the social conditions associated with SES (Link & Phelan, 1995). Specifically, low-SES individuals do not have the resources in the form of money, knowledge, power, and social capital to avoid the risk of negative health outcomes or to adopt protective strategies against death and illness. Thus, SES is the fundamental cause of health disparities in the United States.

The theory has primarily been used and supported within the social epidemiology literature. That is, several studies have utilized the theory to help explain the existence of health inequities from a social perspective. For example, in a comparative study between the US and Canada, Wilson (2009) found that lower levels of SES increase the odds of experiencing a highly preventable disease relative to a less preventable disease in the US, but not in Canada. The author argues that this difference occurs because the disparity in wealth and education is much lower for citizens in Canada than it is in the United States. Furthermore, Canada offers universal health care for all of its citizens, reducing the disparity in resources. This suggests that social policies and level of economic inequality may buffer the relationship between socioeconomic resources and the incidence of preventable disease.

Additionally, the theory was further supported by Phelan and colleagues (2004), who found that for less preventable causes of death (e.g., situations where resources might not be

important), SES was less strongly associated with mortality than more preventable causes (e.g., chronic illness). This speaks directly to the significance of resources being utilized as a means of avoiding adverse health. When health resources can be mobilized to impact the outcome, health disparities will arise as a result of differential access to these resources (Phelan, Link, Diez-Roux, Kawachi, & Levin, 2004).

Further, using age-adjusted death rates from the U.S. Department of Health and Human Services between 1950 and 1999, Phelan and Link (2005) found differences in health disparities based on education when limited health prevention and care were available. Authors found that for brain cancer, where treatment was still in its early stages, the age adjusted mortality rates were higher for those with higher SES and remained consistently higher over time. However, an analysis of age adjusted heart disease mortality rates during the same time frame showed the opposite trend. While the overall mortality rates for heart disease had dropped between 1950 and 1999 due to rapid advancements in treatment, the mortality rate for high SES individuals was significantly lower than for lower SES individual (Phelan & Link, 2005). The trend for more economically advantaged individuals to have lower mortality rates over time only in the presence of life saving/altering treatment options supports the role of socio-economic factors as fundamental causes of disease.

Collectively, these studies show the need to consider the social conditions under which people live in order to fully address the issue of health inequality. Interventions and programs that aim to address this issue, should not only focus on individual outcomes or behaviors, but should ultimately work to improve social conditions for their participants by providing resources (Phelan et al., 2010).

Programs and Interventions to Reduce Health Disparities. Despite the prevalence of health disparities within the U.S. and the fact that the issue is at the forefront of the public health agenda, there is little research on interventions or programs aimed at addressing or reducing health disparities (Sullivan-Bolyai et al., 2005). Sullivan-Bolyai et al. (2005) suggested that inequality-based health interventions/programs should 1) focus on factors that promote access and use, 2) be acceptable and understandable to the target population, and 3) be subject to continuous scrutiny and adaptability. Additionally, scholars suggest that interventions to reduce health disparities should focus on addressing the disparities in information and access to care (Mosavel & Simon, 2010). Typically, this is done by providing health services to marginalized populations. However, Mosavel and Simon (2010) acknowledge that there are challenges associated with providing health services (namely money, questions of when to deliver the services, and questions about whom will deliver the services).

Multilevel interventions. Because health disparities are influenced by social determinants of health (i.e., conditions in the environment in which people are born and live), researchers argue that interventions that address health disparities should consider a person's social and physical environments in addition to individual level-factors (Golden & Earp, 2012; Kok, Gottlieb, Commers, & Smerecnik, 2008; Pasket et al., 2016; Richard, Gauvin, & Raine, 2011). Further, researchers promote the use of multilevel interventions in which individual behavior is targeted alongside and individuals' social network, his/her community or environment, organizations that operate in the community, and policy (Kokko, 2016; 2008 et al., 1988). McLeroy and colleagues (1988) prominently suggested that an ecological perspective be taken when addressing health disparities and promoting health within marginalized communities. An ecological perspective can be defined as "a conceptual framework designed to draw attention to

individual and environmental determinants of behavior. The visual metaphor is a series of concentric or nested circles which represents a level of influence on behavior” (McLaren & Hawe, 2005, p. 9). The premise behind this approach is that the environment largely controls or sets limits on the behavior that occurs in it, and that changing environmental variables can result in the modification of the behavior (Green, Richard, & Potvin, 1996; McLeroy et al., 1988). From a health promotion perspective, unhealthy behaviors or the absence of healthy behaviors are influenced by one’s environment, and in order to address these behaviors, all aspects of an individuals’ environment should be considered. From a health disparities perspective, Reifsnider, Gallagher, and Forgione (2005) argue that research directed at reducing health disparities needs to be based on an understanding of how and where the disparities occur. It is important to use ecological models to understand how individual, family neighborhood, and community characteristics and relationships promote health or health disparity. Thus, McLeroy and colleagues (1988) developed the ecological model of health promotion which suggests that programs aiming to promote health should focus on: 1) intrapersonal or individual factors, 2) interpersonal or social factors, 3) organizational factors, 4) environmental or community level factors, and 5) policy factors.

Research has suggested that health promotion programs have and should work to reduce negative health outcomes at the individual or intrapersonal level by attempting to modify individual behaviors (Golden & Earp, 2012; McLeroy et al. 1988). For example, a *Move Inc.* concerned with increasing healthy eating within a community might start by offering programing to youth that explains the benefits of healthy eating, offer healthy snacks, and even offer healthy cooking classes to participants. Research has shown that interventions that focus on the intrapersonal level employ various tactics such as educational programing, training, and skill

enhancement of the target population (Golden & Earp, 2012; McLeroy et al., 1988). Despite the push to focus on other aspects of an individuals' life in order to address health concerns, individual characteristics and behavior change continue to be a major focus for interventions and research (Richard et al., 2011).

At the interpersonal or social level, programs should attempt to modify the behaviors, perceptions, or attitudes of people that interact with the target population such as friends, family members, teachers, or coworkers (Golden & Earp, 2012). Furthermore, these interventions may attempt to modify the home, family, and environment of the individual in a way that might support or promote positive health outcomes (Green et al., 1996). Interventions at this level may also attempt to give participants access to alternative networks and decrease desirability of membership to a deviant network (McLeroy et al., 1988). For instance, in an effort to target the interpersonal level, the healthy eating program might also offer the healthy cooking classes to the family members of youth participants or provide youth access a new group of friends that engage in healthy eating (McLeroy et al., 1988).

In order to address health at the organization level, programs should focus on changing the health-related perceptions and attitude of members or leaders of organizations that may be in contact with the target population such as churches, schools or community centers. Interventions at this level may also attempt to modify the organizational environments, policies and services to promote health. For example, the healthy eating program might partner with a local boys and girls club or church to provide healthy meals for participants after school or on Sundays. At the environment level, programs are concerned with modifying the environmental conditions or communities in which the target population lives (Golden & Earp, 2012). Thus, the healthy eating program might attempt to improve participants' healthy eating habits by organizing a

community garden to give them regular access to healthy foods. Finally, at the policy level interventions focus on creating or changing public policies that affect the target population (McLeroy et al., 1988). The healthy eating program might attempt to address the issue at the policy level by lobbying for a policy that makes healthy foods accessible in areas that may be food deserts. It is difficult for programs to address health at this level and there is little to no empirical evidence that suggest that programs are doing this (Golden & Earp, 2012; Richard et al., 2011).

While conceptually, research has demonstrated that health promotion programs should use an ecological approach; empirically, research has shown that many programs have failed to do so (Kokko, 2016; Richard et al., 2011). For example, in their review of the literature of interventions aimed to address fruit and vegetable consumption and physical activity promotion between 1988 and 2009, Richard et al. (2011) found that the majority of papers only addressed one or two levels of the ecological model. Most interventions only addressed individual factors with only a few addressing interpersonal and organizational factors. Similarly, in their review of health promotion intervention articles published between 1989 and 2008, Golden & Earp (2012) found that nearly all of the interventions addressed health at the intrapersonal level, almost half addressed health at the interpersonal level, and fewer than 20% of the articles addressed health at either the environment or policy level. Despite this discrepancy between the conceptual and empirical focus on addressing health at multiple levels, ecological models have been used within public health policy initiatives, including the Institute of Medicine's public health recommendations (Smedley & Syme, 2001), Healthy People 2020 (USDHSS, 2010), and the World Health Organizations' global strategy on diet, physical activity and health. This highlights public health practitioners and policy makers' desire to address health issues at various levels.

Given the previous research on the existence of health disparities based on socioeconomic status, and health disparities-based interventions, there is a need for more research assessing these types of programs/interventions. Looking at how sport can be used as a public health tool can be beneficial, as it has the potential to address health disparities.

Sport and Health Promotion

In order to understand how SFD can be used to promote health and to address health disparities, it is necessary to explore the association between sport and health. This section reviews how sport has been associated with health promotion and positive health outcomes. Additionally, the potential and challenges associated with the use of sport as a tool to achieve public health goals are discussed.

Association between sport and positive health outcomes. When conceptualizing the association between sport and health, scholars have argued that sport has the potential to enhance population health by engaging people in physically active behaviors, encouraging them to strive to achieve personal goals and providing a context for socialization (Rowe & Siefken, 2016). Thus, sport has been linked to positive physical health outcomes, as well as positive social and psychological health outcomes.

Sport and physical health. According to the Centers for Disease Control (CDC), regular physical activity is important for achieving positive physical health outcomes. Regular physical activity is important for maintaining weight, and preventing cardiovascular disease and other chronic illnesses (CDC, 2014). Sport participation can lead to positive physical health outcomes by allowing participants the opportunity to engage in physical activity. For example, Gotova (2015) found that physical activity in the form of sport participation played a role in improving breathing, heart activity, endurance, flexibility, and maintaining weight for youth. Additionally,

researchers have found that sport participation is associated with positive physical health behaviors that are unrelated to the benefits of regular physical activity. Utilizing a national sample of 14,221 US high school students, Pate, Trost and Levin (2000) aimed to examine the relationship between sport participation and health-related behaviors such as diet, alcohol, tobacco and illegal drug use, sexual activity, violence, and weight loss practices. The results revealed that sport participation is associated with a number of positive health behaviors. Specifically, male and female sport participants were more likely to report eating fruits and vegetables on the previous day and abstain from sexual activity than non-participants. Likewise, in a comparison between university club sport participants and non-participants, Warner, Sparvero, Shapiro, & Anderson (2017) found that sport participants exhibited more desirable health outcomes (i.e., physical activity and diet) than non-athletes.

Sport and psychological and social health. Scholars have also pointed out the psychological and social benefits of sport for participants (Bergeron, 2007; Eime et al., 2013). Sport participation can promote mental and social health by affording individuals the opportunity to work toward personal goals and to socialize with others. Research indicates that sport participation can help lessen feelings of hopelessness and depression (Boone & Leadbeater, 2006; Tailaferro et al., 2011), and reduce suicidal thoughts and attempts (Tailaferro, Rienzo, Miller, Pigg, & Dodd, 2008). Additionally, in a mixed methods analysis of the impact of sport participation on social anxiety for primary school-aged youth, Dimech & Seiler (2011) found that those that participated in team sports exhibited lower levels of social anxiety than those that did not. Utilizing a sample of over 3,000 high school students, Valois, Umstatter, Zullig and Paxton (2008) found that participating in team sports was associated with high levels of emotional self-efficacy. That is, those that participated in team sports reported being able to

manage their emotions internally, rather than externally. Those with higher levels of emotional self-efficacy are less likely to act out and more likely to be able to problem-solve in difficult situations (Valois et al., 2008).

While most research has been unable to determine if sport participation causes positive health outcomes, there is clearly an association between sport and health. This research has been used to provide evidence to suggest that sport can be used to promote health and to foster positive health outcomes for individuals.

Health through sport participation conceptual model. From a review of literature related to youth sport participation and health benefits, Eime and colleagues (2013) developed the health through sport conceptual model. The model, depicted in Figure 2, represents an ecological model related to sport participation (i.e., the individual, social, and environmental determinants of sport participation), the different contexts of sport participation (i.e., whether it is individual or team-based, informal or organized), and the three areas of health (physical, psychological, and social).

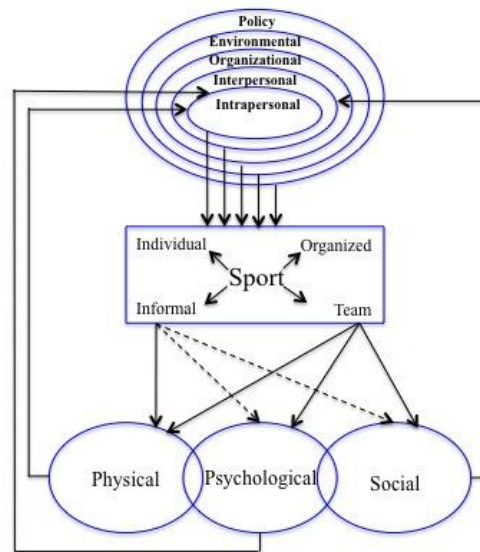


Figure 2. Health through Sport Conceptual Model (Eime et al., 2013)

Based on the studies reviewed, the model suggests that sport’s ability to impact health is dependent on the context. According to the model, team sports have been shown to have a strong impact on all three areas of health. On the other hand, there is evidence to support that individual sports can have an impact physical health, but the evidence on individual sports’ impact on psychological and social health are not as strong. Also included in the model is an ecological model. Scholars have argued that in order to fully understand sport and physical activity participation, it is necessary to consider an ecological perspective (Giles-Corti, 2006; Lounsbury & Mitchell, 2009; Rowe et al., 2013). That is, individual, social, environmental, and policy factors all influence an individual’s ability and desire to engage in physical activity or sport. Additionally, in order to promote health through sport and physical activity participation, all levels of the ecological model should be targeted (Eime et al., 2013; Elder et al., 2007). According to the health through sport conceptual model, interpersonal, intrapersonal, organizational, environmental, and policy factors can influence sport participation, and sport has

been shown to impact an individual's health by specifically targeting interpersonal and intrapersonal factors.

While this model is a good starting point in understanding how positive health outcomes can be achieved through sport, this model only attempts to explain how sport participation is associated with positive health outcomes. Because Eime and colleagues excluded studies that evaluated sport-based programs with an education objective, it is still unclear how sport can be intentionally used by way of SFD programming to promote health. Additionally, it is unclear how sport can contribute to addressing the issue of health inequalities within low-SES communities.

Sport as a public health tool. Sport management scholars have begun to see the potential of sport to be used as a vehicle to address public health concerns. Chalip (2006) argued the importance of studying the relationship between sport and health in advancing sport management as a discipline. Additionally, in an effort to promote public health research within the field, Inoue and colleagues (2015) define the management of sport for public health as “a field of study broadly concerned with the role of egalitarian, elite, and entertainment sport in promoting the physical, mental, and social well-being of the general public while contributing to the prevention of disease and injury in and through sport” (pg. 1). This definition suggests that sport management scholars are recognizing the ways in which sport can promote health, which can have a larger public health influence. Scholars suggest that sport management practitioners can contribute to individual and community health through sport by promoting accessible, inclusive sport participation at all levels (Turnnidge, Cote & Hancock, 2014). That is, rather than focusing on sport for elite athletes, sport management professionals should find a way to promote sport for all, regardless of skill level, age, gender, ethnicity, or socioeconomic status. Secondly, scholars argue that sport programs and organization can promote health and healthy

behaviors using a setting-based approach in which sport organizations promote and support health-related policies and practices (Casey & Eime, 2015; Conrad & Abraham, 2016; Eime, Payne, & Harvey, 2008).

Public health scholars and practitioners are constantly looking for new ways to tackle some of public health's most salient issues and to promote health among hard to reach populations (Hunter & Perkins, 2012). One way that this can be accomplished is through the use of partnership workings, in which public health professionals partner with other groups and organizations outside of the realm of public health that can add tangible value to their efforts. Sport is increasingly being used in this capacity, however, this is happening particularly in Europe and Australia (Conrad & Abraham, 2016). Public health departments are beginning to partner with sport facilities, local amateur and professional sport clubs, and local, national and international sport-based charities in order disseminate public health information and services to a broader audience, and to help make sport more inclusive by providing marginalized groups with the opportunity to participate in sport (Casey & Eime, 2015; Conrad & Abraham, 2016). For example, in the UK, the department of public health has partnered with Tottenham Hotspur Football club and the English Premiere League to provide screenings for cardiovascular disease and diabetes, to promote cancer awareness, to increase the physical activity of older adults, and to promote mental health among adolescents (Conrad & Abraham, 2016).

Despite this growing focus on sport for public health within the field, sport management scholars have not significantly explored the role of sport in addressing health inequalities within the United States (Edwards, 2015). Furthermore, the use of sport as a public health tool has not been recognized by public health practitioners, scholars and policy makers within this country (Berg et al., 2015; Casey & Eime, 2015; Rowe et al., 2013; Rowe & Siefken, 2016). Schulenkorf

(2010) argued that sport must be integrated into larger social agendas in order for the power of sport to fully be recognized. Thus, in order to see the true benefit of the sport for health movement, the use of sport has to be recognized and incorporated into the public health agenda. However, despite the empirical evidence to support the use of sport to deliver positive health outcomes, this has not been the case. Scholars argue that the absence of sport from the public health agenda is due in part to the fact that sport is often associated with negative health outcomes as well (Coakley, 2011; Rowe & Siefken, 2016), and the individual impact of sport has not been fully recognized because it is often defined and promoted collectively along with all leisure-time physical activity (Edwards, 2015). Each of those arguments is further explored below.

