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CASE STUDY ON INCLUSIVE DESIGN AND OPERATIONS AT ONE CAMPUS
RECREATION CENTER

by

Kelly A. Cartner

A Thesis Submitted to the

Graduate School

In Partial Fulfillment of the

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University of the Pacific

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2018

CASE STUDY ON INCLUSIVE DESIGN AND OPERATIONS AT ONE CAMPUS
RECREATION CENTER

by

Kelly A. Cartner

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DEDICATION

This thesis is dedicated to the greatest quarterback to ever play the game, Brett Favre.

ACKNOWLEDGEMENTS

Case Study on Inclusive Design and Operations at One Campus Recreation Center

Abstract

by Kelly A. Cartner

University of the Pacific
2018

The case study highlights the evaluation of one campus recreation center in terms of its inclusive design and operation on the basis of physical disability inclusion. Because of the plethora of barriers in campus recreation centers, those with physical disabilities are limited in their recreation choices and do not take part in recreation as their able-bodied counterparts. This study measures, observers, and evaluates one campus recreation center to determine its level of inclusiveness for those with physical disabilities. The AIMFREE survey was conducted along with observations and extensive interviews with staff that run the campus recreation center and those with physical disabilities that have attended the recreation facility. Results from six interviews, a focus group, the AIMFREE survey, and observations have yielded four main themes. The environment lacks inclusivity that results from financial, attitudinal, and social barriers. Attitudinal barriers to inclusivity occur at three main levels: administration, the staff and users of the facility. As a result, the recreation center is also not socially constructed for inclusivity. The goal of this research is to create change in the studied setting. As a result

of investigating inclusivity at one recreation center, several areas of improvement

emerged and can be used to implement change at campus recreation centers alike.

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Chapter 1: Introduction

The risk of chronic diseases and negative health outcomes (e.g. stroke, congestive heart failure, and type 2 diabetes) increases in sedentary individuals (Shewmake, 2015). In adults, physical activity can help to control weight, reduce risk for chronic disease, strengthen bones and muscles, and improve mental health and overall quality of life (United States Department of Health & Human Services [HHS], 2008). Individuals with disabilities have the same basic need for recreation and leisure as their able-bodied peers (Rimmer & Braddock, 2002; van der Ploeg, van der Beek, van der Woude, & van Mechelen, 2004). A minimal number of individuals with disabilities take part in recreation and leisure activities due to both perceived and actual barriers to participation (Rimmer, Riley, Wang, Rauworth, & Jurkowski, 2004; Rimmer & Rowland, 2008a, 2008b). According to Rimmer (2005), significantly low physical activity among individuals with disabilities might be the result of environmental barriers such as architecture, design, and accessibility.

The International Classification of Functioning, Disability and Health (ICF) states that disabilities is a term that includes impairments and restraints on activities and participation (World Health Organization, 2017). According to the World Health Organization (WHO) (2017), "An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in

involvement in life situations." Disability refers to challenges experienced in any or all of the areas of functioning (impairments, activity limitations, and participation restrictions) and also arises from environmental and personal factors (WHO, 2017). The ICF encompasses all human functioning and declares, "disability is a matter of more or less, not yes or no," (WHO, 2017). Service delivery might require different requirements contingent upon the extent of impairments and restraints on activities and participation (WHO, 2017). Not all facilities and equipment are accessible to people with physical disabilities, which can make it difficult to maintain social interaction resulting in individuals becoming isolated and withdrawn. This can lead to additional health problems such as anxiety, depression, and chronic health issues (Michie et al, 2008). For this thesis, the focus will be on students attending the university who have a physical disability. By focusing on these aspects, the aim is to benefit as many individuals as possible while providing the most inclusivity possible.

Social inclusion can involve being accepted as an individual beyond disability, having appropriate living accommodations, having informal and formal supports, and having community involvement (Hall, 2009; Power, 2013). Inclusion becomes realistic only when people can approach, enter, and use facilities and services in unimpeded ways (Anderson & Kress, 2003). In an effort to increase participation in recreational facilities for people with physical disabilities, improvements need to be looked at in an effort to make the facilities more inclusive.

College and university communities are meant to be places to learn, work, and play for diverse students (Yoh, Mohr & Gordon, 2008). In the collegiate environment, hindering the integration of students with physical disabilities are stereotypical beliefs

(e.g., people with physical disabilities do not need exercise) and discriminatory practices of students and staff (Gmelch, 1998). For the college students with disabilities, it is important to keep in mind the considerations that must be made for the usability of programs and facilities, as well as the building designs throughout campus including the student fitness center. The popularity of Universal Design (UD) as a possible solution has increased as building designers and planners look for effective ways to develop inclusive structures (Staeger-Wilson, K., Barnett, C., Mahoney, S., & Sampson, D. H, 2012). The Center for Universal Design (2011, para. 2) describes its purpose "to simplify life for everyone by making products, communications, and the built environment more usable by as many people as possible at little or no extra cost." With knowledge of UD, campus recreation facility managers can adequately learn how to create an inclusive environment while raising awareness and encouraging the attitudes of people and organizations to support inclusivity for individuals with disabilities. Inclusivity is influenced by UD because it provides guidelines on designs for facilities and equipment for those with physical disabilities.

The purpose of this study is to examine both the University's claim and the Student Fitness Center's claim of inclusivity and their values of inclusivity. This study is to assess the degree to which those values are upheld. These claims will be examined in interviews with students with physical disabilities and administration on campus along with using a survey to measure the inclusivity based on industry standards.

Chapter 2: Review of Literature

To assess the degree of inclusion in this case study, a thorough explanation of the literature must be established. This review of literature will explain the benefits of recreation in both higher education institutions and for individuals with disabilities, define inclusion, examine inclusion philosophies and how they relate to campus recreation, and identify ideal inclusive facilities. The need for this current thesis will also be established.

Benefits of Recreation

The range of benefits of recreation encompasses physical, mental, and social health. The correlation between recreation activity and physical health was reported in the Health and Human Services report in 2001 (HHS, 2001). Recreational activities also significantly reduce the risk of many serious diseases (California State Parks, 2005). A report of the Surgeon General notes that millions of Americans suffer from diseases that can be prevented and improved through increased recreational activity (California State Parks, 2005). Physically, the multiple documented health benefits of recreation include reduced obesity, a diminished risk of disease, an enhanced immune system and increased life expectancy (American Hiking Society, n.d.). Research has also shown that when participating in moderate exercise and recreation, positive changes in the immune system occurs (Nieman, 2001).

In addition to physical health, mental health can also be improved with recreation. The severity of many mental health disorders may be reduced with regular physical activity (California State Parks, 2005). Recreation can help alleviate depression by providing individuals with experiences they look forward to and recreation helps reduce loneliness and isolation, which often contributes to depression (Fontaine, 2000). Reducing depression and relieving stress are positive impacts that recreation can have on an individuals mental health, while also improving quality of life which helps individuals feel better about their surroundings and themselves (HHS, 1999). Recreation is an opportunity for individuals to change their self-image and gain personal satisfaction. Research has shown that individuals who participate in recreation often improve their self-worth (Frank & Gustafson, 2001). Participating in recreational activities can build self-confidence and self-esteem, which in turn can affect everyday life (Landers, 1997).

Socially, recreation promotes social bonds. It facilitates opportunities for self-expressional, self-development, and increases individuals' social skills. Freedom and independence are also often times increased as a result of regular physical activity (California State Parks, 2005). Overall, recreation reduces a variety of life-threatening disease, anxiety and depression, and improves moods, which leads to a general feeling of an improved well being (California State Parks, 2005). Individuals who recreate more often and on a regular basis are more likely to feel notably happier as they are more satisfied with their choice of careers, friends, and perceived success in life.

Benefits of Recreation in Higher Education

Students in higher education who participate in recreational activity opportunities have improved health and wellness. According to the Council for the Advancement of

Standards (CAS, 2009), campus recreation programs are viewed as imperative segments of higher education that contrasts well with the academic piece while enhancing students' physical, mental, and emotional development. In a study conducted by Bryant et al (1995), students noted multiple benefits from participating in campus recreation including feelings of physical well-being, stress reduction, friendships, and self-confidence. Campus recreation centers function as a place for students to meet peers by providing opportunites that attract individuals including students, faculty, and staff (Dalgarn, 2001). They provide a place for bonding because of strong emotional ties for students to bond with one another.

According to Astin (1984), the amount of learning that takes place is related to both the quality and quantity of student involvement in a recreational program meaning that recreational activity directly correlates to the success of students in higher education. Beyond the physical and academic health benefits that recreation can have in higher education, social benefits are also apparent. Social bonds that students experience while participating in recreational activities help integrate students within the social systems of the institution (Tinto, 1993). According to Tinto (1993), students' participation in campus recreation often leads to friendships that continue beyond the recreational activities.

Benefits of Recreation for Individuals with Disabilities

The benefits of recreation are universal for all individuals, including individuals with disabilities. With multiple barriers to recreation and physical activity, there are also limited physical activity and social opportunities, which may lead to individuals with

disabilities being more at risk for negative health conditions and lifestyle choices such as depression, isolation, drugs and alcohol, than are individuals without disabilities (Murphy & Carbone, 2008). Through recreation, individuals with disabilities increase their social interactions and create meaningful relationships with peers with and without physical disabilities (Murphy & Carbone, 2008). Individuals who are able-bodied also benefit from recreation that includes individuals with disabilities because it encourages them to focus less on individual differences and more on their shared interests in recreation (Mahon et al., 2000).

By participating in recreational activities such as fitness and exercise, individuals with disabilities enhance their interpersonal skills and experience a revitalized interest in life events and activities (Heintzman, 1997). In addition, recreational activity also has shown to slow the advancement of chronic diseases and improve overall health and function (Rimmer, 2007). Physical activity is important for normal muscle strength, flexibility and the slowing of joint structure challenges that are often common with disabling conditions.

