

### Abstract

Given sport has been largely absent from U.S. public health policies and discourse, the author suggests ways that sport can be better managed to promote health. Using a critical perspective and grounded theory approach, the experiences of 14 men in the grassroots recreational program, F3, were explored. Data were collected through observation and semi-structured interviews. Based on the results, a conceptual model that suggests how sport should be managed to address illnesses related to physical inactivity is put forth. The resulting Sport as Medicine model indicates that Creating a Team Structure, Providing a Place to Be Accountable, and Ensuring No One is Left Out, led to meaningful Health Outcomes, including Physical Health, Mental Toughness, and Social Connections. As the distinctiveness of sport continues to emerge, the author provides a framework to consider how sport can be part of public health efforts to address physical inactivity. Thus, this work positions sport as medicine by pinpointing how sport can be managed so that holistic health outcomes are more likely achieved.

**Keywords:** sport management theory; public health; physical activity; community sport

Acknowledgements: I would like to acknowledge Dr. Nelson Cooper (1967-2017) for his invaluable assistance with this project. After living with ALS for the last year of his life, Coop left a legacy and important standard for others to model. He reminded countless students, colleagues, friends, and fellow F3 brothers, "Know that your life matters to many, so do good work, laugh every day and press on." He was instrumental in establishing F3 (Fitness, Fellowship, and Faith) in eastern North Carolina and this project would not have been possible without his encouragement and support.

*This is an Accepted Manuscript of an article published by Taylor and Francis in Sport Management Review in 2019, available at: <https://doi.org/10.1016/j.smr.2018.06.006>.*

**Warner, S.** (2019). Sport as medicine: How F3 is building healthier men and communities. *Sport Management Review*. <https://doi.org/10.1016/j.smr.2018.06.006>.

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## **Sport as Medicine: How F3 Is Building Healthier Men**

### **1. Introduction**

Because participation in physical activity is frequently associated with positive health outcomes, many assume that the purposeful exercise required in sport improves health. Yet there is little empirical data that support sport as an effective means for promoting health, and sport has been notably absent from U.S. public health discourse (Berg, Warner, & Das, 2015; Priest, Armstrong, Doyle, & Waters, 2008; Weed, 2016). The lack of evidence also is likely in part due to the disconnect that exists between sport and recreation. Although sport can be used to promote health, it is often neither designed nor managed to maximize this benefit. Scholars have argued that the integration of sport, recreation, and physical activity can lead to synergetic opportunities to improve health for participants; however, this approach is seldom taken (Chalip, Schwab, & Dustin, 2010; Edwards & Casper, 2012; Henderson, 2009; Rowe, Shilbury, Ferkins, & Hinckson, 2013).

Because sport represents a potential means for health promotion (despite the lack of empirical evidence), it represents a shared paradigm in sport management. In order to advance knowledge and maximize health outcomes through sport, a paradigm shift and change in approach are needed. Paradigm shifts often occur by challenging existing assumptions and setting forth new theory (Kuhn, 1996). Well over a decade ago, Chalip (2006) called for a paradigm shift with regard to sport and health: “We know very little about the factors that currently inhibit or that could ultimately foster a stronger contribution to health by sport. Identifying those factors could help us build added value into the sport that our organizations design and deliver” (pp. 5-6). More recently, sport management scholars have continued to emphasize the importance of theory development for the field and practice (e.g., Cunningham,

2013; Doherty, 2013; Fink, 2013), but is it clear that more health and sport related theory is still needed.

Specifically, researchers need to capitalize on the health promotion knowledge that can be gained from a micro-perspective and recreational settings. Although much of the current work in sport and health has taken a macro-perspective, a single exemplary organization can provide powerful insight regarding best practices and factors that could contribute to improved health via sport. One organization that is experiencing exponential growth and delivering positive health outcomes to its participants is F3—not a traditional sport, but a recreational activity. F3 shares many commonalities with sport as both are subsets of leisure-time physical activity and occur in group settings. F3, therefore, is an important context through which to explore the organizational factors that are contributing to health outcomes. The principles and best practices learned from F3 can and should be transferred to more traditional sport settings, as this knowledge will aid sport managers in promoting positive health outcomes (Bardach, 2004; Rowe et al., 2013).