Association between sport and negative health outcomes. While sport may be considered an inherently healthy activity, some scholars have argued that many aspects of sport may undermine health (Casey & Eime, 2015; Coakley, 2011; Rowe & Siefken, 2016). Research has shown that sport participation can be associated with injury (DiFiori et al., 2014; Rowe & Siefken, 2016), drug and alcohol abuse (Lisha & Sussman, 2010; Warner; Sparvero, Shapiro, & Anderson; 2017; Wichstøm & Wichstøm, 2009), and eating disorders (Martinsen, & Sundgot-Borgen, 2013; Smolak, Murnen, & Ruble, 2000). According to the American Medical Society for Sport Medicine, youth sport participation can lead to chronic injuries associated with overuse (DiFiori et al., 2014). Additionally, Ekegren et al. (2015) found that non-elite, community youth sport participation can result in a host of injuries including muscle strains, ligament sprains, bruises, and contusions, which can lead to more serious, chronic health issues in the future.

Furthermore, based on an exhaustive review of 34 peer reviewed studies on drug use in high school and college aged sport participants and non-participants, Lisha & Sussman (2010)

found that there tends to be a positive relationship between sport participation and alcohol use. Similarly, in a longitudinal study involving high school students, Wichstøm & Wichstøm (2009) found that sport participation in adolescence predicted alcohol abuse in late adolescence and early adulthood. Related to drug use, Rockafellow & Saules (2006) found a positive relationship between illicit drug use (i.e. marijuana consumption) and sport participation among college students. In terms of eating disorders, Martinsen & Sundgot-Borgen (2012) found that for high school-age adolescence, the prevalence of eating disorders was higher for elite athletes than for non-athletes. Additionally, in a meta-analysis of eating disorders among female athletes and non-athletes, Smolak and colleagues (2000), found that female athletes tend to exhibit higher rates of reported eating problems than non-athletes. Together, these studies highlight that sport can sometimes be associated with negative health outcomes. Rowe & Siefken (2016) argue that this association between sport and negative health outcomes compromises the current push to integrate sport into health promotion agendas.

As Vuori and colleagues (1995) suggested, “sport, like most activities, is not a priori good or bad, but has the potential of producing both positive and negative outcomes” (p. 128). The goal of the current research study is not to discount the association between sport and negative health outcomes or to make the argument that sport participation always leads to positive health outcomes. Rather, this study will attempt to highlight how sport, specifically sport for development, can be utilized to promote health and perhaps positively address a very salient public health concern: health disparities.

Lack of sport-specific evidence. Another well-supported claim against the integration of sport into the public health agenda is that there is a lack of evidence that specifically ties sport to positive health outcomes. Within the literature, it is common to see sport lumped together with

play and leisure-time physical activity. Researchers have defined sport as “an activity that involves rules, elements of competition, physical exertion and skill, amongst other things” (Rowe et al., 2013, p. 367), while physical activity is defined more broadly as “any form of bodily movement produced by skeletal muscles that results in energy expenditure” (Caspersen, Powell, & Christenson, 1985). Based on these definitions, sport can be a form of physical activity. Regular physical activity is often indicated in public health scholarship and policy as a way to achieve positive health outcomes (CDC, 2014). However, scholars have argued the need to distinguish between sport and physical activity, as there are specific benefits associated with sport that should be individually highlighted (Casey & Eime, 2015; Edwards, 2015; Eime et al., 2013). For example, Eime, Harvey, Payne, and Brown (2009) found that women that participated in sport reported significantly higher health-related quality of life than women that participated in non-sport physical activities (i.e., going to the gym, walking).

In an effort to isolate the benefits of sport participation, Eime and colleagues (2013) only included articles that specifically focused on sport in their systematic review of sport and health promotion literature. Articles that mentioned physical activity at all, whether it was alone or along with sport, were excluded (Eime et al., 2013). Other scholars have failed to distinguish between sport and general physical activity in their efforts to highlight the benefits of sport. For example, in their meta-analysis of the global impacts of sport participation, Hulteen and colleagues (2017) included articles about both sport and leisure-time physical activities. Furthermore, Schantz (2017) argued for the inclusion of sport as a tool for public health and sustainable development, but also included physical education and physical activity in the argument. Similarly, concerned with the lack of attention given to the use of sport for public health objectives, Berg and colleagues (2015) aimed to determine how sport could be better

positioned on the public health agenda. However, researchers collected data from three community physical activity programs aimed at combating obesity and assessed participants and other stakeholders' perception of the benefits of both sport and physical activity. Incidentally, in each of the examples in which sport was not viewed distinctively from physical activity and play, conclusions about sport's role in public health could not be made.

In summation, the literature on sport and health promotion suggests that sport participation can be associated with positive health outcomes and can be used to promote physical, psychological, and social well-being for participants. Sport management scholars have recognized this connection between sport and positive health outcomes and have begun to push for the inclusion of sport as a part of the larger public health agenda. Still, sport has yet to be utilized on a large scale as a public health tool within the United States. A goal of the current study was to add to the existing literature on how sport can be used to promote health for participants. Additionally, this study looked to expand the literature by focusing not only on the association between sport participation and health outcomes, but also on how sport programming targeted toward development objectives (i.e., sport for development) can improve health for individuals and communities. Specifically, this study explored how sport is used to address the issue of health disparity within low-SES communities. In doing this, this study should shed light on the viability of sport as a tool for public health.

Sport for Development

Because the current study assessed how SFD programs are operating to address health disparities, it is necessary to consider previous research on SFD. This section contains an overview of SFD, some criticisms and challenges associated with SFD research and programming,

a review of how sport has been used as development tool, and finally, a review of empirical studies that have assessed the outcomes and processes of health-based SFD programs.

Overview of sport for development. Sport management scholars and practitioners have recognized the “power of sport,” and sport participation is regularly being used as a vehicle to address social issues (Crabbe, 2006; Sherry, 2010). With that, the sub-discipline of Sport for Development (SFD) is growing rapidly. There have been several definitions of SFD throughout the literature (cf. Kidd, 2008; Levermore, 2008; Richards et al., 2013; Sherry, Schulenkorf, & Phillips, 2016; Young & Okada, 2014). However, the commonality between all the definitions is that sport (usually defined broadly to include play and physical activity) is used intentionally to attain wider social development objectives. Many scholars argue that the goal of SFD programs is to use sport as a vehicle for social change in communities and as a way to facilitate cross-cultural understanding and contribute to peace-building efforts (Levermore, 2008; Sherry, Schulenkorf, & Chalip, 2015; Welty Peachey & Lyras, 2015). Scholars have argued that sport can be used as a vehicle for reaching communities with messages in a way that politicians, and non-government agencies have failed to do in the past (Levermore, 2008). Thus, SFD has the potential to involve corporations, governments, development agencies, sport entities, and non-governmental organizations working toward the same objective (i.e., using sport to develop communities and to promote social initiatives).

While all SFD programs are concerned with the ways in which sport can facilitate change within individuals, groups, communities or society, it is important to note that there are considerable differences in how these programs focus on sport and social development (Bowers & Green, 2016). Some programs attempt to address inequalities that exist within sport by providing opportunity for those that have been excluded. The rationale behind this type of

program is that sport participation provides individuals with development benefits, and that participation in sport should be allotted to everyone (Green, 2008). On the other hand, some programs are interested in using sport to address inequalities and injustices that occur outside of sport. While different, both types of programs fall under the umbrella of SFD. Coalter (2007) first made this distinction when he described programs that adapt and augment sport in an effort to increase participation for marginalized groups and maximize participants' potential to achieve sports' inherent developmental outcomes as sport-plus. Green (2008) later described this type of SFD program as sport for social inclusion. There are several programs that have been created to provide sport to minority groups and underserved populations (Cohen & Ballouli, 2016; Fay & Wolff, 2012; Ravel 2012; Welty Peachey & Lyras, 2015).

Further, Coalter (2007) labeled programs that have an education or training focus but use the popularity of sport to attract participants as plus-sport. In this case, sport is used as a recruiting tool or a "hook" (Green, 2008) to deliver other services and benefits. This can be done either by having the participants themselves engage in the sport activity along with receiving other services, or through development campaigns supported by athletes, sport organizations, or sporting events (Bowers & Green, 2016). Usually, plus-sport programs are designed to address specific social issues that affect the community in which they operate (Darnell, 2007; Giles & Lynch, 2012). Based on SFD literature, common social foci of plus-sport programming include peace and reconciliation between conflicting groups (Cardenas, 2016; Keim, 2012; Sugden, 2008), violence prevention (Hartmann, 2012), education (Kay, 2009), and health promotion (Conrad & White, 2016).

Criticisms and challenges in sport for development. Prominent SFD scholars have acknowledged that while sport can be used to address social issues and to achieve development

objectives within marginalized communities, there are some challenges and concerns that exist within the field. First, empirical research within SFD has focused overwhelmingly on evaluating program outcomes. There is little empirical focus on the processes by which programs work to produce the desired outcomes (Coakley 2011; Webb & Richelieu, 2015). Secondly, within SFD research and practice it is now commonly understood that in order to direct sport initiatives towards specific development outcomes, such initiatives need to be intentional designed and managed (Edwards, 2015; Kidd, 2008; Lyras & Welty Peachey, 2011). However, scholars have noticed a lack of theory-driven SFD programing. Finally, the way in which some SFD programs are designed, run, and evaluated can be problematic, especially when it comes to power dynamics between administrators, funders, researchers, and participants/communities. Each of these challenges is discussed in further detail in the following sections.

Lack of robust evaluations. Schulenkorf and colleagues (2016) found that the majority of research within SFD focused on assessing (1) the limitations of programs in achieving stated outcomes; (2) the appropriateness of specific SFD programs and activities for particular groups within the community; and (3) implications of current SFD programing on the design of future SFD programs, activities, and policies. This implies that the primary focus of SFD research is program evaluation. This idea was further supported by Richards and colleagues (2013) who suggested that SFD research emerged out of scholars' frustrations with the lack of published evidence supporting the positive rhetoric that continued to fuel the growth of SFD programs. Additionally, they suggested that the principal goal of SFD research should be to evaluate programs in an attempt to determine the most effective practices for SFD interventions and programs.

Researchers have begun to argue that while outcome evaluations of SFD programs are important to demonstrate *that* sport can be used to address social issues, the field has grown in a way in which evidence of *how* sport can be used is becoming more important. Many SFD programs, particularly in North America, have a clear vision of the development outcomes they should be targeting, yet only vague conceptualizations of how that development is achieved (Coakley, 2011; Coalter, 2015). Webb & Richelieu (2015) argued that in order to advance the field, researchers need to assess the program practices and processes. This will help shed light on the best practices needed for achieving impact. Additionally, scholars argue that while there may be some evidence that suggests that SFD programs work, this evidence is weak, and little is known about why they work and in what contexts (Coalter, 2007; Coalter, 2015). More emphasis on process evaluations will help alleviate this issue. Overall, process evaluations help stakeholders see how a program's outcome or impact is being achieved (Grembowski, 2016). In other words, process evaluations are interested in assessing what specific interventions were put in place by the program in order to address the problem(s) being tackled. The focus of a process evaluation is on the types and quantities of services and activities being delivered, who benefits from those services and activities (either directly or indirectly), and the resources used to deliver the services (Grembowski, 2016). Additionally, understanding the challenges and practical problems that may occur while implementing the program and the ways in which such problems are resolved is an important part of processes evaluations (Gibson et al., 2008).

Although there is a need for more process evaluations, most SFD research still focuses on the impact and outcomes of programs. However, recently there has been a growth in studies related to better understanding the processes (i.e., design, structure, management, and activities) of SFD initiatives as they relate to desired outcomes. For example, Bruening et al. (2015) aimed

to assess how a SFD service-learning initiative was designed and operated to facilitate the intended outcome (social capital development) for student volunteers. The authors utilized a mixed method design to first determine if a program was achieving the intended outcomes and then to assess which aspects of the program helped to achieve those outcomes. In terms of program processes, the quantitative results suggested that the intentional design of the initiative and elements related to the combination of sport, cultural, organizational and educational features of the program helped facilitate social capital development in students.

Lack of theory-driven research and interventions. Sport for Development has been described as a growing yet under-theorized research field (Bowers & Green, 2016; Lyras & Welty Peachey, 2011; Schnitzer, Stephenson, Zanotti, & Stivachtis, 2013). Bowers and Green (2016) argue that the field of SFD “lacks strong, evidence-based theory that provides an understanding of the specific program elements, under what conditions, lead to which outcomes, for what groups” (p. 15). Schulenkorf and colleagues (2016) support this sentiment as they found that only 33% of SFD articles published between 2000 and 2013 utilized a conceptual or theoretical framework, with the majority of those utilizing either youth development as a conceptual framework (33%) or Social Capital Theory (27%). However, Levermore (2009) argued that Social Capital Theory is used in a rather generic way in SFD research and is often used as a “last resort” for SFD scholars who feel the need to ground their research in theory.

In an attempt to increase the amount of theory-driven SFD research, Lyras & Welty Peachey (2011) developed the Sport for Development Theory (SFDT). This theory attempts to identify the components necessary for a successful SFD program. The theory suggests that SFD programs should be designed and evaluated based on their impact, organizational components, sport components, educational components and cultural enrichment. While this theory is an

important first step in increasing the use of theory within the discipline, there is still room to grow. For example, Schnitzer and colleagues (2013) argue that meso-level (i.e., community or organization-based) theories should be utilized more often by SFD researchers so that findings can be discussed in relation to larger groups rather than just individuals. This presents an opportunity for SFD researchers to think outside the scope of what is currently being done in SFD research.

Power and Inequality. Currently, SFD program evaluations seek to provide evidence (usually for funders) that programs are being delivered to the target population and are achieving desired outcomes. Burnett (2015) pointed out that the funder-researcher dynamic in most SFD research can be problematic from a critical theory standpoint. Typically, SFD programs are funded by third party donors who require proof that the programs successfully alleviate societal problems within communities. In many cases, researchers provide such proof, even if the program is not working properly. Some suggest that an overhaul of how SFD programs are evaluated will improve this issue. For example, according to Levermore (2011), including participants in the evaluation process allows for better depth and a holistic understanding of programs and could help to alleviate the issue of researcher/funder bias. Furthermore, Coalter (2009) argued that involving program participants and other members of target communities in monitoring and evaluation can help to empower members of marginalized groups. Harris & Adams (2016) echo this claim and also suggest that involving practitioners (or those that are developing and implementing the programs) in the monitoring and evaluation of SFD programs can help make evaluations more accurate and can help alleviate this issue with power dynamics as practitioners' creative involvement is at times limited or ignored in the assessment of programs.

These criticisms and challenges highlight the limited scope of SFD research and practice, especially when it comes to monitoring and evaluation and understanding how, why and under what conditions programs work. There is an evident gap in the literature when it comes to conducting process evaluations of SFD programs, employing diverse theories in an effort to better understand and design SFD programming, and involving participants, community members, and practitioners in the evaluation process.

Sport as a development tool. Despite the criticisms associated with SFD programming, sport has been recognized as a tool for development on a global level. In 2003, the General Assembly of the United Nations (UN) adopted resolution 58/5, which called for a greater emphasis on sport and physical activity as a part of the global agenda (Kidd, 2011). The next year, the UN Sport for Development and Peace International Working Group (SDP IWG) was launched with the goal to articulate and adopt policy recommendations on how to use sport to achieve development objectives worldwide (Conrad & White, 2016). In 2008, the SDP IWG released a report entitled “Harnessing the Power of Sport for Development and Peace: Recommendations to Governments”. The report suggested that governments throughout the world should use sport to: 1) foster development and strengthen education for youth, 2) empower girls and women, 3) foster inclusion and well-being for persons with disabilities, 4) ensure social inclusion, conflict prevention, and peace building, and finally 5) prevent disease and promote health (SDP IWG, 2008). Accordingly, with support from the UN, government agencies and community organizations worldwide began to develop sport programs aimed to address those five areas in underserved, underdeveloped communities at a high rate (Giulianotti, 2011). With that, empirical research assessing these programs became necessary and important. Consequently, in their review of the SFD literature, Schulenkorf and colleagues (2016) found

that the largest percentage of articles published between 2000 and 2013 studied programs that dealt with Social Cohesion and Peace Building (33%) and Education (21%). However, the authors noted that it was difficult to categorize articles based on social topic given the multi-disciplinary approaches employed by many SFD programs. Furthermore, social justice and youth development appear to be social issues addressed by many SFD programs. Additionally, there is a growing focus on using SFD to achieve positive health outcomes for target populations. Given the scope of this dissertation, research that has studied how sport is used as a tool for youth development, social justice, and health and well-being will be reviewed in the following sections.

Youth development. The field of positive youth development (PYD) focuses on enabling individuals to lead a healthy, satisfying, and productive life as youth, and later as adults (Fraser-Thomas, Côté, & Deakin, 2005; Hamilton, Hamilton, & Pittman, 2004). The well-accepted notion that sport participation builds character, self-esteem, resilience, work ethic, or fosters other positive development outcomes for youth participants is typically used as the justification for the use of sport as a tool for positive youth development. Thus, the concept of sport for positive youth development (SPYD) is increasingly being explored within the literature (Jones, 2016). The association between sport and positive development for youth assumes that sport possesses inherent qualities that can contribute the social development of youth participants (Hartmann, 2003) and that sport can be utilized as a tool to attract youth to development-oriented interventions and programs (Levermore, 2008). Research indicates that when sport is used as a tool for youth development in a sport-plus manner, youth experience increases levels of self-esteem, goal attainment and social skills (Draper & Coalter, 2016). Furthermore, Hartmann & Kwauk (2011) argued that positive youth development is likely to be achieved when sport programming is purposefully and strategically combined with non-sport programming and education

to promote specific objectives (i.e. plus-sport). Outcomes for youth when sport is used in this way include decreases in problem behaviors such as violence and drug use (Fraser-Thomas et al., 2005; Parker, Morgan, Farooq, Moreland, & Pichford, 2017), and increases in prosocial values (Brunelle, Danish, & Forneris, 2007), self-esteem and hope (Hanrahan, 2012).

