Annals of Tourism Research 77 (2019) 38–48

Contents lists available at ScienceDirect

Annals of Tourism Research

journal homepage: www.elsevier.com/locate/annals

Social tourism and well-being in a first nation community

Joanne Pyke[a,*], Sarah Pyke[b], Richard Watuwa[c]

[a] Organizational Management, Shannon School of Business, 563.1203, Office: SB222, 1250 Grand Lake Rd., Sydney, NS B1P 6L2, Canada
[b] VP Marketing, Harbr Inc., 1505 Barrington St., Halifax, NS B3J 3K5, Canada
[c] Financial and Information Management, Shannon School of Business, Office: SB121, 1250 Grand Lake Rd., Sydney, NS B1P 6L2, Canada

ARTICLE INFO

Keywords:
Social tourism
Subjective well-being
First Nations
Social policy

ABSTRACT

This paper examines the effects of social tourism on a First Nation community. Hypothesizing that social tourism promotes self-reported subjective well-being (SWB), we conducted an experiment to analyze the SWB effects of a one-day trip on low-income families from a First Nation community. Confirming our hypothesis, results show improved SWB mean scores in four of six domains: namely family relations, social life, material well-being, and leisure. Results also demonstrate that SWB effects are shaped by gender and age. These results have significant implications for policy related development, particularly in regard to First Nation and low-income communities. Moreover, this study is the first to apply social tourism theory to a First Nation community, making its results and implications unique.

Introduction

Tourism provides individuals with the opportunity to mix and mingle with people of different incomes, education levels, and social status while learning about various cultures, thereby contributing to their personal and social development (McCabe & Johnson, 2013; Minnaert, Maitland, & Miller, 2009; VisitBritain, 2010). Involvement in social networks and relationships is beneficial to an individual's physical and mental health as it boosts immune systems (Pressman & Cohen, 2005), decreases cardiovascular disease and the damaging effects of stress (Seeman, Berkman, Blazer, & Rowe, 1994), supports behaviors that contribute to individual health (Kinney, Bloor, Martin, & Sandler, 2005), improves self-esteem (Cornman, Goldman, Glei, Weinstein, & Chang, 2003), reduces the risk of death and increases the quality and length of life (Glass, de Leon, Marottoli, & Berkman, 1999). Moreover, tourism gives individuals the chance to understand different ways of life and acquire new knowledge, including that related to culture and history (Wellness Tourism Worldwide, 2011). This type of learning lends itself to an overall awareness of humanity, helping individuals realize their role in society and contributing to their social and intellectual well-being (Wellness Tourism Worldwide, 2011).

Advancing this notion, Higgins-Desbiolles (2006) suggests that while tourism is often viewed solely as an industry, it actually constitutes an important social force that can accomplish essential goals for all of society and humankind. Other studies confirm this belief by demonstrating the positive impact of tourism on an individual's "social and community networks"—a key element in the main determinants of health. Indeed, relatedness and social support are important contributors to an individual's well-being (Deci & Ryan, 2002), and research suggests that leisurely activities—like tourism—provide social support and foster the environment necessary to form close relationships and friendships (Nawijn & Veenhoven, 2011). Tourism provides a space in which one can self-develop and experience a heightened level of self-esteem (McCabe & Johnson, 2013; Minnaert et al., 2009; VisitBritain, 2010). It plays a role in the personal and social development of individuals, providing opportunities to interact with those from different

* Corresponding author.
E-mail addresses: joanne_pyke@cbu.ca (J. Pyke), sarah@harbr.com (S. Pyke), richard_watuwa@cbu.ca (R. Watuwa).

https://doi.org/10.1016/j.annals.2019.04.013
Received 8 May 2018; Received in revised form 13 April 2019; Accepted 16 April 2019
Available online 28 May 2019

cultural backgrounds and broadening their base of knowledge (McCabe, 2009).

Social Benefits of Tourism

Tourism plays a vital role in contributing to one's social and family capital by providing an outlet for relationships and friendships to grow and blossom. By exposing travellers to new experiences, tourism can positively effect tourists' well-being, expand their knowledge and enhance their overall functioning (McCabe & Johnson, 2013; Wellness Tourism Worldwide, 2011). People who are more socially connected to family, friends and community are happier, physically healthier and live longer than people who are less well connected. Minnaert et al. (2009) demonstrate that tourism enhances both family and social capital. In their study, tourists expressed an increased level of self-respect and confidence, networking, and proactive performance.

Gilbert and Abdullah (2004), suggest that taking a holiday represents a break from normal life, in an environment lacking regular challenges by low-income groups and that the experience changes the usual levels of well-being for social tourists. Research indicates that those individuals immersed in social networks and relationships have a higher degree of health and well-being than those who are not, particularly in elderly people (Hemingway & Jack, 2013; Fioto 2002). McCabe (2009) and Sedgley, Prichard, & Morgan (2011), propose that social tourism can have a positive impact on the well-being and social interaction of individuals, especially the elderly.

Leisurely activities—like tourism—provide social support and foster the environment necessary to form close relationships and friendships (Nawijn & Veenhoven, 2011). According to Deci and Ryan (2002), relatedness and social support are important contributors to an individual's well-being. The negative health effects associated with loneliness and social isolation have become a pressing concern around the globe (Hemingway and Jack 2013). In addition, social isolation not only negatively impacts an individual's mental health, but, is also detrimental to one's physical health (Waldinger 2016). On the contrary, the involvement in social networks and social relationships is very beneficial to one's physical and mental health (Waldinger 2016). According to Neal et al. (2004), satisfaction with family and social relationships is improved as a result of travel therefore tourism can help alleviate social isolation and increase social connectivity in people's lives.

Social tourism and Aboriginal communities

Although social tourism can be traced back to the beginning of modern tourism, it has received little consideration in the past from academics; however, over the last 5 to 10 years an increase in research on social tourism isssues has emerged (Diekmann & McCabe, 2011). Social tourists differ from mainstream tourists insofar as they have small earnings and are exposed to different environments, resulting in them experiencing different problems and situations (McCabe & Johnson, 2013). No previous studies have been found that have examined the effects of social tourism on subjective well-being among residents of a rural First Nation community. According to Wilson and MacDonald (2010), Aboriginal people face more economic disparity and are one of the poorest demographics in Canada, experiencing much greater income inequality, significantly higher rates of unemployment, and inferior rates of educational fulfillment in comparison to other Canadians.

Social tourism has become an accepted part of public policy in numerous European countries. According to Hughes (1991), financial aid to provide opportunities for social tourism to disadvantaged groups may be granted if real benefits are derived from a holiday. Government funding for social tourism is prevalent in Europe, as are other financial sources like charities (Hunter-Jones, 2011). Research conducted in the United Kingdom, for instance, suggests that individuals who are segregated from society due to financial constraints benefit greatly from a holiday experience when provided with financial assistance from various charities (McCabe, 2009).