Defining Inclusion

Social inclusion is not only a personal issue, but also an issue of equality (Simplican, S. C., Leader, G., Kosciulek, J., & Leahy, M., 2015). Inclusion is the process of educating students with disabilities along with their able-bodied peers (Rouse, 1993). The definition of social inclusion refers to the kinds of activities, relationships, and environments that it encompasses, and definitions range from narrow to broad in scope (Simplican, S. C., Leader, G., Kosciulek, J., & Leahy, M., 2015). Broad

conceptions of social inclusion can involve being accepted as an individual beyond disability, significant and reciprocal relationships, appropriate living accommodations, employment, informal and formal supports, and community involvement (Hall, 2009; Power, 2013). When definitions of social inclusion encompass subjective feelings of belonging and acceptance, social inclusion becomes interchangeable with a sense of belonging (Simplican, S. C., Leader, G., Kosciulek, J., & Leahy, M. 2015). Inclusion can be accomplished when individuals with physical disabilities can feel that sense of belonging. The experience an individual with a physical disability can have could be eminently dependent on factors pertaining to society and the surrounding environment.

The social model of disability claims that environmental-and-societal-effective ways shape the disability experience and seeks to change and challenge beliefs and attitudes that have excluded individuals with disabilities (Riley, B. B., Rimmer, J. H., Wang, E., & Schiller, W. J. 2008). Lanterman (2010) declares how the social model offers a framework for exploring our interconnectedness through equity, fairness, and opportunity.

Inclusivity is not only for those with physical disabilities. Researchers have found that students without disabilities who experienced inclusive settings felt the experience taught them to deal with problems that occurred in their lives (Lieberman, James, & Ludwa, 2004). The literature contends that inclusion is not as apparent as it should be, "Despite extensive dissemination of these inclusive practices, they are not commonly practiced in a majority of community recreation agencies, and inclusive recreation services are grossly inadequate" (Schleien et al., 2009, p. 19). Inclusive programs only become more prevalent when recreation agencies undergo system changes

that are characterized by accessible environments and welcoming attitudes (Schleien et al., 1997). Becoming inclusive in facilities is an ongoing fight for those with the desire for inclusion.

Social inclusion improves lives for people with and without disabilities (Mahar, Cobigo, & Stuart, 2013; Mansell, Elliott, Beadle-Brown, Ashman, & Macdonald, 2002). Researchers have argued that social inclusion promotes happiness, self-esteem, confidence, mental health, well-being, and decision making (Forrester-Jones et al., 2006; Johnson, Douglas, Bigby, & Iacono, 2012). The involvement of students with disabilities in monitoring and evaluating their inclusion in higher education or the support services provided could contribute to the promotion of inclusion (Ashcroft, Bigger, & Coates, 1996). Educating able-bodied individuals is just as important as educating those with physical disabilities in inclusivity. As Schleien et al. (2009) also stated, "An agency culture and philosophy based on principles of inclusion have been deemed as necessary components for creating environments where participants with disabilities experience social acceptance" (p. 19).

Inclusive Facilities

Schleien et al. (2009) explained, "Inclusion becomes realistic only when people can approach, enter, and use facilities and services in unimpeded ways" (p. 20). One of the most difficult problems for individuals with disabilities is physical inaccessibility and the inability to use the built environment that is advertised as welcoming to them (Veselinova, 2013). Among the most common barriers and facilitators to physical activity in individuals with disabilities are the built and natural environment, cost, and transportation (Rimmer et al., 2004; Rimmer, Hsieh, Graham, Gerber & Gray-Stanley,

2010). According to researchers, the built environment can be extremely important in promoting access and choice (Thorpe, 1995). Narrow doors or lack of elevators can create difficulties for individuals with a physical disability to manage environments safely, securely, and independently and making patrons feel safe needs to be a factor when managing a facility. Accommodating equipment and facilities to the needs of students with disabilities should contain legislation, persuasion, good example, and human pressure (Chard & Couch, 1998). Along with the social issues with inclusivity, physical obstacles are also among the issues raised by participants with mobility disabilities in the literature.

Good inclusive design takes into consideration differences in potential users and is fundamental in providing a successful recreational experience for everyone (North Carolina Office on Disability and Health, 2008). Within the design process, priority should be placed on the usability of building features and programs that individuals with disabilities valued (Staeger-Wilson et al., 2012). Keeping a clear focus on the goals and objective of making a facility inclusive is paramount in designing and renovating a facility. The importance of not having a segregated entrance is crucial because having a segregated entrance or workout area is not under the definition of being inclusive. Segregated activities often take place with paid staff needing to assist and take place in segregated facilities (Simplican, S. C., Leader, G., Kosciulek, J., & Leahy, M. 2015). Rimmer (2005) states that inaccessible equipment is a major problem in terms of participation in fitness-enhancing activities for individuals with disabilities. Another problem with inaccessible equipment is that offering clients with disabilities the opportunity to use one piece of adaptive exercise equipment when the rest of the

membership has access to all the equipment clearly limits the amount of enjoyment and benefit that can be obtained from a more diversified program (Rimmer, 2005). Although the benefits derived from regular physical activity are for all, access to physical activity settings, including recreational facilities may not (King et al., 2003; Rimmer, 2005).

Stoelzel (2014) believes it is the administrator's responsibility to recognize when it is financially possible to make recommended modifications to the facility. Ensuring physical and programmatic accessibility is cited as a best practice (Devine & McGovern, 2001; Schleien et al., 1997), but more importantly, these accessibility types are mandated by the Americans with Disabilities Act (P.L. 101-336).

American's With Disabilities Act. The foundation level of access can be related to the concept of identifying and removing physical barriers in the built environment, in accordance with regulations in the American's With Disabilities Act (ADA) accessibility guidelines (Lanterman, C.S., 2010). The ADA was designed to ensure individuals with disabilities have access to and can enjoy a diverse array of accommodations and was also adopted to prevent discrimination against persons with physical disabilities (Pate, J. R., & Waller, S. N., 2012; Mazumdar & Geis, 2003). The law states that an individual should not be discriminated against based on a disability in the full and equal enjoyment of goods, services, facilities, or accommodations of any entity (ADA.gov). Within activities, no individual should be denied participation, participation should not be in unequal benefit, and accommodations shall not be separate from that provided to other individuals (ADA.gov). The Act also states that individuals with disabilities should be given the opportunity to participate and an entity should afford accommodations in the most integrated setting appropriate of the individual's needs. Accommodations such as

facilities and equipment must remain in operable working conditions and an entity must remove architectural barriers where such removal is readily achievable and able to be carried out without much expense or difficulty. This would include rearranging tables and chairs, repositioning shelves, and installing ramps (ADA.gov). The ADA focuses mainly on accessibility guidelines into facilities, and has only recently began to include accessibility guidelines on exercise machines and equipment. As of 2010, the ADA has established at least one exercise machine from each muscular group must meet clear floor space requirements, which clarifies to, "positioned for transfer or for use by an individual seated in a wheelchair" (ADA.gov). However, the 2010 standards do not place a requirement for facilities to change their machines and equipment to make them more accessible. The ADA makes the assumption that if someone in a wheelchair wishes to use these types of machines and equipment, then they most likely have some level of ability to walk or stand (ADA.gov). The Department believes there must be a balance to ensure those with a physical disability will have the opportunity to use their choice of exercise equipment.

Accessibility problems continue to exist despite ADA regulations and they may be brought to light when individuals with physical disabilities experience accessibility problems (Pate, J. R., & Waller, S. N., 2012). In a campus recreation environment, individuals with physical disabilities can bring up these issues with facility administration or the upper administration within the university. While accessibility is positive for people with physical disabilities, there remains a disconnection between corporate missions, the ADA knowledge of facility managers, and accessibility practice (Saito, 2006). Recreational buildings may meet accessible standards, according to building

codes, but programs and services must also be designed to meet the needs of a diverse group in order to be usable by all to be deemed an inclusive environment (Staeger-Wilson et al., 2012). By adopting a universal design to environments to make them accessible and usable by everyone ensures issues with inaccessibility are overcome (Veselinova, 2013).

       Universal Design. Universal design (UD), taking the ADA regulations a step further and focusing more on inclusivity, stems from the attitude that environments are disabling to individuals and that they could be designed in ways that are usable by a majority of people with a variety of personal differences (Funckes, C., Thornton, M., Downs, & S., Blacklock, B., 2006). UD puts accessibility into the perspective of "special features for a few" to "good design for many" (Funckes et. al., 2006). The Center for Universal Design (2011) defines UD as, "the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design" (para. 2). The intent of UD is to simplify life for everyone by making products and the built environment more usable by as many people as possible at little or no cost and has the intention of being inclusive for everyone, even those without physical disabilities (Staeger-Wilson et al., 2012). The Institute for Human-Centered Design (2015) notes that UD is, "An orientation to any design process that starts with a responsibility to the experience of the user" (para. 2). Lanterman (2010) discusses how UD still appears to function at the level of equality of access and participation, with the expectation that such applications will lead to equality of educational results.

       Inclusive and UD within the learning environment may have the opportunity to elaborate socially through teaching and learning (Lanterman, C.S., 2010). Izzo & Murray

(2008) discuss that inclusivity and UD is the best approach for creating socially-just environments for individuals with disabilities in post-secondary environments. This is extremely important for campus recreation facilities and is helpful to the recreation facility administrators on identifying the priority. The UD approach is receiving greater attention as institutions seek to achieve inclusive excellence in built, learning, policy, and informational environments (Staeger-Wilson et al., 2012). UD provides a force for changing the ways in which recreation facility administrators think and act about inclusion (Lanterman, C.S., 2010). If campus recreation administrators can think in relation to UD, strides can be made to improve campus recreation facilities.

Social and Attitudinal Barriers

Not all places are accessible to people with physical disabilities, which leads to decreased social interaction resulting in individuals becoming isolated and withdrawn (Veselinova, 2013). Longmore (1995) argues that the social construction of disability and poor design leads to barriers and hinders participation of individuals with disabilities. Social barriers within recreation facilities are less tangible than structural barriers and are experienced during individual's interactions with the facility staff members who lack the training required to provide safe and effective exercise instruction to individuals living with disabilities (Henderson and Bedini 1995, Rauzon 2002, Rimmer et al. 2004, Scelza et al. 2005). Assisting individuals to maintain their independence by overcoming physical and social barriers starts with the support from staff and administrators (Veselinova, 2013). Being an inclusive environment does not stop at making a facility accessible, but also needs to also provide a welcoming staff. The staff should be aware of the legalities when talking with individuals with disabilities and be able to assist them

with what equipment is inclusive and how to use it if there are questions. This can be related back to the philosophies the staff has on physical disability inclusion in determining on how welcoming in the environment is for an individual with a physical disability. A more welcoming staff could decrease the social barriers as to where a facility without a welcoming environment could continue to hinder an experience for an individual with a physical disability.

