



## **Zooming in and Out of Programming: Considerations for Post-Pandemic Physical Activity Programs for Equity-Deserving Groups**

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*Researchers have found that physical activity is an effective health promotion tool due to its positive effect on wellbeing, however, despite the overwhelming evidence on the benefits of physical activity, many structural and systemic inequities exist that affect access and uptake particularly for women. These barriers have been exacerbated over the last few years as conditions surrounding the COVID-19 pandemic has made engagement in physical activity even more difficult for equity-deserving populations. Community organizations have reported an increase in gender-based violence and a strain on support services. In this qualitative research study, we present findings that demonstrated how COVID-19 complicated the delivery of in-person programs for equity-deserving populations. Using a feminist participatory action research approach, community-specific barriers to physical activity from the perspectives of individuals who deliver physical activity programming and social services to self-identified women were generated in three themes using thematic analysis: 1) Increased need, decreased services; 2) Online service provision was not effective for clients or providers; 3) Physical activity was not deemed an “essential service”- transitioning from survival mode to a new normal. Taken together, findings underlined the importance of effective and sustainable resources and strategies to improve access for equity-deserving groups to engage in physical activity programs.*

*Keywords: COVID-19 pandemic, equity-deserving, service providers, physical activity, social services, online services, trauma-and violence-informed physical activity*

The outbreak of the COVID-19 pandemic presented unprecedented challenges that disrupted numerous facets of life. Engagement in physical activity, an important health promotion tool, was particularly disrupted as lockdowns, social distancing measures, and the access and availability of spaces and programs for physical activity were severely impacted (Faulkner et al., 2021). Service providers were strained to pivot their services online to follow social distancing measures (Wilke et al., 2020), however, this presented barriers and additional stress for clients and service providers (Wood et al., 2022). Despite evidence demonstrating the positive physical and mental effects of physical activity (Rebar et al., 2015; Reiner et al., 2013), access to programming during the pandemic was reduced, changing the way in which individuals engaged in physical activity (Cheval et al., 2021). These challenges were exacerbated for equity-deserving populations - such as women, Indigenous peoples, people with disabilities and others – who often experience substantial, collective barriers in accessing resources and opportunities that create mechanisms of exclusion to access support, resources, and programming (Government of Canada, 2022). Indeed, the pandemic exposed significant disparities among equity-deserving groups, shedding light on the enduring injustices, discrimination, and racism faced by individuals with intersecting identities (Martinez et al., 2021). Although researchers have explored the delivery of services to marginalized populations within the COVID-19 context (Williams et al., 2021; Wood et al., 2022), there is a dearth of research examining the barriers to physical activity from the service provider perspective during the pandemic, particularly for equity-deserving populations.

## Literature Review

### Impacts of COVID-19 on Health Outcomes for Equity-Deserving Communities

In March 2020, the World Health Organization (WHO) declared the coronavirus disease (COVID-19) a pandemic (WHO, n.d.), drastically changing the lives of people around the world. While containment guidelines and restrictions were put in place to manage the spread of disease, these measures amplified risk factors for already vulnerable populations (Wilke et al., 2020) and inequities in the social determinants of health (Brakefield et al., 2022). Individuals and groups who are equity-deserving often face numerous stressors that contribute to inequitable access to healthcare, including: pre-existing medical conditions; lack of access to accessible and discrimination-free healthcare; living environments; and lower socio-economic status – all of which have been magnified during the pandemic (Lund, 2021). In times of crisis, marginalization and discrimination within educational systems, labor markets, and workplace environments are exacerbated due to limited resources resulting in fear (Kantamneni, 2020). These inequities were triggered during the COVID-19 pandemic as observed through the increasing unemployment and major economic losses (Kantamneni, 2020). In parallel, these inequities have increased susceptibility to COVID-19 outcomes such as socio-psychological, health, and economic burdens (Brakefield et al., 2022).

In addition to the increased inequities experienced by individuals, social service organizations also experienced significant stress as the need for services increased. Globally, domestic and gender-based violence (GBV) reports increased and intensified, leading researchers to label such increases in violence as a “pandemic within a pandemic” (Sri et al., 2021), a “shadow pandemic” (Parry & Gordon, 2021), and a “twin pandemic” (Dlamini, 2021). The

social and economic stress brought on by COVID-19 has increased the vulnerability of women by exacerbating pre-existing social norms and gender inequalities (Dlamini, 2021). Moreover, and considering the pandemic impacts, women with intersecting identities (e.g. women living in poverty, women of color, women who have immigrated, etc.) are at an even higher risk of experiencing violence (Dlamini, 2021). Women, who have been historically marginalized within the labor force, are particularly at risk of experiencing a differential impact of COVID-19 as they engage in childcare and household responsibilities more than men, subjecting them to additional strains while managing multiple roles and responsibilities (Kantamneni, 2020). Despite this increased strain, many women had severely reduced access to childcare options and services to alleviate this burden (Wilke et al., 2020).