However, this is not the case in North America. Social tourism has yet to become part of public policy and will fail to do so unless more evidence of its benefits to society can be demonstrated (Minnaert et al., 2009), despite the value of holiday-taking for well-being being extensively documented in the literature. Indeed, this idea was proven feasible and supported by the Australian Labor Party, which included social tourism as a key part of its tourism policy platform in the 2004 federal election campaign (Higgins-Desbiolles, 2006). Nonetheless, an explicit Canadian national policy on broadening access to vacationing has yet to be developed. As Diekmann and McCabe (2011) argue, the lack of policy development is due to the reduced knowledge transfer between countries and organizations/academia. While social tourism may exist to various degrees within communities (i.e., churches, NGOs or charities providing financial support for a holiday) in Canada, documented government involvement in social tourism activity/policy in the country remains absent.

While several studies on the benefits of social tourism (Kim, Woo, & Uysal, 2015; McCabe, 2009; McCabe & Johnson, 2013; Minnaert et al., 2009) have been conducted, few have been positioned in the context of an Aboriginal community. Higgins-Desbiolles (2013) notes a rare case in the Aboriginal Hostels Limited, which is supported by government funding. Providing a form of peace tourism that can be classified as social tourism, Aboriginal Hostels Limited is an example of contemporary tourism that is overlooked because of the non-commercial services it provides to Indigenous Australians (Higgins-Desbiolles, 2013). Addressing this gap, our study was conducted in a First Nation community in Canada: the Eskasoni community of Cape Breton Island, Nova Scotia.

Our research examines the benefits of tourism on well-being in a First Nation community, asking participants—low-income individuals from the Mi'kmaw community in Canada—to subjectively rate their level of well-being before and after a day trip. As Minnaert (2014) suggests, tourism offerings can range from all-inclusive group holidays and independent family holidays, to day trips for individuals and groups. Which tourism product offered depends on the beneficiaries and related cost. Day trips are less expensive than holidays involving accommodation. As a result of limited project funds and time constraints, the current study offered a day

excursion to a nearby national historic site. Minnaert (2014) notes that social tourism refers to day trips to theme parks, museums, and attractions funded by a charity or agency in the public sector. The article examines the linkages between the effects of social tourism on subjective well-being and a disadvantaged group identified as low-income individuals residing in Eskasoni First Nation, an eastern Canadian Mi'kmaw community. Our results align with the conclusion of McCabe's (2009) study, which suggests that the positive influence of holidays on the well-being of low-income families cannot be overlooked. We further concur with his suggestion that there is a limited recognition of the benefits of social tourism especially in sectors experiencing poverty and social exclusion. As such, our study expands research on the benefits of social tourism for marginalized groups and sheds like on this important topic. Furthermore, this study provides a unique contribution to the existing literature by applying for the first time the multi-dimensional concept of subjective well-being to social tourism in an Aboriginal context. We present findings from an experimental design comparing the impact of a day trip.

Research design and methodology

Study context: Eskasoni First Nation

The case study was undertaken in a First Nation community (Eskasoni) in collaboration with the Community Economic Development Officer and the Director of Social Services for Eskasoni. These departments have collaborated on previous projects and emphasized that both individuals are knowledgeable about who receives government income assistance in the community because most recipients collect their monthly payments in person. Being privy to this confidential information, the individuals were deemed ideal research assistants. The research assistants also satisfied university funding guidelines suggesting that they should be of Aboriginal descent and currently enrolled at the researchers' university.

Eskasoni First Nation is located on the Bras d'Or Lakes, Cape Breton Island, Nova Scotia, Canada. The Mi'kmaq word “Eskasoni” means “Where the fir trees are plentiful.” It is the largest (4000 residents) of 13 Mi'kmaq communities in the province, and the largest Mi'kmaq-speaking community in the world. In 1958, a band council was formed so that Eskasoni could take over its own affairs. As a result, the community has its own community-operated school system (from grades 1 to 12), as well as a Health Centre with a focus on youth and families, Foodland Supermarket, band-owned fishery (Crane Cove Seafoods), community rink, cultural center, tourist attraction (Eskasoni Cultural Journeys), and large private-sector base. In May 2012, Eskasoni Corporate Division was formed with a mandate to provide investment, a focus on environmental sustainability, as well as business and employment opportunities for its people (Eskasoni Mi'kmaq Nation, 2011).

Eskasoni has a young population with a median age of 23.5 years, a median household income of CAD 23,317, and an un-employment rate of 25%—which is notably higher than the rate of 10% in the province. In terms of education level, close to 40% of the population do not have an educational certificate, 25% have graduated from high school, 13% have earned a university degree, 12% have apprenticeship training, while the remaining residents possess a college diploma or certificate (Statistics Canada, 2017).

Eskasoni's main tourist attraction—Eskasoni Cultural Journeys —is located on Goat Island. It was developed four years ago and comprises a 2 km walking trail where visitors interact with local Mi'kmaq interpreters to learn about culture and history. In 2017, the trail attracted over 3000 tourists from all over the world, mostly cruise passengers. Eskasoni Cultural Journeys currently employs ten people and relies on local artisans to maintain products in the visitor center (Eskasoni Cultural Journeys, 2016). Eskasoni Cultural Journeys is open year-round for local people to walk and enjoy the outdoors along the Bras d'Or Lakes, with residents snowshoeing during the winter months. To partake in extra-community activities, a community-owned bus transports people to beaches, theatres, shopping, and other local tourist attractions.

Research questions

As such, our research applies well-being domains in a unique social tourism context. In doing so, our study attempts to answer the following questions:

1. What is the current subjective well-being (SWB) of low-income residents living in this First Nation community?
2. Did a one-day excursion impact participants' level of subjective well-bein?
3. What well-being domains were affected by social tourism and to what degree?
4. Were there differences in the level of subjective well-being between travelers and non-travelers?
5. Did age and/or gender have an impact on participants' level of well-being in relation to the trip?

Research design

The primary question of this study is whether a one-day sponsored trip improved the subjective well-being of residents from a local Mi'kmaq community (Eskasoni) compared to those from the community who live in similar conditions but did not travel. Primary, empirical data was collected to allow for a rich analysis of the impact of a tourist experience on the subjective well-being of low-income families.

Any type of research and its findings must be created and focused at its source. Moreover, any development strategies and structures must be attuned to the Aboriginal communities they intend to serve. In a study by Mactavish, MacKay, Iwasaki, and Betteridge (2007), an attempt was made to address the degree of limited cultural and ethnic diversity and the researchers sought to

hire individuals from a local Aboriginal community to direct the process. However, they discovered that the important but time consuming process of establishing credibility and trust with “vulnerable populations” prevented them from incorporating Aboriginal participants in their study.

While we are not Aboriginal, we have an established relationship with people from Eskasoni who were instrumental in overseeing the project and conducting primary data collection. Trust and support from those nearest the situation must be sought as they define and oversee solutions for themselves rather than through outsiders' imposing views. We teach or have taught at a university with the largest number of graduating Aboriginal students in this region. The lead author has a PhD in Aboriginal Cultural Tourism, has delivered undergraduate business courses in Eskasoni, and has engaged with residents from other Mi'kmaq communities in past projects. The study is approved by the university's Research Ethics Board and the Mi'kmaw Ethics Watch Committee, which is comprised of educators, Elders, and researchers of Aboriginal descent.

