

Qualitative Analysis of a Kinesiology Student-Led Sustainable Exercise Program Targeting Underserved Communities

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Background: The 3 WINS Fitness is a free exercise program delivered by kinesiology students to underserved communities without external funding since 2011. The program's wins focus on reducing health inequities, increasing community health, and student professional development. The objective of this study was to conduct a qualitative evaluation of the program's value for the participant, community, and student-instructors. **Methods:** We conducted 9 online focus groups (n = 51), categorized by participant role and timeline in 3 WINS: participants (4 groups), student-instructors (3 groups), and combined participants and student-instructors (2 groups). Data collection for this remote qualitative study of the 3 WINS program occurred May to June 2021. The data were analyzed to determine codes and emerging themes. **Results:** Three main themes are presented: asset, health, and social connection. The asset theme was subdivided into subthemes: (1) professional asset for the student-instructor, (2) program asset for the student-instructor, (3) program asset to the community, and (4) program asset for the participant. The health theme was subdivided into (1) community and (2) personal health subthemes. The social connection theme was defined in any combination, as camaraderie, friendship, connections, community, and family. **Conclusion:** The program improves the individual participant's health and through role modeling for their family and friends, encourages others to follow their example thus providing a positive influence on overall community health. Concomitantly, student-instructors are developing into well-trained professionals. The 3 WINS as a student-led sustainable and replicable model can address the existing call from public health to reduce physical activity health-related diseases and inequities.

Keywords: community health, physical activity and well-being, health promotion, disease prevention

The importance of accessible and affordable community health programs is well established among both physical activity (PA) and public health (PH) professionals.^{1,2} Currently, 76% of the adult population in the United States does not meet the 2018 Physical Activity Guidelines for Americans for moderate intensity and muscle strengthening activity, which is associated with an estimated \$117 billion in annual health care costs.³⁻⁵ Incorporating community-level social determinants of health (SDOH) into interventions to reduce health inequities must occur.⁶ There is a marked disparity in PA between males and females and different ethnic groups, particularly among Latinos and African Americans which needs to be addressed.⁷⁻⁹

In 2016, the U.S. Department of Health and Human Services launched Public Health 3.0 as an innovative approach to engage multiple sectors and community partners to generate a collective impact and improve SDOH.¹⁰ The Centers for Disease and Control Prevention developed a framework across 3 areas of prevention, and Public Health 3.0 focuses on 2 of the areas; interventions that extend care outside the care setting and community-wide interventions.¹¹ Perhaps prescient, 3 WINS Fitness (3 WINS) was created in 2011, purposefully designed as a free, group-instructed PA program delivered by California State University, Northridge kinesiology students to maximize health impact by simultaneously developing a midstream (addressing individual social needs) and upstream (improving community conditions) solution versus an expensive, and often reactive, downstream, medical intervention, that is, taking a preventative

approach.^{6,12,13} The 3 WINS program was designed to be a sustainable and replicable program exceeding the Physical Activity Guidelines for Americans by providing 60 minutes of moderate intensity and muscle strengthening activity 3 days per week (180 min weekly).¹²⁻¹⁴ As described later, the data collection involved a sample drawn from a program, which prior to March 2020 (pre-COVID-19 pandemic) was offered in 6 locations (5 public parks and 1 public elementary school). The target population was underserved Latino communities, though open to all adults, in the San Fernando Valley, most of which falls within the county of Los Angeles, California.

The program was originally designed to provide free and sufficient PA to underserved communities requiring no external funding and meeting an immediate and pressing health concern, physical inactivity; there was no intention to conduct evidence-based research. After recent conversations with Los Angeles County Department of Public Health leaders, a new effort began to collect evidence and the most recent data reflected a participation of 93% Latino, 94% female, with an average age of 55.9 (14.3%) years, body mass index of 30.4, and 72% of the participants with an estimated aerobic fitness level of "very poor."^{13,14} Although these statistics reflect the current sample, it is a reasonable estimate of the population served since 2011. The student-instructors involved in administering the exercise program were primarily undergraduates (79.2 [10%]), ranging from 20 to 25 years of age, though there were some alumni (7 [2%]) and graduate (7.5 [5.2%]) students involved. Student-instructors were recruited to participate in this study and participated in the program from 2011 onward, generally 1 semester or more. The research sample described in the "Methods" section is drawn from a 10-year period of program participants

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who were recruited through park flyers, banners and flags, and most successfully participant word-of-mouth marketing.