One useful avenue for capturing sport and health knowledge is through critical inquiry and inductive theory building. Theorizing often starts with the identification of a problem and the gaps in the literature related to solving that problem, and the end goal is to provide a framework that has utility and can inform practice (Bacharach, 1989; Doherty, 2013; Fink, 2013). Thus, I identify the problem (i.e., physical inactivity) and then review the current knowledge regarding sport and health to identify gaps in the literature. Next, using a critical inquiry perspective, I use a grounded theory approach to explore F3, an exemplary program whose participants are achieving notable health benefits.

Through this process, I critically examine a commonly shared paradigm in sport to identify the processes and factors that contribute to health outcomes. Such specification will not only answer the call for more theory, but it will also fill a current gap in the literature related to how sport can better address physical inactivity and subsequently, health. Ultimately, the overarching purpose of this research is to maximize the potential impact of sport by exploring best practices and developing a framework to guide sport managers in their design and delivery so that greater health outcomes for participants are achieved.

### **1.2 Defining the problem: Physical inactivity**

The well-documented benefits of physical activity are achieved through occupational (e.g., work-related tasks, moving boxes, or delivering mail), domestic (e.g., household tasks or gardening), transport (e.g., walking or cycling), and leisure-time (e.g., exercise, sport, or recreation) physical activity. Although often used interchangeably, exercise and sport/recreational activities are distinct forms of physical activity. Whereas both are considered leisure-time physical activity, exercise is planned, structured and repetitive (Caspersen, Powell, & Christenson, 1985). Sport and recreational activities include elements of exercise, but more likely occur in a group context emphasizing leisure, play, and offering social rewards when compared to pure exercise (cf. Chalip et al., 2010, Rowe et al., 2013). The problem of physical inactivity likely has been exacerbated by paradigms that view sport and recreation as separate and distinct. Rather, by focusing on the noted commonalities between sport and recreation, more synergetic opportunities to address physical inactivity are created. Chalip, Schwab, and Dustin (2010) advocated:

Clearly, if we are going to build physical activity programs designed to provide and to capitalize upon hedonic (including social) rewards, then sport and

recreation (rather than exercise) are key. Playful physical activity is unambiguously a shared point of relevance for sport and recreation practice, as well as for sport and recreation research. . . . However, as long as we treat the two-sport and recreation-as somehow separate, we cannot advocate effectively for this more sensible vision. . . (p. 5).

It is clear that a more sensible vision is needed as globally physical activity rates are continuing to decline while obesity rates rise (Gregg & Shaw, 2017; World Health Organization, 2016). This trend is problematic because physical inactivity has been identified as the fourth leading risk factor for global mortality (6% of deaths globally) and is linked to hypertension, coronary heart disease, stroke, diabetes, breast and colon cancer, and depression (World Health Organization, n.d.). Technological growth is likely the culprit for the observed decreases in physical activity, and 2020 and 2030 global forecasts predict, “Overall PA [physical activity] levels from the four domains of activity combined will continue on a downward trend and sedentary time will increase if lifestyle behaviours do not change” (Ng & Popkin, 2012, p. 663). Interestingly, Ng and Popkin also forecasted that of the four physical activity domains, only leisure-time physical activity rates are expected to slightly increase. These data provide a promising opportunity for sport and recreation managers to help address the physical inactivity problem.

However, because physical inactivity represents a medical issue, sport and recreation scholars have had little influence (Berg et al., 2015; Chalip et al., 2010). The lack of impact may be due to a greater focus on sport-as-entertainment rather than sport-as-recreation in the discipline (Chalip et al., 2010; Henderson, 2009, Rowe et al., 2013). Nonetheless, scholars have concluded “there is no evidence that sport is effective as a public health intervention to improve

physical health” (Weed, 2016, p. 559). Clearly identifying factors and theorizing how sport contributes to health is important to move the discipline forward and improve practice. Given the growing health concerns regarding overall physical inactivity, a burgeoning line of research has begun to answer how sport can increase leisure-time physical activity and impact health.