A critical review of the literature was conducted to collect preliminary information and inform questionnaire development. While questionnaires have been criticized in the literature for their potential to be misinterpreted by respondents (Gillham, 2005), the questionnaire used in this study was created with caution and pre-tested to ensure potential connotations were consistent among individuals. Measures and life domain variables used in several UK studies and the international context were included in the questionnaire (Kim et al., 2015; McCabe & Johnson, 2013). Replicating previous, well-established, and robust studies on social tourism, two questionnaires were administered. The first questionnaire was disseminated so that all 200 participants could rate their current state of well-being and provide demographic information concerning sex, age, and family role. The second questionnaire was administered to the travel group to rate their well-being in relation to the trip.

As detailed in Section 4, data collection comprised three stages. The first stage involved randomly choosing 400 recipients of government income assistance from a list totaling 964, provided by the community's social services department. Each name on the list was assigned a number and entered into a computer database by the research assistant. The second research phase required 200 adults to rate their level of well-being based on measures and scales adapted from previous studies using a similar framework. The questionnaire contained six life domain sections: namely family relationships, social life, health, psychological well-being, material well-being and leisure. Mean scores were calculated from each participant's responses to multiple questions in each of the six domains, with the degree of satisfaction rated on a scale of 1 (very unsatisfied) to 5 (very satisfied).

This study utilized 21 dimensions comprising the six life domain measures. Other studies have used more dimensions—articulating different domains according to population groups and context. For instance, McCabe and Johnson (2013) tested 27 dimensions. However, life domains are not equally important for tourists, and communities should be contextualized to reflect the uniqueness of the setting (Uysal, Sirgy, Woo, & Kim, 2016). Cronbach's alpha was calculated for family relations, social life, health, psychological well-being, material well-being, and leisure with coefficients reported as 0.870, 0.866, 0.877, 0.875, 0.869, and 0.928, respectively. In line with figures derived from the literature, this demonstrates good internal consistency as values above 0.7 are deemed acceptable, while values above 0.8 are desirable (Pallant, 2013).

The third stage of data collection comprised the dissemination of the second questionnaire. Questions employed in this phase of the research contained the same well-being questions and scales from the non-travel group survey directed at the travel group. Two additional factors were included: gender (male, female) and age (young, 16 to 54 years; old, above 54 years). As a result, the trip was the cause of the outcome variables (sense of well-being) as measured in the study. According to Gilbert and Abdullah (2004) and Neal, Sirgy, and Uysal (2004), this type of cause and effect between trip and well-being is supported in the literature. As in Kim et al. (2015), respondents were directed to answer questions in relation to their trip experience and the effect it had on their perceived well-being.

Pilot testing was conducted for both the non-trip and trip surveys to ensure that the questions were clear, concise, well developed, and comprehensible. In the pre-testing stage, a researcher was present while the research assistant, four faculty members from the researchers' school of business, a hospitality and tourism instructor, a business research librarian, and a public health professional reviewed the survey and provided feedback. Slight adjustments were made to the wording of some questions to improve clarity. Based on feedback, revisions were completed and the final questionnaire was developed.

Data collection

The 200 randomly chosen participants were telephoned during the month of June 2017, and asked to complete a survey on subjective well-being. This method of data collection is supported by Uysal et al. (2016), who mention that the majority of Quality of Life studies have captured primary data using surveys or qualitative data collection methods (e.g., focus groups), with 27 of 35 studies using online, mail, phone or face-to-face surveys. When contacted, respondents were verbally provided an outline of study intentions, as well as the names and contact details of the researchers should they have any concerns or questions about the study. The 200-participant survey number was reached through attrition. Additionally, to alleviate social desirability bias, the researchers ensured that the student researcher had no influence in determining social assistance recipients. Participants were also informed that their involvement was voluntary and that they could withdraw at any time.

As an incentive, agreement to complete the questionnaire provided participants with the opportunity of being randomly selected for a pre-paid family day excursion to the Fortress of Louisbourg. Confirmation from the research assistant suggested that no study participants had taken a leisure holiday in the last 12 months and were thus able to contribute to the analysis.

From the 200 completed surveys, 100 adults and their families were randomly selected to participate in the day excursion. Selected travelers were contacted by telephone to confirm their participation and provide travel details (date and time). When contacted, the entire family was invited to partake in the day excursion. Included in the final number of participating families were

98 adults (two did not show up on the day) and 96 children. While there were one to four children in each family, the average child per adult participant was one.

Three weeks after the day trip, the 98 participant travelers were phoned and asked to complete a survey on their subjective well-being as it related to their tour. This aligns with a UK market study that included interviewing tourists within four weeks of their holiday (VisitEngland, 2013). Leones (1998) has proposed that the best time to administer a questionnaire to tourists is within one year following their holiday. This allows tourists time between the holiday and their evaluation to form organic, induced, and modified-induced opinions (Gunn, 1988). The final data analysis comprised 88 (or 90%) usable surveys. As a result, 88 respondents represented the travel group (treated set) and 100 respondents represented the non-travel group (control set). The names of non-travelers and travelers were matched in the database and numbers were assigned to maintain anonymity and confidentiality.

The day excursion was pre-arranged with the researchers utilizing grant funds to cover expenses. The trip took place over four days during the month of August 2017. Four 50-seat community buses were contracted to transport families from Eskasoni to the tourist destination, the Fortress of Louisbourg, a national historic site that attracts visitors from around the world. Several Mi'kmaq interpreters are currently employed at the site, providing travelers with the opportunity to interact and learn about life during that time. During data collection, some participants mentioned that they had never taken a vacation. As such, the day trip provided an opportunity to experience new activities with their families away from their home environments. Spending time together gives families a chance to build relationships, contributing to their future outlook and having a positive impact on their well-being (Minnaert et al., 2009; Neal et al., 2004; Sirgy, 2010).

The buses departed from Eskasoni at 9 am and returned from the Fortress of Louisbourg at 4 pm. Lunch, as well as morning and afternoon snacks were provided for all passengers. Two resident university summer students previously hired by Eskasoni's Economic Development Office escorted each group to ensure that families had a safe trip to and from Eskasoni. A small stipend was paid to them from the researchers' funds. Upon arrival, a Fortress of Louisbourg park employee greeted passengers. A guided tour was provided and travelers interacted with interpreters dressed in period clothing.

Given the confidential nature of the participants' financial situation and subsequent reliance on a government income assistance program, ethical matters were of paramount importance throughout the study. The study was directed by the Mi'kmaw Ethics Watch ethical guidelines and the research standards outlined by the university's Research Ethics Board. To maintain anonymity and confidentiality, numbers (not participant names) were noted on all lists prior to analysis by the researchers. Electronic files were stored on a password-protected computer and the printed surveys were locked in the researchers' filing cabinet.

Results and discussion

Sample profile

There were more female (55%) than male respondents (44%). Most participants (67%) were 34 years or younger; 12% of participants were between the ages of 35 and 44, 11.5% were between 45 and 54, while 9.5% were 55 or older. The family role of the study participants indicates that 28% were a spouse (husband or wife), while 35% were a son or daughter; 36% of respondents selected the “other” category, which may suggest that a grandparent, grandchild, or cousin was living in the household.