The stated 3 wins of the 3 WINS program are participant health, community health, and student professional development. Given the program's growth from 1 to 6 locations and the replication of the program in other universities, we were interested in identifying consistently emerging themes, during this decade, to explain its sustainability and success, especially for the 2 unique populations, participants and student-instructors.¹² We also wanted to investigate how the program's scalability related to the Centers for Disease and Control Prevention's desired concept of Public Health 3.0 reaching out to communities with a preventative health enhancing program. The evidence for the importance of this community-based PA program has been highlighted in depth elsewhere; however, the value of the program for the participant, community, and student-instructor has never been evaluated.^{12,14–16} As a result, a qualitative study of the program was designed to examine the impact of the program systematically, using tenets of qualitative research that provide a platform to share the nuances from the perspectives of community and participant health, as well as student-instructor professional development.

The intention was to improve communities associated with health inequities by addressing the SDOH through the creation of a sustainable, replicable, scalable, and free PA program requiring no external funding in accessible locations, such as public parks, churches, and schools.¹² Reaching a decade in operation, even with a COVID-19 pivot to virtual and back to in-person in August 2021, a qualitative analysis of the program, including participants and student-instructors, over the course of 10 years was warranted.¹⁵

Qualitative health research is a relatively new subdiscipline utilizing many standard qualitative research methods, but focusing on the health and its opposite from the perspective of the participant, rather than focusing on the researchers' perspectives.¹⁷ Although there has been a lot of emergent research both with and for the community, like community-based participatory research and its variants, more research is needed to better understand the individual stories or experiences of individuals involved in community health programs.¹⁸ A systematic, qualitative examination of community health programs can help reveal the layers and complexity of a program's successes by examining the multiple perspectives of a community health program's participants. To our knowledge, there had been no qualitative analysis on a community-based, student-led, free PA program. Our retrospective study and analysis of the 3 WINS program illustrated the breadth of nuanced individual and collective perspectives to be gained from a qualitative evaluation that could not be gained from a quantitative study.

Methods

The study was approved by California State University, Northridge Institutional Review Board (IRB-FY21-246). Purposive sampling method was used to recruit participants for the focus groups and completed by two 3 WINS administrators.

We employed a normed qualitative analysis to determine patterns that emerged from the focus group interviews. The literature states that thematic saturation reaches 80% with 2 to 3 focus groups and 90% with 3 to 6 focus groups.¹⁹ Given the scope of this study, 9 focus groups were conducted with a total of 51 participants. The majority of participants were Latino, middle-aged, and older females who responded to a call for participation sent to email addresses in our possession (recognizing that many did not have

emails) and through word-of-mouth recruitment from participants and student-instructors. The sample for this retrospective study represented participants and student-instructors across the 10 years whose demographic characteristics are comparable to what is described in the introduction. Their current residential location is shown in Figure 1.

For the composition of the focus groups, there were 2 main parameters that were considered. First, 3 cohorts were generated based on when focus group members were active in the 3 WINS program between 2011 and mid-2021: *early* (2011–2015), *mid-recent* (2016–2019), and *recent* (2020–2021) (Figure 2). This allowed us to have a group of participants and/or student-instructors who have a common experience connected to their time of participation in the 3 WINS program. Focus group participants in the recent category (2020–mid-2021) included the shift from in-person to virtual due to the COVID-19 pandemic. Second, focus group participant distribution also accounted for their roles in the program: 3 focus groups included only *student-instructors*, 4 included only program *participants*, and 2 combined both program *participants and student-instructors* (Figure 2). This parameter allowed us to focus on perspectives specific to their position in the program and also allowed additional experiences and perspectives when bringing students-instructors and participants together. The distribution of the 9 focus groups enabled us to reach thematic saturation from a qualitative research standpoint.