In addition to the social barriers that occur, attitudinal challenges are another obstacle that persons with physical disabilities face are the attitudes of peers, administrators, and staff members. It has been indicated that those who run recreation centers, including the owners, view accessibility as a "necessary evil" (Rimmer et al., 2004a). These staff members and owners often make the assumption that those with a physical disability do not wish to involve themselves in recreation and fitness related activities. Owners frequently do not include physical disability patrons because they are concerned more with liability issues, rather than the status of their health and well-being (Rimmer et al., 2004a). Staff members become lazy and have negative attitudes towards people with physical disabilities, which act as a facilitator for the number of recreation centers that are not inclusive. Studies show that when those with a physical disability experiences attitudinal barriers, these experiences transcend to social barriers as well (Law et al., 2007).

Chapter 3: Methodology

Case Study Design

Since this research involved a site evaluation, interviews, and a focus group, a case study design was well suited for this project. According to Yin (1994), researchers would use the case study method because they deliberately want to cover contextual conditions believing they might be highly pertinent to the phenomenon of study. Most case studies in education settings are qualitative and hypothesis-generating, rather than quantitative and hypothesis-testing, studies (Merriam, 1998). Bromley (1986, p. 23) writes that case studies, "get as close to the subject of interest as they possibly can, partly by means of direct observation in natural settings, and partly by their access to subjective factors, whereas experiments often use convenient derivative data." Humans are sensitive to underlying meaning when gathering and interpreting data and can focus on meaning in context (Merriam, 1998). A case study design provides thick description, simplifies data to be considered by the reader, and can communicate tacit knowledge.

A case study is ideal when a "how" or "why" question is being asked about a contemporary set of events over which the investigator has little or no control (Yin, 1994). Case studies require an analysis of both development over time and the environment and context within the particular phenomena occurs (Gratton & Jones, 2010). Case studies can be supported as the common language approach to evaluation,

which allows the results of a study to be communicated more easily to non-researchers (Merriam, 1998).

      Qualitative case studies are limited, too, by the sensitivity and integrity of the investigator and because qualitative research has its own characteristics and uses (Merriam, 1998). A concern with conducting a case study is that they provide little basis for scientific generalization because one cannot generalize from a single case (Yin, 1994). "Case studies, like experiments, are generalizable to theoretical propositions and not to populations or universes. The investigator's goal is to expand and generalize theories and not to enumerate frequencies" (Yin, 1994; p.10).

      Another concern with conducting qualitative research is the issue of reliability and validity. Guba and Lincoln (1981) state that, "it is difficult to talk about validity or reliability of an experiment as a whole, but one can talk about the validity and reliability of the instrumentations, the appropriateness of the data analysis techniques, the degree of relationship between the conclusions drawn and the data upon which they presumably rest, and so on" (p. 165). Guba and Lincoln (1981) also propose using the terms truth value for internal validity, transferability for external validity, and consistency for reliability. Validity and reliability are concerns that can be approached through careful attention to a study's conceptualization and the way in which the data were collected, analyzed, and interpreted (Merriam, 1998). The researcher must maintain careful and consistent analyzing techniques along with consistent data collection to ensure a reliable and valid study.

      Case study strengths outweigh the weaknesses, in which Merriam (1998) offers a list of those strengths:

- The case study offers a means of investigating complex social units consisting of multiple variables of potential importance in understanding the phenomenon
- Anchored in real life situations, the case study results in a rich and holistic account of a phenomenon
- It offers insights and illuminates meanings that expand its readers' experiences
- Case study plays an important role in advancing a field's knowledge base and because of its strengths, case studies are appealing for applied fields of study such as education
- They reveal not static attributes, but understanding of humans as they engage in action and interaction within the contexts of situations and settings
- Case studies are better able to assess social change than more positivistic designs, and change is often what policy is addressing (pg. 32)

Case studies make use of multiple means of data collection. This study used interviews and a focus group along with a site evaluation. Interviews allowed the selected participants to express their own experiences and opinions in their own words. Interviews are used as a data collection technique when researchers require knowledge of how humans assign meaning to their thoughts and actions within cultural context (Atkinson, 2012). It can be used for the purpose of measurement the understanding of an individual or a group perspective (Denzin & Lincoln, 1994). Denzin and Lincoln (1994) state that:

> Interviewers can show their human side and answer questions and express feelings, which provides a greater spectrum of responses and a greater insight into respondents to avoid hierarchical pitfall because it encourages them to control the sequencing and the language of the interview and also allows them the freedom of open-ended responses. (pg. 370)

Using interviews allows for the researcher to find the deeper meaning in the interviewee's responses. To develop a good interview, group questions about the same concept together and avoid jumping back and forwards between topics (Gratton & Jones, 2010). Interviews were set-up via email and took place in person on campus at a neutral

location to the interviewer and interviewee. It is important for the researcher to project

professionalism during the interview including both appearance and demeanor (Gratton

& Jones, 2010). Gratton and Jones (2010) also state that the location of the interview

needs to take place where the interviewee is comfortable answering questions and that the

interview should take place relatively private so there will be no bias from the presence

of others.

A focus group was also a component in this case study. Byers and Wilcox (1988)

describe focus groups as discussion groups that address a particular topic or topics.

Focus groups are designed to obtain people's opinions and not to determine the exact

strength of their opinions (Vaughn, Schumm & Sinagub, 1996). Rather, Vaughn,

Schumm & Sinagub (1996) state the goals are to find out each person's point of view and

to encourage people to express different points of view. With focus groups allowing for a

lot of discussion, this can often lead to deep conversations. Gratton & Jones (2010) state,

"Members of the group are able to interact with interaction leading to a greater depth of

discussion" (p. 171). These arrangements of focus groups are also an advantage to

qualitative research because they are low cost and can be analyzed in a short amount of

time (Bertrand, Brown & Ward, 1992). These interactions provide more information

than could be obtained from other research methods such as surveys or individual

interviews (Morgan, 1988). Focus groups allow for more detailed information than

surveys and more profound discussion points. The fact that focus groups can produce

useful data with relatively little direct input from the researcher may be a distinct

advantage, especially in comparison to other interviewing techniques (Morgan, 1988).

According to Morgan (1988), "The usual conclusion is to use moderate sized groups,

which is somewhere between 6 and 10" (p. 43). When the researcher desires a clear

sense of each participant's reaction to a topic, small groups are more likely to satisfy this

goal (Morgan, 1988).

An advantage for doing a case study at Coastal University is that because it is a

small institution, access to personnel and the facility was easier than trying to explore

larger campuses with too many moving parts. It also allowed for the researcher to focus

their attention on the Student Fitness Center instead of having to research and look at

multiple schools, which would limit the time the researcher has to spend at each

university. Another advantage to using a case study design in this project was the ability

to influence a difference at the Student Fitness Center. As Merriam (1998) mentioned in

the above list, case studies can assist with social change, which the researcher is

attempting to accomplish through this study. The study contained only information

relative to the Student Fitness Center so when the finished project is given to the facility

administrator, they will have the information to make necessary changes that are specific

to their recreation center.

Site and Participant

This case study was conducted at a small, four-year university on the west coast

of the United States. At Coastal University there are approximately 6,000 enrolled

students as of 2014 with 8% of those students being classified with a physical disability.

The researcher chose this site as a matter of convenience, but also identifying the need for

focus on physical disability inclusion at this particular university. Coastal University is

in the process of conducting feasibility studies to gauge interest on a new recreation

center on campus. With this feasibility study there is the possibility of a major

renovation or an entirely new recreation center. Due to timing, the goal of this project is to be used as an aid for possible changes to the recreation center putting this case study to use.

The study took place at the Student Fitness Center located on campus. The recreation center is 18,000 square feet featuring 35 cardio machines, 32 plate loaded strength and conditioning machines, a 36 feet rock climbing wall, a racquetball court, a cycle studio, a multipurpose room, and male and female locker rooms with showers and free towel service. It is free of charge to all full time students and offers discounts to part-time students, staff and faculty. The facility hosts approximately 500 patrons per day. The size of the staff includes 30 part-time student employees, three graduate assistants, and three full time staff members.

Means of Data Collection

Data collection in this study included an intensive site evaluation using the AIMFREE survey, interviews with university personnel, and a focus group involving students on campus with a physical disability.

Site Evaluation. To assess this study, the Accessibility Instruments Measuring Fitness and Recreation Environments (AIMFREE) was used. The AIMFREE instruments were designed to measure the accessibility of fitness and recreation facilities as it pertains to persons with mobility impairments (Rimmer et al., 2004b). There are also items included on the survey that are relevant to persons with other disabling conditions, including those with sensory impairments (Rimmer et al., 2004b). The AIMFREE survey consists of 16 subscales, divided into six accessibility-related areas, which include built environment, equipment, facility information, policies, professional

behavior, and swimming pool (There are a few items from the AIMFREE survey that will

be omitted including the hot tubs/sauna and swimming pool due to the campus recreation

department not having oversight of these items at the university). Arbour-Nicitopoulos &

Ginis (2011) explain how the accessibility scoring works:

> The AIMFREE scoring manual indicates the items for
> which a Yes (e.g., paths around equipment are free from
> obstacles) vs. a No (e.g., bathroom floors are slippery)
> response suggest greater universal accessibility. A
> composite raw score is then calculated for each area of a
> subscale by counting the number of items with responses
> indicative of greater universal accessibility. Conversion
> charts are provided within the AIMFREE manual, which
> display the possible raw scores for each subscale along
> with a linearly transformed accessibility score, ranging
> from 0 (low universal accessibility) to 100 (high universal
> accessibility). (pg. 4)

The subscales can be organized into two categories: general and fitness center-

specific accessibility. The general accessibility category measures the general layout of

the building including the parking lot and bathroom, while the recreation center-specific

accessibility category measures the accessibility of the areas related to the facility's

recreation services (e.g., locker room and equipment) (Arbour-Nicitopoulos & Ginis,

2011).