Despite the evidence that suggests that sport can lead to PYD, scholars have begun to recognize the need for critical research to determine how sport can be intentionally used to achieve positive outcomes for youth. As Coakley (2011) suggests, there is a need to connect individual development outcomes with specific program processes in order to determine how youth sport programs are contributing to youth development. In recent years, there have been a growing number of studies that aimed to determine how sport-based interventions and programing can contribute to social development for youth participants. For example, the aim of Parker and colleagues' (2017) study was to evaluate the efficacy of sport in combatting crime and reducing anti-social behavior. In the case of this intervention, the sport of soccer was used as a hook to engage youth, but the goal of the program was to teach leadership, trust and respect and to reduce violent behaviors among 'at risk' or marginalized youth (Parker et al., 2017). Authors utilized one-on-one semi-structured interviews with youth participants, and focus group interviews with project administrators, coaches, and community partners to determine from the perspective of those stakeholders, how the structure and activities of the intervention contributed to a behavior change in participants. Interview and focus group participants were asked about the program goals, their experience with the program, and the extent to which the goals were met for participants. Youth interview participants were asked to specifically link aspects of the program to their behavior change. The results revealed that having clear program goals and allowing

participants to engage with the large community contributed to positive youth development (Parker et al., 2017).

Similarly, other scholars have argued that the relationship between sport and youth development is contingent on a number of different factors such as type of sport, community and social support (Jones, 2016). Atkins and colleagues found that peers and coaches serve as important external assets that help facilitate youth development (Atkins, Johnson, Force, & Petrie, 2015). Additionally, Haudenhuyse, Theebom, & Nols (2013) recognized the importance of environmental factors on youth development and the need to consider an ecological lens when attempting to achieve positive outcomes for youth. The authors suggest that programs aimed at facilitating positive youth development should pay attention not only to individual factors and behavioral change, but also to intrapersonal factors such as the influence of peers, parents, coaches, and program administrators, community members and schools, and macro-level factors such as geographic area, religion, and culture (Haudenhuyse et al., 2013).

Social Justice. SFD research emphasizes existing social injustices and how inequities are being remedied through SFD programs. It is within this research that scholars attempt to determine why inequalities occur in particular communities, and how sport can be used to reduce or shine light on injustices. As Green (2008) suggests, the ideology behind many social justice-based SFD programs is that everyone should be afforded the opportunity to participate in sport, however some members of the society such as women, racial and ethnic minorities, queer individuals, persons with disabilities, and low-SES individuals, have been excluded. Barry (2002) suggests that an individual is socially excluded from sport if he or she is geographically resident in a society, yet despite his or her desire to participate, for some reason beyond his or her control, he or she cannot participate in the normal activities of citizens in that society (i.e.

sport). In their analysis of SFD programs targeted toward women in girls, Hancock, Lyras & Ha (2013) found that programs and international agencies work to provide girls and women equal access to sport, which have led to the promotion of physical and mental health, social integration, self-esteem, and skill development among this population. Similar outcomes have been found for other traditionally marginalized populations participating in SFD programs including racial minorities (Welty Peachey & Lyras, 2015), queer populations (Ravel, 2012), and persons with disabilities (Fay & Wolff, 2012).

Additionally, SFD research regularly focuses on how sport can be used to engage low-SES individuals in sport and even help to improve conditions for this population (Cohen & Ballouli, 2016; Hartmann, 2012; Sherry, 2010). For example, the goal of Sherry's (2010) study was to evaluate a street soccer program aimed at providing the opportunity for sport participation and providing personal development such as informal support and links to services for homeless individuals and individuals living in poverty in Australia. Specifically, the study aimed to assess how participation in street soccer in general and the Homeless World Cup specifically helped participants increase their social capital. Utilizing a case study design in which members of one street soccer team were interviewed before and after their participation in the Homeless World Cup, Sherry (2010) found that participation in street soccer helped participants develop a sense of community and a sense of family with their teammates. Additionally, the results suggested that participation in street soccer helped to increase physical and psychological well-being for participants by providing them the opportunity to set goals while having social support to meet those goals. The program also provided participants with access to stable housing, education and training programs, and employment opportunities. Similarly, Hartmann (2012) looked at how participation in a mid-night basketball helped African American and Native American men

living in low-income communities avoid violent behaviors. Researchers found that participation in this program kept individuals off the streets during the time of night when violence is prevalent; it helped to keep the crime rates in the community down (Hartmann & Wheelock, 2002). This research highlights the ability of individual-level interventions to have community level-effects. Each of these studies points to the ability of sport to address social justice issues by providing marginalized populations with the opportunity to engage in sport, or by using sport as a tool to attract marginalized individuals to achieve specific development objectives.

Health and well-being. A third research focus is physical, psychological and social development through sport and physical activity. Sport has been recognized as a tool to not only get individuals more physically active, which can help to improve health, it has also been utilized as a way to mobilize individuals and bring people together (i.e. to raise awareness of health issues). Thus, improving health outcomes should be a natural focus for SFD programing. Schulenkorf and colleagues (2016) found that 15% of articles included in their review studied programs focused on using sport to achieve positive health outcomes in the target community. Because this study aims to assess how SFD programs are addressing health within a low-SES community, it is imperative to review research that has studied sport-plus and plus-sport SFD programing aimed at improving health. In this final section, health-based SFD program outcomes will be detailed as well as details about program processes in an effort to highlight how SFD programs have worked to promote health.

Schulenkorf et al. (2016) noted that many of the health-based SFD programs assessed within the literature focus on HIV/AIDS prevention within sub-Saharan Africa. Sport-based HIV prevention (SBHP) has been widely utilized by programs to help increase general knowledge about the disease (i.e., epidemiology and risk factors), decrease negative perception and stigma

associated with the disease, and increase HIV testing for youth and other at-risk populations (Hershow et al., 2015). Because HIV/AIDS can be a taboo subject, SFD is a great way to engage youth in that it creates a safe and informal space to discuss HIV/AIDS through sport and games and allows young people to learn about steps they can take to protect themselves and to avoid risky behaviors (Kaufman et al., 2013). An evaluation of Grassroots Soccer (GRS), a sport-based HIV prevention organization serving communities throughout Africa, used a sample of 149 non-participants and 155 GRS participants and found that the intervention significantly improved student knowledge, attitudes and perceptions of social support related to HIV/AIDS. However, there were no changes in students' self-efficacy and sense of control. The positive changes sustained until the follow-up intervention, whereby after five months, there was a significant decrease concerning the role of condoms as prevention and concerning students' willingness to support people with HIV/AIDS. Additionally, emotional awareness regarding AIDS seemed to have improved in the intervention group (Botcheva & Huffman, 2004). An assessment of Street Skills, another SBHP program targeted specifically toward girls, found that the program helped to increase participants' self-efficacy to avoid risky sexual behavior, increase participants' belief in gender equitable norms, and facilitated access to the utilization of testing services (Hershow et al., 2015). A systematic review of health-based sport for development programs in Africa found that evaluations of such programs have focused on immediate outcomes but have failed to measure the programs' impact on final outcomes. For example, while many programs claim to combat HIV/AIDS, program evaluations mostly focus on changes in HIV-related knowledge, as opposed to behavior change or levels of HIV infections (Langer, 2015).

Despite the overwhelming attention placed on SBHP programs and SFD programs operating in sub-Saharan Africa within the SFD literature, programs also work to address other

health-related issues in other parts of the world. Specifically, Hanrahan (2012) looked to evaluate a SFD program aimed at improving the psychological well-being of orphans and youth living in poverty in Mexico. The results of this study revealed that youth increased their life satisfaction and positive self-worth after participating in the program. In the United States, Werch and colleagues (2003) found that youth participants of a sport intervention that included alcohol education and mailed alcohol education materials to parents saw a decrease in alcohol and drug consumption and an increase in exercise frequency and duration after participating in the program. Additionally, Weintraub et al., (2008) aimed to evaluate the efficacy of an after-school soccer SFD initiative in reducing weight gain among low-income, racial and ethnic minority youth by comparing those that participated in the SFD program to those that participated in a health education program that did not involve sport. Researchers found that participants of the SFD program saw a greater decrease in body mass index and increase in total daily, moderate, and vigorous physical activity than those that did not participate in the SFD program. These changes also sustained after a three- and six-month follow-up. Collectively, these studies demonstrate that SFD programs can promote positive health outcomes for participants.

Processes of health-based SFD programs. It is evident that sport for development programs have worked to achieve positive health outcomes for participants. However, very few studies have investigated the processes by which health-related SFD programs operate in order to achieve desired health outcomes. That is, there is little empirical evidence to suggest how programs work to improve health. In many studies, the organization's/program's processes (i.e., structure, inputs, activities/services delivered) are included in the description of the program, but rarely specifically studied. Generally, in describing program processes, researchers suggest that sport-plus programs typically adapt sport activities and provide equipment, coaches, instruction,

and facilities to allow previously excluded individuals the opportunity to participate (Mason & Holt, 2012; Sherry, 2010; Weintraub et al., 2008). Plus-sport programs on the other hand, work to promote health among participants by teaching about the epidemiology of and risk factors associated with diseases and illnesses (Botcheva & Huffman, 2004; Hershow et al., 2015; Webber & Skinner, 2016). For example, in the outcome evaluation for Street Skills, Hershow and colleagues (2015) noted that the program uses soccer as a hook to attract participants and engage them in lessons about the science behind HIV/AIDS, risk factors associated with the disease, and strategies to avoid those risks. Other plus-sport programs provide access to health services such as screenings and treatment services (Fadich, 2016; Hershow et al., 2015). For example, in an effort to get men to take an active role in their health, the SFD program, Time Out for Your Health provided participants with health screenings (prostate and testosterone, HIV, cholesterol, diabetes, stroke assessment), one on one consultations with health professionals, and other health education materials (Fadich, 2016).

Along with describing program processes in outcome evaluations, some researchers have attempted to link program processes to those outcomes. In many cases, this is done without empirical backing (Webb & Richelieu, 2015). Scholars have made claims as to how SFD programs should be designed to be successful in promoting health. For instance, researchers have suggested that promoting health through interactive games can be successful, especially when discussing taboo topics such as HIV/AIDS and depression with youth (Hanrahan, 2012; Kaufman et al., 2013). Additionally, offering a variety of activities can be instrumental in engaging participants in health promotion efforts (Hanrahan, 2012). In terms of resources programs input to help facilitate positive health outcomes, researchers have suggested that SFD programs should have strong ties to the community that they serve in order to be successful and

sustainable (Sherry, 2010). Similarly, Naylor and colleagues (2015) found that parental support and support from the community (either financially or otherwise) were necessary to bring about positive health outcomes for participants. Other resources that facilitate positive outcomes include easy to follow and relevant educational materials (for programs focusing on health education) and an informed, trained staff (Gibson et al., 2008; Naylor et al., 2015).

Apart from solely noting program processes in research on outcomes, there are a few studies that have attempted to understand how health-based SFD programs are working to achieve goals through process evaluations. Notably, Schulenkorf (2016) aimed to determine how a SFD event worked to achieve development outcomes for youth in the Cook Islands. The event studied in this investigation was a part of the larger program initiatives of Just Play, a SFD program with the goal of introducing soccer to boys and girls living in underserved communities, while allowing them to enjoy the social and health benefits of playing the sport. In an effort to understand how the event worked to achieve those goals, the researchers conducted semi-structured interviews with program and community stakeholders, including Just Play staff, volunteers, event organizers, health experts/nutritionists, and government officials. The results revealed that the event, specifically the performances, soccer skills showcase, and engagement in non-sport activities helped reengage stakeholders, leverage community partnerships, and create new interest and excitement for the program, which researchers argue are aligned with the program goals. The author acknowledges however, that not including program participants in the interviews was a limitation of this study. In order to fully understand how this event impacted participants, it is necessary to include them in the evaluation process (Schulenkorf, 2016).

Cohen and Ballouli (2016) attempted to determine how a dance-based SFD program works to fight the obesity epidemic among at-risk youth living in Harlem. The program under

investigation in this study was Hip Hop Loves, a Harlem based program that combines sport (e.g., dance and Zumba) and Hip-Hop music/culture to draw youth to other development offerings such as tutoring, volunteering, healthy cooking, and resume workshops. The researchers were interested in what specific aspects of the program contributed to youth's engagement in physical activity and health behaviors from the perspective of various program stakeholders including participants, workshop leaders, staff, and upper level executives. Overall, 22 stakeholders participated in semi-structured interviews. Additionally, researchers completed onsite observations during the course of three days. The results revealed that HHL's use of hip hop and dance enthused participants to engage in physical activity and health behaviors and inspired stakeholders to contribute their time and passion toward the organization.

Both Schulenkorf (2016) and Cohen and Ballouli's (2016) studies demonstrate a growth in literature about better understanding the specific aspects of health-based SFD programs that contribute to positive health outcomes for participants. Despite this, there is still a considerable gap within the literature of empirical process-based studies of health-based SFD programs. Additionally, as evidenced by the literature, all known studies regarding health-based SFD programs only look at how or whether programs are producing positive health outcomes for participants. No studies have looked at how SFD programs are specifically addressing the issue of health disparities among participants and within the communities they serve.

Summary

Based on the preceding review of the literature on health disparities, sport and health promotion, and sport for development, it is clear that health disparity is an issue within low-SES populations and that interventions and programs to address the issue are necessary. Overall, the review of literature reveals a significant opportunity for researchers and practitioners to consider

the use of SFD programs to address health inequality for at risk populations. However, within the SFD literature, there is a need for more process evaluations to determine how programs work to achieve positive health outcomes and under what conditions. Thus, the purpose of this dissertation was to determine how SFD programs operating in a low-SES community work to promote health and reduce health disparities within that community.

In order to understand how SFD programs work to reduce health disparities, a conceptual model was developed to guide this study. This conceptual model, which is supported by the literature, uses the theory of fundamental causes (Link & Phelan, 1996) to explain why individuals with low-SES experience health inequalities. Secondly, the model uses the classification of SFD programs (Coalter, 2007) and previous research on SFD programs to explain how SFD programs might address health disparities by providing resources in terms of opportunity (Sherry, 2010), education (Botcheva & Huffman, 2004), and access to services (Hershow et al., 2015). Finally, the review of literature justified the use of the ecological model of health promotion (McLeroy et al., 1988) within the conceptual model. Specifically, the literature review revealed a need to view health disparities, sport participation and sport for development programming through an ecological lens. That is, it is important to consider individual, social, and environmental factors when addressing health disparities and promoting health (Green, Richard, & Potvin, 1996; McLeroy et al., 1988), in understanding sports' impact on health (Giles-Corti, 2006; Lounsbury & Mitchell, 2009; Rowe, Shilbury, Ferkins, & Hickson, 2013), and when designing and implementing SFD programming (Schnitzer et al., 2013).

Chapter Three: Methodology

Study Design

This research utilized a qualitative, multiple case study design to assess how SFD programs operating in low-SES communities work to promote health and reduce health disparities within those communities. This section provides an overview of qualitative research, case study designs, and multiple case study designs within the context of this research study.

Qualitative Research. In general, qualitative research is used when researchers want to understand a problem or phenomenon from the perspective of those that experience said phenomenon (Denzin & Lincoln, 2011). Qualitative inquiry was suitable for this research because I was interested in understanding how SFD programs work to reduce health disparities from the perspective of various program stakeholders. This is important because as an outsider of the SFD programs that were evaluated for this study, I did not possess the knowledge to adequately draw conclusions about how these programs operate within the communities they serve. Speaking to stakeholders that are program and community insiders allowed me to gain this knowledge. Creswell (2007) outlined additional important elements of qualitative research that consider the process and purposes of this type of research. For example, he suggests that qualitative researchers “collect data in a natural setting that is sensitive to the people and places that are being studied” (Creswell, 2007, p. 37). This means that rather than collecting data in a lab or in a passive manner, it was necessary for me to have direct contact with participants in order to determine how they view the processes of the studied SFD programs as they relate to health promotion. Finally, Creswell (2007) argues that qualitative research should extend the literature or signal a call for action. This study aimed to extend the literature related to the

processes of health-based SFD programing, as well as make the case for the use of sport as a public health tool to reduce health disparities.

Another important characteristic of qualitative research is that the researcher is a key instrument in the research process (Hatch, 2002). For this study, I did not rely on surveys or instruments that were developed by other researchers. Instead, I established my own protocols as I collected data. On a similar note, although the researcher in qualitative inquiry is interested in learning about the meaning participants hold about a problem or phenomenon, the researcher must interpret said meaning. Consequently, the researcher cannot separate his or her own background, history, context or prior understanding from the interpretation process (Creswell & Poth, 2017). With that said, my previous experiences outlined in chapter one had an impact on this research.

Case Study. According to Yin (1981), a case study is “an empirical inquiry that investigates a contemporary phenomenon in depth and within its real-world context” (p. 97). Case studies are typically used when the boundaries between the phenomenon and the context are not clear (Yin, 2014). For this study, I aimed to understand the phenomenon of health promotion and health disparity reduction within the context of SFD programs that operate in low-SES communities. Furthermore, case study research is generally useful in hypothesis and theory testing (Eckstein, 1975; Flyvbjerg, 2006; Thomas, 2016). Researchers state that it is common to begin a case study research project with a theory or hypothesis in mind and use the data provided from each case to test said theory (Yin, 2014). This study attempted to understand how SFD programs operate within the context of the theory of fundamental causes, the classification of sport for development programs, and the ecological model of health promotion.