### **1.3 How sport can impact health?**

As contemporary society has evolved, the need to justify and legitimize sports’ contribution to society has continued to be dependent upon its positive association with health (e.g., Berg, Warner, & Das, 2015; Chalip, 2006; Henderson, 2009). However, the ability to use sport to promote health has met resistance. Whereas proponents commonly recognize sport as a means to increase physical activity, policymakers and some scholars have been hesitant to tout sport as a health promotion tool. In fact, Berg and colleagues (2015) pointed out “the almost complete absence of the word sport” (p. 20) from U.S. public health discourse, nationwide health promotions, and physical activity guidelines. In an effort to maximize the potential impact sport can have, Berg and colleagues (2015) found that hedonic rewards and the opportunity for social interactions were the two primary benefits participants sought in leisure-time physical activity programs. They concluded, “concerted efforts to focus on the hedonic feelings and social aspects can potentially lead to increased sport participation and holistic health. Such an approach may help better address vital public health policy issues while demonstrating the distinctiveness and utility of sport” (p. 20). Berg and colleagues’ findings that enjoyment and social support were critical factors in ensuring that participants were retained and health benefits achieved has been extensively supported in literature. More importantly, this literature points to the fact that to increase health and program adherence, sport and recreation must be managed in a way that promotes enjoyment and social support.

### **1.3.1 Enjoyment**

Unlike pure exercise (i.e., planned, structured and repetitive physical activity), which has little mass market appeal because it is often viewed as painful and boring, sport and recreational activities are more distinctively able to be managed in a manner that offers opportunities for enjoyment in a group environment (Chalip et al., 2010; Henderson, 2009). This enjoyment is often realized via play and, arguably, the competitive and team elements found in sport. Although Bowers and Hunt (2011) demonstrated a historical shift in 1960's away from valuing the play-oriented, sport-based programs, the opportunity to play within sport (often in unstructured sport) can help foster participant enjoyment (Bowers & Green, 2013; The Aspen Institute, 2015). Moreover, the competitive aspect of sport also has been a noteworthy source of enjoyment for participants. Namely, sport participants cited that they tend to enjoy the spectacle created around competition (Green & Chalip, 1998; The Aspen Institute, 2015) and the challenge and comparative evaluative of zero-sum competition (Kohn, 1992; Warner & Dixon, 2015). Thus, managing sport and recreation in a manner in which play and some competition are emphasized can foster greater participant enjoyment, which leads to more frequent and longer lasting participation.

### **1.3.2 Social Support**

An emerging line of research has put forth that sport and recreation is one of the few remaining social institutions that fosters a sense of community, and more importantly, that it must be appropriately managed to do so (Putnam, 2001; Warner & Dixon, 2011). Although current trends indicate that individuals are less connected to others and not experiencing a sense of community (Olds & Schwartz, 2010; Putnam, 2001), participating (Hoye, Nicholson, & Brown, 2015; Tonts, 2005), volunteering (Cuskelly, 2008; Kerwin, Warner, Walker, & Stevens,

2015), or spectating (Fairley & Tyler, 2012; Swyers, 2010) within sport and recreation remains one of the few avenues for individuals to become more connected and gain social support. This ability of sport to connect individuals is fundamental to the sport and health conversation because a sense of community and social support have important positive health impacts (Berkman et al., 2000; Kawachi & Berkman, 2001; Olds & Schwartz, 2010). For example, “Socially connected people live longer, respond better to stress, have more robust immune systems, and do better at fighting a variety of specific illnesses” (Olds & Schwartz, 2010, p.2). The Sport and Sense of Community Theory has pinpointed how sport can promote social support and provided a framework for scholars (see Warner, 2016). However, the opportunity for sport to promote social support and thereby health has not yet been fully realized. What is clear is that the social support found in sport and recreational activities is an important and distinctive element that can be offered to participants. Social support not only increases participation, but also promotes health.