The AIMFREE has been validated using the Rasch measurement model and has

been found to be a reliable and valid assessment tool that both researchers and consumers

can use to examine the universal accessibility for use by individuals with disabilities

(Arbour-Nicitopoulos & Ginis, 2011). The Rasch measurement model is used to analyze

categorical data and is used in the fields of health profession, market research, and

education. As evidence of its usefulness, the Rasch measurement model has been used in

multiple studies ranging from validating instruments of students' understanding of

models in science, to measuring coping in parents of children with disabilities, and validating the reliability of learning transfer items. Internal consistency of the subscales has ranged from 0.0 to 0.89 and all but two of the 16 subscales (parking lot, fitness program) have shown evidence of unidimensionality (Rimmer et al., 2004b).

Interview. The interview participants were purposively selected based on their positions held at Coastal University. The participants in this study were both male and female and consisted of the Vice President and Assistant Vice President of Student Affairs, the Director of Disability Services, the Director and Assistant Director of the Student Fitness Center and a Coordinator at the Student Fitness Center. All interview participants are involved in all major decision making for the recreation facility as administrators of both the facility and at the university. A list of open-ended, semi structured interview questions was prepared with regards to the participant's views on physical disability inclusion, their knowledge on physical disability inclusion, and their beliefs on the current state and future state of the Student Fitness Center concerning physical disability inclusion (see appendix A for a list of interview questions). With written informed consent from the participants, interviews were digitally recorded and each interview was transcribed verbatim. Each interview lasted from 45-80 minutes and took approximately two months to conduct all interviews. To provide confidentiality, each participant was given an alias to be referred to as, which is only accessible by the researcher.

Focus Group. A focus group was also conducted consisting of two students at Coastal University who have a physical impairment. Similar to the interviews, the focus group took place at a neutral location to ensure the students were comfortable, lasted

about 60 minutes, and required that both participants sign an informed consent waiver. The focus group was set up with assistance from the Director of Disability Services on the Coastal Campus. The students were also informed that the conversation was being digitally recorded so that the interview can be transcribed verbatim afterward. With concern of confidentiality, each participant was given an alias to be referred to as, which is only accessible by the researcher. The group was also be informed that no one, except the researcher and thesis chair, will have access to the recording and that the recording will be terminated after the case study is defended (Please see appendix B for a list of focus group questions).

        Interview and Focus Group Threats and Limitations. While these methods are commonly used in case studies, they are not without limitations. Limitations to interviews and focus groups can include bias due to poorly constructed questions, response bias, inaccuracies due to poor recall, and reflexivity (Yin, 1994). Reflexivity is present when the interviewee gives what the interviewer wants to hear (Yin, 1994).

        A possible threat with interviews and focus groups is the interviewee becoming dominant and leading the interview in unwanted directions, which means the interviewer must be prepared to guide the interviewee back to the interview schedule to limit this threat (Gratton & Jones, 2010). Although it may not be necessary for the power to be completely in the interviewer's hands and vice versa, the researcher must make sure that the topics are being covered and that they are obtaining all their objectives of the interview. It was important for the researcher to gauge where the power is located during the study. If there is one participant who is over powering the group, the power will need to be shifted away from that participant to give the others the ability to speak their true

answers (Gratton & Jones, 2010). An assessment of the position of the researcher, and the power relations between the researcher and participants is important toward an evaluation of the truth of any findings (Gratton & Jones, 2010).

For focus groups, the problem with relying on interaction is never knowing whether or not it would mirror individual behavior (Morgan, 1988). The point here is not so much whether one is interested in groups or an individual, as that individual behavior is subject to group influence. A different set of problems arises if the topic is highly controversial, or if there is a real potential for disagreement among the participants (Morgan, 1988).

Assembling the reliability and validity of qualitative data is difficult. The quality of the data is dependent upon the responses of the interviewee, which are subject to problems of recall, misperception and incorrect knowledge (Gratton & Jones, 2010). Techniques used to check the reliability of the interview data and to decrease this threat can include team interviewing of participants, inter-coder reliability checks of data collected, and multiple interviews with a respondent (Atkinson, 2012). Atkinson (2012) also stated that qualitative researchers should pursue other understandings of reliability such as whether or not the analysis of the data is socially, emotionally, or psychologically compelling and trans-contextually relevant.

There is the threat that the interviewer may add bias as a result of verbal or non-verbal reactions (Gratton & Jones, 2010). This may encourage the participants to answer in the manner that he or she thinks the interviewer may want. This can happen if the researcher is nodding his or her head in agreement or providing confused or concerned looks after a certain response. It may also be worthwhile for the researcher to practice

interviewing others and videotape themselves during the interview to identify any instances when there are verbal or non-verbal reactions.

A reasonable approach to account for these limitations is to corroborate interview data with information from other sources (Yin, 1994). Merriam (1988) states, "the researcher who attends to the limitations while maximizing the strengths inherent in all phases of the interview process will be richly rewarded by the data obtained" (p. 86).

Ethical Concerns. When conducting qualitative research, traditional ethical concerns have revolved around the topics of informed consent, right to privacy and protection from harm and because the objects of inquiry in interviewing are human beings, extreme care must be taken to avoid any harm to them (Denzin & Lincoln, 1994). Merriam (1988) also adds the issue of deception is a main ethical concern in case study research along with the accuracy of reports made by researchers. As Punch (1986) suggests, as field workers we need to exercise common sense and moral responsibility.

In a case study, ethical dilemmas are likely to emerge at two points: during the collection of data and in the dissemination of findings (Merriam, 1988). Data collection such as interviewing, participant observations, and conducting focus groups present their own ethical concerns. The interviewer may not always give the participants complete information about the study and may ask questions that are indirect or not related to the topic of the interview (Kelman, 1982). Kelman (1982) also goes on to add that, "respondents may prefer not to answer certain questions because they are embarrassed about their opinions or their lack of opinions, but they may feel under pressure to respond" (P. 80). Failure to do would violate the implicit contract they agreed to and reveal something about areas of sensitivity or ignorance (Kelman, 1982). In-depth

interviewing may have unanticipated long-term effects, for example, if the administrator becomes aware of their own faults or limitations through participation in the study (Merriam, 1988).

With analyzing the data, since the researcher is the primary instrument for data collection, data have been filtered through his or her particular theoretical position and biases (Merriam, 1988). The investigator gets to decide what is important and should or shouldn't be included in the final report. There is no ethical alternative to being nonbiased, accurate, and honest as is humanly possible (Diener & Crandall, 1978). Diener and Crandall (1978) state, "Biases that cannot be controlled should be discussed in the written report along with enough data to let readers draw their own conclusions" (p. 182).

The researcher's role must also be addressed as for this study the researcher is also employed at the Student Fitness Center. In studies involving qualitative research, the researcher plays the role of primary data collector and, "necessitates the identification of personal values," (Locke & Golden-Biddle, 2007). With this knowledge, the researcher can contribute useful data rather than detrimental (Locke & Golden-Biddle, 2007). The researcher's perceptions have been shaped with their time spent at the Student Fitness Center. The data they share with the researcher may be different because they have a previous relationship with the interviewees, with the exception of the focus group participants. In some cases the researcher may receive more information and in some cases, the interviewees may be hesitant to answer because the researcher has a well-known understanding of the facility.

Lastly, the question of anonymity in a case study is said to be nearly impossible when protecting the identity of either the case or the people involved (Merriam, 1988). Exposure of the case through publication poses risks of offended participants, violating anonymity, or exposing people to legal, institutional, or governmental sanctions because of behaviors revealed by the researcher (Cassell, 1978).

Steps to deal with ethical concerns include a multitude of strategies. First, the researcher is a graduate assistant in the Coastal University recreation department and at the Student Fitness Center with one year of experience in the field. The researcher is also not an individual with a disability and has no family or friends who have a physical disability. The researcher worked with an advisor to ensure there was no bias and the advisor worked within a committee further provide reassurance that there was no bias.

Second, since there was multiple data sources used, the researcher was able to triangulate data. By interviewing the administration on campus and enrolled students with physical disabilities while also conducting a site evaluation, any bias and concerns are limited. Reiterating Yin's (1994) statement, when corroborating information from interviews with other sources of information, it minimizes concerns such as bias.

Lastly, when holding interviews and focus groups there is always the concern with anonymity and confidentiality. To limit these concerns all participants were given a pseudonym, was referred to as general administration at the university in the interviews, and non-descriptive characteristics were used for focus group participants. The confidentiality of each participant was addressed in the informed consent form and was repeated at the beginning of the interview to assure the participants were aware that their identification will be kept confidential and anonymous. In this study, all participation

was completely voluntary assuring that no student or administrator was forced into being a part of the study.

Chapter 4: Results

The purpose of this study was to examine the value of inclusivity at the Student

Fitness Center at one university. Results from six interviews, a focus group, AIMFREE

survey, and observations have yielded four main themes. First, the environment lacks

inclusivity that results from financial, attitudinal, and social barriers. Financially, the

shortfall of funds result in a shortage of inclusive equipment and the absence of a staff

member to oversee inclusive recreation. Attitudinal barriers to inclusivity occur at three

main levels: administration, the staff and users of the facility. As a result of these two,

the recreation center is not socially constructed for inclusivity. The following section

will explore all of these facets.

Environment

Overall, results found that the environment at the recreation center was reasonable

and the staff and students are encouraging to those with a physical disability. However,

the current environment is welcoming but not wholly inclusive. There are numerous

reasons the environment is welcoming, and there are several reasons why it is not

inclusive. During the interviews, the facility staff members and administrators expressed

a desire for the recreation center to be a welcoming environment for everyone, including

students with a disability. The Vice President of the university claims to have a campus-

wide commitment to become more inclusive. The university has a reputation of being a

small place where someone will provide the students with what they need. Consistent with this campus feel, an inclusive framework project is being implemented by administration to begin becoming more inclusive on a campus wide perspective. An example of this is the human resource department has formalized and improved numerous policies and procedures for requesting accommodations. The Vice President indicated he understands the university will not have healthy environments for all students if there is not a movement to a more universal design framework. This framework includes all campus facilities, such as the recreation center. The recreation center, as the Coordinator for Fitness programs said, "prides itself on being a place for students to find their fit on campus." However, the facility and its equipment are oriented towards the able-bodied population.