The focus groups were conducted online using Zoom between May and June, 2021. Verbal consent was obtained for each participant. These participants were not compensated for their efforts. Two qualitative researchers conducted semistructured interviews to elicit information on the 3 WINS program focusing on 3 areas: *participant health*, *community health*, and *program significance to student-instructors*. Questions were designed to warm up the focus group participants and jog their memories for them to reflect upon and share their program experiences and their perspectives on what worked well and what programmatic changes they could suggest. Some of these data are outside the scope of the research presented here, but useful for program management as this exercise program continues to be implemented. Each of the 3 areas of focus included a number of questions; 1 set was for the entire focus group. There were select questions that were designed for student-instructors and another set for program participants. Example questions included prompts asking how they became involved in the program (participants and student-instructors) to asking about observations and strategies for existing injuries or health challenges (student-instructors). For the focus group with both participants and student-instructors, some questions were directed to only one subgroup, although any participant could respond or add to the discussion. Probes were used to gain further understanding of the focus group participants' perspectives no matter their position in the program. The interviews were 90 minutes in length with one researcher asking questions while the other researcher-observer took notes and then roles were reversed. One focus group included participants of a Spanish-speaking subprogram, where only one researcher fluent in Spanish conducted the interview.

Thematic analysis was completed by the 2 researchers to determine major emerging themes evaluating the value of the 3 WINS program from a qualitative lens that allows us to present the complexity of the program through themes presented below.^{20,21} After the interviews were transcribed, an iterative coding process was implemented utilizing a qualitative data analysis and research software, ATLAS.ti GmbH^{20,21} The interview guide was developed focusing on the role of the program, in personal health, for

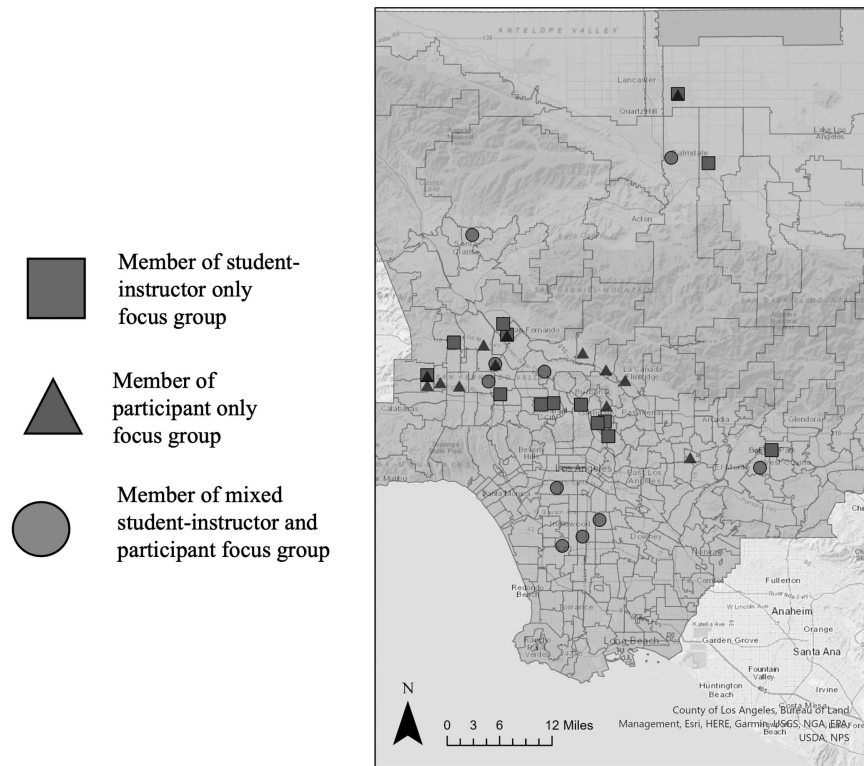


Figure 1 — Distribution of focus group participants in Los Angeles County: California, 2021.