#### **1.4 Health and sport models**

The Health through Sport Model has provided another starting point for scholars to consider (see Casey & Eime, 2015). This conceptual model, which illustrated the relationship between sport participation and psychological, psychosocial and social health outcomes, has aided in identifying various levels of influence for sport participants. The model is composed of determinants of sport participation, sport itself, and health outcomes of sport participation (Eime, Young, Harvey, Charity, & Payne, 2013). Using the socio-ecological model as a framework the determinants of sport participation accounted for the intrapersonal, interpersonal, organizational, environmental, and policy context in which sport takes place. The sport itself included whether the sport is individual or team and informal or formal/organized. Lastly, the health outcomes



were identified as physical, psychological, and social. The model suggests that all forms of sport contribute to physical health; however, organized and team sport contribute more to the social and psychological benefits in comparison to informal and individual sport (Casey & Eime, 2015). The Health through Sport model was initially based on children's and adolescents' sport participation. However, after an extensive systematic review, later work suggested:

The structure of the model proposed is sufficiently general to be applicable both in the adult context and in the context of children and adolescents . . . However, the specific details of each element or link may differ between the adult and child/adolescent contexts. (Eime, Young, Harvey, Charity, & Payne, 2013, p. 12)

The Health through Sport model suggested that intrapersonal, interpersonal, organization, environmental, and policy determinates of sport participation need to be considered as well as the sport type. However, as the researchers suggested, the connection between sport and health needs to be further investigated.

Rowe and colleagues (2013) took a similar approach by integrating socio-ecological models with sport development concepts to explain how physical activity and sport management knowledge could be merged. The resulting model highlighted the individual (e.g., age, gender, skills), social (e.g., family support, social norms), physical environment (e.g., facilities, infrastructure), and policy (rules, sport policies) factors and then offered a continuum for the type of sport. This continuum ranged from sport development (i.e., elite, competitive) to community development (community sport participation). Their proposed conceptual framework provided direction on how sport, recreation and physical activity knowledge could be better integrated for community wellbeing purposes. Like the Health through Sport model, Rowe and colleagues' model highlighted the complexities of sport being used to promote health.

Eime and colleagues' (2013) and Rowe et al.'s (2013) work have pushed forward our understanding of sport and health; however, both adopted a socio-ecological and macro approach. While this was necessary and needed, it highlights a gap in literature regarding the micro-perspective. While the macro approach considers large-scale patterns and trends within the overall social structure, system, and population, the micro approach considers smaller groups' patterns and trends in the context of the everyday lived experiences. Importantly, both approaches help in understanding social phenomena, issues, and identifying potential solutions (Cole, 2017). Addressing the extant gap in the literature regarding the micro-perspective would help build up on the previous macro-level work. Specifically, a theory that considers the best practices that promote positive health outcomes in sport would address this gap. It would answer the call to identify factors in sport that promote health, while also providing evidence of additional ways to more fully connect sport and health (Chalip, 2006; Henderson, 2009).

## **2. Current study**

In an effort to fill this gap and better understand how sport can be managed to promote health, I explore the experiences of adult men in F3, a grassroots recreational program that anecdotal evidence suggests has delivered notable health benefits to its participants. F3 (Fitness, Fellowship, and Faith) is a rapidly growing, free, peer-led recreational group that shares many commonalities with participatory sport. As a result, insights from this recreational activity can inform sport managers and help answer how sport can better promote health (cf. Chalip et al., 2010). Although sport is considered a male-dominated and gendered space (e.g., Burton, 2015; Schaeperkoetter, 2016), men are generally under-represented in health promotion interventions (George et al., 2012). Although some noteworthy attention has been given to improving, retaining, and understanding women's experiences in physical activity and sport programming

(e.g., Dixon, 2009; Hanlon, Morris, & Nabbs, 2010; Rowe, Shilbury, Ferkins, & Hinckson, 2015), there is “still the need for physical activity interventions to stratify results by sex to demonstrate intervention effects” (George et al., 2012, p. 297). Further, given the significant attention that has been placed on youth in sport and public health programming (Berg et al., 2015), I specifically focus on adult men and their experiences. Thus, the guiding purpose of this research is to use an exemplary example of an adult male recreational program to advance knowledge on how sport can better promote health.