### **Access to Services During COVID-19 for Equity-Deserving Groups**

The onset of the COVID-19 pandemic compelled those who deliver key services (e.g. residential care, family preservation, foster care, etc.) to vulnerable groups to significantly adapt their programs (Wilke et al., 2020). While clients experienced an increased need for services, they also faced new barriers to access as services providers were challenged with the social distancing protocols put in place with the pandemic (Wood et al., 2022). COVID-19 led to major transitions for organizations with a rush to adapt activities to be offered in virtual settings, amplifying stress in the home environment (Mazza et al., 2020) as well as the intensity of encounters with private partners (Jatmiko et al., 2020). Some women were targets for violence during quarantine, making the home environment a dangerous place for victims of domestic violence (Mazza et al., 2020). This was further complicated by the evolving and sometimes inconsistent public health guidelines (Williams et al., 2021). In parallel, many non-governmental organizations experienced decreases in funding support resulting in the inability to deliver adequate social services, especially to vulnerable populations who lacked access to technology (Wilke et al., 2020). The persistent lack of resources to support clients, including the lack of easy access to technology, created additional stress for staff and put frontline workers at risk for high levels of occupational stress, risking their own personal health and wellbeing (Wood et al., 2022). In a study by Williams et al. (2021) looking at the experiences of service providers who delivered intimate partner violence (IPV) care across different sectors during the pandemic, participants described their work throughout that time to be “overwhelming,” “exhausting,” and “gruesome” (p. 8). Many providers worked to fill gaps in service provision arising from the changes in IPV care and resources, resulting in workforce fatigue (Williams et al., 2021).

When planning and implementing COVID-19 pandemic recovery and response interventions, risk factors and vulnerabilities that differ across communities must be recognized and considered (Brakefield et al., 2022). While online programming can be convenient, Jatmiko et al. (2020) described an unintended consequence of using technology during the lockdown period - abuse towards women during COVID-19 may have been facilitated by technology, complicating the use of online programming. The authors demonstrated how social media has become a vehicle for online sexual violence through the rise in social media users and the escalating intensity of social media (Jatmiko et al., 2020). Wood et al. (2022) suggested offering a hybrid care model that could offer flexibility to tailor services to each client’s needs. Williams et al. (2021) suggested that moving forward in a post-pandemic environment, providers should continue to use creative approaches developed to provide safe and equitable services to

individuals who experience IPV, such as incorporating virtual interactions within care plans. Notably, all service changes should consider the well-being of both the client and the service provider (Williams et al., 2021).

### **Physical Activity During Pandemic Times**

Physical activity is an important contributor to positive physical and mental well-being (Rebar et al., 2015; Reiner et al., 2013). Yet, COVID-19 guidelines and restrictions put in place during the pandemic severely impacted the ways in which individuals engaged in physical activity. Globally, health authorities advised populations to practice social distancing and self-isolation regulations to reduce the spread of disease, which drastically changed daily life (Faulkner et al., 2021). Cheval et al. (2021) reported two ways in which the pandemic affected physical activity and sedentary levels: first, through the lockdown measures that restricted public movement and commuting; and second, through reduced inclination for individuals to leave the house in fear that they would contract the virus. Interestingly, while there were reports of individuals' increased sedentary behavior and decreased vigorous physical activity, researchers also reported an increase in time spent doing moderate physical activity such as walking (Cheval et al., 2021). In a review of scientific literature on recommendations of physical activity during the pandemic, Polero et al. (2020) concluded that physical activity such as aerobic, strength, flexibility, and balance exercises were recommended during confinement caused by COVID-19. Fearnbach et al. (2021) acknowledged the individual factors that affect physical activity during the pandemic such as living alone, loss of employment, COVID-19 related changes in income, and low household income. Of significant concern was low household income, which had a reported difference of 363 minutes/week between the highest and lowest income categories (Fearnbach et al., 2021), demonstrating how participation in physical activity was related to socio-economic status. Furthermore, a cross-sectional analysis of the relationship between physical activity and the mental health and well-being of adults in the United Kingdom, Ireland, New Zealand, and Australia revealed that participants who reported a decrease in physical activity behavior during the initial COVID-19 confinement period demonstrated poorer mental health and well-being when compared to individuals who reported a positive change or no change in their exercise behaviors (Faulkner et al., 2021). Although the positive effects of physical activity on mental health was well-established prior to the pandemic (Tao et al., 2022), researchers have affirmed the importance of physical activity for mental health – a relationship that is especially relevant in the COVID-19 context (Faulkner et al., 2021; Fearnbach et al., 2021; Marashi et al., 2021; Tao et al., 2022). Ultimately, researchers have found that sufficient levels of physical activity can help individuals cope with major stressful events (Cheval et al., 2021; Marashi et al., 2021), which needs to be considered when discussing public health guidelines for not only future pandemic(s) but for positive mental health and overall wellbeing more broadly.

Challenges to engage in physical activity brought forth by the pandemic also extend to include the devastating impacts on organized sports clubs and fitness centers as, in many instances, leisure facilities were the first to close and the last to re-open (Payne, 2021). Given the physical nature of their job, many physical activity providers faced unique challenges when trying to engage their clients in virtual programming, leading to more sedentary behaviors and mental health concerns (Faraji et al., 2020). Even when leisure facilities began to open and

clientele were craving social interactions, many individuals faced economic hardships and were not able to afford memberships (Payne, 2021), especially for those among marginalized populations. Payne (2021) recognized that the survival of many community sports and gyms may have been contingent on their ability to adapt to new regulations and whether they were able to offer enticing, affordable options. In their research, Thorpe et al. (2022) labeled fitness spaces as “riskscapes” due to these spaces prompting affective responses from women as they return to gyms and studios post-lockdown. They found that women have an array of responses that include both new fears and anxieties related to returning to indoor spaces and an appreciation to share movement in spaces for their wellbeing (Thorpe et al., 2023). As we move into a post-pandemic environment, re-imagining participation in physical activity for both participants and service providers is essential.