Data analysis

First, the study compared the subjective well-being scores of travelers and non-travelers. This was undertaken to compare similar disadvantaged groups to determine the effects of the day trip on subjective well-being. The self-reported minimum score is 1 while the maximum is 5. Table 1 displays the means and standard deviations of scores for each domain. The highest improvement in the raw scores is family relations (0.53), followed by the domain of leisure (0.43), social life (0.29), material well-being (0.28), and

Table 1
Mean scores of subjective well-being with and without the trip.
This table presents life domain mean scores for participants who took the trip, those who did not take the trip and combined group before the selection of those who took the trip. Life domains include family relations, social life, health, psychological well-being, material well-being and leisure.

Domain	Group								
	Trip			No trip			Total before trip		
	Means	SD	n	Means	SD	n	Means	SD	n
Family Relt'n	4.31	0.56	88	3.78	1.01	100	4.01	0.89	200
Social Life	4.09	0.62	88	3.80	0.94	100	3.93	0.83	200
Health	3.66	0.83	88	3.49	1.05	100	3.56	0.96	200
Psych WB	3.82	0.74	88	3.69	0.93	100	3.75	0.85	200
Material WB	3.53	0.76	88	3.25	1.09	100	3.37	0.97	200
Leisure	3.93	0.90	88	3.5	1.10	100	3.69	1.04	200

Note: SD = standard deviation n = number of respondents.

Table 2
Differences in mean scores of subjective well-being by treat, gender and age
This table presents three-way ANOVA results for leisure and material well-being. The independent variables used are Treat (taking the trip), Age and Gender. Three-way interactions are significant for the two life domains.

Effect	SS	df	MS	F	p	η^2
Leisure						
TREAT	0.411	1	0.411	0.465	0.496	
AGE	2.774	1	2.774	2.925	0.089	
GENDER	0.001	1	0.001	0.001	0.971	
TREAT * AGE	0.315	1	0.315	0.332	0.565	
TREAT * GENDER	13.975	1	13.975	14.736	0.000**	
AGE * GENDER	0.305	1	0.305	0.322	0.571	
TREAT * AGE * GENDER	10.208	1	10.208	10.763	0.001**	0.054
Material WB						
TREAT	0.405	1	0.405	0.449	0.504	
AGE	0.705	1	0.705	0.781	0.378	
GENDER	0.243	1	0.243	0.269	0.605	
TREAT * AGE	0.004	1	0.004	0.004	0.950	
TREAT * GENDER	7.570	1	7.570	8.379	0.004**	
AGE * GENDER	0.739	1	0.739	0.818	0.367	
TREAT * AGE * GENDER	6.159	1	6.159	6.818	0.0097**	0.035

** $p < 0.05$.

health (0.17). The smallest change realized was in psychological well-being at 0.13. Preliminary omnibus tests show significant three-way interactions for leisure and material well-being (Tables 2 and 3). These domains were analyzed further for simple main effects.

Results

The well-being scores for family relations were subjected to a two-way analysis of variance with two levels of trip (trip, no trip) and two levels of age (young, old). All effects were statistically significant at the 0.05 significance level. The main effect of the trip yielded an F ratio of $F(1, 197) = 20.33, p < 0.001, \eta 2 = 0.093$ CI [0.030 0.176]. This indicates that the mean score was significantly greater for those who took the trip (M = 4.31, SD = 0.56) compared to those who did not (M = 3.78, SD = 1.01), and a medium effect size. The trip explains 9.3% of the variance in subjective well-being, with a 95% interval ranging from 3% to 17.6%.

Data from our survey shows that satisfaction with family relationships, family happiness, as well as relationships with relatives and spouses was elevated for travelers. The increase in this domain of quality time spent with family is supported by the literature (Sirgy, 2010), reaffirming the argument that leisure travel contributes positively to well-being in a variety of life domains. Satisfaction with life in general (family, relationships) as a result of travel is supported by Neal et al. (2004). Our results indicate that

Table 3
Treat, gender, age by life domain.
This table shows results of tests for differences in mean scores between the group that took the trip and the group that did not take the trip for life domains that had non-significant three-way interactions. These are family relations, social life, health and psychological well-being. The independent variables used are Treat (taking the trip), Age and Gender. The last column also indicates effect sizes for significant cases measured by eta-squared.

	SS	DF	MS	F	p	η^2
Family relations						
TREAT	13.374	1	13.374	20.330	0.000**	0.093
GENDER	0.558	1	0.558	0.790	0.375	–
AGE	2.700	1	2.700	5.790	0.030*	0.028
Social Life						
TREAT	3.349	1	3.349	6.220	0.028*	0.030
GENDER	0.199	1	0.199	0.292	0.589	–
TREAT * GENDER	0.206	1	0.206	0.302	0.583	–
Health						
TREAT	1.137	1	1.137	1.225	0.270	–
GENDER	0.843	1	0.843	0.908	0.342	–
AGE	3.010	1	3.010	3.242	0.073	–
Psychological WB						
TREAT	0.613	1	0.613	0.822	0.366	–
GENDER	0.112	1	0.112	0.150	0.700	–
AGE	0.145	1	0.145	0.194	0.660	–

* $p < 0.05$.
** $p < 0.01$.

social interaction through a holiday experience has a positive impact on the domain of family relationships, thus aligning with the findings of McCabe and Johnson (2013), Dolnicar, Yanamandram, and Cliff (2012), as well as Gilbert and Abdullah (2004). Tourists express an increased level of self-esteem, networking, and proactive performance, demonstrating that tourism enhances both family and social capital (Minnaert et al., 2009) and lending further support to our findings.

The main effect of age yielded an F ratio of F(1, 197) = 5.79, $p < 0.05$, η2 = 0.028 CI [0.001 0.009]. This indicates that the mean score was significantly greater for young individuals who took the trip (M = 4.32, SD = 0.56) compared to non-travelers (M = 4.22, SD = 0.57), with a very small effect size. The interaction effect was not significant, F(1, 196) = 2.67, $p > 0.05$. A similar analysis for the trip by gender interaction generated non-significant results for both the interaction and main gender effects.

In regard to the social life domain, an analysis of variance showed that the effect of the trip was significant, F(1, 198) = 6.22, $p < 0.05$, η2 = 0.030 CI[0.001 0.09]. This indicates a greater score for travelers (M = 4.09, SD = 0.62) compared to non-travelers (M = 3.80, SD = 0.94). The effect size in this domain was also weak. Social life in relation to relationships with friends and interactions with others increases when an individual engages in social tourism. These findings are supported by an almost complete, 75-year longitudinal study of adult life, in which generations of researchers have examined what contributes to our health and well-being. The clearest message from the study is that good relationships keep individuals healthier and happier (Waldinger, 2016). The research also confirms that people who are more socially connected to family, friends, and their community are happier, physically healthier, and live longer.