### **3 Method**

The goal of this research is to explain human behavior in a social context (i.e., how the sport context can promote health), challenge a commonly accepted paradigm, and provide management insights. Thus, I adopted a critical inquiry stance and a grounded theory approach (Locke, 2001; Munhall, 2007). Critical inquiry is ideal for challenging common assumptions and paradigms: “It invites both researchers and participants to discard what they term ‘false consciousness’ in order to develop new ways of understanding as a guide to effective action” (Gray, 2013, p. 27). Moreover, this perspective allows for the participants to serve as experts and aligns with a grounded theory approach. Grounded theory allows for flexible data collection and theory to emerge from the data. As Strauss and Corbin (1998) explain:

Theory derived from data is more likely to resemble the ‘reality’ than is theory derived by putting together a series of concepts based on experience or solely through speculation (how one thinks things ought to work). Grounded theories, because they are drawn from the data, are likely to offer insight, enhance understanding, and provide a meaningful guide to action. (p. 12)

In this case, I explored the experiences of members of F3 to gain insight on best practices that are fostering health outcomes (Bardach, 2004). By utilizing a critical perspective and a grounded theory approach, meaningful insights on how to manage sport to promote health were attained.

### **3.1 Research context**

F3 is a cost-free grassroots recreational group for men, whose stated mission is “to plant, grow and serve small workout groups for the invigoration of male community leadership.” The three “F’s” stand for Fitness, Fellowship, and Faith. F3 started with a single recreational workout group in Charlotte, North Carolina, USA, in 2011 and has quickly expanded to over 1000 weekly workouts in 70 different cities in 18 different states in the US (“F3 Nation,” 2017; “How fitness, fellowship and faith are bringing thousands of men together,” 2017).

The defining characteristics of an F3 workout are that it takes place outdoors, almost always at an unpleasantly early hour; that it is led by one of the participants (not a paid fitness instructor); and that it is physically challenging while being inclusive of all men who show up for the workout. No one has ever been turned away from an F3 workout; no one has ever been charged for an F3 workout. (“F3 Nation,” 2017)

F3 activities are peer-led, and all participants lead on a rotating basis. Local community members have recognized F3, as all workouts take place in public parks. Because many of the traditional barriers to physical activity are removed (e.g., cost, time, lack facilities; Dixon, 2009), the program is well suited to providing the opportunity for improving the health of its members.

A F3 group based in a medium-sized city in the Southeastern U.S. served as the research setting and will be referred to as F3NC. F3NC started in February 2015 with 5 men and 2 weekly meetings. It rapidly expanded to 14 weekly sessions, and by 2016, it provided an avenue

for becoming fit for over 300 local men (Personal Communication, 2017). The city in which F3NC resides has over 25% of its population living below the poverty line (U.S. Census Bureau, 2016), and 73% of adults in the county are obese or overweight (Centers for Disease Control and Prevention, 2013). Anecdotal evidence suggests F3NC is serving participants in a manner that is promoting health and perhaps not traditionally observed within many sport programs.

### **3.2 Participants**

A founding F3NC member with a background in research and recreational sports served as a gatekeeper for the study. This gatekeeper offered an inside researcher perspective; he understood the culture of the group and provided initial access to members (Creswell, 2009). Further, his guidance on data collection helped ensure that a variety of perspectives and more authentic conversation were obtained (Tingle, Warner, & Sartore-Baldwin, 2014; Unluer, 2012). Purposeful and snowball sampling with the assistance of this gatekeeper was utilized to identify participants and achieve maximum variation (Miles & Huberman, 1994). As a result, data from participants of various socio-economic situations, ages, and length of time with the program were obtained. Fourteen F3NC participants, aged 24-55, with 2 months to 1.5 years of experience in the program (i.e., when F3NC started) were interviewed.