While the recreation center is not aligned for those with a physical disability, the part-time and gull-time staff contributes to creating the welcoming atmosphere. Currently, the full-time staff believes the environment in the recreation center welcomes all people and have identified strategies in order to maintain such an environment. The Assistant Director invites students with questions and concerns about accommodations to discuss their thoughts with him in order to increase inclusivity. Individuals with disabilities who are patrons of the facility feel such actions create a welcoming tone for those with a physical disability. Ron expressed, "People [Staff] there are very nice. The ladies that work there, usually when they see me get on or off the treadmill they come running to help me so they are very nice."

Observations at the recreation center indicate the staff obeys changes in policies. A directive such as the new policy requiring staff to walk around every 30

minutes to assure the walkways are clear of bags, equipment, and other obstacles was

taken with and acted by students in a consistent fashion. The staff contently complied

with the new policies and they now make this a part of their daily tasks. Perceptions

made at the recreation center front desk were indicative of a welcoming environment.

The front desk staff greeted everyone as they came in, answered questions when asked,

walked around the facility to check on patrons, and appeared approachable.

Furthermore, the other students using the recreation center have also done a

favorable job of creating a welcoming environment for those with a physical disability:

> The students interact with me and some have come up to me and
> say good job and you know they come up and try to help and they
> get me water and in general that environment is pretty hospitable
> and so they're very helpful. (Ron)

Despite the fact that it is a welcoming environment, it is not inclusive. This lack of

inclusivity stems from financial attitudinal, and social barriers and in some cases they

intersect.

Financial Barriers

According to the administration and full time staff, the current financial situation

at the recreation center is the most substantial challenge to inclusivity. There are several

issues that must be addressed to create an inclusive environment, but there does not seem

to be enough money in the budget to manage these issues. Administrators consider

meager funding to be the reason the recreation center lacks inclusivity since financial

resources are needed to provide equipment, space, and staffing needed to be inclusive.

For example, one administrator states:

> I think that the campus cares, but I don't think they are anywhere near at a level that gets us to where we need to be from a service standpoint or a compliance standpoint, we're not even close. If we just looked at compliance alone, the issue of just treating our students right, it's a huge issue, so I think the fair answer to your question I think we haven't invested and in one way I can understand why, and it's a financial issue. (Andy)

As a result of inadequate funding, the facility itself faces many challenges relative to inclusivity. First, it is a small space and is difficult for those with a mobility impairment to move around easily. According to Ron, the spaces are tight around the floor and the machines, making it problematic to maneuver a wheelchair:

> It's tight; I can tell you that because I'm in a chair, so it's tight spaces. You have to kind of find your way around um, getting onto the treadmill and the treadmill is very high, like to step onto it you have to kind of balance yourself and then like for me, I like hold on and I have to like lift myself, almost bend over for me to lift one leg and then kind of push myself up there so it is like a little bit high. (Ron)

The AIMFREE assessment concurred with such comments. There was almost no open area throughout the facility and the walkways were not clear of machines and other obstacles. At no point was there a walkway with enough room for someone in a wheelchair or walking cane to navigate safely. At times, there was barely enough room for an *able-bodied* individual to walk around freely. This stands in contrast to the standards established in the AIMFREE survey; an inclusive facility should have access routes free of obstacles. Using these standards, it was also clear that the facility is too small of a space to move equipment around in order attempt to create more ease of movement.

In addition to the spatial issues, there are access problems. Ron also noted that the doors to get into the facility are difficult to get through due to their narrow size and

someone in a wheelchair needs a rolling start to make it through the doors. There were

also two workout rooms in the facility with doors that individuals must twist the handle

and pull to exit or forcefully push to enter. In reference to the restroom doors, none of

the doors had the option for an automatic door opener. Ron also illustrated the small size

of the restrooms makes it difficult to move around. The lockers in the locker room are

blocked by the benches because of the small space, but there is no better location to move

the benches, therefore someone in a wheelchair cannot access the lockers. Ron notes:

> They (restrooms) are very very shallow, they are very very small.
> Getting through in-between, you get into the door and then there's
> like that tight turn where the door kind of turns and that's a tight
> turn for me. I have to kind of reposition my entire chair for it
> trying to get through and then because it's a locker room and a
> bathroom in the same so the chairs for like the bench in the locker
> room are in a circle or like a square position so they kind of block
> you from getting to the lockers because it's a tight space again so
> that's very very small. Then the bathrooms themselves, the showers
> you know they're big enough but they're not as big as they
> probably should be. If I were to take a shower there, I would need
> a little bit more space because I need to keep my wheelchair on the
> side. (Ron)

Such observations are in contrast with the standards of the AIMFREE survey. It states an

inclusive space will be free of doors that have knobs and handles or locks that require

grasping or twisting and that entrance doors have the ability to push a button to open

them and that equipment will have braille or audible accommodations. The survey also

says an inclusive locker room should have a clear width of at least three feet between the

lockers and the benches. For those with a physical disability, the small space in the

locker room, the doors, the absence of braille and audible instructions on the machines

clearly hinder inclusivity.

Third, the ability of the facility to employ a student with a physical disability is extremely limited. First off, an employee in a wheelchair could not work the front desk. It is not three feet high, they couldn't swipe their own card, and they would have difficulty doors to get behind in order to reach their workstation. During the AIMFREE assessment, the front desk measured to be four feet high, when the height should be three feet in order to be deemed inclusive. As observed, an individual in a wheelchair cannot swipe their own ID card and instead would need to rely on assistance from the part-time staff, which is not always present. To get behind the desk, the swinging doors would make it difficult for someone in a wheelchair to get through and the counter is so high that they would not be able to see over it. More funds would need to be made available in order for the recreation center to remove these barriers. Secondly, all of the barriers that were mentioned for a patron of the facility is also going to be a barrier for an employee if they are going to clean the restrooms, pick up towels, if they are going to go around and clean the machines, and if they are going to do a walk-through. All the spatial limitations that exist for a consumer also exist for an employee. Third, staff are hired not only to work the front desk, but they are also hired to work the external facilities and with the distribution of our facilities away from the recreation center, it is going to be very difficult for them to get to the other venues and provide full service with first-aid. Based on the way the recreation center is set up and the duties in which an employee must perform, the facility would have numerous struggles to employ someone with a physical disability:

> I don't know if they'd be able to work front desk, would they? I
> don't know. Based on the way it's set up, I'm not sure they
> would. Yeah, I hadn't thought about that. Yeah I think that would

be a lot more difficult. I don't know without assistance, I don't
know how they would do it. (Andy)

If there was somebody in a wheelchair working the front desk,
could they even get up and see over the counter, do they allow
space for that or would the counter even be to high for somebody
to even do they job? I don't know, right so that'd be one example
right there. So looking at what the job duties are, I think there
could be some challenges, um from a physical standpoint or
physical disabilities um in terms of employment. (Ben)

Accessible equipment is also a clear need at the recreation center. The recreation

center is indubitably behind the curve from a facility and technology standpoint in

regards to being inclusive as well as being in need of upgraded equipment. The Director

acknowledged that, "We wouldn't be able to provide them the exact same experience as

an able-bodied student because we don't have all the appropriate equipment for that

person." Right now there is only one piece of equipment designed for students with a

disability and that is the ergometer (hand crank) for someone who doesn't have use of

their legs or has limited lower body movement. This piece of equipment sits at the end of

the cardio section in the corner and was segregated from the rest of the recreation center,

further contributing to the lack of inclusivity. When inspecting the equipment, the

machine had the capability to move the seat back and forth but the seat was broken at the

time of assessment and could not be removed in order for someone in a wheelchair to be

able to stay in their chair to use the machine. Instead, they would need to get out of the

chair and transfer to the machine seat in order to use it. One patron with a disability and

is in a wheelchair mentioned the machines and equipment throughout the facility were

generally too small to access, especially when needing to transfer from a

wheelchair. Ron specifically communicated the struggle of using the treadmills because

they are extremely close to one another and because they are high off the ground, making

it difficult to transfer from a wheelchair to the treadmill. The machines do not have removable seats in order for those in a wheelchair to have ability to stay in their chair and workout. As stated in the AIMFREE survey, inclusive equipment should not make a patron with a disability who uses a wheelchair transfer from their chair to the equipment seat. General equipment repair and replacement has not been worked into the budget. What results is a recreation center virtually absent of inclusive equipment. One recreation center employee indicated that money is being spent on repairing equipment instead of buying the inclusive equipment needed.

The lack of inclusivity evident in the space and equipment is also reflected in the budgeting and planning for the recreation center. The staff mentioned that they are planning to buy more inclusive equipment as both short term and long terms goals. There is research being done to purchase and budget for more inclusive and universally designed equipment. When finalizing the budget for the fiscal year, the Director obtained different quotes on various pieces of new equipment that are inclusive. Budgeting and planning for inclusivity at the recreation center is available but not managed effectively. One full time staff member at the recreation center stated that there is not a budget for inclusive needs, but within the replacement plan budget, a piece of that budget is for adaptive equipment. They need the money in this budget if they have to replace equipment so they put everything together in that one budget. It was also noted that inclusive equipment is only purchased if there is money left over in the budget at the end of the fiscal year. This is reflective of how the university budgets as well. At the higher university levels, the administration budgets a fixed amount of money to address ADA requirements and inclusive issues. Then, they try to use the surplus dollars, if any, at the

end of the year to chip away at those issues. Administrators did note, however, that the university will prioritize the ADA issues that are most urgent. Evidence indicates that inclusivity at the recreation center is not a priority in budgeting.

Another resource that is lacking due to financial constraints is an ADA compliance officer. According to the Director of Disability Services, an ADA compliance officer's job would be, "to oversee compliance, inclusivity, and moving those initiatives forward across all elements of the institution." He also stated the ADA compliance officer would have a budget and if the recreation center needed help purchasing inclusive equipment, the ADA compliance office can provide assistance. At other institutions, this position would also assess all university facilities, including the recreation center, and would look at how compliant each facility is to provide accommodations.