Our study was conducted in the rural community of Eskasoni, located an hour's drive from the only city on Cape Breton Island. Given the community's remote location, residents may experience social isolation. As House (2001) suggests, remoteness can negatively impact an individual's mental health and is detrimental to physical health. Waldinger (2016) posits that loneliness can be toxic because people who are more isolated from others than they want to be tend to experience less happiness, earlier health deterioration, an earlier decline in brain function, and live shorter lives. Indeed, the negative health effects associated with loneliness and social isolation have been identified as a pressing concern for everyone (Ekwall, Sivberg, & Hallberg, 2005; Hemingway & Jack, 2013; Murphy, 2006; Quinn & Stacey, 2010; Stanley et al., 2010). As Waldinger (2016) notes, the adverse effects of isolation have been compared to the harmful effects of smoking, coronary heart disease, and other serious threats to health. In our study, the elevated levels of well-being suggest that even a one-day excursion has a positive impact on the social life domain of travelers.

In our study, travelers positively reported satisfaction with leisure life, leisure time, and spare time activities—all of which contribute to the leisure well-being domain. Satisfaction with the leisure well-being domain aligns with previous research findings (Dolnicar et al., 2012; McCabe & Johnson, 2013; Sirgy, 2010) demonstrating that subjective well-being related to the amount of leisure time and the way in which that leisure time is spent increased following a holiday. Consistent with the findings of Neal et al. (2004), the travel experience in our study had a positive impact on leisure life. However, while Neal et al. (2004) suggest that a longer stay has a greater impact on this domain, our study shows that a one-day trip still positively influenced the well-being domain of participants. Our findings also align with those of Gilbert and Abdullah (2004), who found that holiday takers were happier with respect to the domain of leisure.

A three-way factorial ANOVA (Acock, 2015; Mitchell, 2015; Moore, McCabe, & Craig, 2018) for the domain of leisure was employed to evaluate the effects of the trip (two levels: trip and no trip), the gender of participant (two levels: female and male), and participant age in years (two levels: young and old). Fig. 1 suggests that while there is no treated (TRT) by gender (GEND) interaction for young participants, there seems to be one for old participants. Tests for simple interaction confirm this effect. The trip by gender interaction was not significant for young participants, F (1, 187) = 0.96, $p > 0.05$; while it was significant for old participants, F (1,187) = 13.79, $p < 0.001$. In contrast, the effect of the trip by age interaction was significant for females, F (1,187) = 5.99, $p < 0.05$, and males, F(1,187) = 5.35, $p < 0.05$. Thus, the effect of the trip on leisure depends on the individual's gender and age category.

Whether the effect of the trip is significant for each combination of gender and age was considered. The mean subjective well-being leisure score was not significantly higher for males in the young category, t (187) = 0.83, $p > 0.05$. It was lower by 1.83 points for the same group with no trip, which is a significant difference, t (187) = −2. It was postulated that satisfaction with life in general is a positive function of satisfaction with leisure life and satisfaction with non-leisure life (i.e., job, family, health, relationships, community, and financial situation). The results of the LISREL analysis partially supported this hypothesis; 17, $p < 0.05$. The mean score is higher by 0.48 points for young females, t(187) = 2.36, $p < 0.05$. Among females in the old category, the mean score is higher than the control by 1.90 points, which is also a significant difference, t(187) = 3.49, $p < 0.05$.

Our study findings suggest a significant difference between travelers and non-travelers with respect to material well-being (material possessions, financial situation, household income, and living quarters). This result is surprising and contrasts with that of McGuire, Dottavio, and O'Leary (1986) study, which states that a holiday is unlikely to have an instantaneous impact on the situational aspects of well-being. Research suggests that First Nation residents are not as financially well-off as other Canadians (Wilson & MacDonald, 2010). Material well-being is a situational factor for this group with little hope that a one-day trip will improve this life domain for current study participants.

Material well-being domain scores were subjected to a three-way analysis of variance to evaluate the effects of the trip, gender and age. Fig. 2 suggests that there is no TRT by GEND interaction for young participants, but that there seems to be one for old travelers. Tests for simple interaction confirmed this effect.

The trip effect was significant: F(1, 196) = 5.96, $p < 0.05$, η2 = 0.03 [0001 0.09]. While trip effect by gender interaction was not significant for young individuals—F(1, 187) = 0.25, $p > 0.05$—it was significant for older individuals, F(1, 187) = 8.25, $p < 0.05$. With regard to the interaction of trip by age for each gender category, the interaction was not significant for females, F(1, 187) = 2.57, $p > 0.05$; but significant for males, F(1,187) = 5.31, $p < 0.05$. This indicates that trip effects depend on gender and

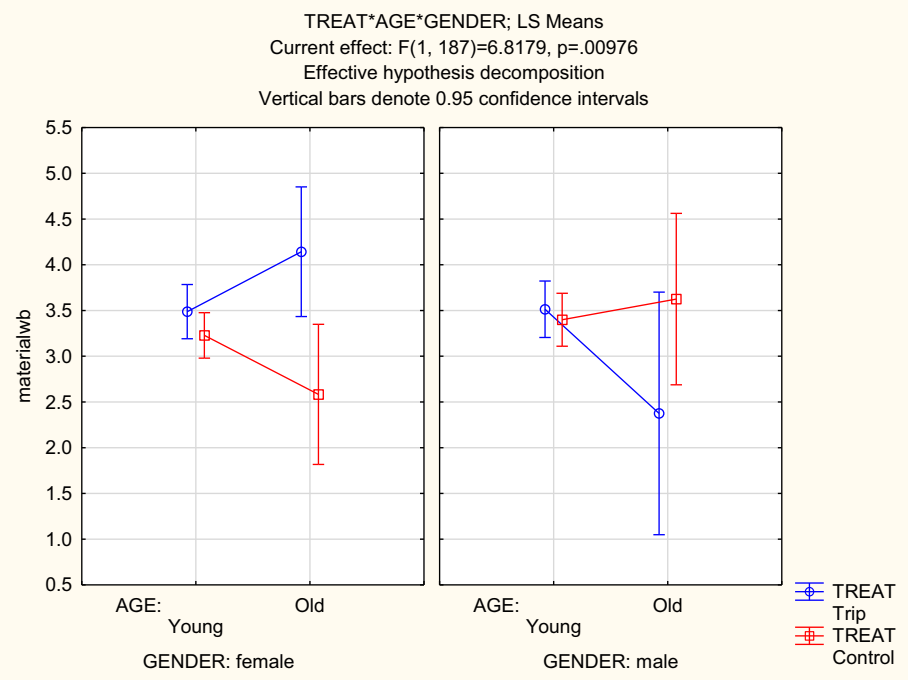

Fig. 1. Leisure by Treatment, Gender and Age.
This figure depicts simple interactions of treatment by age at each level of gender for leisure. The left panel illustrates the simple interaction of treatment by age for female participants, and the right panel illustrates the treatment by age interaction for male participants. The left panel depicts higher leisure scores for the treated among old females. The right panel shows lower scores for old males. The treatment age interaction for leisure depends on gender.

age. We thus examined the trip effect for all combinations of gender and age. The mean score on material well-being was 1.56 points higher among old female travelers compared to the control group in the same category, indicating a significant difference; $t(187) = 2.95$, $p < 0.05$.