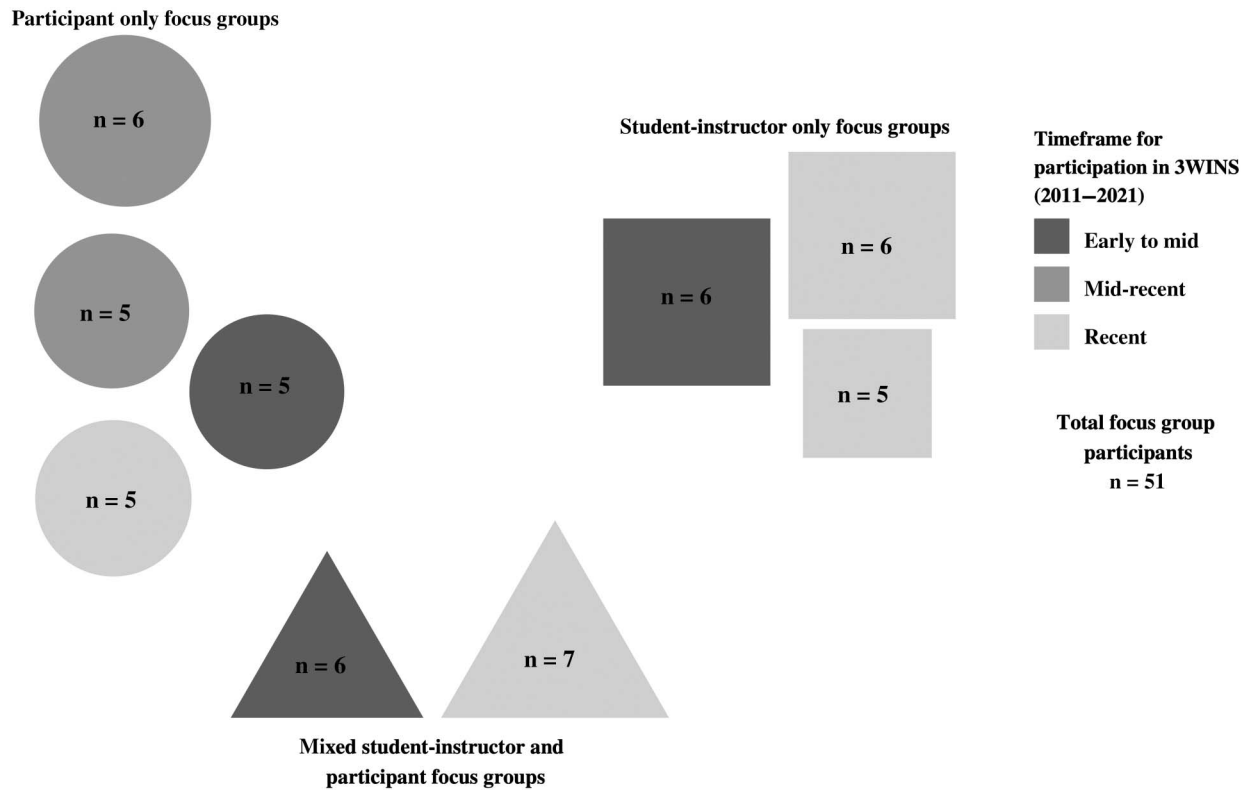


Figure 2 — Composition of the online focus groups: California, 2021.

community health, and for professional development of student-instructors, which informed the initial coding process. A final codebook was agreed upon to analyze the transcriptions. A validity check through intercoder agreement was completed, then a final coding was completed. The percent agreement was 78% between the 2 researchers and 100% after real-time discussion. The Spanish focus group was transcribed in Spanish and the codebook in English was used; however, this focus group was omitted from the intercoder agreement process since it was only coded by one researcher. Researchers discussed emergent themes and subthemes utilizing research observer notes, in situ observations (conducted by one researcher), and a key informant interview with the program founder.

Results

Six themes were established during thematic analysis: *asset, health, social connection, challenges, organizational structure, and partnerships*. The 3 themes of asset, health, and social connection measured student instructors and/or participants' experiences and individual stories more comprehensively and were therefore chosen for this analysis (Figure 3). The final 3 themes of challenges, organizational structure, and partnerships will be addressed in future publications, which delve into the pragmatic aspects of evaluating and improving similar programs; therefore, they are outside the scope of this article.