### **Physical Activity for Equity-Deserving Groups**

Researchers exploring physical activity for equity-deserving communities outside of the pandemic context have demonstrated disparities in access (Moore et al., 2008), engagement (Withall, et al, 2011), and health outcomes (Cleland et al., 2012). Structural and systemic barriers perpetuate these inequities by unequally distributing physical activity resources, thereby enabling socially advantaged individuals to be more likely to engage in physical activity, and less likely to experience adverse health outcome compared to their marginalized peers (Ball et al., 2015; Craike et al., 2018; Mendoza-Vasquez et al., 2016). Efforts to address these disparities require targeted community-based physical activity interventions created in collaboration with local organizations and service providers. Given the collective trauma experienced during the pandemic (Watson et al., 2020), providers who offer services to marginalized populations may benefit from engaging in trauma- and violence-informed (TVI) approaches to health promotion. Researchers have demonstrated the benefits of utilizing trauma-informed approaches to physical activity for populations who have experienced violence (Darroch, 2022; Gammage et al., 2022) and have called for these types of programs (Darroch et al., 2022; Pebole et al., 2022). Despite the health benefits of engaging in TVI programs (Varcoe et al., 2021), TVI health promotion strategies in the realm of physical activity are limited (Darroch et al., 2022). Trauma- and violence-informed physical activity (TVIPA) has been identified as a promising approach to developing physical activity programming for individuals who experience marginalization by accounting for the intersecting effects of systemic, structural, and interpersonal violence within all phases of program creation and implementation (Darroch et al., 2022). While there are some reports of engaging with this approach globally with physical activity providers, there are limited activity choices for participants and minimal shared practice strategies among practitioners (Darroch et al., 2020; Palladino et al., 2022). As such, there is a need for further research to explore physical activity programs that account for the additional complexities and ensuing impacts experienced by equity-deserving individuals.

### **Current Study**

While some researchers have looked at the experiences of service providers who deliver services to marginalized populations and survivors of IPV (Williams et al., 2021; Wood et al., 2022), our goal was to focus on community-specific barriers experienced during COVID-19. To our knowledge, barriers to physical activity during the COVID-19 pandemic have not been

explored specifically from the perspective of service providers who deliver physical activity and essential services to equity-deserving populations. This feminist participatory action research (FPAR) aimed to explore how COVID-19 has changed in-person programs for equity-deserving communities with a focus on physical activity given the mental health benefits. In addition, the goal of this study was to concurrently develop strategies to prioritize physical activity programming for equity-deserving groups.

## Methodology and Theory

This qualitative study is part of a larger, multi-phase, mixed methods research project aimed at identifying best strategies to integrate trauma- and violence-informed physical activity (TVIPA) programming for women who experience(d) violence. Our goal in this first phase of the project was to identify barriers to physical activity during the pandemic and to inform strategies to implement physical activity programming that best support equity deserving groups. This study is framed within a social constructionism epistemological perspective, recognizing that all knowledge is shaped by individuals and groups within a social context (Crotty, 1998). In alignment with social constructionism principals, we sought to understand the complex factors that influence engagement in physical activity for diverse populations from the perspective of service providers working within or in collaboration with partner organizations. The aim of this phase was to understand the current needs of partner organizations across three geographic and culturally diverse locations in Canada: Ottawa, Toronto, and Vancouver. Partner organizations involved in this project deliver a variety of services and programs with the commonality that they work with equity-deserving groups. Services delivered by partner organizations include counselling, residential services, food programs, child development programs, nutrition programs, as well as sport and physical activity programs (basketball, soccer, youth sport programs, etc.). To effectively engage with partner sites, it was important to utilize a methodology that prioritizes meaningful engagement. As such, we utilized an FPAR approach to promote collaboration and action-oriented elements in all stages of the research, while also foregrounding gender equity throughout the research process (Frisby et al., 2005). This approach creates a space for all individuals to understand and explain gender-based systemic biases within the context of the research (Gervais et al., 2018). Indeed, researchers have demonstrated that FPAR can be an effective methodological framework when working collaboratively with populations experiencing multiple marginalizing conditions including low-income (Reid et al., 2006), Indigenous status (Hayhurst et al., 2015), immigrant status (Frisby et al., 2007), and experiences of trauma (Darroch et al., 2022).

At the core of FPAR is the commitment to authentically engage with community members (Frisby et al., 2005; Reid et al., 2006). Importantly, including community members in the research process can facilitate more equitable decision making (Frisby et al., 2005; Reid et al., 2006) and address power differentials (Frisby et al., 2005). As such, we formed three community advisory boards (CAB) across the geographic locations comprised of community members, community partner representatives/service providers, and researchers to guide all aspects of the research process. The development of each CAB enabled community members and organization representatives/service providers to contribute collaboratively during the research process through guiding the recruitment process, co-creating data collection materials, and participating in data collection and data analysis while sharing their experiences with accessing

programs and services. The CABs met monthly on a rotating schedule to provide guidance for initiating and implementing the research. In the first monthly cycle, members met in-person at the partner site in their respective contexts and continued to meet bi-monthly. During the in-between months, all CABs across each site convened virtually using Zoom to discuss the unique challenges across sites. This pattern repeated for the duration of the study.

Consistent with FPAR principals, we employed an intersectional theoretical framework. Intersectionality is a concept that was developed by Kimberlé Crenshaw (1989) that recognizes that people's identities and social experiences are shaped by the interconnected nature of social categorizations such as race, gender, class, sexuality, disability, and other dimensions on identity. Utilizing intersectionality enabled us to obtain a nuanced understanding of the barriers to participation in programming and more specifically, physical activity programming, for equity-deserving individuals with intersecting identities. Abrams et al. (2020) highly endorsed the use of intersectionality in qualitative research to generate new insights and holistic representation of marginalized experiences. Moreover, this theory enables researchers to advance social justice by critically exploring access to essential and/or social services and how this may affect an individual's health.