As such, our findings suggest that travelers' age and gender had an impact on their subjective well-being, with older females reporting a higher level for these two domains. This finding aligns with that of Kim et al. (2015), indicating that the overall subjective quality of life was improved for elderly travelers. Travel experiences improve elderly people's mental and physical states, resulting in greater life satisfaction (Gilbert & Abdullah, 2004; Sirgy, Kruger, Lee, & Grace, 2011). Differences in emotion according to age may result from an increase of boredom and loneliness (Pinquart, 2001). The social interaction provided by leisure tourism elevated feelings of well-being for our travelers. Furthermore, research has shown that individuals immersed in social networks and social relationships have a higher degree of health and well-being than those who are not, particularly among elderly people (Hemingway & Jack, 2013; Fioto, 2002). Therefore, our findings are supported by McCabe (2009) and Sedgley, Prichard, and Morgan (2011), who propose that social tourism can have a positive impact on the well-being and social interaction of the elderly.

Finally, omnibus tests for the effect of the trip by gender and age in three-way interaction yielded non-significant results for the domains of health and psychological well-being. These domains also showed non-significant results for two-way interactions with gender and age. All main effects were also non-significant. As such, the combined domains of psychological well-being (self-fulfillment, emotional health, achieving personal goals, hopes, and spiritual/religious life) and health (health in general, physical well-being, physical fitness) did not show any significance for trip takers. As noted by Richmond and Ross (2009), environmental disposition leading to sedentary lifestyles and inadequate food selections are determinants of obesity, diabetes, and many of the other chronic diseases that plague First Nation communities. Subsequently this result was not surprising, as the one-day trip may have little impact on their subjective psychological well-being and health.

Overall, our results demonstrate there were statistically significant positive trip effects on family relations, social life, material well-being and leisure. The differences we observed in mean scores for participant groups are meaningful. These differences can be attributed to the treatment (trip). In terms of practical importance, the largest effects were on family relations at the medium level (Cohen, 1988); the other domains registering weaker effects. A better way to gauge these size effects would be a comparison with the average findings of equivalent metrics in tourism experimental studies; however, a reliable estimate in the literature has not been found.

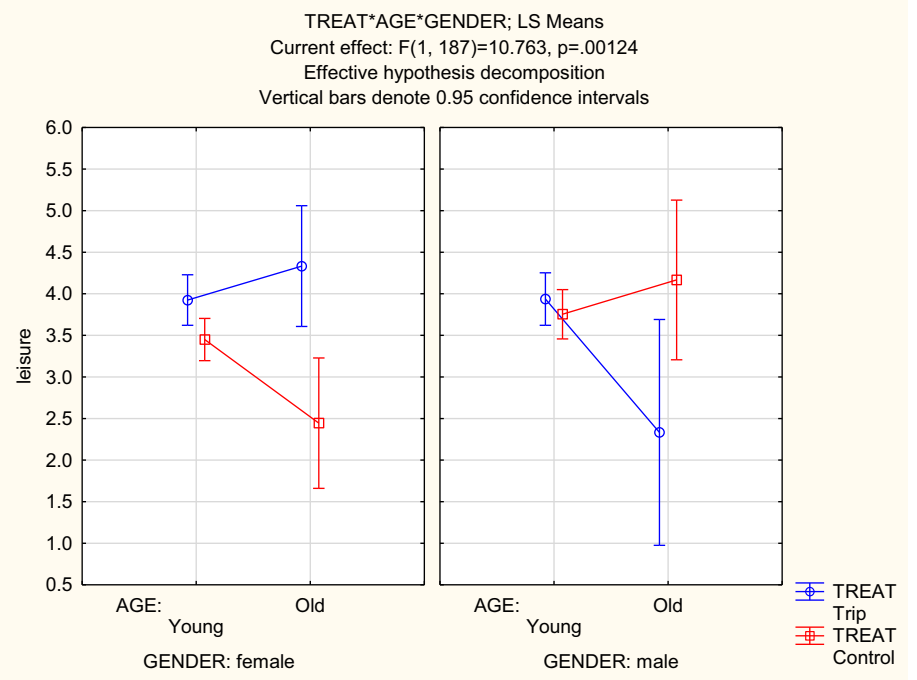

Fig. 2. Material Well-being by Treatment, Gender and Age.
This figure depicts simple interactions of treatment by age at each level of gender for material well-being. The left panel illustrates the simple interaction of treatment by age for female participants, and the right panel illustrates the treatment by age interaction for male participants. The left panel depicts higher material well-being scores for the treated among old females. The right panel shows lower scores for old males. The treatment age interaction for material well-being depends on gender.

Conclusions and implications

This study takes the theory of social tourism and translates its concepts to an Aboriginal community focus. Although this paper is a preliminary study, it has highlighted significant issues in tourism. Its findings suggest important links between social tourism and changes in subjective well-being for low-income groups able to take a day trip with financial support from a third party. The results of this research support those of McCabe and Johnson (2013) and Wellness Tourism Worldwide (2011), demonstrating that tourism can positively impact travelers' well-being by exposing them to new experiences and cultures, expanding their knowledge and enhancing their overall functioning.

While this study was carried out on different subjects in the unique context of a First Nation community in Canada, the findings provide evidence of a treatment effect of social tourism, supporting a number of previous studies (Bos, McCabe, & Johnson, 2015; McCabe & Johnson, 2013; Morgan, Pritchard, & Sedgley, 2015). This study shows that elevated feelings of subjective well-being were experienced by low-income residents who traveled away from their homes for a day excursion. Holidays offer a chance to be with family and friends in an environment lacking the many challenging circumstances faced by low-income groups. This aligns with the findings of Gilbert and Abdullah (2004), suggesting that taking a holiday represents a break from normal life and events and that the experience changed the usual levels of well-being for social tourists. The results of this study have several implications.

Implications for community leaders and managers

This research highlights the context of disadvantaged groups in an Aboriginal community in Canada, as well as the need for dialogue and collaboration between community leaders, health care providers, educators, and researchers to strengthen the discourse on the benefits of social tourism. The decline in quality of life in First Nation communities has contributed to the widespread requirement of health and social services, as well as adverse health behaviors related to living in poverty (Adelson, 2005).

This study demonstrates the need for Mi'kmaq community leaders to be educated about the positive benefits of social tourism for their residents. Indeed, this study reveals that with a small investment of time and funding, a trip can have positive impacts on social life, family relations, leisure, and material well-being. Other financial avenues could be explored in which local authorities, businesses, and communities create a fund to cost-effectively provide various forms of social tourism. This study also has implications for marketers (Sirgy, 2010), who should promote their tourism services in ways that contribute to enhanced quality of life. In turn, this will reward destinations with increased traffic through repeat business and positive promotion through word-of-mouth.