Another aspect they would oversee is any accommodations for employees, which as previously stated, the recreation center is unable to hire due to the building structure. Ben has been requesting the university add the position of ADA compliance officer for over ten years, but the university has failed to meet that need. He did mention that the university has their own method of assigning the ADA compliance role to someone on campus:

> We did have somebody for a while but that person didn't even know they were the ADA compliance officer because it was just another hat, another title that went along with the job, if that makes sense. It was our Director of HR and we had a complaint that was submitted one time that was from a prospective student, and so I took it to her (Director of HR) because our procedure was that the ADA compliance officer would investigate and have a written response within 14 days. So I go to this person and at the time she's like, 'I'm the ADA compliance officer?' Well that's what the policy says and she's like, 'I'm gonna have to check,' and went and

> checked with a few people and she's like I guess I am. So there's
> no training, no experience, no anything, but on paper they (the
> university) can say, 'oh yeah sure we have somebody,' but it was
> only for grievance procedures. They only looked at it as reactive
> for grievances instead of being proactive and addressing all of
> these things before they become a problem. (Ben)

The lack of an ADA compliance officer is illustrative of the monetary limitations and the

many inclusivity issues that have not been resolved.

Attitudinal Barriers

Aside from the current financial challenges, the attitudinal issues inhibit

inclusivity. This occurs on three levels: The administrators believe they have executed

everything they are capable of doing, the staff don't know how to be inclusive, and

finally the users of the facility are unaware of the issues around inclusivity.

Administration. As stated earlier, administration and the staff of the recreation

center are concerned with being inclusive, but they are nowhere close to being fully

inclusive. One administrator was uncomfortable with how oblivious they were to the

lack of inclusivity at the recreation center and how little thought has been put into

inclusivity, while the other administrator had the opposite reaction. The second

administrator believes the university is fulfilling its role in resolving the inclusivity issues

found in the recreation center:

> I don't think we have a negative reputation. I mean we certainly have
> some areas we need some work in, but you know I don't think it's one of
> those where it's like we are completely out of touch with what we're
> supposed to be doing. (Joe)

However, the second administrator stated that he is unaware of what issues actually

occur, "I don't know that we have identified the major challenges yet. So I've been here

three years now, I don't think we have said okay here's what needs to happen and now let's make it happen."

According to administration, discussing inclusion is uncomfortable in society therefore, no one talks about it. Instead, people become too comfortable leaving inclusion up to other's goodwill. The Vice President included, "Inclusion is related to sacrifice, people have to yield something and the issue is that no one wants to yield anything." With the contradictory perspectives of the two administrators, the absence of an individual overseeing the inclusivity aspect of the university becomes more pressing.

It is apparent there is no one on the administration staff mandating change and there is no governing body on campus that addresses accessibility and inclusivity. Administration mentioned they are unsure about how to staff the facility in order to make sure they are responsive and accomplish the tasks necessary. Currently, administration relies on those who report to him or her to identify the challenges, and there is no ADA compliance officer staffed on the campus even though the idea has been shared with administration for years. Some administrators do not exhibit any concern for inclusivity, and alternatively they delegate these issues to Directors. Because of this, the Directors also do not have the drive needed to make a change to improve the inclusivity:

> Some of the VP's don't seem to be trying to drive it in their divisions and I think that's where it fell apart because you don't have them driving it. They are just passing on information and the Directors are just like all this is passed on so there's no drive. You have goals for your department and you have a vision for your department and if someone's not telling you this needs to be a goal for your department, are you going to do it? (Ben)

In addition, people do not know how to handle diversity. The Assistant Director of the recreation center stated the administration at the university has a significant effect on

campus mood. As previously mentioned, there can be a lack of support from upper

administration, which adversely affects the thoughts and attitudes of the students:

> They [administration] don't put as much importance into it especially for
> the students. They might not see that and say 'oh upper administration
> doesn't care or the university doesn't care.' Their view is that their
> University doesn't care as much in this area and they can really see
> that. When it comes to certain topics like some of the inclusivity stuff and
> looking at those particular groups that you need to serve, if they don't
> know or don't have experience with those groups then they're not thinking
> about it. It's not on the forefront. They're thinking about stuff they know
> and things they have experienced so that's at their forefront. You know if
> the university came out and you had every VP that was strongly saying we
> need to be inclusive and doing things around our adaptive programming
> stuff and serving our students better, the students would know and they
> would know all these are things we're trying to do. (Ben)

Overall, this attitude is a waterfall effect. Administration believes they are doing

what they need to do although they have established they haven't identified the

challenges that exist, which could be resolved if the university employed an ADA

compliance officer to oversee the inclusivity elements. Without an ADA compliance

officer, it has been made clear that the inclusivity responsibilities then flow down to the

Directors. With this, the Directors then become unmotivated to handle these inclusive

issues because they are aware they will not be held accountable and understand

inclusivity is evidently not a priority to the administration and the university. This is

illustrated by the mere fact that a student in a wheelchair is currently unable to enter the

president's office, showing not only a lack of ADA compliance, but alone, inclusivity not

being a priority on campus.

Staff and Users of the Facility. The recreation center staff and users of the

facility also contribute to the attitudinal barriers found at the recreation center. After

interviewing both the full time staff and administration, it is clear they lack of experience

and knowledge about physical disability inclusion. As a result, their thoughts are not naturally oriented toward inclusion. Thoughts about being inclusive aren't on the student's minds with everything else happening in their lives unless they have a friend with a physical disability or have experienced a physical disability themselves. If people haven't experienced what it is like to be impaired, they are less likely to understand and be less aware of inclusivity for those with a physical disability. Ben revealed, "I think sometimes the biggest challenge that people have is not knowing what they don't know, does that makes sense? And so I think maybe there's a lot of people that aren't even aware of it." So if they don't know about inclusion, they don't know how to address, accommodate, handle, or create it.

The staff also lacks knowledge to help improve matters regarding inclusivity. Currently, there is not a designated staff member to oversee the adaptive and inclusive recreation services at the recreation center. There are also no trainings being conducted for the part-time staff members on how to be more inclusive or to help accommodate for those with a physical disability. According to the AIMFREE survey, there should be a designated staff member to handle the inclusiveness in the facility and all part-time staff should be trained on inclusivity. It also stated the staff members should be given resources in order to be considered an inclusive facility. One student with a disability voiced that when arriving at the facility during the day there were no trainers on staff at the time to help show him how to do any specialized exercises or to show him what equipment was available for him to use. Because the part-time staff was not trained, they also could not assist.

Further evidence of a poor attitude toward inclusivity comes from the failure to implement ideas to improve inclusivity at the recreation center. There are mixed beliefs within the staff about how to budget and spend funds for inclusivity. The Assistant Director stated his thoughts on how to spend the money toward inclusive expenses:

> It's like kind of the cost ratio of like what is it going to cost to implement this program and how many people am I really helping with it because you know if you spend $100,000 putting together the state-of-the-art equipment for a certain population and then you have two people that are maybe going to come use it once every third month that's not really a great way to look at how you're spending. (Ben)

For the Assistant Director, it is a matter of cost-ratio. He mentions it depends on the number of people the investment would be helping, which is inconsistent with the Director's beliefs. According to the Director, if money is being spent to help just one student, that student can benefit from the investment and that means the mission has been accomplished. To him, it does not matter the number of students it has benefitted, as long as there is at least one student benefitting. This discrepancy in perspective further paralyzes action on inclusivity.

Approach. The third aspect to the attitudinal barriers presented is the inadequate approach taken regarding inclusivity. The AIMFREE assessment states that an inclusive facility regularly reviews its inclusive status. An assessment of the current state of inclusivity of the facility has not been completed in years because there is no one assigned or scheduled to perform any type of inclusive or ADA assessment. At this recreation center, there isn't an individual assigned to assess whether or not the facility is ADA compliant, let alone assessing for the level of inclusivity. Even the Director acknowledges they have not conducted an assessment.

Not surprisingly, the approach to inclusivity is reactive instead of proactive. According to Ben, "There's been again a reactive approach in many respects to improving the inclusivity." He described a specific example:

> We did have a situation a number of years ago where the student front desk worker turned away a student with a service dog and said no dogs allowed in here, and so we could have got sued for that. (Ben)

In this instance, the staff was then trained after the incident occurred on how to address service dogs in the facility, but no training was given prior to the incident. When there is something such as an ADA issue at hand and it is brought to the staff and administration's attention, the university will then act on it. The Director noted the issue of being reactive evident:

> Part of the problem is that right now we are just kind of sitting back and waiting for those requests (accommodation requests) to come in as opposed to being proactive and identifying challenges that exist and creating a welcoming environment. (Jerry)

In relation to the environment, the staff is similarly reactive when attempting to improve inclusivity. This is contradictory to the AIMFREE survey that states an inclusive environment advertises and markets its accessible services. The part-time staff is trained only after an issue has occurred rather than before. An observation of the lack of proactiveness was found when examining the marketing in the facility. There are currently no inclusive marketing efforts made in the recreation center, and one reason for this is because the staff is unaware of how to market to those with a physical disability. The staff does not use the marketing budget to market to students with a physical disability, nor is there marketing to anyone in the facility educating patrons to be open and welcoming to everybody. There is nothing in the facility that helps educate

those who are able-bodied and those who have never spent time around individuals with disabilities on how to react and communicate with others. There is no marketing creating attitude and inclusivity resulting in a critical attitudinal barrier.

Social Barriers

Social barriers toward inclusivity emerge from these financial and attitudinal challenges. The recreation center is not a social environment for individuals with disabilities due to the inaccessibility of the facility layout and the scarcity of inclusive equipment. This results in individuals with disabilities not feeling welcomed by the space. If the facility isn't accessible to those with a physical disability, they have a difficult time meeting fellow classmates and building friendships:

> So if they were really thinking about it from an inclusivity standpoint it's not just about that one student, it would be how is this one student also going to potentially, positively impact all the students who aren't in a wheelchair? Just by having him in class, being able to go and visit, having those social gatherings, those late night talks in there in the dorm room, but if the person can't even get into anywhere else, they're losing out on all those opportunities and so are the people who are able bodied losing out on those experiences moving forward as well. They aren't getting it. (Ben)

This lack of inclusivity becomes circular in nature. Those who are able-bodied are not able to learn from, and interact with, individuals with disabilities. The barriers previously mentioned become more rigid in the minds of the different consumer groups. Both groups are affected in these lacks of social situations and this stems from the overall financial and attitudinal barriers faced at the recreation center.