## Methods

To begin, we conducted semi-structured interviews with service providers from community partner sites in Ottawa, Toronto, and Vancouver. The objective of this first phase was to better understand the current needs of the organizations, the ways in which the COVID-19 pandemic complicated the delivery of in-person programs to equity-deserving populations and assess the desire for and appropriateness of TVIPA programming. The aim was to concurrently address community-identified barriers to physical activity and to conceptualize potential programming for organizations to enhance access to physical activity programming. This research was approved by Carleton University's Research Ethics Board (CUREB-B 112643) and York University's Research Ethics Board (#2023-133).

We interviewed a total of 33 service providers from our partner organizations as well as from organizations affiliated with our partner sites. Service providers had diverse backgrounds and years of experience in providing services for various needs such as – but not limited to – mental health support, residential services, and physical activity/sport programming in Ottawa, Vancouver, and Toronto. Providers' ages ranged from 26-68 with an average age of 38.9 years. Of the 33 participants, 11 providers identified as men, 20 providers identified as women, one provider identified as non-binary, and one provider identified as gender nonconforming. In addition, service providers had diverse racial backgrounds including Black, Latino, East Asian, White, and Mixed backgrounds. To this paper, we will refer to this group as “service providers.” For deidentification purposes, we have assigned pseudonyms using a random name generator and broadly outlined what type of services they provide (see Table 1). To recruit participants, we relied on posters being shared through our partner organizations virtually and within their respective facilities and snowball sampling. We set the following inclusion criteria to participate in this study: speak English, be 19 years of age or older, and be an individual who works for an organization that provides care or services to equity-deserving individuals. When participants reached out to the researchers and expressed interest, we arranged an interview time that was

scheduled to be conducted either online via Zoom or in-person (location was dependent on the participant's preference) and sent a link to the online participant consent form, which was to be completed prior to the interview.

Examples of questions asked during the interview included: *Is physical activity a priority for your organization? Do you think trauma-informed physical activity programming would be (or is) beneficial for the clients at your organization? What are some of the ways in which COVID-19 has changed the way you work? How has your ability to offer physical activity specifically changed since the beginning of the pandemic?* To recognize the participants for their involvement, each service provider received a \$25 gift card. Each interview lasted between 30-60 minutes, was audio-recorded, transcribed verbatim, and accurately checked by the first author. All transcripts were sent to participants for verification. Three service providers made small changes to their transcripts.

## Analysis

To analyze the data, we engaged in Braun and Clarke's (2006) six-step approach to thematic analysis in combination with their updated approach to include reflexivity (Braun & Clarke, 2019). In the early stages of analysis, the authors familiarized themselves with the data by reviewing the transcripts. After reviewing the transcripts, all authors generated preliminary codes and descriptive data segments. Examples of preliminary codes included physical activity during COVID-19, COVID-19 challenges, online programming during pandemic, and return to play after pandemic. Then, we organized the data into potential themes. In the next step of analysis, the authors met to discuss and finalize themes. Once the themes were finalized, we defined and named the themes. To ensure co-production of knowledge, we presented our interpretation of the findings with each respective CAB (Toronto, Vancouver, Ottawa) to ensure it aligned with their experiences. Ultimately, we co-constructed three themes: 1) Increased need, decreased services; 2) Online service provision was not effective for clients or providers; 3) Physical activity was not deemed an "essential service"- transitioning from survival mode to a new normal.

Given the focus on gender equity throughout this research, as self-identifying women it was important for all authors to engage in reflexivity as our positionalities may have affected our interpretation of the findings during the data analysis process. All authors have knowledge and/or experience in gender equity research and TVIPA programming while collectively living through the COVID-19 pandemic and experiencing challenges associated with accessing programs and services. Authors two and three had young children at home and co-parented while also working full time during lockdowns and school closures. Importantly, while we all faced challenges with engaging in physical activity, we recognize the positions of privilege we hold that enable us to have access to resources that facilitate engagement. It was thus critical for us to remain cognizant of these preconceived beliefs by engaging in reflexivity throughout our feminist participatory action research process (Braun & Clarke, 2019; Frisby et al., 2005). According to Frisby et al. (2005), reflexivity is "about reflecting on power" (p. 381) and reflecting on the power dynamics that are present. By engaging with the CAB and involving participants through the review of transcripts, interpretation of the results, and informing this manuscript, we engaged in reflective practices that attempted to challenge power dynamics. In addition to self-reflecting, other



methods were employed by the authors to ensure we were putting “reflexivity in action” (Trainor & Bundon, 2021, p. 707). These processes included using a reflexive journal to promote introspection and to document and examine researcher’s own biases and reflections throughout analysis and mutual collaboration, which acknowledges the contributions of the co-authors and participants to the construction of knowledge (Trainor & Bundon, 2021).

Our analysis underlined the tensions experienced by service providers during the COVID-19 pandemic and the gaps in the provision of physical activity programming. Below, we argue the need for effective and sustainable resources and strategies to improve access for women to engage in physical activity programs.

## Results

The following results are organized around three themes. In the first theme, we focus on the increased need of services experienced by the service providers interviewed and the challenges in meeting these needs. The second theme is focused on the ineffective delivery of online programming throughout the pandemic. Finally, in the third theme, we explore the unessential-izing physical activity. Taken together, these themes highlight the need to improve access to physical activity for equity-deserving women.

### Increased Need, Decreased Services

All participants described the delivery of services throughout the COVID-19 pandemic as being challenging. As noted by several social service providers, organizations experienced many difficulties as they aimed to attend to their clients’ increased need for services while managing the evolving restrictions and guidelines. For example, and as Jordan asserted,

Having those isolation zones, lockdowns, kids not being able to go to school, we saw a really big increase in abuse and neglect against children, as well as intimate partner violence with the pandemic. There were more barriers, the need increased and there was an increased interest in accessing the services, but there were restrictions to then access these services.