The theoretical framework was used throughout the research process and the appropriateness of the theoretical framework to the selected cases was assessed.

Yin (2014) further suggests that there are three criteria for determining the appropriateness of a case study design. The first is that the research questions should investigate *how* and *why* something is happening. Secondly, the researcher does not have control over behavioral events. Lastly, the research deals with contemporary events. Given these criteria, a case study design was appropriate for this research. Finally, a case study was an appropriate design given the evaluative nature of this research. Researchers indicate that it is common to use case study research as part of a larger evaluation, or as the primary evaluation method (Stufflebeam & Shinkfield, 2007; Yin, 2014). For this study, case study was used in the former manner. Specifically, case study research can be helpful when doing process or implementation evaluations, as researchers attempt to explain the *how* and the *why* of programs' implementation process (Yin, 2012). While this research study was not an evaluation, I was interested in understanding the processes of various SFD organizations.

Because case study research can be very time-intensive, it is important to bind the cases within a specific unit of time (Thomas, 2016). This means that the researcher is only interested in studying the phenomenon as it occurs within a specified time frame. This case study research was bound within two years, which means that I was specifically interested in understanding how the chosen cases have worked to reduce health disparities within the low-SES communities of interest in the last two years.

Multiple Case Study. Much of the research in SFD that uses a case study design only focus on one case (c.f., Clark & Misener, 2015; Cohen & Ballouli, 2016; Conrad & White, 2015). However, in order to comprehensively understand how SFD programs work to reduce

health disparities, it was important to acknowledge that there are two types of SFD programs, sport-plus and plus-sport. Yin (2014) suggests that the rationale for using a multiple case study design can be derived from prior hypotheses that suggest different types of conditions and the desire to have subgroups of cases covering each type. Thus, a multiple case study design was fitting given this study's purpose, research questions, and the guiding theoretical model. The logic behind a multiple case study design is that the researcher should choose cases that might provide compelling support for or contradict a guiding theory. So, this study followed the procedure outlined by Yin (2014), in which I developed a theoretical framework, designed a data collection protocol, selected cases, and then conducted the case studies. After data were collected from each case, I analyzed each case separately, and then together in order to draw cross-case conclusions. Finally, I used those conclusions to modify the guiding theoretical framework and developed policy, practical, and scholarly implications. A visual depiction of the multiple case study design and procedure utilized in this study is presented in Figure 3.

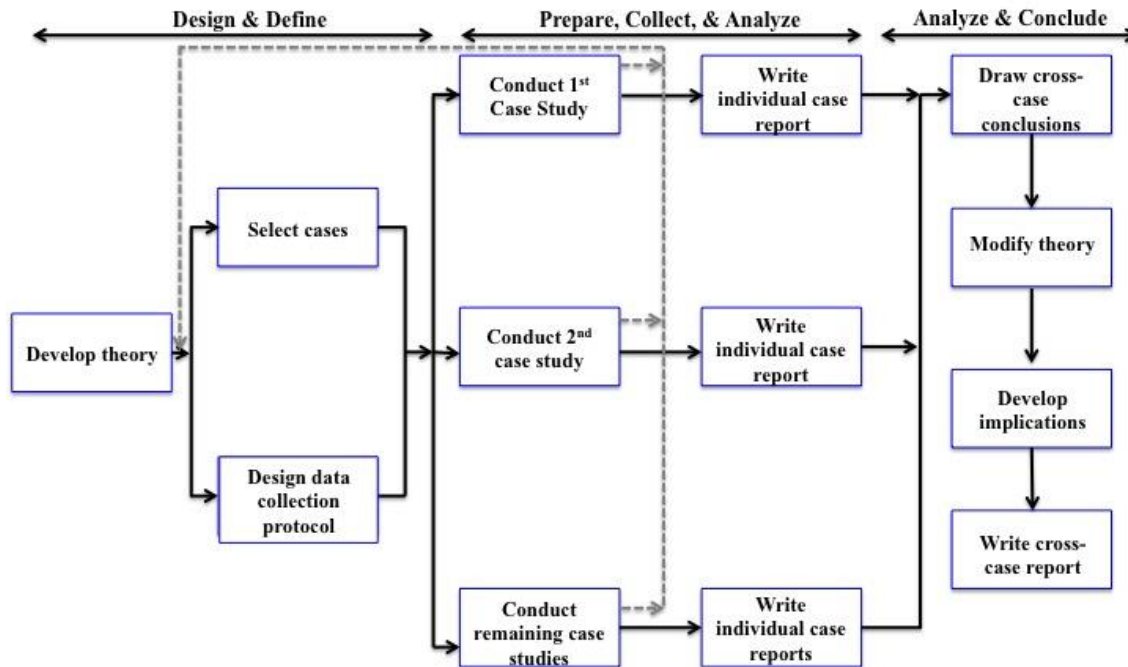


Figure 3. Multiple Case Study Procedure (Yin, 2014)

Research Context

The purpose of this study was to evaluate SFD programs that operate in low-SES communities in order to determine how these programs promote health and work to reduce health disparities. The communities that were chosen as the research setting consists of three urban neighborhoods located in a mid-Atlantic city in the United States. According to a report from the National Center for Children in Poverty, Community A is among the lowest income neighborhoods in the country with a median household income of less than \$20,000, which is lower than 94.5% of neighborhoods in the United States. Furthermore, with 74.7% of the children living below the federal poverty line, this part of the city has a higher rate of childhood poverty than 98.7% of U.S. neighborhoods (NCCP, 2016). About 88% of people living in community A are African American. The racial and economic makeup of Community B is slightly different with 78% African American and about 9% White (Zimmerman et al., 2016).

The median household income for community B is about \$27,000. Finally, Community C consist of 78% African American residents and 15% Hispanic residents. The median household income for this community is about \$31,000. Collectively, all public schools within these communities are Title 1, with 100 percent of students receiving free or reduced lunch. In terms of educational attainment, between 35% and 58% of adults living in these communities do not have a high school diploma (Zimmerman et al., 2016). Additionally, the crime rate in the community is about 25% higher than the national average (Zimmerman et al., 2016).

The existence of health disparities within these communities is evident as well. A report indicated that the life expectancy of someone living in these parts of the city is 20 years less than someone living in another, wealthier part of the city (Zimmerman et al., 2016). The prevalence of heart disease, diabetes, infant mortality, and premature death is higher in these communities than elsewhere in the city (Zimmerman et al., 2016). Given the socio-economic characteristics and health outcomes experienced in this area, it is clear that people in these communities' experience health disparities. Individuals living in these areas may benefit from SFD programing that focuses on health promotion. Thus, it is appropriate given the purpose of the study and the research questions that these communities were used as the setting for this research.

Case Selection

To answer my research questions, five cases were selected. The cases were all community-based programs that incorporate sport activities and that operate in a low-SES community in the city of interest. Additionally, because this research aimed to understand how SFD programs work to reduce health disparities, it was important to assess each type of SFD program. Accordingly, of the five cases chosen for this study, the aim was to have at least two plus-sport programs and at least two sport-plus programs.

To begin case selection, a list of potential sport for development programs was compiled from multiple sources. First, a list of university community partners was obtained through the university's office of community engagement. This list was composed in 2016 through a survey sent to all university faculty requesting that they disclose all community partnerships. This comprehensive list of about 150 community partners was filtered by geographic location (looking specifically for low-SES communities within the city) and focus area (health-based, youth, sport-based, after school). This search yielded 30 results. Next, I read through program descriptions to determine if the programs used sport in any capacity. Twelve programs fit that criterion. To add to the list of potential cases, I reached out to two university centers that work heavily in the city of interest and specifically in low-SES communities to help identify programs that fit the selection criteria, but that did not appear on the initial list of community partners. Finally, I utilized an online database to search programs that operate in low income communities within the city of interest and that are within the scope of sport, health, and recreation to determine if any programs were overlooked that may fit the selection criteria. In total 15 programs were identified.

Of the 15 programs identified, I reached out to ten that fit the initial criteria to participate in the study. Five were excluded because the programs were either too small (i.e., did not have at least two administrators and/or two staff members), or too young (i.e., had been established within the two-year bound period). In total, five programs expressed interest in participating in the study. All five were selected. The follow pseudonyms were created for the programs in order to maintain anonymity: *Adventure Corps*, *Strike & Learn*, *Move Inc.*, *Aquatics Now*, and *Race4Life*.

Case Descriptions

After each of the cases were selected to take part in the study, I arranged a meeting with a program administrator to obtain program documents such as mission statements, logic models, and marketing materials. The purpose of collecting these documents was two-fold. First, it was essential to classify each program as plus-sport or sport-plus prior to speaking with members of the program. Of the five cases selected to take part in the study, three fell under the umbrella of plus-sport (*Adventure Corps*, *Strike & Learn*, and *Move Inc.*), while two programs fell under the umbrella of sport-plus (*Aquatics Now* and *Race4Life*). The programs were classified as either sport-plus or plus-sport by reviewing program descriptions and mission statements found in the program documents. For the purpose of this study, it was necessary to have at least two of each type of SFD programs because of a principle in multiple case study research known as literal replication (Yin, 2014). That is, it is essential that cases are similar enough to compare and draw cross-case conclusions. In order to achieve literal replication within the two categories, the two sport-plus cases were comparable in terms of size (e.g., number of employees, number of participants served), target population (e.g., youth), and age of the program. The three plus-sport programs were comparable in the same ways, both to each other and to the two sport-plus programs.

The second purpose of the program documents was to allow for a rich description of each case (Yin, 2014). Each of the programs are detailed below. Additionally, Table 1 contains a description of the five cases that were selected.

Adventure Corps. *Adventure Corps.* is a non-profit organization that serves youth between the ages of 10 and 15 through their afterschool programing and weekend and summer camps. This program primarily serves youth living in Community A; however, some of their

summer programming includes youth from other non-low-SES parts of the city. The primary goal of this program is to teach life skills through adventure sports such as kayaking, biking, and rock climbing.

Strike & Learn. *Strike & Learn* partners with other afterschool programs located in Community A and B to provide an option for youth between the ages of 7 and 13 to learn important life skills such as teamwork, emotional intelligence, nutrition, and to learn to play tennis. *Strike & Learn* also serves youth in Community A & B and elsewhere in the city through their open community-based and summer programming.

Move Inc. *Move Inc.* is a non-profit organization that was founded to combat the issue of physical inactivity and obesity among youth. The organization has two initiatives; one of which involves working in elementary schools within Community A, B, and C, and showing teachers and school administrators how to integrate physical activity and movement activities within their classroom lessons. The other initiative is an afterschool program for middle school girls living in Community B and C. This program aims to teach girls life lessons such as leadership and health, while introducing them to team sports such as basketball, floor hockey, football, and soccer.

Aquatics Now. A large part of *Aquatics Now's* programming deals with teaching youth living in Community A, B, and C how to swim. They do this through in-school programming targeted toward elementary school students, and community-based swim lessons. In addition to teaching students how to swim, *Aquatics Now* also offers programming such as swim team, water polo, summer camps, and CPR and lifeguard training. This additional programming is offered to youth living in Community A, B, and C, as well as youth living in other parts of the city.

Race4Life. *Race4Life* is a youth specific program that is a part of a larger city-wide umbrella organization. The umbrella organization is responsible for organizing events throughout the city that encourages residents to be more physically active. Specifically, *Race4Life* is tasked with encouraging youth to be physically active through the sport of running. The program offers before and after school programming for schools located in Community B and Community C. *Race4Life* also facilitates the establishment of community-based run clubs throughout the city.

Table 1

Case Descriptions				
Case	SFD Classification	Sports Used	Setting	Communities Served
Adventure Corps	Plus-sport	Kayaking, Biking, Rock Climbing	school-based	Community A; Other*
Strike & Learn	Plus-sport	Tennis	school-based; community-based	Community A; Community B; Other*
Move Inc	Plus-sport	Team Sports, Movement Activities	school-based	Community A; Community B; Community C
Aquatics Now	Sport-plus	Swimming	school-based; community-based	Community A; Community B; Community C; Other*
Race4Life	Sport-plus	Running	school-based; community-based	Community B; Community C; Other*

*Other indicates that the program serves another non-low-SES community

Sources of Data

Yin (2014) suggests that for the purposes of convergence and triangulation, case study inquiry should rely on multiple data points. That is, in order to get an accurate, in-depth picture of the cases, it is important to consult multiple sources and compare the information gathered from each source. Consequently, this study used interviews with three groups of program stakeholder (i.e., administrators, staff, and participants) as data. In this section, each data source is described and information about how data were collected is outlined.

Interview Participants. In this study, a multilevel sampling design was used in which I attempted to make credible comparisons between subgroups that were extracted from different levels of study (Onwuegbuzie & Leech, 2007). For each case, I collected data from stakeholders of the same program that represent three different groups: program administrators, program staff, and program participants. Each group represents a different level of authority within and knowledge about the program. Program administrators are those individuals that are in charge of big picture design, operations, and decision making within the program such as an Executive Director, President, Chief Executive Officer, or members of the Board of Directors. Program staff were those that assist in program implementation, are in direct contact with participants on a normal basis, and that typically report to program administration. An example of a program staff member would be a coach, a tutor, or a counselor. Finally, program participants are those that directly receive the program. Based on the criteria for case selection, all program participants for this study were youth. The goal was to have two participants from each stakeholder group take part in this study for a total of six participants per case. For two of the programs (D and E) only one youth program participant was able to participate in the study. Still, this sample size is above

the recommended minimum of three to five participants for case studies (Creswell, 2002), and comparable to the samples utilized in other SFD case studies (cf. Cohen & Ballouli, 2016).

In general, this study utilized multi-stage purposeful selection (Onwuegbuzie & Collins, 2007). That is, the communities, cases, stakeholder groups, and individuals were chosen purposefully and because they were best suited to help me answer my research questions. For the interview participants, I chose individuals that have high levels of involvement within the program and the community so that they were able to share information about the sport programs and health inequalities within the community. Because of my limited knowledge of the programs, I had to rely on program administrators to help me identify staff members and program participants to take part in the study. Because this study was bound within two years, the staff members from each program needed to have worked for the program for that amount of time. The only other selection criterion for staff members was that they were over the age of 18. The youth participants were selected under the criteria that the child was between the age of 10 and 17, was actively involved in program sport activities, lived in the city of interest, and was able to obtain parental consent to participate.

Procedures

Once participants from each stakeholder group for each case were identified, they took part in semi-structured interviews. During the interviews, participants were asked about their involvement with the program, their overall perception of the community, the program's goals and practices, and their perception of health inequality within the low-SES communities of interest. In total, 28 interviews were conducted. The average interview lasted 28 minutes (33 minutes for program administrators, 32 minutes for program staff, and 15 minutes for program participants). The majority of the interviews took place at the program site or at the program

offices. However, four of the interviews took place at a neutral site (i.e., coffee shop). An interview protocol was followed; however, new questions did emerge for some interviews. Separate interview protocols were used for the administrators/staff and the youth participants and were developed based on the guiding theoretical model and research questions. The protocols are available in Appendix A and Appendix B, respectively. After the interviewing process, each interview was transcribed verbatim. Each transcription was then sent via email to the participant for member checking (Merriam, 2009). This allowed participants to read over the transcribed interviews, make edits, and add any additional or missing material. Participants had one week to respond with any comments regarding their transcription. For those participants that do not have access to email, they were given the option to go over the transcripts in person. Only two interviews were returned with corrections or additions. Once data collection was complete, all interview transcripts were uploaded in ATLAS.ti, which was used to store data and to assist with the data analysis process.

Ethics and Human Subject Protection

Informed Consent. Prior to participating in the study, all participants went through an informed consent process. For the program administrators and staff, prior to the start of the interview, they were notified of the potential risks and benefits associated with participating. They were then required to read and sign the informed consent form. The youth participants were given a parental consent form and an informed assent form to be read over and signed before the day of the interview. The youth participants were required to return the parental permission form and the assent form before engaging in the interview.

Potential Harm. Thinking about health inequality in their community may have been potentially harmful for participants as it could have caused emotional distress. Participants were

made aware that they did not have to answer any questions that they felt uncomfortable answering. They could also stop the interview at any point. Participants had the option to remove themselves from the study at any time.

Confidentiality. Participants were made aware that the name of the program, the community it serves, and the names of the participants would be omitted from the research findings.

Research Relationships

In qualitative research, it is important to reflect on the relationships between the researcher and participants, as issues of power and trust may have bearings on the research process and ultimately the results (Maxwell, 2013). I did not have any previous relationship with my participants, as the programs were chosen for this study based on the criteria previously listed. Having a previous relationship would have been beneficial, because it would have allowed for a level of trust, comfort and easy conversation. Especially since the existence of health disparities is a sensitive topic, comfort and trust are important. Due to the lack of previous relationship, this trust needed to be established in another way. First the list of potential programs was gathered through my own connections with university departments and centers that the programs had worked with in the past. This gave me a bit of credibility as a researcher and helped establish trust between myself and participants. Secondly, I made sure to be upfront and honest about my intentions as a researcher. This was particularly important for the program administrator or other gatekeeper with whom I make the initial contact. Typically, it is difficult for a researcher to perform a program evaluation because if program administrators and participants believe they are being judged by the researcher, they are not likely to share truthful

and adequate information. If my intentions were not made clear upfront, this could have affected me even getting access to the program.

This lack of pre-established relationships with the participants and the program was something that I had to overcome within this study. In hopes of alleviating this issue, I framed my research as an exploration of the goals and practices of SFD programs related to health inequality. I made it known to participants that the results of this research may be used to help the program understand the needs of their community and to use their sport programming to address those needs. I also positioned my research within the broader public health goals. It was also necessary for me to establish rapport with participants at the start of the interviews by sharing information about myself and why I am interested in this research topic. I also made sure to ask questions of my participants that were not necessarily related to the study in order to establish rapport. These efforts to establish rapport are reflected in the interview protocols.