Overall, the lack of inclusivity can be tied to financial, attitudinal, and social barriers. The lack of finances and poor attitudes result in the campus recreation center

being welcoming, but is not inclusive for those with a physical disability. These barriers

intersect at the equipment, staffing, space, and the comprehensive the approach taken by

all of those involved, adversely affecting the inclusivity at the recreation center. The

challenges not only affect those with a physical disability, but those who are able-bodied

as well. Administration believes they have fulfilled their role in resolving the inclusivity

issues found at the recreation center, and the results contradict these views. Although the

deficit of funds is viewed as an immense challenge, the attitudinal and social barriers are

exist on a predominate level.

Chapter 5: Discussion

The purpose of this study was to examine the value of inclusivity at the Student Fitness Center at one university. Results found that the recreation center lacks inclusivity. This lack of inclusivity results from three factors: the shortfall of financial resources resulting in inadequate equipment, the administration and staff's lack of knowledge about inclusivity, and the approach taken to address inclusivity measures combine to create financial, attitudinal, and social barriers. The following section will discuss the results found, limitations of the study, recommendations to practitioners, and future research to be conducted in the related field.

Facility Concerns

Literature has shown that a major problem with inclusive equipment is that often times only one piece of equipment is available while the rest of the population has numerous pieces of equipment to choose from (Rimmer, 2005). In comparison, this study found a lack of equipment available for use. There was one piece of equipment designed for those with mobility impairments, however, the equipment had mechanical issues and was in the corner of the recreation center. Having equipment segregated from the rest of the equipment is not an inclusive practice because it increases the space between those with and without physical disabilities (Lewis, 2003). Other studies have found that this is an ongoing issue throughout other universities as well (Lewis,

2003). Segregating equipment also increases the social barrier perspective. By isolating those with a physical disability, social interaction and acceptance decrease, which may occur at the Student Fitness Center based on the study's results.

One of the most difficult problems for individuals with disabilities is physical inaccessibility and the inability to use the built environment that is advertised as welcoming to them (Veselinova, 2013). A facility that is inaccessible to those with a physical disability is both against ADA standards and is highly exclusive. Results indicate this was the case here as the focus group in this study believed the built environment of the Student Fitness Center was inaccessible at some points. Results from this study showed that the walkways, restrooms, and doorways were found to be too narrow for a wheelchair, and the ability to use the equipment and to reach attached workout areas within the facility were hindered. Due to these multiple barriers, the recreation center is not inclusive contrary to their advertisement of being an inclusive department. Research has shown this to be an ongoing issue with recreational facilities as they advertise inclusion while the facility is inaccessible to those with a physical disability (Law et. al. 2007).

Financial Concerns

It is an administrator's role to be financially responsible for increasing inclusivity whether it is through facility expansion, additional equipment, or accessibility accommodations (Stoelzel, 2014). Studies have shown that one reason for the lack of inclusivity in recreation is due to insufficient budgets (Smith et. al, 2011). By not financially prioritizing inclusive practices, it will be difficult for institutions to reach a

respectable level of inclusivity in their recreation centers. The literature and results relate

as it was found that there was an inadequate budgeting process regarding inclusivity in

the recreation center. For this recreation center, there was not a set budget for inclusive

needs, but if there were additional funds, the money *might* be spend on strengthening the

facility's inclusivity. The lack of budgeting may be a result of the attitudes shown by the

administration and staff and how they prioritize inclusivity.

Another reason the Student Fitness Center is not inclusive is because it has not

followed recent regulations regarding the ADA. It is now recommended higher

education institutions designate an ADA compliance officer (Higher Education, 2017).

Clearly the results of this study indicate that this university does not follow this

recommendation as it does not have an ADA compliance officer nor any plans to add

one. This position is crucial to have on campus for numerous reasons. The individual(s)

would be responsible for ensuring the campus and the departments on campus are ADA

compliant, and avoiding potential lawsuits in this regard. This officer would also be a

fundamental resource for departments to enhance their inclusivity, including the

recreation center. The professionals operating the recreation center can consult with the

ADA compliance officer on how they can provide a better experience and create a more

inclusive environment for all students. An ADA compliance officer can also assist with

aspects such as marketing, researching inclusive and universally designed equipment,

accessibility issues, staff trainings, conduct regular assessments, and keep the recreation

center staff updated on all ADA changes that might affect the facility and the students.

They may also help with the recreation center professionals when budgeting for

inclusivity. They may have prior experience and they may also have funds available to

make these purchases as well. If this service were available at this university, the recreation center would likely become more inclusive.

Administration and Staff Concerns

According to the literature, administrators are the most influential people that directly affect the inclusion of those with a disability (Tripp & Rizzo, 2006). They do so in two ways. The first is that their knowledge leads to the presence or absence of inclusive practices at a recreation center. When administration are not aware on how to facilitate inclusivity, which leads to the lack of practices, or they simply have not chosen to use the inclusive practices in the literature (Devine & Kotowski, 1999). Leadership and staffing have a significant influence on inclusivity as the leaders are responsible for making inclusive decisions at the recreation center. In this study, it is clear that administrators have an affect on the operations of the recreation center. According to the results, their lack of interest inhibits inclusivity. The administration believe they are doing what they can to be inclusive, yet simultaneously they are unaware of how to become inclusive. Rather than taking the time to expand their knowledge on inclusivity, they delegate this responsibility to the department directors on campus, including the recreation center director. This is consistent with the literature that states this is a common issue amongst administrators (Schleien et. al., 2009). In this study, administration is unaware of both the issues arising and how to correct them, but they are not fully admitting to this. By transferring this responsibility onto the directors, this shows a lack of prioritizing with respect to inclusivity.

The second way administrators affect inclusivity is by setting an example for their employees. When an administrator provides verbal and tangible support (personnel, equipment, time, and space), employees will more likely follow the best practices for inclusion. Heightening the inclusivity at the recreation center can become prevalent only after administration demonstrates their full support (Schleien et. al., 2009). Without this showing of support from the administration, the chances of creating a more inclusive environment are diminished. As the results indicate, the recreation center staff and the students on campus are affected by the delegation of inclusive tasks. The staff is aware when the tasks are passed on to them, which shows that administration is not prioritizing inclusivity. The unintended consequence of this is that this attitude percolates from the full-time recreation center staff, to the part-time recreation center staff, to the students on campus. As the administration and staff begin to show less interest in inclusivity, the facility and students with a physical disability are negatively affected as we have seen from the results of the study.

Research has urged the provision of inclusion training for all recreation staff because it embeds inclusivity in the culture of the recreation center (Schleien, 2009). This study somewhat aligns with the literature in proving that training staff on inclusion is a critical step. Results identified interactions between a student with a physical disability and an untrained part-time staff member that were not inclusive in nature. Although this issue was addressed afterward, this reactive approach may have been avoided had the staff member received training. With proper training, illegal questions and unwelcoming conversations can be avoided. However, for staff training to

occur, the appropriate attitudes and actions for inclusivity must be present from the administration.

Another major task for professionals is to design policies and mission statements. Good companies align their practices with their mission statements. Furthermore, when inclusive facilities are an important goal, facilities must be designed with that mission in mind as well. Often inclusion is a part of campus recreation center mission statements, however actions of the recreation centers do not reflect these missions (Staeger-Wilson et al., 2012). There remains a strong disconnect between mission statements, the ADA knowledge of recreation center staff members, and accessibility practice (Saito, 2006). The results from this study directly reflect with the literature. During this study, it was clear that neither the university's nor the recreation center's mission statement matches their current practices. Both administration and the staff member's of the facility strongly believed in the idea of creating an inclusive environment and to service all students on campus, but results show that the recreation center is not an inclusive environment for all. There are numerous areas that need work in reference to inclusivity, however, there is a reactive approach when it comes to these practices. This was also evident based on the results. It is evident that administrators and staff do not act on the inclusive needs and instead voice promises that align with the mission statements.

Social Barriers

According to Veselinova (2013), students with a physical disability miss out on social interaction because the facility is not accessible or inclusive enough. This can have negative and long lasting effects on these students. Social interaction is vital for the

individuals' physical, mental, and emotional health. Based on the results from this study, the facility does not promote a healthy environment for social interaction. Students are not able to interact with their fellow students at the recreation center and therefore students reported feeling neglected or excluded. With the lack of accessibility and equipment currently available at the recreation center, the social barriers for those with a physical disability are increasing.

It is well-researched that social interaction and acceptance improve the lives for those with *and* without disabilities (Mahar et al., 2013). Due to the lack of inclusivity found at the recreation center, it may be difficult for able-bodied students and students with disabilities at this university to interact. Generally, students aren't making social connections unless they are in a place they feel comfortable. This recreation center was not a comfortable place for students with disabilities. The less that able-bodied students and students with disabilities are exposed to one another, the less they want to be exposed. Not only will these effects happen during their time at the university, this may also affect them throughout their life as they encounter other facilities and situations that are not inclusive. It is essential for staff and administration at institutions be aware of the overall effect not being inclusive can have on *all* students.

Limitations

Readers should carefully consider three limitations when interpreting the findings of this study. First, a possible limitation with this research was the sample size of the focus group. Only two students with a physical disability participated in the study. This may stem from the fact that the other students with a physical disability did not use the

recreation center or did not want to discuss their physical disabilities. Additionally, there were not enough diverse participants in the focus group. Of the two students in the focus group, only one had mobility impairments, while the other had a hearing impairment. Also, the viewpoints in the results mainly consisted of those from one participant with a mobility impairment, which does not represent multiple physical disabilities that are present on other college campuses. A second possible shortcoming of the study is the number of students on campus who have a recognizable physical disability. Although 8% of the student population have a disability, there are less that have a physical disability according to the Director of Disability Services on campus. It may be argued that the lack of inclusivity steers students away from campus and the Student Fitness Center because if students do not feel welcomed or comfortable in the environment, the likelihood of those students visiting the recreation center or coming to campus may be affected. Lastly, due to the fact that the researcher is employed at the recreation center, participants may have been more reluctant to discuss this topic at length. They may feel as if they cannot reveal their honest answers since they, too, work at the facility and have worked with the researcher. When working with fellow professionals, they will particularly be cautious of their answers as they may have a fear of being judged (Coar & Sim, 2006). Participants can also become relatively vulnerable as a result of the power relations (Brinkmann, 2007). The researcher does have power knowing how the recreation center operates, therefore participants may fear the researcher will exercise that power in unfavorable ways. Even though their identities are confidential, interviewees may also be hesitant to answer honestly with the fear of having their identities revealed (Silverman, 2016).