### **3.3 Procedure**

After IRB approval was received, written consent was obtained from the participants prior to all interviews. The participants were advised that their participation was voluntary and that they could stop the interview at any time. Data were collected through semi-structured interviews of F3NC participants and observation. The semi-structured interview guide was primarily focused on the recruitment and retention of participants and the benefits of the program (see Appendix A). The guide included questions such as: “tell me about why you decided to

initially take part in a F3 workout,” “why do you continue to participate in F3,” and “what are the negative aspects?” The voice-recorded interviews lasted approximately 45 minutes to 1.5 hours. Because “the purpose of qualitative research is to represent what was said or done in data collection as accurately as possible” (Shaw, 2015, p. 24), I took field notes to ensure context was not lost, and the interviews were professionally transcribed to ensure accuracy. After transcription, participants were given pseudonyms and member checks were conducted for accuracy and meaning with three F3NC members (Neuman, 2000).

### **3.4 Data analysis**

The data were analyzed with QSR International’s NVIVO 11 software. I initially coded the data line-by-line with a bottom-up approach, which aimed to ensure that codes emerge from the data and preconceptions based on the existing literature were consciously set aside. The initial coding process produced 35 first-level codes. Next, another iterative and reflective process was used for focused coding, which categorized the most frequent and significant first-level codes (Charmaz, 2006). Last, theoretical coding helped establish the relationships and connections between the focused codes using a theoretical lens (Charmaz, 2006; Locke, 2001; Munhall, 2007). The emergent theoretical codes were then put into integrative diagrams (Strauss, 1987) or conceptual maps to help describe the phenomena (Maxwell, 2013). This step was completed with the use of Nvivo 11’s map function until it became clear that the data were saturated, and a theory began to develop. After several iterations, member checks were again conducted with three F3NC participants to further ensure the emergent themes and conceptual map captured their experience. This resulted in minor word changes and greater emphasis on quotes that resonated and represented their F3 experience.

## **4 Results**

In an effort to better understand how sport can be managed in a way that promotes health, the results yielded three main themes: Creating a Team Structure, Providing a Place to Be Accountable, Ensuring No One is Left Out. The data revealed that each of these combined to yield the fourth theme, Health Outcomes, which included three sub-themes (Physical Health, Mental Toughness, Social Connections). See Figure 1. Each theme is presented with data that summarize and capture the F3NC participants' experiences.

#### **4.1 Creating a team structure**

Interestingly, all 14 of the participants had backgrounds in athletics, recreation, or served in a branch of the military. The theme Creating a Team Structure encompassed the competitive and team atmosphere that the organization formed. It played a large role in the recruitment and retention of participants. The participants highlighted that this team structure was available in their past through athletics or other arenas but was not available after college. Through Creating a Team Structure, F3NC attracted participants to the group later in life. For example, when Tanner (24) was asked about what attracted him to F3, he responded:

Just to work out with people because in college when I played baseball we all worked out together, and it was fun. And if you're working out by yourself, it's hard to get up in the morning, so that helped out a lot, just knowing that there'd be other people there.

Aiden (42) summarized, "You have guys that are pushing you." Regan (31) further highlighted the importance of a Creating a Team Structure and the ensuing competitiveness that kept him coming back to F3: "What I've found is that there were other people in the group that would push me harder than I would push myself. . . . so you get out there and you have a little competition."

Jackson (31) added, "And so having that group mentality, it's kind of like with a sports team. If you have a sports team, they'll push and—they have their competitive juices going."

Along with providing an outlet for those with a competitive nature, F3 also provided a group structure. This group structure was something that former athletes and military personnel had grown accustomed to having but were lacking prior to joining F3. Thomas (55) explained:

I really had the post-military career kind of depression because I missed so many things in it. I missed more the clearer missions. I missed authority and an authoritative structure. But I also missed the tighter sense of community. And that kind of whole thing— you get used to it and accustomed to it. And when it's gone, there's a vacuum. And F3 really helped fill this vacuum that I was just longing for and missing tremendously. And so F3 resonated with me a lot, just even something as dumb as having a group and somebody leading the exercises and you're counting off the repetitions.... It gives some of the positive aspects of a group workout and teamwork. And we're all in this, encouraging each other. And that's some of the things the military provided that I missed when I started my current new life. Men want a goal and some competition.... I want to be a part of a team that is collectively doing positive things, but also is allowing me to push toward whatever my goals are.