Theme of Asset

The theme of asset, defined as perceived value or benefit, was comprised of 4 defined subthemes: (1) professional asset for student-instructor either intangible (emotional, student life) or tangible value (gaining professional skills or experience); (2) program asset for student-instructor, value at the individual/personal level for the student; (3) program asset to the community, relating to the value of broader community-level health; and (4) program asset for the participant, value for the individual participant. Student-instructors discussed unique, differentiated personal and professional assets, thus were divided into 2 subthemes.

Professional Asset for the Student-Instructor. This theme was connected to the aptitude and interpersonal skills developed holding either tangible or intangible value. Student-instructors considered the acquisition of concrete skills-based knowledge utilized while instructing and continually into their professional careers as a strong asset. As one student-instructor stated, "you see [gain,] real tangible benefits, with real job opportunities, with real networking opportunities" and 3 WINS "help[ed] distinguish myself when

applying for physical therapy school [as a result of my professional skills and experience]."

Student-instructors also valued the program for interpersonal, more intangible benefits such as, "[b]eing able to instruct was something that helped me become more open" and "I carry the pride of being part of the program." They spoke of growth as a developing professional, as an individual, and as a member of the larger 3 WINS community. Mentorship was another important asset for students, as they thought this was lacking overall in their kinesiology program and coursework, but fulfilled by the 3 WINS program.

Program Asset for the Student-Instructor. Beyond the professional benefits, student-instructors appreciated the personal relationships developed between each other and with individual participants. Several spoke of being new to the kinesiology department or campus, and how 3 WINS was "just my entry to meeting new people." They spoke of the 3 WINS community as welcoming, supportive, special, and fulfill[ing] multiple needs in their own lives; they were able to develop a student network, a social community, to help them with their academic journey.

Student-instructors also spoke of understanding the importance of exercise from a personal standpoint, saying "I just wanted to get involved in any way just because I know what being active did for me." They indicated their strong appreciation for the program because of how they valued the people involved. Several made statements similar to the following, "[everyone] felt like they were welcome there and that there was a space for them" and once they went to the training, "I thought to myself, this is the type of student I want to be around."

Program Asset to the Community. Both student-instructors and participants agreed that the program benefited the greater community. Many participants spoke of encouraging their own family members to join "because they have seen improvements in my health."

The "parks [program was] very important to the community" was heard multiple times during the discussions. Many simply stated it was "beneficial for the community, very visual, beneficial in a public health setting." One participant stated, to explain the benefits to community members, "there is magic that happens at the parks." Much of this stemmed from the value the student-instructors and participants placed on the social emotional benefits of the group on the community and their families, as well as the community-based setting. Common successes and the struggles bonded the various groups and as one virtual program participant said, "we are going through the same things [even though] we are on different sides of the country."

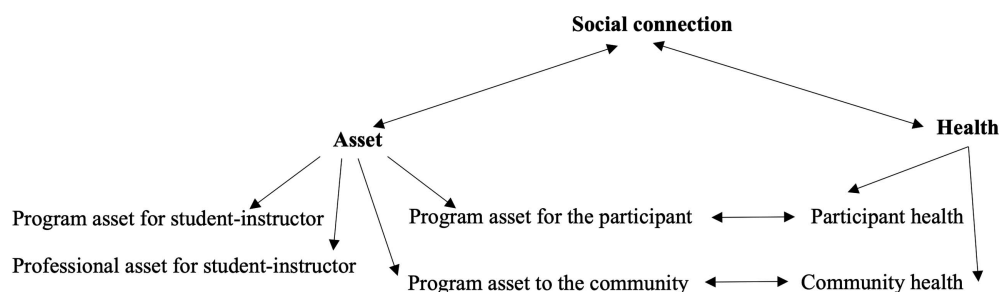


Figure 3 — Major themes and subthemes that emerged from the qualitative analysis: California, May to June 2021.

Program Asset for the Participant. Participants felt supported in multiple ways by the program beyond simply reaching their PA goals. One participant said, “[the student-instructors] went [above and beyond] to care for us physically, emotionally, and psychologically.” Participants continually categorized this additional support by using terms like “joyful, fun, family friendly, welcoming, supported, aspirational, and personalized.”

Participants were excited to reach health goals and repeatedly discussed how they did not “understand how to train” or “didn’t have a lot of expectations [for the health benefits received]”; however, 3 WINS offered them the necessary tools and support for success. One participant even stated, “I quit my job because I felt 3 WINS was going to help me achieve my goals more than staying at my job, that I actually needed more [financially].”