Data Analysis

Research suggests that case study inquiry should be evidence-led, and pre-determined theoretical propositions should guide the data analysis process (Creswell & Poth, 2017; Thomas, 2016; Yin, 2014). With that, data analysis followed a three-step systematic deductive approach described by Miles & Huberman (1994) and adapted by Gilgun (2005), in which I used theory to make sense of the data. The data were analyzed one case at a time, and then comparisons were made between cases (Yin, 2014).

In the first step, a list of *a priori* codes were made to guide the coding processes (Miles & Huberman, 1994). These codes, or assigned labels to pieces of text (Rossman & Rallis, 2003), were developed to reflect the components of the theoretical framework: theory of fundamental causes, SFD program classification, and the ecological model of health promotion. Fifteen *a*

priori codes were developed at this stage. Additionally, in the first stage, a codebook was created and included a list of all *a priori* codes and the definition of each. This codebook did expand throughout the data analysis process, and was used for cataloging and documenting the codes created, as well as labeling which category they belong to, the number of quotes associated with the code, and the location of the code in the transcripts (Weston et al., 2001).

In the second step, I began to review each interview transcript line by line, assigning the *a priori* codes to chunks of data (Gilgun, 2005). While a prefigured coding scheme was used, I allowed additional codes to emerge by paying close attention to patterned regularities and crossover within the data (Creswell & Poth, 2017). These additional codes were named and assigned based on the theoretical model and relevance to the research questions. The additional codes were added to the codebook along with their definition.

Finally, all codes were compared to each other and combined and narrowed into categories or themes (Lindloff & Taylor, 2011; Miles & Huberman, 1994). To assist in this process, a network map was created to get a visual depiction of how codes fit together and how they are related. Again, connections between codes were made based on the theoretical framework. Themes were selected by combining related codes. Additionally, it is important to note that during the entire data analysis process, I participated in theoretical memoing (Miles & Huberman, 1994), in which I fleshed out the thematic meaning to codes and themes as they relate to the guiding theoretical framework. The memos were written in detail and were used later in the findings write-up to justify the conception, naming, and selection of quotes to support each theme (Lindloff & Taylor, 2011).

This three-step process was repeated with each case. Once case-specific themes were established, I attempted to draw cross-case conclusions by comparing the themes from each case

(Onwuegbuzie & Leech, 2007; Thomas, 2016). To assist with this process, another network map was created to determine how themes fit together and how they relate. Cross-case themes emerged from this process. Once the themes were solidified, quotes were pulled to illustrate each category. Pseudonyms were used in the findings to protect the participants' anonymity (Creswell & Poth, 2017).

Chapter Four: Findings and Discussion

The aim of this study was to understand the role of SFD in addressing health disparities in low-SES communities. The central research questions behind this investigation dealt with the goals of the programs, how those goals were related to health outcomes, and what specifically the programs were doing to address the health concerns that might exist within the communities they serve. This chapter outlines the program goals, activities, and how the five programs are addressing health at multiple levels of the ecological model. The themes will also be discussed in relation to the existing literature on the topic.

Program Goals

The purpose of research question one was to assess the goals of the five SFD programs operating in low-SES communities. The results show that there were three program goals that came up during the interviews with administrators, staff, and participants, 1) to provide access or opportunity, 2) youth development, and 3) to improve health.

Provide access and opportunity. The most commonly mentioned goal by all five programs was to provide opportunity or access to a particular sport or to sport and physical

activity in general for populations that have been excluded. For example, Nelson, an administrator for *Aquatics Now* explained:

Our mission is to elevate aquatics in the region. And what we know is that access to aquatics has been denied for people of color since the 1950's and what it has created is, is generational reinforcement of non-swimming, particularly among the African-American community.

Additionally, Debora, another administrator from *Aquatics Now* explained the goal to increase access for low-income individuals. She stated:

From an income perspective, swimming is expensive. Aquatics are expensive. And so our mission is to identify pools that are either built or not yet built that can be used for access based programs for those that are in communities where access is not traditionally available.

It is evident that providing access to aquatics is a goal of *Aquatics Now*. Similarly, a goal of *Race4Life* is to provide participants an opportunity to participate in a sport that they may not have before. Program staff and administrators explained that one of the goals of the program is to increase running among low-SES youth that may experience barriers to other types of physical activities due to cost or access. According to staff member Jason, “That’s our goal, it’s just to introduce running and it’s because it isn't cost prohibitive, anyone can do it.” Along those same lines, when asked what he thinks he is supposed to get out of the program, Peter, a participant from *Race4Life* shared:

The coaches want us to run. To learn about running. We have to run a 10k, I’ve never done that before. So I think they want to just teach us about running so that we can be active and do it in the future.

It is not unexpected that the two sport-plus programs aim to increase access and opportunity to sports. Based on Coalter's (2007) classification and SFD literature, sport-plus programs are those that provide opportunity for individuals that have been traditionally excluded from sports (Barry 2002; Bowers & Green, 2016; Green, 2008). In the case of *Aquatics Now*, low-income individuals and minorities have been excluded from swimming and other aquatic activities. The goal of this program reflects the desire to increase participation in that sport among those populations. For *Race4Life*, the goal is about introducing the sport of running as a form of physical activity for a population that has significant barriers to physical activity and have therefore been excluded.

While providing access and opportunity was clearly the main goal of the two sport-plus programs, each of the plus-sport programs also talked about providing access as a secondary or indirect goal. These are considered secondary goals because they were not mentioned initially when asked about the goals of the program. For example, *Adventure Corps*, which focuses on adventure sports and activities, highlighted increasing access to those sports as one of its secondary goals. Robert, an *Adventure Corps* administrator explained:

Different places in the community win the awards for you know, "We're the best River town." or "Great urban white water." But, it's something that the kids that we work with they don't see that or know about that and so, where we can provide access to the population that doesn't normally traditionally have it...we provide some of that access for kids to participate in these sports that they can not do without our help.

To the same degree, Antonio, a staff member of *Strike & Learn*, which uses the sport of tennis, talked about how a secondary goal of the program is to introduce kids to something new. He said, "The most common sports in America are football, basketball, and baseball. Tennis is

something new. Something they might not have the opportunity to pursue if it weren't for this program." Finally, *Move Inc.* exposes their girl participants to various team sports such as basketball and floor hockey. While not the primary goal of the program, *Move Inc.* administrator, Allison explained, "Our program is set out to address the highly disproportionate amount of females involved in sport." Thus, providing access to sports for females is an important part of what *Move Inc.* does.

All five SFD programs identified increasing access and opportunity in sport or physical activity as either a primary or secondary goal. Each program emphasized underrepresentation in a particular sport or in sport in general among marginalized populations as the reasoning behind this goal.

According to *Move Inc.* Administrator Jenna:

One of the reasons [Move Inc.] was created is because research shows us that girls are participating in sports and physical activity at much lower rates than boys and they're dropping out I think two times the rate as boys.

Fate, a staff member of *Aquatics Now* cites underrepresentation in the sport of swimming as the rationale supporting their goal of increasing access. She stated:

I think it goes back to just the fear, or just the lack of access. That's the big thing, is that they don't have the access. Swimming, competitive swimming itself is very white. It's very, I don't want to say privileged, but it gets expensive.

For Tyler, a staff member from *Race4Life*, his reasoning behind joining the organization had to do with underrepresentation among racial minorities in distance running. Related to goals, when asked what he wants the kids to get out of the program, Tyler shared, "I wanted them to see that they have these options that it wasn't odd for a person of color to be running distance." Even

youth participants of the SFD programs acknowledge the underrepresentation in sports as reasoning behind the program. Kaya, a *Strike & Learn* participant shared, “I don't see people in my neighborhood playing tennis. Because maybe they don't know much things about tennis. They play basketball and football instead.” Clearly, providing access and opportunity for these underrepresented sports and physical activities was a very salient goal as mentioned by administrators, staff, and participants from all five SFD programs.

The finding that a common goal for the SFD programs is to increase participation, access, and opportunity in sports that have been underrepresented by marginalized populations is consistent with the SFD literature. SFD scholars that focus on exclusion argue that everyone should be afforded the opportunity to participate in sport (Barry, 2002; Green, 2008), and that community programs should work to provide that opportunity to underserved groups (Fay & Wolff, 2012; Ravel, 2012). What is surprising, however, is that providing access and opportunity appeared to be a goal for not only the sport-plus programs, but for the plus-sport programs as well. This is noteworthy because plus-sport programs traditionally deal with injustices and inequalities outside of sport rather than within sport (Coalter, 2007).

Youth development. The second most common goal highlighted by SFD program administrators, staff, and participants was youth development. Many programs stated that their goal is to teach life skills to youth that can be translated outside of sport. This was particularly the case for the three plus-sport programs (*Adventure Corps*, *Strike & Learn*, and *Move Inc*). Interview participants touched on life skills like self-confidence, teamwork, kindness, and perseverance in their discussion of program goals. When asked about the goals of *Adventure Corps* and what they were supposed to get from their participation, both youth participants discussed life skill development. According to Aisha, participants are supposed to learn “how to

be committed, how to encourage people and how to take care of your environment.” Erica, another *Adventure Corps* participant talked about life skills as well. She asserted:

I'm supposed to get outdoor skills and how to do teamwork and stuff like that... I think those things are important because you can't really get through life without some of the things they teach you in this [program].

Additionally, *Move Inc.* participant, Jossie, talked about what she thought the coaches wanted her to get out of the program. She shared, “How not to treat people bad.” It is clear that youth participants from the plus-sport programs believed that life skill development was an important part of the programs.

Program administrators and staff from the plus-sport programs also articulated the significance of life skill development in their overall goals. Patrick, a *Strike & Learn* staff member, talked about life skill development as the core of their programming. He stated, “I played sports growing up. Tennis, really all sports build character. They teach things like responsibility, patience. We're really just trying to build life skills through sport.” Teresa, an administrator from *Strike & Learn* talked more about the specific life skills that the program focuses on. She said:

It's really building up their confidence and their mindset to really have a growth mindset and not just kind of be fixed in what they know. So, opening their minds a little bit to new possibilities for themselves too.

For *Move Inc.*, developing life skills, particularly for their female participants, is an important goal. Staff member Portia explained, “we want to increase their overall morale about themselves. Leadership, their...how they go about their day and how they view themselves as a whole and their self-concept.” Robert, an administrator of *Adventure Corps*, highlighted similar goals for his program. He reported, “Our mission is to provide transformational experiences for urban

youth through outdoor education. Those transformational experiences look like improved academic performance and then, improved leadership skills and improved self-confidence.” While leadership and self-confidence appeared to be the life skills of focus for some programs, a few also underscored building resiliency as a main focus. For example, Drew, an *Adventure Corps* administrator shared:

I think it's about giving kids positive experiences, doing that as many times, getting as many touches on that same kid as possible so that it sticks, and then building up their resilience and their belief in themselves and their belief in a future by providing them with, and walking shoulder to shoulder with them through really positive experiences.

Courtney, the *Strike & Learn* administrator agreed, “So for us, I think looking at how our community is also moving in terms of trauma-informed care and resiliency and how are we starting to put some of those practices in place.” For the plus-sport programs, it is apparent that the goals go beyond sport. They are more about developing life skills for youth that they can use in their everyday lives.

Based on existing SFD scholarship, it is intuitive that life skill development would be a focus of plus-sport programs. Previous research has highlighted the connection between SFD and positive youth development (PYD) (Draper & Coalter, 2016; Jones, 2016). Specifically, research indicates that many programs aim to use sport as a tool to help increase self-esteem, leadership, and other social skills for participants (Brunelle et al., 2007; Hanrahan, 2012). This was clearly the case for the plus-sport programs in the current study. Being that having clear program goals is essential to the success of PYD initiatives (Parker et al., 2017), it is significant that this goal was highlighted across all three groups within each program.

Still, it is necessary to note that the two sport-plus programs also touched on life skill development as a secondary goal, particularly as it relates to resiliency. Like *Adventure Corps* and *Strike & Learn*, *Aquatics Now* and *Race4Life* also acknowledged the importance of teaching their participants how to not give up. For Darren, the youth participant from *Aquatics Now*, resiliency is what he felt he is supposed to get out of the program. When asked the question, he affirmed:

How to push ourselves. It's hard, we have to swim laps, be able to carry things under water. It's mentally hard, physically hard. So it's important to push ourselves and to not give up.

Similarly, Tyler a *Race4Life* staff member shared how a goal for him is to teach participants how to be mentally tough and to keep pushing even when it is difficult. He voiced:

But it's still teaching them that mental kind of toughness that, yeah. The goal is to show them that they can do. That's all I preach. It's finish. Don't quit. You don't walk. You can jog. That's fine. But we're not quitting until you're done.

Along with resiliency, individuals from *Aquatics Now* brought up career development as an important life skill that they try to help their participants with. Specifically, the program works to help participants explore a career in aquatics. Ian, an *Aquatics Now* staff member disclosed:

And the goal of this is to take any student that's interested and work them hard to be lifeguard certified, and show them that it's possible, open up the doors and say, "Hey, look, you could be a lifeguard."

Life skill development is a goal of all five SFD programs, whether it be a primary goal or a secondary goal.

Improve health. Four of the programs explicitly stated that one of their goals is to improve the health of participants and/or members of the community. More than any other program involved in this study, health promotion is the primary focus or goal of *Move Inc.* Program administrator Allison declared:

[*Move Inc.*] was started as a way to address childhood obesity, really, but at the heart we're trying to improve the health and wellness of children. We do not collect BMI data. We are not dietitians. We are looking for ways to insert ourselves in schools and communities and encourage health and wellness

Markedly, this goal was communicated throughout the program, as staff and participants also discussed health promotion when asked about program goals. Melissa, a staff member for *Move Inc.* shared:

The mission of [*Move Inc.*] is to educate and cultivate health and wellness through school programming and with [one of our specific programs] our goal is to do that within one school.

When asked what he thought the goal of the program is, Mikey, *Move Inc.* participant stated, “To help us learn and it keeps us active while we learn.” This points to *Move Inc.*’s goal of improving health through physical activity promotion. *Race4Life* E shares that same goal. According to Administrator Nancy:

Our overarching goal at [umbrella organization] is to help make sure that everyone living in our city, in all corners of our city, has the opportunity to live a physically active lifestyle. And, specifically with [*Race4Life*], obviously, we're focusing on youth.

Autumn, the other administrator, agreed, “The overall goal is getting kids interested in being physically fit, but more importantly to help them adopt or see the benefit in adopting a healthy lifestyle.”

Individuals from *Move Inc.* and *Race4life* discussed improving health as a primary goal of those programs. However, Teresa, a *Strike & Learn* administrator also discussed improving health, but as a secondary goal of the program. She explained that rather than focusing on athletic development, the sport aspect of the program had to do more with health. She said:

The basis of the athletic development piece is really more of a healthy lifestyle approach. Like here are activities and ways that you can live a healthy lifestyle, and it doesn't just have to be tennis, but that's our main driving force when we're here.

In addition, Nelson, a program administrator from *Aquatics Now* maintained that the primary goal of the program was to provide access to swimming for marginalized groups, but he also discussed the health benefits that access could provide. He talked about this as an indirect goal of the program. He explained:

We have a huge hurdle to get over in terms of trying to convince people that learning to swim is not necessarily just about sports or swimming. It's a life skill and a life skill that literally can save lives. So what we know is that drowning is the number two cause of accidental death for all kids 14 and younger in the United States. We know that black children drown at least five times out of white children. So we know that there's a huge disparity in terms of who's died because of this.

According to the information provided by program administrators, staff, and participants, improving health and promoting healthy lifestyles is noticeably a goal for *Strike & Learn*, *Move Inc.*, *Aquatics Now*, and *Race4Life*. These programs that use sport to promote health

acknowledge that sports can contribute to positive health outcomes for participants. Specifically, each of these programs focus on the connection between sport and physical health. This is aligned with research that suggest that sport is a good way to engage youth in physical activity which can contribute to positive health outcomes such as physical fitness (CDC, 2014; Gotova, 2015). Additionally, this finding is aligned with SFD research that suggests that sport can be used as a vehicle to engage marginalized populations in physical activity (Mason & Holt, 2012), and to educate individuals about health-related topics (Webber & Skinner, 2016). While *Race4Life* clearly focuses on the former, the goals of *Strike & Learn* and *Move Inc.* reflect the latter. It is also critical to note that while a large amount of health-related SFD scholarship deals with sport-based HIV prevention in sub-Saharan Africa (Hershow et al., 2015; Kaufman et al., 2013), the goals of *Strike & Learn*, *Move Inc.*, *Aquatics Now*, and *Race4Life* demonstrate that SFD practitioners are also aiming to use sport to address other general health concerns. The following sections discuss what specifically the programs are doing, but it is of significance that programs are acknowledging a health focus.

Program Goals Related to Health

Research question two dealt with how the SFD programs' goals are related to health. To address this question, administrators, staff, and participants from each program were asked about the health challenges that exist with the communities they serve or live, and how those are associated with the goals of the program. Interview participants were also asked to reflect on their goals and the health benefits that participating in their program might provide. While the connection between health and the goal to improve health is obvious, interview participants made the connection between health and the other two goals: youth development and providing access and opportunity.