From an organizational standpoint, F3NC create a team structure by simply having a set time and place and then having the participants lead in a rotating fashion. Alex (43) commented, "We are all volunteers and we all take turns leading the workouts." Regan (31) explained, "If we have them Q [lead] a workout, which I always say is like giving them a piece of F3, like sharing in the ownership, then we have like an 80% retention rate." Thus, the data revealed that Creating a Team Structure helped in recruiting and retaining participants as many of the participants noted that this team structure was a major attractor to F3. This team structure provided a competitive,



yet supportive, environment many of the participants noted was absent in their lives prior to joining F3NC.

#### **4.2 Providing a place to be accountable**

Providing a Place to Be Accountable captured the idea that F3NC offered a social space for accountability. Many of the participants (9 of 14 participants) specifically noted that they reached a pivotal point in their lives when they recognized they were out of touch with friends and wanted to be a better person. F3 provided a place for this to happen by intentionally creating a social space where trust, candor, and accountability were expected. From an organizational standpoint, this was primarily fostered by ending each F3 workout with a prayer and sharing personal concerns. This occurred in a “circle of trust” or “ball of man,” where each man puts a hand on someone’s shoulder and one person leads a prayer. As an organization, F3 recognizes that many share different faiths, and the organizational standpoint is that everyone is asked to bow their head as a sign of respect as another man shares their faith. Derek (33) explained what he observed during his first F3 meeting: “And what I saw was a bunch of grown men not being afraid. That’s how I want to live. And I don’t have many men to like talk about emotions with and prayer with.” He further added:

...As iron sharpens iron, one man sharpens another. This is a place where men are fed humble pie and hold one another accountable to be better men, not just in regards to their physical health. And this group really encourages you to be a better person, a better husband, a better father.

Joshua (49) further described Providing a Place to Be Accountable and his motivation to help start, participate, and lead F3NC.

I came to realize there were many men that were in the same place I was. They were exhausted over fatherhood, professional life, trying to be a good partner to their spouse, trying to be a good mentor to their employees and kids. They were just exhausted and looking for that encouragement, comradery, and accountability. Over the past few months I realized many men who go are looking for a richer place in their daily lives to build accountability to be able to pour themselves out. And one of the first places it begins, is one of the first places men have a tendency to let go of in adulthood and that is fitness. . .we talk about it all the time- raise the bar, hold people accountable.

The data revealed that when the participants reached the life stage where family, career, and general life intersected there was a realization that as individuals they wanted to be “better.” F3 created that space to do so by Providing a Place to Be Accountable. Joe (55) summarized, “F3 fills in the missing pieces and a lot of those underlying feelings that guys may have about where they're at in life and where they want to go and how to get there.” Aiden (42) added, “The biggest thing about F3 is the accountability.” Stuart (41) explained how F3 promoted this accountability:

Well, the Circle of Trust. And there's this unwritten rule that you don't violate that and you're open. And by being open, then that's how you form friendships and bond in relationships. It's an outlet that guys need—that society doesn't allow.

Jeffery (48) and Regan (31) added:

It's weird because you'll have these guys in a prayer circle pray for you, but you won't have your family pray for you and you won't have your church pray for you.... But I feel like, to me, that these men in this group truly do have your best interests at heart. As a

whole, as a group, as a general influence, – if you're doing something that really ain't right, these guys will call you on it.

And I also think that we share a lot of underlying values. Like there's this desire... A theme that comes up over and over in our prayers and in our discussions is that “I want to be a better father. Or I want to be a better person in my community. Or I want to be a better boss and there's that accountability piece.”