For many organizations, COVID-19 brought gaps in their services to the forefront, including the inequities that many women face. Building off their previous comment, Jordan felt that working in their field was challenging from an equity lens,

It was hard because we provide in-person services. And so being really limited or restricted on who we could provide those services to ... I found really challenging for my work, in terms of like an equity standpoint.

Conversely, some participants felt that the need for services has always been present; however, the pandemic exacerbated gender equity issues and brought increased attention to GBV. Isabella argued,

I believe the need [for services] has always been there, but a change in focus on gender equity and an increase in the strength of the spotlight shining on this issue has brought to

the surface many issues that were bubbling below the surface of our society for a long time.

Indeed, attention to issues surrounding GBV increased globally. Along these lines, Erin acknowledged that providers are exposed to incidents of GBV regularly and that the problems women face have not shifted; however, the decreased access to programs and services within the community was problematic,

I was still dealing with the same number of people dealing with the same problems. And I could be biased too, because I work at a second stage housing for women fleeing violence, so obviously I'm going to have a higher number of people that I'm coming into contact with that are. What I will say is that there was definitely less community support because there's less places that you could go. There were less places that you could get away from that.

In addition to a lack of community support, Emma expressed that the first few weeks and months of the pandemic timeframe were especially challenging in Canada as there was confusion surrounding the government messaging, making it more problematic to deliver services. As Emma explained,

Particularly in those first few weeks, everything was pretty chaotic. The information that we were getting shared from the ministry and from the government was changing, sometimes hour to hour and day to day. In a residential environment, changing the rules of the house on people was creating a really high stress environment for people.

Even for providers, accessing services for their own personal health and well-being was a struggle, which impacted their ability to deliver services. Jordan expressed their difficulties when not being able to incorporate physical activity into their daily life,

Before, I was super into the gym and yoga, and then those things were not available anymore at the start of the pandemic. And then it was also the fear of how [COVID-19] is being transmitted early on. The shutdowns and isolation just kind of slowly eroded the physical movement components that I was incorporating in my daily life. It was a bit of a quick taking away, but then it was a bit of a slow erosion because it was like "maybe next month they'll be open again." ... And then, all of a sudden, my options were to walk outside but then being outside was scary. And so not having access to those services definitely impacted my mental health and well-being.

Taken together, the COVID-19 pandemic had severe consequences on in-person programming and services for clients and service providers alike. Most providers experienced increased demands for their services, and many felt that the pandemic especially further exacerbated gender inequities for women.

### **Ineffective Online Service Provision: Challenges and Tensions for Clients and Providers**

Service providers unanimously expressed the difficulties with shifting to online programming as guidelines and restrictions limited in-person options. For example, Cameron described these challenges regarding providing physical activity programming,

In the beginning, when it was fresh and it was new, online provide[d] an opportunity to still access programming and still get people moving. And then after a while, it just became redundant where folks were itching to get back to in-person programming where they can interact again. There's only so many kids that want to throw a sock into a laundry hamper ... they actually want to play basketball.

Participants across engaging in both types of service delivery recounted a definite “decrease in attendance to all programs”, as Isabella remarked. The decrease in program attendance was particularly problematic for organizations whose funding is contingent on participation and numbers. As Jordan eloquently stated, “it was hard too because, on the agency side, here we are trying to get numbers for our funders and try[ing] to say that yes, we still need this funding to provide these services.” As described by Emily, many social service and physical activity organizations were forced to be creative in their approaches to maintain funding, including online activities,

We worked with a lot of these community partners, but certainly COVID-19 itself unfortunately hit us as well. That's where the funding gets a little dicey and forces us to be a little more creative in how we can still provide these affordable events and programs while still having to manage our own budgets.

While being creative and shifting to online programming resulted in allowing participants to continue engaging in activities from home (albeit in much lower numbers), it required extra resources to which many organizations did not have access. Emma drew attention to these issues,

For the first couple weeks that we were doing it [the program] online. I was like, we have to just completely shift what we're doing until we find a way to get people program materials to their door. But that took extra funding, extra staff time, extra preparation. There are programs that we shifted to, like filming in advance and posting online and then delivering people program materials so that they can follow along. Service providers specifically noted the challenges that women experienced when

balancing online programming with responsibilities at home, such as caregiving. Lewis emphasized the difficulty of providing services to mothers,

The downfall in the long term was everyone was Zoomed out or participants started dropping off. It was just too much, too long for them. It's not the same as being in a room physically with somebody. Learning different things where you're at home, on your phone, or on their computer doing a Zoom call and your mind wanders or you're in your own place. The kids are right beside them. They [women accessing services] didn't have childcare for them.”

Lewis identified the lack of childcare as “the biggest hurdle that [they] had to go through.” Jordan added to this discussion by expressing their concerns over unsafe spaces for women accessing programming,

One person might be more able in terms of being able to organize their home life, right? Like, OK, I’ve got this virtual group from five to seven. I need to make sure that baby is fed by whatever time, that so-and-so knows I’m going to be doing this group. And it was just really challenging, right? Because creating that safe space, that trauma-informed space, is so important. Then now when you have everybody kind of through a screen, maybe a home environment isn’t safe and then trying to talk about like stress management, coping strategies, is a bit of a moot point.

Providers also experienced difficulties of their own when offering services. Erin offered an example of what working during the pandemic was like for them,

For people who do have access to Internet and a computer, you can do it wherever you are. ... For me, that was pretty helpful. But, as you can probably hear in the background right now, I have crying kids in the other room and another kid knocking on my office door. And, so, I don’t get the same benefit.