Health and youth development. The most common response, particularly by program staff and administrators, had to do with the goal of life skill development and how that stemmed from some of the social and emotional health issues that face youth and other members of these low-SES communities. Each program that mentioned life skill development as a goal discussed this in relation to the problems they see within their target population. For example, *Move Inc.* staff member, Portia, explained why teaching life skills to their female participants is so important. She pointed to the lack of confidence as a mental issue that some of the girls in her program face. She explains:

Many of our girls struggle with body image. They often are very conscious of their bodies, appearance, and cognitive skills. We have lessons that delve into what body confidence means, how reframe negative thoughts about yourself, and more.

Similarly, *Adventure Corps* administrator, Robert, talked about the lack of confidence in the youth that participate in his program, and how that drives their goals. He shared:

I think at the end of the day, the kids have a lack of confidence, and there's a lack of optimism and expectation of them. When you only expect a child to do this well on a scale, they're going to live up to that.

Many of the programs also focused on youth development from an emotional health standpoint. That is, they acknowledged that low-SES youth face trauma in their everyday life that may lead to mental or emotional health issues in the future. Thus, teaching them skills to help handle their emotions is an important goal to ensure health long-term.

Adventure Corps staff member, Dawn shared:

A lot of the kids that we're serving have seen and been exposed to things that are traumatizing and that manifests itself in so many ways that are very obvious to them.

They may act out. They may pick fights, or just not know how to handle their emotions well.

Administrator for *Strike & Learn*, Courtney, also talked about life skill development and how that connects to some of the issues that her participants face. She discussed:

Now, we really think more about character development...particularly mindfulness.

Because helping our kids, they got so much that's being thrown at them. When they go to school, they come here and for the first time, we have structure, they need a chance to decompress, a chance to blow off steam. They need a chance to be able to talk about some of the challenges that they're facing either at home or in school. And so, helping them...giving them some simple tools for just being mindful.

Lastly, Jason, staff member for *Race4Life* discussed the magnitude of what kids in his program have to deal with every day. For example, working in a predominately Hispanic area of the city, the kids that he works with deal with immigration issues. He talked about this in relation to the goal of building up resilience. He stated:

One of my kids said, 'I want papeles,' which is papers. So that's what are kids have on their minds at 3:30 in the afternoon. That's significant. They deal with so much mentally. My club is about giving kids the opportunity to forget about that stuff and just run. But we also try to teach them that despite what they're going through, they can get through it. It's about fighting and not giving up.

It is clear that the SFD programs in this study connected their goal of building life skills to the trauma and everyday social and emotional struggles that low-SES individuals have to go through.

The use of SFD to build confidence, hope, and self-worth among marginalized groups is not uncommon. For example, Hanrahan (2012) used sport and other movement activities to help increase life satisfaction and self-worth among Mexican youth living in poverty. Along those same lines, Sherry (2010) found that sport contributed to personal development in terms of self-confidence, and hope for the future for individuals living in poverty in Australia. Like the programs in the current study, Sherry (2010) and Hanrahan (2012) focused on marginalized groups that because of their socio-economic status, may experience elevated stress, depression, and less confidence than higher-SES individuals. Thus, each of the programs in the current study shared the desire to address these emotional and mental health issues by helping to build various life skills for their participants.

Health and providing access and opportunity. Along with the connection between health and youth development, program administrators, staff and participants discussed the connection between health and providing access and opportunity. That is, programs discussed the importance of providing access to sports for low-SES individuals because of the social, mental, and physical health benefits that particular sports provide. Administrator, Jenna, from *Move Inc.* summed up this idea. She stated, “A lot of girls that are not participating in sport are missing out on the vital benefits of sports, socially, emotionally, and physical health as well.” Focusing specifically on social health, Drew, an *Adventure Corps* administrator discussed the benefits of adventure activities such as kayaking, biking, and rock climbing. He shared, “Adventure activities are so good at unfreezing people, unfreezing kids. It gets you out of your comfort zone, it strips away all your social pressures.” On a similar note, *Move Inc.* participant, Jossie, stated that she believed the goal of the program is related to social health. In doing this, she discussed the social benefits of participating in the program and playing sports. She explained:

They [the coaches] want us to make friends. This program has helped me make friends. At first, I didn't know anyone, but I'm friends with everyone now. I'm quiet, and [*Move Inc.*] has helped me not be so quiet sometimes. When we play the sports, it lets us get to know each other.

Race4Life participant, Peter, agreed that participating in the running program helped him make friends. He noted:

I just know that Coach T always tells us that we're a family, we're buddies. I made a lot of friends in this club. We are family, so I think that's another thing I'm supposed to get out of it.

Aquatics Now administrator, Debora, talked about the social benefits of learning to swim and how it may impact a family dynamic. She discussed this in relation to their goal of providing access to swimming to low-SES individuals. She stated:

The first person in the family that learns to swim, the intense pride that the family grows around that child because they have the skill set and is really awesome. And then what that does for the self-esteem, just from a family relationship for the child.

As highlighted by the participants, providing opportunity to engage in sport activities is an important goal of the SFD programs because of the social health benefits of sport participation.

From a mental health standpoint, programs discussed how providing access to sport is important because sport participation can help to relieve stress. For example, when asked why she thought her coaches wanted her to learn to play tennis, *Strike & Learn* participant, Kaya, shared, "It's a fun sport. It helps you get away from things, like if you're stressed." Along those same lines, *Adventure Corps* staff member Mark discussed adventure activities as a vehicle to help participants better manage their stress. He revealed:

Rock climbing, it's a sport of failure. In true failure and trial and error, you learn and grow and get comfortable with that idea to try hard knowing that there's going to be mistakes and failure, that's just part of the game. That lesson can help them deal with other stresses, struggles, feelings of fear or anticipation that they have in their lives.

Apart from stress relief and management, interview participants talked about the mental benefits that come with setting a goal and being able to achieve it in a sport. *Aquatics Now* staff member, Ian expressed:

Being able to be successful at it, I think is an emotional lift, I think that they get some positive support out of us, positive vibes, and some positive juice when they are successful at tasks. They get excited and they want to do more...Certainly the mental success part of it feeds on itself.

This same phenomenon came up when discussing the goals of the program with *Race4Life* administrator, Nancy. She discussed:

The idea of setting a goal and achieving it, what that does for anyone, it makes it so much more possible for you to realize that a skill can translate into other areas. So it becomes this mindset of, 'I set a goal, I ran a mile, I went out and I got a medal. But now I've gotta do this stupid math worksheet, I hate math. But I didn't like running when I started either. So, let me stick with this and I can achieve this goal too.' I think it just gives them hope that they can get through the tough things in life.

Finally, interview participants discussed the physical health benefits of participating in sports. Ian, *Aquatics Now* staff member, talked about the benefits of swimming for someone that may be overweight. He stated:

Swimming is great exercise and can be great for somebody that has...maybe that's struggling with obesity or is overweight. They're not gonna run a marathon. They're going to hop in the pool and get rolling in the pool. Someone with health issues or size issues or whatever it is, swimming can be a great lead in. It's not a physical pounding and therefore it's not a worry for them.

Ian's statement suggests that swimming could be a less taxing form of physical activity for someone that might be unable to participate in other forms of physical activity due to health issues. On the other hand, Drew, an administrator from *Adventure Corps* stated that their program wants to provide access to sports and physical activity to their participants because it may help to prevent some health issues for them in the future. According to Drew, "whether it be diabetes or whether it be obesity, I think any way, any time you can get kids into an active space has gotta be... Again, it's not gonna be the only solution but it's gotta help." *Strike & Learn* participant, Travis, agreed as he also touched on the physical health benefits of playing tennis. He shared, "They [coaches] want me to learn to play tennis because it will make me active and keep me from getting fat and being unhealthy."

It is very apparent that administrators, staff, and participants from each of the SFD programs see the social, mental, and physical benefits of participating in sports, as participants related this to the program goal of providing access and opportunity in sports. This idea is supported by the literature in that research suggests that sport can impact all aspects of health (Casey & Eime, 2015; Eime et al., 2013; Rowe & Siefken, 2016). SFD research also indicates that programs provide the opportunity to engage in sport or physical activity to underserved populations because of the health benefits that sport can provide (Green, 2008; Hanrahan, 2012; Weintraub et al., 2008). Just as indicated by the interview participants in the current study, other

research also suggests that sport can help individuals make friends (Dimech & Seiler, 2011), reduce feelings of helplessness (Tailaferro et al., 2011), increase emotional intelligence (Valois et al., 2008), and reduce the prevalence of physical health issues such as obesity, and cardiovascular disease (CDC, 2014; Gotova, 2015). For the five SFD programs reviewed for this study, the goal of providing access and opportunity to sports for low-income individuals was associated with helping them achieve those health benefits.

Program Activities

In order to answer research question three, program administrators, staff, and participants from the five cases were asked about their specific activities and what the program does to accomplish their goals. The responses suggest that the five SFD programs focus on education, sport activities, and providing resources and services in order to promote health and to achieve the other goals. Each of those categories is described in further detail below.

Education. According to the interview participants, many of the SFD programs focus on education as a means to achieve their program goals. That is, programs built specific education-based curriculum to teach participants about life skills, how to play certain sports, and nutrition and other health education.

Life skills education. As previously mentioned, all of the programs talked about life skill development as either a primary or secondary goal of their program. With that, the programs that discussed helping to develop life skills for participants as a primary goal shared that this is done through life skills education. That is, program administrators and staff develop curriculum around topics like leadership, teamwork, and resiliency, which is taught to participants as a part of the programing. For example, Jenna, an administrator from *Move Inc.* talked about how education is an instrumental part of the program activities. She explained:

The sports are important, but we really want to teach the girls these important skills. We do lessons every session. So half the time is devoted to actual physical activity and then the other half of the time we're devoted to this leadership and health programming.

Other programs discussed teaching life skills to youth participants through team building activities. *Adventure Corps* staff member, Dawn discussed, "We do a lot of team building activities, through the sport. We teach them to work together. That's a key life skill that we want to stress over and over again." Additionally, a *Race4Life* staff member shared a unique way that he tries to teach team building to his participants. Tyler shared:

I want to teach them how to take care of each other and how to work together. It's very intentional in terms of what I do and the language that I use. We do a lot of videos. I give them a GoPro; they document their experience, and then can watch the footage. They can see themselves and myself using encouraging terminology. It helps to instill that message.

Finally, interview participants discussed how the program teaches life skills by allowing participants to engage in community service. According to *Adventure Corps* participant, Aisha, "We learn about ourselves and our community and do different activities like helping clean up the community and picking up trash." Community service appeared to be a fundamental activity for *Strike & Learn* as well. Administrator, Teresa said:

A fourth curriculum topic that we added this year is the community service lesson. The kids drove who they wanted to support, and how we can support them. And so we did a few lessons, and then they did an activity where they actually created an item that they delivered to a non-profit that they wanted to support.

According to administrators, staff, and participants of the SFD programs, life skills education is a major component of the programs' activities.

Sport education. Sport-based or instructional education also appeared to be a key part of the programs' activities. Interview participants from each program talked about teaching participants how to play the sport or sports of interest. For example, *Adventure Corps* staff member, Mark, spoke about how much of the time in each session is centered around teaching proper technique for the adventure activities. Mark explained:

For climbing, we spend a lot of time learning about the gear, learning how to climb, how to maneuver, how to use the footings and think about different routes. We add a little more each time until they have the technique down.

Comparably, *Strike & Learn's* activities also include teaching participants how to play tennis.

When asked what he learns as a participant of *Strike & Learn*, Kenny replied, "How to play [tennis], how to play the games we play, how to hit the ball correctly, the different parts of the tennis court." *Move Inc.* participant, Jossie, also spoke about learning how to play different sports within the program. She affirmed:

We learned how to play hockey...I never played that before and we learned how to pass, shoot, run while me move the ball, stuff like that. I'm glad I learned how to play it. I might want to someday.

Aquatisc Now almost exclusively focuses on instructional training and teaching participants how to swim. Staff member, Fate shared the process:

With our learn-to-swim programs, we want to get them comfortable in the water, and hopefully from there, teach them how to swim. We start them in our Station 1, which is pretty much blowing bubbles and getting water acclimated. Then Station 2, which is

learning how to float on your stomach and back. Eventually, we want them to progress to Station 4, which is them putting kicking together with arm motion and moving throughout the water.

Lastly, staff member, Jason, from *Race4Life* discussed how he teaches his participants proper running technique. He declared, “In terms of our program activities, I teach them about the mechanics of running, what shoes to wear, taking their pulse, and just fueling their bodies for runs.” Markedly, each program includes teaching participants about how to play the sport within their program activities.

Nutrition and health education. A third educational area that is a part of many of the SFD programs’ activities is nutrition or general health education. This was done primarily by introducing participants to healthy food, and educating them on the benefits of eating healthily. For instance, Courtney, an administrator from *Strike & Learn* explained:

Each month, we do a healthy nutrition lesson, so they're learning an aspect of cooking. It could be a cooking skill or something about healthy eating and then making a healthy snack.

Strike & Learn staff member, Robert concurred that the program’s activities include teaching participants about nutrition. He stated that this is important because of lack of food knowledge and access for his participants. He shared:

Most people don’t know it because it’s [a big city] and there are a lot of restaurants, but it is a food desert. Kids don’t have access to food. So something as simple as teaching them how to be healthy with what they do have. How to make a healthy peanut butter and jelly sandwich, is impactful.

Additionally, a staff member for *Move Inc.*, Melissa, discussed introducing participants to healthier options. She asserted:

We have done fruit and veggie tastings in May we had a Water Week to celebrate hydration and not drinking sugary beverages and really anything else that would tie health into the culture of the school and wellness.

Race4Life administrator, Autumn, also addressed exposing program participants to new, healthier foods. She explained:

I know some coaches will do nutrition education in their run clubs. They make the smoothies with fruits and spinach, so they know how to do it and they can do it at home.

Adventure Corps participant, Erica shared how she learned about being healthy and nutrition while on a camping trip with the program. She stated:

When we go on camping trips all we drink is water. Like we don't have any juice or anything. So that kind of teaches us that we need to drink more water than juice. We usually, when we eat a sandwich, we never have white bread, we have wheat bread. It's like the little things.

Strike & Learn participant, Kaya, also shared what she learned about nutrition from her program. She pointed out:

We do nutrition lessons. We taste different types of food around the world. I tried pumpkin seeds for the first time. It was good. It teaches me that some things that I thought were nasty are good for me and are actually good.

Conclusively, nutrition and health education appeared to be a prominent activity among most of the programs.

The finding that all of the SFD programs in this study incorporated education into their program activities is aligned with the guiding conceptual framework and is consistent with other literature. Because the theory of fundamental causes (Link & Phelan, 1995) states that lack of knowledge contributes to health disparities among low-SES individuals, it is expected that programs that aim to promote health among these populations would address this by working to educate participants. Additionally, other health disparity literature suggests that programs should work to reduce disparities in information (Mosavel & Simon, 2010). For SFD programs, life skills-based and health-based educational programming has been highlighted as a key component of many plus-sport programs (Cohen & Ballouli, 2016; Fadich, 2016; Hershow et al., 2015), while sport-based or instructional education has traditionally been a component of sport-plus programs (Mason & Holt, 2012; Weintraub et al., 2008). However, this distinction is not as clear for the five programs in this study. All five programs spoke in some way about teaching their participants how to play the sport. Additionally, health and life skills education were mentioned by the plus-sport and the sport-plus programs.

The use of sport. Education appeared to be a major component of the SFD programs' activities. However, another central aspect of the SFD programs is the use of sport. Interview participants discussed the specific sport activities used in the programs, but more importantly, they discussed how those are used to achieve the program goals.

Sport as a hook. Often times with SFD programs, especially with plus-sport programs, sport is used as a “hook” to attract participants to other educational or service-based programming (Coalter, 2007). That is, programs focus on the broad appeal of sport and use that to draw participants in. This was the case for a few of the programs in this study. According to *Adventure Corps* administrator, Rob:

I think the sport activities are essential to our mission. We're not going to be able to achieve it otherwise because that's what the kids get excited about, the activities. You know, our staff are great and they're wonderful people but if it's just, "Hey, come hang out with so and so," they're not going to come. But, if it's come rock climbing, come paddling, come do these fun things, that's what keeps kids coming back and showing up.

Move Inc. staff member, Portia, also shared this sentiment. She explained, "a lot of times the girls are really into the sport. We sometimes have to use the sport to boost the moral for the health and leadership education pieces." Along those same lines, participants highlighted how the sport activities drew them to the program. For example, Travis, a participant from *Strike & Learn* shared, "I wanted to join the club to learn how to play tennis. We do other stuff too, like lessons, but the tennis is my favorite part." Similarly, *Adventure Corps* participant, Aisha, talked about why she joined the program. She stated, "I joined because I heard about all the fun things we get to do like camping and biking and rafting. I wanted to do those." Given that *Adventure Corps*, *Move Inc.*, and *Strike & Learn* are all plus-sport programs, it is not surprising that sport was used as a "hook." It is clear that the sport activities were used as a "hook" to get participants involved.

Sport as a compliment. In addition to using sport as a "hook" to draw youth into the other aspects of the program, interview participants also talked about the use of sport as a compliment to the other aspects of the program. In this case, the sport activities were used to reinforce the intended messages or goals of the program. Mark, a staff member of *Adventure Corps* summed this idea up perfectly, he expressed:

The sports in themselves provide certain challenges and things in teaching sports that they are compliment to the bigger goal of empowerment and building those resilience

skills in the person. We are purposeful in the activities that we choose, whether it's camping, hiking, giving them a chance to explore, it really just helps to reinforce our larger goal.

Additionally, Courtney, an administrator for *Strike & Learn* explained how tennis is a good way to reinforce mindfulness for participants. She stated:

We want to help give them some simple tools for just being mindful. And if you practice that on the tennis court, how can you also practice that in school? How can you practice it at home? How can you take a breath and think for a minute before you say something that might be hurtful to somebody else.