Participants enjoyed the relationships developed with student-instructors and fellow participants. They mentioned, “It [relationship] gives you the support that you need, which makes you feel like you can do it,” and “it was happy and motivating. I couldn’t wait to get there, and it just pushed me along.” They also valued the student-instructor commitment, as one said, “[h]ow can I not take advantage of the sacrifices that these kids [student-instructors] are doing.” Others mentioned the beneficial asset of developing life-long friendships between participants and student-instructors, and how the 3 WINS family and community relationships kept them motivated.

Theme of Health

The theme of health was composed of 2 subthemes: (1) personal health for the individual health outcomes for participants or student-instructor and (2) community health for health outcomes impacting participants and/or student-instructor at the community level. Results indicated that 3 WINS addressed all 5 aspects of personal health, specifically highlighting social, emotional, and spiritual, in addition to physical health. Participants and student-instructors spoke of positive individual and group gains in health indicators, such as nutrition, mobility, and stamina.

Community Health. Participants and student-instructors spoke of the community-wide benefits of an accommodating and supportive PA program that bridged existing gaps in nutrition, exercise, and medical care. One student-instructor stated, “some of these participants were having difficulty doing simple or normal movement patterns [...] they’ve progressed this far to climb a 6-mile mountain”; thus, with the guidance of the student-instructor and support from their fellow participants, overall levels of community health increased. Other participants mentioned the significance of the program on the generational health of the community with statements like, “I did not want my daughter to follow in my footsteps” and “I saw how the seniors needed it and how they felt afterwards.”

Multiple participants mentioned that 3 WINS was fulfilling an existing need for health and nutrition education in their community by learning about “how to eat better, read labels on food” and “helped me with food choices [...] the good foods to make, what foods to stay away from.” This nutritional information and accompanying support added to benefits accrued solely through the exercise program.

Additionally, the program increased community health by bridging a known gap in accessing overall medical/health care. Participants mentioned being afraid to go to the doctor or not having health insurance. Participants felt they gained support

during discussions on injury support or health challenges, as well as a breadth of resources and understanding of when medical care needed to be accessed. One stated, “My doctor said to do this and exercise, but what do I do?” Others followed up with the fact that 3 WINS gave ideas “about [safe] interventions and preventions I can do myself.” From the student-instructor perspective, “they come here and get their [support] for free” and “I felt like we’re actually doing something for the community relative to health and illness.” To further underscore the value of this program, participants who were accessing professionals through their insurance mentioned a preference to using the 3 WINS approach.

Personal Health. Positive health outcomes from the 3 WINS program included increased mobility, reduced A1C (blood sugar) levels, weight loss, lowered blood pressure, and mental health support among others. One participant, representing the majority who did not have a regular exercise program outside of their 3 WINS participation, happily said, “I’m in the best shape of my life because of 3 WINS.”

Quantifiable positive health outcomes were frequently discussed by both participants and student-instructors with a participant stating, “[i]t’s been a drastic improvement in a short amount of time.” Diabetes was a common health concern, but with the increased exercise and nutrition education, several participants reported lowered A1C levels; as one said, “[lowered] just by being involved with the program.” Another common topic was increased water intake, with one participant laughing when they mentioned to their student-instructor, “It seems like I have a thirst for water [now].”

Increased motivation and support were also discussed such as “being able to motivate myself in a lot of instances, so it’s great and on top of that it’s free.” Participants mentioned the importance of the student-instructor in sharing tools, and in always being available to support their health goals, especially online during the pandemic. Increased body awareness and mobility also helped many participants positively alter their mental health. One participant said she learned to “never focus on how much I weigh, but on how healthy I am,” while another focused on not only her physical health goals, but also her “[state of] mental health.” Another said she loved the program because “you have the psychological, the nutritional, and the actual exercise components.” The 3 WINS may be structured primarily as an exercise program, but alongside improved physical gains were multiple mental, emotional, and social health benefits for participants and student-instructors.