As expressed by Erin, there are concerns about the difficulties (e.g. access to technology and safe spaces) experienced by clients; however, providers also experienced challenges in offering uninterrupted care. Many providers who deliver emergency services, including Jolene, detailed how pivoting away from in-person programming was especially difficult,

It’s definitely hard because we were so used to immediately going to help the person in distress. [...] We’re like, OK, so we have to do this from six feet away or we have to do this over the phone. It’s not as, in my opinion, effective if somebody is in distress over the phone and you just be like, “oh, just come in, we can help you. [...] Unfortunately, you can’t come in because COVID-19 is a thing.”

Alice felt similarly in that providers were missing the opportunity to build connections with program participants through movement, especially in physical activity-focused spaces,

My reason for getting into this industry [sport] is the connections you build. And I think that was very difficult to build online. You can’t build connections - they’re not really deep. I think they're surface level.

Ultimately, providers felt that program participants were experiencing “Zoom fatigue” and that continuing with online programming took extra resources that were either unavailable or were not sustainable. Moreover, providers themselves were facing challenges in delivering programming as they too struggled with the challenges of working from home and building meaningful connections with their clients.

### Unessential-izing Physical Activity: Transitioning from “Survival Mode” to a New Normal

Despite best efforts to pivot all programming online, for most providers, physical activity was not a priority, and the resources of organizations and service providers were drawn to other needs. Mark described their experience in speaking with community members and other service providers about their struggles during the pandemic,

I was in a meeting with youth and with a lot of service providers, and they said that the priority was employment and food. And it makes sense because when you're in survival mode, when all these services are cut, you need money, and you need food. It's hard to even concentrate online if you're hungry, right? If you're a family that's struggling to make ends meet, the food bank wasn't enough for them. So physical activity wasn't even a priority during the pandemic.

Dylan shared the same sentiments as Mark, and interestingly commented on the need for programming related to food. Dylan described where their organization directed their efforts,

During the course of a pandemic, much of our focus went towards the real, tangible needs of families and communities. We were working with people to deliver food baskets and finding ways to get technology to people so they can participate in online school, like those real like nuts-and-bolts things that people were struggling with. Because yes, we can provide some fun online physical activity videos or resumes or whatever it might but during the pandemic, I would say the majority of our focus went towards one of those stand out things that are tough for families and members and communities right now and putting our efforts towards that.

For organizations who focused on women's only programming, providers felt that re-starting the programming after the restrictions were lifted was a lower priority despite vested interest from program participants. Erin explained these challenges,

It [COVID-19] shut down all physical activity programming that was for anyone facing barriers and a lot of [these programs] have not restarted. We were doing boxing programs, but after the pandemic, that never restarted, and it could have restarted. There was definitely a desire for it. But the programming for moms never restarted ... And then I think it just became a lower priority for a lot of organizations because [there were] so many [other] immediate needs. They just had to pivot so quickly to change the way that they were meeting those needs that the physical activity programming ... was out the window.

Interestingly, many providers did not make direct links to physical activity and positive mental health. For example, Emma stated, “I think it [physical activity] gets a bit pushed to the wayside in favor of mental health.” Isabella, on the other hand, was among the participants who viewed physical activity as a preventative measure rather than being adjacent to care,

When they [program participants] are living in another shelter or hotel, they need to focus on essential needs for survival – finding shelter, food, legal support, physical health and

mental health services. When an individual has urgent needs, the concept of accessing programs that address more of a preventative aspect are not as much of a priority. As the restrictions and guidelines related to the COVID-19 pandemic loosened, service

providers noted that the needs of participants were transitioning. Charlotte explained,

There was an increased need there [during the pandemic] especially, and a lot of it was an increased need for basic needs like food security, the social determinants of health, ... Ontario Works support, things like that. I think it's slowly starting to dwindle a bit. The need has kind of transitioned. It's less so like filling those basic needs, whereas now it's more, I would say, like higher level needs.

While physical activity was not deemed a priority during the pandemic, the interest in engaging into these types of "higher level needs" programs are increasing. After conducting a needs analysis for their organization, Charlotte identified the current needs of participants, including the deviation from online programming and the interest for in-person programming again,

Towards the end [of the pandemic], a lot of the comment's clients were making [included] that they just wanted more in-person programming, which is interesting because, at the beginning, a lot of them mentioned that they liked the flexibility of virtual programming.

The repercussions from the pandemic led service providers to focus on the immediate concerns of clients, noting that physical activity as a lower priority. Now, as we enter a "post"-pandemic environment, providers and organizations are focusing more on physical activity, as noted by Mark, "post-pandemic we're looking at how to reintegrate kids, families, and individuals back into physical activity." However, a consequence that some providers have observed "post-pandemic" is a decrease in female participants. Henry highlighted this issue,

If] we look at pre-pandemic levels of participation, we were close to 50/50 between boys and girls and now we're seeing closer to 60/40, potentially even greater than that split. There are definitely going to be impacts when it comes to looking [at] sport participation down the road and talk[ing] about drop offs and the benefits that physical activity can provide to women and girls. We need to refocus and really bring that cohort, that group of girls, and try and find ways to reconnect them to the opportunities that exist within neighborhoods, within their communities, and bring them back in.

Although we are seeing a shift back to pre-pandemic attitudes, physical activity providers such as Emily noted the importance of public health guidelines moving forward,

I think there's basically no way that we're ever not going to consider public health. Obviously public health is a concern, but when you're working in sports events, you're definitely focusing on the physical injuries, not the autoimmune injuries or afflictions. So that's going to have a greater impact. One of the big things is going to be what the programming is with the pandemic.