In the same light, Dawn, a staff member from *Adventure Corps*, talked about how the adventure activities are used intentionally to help reinforce messages about teamwork. Dawn shared:

What we do with our team building and getting them to work with each other is – We're very intentional with front loading and debriefing all of our activities and so we will usually have a conversation of, "Okay, so what did it take for you all to work together?" and they'll give me answers like communication and then we ask them like, "Where else does that fit into your life?" and thinking about like in the classroom, if any of them do sports or other activities at home with their families. Giving them the take of what they have done here hands on and think of applying it in a broader way.

Finally, *Strike & Learn* staff member, Antonio, also agreed that tennis was a good way to reinforce some of the key life skills the program aimed to instill in participants. He shared:

I think tennis as a whole teaches healthy lifestyle but also these other character traits, like being coachable, sportsmanship, teamwork, integrity, and some of those that I mentioned. That is what we ultimately want and the sport is used a vehicle to accomplish that.

For *Adventure Corps* and *Strike & Learn*, sport is used to compliment or reinforce the overall goals of those programs.

Providing resources and services. Finally, interview participants stated that providing resources and services to program participants was an element of the programs' activities. For instance, several of the programs acknowledge that food access is an issue that members of their target population face, thus, part of their program activities includes providing food to participants. *Adventure Corps* staff member, Mark, explained:

Food and security is real. Probably the conversation we have more often than not. What's for snack, what are we gonna have? When are we gonna go for a camping trip? I think half the draw of the camping trip is that they're gonna get three square meals and snacks and between each and healthy options and alternatives. So food, health is real big one and this particular neighborhood, it's a food desert.

On that note, *Strike & Learn* staff member, Antonio, also indicated that his program provides participants with food during program activities. He shared:

We provide them with food. I know at the end of the program we have food left over and we let them take some stuff home because many of them don't have food at home.

Jenna, a *Move Inc.* administrator also spoke about helping to provide her participants with healthy food. She noted:

We also have a learning garden program, so garden outside. It's all about how to grow food, what grows here and then really just that exposure and access. So the gardens are here all the time, you can pick from it, you can take it home. Give them a ton of vegetables and get them to take them home to eat.

In addition to providing food to participants, programs also noted that they provide other resources to aid in the cost of participating in the sport. Fate, *Aquatics Now* staff member, shared, “We have a lot of kids that come to our learn-to-swim programs that don’t have swimsuits. We do our best to provide that for those kids.” Similarly, *Race4Life* works to make sure that all participants have the adequate equipment to engage in running. According to administrator Autumn:

You don’t have to have much to run. You do need a good pair of running shoes, and that is something that we will provide for kids that don’t have it. We do that twice a year.

The other *Race4Life* administrator, Nancy, shared how her program enables youth participants to participate in races and other events at no cost to them. She explained:

The events do cost for the general population to run, so anyone can come to the running event, you could register your child and pay 15 bucks for them to run, but for our kids that are in our program, we offer them...they all get comped entries for those, so we take away that barrier of cost. We also provide training guides so that they can be successful on race days.

Strike & Learn also tries to reduce the cost barrier of playing tennis for participants.

Administrator Teresa acknowledged:

We're able to take away some of those barriers financially, of them being able to get into more of that competitive playing environment and then put them on a team. They have practices here, and then we go and we do play at those country clubs, and we play here sometimes too, but they're able to join the team and be in that competitive environment despite whatever the cost is associated.

As with education and the use of sport, providing resources and services is an element of many SFD programs (Coalter, 2007; Fadich, 2016; Hershow et al., 2015). This is also consistent with the theory of fundamental causes and other research that suggest that programs aiming to reduce help disparities should focus on providing resources and access to services (Link & Phelan, 1995; Sullivan-Bolyai et al., 2005). In the current study, programs worked to provide services and resources related to health and nutrition. They also helped to provide resources and services related to sport participation.

Overall, it seems that education, the use of sport, and providing resources and services were central to the five SFD programs' activities. It is evident that the programs used those components to help achieve their overall goals.

Addressing Health at Multiple Levels

Digging deeper into how programs are addressing the issue of health disparity within low-SES communities, it was necessary to consider how, if at all, the SFD programs were working at multiple levels to address this issue. All of the activities in the previous section represent how the five SFD programs work to promote health at the intrapersonal level. Program administrators, staff, and participants from all five programs discussed providing education, using sport as a hook or a compliment, or providing resources and services as a way to influence participants' behavior, attitudes, and perceptions. While it is clear that all five of the programs work to influence individual behavior, it is essential to assess if the programs are also considering the various social, community, environmental, and policy factors that play a role in their participants' actions, attitudes, and perceptions. The results revealed that all of the programs are working to influence health and behaviors at the interpersonal level. A few of the programs are also working at the organization, environment, or policy levels.

Interpersonal. Research suggests that programs that want to address health at the interpersonal level should consider members of participants' networks as influencers of their behavior (McLeroy et al., 1988). This means that programs should work to change the perceptions and behaviors of individuals close to the participants such as family members or friends (Golden & Earp, 2012; Green et al., 1996). Program administrators and staff in the current study indicated that they intend for the information that is taught to their participants to be passed down to other members of the participants' network (i.e., family, classmates, friends, neighbors). This is clearly true for *Move Inc.* staff members Melissa and Portia; both shared how they want their participants to positively influence their networks. Melissa reported:

Our programs, we hope, will impact a cause and effect. That's a really difficult thing to capture so I don't have any hard data for you. We just have an anecdotal evidence of interviewing or serving parents. And I actually ask point blank, "Have you changed any healthy habits because of your children?" And we get some positive responses.

Portia takes this a step further and discussed how *Move Inc.* tries to empower participants to be positive influencers within their networks. She explained:

So with the friends we recognize that at this age group, friends have the biggest influence on children's health behavior and we're trying to do that specifically through our lesson plans that focus on creating change or being a peer mediator and teaching girls that yes, you do have influence on people but have the influence for good.

On the other hand, staff member Mark shared how *Adventure Corps* not only wants their participants to influence their families, they also want to get participants' families involved in the programing. He proclaimed:

So our focus is on youth, but we've realized for many years now, that the whole family is the thing. We would love for the youth to go home and share what they've learned with their families, but it's more impactful when we invite families out to do some of the activities with us.

Race4Life staff member Tyler also shared how his program is working to get parents involved. *Race4Life* provides resources for the parents of the participants to engage in running as well.

Tyler noted:

We'll find a way to cover their registration or I'll cover or get someone else to cover it. Again, so they have that experience with their child. And so then the parents are coming to their races.

Additionally, each youth participant interviewed for this study communicated instances in which they shared what they learned about health in their respective programs with members of their family or their friends. *Adventure Corps* participant, Aisha noted:

I try to encourage people in my family to walk and be healthy. I say it's the better route and you'll live longer. I learned with [*Adventure Corps*] that if you eat certain things it'll help you live longer.

Jossie, from *Move Inc.* also explained how she shares what she's learned in the program with members of her family. She stated:

Sometimes, when I'm in NC, me and my Grandma go to the gym. And we exercise. We do push ups, because I'm not that good at it so I have to keep practicing. Sit ups, jumping jacks, squats. I learned it from [*Move Inc.*]; we do a lot of squats and a lot of jumping jacks.

Darren and Peter from *Aquatics Now* and *Race4Life* respectively, talked about the responsibility they feel to help members of their network be healthier after learning things in their programs.

According to Darren:

I helped my brother learn how to swim. I'm one of the only people I know that knows how and I feel responsible for teaching my family, friends, or anyone in my community how to swim because anything could happen and they need to be prepared.

In the same light, Peter acknowledged, "It's my job to show my siblings how to be active and how to eat healthy. They look up to me and I tell them about the things I learned in [*Race4Life*]."

Furthermore, at the interpersonal level, interview participants from three of the programs stated that they are addressing health at this level by helping to expand their participants' network and exposing them to new groups of people. This is essential given that the theory of fundamental causes states that a contributing factor of health disparities among low-SES individuals is that they lack social capital (Link & Phelan, 1995). Mark, a staff member, and Drew, an administrator from *Adventure Corps* discussed how their program is working to increase the social capital for their participants. Mark stated:

So unity is a big thing and creating these avenues to bring people together is really important because a lot of this population is segregated because of economic levels or race... We do these trips where we invite kids from different parts of the city. We have Black kids, Hispanic kids, White kids, low-income kids, wealthier kids. For the two days they hang out, one day paddle and one day climbing together and then now they're friends and they're chatting, laughing, whatever, but that was awesome to see that we created that vehicle for them to connect and create that new network.

Drew also noted the benefits of building these networks between low-income and wealthier youth. He described:

They just get to demystify all the stories they have about each other. So that's huge. If that's all they did, it would be worth it. But then they get to work together. There are benefits to that of actually seeing that they can work together, even though they have significant differences.

Likewise, *Aquatics Now* administrator, Nelson discussed how providing low-income youth access to a traditionally upper-middle-income sport like swimming can help expand their network. He explained:

Swimming is almost exclusively upper middle income. So if we were able to grow a competitive USA swimming club in the [low income community] ...Parents have to sit in the stands for 4 to 5 hours with not a lot to do, except maybe talk to your neighbor. There's going to be all kinds of things that'll happen in terms of conversation on the pool deck amongst coaches and amongst teammates and inter-team rivalries and things like this. But those conversations will lead to-- mixed in social circles and maybe therein provides opportunity.

Courtney, an administrator from *Strike & Learn*, spoke about their summer program, which serves wealthier youth in addition to low-income youth. She explained this could lead to the two groups learning from each other about healthy behaviors. She reported:

We talk about learning how to manage your own emotions. Working with our underserved kids, I think sometimes they learn a different way to handle conflict or how to communicate with a peer or even their adults who are leading activities, and for them to interact and see how we frame conflict with someone from a different background...A

lot of times our underserved children will see the other child might come with a different set of tools that they have learned from their family or from their school of how they handle it.

Seemingly, all five programs attempt to promote health among participants at the interpersonal or social level. This is done by encouraging participants to share the knowledge and behaviors they learned with members of their network, by involving participants' networking in programing, or by helping to extend participants' networks.

Organization. The administrators and staff from most of the programs acknowledged that they alone as an organization cannot effect change, health related or otherwise. Many of them believe that it takes multiple organizations working together. Mark, a staff member from *Adventure Corps* explained, "No one of us a program entity can effect that change. We're a part of this bigger network of a lot of people putting all of these different touches." With that being said, several of the programs are actively working with other community organizations that their youth participants or other members of the community may come into contact with to address health issues. *Aquatics Now* administrator, Debora discussed how her program was working with other community organizations. She stated,

We have been at work with [another organization] in renovating the pool and developing the funds and carrying out the fundraising campaign, which has turned into a beautiful 6.8 million dollar renovation of the whole clubhouse.

Race4Life administrator, Autumn, discussed how her program was working with *Move Inc.* to promote health for their target population. She explained:

Well, we are not authorities on medical side of things. And so we can only promote the sports aspect of everything. But that's why I feel like the [*Move Inc.*] folks are so crucial,

at least for us. We partner with them every possible place that we can. And the schools that they're in, we try to incorporate run clubs because they can speak to the nutrition side of things and how changing your eating habits can potentially help change your health and lifestyle as well too, in addition to just moving your body.

Research indicates that programs that operate at the organization level might work to change the perceptions and attitudes of members or leaders of organizations such as schools, churches, or community centers (Golden & Earp, 2012; McLeroy et al., 1988). This was clearly the case for *Move Inc.*, as one of their main foci is empowering teachers and principals to create a healthy school environment for participants and youth in the community. Staff member Melissa explained:

As a by-product of our programming we reach youth, that's what teachers see. If you came in, observed an active lesson, you would see that we're working directly with the kids, but really what we're trying to do ultimately is train teachers on how to create healthier classrooms with more physical activity.

McLeroy and colleagues (1988) also suggest that programs operating at the organizational level might attempt to modify the other organization's environment, policies and services. *Move Inc.* does this as well. According to administrator Jenna, "we give different programs in the public schools. In 2015 we installed salad bars in 20 schools and then have done subsequent food and veggie tasting weeks." Given the information shared by interview participants, it appears that many of the SFD programs in this study work to address health at the organizational level.

Environment. In terms of addressing health at the environmental level, a few of the SFD programs did this by adding resources or helping to build up and improve the communities and the physical environments that their participants live in. For example, participant Erica shared

how harmful her environment is to her health and how through the activities in *Adventure Corps*, she works to help clean up that environment. She noted:

There are a bunch of factories everywhere and stuff like that. It's probably not good to be around. The environment is bad. But we do some community service in the neighborhood. We pick up trash. We try to make the environment better.

Other programs are working to improve the physical environment of the low-SES communities they serve by improving or adding sport facilities. Nelson, an *Aquatics Now* administrator shared:

The kids in this neighborhood have nowhere to go. Nowhere to swim. We advocate and have been advocating for years in terms of a public swimming pool. There's already a recreation center and we would like to add a public swimming pool to that.

Strike & Learn also works to improve the sport facilities within the low-SES community it serves. Administrator Courtney discussed:

When we go into the communities, there are no nets on the tennis courts. They've been torn down, and so their resources, even in their neighborhood, are not adequate. So there's nothing organized, the facilities are inadequate. Where we can, we like to help improve some of those, so kids in the community can use them.

Additionally, at the environment level, interview participants from two programs talked about helping to expose program participants and other members of the community to parts of the physical environment that they may not have known about or for whatever reason was inaccessible to them. Tyler, a staff member from *Race4Life* shared:

We've taken our kids on the trail, which is interesting because, a lot of our kids you know we have-- these things are right in their backyard and they never get to experience [the

city] outside of their neighborhood. We just want to expose them. I believe the exposure is very important for these kids.

Likewise, *Adventure Corps* staff member Mark shared:

When we go to the river, it's all white people in kayaks and a lot of people miss the feeling like the river is their space. We want our kids to feel like it's theirs. That they belong, because the river is right in their backyard. We want them to continue to go back and use it.

It appears that *Adventure Corps*, *Race4Life*, *Stirke & Learn*, and *Aquatics Now* all work to address health at the environment level by either improving the physical environments in the low-SES communities, or by exposing participants to unknown parts of their physical environment.

Policy. Interview participants from three of the SFD programs in this study discussed attempting to influence policy in order to promote health in the low-SES communities. *Move Inc.* and *Race4Life* work to impact school-district policy related to health and physical activity, while *Aquatics Now* works to influence city-level policy to address the lack of pools in the city. Administrators and staff from these programs shared what their programs were currently doing in this arena, but also acknowledged the difficulties of trying to affect policy. *Move Inc.* administrator, Allison, explained:

What we found that's also important is to be a part of any school district-wide policy changes. So what we've done is we've created a policy position where we are working with [another organization] and the Health District to get recess into schools. Teachers aren't aware that they're supposed to have 30 minutes everyday of recess. So that's one

way to impact all of that and fight all of those challenges, because you're right, because as a society, we're fighting devices, convenience foods, and we're all guilty of it.

Race4Life administrator, Nancy spoke about the difficulties her program faces in attempting to influence policy. She stated:

I've sat on wellness committees and helped to revise the [school system]'s Health Policy. So it's not to say we don't do any of it. We're happy to be a part of the conversation, but we're only a player in that discussion.

Finally, *Aquatics Now* administrator, Nelson talked about how his program is addressing policy at the city level. He indicated:

Now, we argue from that public policy perspective, it's not just about swimming and water polo necessarily, it's about seniors. And it's about seniors aging in place. And at the end of the day this is going to decrease the burden on our government in terms of health care. We also advocate that learning to swim is going to help save lives and learning to swim is a public health concern. So we got to start with young people. Learning to swim is a life skill that should be incorporated in the educational mission for our public school system.

Interview participants from the other programs discussed how they want their program to start affecting policy level change in the future. For example, *Adventure Corps* administrator, Rob shared:

I think where we can be an advocate at the local level, state level for more activity and I think, we've kind of dipped our toes in doing that a little bit and I think we have the opportunity to do more of it where we talk about again the benefits of outdoors, the

benefits of nature, the benefits of physical activity and you know, it also gives us a great chance to talk about how we do that in a unique way.

It is evident that some of the programs in this study work to address health at the policy level.

Based on health disparities literature, researchers are clear that programs that work to reduce health disparities should operate at the interpersonal, intrapersonal, organization, environment, and policy levels (Koko, 2016; McLeroy, 1988; USDHSS, 2010). However, research indicates that most programs only address one or two levels of the ecological model (Richard et al., 2011). Additionally, researchers found that most health-based programs failed to address health at the environment or policy level. The SFD programs in the current study are addressing health at multiple levels. The results revealed that *Strike & Learn* promotes health at the intrapersonal, interpersonal, and environment levels, *Adventure Corps* is addressing health at the intrapersonal, interpersonal, organization, and environment levels, and *Move Inc.* addresses health at the intrapersonal, interpersonal, organization, and policy levels. Notably, *Aquatics Now* and *Race4Life* are promoting health at all five levels of the ecological model.

Summary

The purpose of this study was to determine how SFD programs are addressing the issue of health disparities within low-SES communities. The study aimed to assess the goals of five SFD programs, determine how those goals were related to health, and to explore what the programs were specifically doing to promote health within the communities they serve. The results revealed that providing access and opportunity to sport, building life skills, and improving health for participants were the three main goals of the SFD programs. The goal of building life skills stemmed from the mental and social health issues that may affect low-SES populations. Additionally, the goal of providing access and opportunity to sport stemmed from the mental,

social, and physical health benefits that participating in sport can provide. The results also suggest that the SFD programs in this study are promoting health and addressing health disparities by providing education about life skills, sports, and health, using sport as a hook or a compliment to reach the youth participants, and by providing resources and services to participants. Finally, in terms of the ecological model of health promotion, the results revealed that all five of the programs promote health at the intrapersonal and interpersonal levels by focusing on participants' individual behavior, and by influencing participants' social networks. Four of the programs promote health at the organization and environment level by working with organizations that have contact with participants, and by working to improve participants' physical environment. Three of the programs are working to influence policy related to health. These results provide evidence into the role SFD can play in addressing health disparities within low-SES communities.