Implications for policy development

The results of this study support those of previous studies and have implications for policy related development. Political representatives ought to support and develop social tourism polices for low-income residents who normally cannot afford a holiday. A "tourism for all" policy should be adopted in Canada so that disadvantaged groups can experience the well-being effects of tourism. This aligns with a study conducted in the UK, where political representatives see the value of well-being as a tourism destination resource and are keen to support such initiatives due to the proven benefits for tourists and residents alike (Pyke, Hartwell, Blake, & Hemingway, 2016).

Arguably, the establishment of social tourism policies is cost-effective because of the potential benefits to the general population. Indeed, there is a possibility for local governments to save on health costs by establishing social tourism policies to improve the well-being of First Nation residents. Integrating policymaking related to public health and local authorities has the potential to create healthier, more sustainable communities. Over time, the policy impact of a social tourism focus and the positive characteristics of tourism may impede the negative aspects of tourism, thereby promoting sustainability.

The positive impacts of social tourism could build bridges between Aboriginal community leaders, policy developers, health care practitioners, government income assistance providers, and social science researchers, resulting in improved quality of life for Mi'kmaq communities and society at large.

Implications/limitations of the research

While this study was conducted in a First Nation community on Cape Breton Island in the province of Nova Scotia, Canada, the results can be replicated in an international context. It should be noted that the importance of each well-being domain varies among individuals and within different contexts. However, the questions for each well-being domain used in this study are applicable to all cultures and countries and have been adopted from reliable, well-established studies in the social tourism literature (Hagerty et al., 2001). Therefore, the results of this study have important implications for the wider, global population.

Recommendations for future research include comparing the results of this study to other First Nation communities across cultures and countries, thereby providing further implications for social tourism knowledge, policy, and practice. Although additional examination and application of well-being variables is required to gain a better understanding of social tourism and well-being among Aboriginal groups and other low-income earners, this study provides a strong empirical foundation and an exciting opportunity for this type of tourism. Participants in this study engaged in a one-day excursion. Future research may wish to replicate this study in a similar community over a longer period of time—as Neal et al. (2004) suggest, longer vacations (seven or more nights) have an increased chance of elevating satisfaction for leisure and other life domains in general.

This study has focused on the well-being effects of social tourism on residents of a Mi'kmaw community following a holiday experience. However, more investigation is needed to understand the benefits of social tourism in First Nation communities. Research on the cost-effectiveness of implementing social tourism policies with the goal of enhancing well-being ought to be undertaken. To ensure sustainability, future studies should concentrate on providing evidence of social tourism's potential to contribute to the well-being of all stakeholders—including consumers, community residents, businesses, and employees within the sector.

The most prominent limitation of this study is that responses may have been influenced by the prior intuition of participants that a positive outcome from the study would be beneficial to them if it validated the support of social tourism for disadvantaged groups in public policy. In the future, every effort must be exercised to ensure research intent is not disclosed to study participants. These limitations notwithstanding, this study marks the first time that the theory of social tourism has been applied to a First Nation community, making it and the resulting future research unique. We hope to disseminate the results of our study to individuals able to influence policy development, particularly as it relates to the positive benefits of social tourism for financially disadvantaged citizens and their societies.

Acknowledgements

This paper is supported by the Purdy Crawford Chair in Aboriginal Business Studies at Cape Breton University. The author would also like to acknowledge Tracey Menge, Economic Development Officer of Eskasoni First Nation, where the study was conducted. This research did not receive any specific grant from funding agencies in the public, commerical, or not-for-profit sectors.

References

Pinquart, M. (2001). Age differences in perceived positive affect, negative affect, and affect balance in middle and old age. *Journal of Happiness Studies, 2*(4), 375–405.
Acock, A. (2015). *A gentle introduction to Stata* (5th ed.). Texas: Stata Press.
Adelson, N. (2005). The embodiment of inequality: Health disparities in Aboriginal Canada. *Canadian Journal of Public Health, 96*, 545–561.
Bos, L., McCabe, S., & Johnson, S. (2015). Learning never goes on holiday: An exploration of social tourism as a context for experiential learning. *Current Issues in Tourism, 18*(9), 859–875.
Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Erlbaum.
Cornman, J. C., Goldman, N., Glei, D. A., Weinstein, M., & Chang, M. C. (2003). Social ties and perceived support: Two dimensions of social relationships and health among the elderly in Taiwan. *Journal of Aging and Health, 15*(4), 616–644.
Deci, E. L., & Ryan, R. M. (Eds.). (2002). *Handbook of self-determination research*. Rochester, NY: University of Rochester Press.
Diekmann, A., & McCabe, S. (2011). Systems of social tourism in the European Union: A critical review. *Current Issues in Tourism, 14*(5), 417–430.
Dolnicar, S., Yanamandram, V., & Cliff, K. (2012). The contribution of vacations to quality of life. *Annals of Tourism Research, 39*(1), 59–83.