Recommendations for Findings

The goal of this research is to create change in the studied setting. As a result of investigating inclusivity at one recreation center, several areas of improvement emerged. The following six recommendations are offered to improve inclusivity at this recreation center and perhaps other recreation centers at similar campuses.

First, poor design of the recreation center was a clear concern in this study. Findings from this study suggest that this improved planning could yield a more inclusive environment. Based on this research, the Student Fitness Center needs to improve the layout of the facility. In order to layout a design that is inclusive, they should consult with students, professionals, and experts in physical disability inclusion during the planning process. This will ensure that those who will be utilizing the facility are supplied with the proper equipment and assistance needed during their time at the recreation center.

Second, the absence of an ADA compliance officer had a direct relationship to the lack of inclusivity and lack of drive to become inclusive. While it may not be required by law, best practices in the industry are for all universities to have an ADA compliance officer (Catlin, et. al., 2010; Higher Education, 2017). An ADA compliance officer will have the resources they need to ensure the development of ADA compliance and inclusivity. This position will also provide departments on campus with a resource when needing help with financial or knowledge issues concerning students with physical disabilities. If this institution wants to achieve its mission of being an inclusive environment, they will need to designate an ADA compliance officer. Having this

resource on campus can help ensure that ADA compliance laws are followed and a pathway to enhanced inclusivity is present.

Third, results indicated that there was a lack of funding and proper budgeting for inclusivity at this recreation center. In order for an inclusive environment to be sustainable, there must be sufficient funds in order to maintain the appropriate level of inclusivity. Budgeting for inclusivity must be included. In addition to the ample funds delegated to inclusivity, a budgeting strategy to support inclusivity should also be present. Such a strategy would feature short term and long term plans that are clearly established and funded. This can include budgeting for replacing equipment, maintaining equipment, additional staff trainings, assessments, and someone on staff to oversee this department within the recreation center.

Fourth, results indicated there were no assessments conducted to determine the level of inclusion at the Student Fitness Center. If these assessments are not completed on a formal and routine schedule, the awareness of the facility's ADA compliance and inclusivity decreases. This could put the recreation center in both legal and social peril because standards are constantly changing and professionals must be aware of these changes and update their facilities. A recommendation is to regularly administer assessments of the facility regarding ADA compliance and inclusivity. With the regulation of assessments, staff can continue to educate themselves on their facility and the status of inclusivity at their facility along with ensuring the facility meets the needs of all student groups on campus.

Fifth, it is clear there is a misalignment between the Student Fitness Center's mission and practices, therefore a recommendation is to be made that the mission be

taken through a strategic planning process. Strategic planning is a process organizations use to establish the sequence in which their goals should fall so their mission can be achieved (Delprino, 2013). In higher education, having a strategic plan may advance the institution toward a positive direction and help it achieve its goals and mission (Delprino, 2013). According to Bart and Hupfer (2004), a well-constructed mission statement can serve as a foundation for strategic planning. The outcome of the strategic planning process is to ensure policies and procedures align with the mission statement.

Lastly, it was found that there is not an inclusion training program for staff members at the recreation center. By providing the staff trainings on how to speak with, assist, and train those with a physical disability, the recreation center can become a more inclusive environment. These trainings will avoid legal issues, such as turning away patrons with a service dog as the study showed, and those with a physical disability will feel more welcomed coming into the recreation center. It is recommended that all staff members in the facility be trained on how to handle situations regarding inclusion for students and members who have a physical disability in order establish a welcoming and inclusive environment.

Future Research

There are copious amounts of literature on the importance of inclusivity in both campus recreation centers and other recreation related fields. It is also known that inclusivity is a common goal of many universities (Tienda, 2013). Even though these institutions claim to have an inclusive priority, there is little research examining whether or not these institutions fulfill their promises. Although both the university and the recreation center in this study highlighted the importance of inclusivity in their mission

statements, there was no accountability regarding whether or not they were upholding this idea. Future research should look into the number of universities that also make similar claims and whether or not they are fulfilling these promises. Prospective research should also look at how campus recreation centers fund, budget, and train staff on how to be more inclusive to look at the trends across the nation. This research should look at the in-depth details on how all campus recreation centers in the United States plan for inclusivity. This research will be crucial to see if trends similar to this study's results emerge or if this specific university is a unique case.

It would also be beneficial to have a governing body assist recreation centers with inclusivity standards. NIRSA, the campus recreation governing body could become more active in overseeing this aspect and holding responsible those institutions that claim to make inclusivity a priority. A way of doing this is having a reporting procedure in which campus recreation centers send a report to NIRSA that contains information on the assessments completed. NIRSA can also collaborate with campus recreation centers by educating them on how to properly plan to enhance their inclusivity in terms of designing, funding, budgeting, training, and assessing. Research to view these trends will be beneficial to all students.

Summary and Conclusion

The purpose of this study was to examine the value of inclusivity at the Student Fitness Center at one university, which made the claim of inclusivity as a priority. University administration, recreation center staff, and students with a physical disability were all interviewed and observed, and the AIMFREE accessibility assessment was

conducted at the facility. It was found that there were financial, attitudinal, and social barriers that cause the lack of inclusivity. Although the staff facilitated a welcoming environment, the facility itself was not inclusive. There was little space to navigate around the recreation floor, restrooms were tight, the staff was not trained, and there was an insufficient amount of equipment usable for those with a physical disability. Furthermore, administration felt they were executing the necessary inclusivity strategies around campus and the recreation center even though they also admitted to being unaware of how to coherently plan for inclusivity. It was also discovered that even though the deficit of funds is viewed as an immense barrier, attitudinal and social barriers exist on a predominate level amongst the full time staff, administration, and students on campus.

This study offers evidence that several types of barriers hinder the recreation experience for those with a physical disability. Physical activity is important for everyone's health, but if barriers to inclusivity are common across the nation, those with a physical disability could suffer significant health issues. This study encourages those who are employed at a campus recreation center to look more closely at their inclusivity. The planning and designing of campus recreation centers should be done with inclusivity in mind. There are proper ways to plan for inclusivity in these facilities, and the professionals responsible for the design and implementation need to be made aware of the process. Hopefully, this research can help motivate and show university administrators and campus recreation professionals how to accurately design, plan, and manage for inclusivity in recreation centers around the nation that will benefit students everywhere.

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APPENDIX A. POTENTIAL INTERVIEW QUESTIONS

Background Questions
- What is your official title on campus?
- Where did you go to school?
- What were your majors?
- How did you end up at this University?
- How are you involved with the Student Fitness Center?

Inclusive Knowledge
- How do you define inclusivity?
- How did you develop that definition?
- What is your background in working with inclusive environments? Facilities?
- What do you know about the current status of whether or not the Student Fitness Center is an inclusive facility?

Current Mission Statement
- What is the mission statement of the university?
- What is the mission statement of the Student Fitness Center?
- How has the Student Fitness Center and the university developed a mission that demonstrates an inclusive philosophy?
    - Who came up with the mission and what is that individual's background?
    - How is that mission being upheld at the Student Fitness Center?

Physical Disability Knowledge
- What is your definition of having a physical disability?
- How did you develop that definition?
- How many students on campus have a physical disability?
- What are the different types of physical disabilities that are represented on campus?
- How is the Student Fitness Center staff and university staff provided with training related to inclusion and working with people with disabilities? If so, who gets this training and who proctors and provides the training?

Inclusive Practices
- How are physical accessibility issues addressed at the Student Fitness Center?
- How have any department policies or procedures been adjusted to reflect inclusive service delivery?

- What strategies are used to evaluate your department's inclusive service delivery?
- How are inclusive services marketed, and to whom?
- In what way has your department designated any one individual to oversee inclusive service delivery? If so, what is the individual's background in inclusivity?
- In what ways has your department networked with any other agencies in developing, providing, and/or improving inclusive service delivery?
- If a group of students with physical disabilities came into the Student Fitness Center today, would you be confident in the facility's ability to host them?

Monetary Support
- In what ways has there been a need to create a budget for inclusive equipment and changes?
- Where are the funds supporting inclusion coming from? Are there line items for inclusion related expenses built into your department's budget, such as the training?

Future Plans
- What are your excitements or worries about making the Student Fitness Center an inclusive facility?
- What does the future hold for the Student Fitness Center in terms of inclusivity?

APPENDIX B. POTENTIAL FOCUS GROUP QUESTIONS

Physical Activity Participation
- Do you currently participate in any physical activities? Why or why not?
    - What are your reasons for doing (not doing) these activities?
- What are things or features that really help or make it possible for you to do these activities?
    - What are some barriers to doing these activities?
- What about these activities makes them valuable to you?
- What things have helped/encouraged you to participate in physical activity? Is it people, places, faculty, programming?
- How have they helped and why?

Inclusive Knowledge
- What is your definition of inclusion and how did you develop that definition?
- Do you currently participate in inclusive recreation activities? If yes, describe; If no, why do you not participate in inclusive rec programs?

Student Fitness Center Knowledge
- Have you ever been to the Student Fitness Center?
    - If so, when was the last time you were there? Is the Student Fitness Center a welcoming environment for you? Why or Why not? How trained were the staff to handle your certain disability?
    - If not, why have you not visited the Student Fitness Center?
- Did you go to the Student Fitness Center before you chose to attend this University?
- How would you rate the inclusivity of the Student Fitness Center in regards to physical disability inclusion?
- Do you have any suggestions for the Student Fitness Center in regards to inclusivity?