As restrictions and guidelines loosen, and as we move into a post-pandemic environment, creating opportunities for women and girls to engage in physical activity will be crucial so that they may reap the positive mental health benefits. Moreover, these results underscore the need for providers to be intentional in creating physical activity programs using trauma- and violence-informed approaches that are specifically designed for equity-deserving groups.

## **Discussion**

The COVID-19 pandemic has presented unique and unparalleled challenges for service providers across various domains, including the provision of sport and physical activity programs. In this study, we examined how service providers creatively navigated these challenges in their day-to-day lives and explored the critical implications of their maneuvering for sport and physical activity provision in Canada. Our findings add to the existing literature by expanding on the work of scholars who have examined similar topics. Below, we outline how our findings build on, and extend, the work of other scholars who have engaged with similar topics. We then provide insights into how these findings can inform future policies and practices in the field.

The findings in this study make important contributions to the literature surrounding the experiences of service providers working with equity-deserving communities and the ability to engage in physical activity programming during the COVID-19 pandemic and as restrictions loosen. While previous researchers have captured the experiences of frontline service providers who deliver services to survivors of intimate partner violence and vulnerable families (Wilke et al., 2020), our research extends the literature in this area to include the experiences of service providers who work with equity-deserving populations who offer programming through both essential social services and physical activity programs. Notably, the results outlined in this paper reveal the paradoxes of provision experienced by service providers who faced an increased need for their services during the pandemic, but who – at the same time – were simultaneously constrained by the guidelines in place that restricted their in-person services and their personal circumstances. These pressures were further complicated by the lack of technology for clients to access online programming, and the lack of staff time and resources required to deliver online programming. Physical activity and essential service came with a unique challenge, involving a dire need to pivot programming provision to meet the needs of clients in ways that aligned with the numerous restrictions in response to the pandemic.

## **Service Provision During the Pandemic**

The COVID-19 pandemic significantly impacted the provision of in-person services. Collectively, all service providers in our study working with equity-deserving individuals and groups identified an increased need and a decreased ability to offer services. This is nothing new or locally distinct. Internationally, other researchers have reported similar findings (Williams et al., 2021; Wood et al., 2022). While pivoting service provisions to online platforms did provide a mechanism by which clients could access services, many organizations were left to rely on creative approaches to keep the interest of their clients and to appease their funders. Although using online services was an attractive option at the beginning of the pandemic, providers unanimously reported an overall decrease in numbers as participants began to feel “Zoomed

out.” This finding has been confirmed by other recent studies that highlight the gendered impacts and digital (dis)connections of virtual sport and fitness sector provision (Thorpe et al., 2022). In instances where providers in this study delivered essential services, the COVID-19 safety measures and social distancing requirements were increasingly problematic as it was challenging to support individuals in distress over the phone or from six feet away. Similarly, these barriers also prevented physical activity providers from building deep, meaningful connections through sport. Not only did the pandemic present challenges for clients, but it also limited access to essential services for providers themselves, which, as found by Williams et al. (2021), can lead to fatigue and other health challenges that may affect a provider’s ability to deliver services. The service providers interviewed have diverse lived experiences and identities that have shaped their experiences during the pandemic. Many providers identified as being embedded within the communities in which they work, demonstrating their deep understanding of the issues presented in this study.

Importantly, our use of an intersectional framework allowed us to shed light on the inequities in access to programs experienced by equity deserving groups because of multiple social categories. Specifically, many essential service providers noted an increased need in services for women. These findings are consistent as increased reports of violence against women has been reported internationally (Hsu & Henke, 2021) resulting in researchers labeling the increased violence as another pandemic (Dlamini, 2021; Parry & Gordon, 2021; Sri et al., 2021). Most participants felt that there was an increased need for services, however, there were a few participants who felt that the need has remained consistent and instead there has been increased attention to GBV. Essential service providers discussed at length what they described as a gender equity issue when accessing services. Participants in this study felt that women often assume most childcare duties and thus experienced even greater barriers to accessing online services. Through an intersectional lens, we can recognize a women’s role in a family/partnership (e.g., child, mother, grandparent) and consider the dynamic interplay of multiple social oppressions that affect a woman’s experience and agency in accessing physical activity. Traditional gender roles may dictate the perceived appropriateness of engaging in physical activities, which can also intersect with race and class to intensify these expectations. In addition, women from different racial and ethnic backgrounds may face unique cultural expectations that can influence their engagement in physical activity. These social oppressions interact and can greatly impact access and participation in physical activity which must be considered when creating and implementing programming. Although physical activity providers didn’t comment on an increase in violence, likewise they noted the lack of participation of girls in their programming when compared to pre-pandemic levels, illustrating gendered impacts of the pandemic. These results point to a need for an intersectional approach moving forward. Given the insights gained from service providers’ experiences during COVID-19 in this paper, enhancing policies and practices to better support equity-deserving populations is critical.

### **Physical Activity Provision**

The guidelines and restrictions in place during the pandemic made it difficult for clients to access services and programming, and for organizations and providers to offer physical activity programming. Despite the overwhelming evidence on the benefits of physical activity (Rebar et al., 2015; Reiner et al., 2013), engagement in physical activity during the pandemic



was mixed. While there were some reports of increased levels of physical activity (Cheval et al., 2021), from an intersectional perspective, providers in our study identified the additional barriers for marginalized individuals, including access to the resources required to engage in physical activity such as access to equipment and technology. Fearnbach et al. (2021) noted the complexities of engaging in physical activity for “highest risk” individuals who experienced the greatest reduction in physical activity, including those with lower income. While the researchers highlighted protective factors to reduce the decline of physical activity such as purchasing home-based equipment (Fearnbach et al., 2021), Bandara et al. (2021) added that low socio-economic status (SES) individuals may not have the resources required to engage in these solutions. Instead, they highlighted alternative strategies suggested by Jurak et al. (2020) such as skipping and climbing stairs to engage in exercise to reduce the inequitable effect on physical activity levels for low SES community members. In their review of literature looking at physical activity recommendations, Cheval et al. (2021) found that participants spent more time walking; however, this does not account for those who may not have the time or feel safe in their communities. The use of intersectionality theory is important when discussing physical activity as it illuminates the need for a nuanced understanding of how intersecting factors, such as SES, can create unique challenges for individuals which must be addressed when creating and delivering accessible physical activity opportunities.