Ekwall, A. K., Sivberg, B., & Hallberg, I. R. (2005). Loneliness as a predictor of quality of life among older caregivers. *Journal of Advanced Nursing, 49*(1), 23–32.
Eskasoni Cultural Journeys (2016). Music. Food. Folklore. Retrieved from http://www.eskasoniculturaljourneys.ca/.
Eskasoni Mi'kmaq Nation (2011). Our Eskasoni. Retrieved from http://eskasoni.ca/News/.
Fioto, B. (2002). Social isolation: Important construct in community health. *Geriatric Nursing, 23*(1), 53–55.
Gilbert, D., & Abdullah, J. (2004). Holiday taking and the sense of well-being. *Annals of Tourism Research, 31*(1), 103–121.
Gillham, B. (2005). *Research interviewing: The range of techniques.* Maidenhead, New York: Open University Press.
Glass, T. A., de Leon, C. M., Marottoli, R. A., & Berkman, L. F. (1999). Population based study of social and productive activities as predictors of survival among elderly Americans. *BMJ [British Medical Journal], 319*(7208), 478–483.
Gunn, C. A. (1988). *Vacationscape: Designing tourist regions* (2nd ed.). New York: Van Nostrand Reinhold.
Hagerty, M. R., Cummins, R. A., Ferriss, A. L., Land, K., Michalos, A. C., Peterson, M., ... Vogel, J. (2001). Quality of life indexes for national policy: Review and agenda for research. *Social Indicators Research, 55*(1), 1–96.
Hemingway, A., & Jack, E. (2013). Reducing social isolation and promoting well-being in older people. *Quality in Ageing & Older Adults, 14*(1), 25–35.
Higgins-Desbiolles, F. (2006). More than an "industry": The forgotten power of tourism as a social force. *Tourism Management, 7*(6), 1192–1208.
Higgins-Desbiolles, F. (2013). Aboriginal hostels limited: A case through peace in tourism in Australia. In L. Blanchard, & F. Higgins-Desbiolles (Eds.). *Peace through tourism: Promoting human security through international citizenship*. New York: Routledge.
House, J. S. (2001). Social isolation kills, but how and why? *Psychosomatic Medicine, 63*(2), 273–274.
Hughes, H. (1991). Holidays and the economically disadvantaged. *Tourism Management, 12*(3), 193–196.
Hunter-Jones, P. (2011). The role of charities in social tourism. *Current Issues in Tourism, 14*(5), 445–458.
Kim, H., Woo, E., & Uysal, M. (2015). Tourism experience and quality of life among elderly tourists. *Tourism Management, 46*(2015), 465–476.
Kinney, A. Y., Bloor, L. E., Martin, C., & Sandler, R. S. (2005). Social ties and colorectal cancer screening among blacks and whites in North Carolina. *Cancer Epidemiology, Biomarkers and Prevention, 14*(1), 182–189.
Leones, J. (1998). *A guide to designing and conducting visitor surveys.* Tucson, Arizona: University of Arizona.
Mactavish, J., MacKay, K., Iwasaki, Y., & Betteridge, D. (2007). Family caregivers of individuals with intellectual disability: Perspectives on life quality and the role of vacations. *Journal of Leisure Research, 39*(1), 127–155.
McCabe, S. (2009). Who needs a holiday? Evaluating social tourism. *Annals of Tourism Research, 36*(4), 667–688.
McCabe, S., & Johnson, S. (2013). The happiness factor in tourism: Subjective well-being and social tourism. *Annals of Tourism Research, 41*, 42–65.
McGuire, F. A., Dottavio, D., & O'Leary, J. T. (1986). Constraints to participation in outdoor recreation across the life span: A nationwide study of limiters and prohibitors. *The Gerontologist, 26*(5), 538–544.
Minnaert, L. (2014). Social tourism participation: The role of tourism inexperience and uncertainty. *Tourism Management, 40*, 282–289.
Minnaert, L., Maitland, R., & Miller, G. (2009). Tourism and social policy: The value of social tourism. *Annals of Tourism Research, 36*(2), 316–334.
Mitchell, M. (2015). *Stata for the behavioural sciences.* Texas: Stata Press.
Moore, D., McCabe, G., & Craig, B. (2018). *Introduction to the practice of statistics* (9th ed.). New York: W.H. Freeman.
Morgan, N., Pritchard, A., & Sedgley, D. (2015). Social tourism and well-being in later life. *Annals of Tourism Research, 52*, 1–15.
Murphy, F. (2006). Loneliness: A challenge for nurses caring for older people. *Nursing Older People, 18*(5), 22–25.
Nawijn, J., & Veenhoven, R. (2011). The effect of leisure activities on life satisfaction: The importance of holiday trips. *World Database of Happiness*. https://doi.org/10.1007/978-94-007-1375-8_4.
Neal, J. D., Sirgy, M. J., & Uysal, M. (2004). Measuring the effect of tourism services on travelers' quality of life: Further validation. *Social Indicators Research, 69*(3), 243–277.
Pallant, J. (2013). *SPSS survival manual: A step by step guide to data analysis using IBM SPSS* (5th ed.). Maidenhead: McGraw-Hill.
Pressman, S. D., & Cohen, S. (2005). Does Positive Affect Influence Health? *Psychological Bulletin, 131*(6), 925–971.
Pyke, S., Hartwell, H., Blake, A., & Hemingway, A. (2016). Exploring well-being as a tourism product resource. *Tourism Management, 55*, 94–105.
Quinn, B., & Stacey, J. (2010). The benefits of holidaying for children experiencing social exclusion: Recent Irish evidence. *Leisure Studies, 29*(1), 29–52.
Richmond, C., & Ross, N. (2009). The determinants of First Nation and Inuit health: A critical population health approach. *Health & Place, 15*(2), 403–411.
Sedgley, D., Prichard, A., & Morgan, N. (2011). Tourism and aging: A transformative research agenda. *Annals of Tourism Research, 38*(2), 422–436.
Seeman, T. E., Berkman, L. F., Blazer, D., & Rowe, J. W. (1994). Social ties and support and neuroendocrine function: The MacArthur studies of successful aging. *Annals of Behavioral Medicine, 16*(2), 95–106.
Sirgy, M. J. (2010). Toward a quality-of-life theory of leisure travel satisfaction. *Journal of Travel Research, 49*(2), 246–260.
Sirgy, M. J., Kruger, P. S., Lee, D. J., & Grace, B. Y. (2011). How does a travel trip affect tourists' life satisfaction? *Journal of Travel Research, 50*(3), 261–275.
Stanley, M., Moyle, W., Ballantyne, A., Jaworski, K., Corlis, M., Oxlade, D., ... Young, B. (2010). Nowadays you don't even see your neighbours': Loneliness in the everyday lives of older Australians. *Health & Social Care in the Community, 18*(4), 407–414.
Statistics Canada (2017). Eskasoni, Nova Scotia and Nova Scotia census profile. Retrieved from http://www12statcan.gc.ca/census/.
Uysal, M., Sirgy, M. J., Woo, E., & Kim, H. (2016). Quality of life (QOL) and well-being research in tourism. *Tourism Management, 53*, 244–261.
VisitBritain (2010). VisitBritain foresight, British destinations. Retrieved from https://britishdestinations.net/1194-2/content/visitbritain-foresight-issue-148-how-the-world-views-britain-2016/.
VisitEngland (2013). *Visit England [online]. England, United Kingdom.* Available fromhttp://www.visitengland.org/, Accessed date: 14 November 2013.
Waldinger, R. (2016). What makes a good life? Lessons from the longest study on happiness, TED talks. Retrieved from http://blog.zparkl.com/happiness/what-makes-you-happy-harvards-78-year-study-reveals?utm_content=28660006&utm_medium=social&utm_source=facebook/.
Wellness Tourism Worldwide (2011). Improving Well-being & Economic Growth through travel. Budapest, Hungary. Retrieved from http://www.wellnesstourismworldwide.com/.
Wilson, D., & MacDonald, D. (2010). The income gap between Aboriginal peoples and the rest of Canada. Canadian Centre for Policy Alternatives. Retrieved from https://www.policyalternatives.ca/publications/reports/income-gap-between-aboriginal-peoples-and-rest-canada/.

Joanne Pyke is an Associate Professor of Marketing in the Bachelor of Business Administration (BBA) program at Cape Breton University (CBU) in Sydney, Nova Scotia, Canada. She received her Bachelor of Arts in Community Studies (BACS) and BBA both from CBU, her MBA (Marketing) from City University, Renton, Washington and her PhD (Marketing) from Bournemouth University, United Kingdom. Her research interests include aboriginal cultural tourism, tourism marketing and classroom pedagogy.

Sarah Pyke is Vice-President of Marketing at Harbr Incorporated located in Halifax, Nova Scotia, Canada. She obtained her Bachelor of Business Administration (BBA), Bachelor of Arts (BA) and Master of Business Administration in Community Economic Development (MBA-CED) all from Cape Breton University in Sydney, Nova Scotia, Canada and her PhD (Tourism) from Bournemouth University, United Kingdom. Her research interests include the evaluation of tourism's impact on well-being and how that can be implemented into business strategy.

Richard Watuwa is an Associate Professor of Finance at Cape Breton University (CBU) in Sydney, Nova, Scotia, Canada. He received his BSc from Makerere University Kampala, his MPhil from the University of Glasgow, and his PhD from Dalhousie University. His research interests include economics, finance and statistical analysis.