Chapter 5: Conclusion

Updated Theoretical Model

This study aimed to determine how SFD programs were addressing health disparities within low-SES communities. In doing this, this study also aimed to assess the applicability of the hypothesized conceptual model to the five SFD programs or cases. The conceptual basis for this study was derived from the theory of fundamental causes (Link & Phelan, 1996), the classification of SFD programs (Coalter, 2007), and the ecological model of health promotion (McLeroy et al., 1988). The theory of fundamental causes (Link & Phelan, 1996) states that socioeconomic status is a fundamental cause of health disparities because low-SES individuals lack resources to adapt protective strategies against negative health outcomes. Thus, it was postulated that for SFD programs to address health disparities, they would have to provide resources to participants. Additionally, given that the ecological model of health promotion suggests that programs wanting to address health disparities should target the various levels that may influence individual behavior, it was anticipated that the SFD programs would also promote health at the intrapersonal, interpersonal, organization, environment, and policy levels.

In the original model, it was hypothesized that plus-sport and sport-plus programs would operate differently in an effort to address health disparities. Based on Coalter's (2007) classifications, it was posited that sport-plus programs would focus more on providing the opportunity for participants to engage in sport by providing resources such as coaches and equipment (Coalter, 2007; Green, 2008). Furthermore, plus-sport programs would focus on providing resources such as education and health services (Hershow et al., 2015; Kay, 2009). While the results suggest that the programs in this study did provide resources such as

equipment, education, and services, the distinction between sport-plus and plus-sport is not as clear as anticipated. The sport-plus and the plus-sport programs in this study identified providing access to sport as a goal. Additionally, all programs identified improving health or developing life skill as a goal. Both the sport-plus and the plus-sport programs also highlighted education, and providing health-related resources and services, and providing resources related to sport participation as a part of their program activities. Conclusively, the hypothesized model should be adapted slightly to reflect the results. The new model is represented in Figure 4.

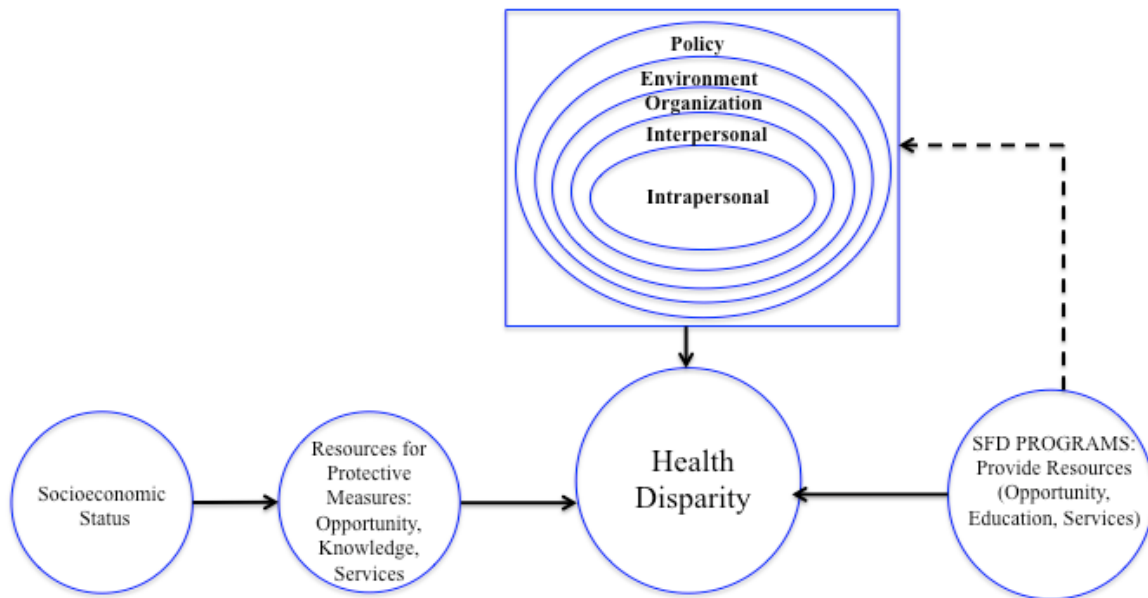


Figure 4. Causes and SFD's role in addressing health disparity within low-SES communities (Updated)

Implications

The results of this study hold special implications for several sectors and stakeholders. The implications for SFD and public health practice, scholarship, and policy are discussed in this section.

Practical Implications. The results provide useful information for SFD and public health practitioners. For example, several SFD programs aim to promote health within marginalized communities. However, critics of SFD suggest that many programs lack direction and are driven by anecdotal evidence and by the desires of funding sources (Bowers & Green, 2016; Schnitzer et al., 2013). The results of this study provide a theoretical basis for programs that want to use sport to promote health and address health disparities for low-SES individuals. Based on the findings of this study, administrators and decision makers of other SFD programs may consider the updated conceptual model in how they design their programs, including goals and activities. For example, any programming aiming to promote health within low-SES communities may also consider focusing on providing access and opportunity to sport, and youth development, as the results of this study suggest that these goals are linked to health promotion. In terms of activities, health-based SFD programs may consider providing life skills, sport, and health education to participants. They may also choose to use sport as a hook or a compliment to achieve their overall goals, and provide resources and services to participants. Finally, SFD programs could use the information gained from this study as a guide on how to address health at various levels of the ecological model.

It is noteworthy that interview participants from all five programs suggested that organizations need to work together to achieve broader, community-based goals such as the reduction of health disparities. Every program in this study worked with the same afterschool

program coordinator to provide after school programming for youth living in the three communities of interest. According to results surrounding the organization level of the ecological model, administrators and staff believe that because each it is essential to collaborate with each other; especially since they may be reaching the same youth. From a practical standpoint, those working in SFD programs might consider how the goals and practices of their programs align with other organizations that might have contact with the target population. This might allow for more strategic collaboration between organizations.

The results of this study hold practical implications for those working in public health as well. Because public health practitioners are constantly seeking alternative methods for promoting health among marginalized groups, this study may shed light on how to use sport to engage low-SES youth and to promote health for this population. The use of sport may also provide the opportunity to address health disparities unlike other tools. For instance, it is notable that the SFD programs in this study work to promote health at multiple levels of the ecological model, while many traditional health promotion programs only focus on two or three levels (Koko, 2016; Richard et al., 2011).

Scholarly Implications. In terms of scholarly implications, this study attempted to address some of the common criticisms of SFD research. First, this study was conducted to determine how SFD programs are working to achieve their goals. That is, this study was concerned with the processes and practices of the five cases. This was done in response to the call by SFD scholars for less outcome evaluations, and more research assessing the actual activities and services that the programs provide (Coalter, 2015; Webb & Richelieu, 2015). Thus, this study adds to the scholarship by providing evidence of how several SFD programs operating in low-SES communities are working to promote health and reduce health disparities. Secondly,

a major critique of SFD research deals with power dynamics. Scholars have called for more research that considers the perspective of practitioners and participants (Adams, 2016; Coalter, 2009). In order to address this concern, program staff, participants, and administrators from five SFD programs were interviewed for this study. In other research of this type, program administrators and funders are used as the primary and sometimes only source of data (Adams, 2016). This presents an issue because administrators may play a large role in the development and planning of the programs, but have little to do with the programs' actual implementation. The results of the current study demonstrate the robust amount of information about the programs that can come from involving those various stakeholders. For example, when asked about the program goals and activities, the responses of administrators from all five programs directly coincided with the information found in the organization documents and online. Program staff were able to provide information about what they see happening while implementing the programs, what they want to see the kids get out of the program, and more specific information about program activities. Youth program participants were also able to provide specific information about program activities, and insight into whether or not the goals of the programs are being communicated to them.

Lastly, this study holds great theoretical implications. As previously mentioned, one of the biggest criticisms of SFD research is the lack of diversity in theory to understand how SFD programs are operating (Bowers & Green, 2016; Lyras & Welty Peachey, 2011; Schnitzer et al., 2013). Both from an SFD scholarship and practical viewpoint, this study provides justification for using theory from other disciplines to conceptualize and evaluate SFD programs. The conceptual model that was developed to guide this study consisted of two public health theories, and a widely accepted SFD model. This model was used to make sense of how SFD should be

operating to address health disparities in low-SES communities. The five SFD programs that were examined for this study were used to test the viability of the model. The results indicate that the theory of fundamental cause (Link & Phelan, 1996) and the ecological model of health promotion (McLeroy et al., 1988) provide an appropriate theoretical basis for how SFD programs might be designing their program goals and activities when serving low-SES populations. That is, the programs in this study worked to promote health within low-SES communities by addressing the lack of opportunity and resources, and this one done while considering multiple levels of the ecological model.

On the other hand, the results of this study challenge the classification of SFD programs that was posited by Coalter (2007). While his classification suggests that sport-plus and plus-sport SFD programs differ in how they are organized, their goals, and their practices, this study suggests that the difference is not as distinct. This could be explained given the influence that funders have in the planning and development of SFD programs. That is, funding sources of SFD programs have a say in what the goals and primary focus of SFD programs should be (Burnett, 2015; Levermore, 2011). The distinction of sport-plus and plus-sport may occur if funders value one direction over another. This may cause programs to formally state their goals one way; however, upon further digging, it may appear that their goals are much broader and their activities reflect multiple goals (i.e., teaching life skills, and providing access and opportunity). Conclusively, more research is needed to further explore the distinction between the two types of SFD programs.

Policy Implications. Finally, the results of this study suggest that sport could be used as a tool to promote health for low-SES individuals, and may help to address health disparities for this population. The use of sport in public health policy within the United States is minimal. Berg

and colleagues (2015) point out that sport is not mentioned at all in the Health People 2020 initiative. It is important to note that only three programs in this study are working to influence policy as it relates to improving health in the communities they serve. Other programs discussed the challenges associated with trying to influence policy. This may have to do with the fact that sport is not legitimized as a viable method to address health disparities, and is not included in any major public health policy initiatives. The results of this study reveal that SFD is being used as a method in low-SES communities to increase opportunity and access to sport and physical activity, help youth develop life skills, and to promote health. Programs are incorporating sport activities into health and life skills education and providing resources and services to marginalized youth and communities. While more information is needed about whether or not these programs are actually reducing health disparities within the community they serve, this study is a first step in assessing the role of SFD as a viable public health tool that should be incorporated into public health policy within the United States. If sport were to be included in public health policy within this country in the same way that it has been in other countries, it could hold major implications for SFD programs. They would gain more legitimacy, which could lead to more funding, and more diverse funding sources. It might also make it easier for sport programs to address health disparities at the different levels of the ecological model, especially policy.

Limitations

Although this study provides details about how five SFD programs operating in low-SES communities in one city are working to address health disparities, it is not without limitation. First, this study was conducted qualitatively to discover how SFD programs might attempt to promote health and reduce health disparities. However, health outcomes were not directly

measured. Additionally, health inequality within the low-SES communities was not measured in this study. Thus, it could be seen as a limitation that it is unknown whether or not the programs in the study are actually successful in promoting health and reducing health disparity.

Nevertheless, given the scope of this study, the processes or actual goals and activities of the programs were of main interest, not the outcomes. Secondly, selection bias may have occurred in this study. While purposeful selection was used, I relied on program administrators to help identify staff members and program participants to take part in the study. It could be that those individuals were recommended because they would provide favorable or positive information about the program.

Validity and trustworthiness. When thinking about the concept of validity and why anyone should believe the conclusions I drew from my data, several threats come to mind. The first is interpretation. Because I coded my data to come up with themes and establish meaning to what participants say, I needed to be careful not to impose my own meanings. In qualitative research, it is important for the researcher to try to understand the viewpoint of the individuals studied and the meanings they attach to their words, phrases, and actions (Creswell, 2014; Maxwell, 2013). Related to the interpretation threat is the threat of researcher bias (Lindlof & Taylor, 2011). I have several biases that may have influenced my choice of theoretical framework, the questions that I asked my participants, and how I interpreted the data. My entire conceptual model assumed that SFD programs that target low-SES populations should address health disparities. However, this may not have been the case with the programs that I evaluated. I was careful not to impose that belief onto my participants, especially when they talked about the goals and objectives of their programs. To address the interpretation threat, in my interview protocol I asked all open-ended questions, which allowed participants to elaborate on their

answers. This helped to make sure that they provided meaning to what they said instead of me having to fill in the gaps and make assumptions about what they meant. Furthermore, participant validation helped to address both the interpretation threat and the researcher bias threat. After I transcribed the interviews, each participant reviewed their transcriptions to make sure I accurately recorded our conversation, and that I captured their true meaning.

Finally, reactivity may have been a threat to validity in this study. According to Maxwell (2013), interviewees are often reacting to the interviewer rather than the situation being observed. Meaning, my participants may have misled me in order to give me answers that they think I want. Because I mentioned in my consent forms that the purpose of the research dealt with health disparity, my participants may have overstated the health relatedness of their program's goals, practices. Maxwell (2013) makes it clear that one cannot fully eliminate the threat of reactivity, thus it is a limitation of this study.

Directions for Future Research

While this study is a first step to determining how SFD programs might operate to promote health for low-SES participants, the results of this study can be used to inform future research. Based on the limitations of this study, future research may focus on determining the extent to which SFD programs are actually promoting health and reducing health disparities. This would require researchers to measure health outcomes of SFD program participants, as well as health disparities at the individual and community levels. Future research may also attempt to link the processes of SFD programs to health outcomes. For instance, researchers could conduct a mixed method study in which program processes are assessed, participant outcomes are measured, and conclusions are drawn about which processes lead to which outcomes. Finally, in an effort to understand how SFD is different from other traditional health promotion programs,

future research could focus on comparing the processes of SFD programs to that of other non-sport-based health promotion programs.

Conclusion

In conclusion, this research sheds light on how SFD programs are promoting health within low-SES communities. The results help further the understanding of the role of SFD in addressing health disparities. Providing access to sport and other physical activities, helping participants develop life skills, and improving health for participants were major goals for the SFD programs in this study. Each of these goals was related to health promotion. The activities performed by the five SFD programs included providing education, using sport as a hook or as a compliment to reach participants, and providing resources and services. These activities were done at all five levels of the ecological model of health promotion. The findings also revealed that the distinction between sport-plus and plus-sport SFD programs was not as clear for the programs in this study as originally posited. These findings can add to the body of literature on SFD and health promotion, as well as give practitioners in both fields a clearer idea about how SFD programs may operate to promote health in low-SES communities and to reduce health disparities.

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Appendices

Appendix A: Interview Protocol for Adult Participants

- 1) Describe your job and your responsibilities with the program?
- 2) How long have you worked in this community?
- 3) Describe the demographics of your program? Think about race, income level, the neighborhood they live in.
- 4) Describe the overall goals of your programs.
 - a) Goals for participants?
 - b) Goals for the community?
- 5) Describe your programming.
 - a) What activities do youth participate in?
 - b) Is there a reason why those activities were chosen?
 - c) How often do youth participate in the program?
 - d) How many youth participate?
- 6) Describe your programs' inputs. What are some resources that you put into your program (partnerships, staff, training, money, time)?
- 7) What do you want the kids/participants to get out of your program? Can you give an example of an instance of this?
- 8) How is sport used to help you achieve your program goals?
- 9) What are some of the health challenges that face the community you serve? Can you give an example?
- 10) Why do you think these challenges exist?
- 11) How might those challenges be associated with the conditions in which your members live?
- 12) What are some things that your program does to help your participants in terms of health?
- 13) What are some things that your program does to help the community in terms of health?
- 14) How might your sport programming address the health issues that exist within this community? Can you give an example?
 - a) How might your programming impact the participants?
 - b) How might your programming impact their families?
 - c) How might your programming impact other aspects of their lives?
 - d) How might your programming impact policy?
- 15) What are some challenges associated with addressing health within this community? Can you give an example? How do you overcome those challenges?

Appendix B: Interview Protocol for Youth Participant

1. How long have you been participating in this program? How often do you attend?
2. Why do you participate in this program? What do you get out of it?
3. Describe the program
 - a) What activities do you participate in?
 - b) Why do you think those activities were chosen?
 - c) How often do you participate the program?
4. Do you enjoy participating in the sport programs? What do you get out of it?
5. Do you live in this community? For how long?
6. What would you say about the community in terms of health? What are some health challenges that face your community?
7. Why do you think some of those challenges exist? What things make it difficult for you to live a healthy life? What things would make it easy for you to live a healthy life?
8. Do you think the program works to address some of these challenges? How?
9. How might it be difficult for the program to address some of the health issues that exist in this community?

Vita

Tiesha Racquel Martin was born on June 14, 1991, in Raleigh, North Carolina. She graduated from Cary High School in 2009. She received her Bachelor of Arts in Exercise and Sport Science from the University of North Carolina at Chapel Hill in 2013. She received a Master of Science in Kinesiology from East Carolina University in 2015. Her doctoral studies were in the Sport Leadership track of the Ph.D. in Education degree at Virginia Commonwealth University.

As a Ph.D. student, Tiesha worked as a graduate research and teaching assistant for the Center for Sport Leadership. In that role, she taught a Sport for Development course, worked on two federally funded SFD grant projects, and conducted research in the areas of SFD, community service and volunteerism, and health and well-being.