Theme of Social Connection

Social connection was defined by participants and student-instructors in various ways, explaining how they felt using terms such as camaraderie, friendship, connections, community, and family. Student-instructors explained the social connectedness that they felt in both personal and professional terms. They enjoyed the strong community found among student-instructors, as well as personal relationships built with their participants. One student-instructor noted that with his participants, “[we] felt like we had a relationship with them, and they felt that they could trust us.” Others mentioned they were “looking for community and they found it,” while participants stated they thought of their student-instructor “as family.” Additionally, this social support was “not just business connections, but just like overall friendships.” Student-instructors’ connection to their participants, a level of comfort developed between both groups, was created by the strong amount

of support offered to each other. This affinity for each other was defined as “camaraderie” and “they [participants] felt they had [needed] support.”

Participants discussed feeling these connections across generations and feeling “part of a [larger] community.” This bonding was felt across the iterations of the program, including in-person and online, using Zoom, Facetime, and WhatsApp groups. As the program pivoted to being online, that support was highlighted even further as several participants mentioned “it was a nice anchor at the beginning of the pandemic.” This feeling of family was repeated in statements, such as “I was looking for just a family to really welcome me” and “love the bond we’ve all built in that family.” These connections were seen across age, gender, race/ethnicity, and between student-instructors and participants.

The group format, many felt, allowed celebrations of successes, as well as support of struggles. Several mentioned the uplifting aspect of the group format stating, “[I] met people that inspired me,” and “exercise can be really a drudge. And I think when you exercise with friends, it becomes almost a social event.” For many, their favorite memories of the program “involve[d] the people” and the “family vibe.”

Discussion

For a free program run by volunteers to be successful, all who are involved must receive benefit, despite being free, or the program will not thrive. Many student-instructors continued beyond the semester they enrolled in 3 WINS, as did many participants who returned each season. This qualitative evaluation provided a platform for increased understanding on the reasons behind the high level of retention for both student-instructors and participants. The discussion format of a focus group also supported study participants in sharing their individual health journeys, while also allowing the researchers and participants to witness the collective agreement and perspectives gained from a community-based PA program. This more nuanced understanding of the program was needed beyond the quantifiable numbers of participants attending, hours spent in the parks, and reduction in use of prescription medication. This retrospective qualitative study provided insight into the depth of the significance of this program: the impetus for participants to consistently show up, the personal and professional value 3 WINS provides to student-instructors, and the community benefits from having this program.

Personal and Professional Value for Student-Instructors

Analysis indicated that 3 WINS offered student-instructors’ multiple professional mentoring opportunities within the community, and with graduate students, faculty, and alumni, offering a unique opportunity to expand professional options beyond the typical specialization of physical therapy occupation most seek upon entry into the program. This experiential program developed their professional skills (aptitude and interpersonal skills), including increased confidence and networking capacities that are not available in the kinesiology program’s coursework. Growth in professional communication skills, leadership capacity, and relationship development are tangible and transferable skills that were highlighted as crucial components to the requirements for success in their future careers.

The results also reflected the personal value for student-instructors placed on witnessing the results of their efforts. Their

reflections indicated an awareness of their direct role in improving participants’ health and wellness which is not easily measured and remains a type of capital to further understand and expand upon in future research. The relationships developed between student-instructors and participants highlighted why students stayed with the program for multiple years in a volunteer capacity, as this longer time provided more personal, and professional, growth. This study offers concrete evidence of the value student-instructors place on friendships and networking, which before was understood as hypothetical.

Personal Program Value for the Participant

Before this research, participant value was anecdotal. As with student-instructors, it is valuable to examine why participants stayed for many years, with many involved continually since 3 WINS’s inception in 2011. Results reinforce that the relationships they developed with fellow participants and student-instructors, alongside the individualized support, concrete tools, and guidance received from student-instructors, encouraged the adoption, and maintenance, of more physically active lifestyles. The opportunity to participate in a quality, sustainable free program was a new experience for most. Participants highlighted the benefits of being taught by kinesiology student-instructors utilizing their evidence-based coursework as focused instruction on how to exercise, the basics of nutrition, and an increased awareness of how PA directly impacts disease risk factors. Participants experienced the value of simply “showing up,” and with their successes, participants shared their experiences with others, recruiting more participants into the “family” and effectively promoting a more physically active community.