Interestingly, service providers pointed out how physical activity got “pushed to the wayside” in favor of mental health even though the connection between physical activity and mental health has been well established (McKeon et al., 2022), particularly during the pandemic (Cheval et al., 2021; Faulkner et al., 2021). Especially at the beginning of the pandemic, the priority for services shifted to employment, food, housing, and mental health services, among others. As the restrictions loosened over time, attention appeared to be gradually focusing more on physical activity and how to reintegrate activities that were available pre-pandemic. Although the attention is continuously shifting, Emily felt that there will always be some consideration of public health in the realm of physical activity and sport moving forward. Notably, the first two themes included discussion from many essential/social service providers compared to physical activity providers. This can be attributed to the lack of ability to pivot physical activity programming online, and the increased focus on essential needs. Throughout the pandemic, physical activity was an underutilized tool that we need to consider more closely as we move forward in a post-pandemic environment to reduce barriers to participation in programming, and to address issues related to the collective trauma experienced during the pandemic (Watson et al., 2020).

Primarily, our focus of this FPAR research was to understand the provision of services during the COVID-19 pandemic from the perspectives of services providers to strategize ways to move forward to support equity-deserving communities in engaging in physical activity through an intersectional lens. In line with an FPAR approach the findings from this component of the larger, multi-stage project have identified important areas of action and will inform the ways in which we conceptualize sustainable and effective physical activity programming with our partner sites. Reid et al. (2006) defined action as a process in which researchers take steps to change circumstances. As such, initial conceptualization of programming included online programming, however, our findings demonstrate the desire for in-person programming and limited success in online delivery during the pandemic and lockdown periods. In addition, our findings have also

reaffirmed the need to prioritize programming for women and girls as providers are noticing a decrease in engagement compared to pre-pandemic levels. To provide services for individuals who experience multiple intersecting identities, it is crucial to tailor programming to the specific contexts and populations for whom the programs are intended. As such, utilizing an intersectional lens will be essential to maintaining our focus as we progress towards creating action and change through the co-creation and co-development of programming. Similarly, it is important for organizations to ensure they are considering intersecting identities to understand workplace dynamics and to create inclusive and diverse work environments for service providers. COVID-19 has served as an important opportunity to make long-term structural changes and to re-imagine what equity and access to services can look like (Loeb et al., 2021), especially for women. Indeed, resources, such as increased training, financial support, and increased opportunities to develop supportive partnerships and networking among service providers, needs to be prioritized to better support organizations and service providers who can then support women and other equity-deserving individuals. While partner organizations are still recovering from the immense strain of the pandemic on both staff and resources, there is a heightened sense of the importance of helping clients deal with the collective trauma of the pandemic. Loeb et al. (2021) called for structural, professional, and individual changes to address health inequities for marginalized populations as returning to the norm is “simply not enough” (p 63). Through TVIPA, service providers are called to consider individual, institutional, structural, and systemic issues (Darroch et al., 2022) that have been highlighted during the pandemic making this approach to programming an appropriate pathway forward.

### **Limitations**

The limitations of this study must be considered. Importantly, this paper focuses on the perspectives of services providers. Although future phases of this multi-stage research project will focus on the experiences of community members during the pandemic, their perspectives are nonetheless missing from this paper. In addition, this study includes the views of service providers in two different sectors. While providers had diverse backgrounds and training in physical activity and/or social services, they all share important commonalities, such as the interest in engaging in approaches to better serve equity-deserving women. This work doesn't conflate the two experiences but rather demonstrates the common interest in creating accessible programming. It is also important to note that this study includes pan-Canadian perspectives. Data was collected from providers from three unique geographic areas across two provinces. Throughout the pandemic, COVID-19 guidelines and restrictions varied provincially and thus could have had different impacts on programming. In general, at the time of interviewing, most provincially mandated restrictions had been lifted, however, some providers and organizations maintained COVID-19 restrictions at an organizational level. Nonetheless, including perspectives from across Canada provided an important opportunity to obtain perspectives nationally.

### **Conclusion**

The findings presented in this study add a nuanced perspective to the expanding body of literature focusing on service delivery during the COVID-19 pandemic (Thorpe et al., 2022; Wilke et al., 2020; Williams et al., 2021; Wood et al., 2022) by addressing questions related to

physical activity. The findings presented highlight the complexity of delivering services to equity-deserving populations, the gendered impact of COVID-19, and the prioritization of different services. Central to this discussion are the tensions between the increased need of “essential services” such as employment, food, and shelter and the decreased access to services for clients due to guidelines and restrictions that were in place throughout the pandemic, including access to physical activity programs and resources. Despite providers pivoting their services online to the best of their ability, organizations ultimately experienced decreased participation which has had serious implications for the organizations. Interestingly, there was limited direct connection between physical activity and mental health by providers, which serves as an important opportunity moving forward in this study to encourage physical activity within our partner organizations who focus on social services. Ultimately, these findings serve as an impetus to consider how physical activity programming can be re-envisioned to support equity-deserving populations with intersecting identities and, more specifically, how trauma- and violence-informed physical activity can be utilized in conjunction with usual services to better support these populations.

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