Asset to the Community

This subtheme demonstrates how the third win of community health was achieved. The community-based setting of a neighborhood park is an effective method for improving population PA with support from family, friends, and the community, alongside guidance from professionals.⁴ In this case, the instruction was from professionals-in-training, student-instructors, with no cost to the community, another key to program sustainability. Furthermore, tangible health benefits, like increased mobility or lowered A1C levels, were often mentioned as directly related to the care and relationships developed within the community setting.

The 3 WINS was designed as one facet in the allied health care continuum, alongside nutritional support, mental health, medical/health care, and rehabilitation. While each of these areas can overlap, PA is the only one that releases endorphins to improve mental state. The student-instructors understood their scope of practice and understood their roles as connectors to the other valuable areas.⁴ The 3 WINS created collaborations with professionals in each of these areas to provide free resources for participants that would supplement their newfound physically active lifestyle. Examples of free resources included education in diabetes prevention, telehealth free physical therapy, and regularly scheduled on-site free physical therapy treatment, lectures by registered dietitians and faculty trained in mental health, running shoe vendors providing proper shoe fittings and discounts, as well as the constant oversight by faculty in exercise physiology. Not only did these collaborations bridge a gap in health care accessibility for participants, but participants also experienced multiple positive health outcomes (eg, lowered A1C); therefore, supporting

an integrative and collaborative approach to improving community health.

Public Health Implications

The findings from this qualitative study on the 3 WINS program provide context for the various types of effectiveness community-based PA programs can have in promoting PA and decreasing health inequities. The major themes presented include connections of how experiential learning opportunities can promote not only well-trained kinesiology students who predominantly seek allied health and fitness-related professions, but also an understanding of the larger call to support community health and reduce our physical inactivity pandemic. To that effect, Public Health 3.0 and PA and PH disciplines reinforce the need for multisectoral and interdisciplinary alliance.^{1,2,22,23}

The focus on community-based PA enhances individual PA goals and reinforces the value of an ecological model of active living addressing the SDOH and health inequities.^{6,22} The range of social conditions and cultural factors incorporated into 3 WINS in ways that addressed the language needs of the community (eg, the all-Spanish group) and additional preferences of the community were notable. This is just one example of how moving forward requires varied evidence (both quantitative data and qualitative analysis) and with community voices incorporated (individual and collective perspectives). Qualitative approaches and community-based participatory research are increasingly being used in many community health contexts, effectively revealing the value, importance, potential effectiveness, and challenges of working together toward reducing health disparities, a complex and layered endeavor, as revealed by the National Institute on Minority Health and Health Disparities research framework.^{20,24}

To achieve goals that address specific community context, it is important to use a mixed-method approach and one that incorporates the community at all levels.²⁵ The value of changes in individual quantitative health outcomes, which may take years to reveal themselves (eg, body mass index reduction or reduced disease risk), must also incorporate a community-level value assessment in order to achieve greater health outcomes in multiple contexts. The qualitative lens is able to reveal the complexity of the perspectives that cannot be captured by quantitative evidence alone. Qualitative research methods can effectively amplify individual and community narratives and can ensure that their voices are heard and authentically incorporated into community-level PA interventions that can reduce health inequities in the long run.

Free or low-cost, community-based PA programs are valuable and need to be scaled up, funded, and sustained as a fundamental part of the system, or ecological model of active living. This retrospective study emphasized how implementing and merging the knowledge established in the field of PA and PH to reduce health inequities is possible through this type of community-based sustainable PA programming.^{1,11,22,23} Recognizing that population-level PA has not increased since the 1990s, Hallal and Pratt²³ pointedly state that we must move from words to action. This 10-year program, replicable and affordable, simultaneously improved the health of participants and developed professionals in the field of PA. The 3 WINS Fitness is a unique example of addressing the pandemic of physical inactivity by turning classroom education into community action and demonstrating that effective program delivery and long-term sustainability is possible without external funding which makes replicability a reality.

Acknowledgments

The authors would like to thank all the participants of the study along with the 3 WINS Fitness staff who facilitated the study. This work was supported by an award from the American Council on Exercise.

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