Thus, Providing a Place to Be Accountable captured the idea that F3NC offered a place for individuals who wanted to improve themselves and to be held to a higher standard. This desired improvement went beyond fitness or physical health and focused on holistic personal development (i.e., a better father, husband, person). Organizationally, F3 ensured their workouts were Providing a Place to Be Accountable by intentionally creating a social space where trust, candor, and accountability were expected. By designating the last 5-10 minutes for sharing concerns and prayer, F3NC provided a place where participants knew they would be held accountable.

#### **4.3 Ensuring no one is left out**

Ensuring No One is Left Out summarized the idea that F3 was a welcoming environment that was for everyone. From an organizational standpoint F3 promotes Ensuring No One is Left Out as all men are welcomed and this idea is communicated and embedded in the organizational culture. Messages such as “our mission is to give it away” (Joshua, 49; Jeffery, 48) and this is “anybody's workout” (Bryan, 33) are communicated throughout the organization. Newcomers are labeled “FNG” (Friendly New Guy) and Aiden (42) explained, “Well once you go all the guys are really, really friendly. They really go out of their way to meet a new guy. Everybody likes to shake the new guy's hand, meet the new guy.” This eventually resulted in a diverse

group. Joshua (49) explained, “We have all different stages of the fitness journey. We’ve had 60 plus year old men and 15-year-old sons.” Alex (43) then expanded on this:

It’s just different than anything else I’ve been involved with. We got pastors and guys that are covered in tattoos that are a part of it, so we got different walks of life. We got blue collar people and we got lawyers involved in it. I mean you've got your bigger guys, the 300 pound guys then you got your skinny runners, so it's just a different. That is the unique thing too-- but you are all part of the same group.

Along with this notion of various backgrounds and fitness levels several participants mentioned “No man left behind” (Aiden, Jeffery, Samuel, Stuart, Bryan) and/or referenced staying with the “six” or the last guy (Alex, Derek, Joe). This idea is that everyone that shows up is instantly part of the group, welcomed, and will be looked out for. Bruce (46) further explained one F3 ritual is that everyone gets a nickname during their first workout and further emphasized Ensuring No One is Left Out. “This name is unique and officially bonds you with the group.” After every workout the participants will get in a circle and say their name, age, and nickname as means of staying connected. A new participant (i.e., FNG, Friendly New Guy), is asked to tell the group about themselves to help get to know this newcomer and bestow a nickname. This is another organizational element of each F3 workout that resulted in fostering a welcoming environment. Bryan (33) described his first time attending F3 and the results of this theme further.

It was a really cold morning and I just remember how cold my hands were. The guy who convinced me to go looked at me and said, “Oh, I forget to tell you to bring gloves,” and so he took his gloves off and he gave ‘em to me. And I thought he was gonna go get some more gloves or something, but he didn’t. He just—he gave me his one pair of gloves. I felt like this is a guy who would give you the shirt off their own back. This is a guy who

would give up his own comfort for me to be more comfortable. And I had a sense that he probably wasn't the only guy out there willing to do something like that.... There's this idea of no man left behind. And there's this idea of anybody—that this is anybody's workout. There's an extra emphasis upon *anyone*. It doesn't matter where you are in your fitness journey, you're welcome here.

Consequently, Ensuring No One is Left Out captured this welcoming and encouraging environment that the participants noted was unique to F3NC. F3NC accomplished this by creating and fostering an organizational culture that was welcoming and ensured no one would be turned away.

#### **4.4 Health outcomes**

Along with the Creating a Team Structure, Providing a Place to Be Accountable, and Ensuring No One is Left Out themes the data revealed that these factors helped confirm several Health Outcomes were being achieved. The Health Outcomes are sub-categorized into Physical Health, Mental Toughness, and Social Support.

##### **3.4.1 Physical health**

All of the participants reported various improvements in their physical health due to F3. For example, Alex (43) and Jackson (31) offered the following when asked if they noticed any health benefits from their participation in F3NC:

I had a heart attack when I was 39, so I go to a cardiologist every 6 months and the last time I went to my cardiologist [he said] 'we are going to move you to every 9 months because you are doing so good.' I dropped some weight. I have dropped my blood pressure and just my endurance is a whole lot stronger. My cardiologist [now] says I'm always the fittest patient that he has.

When I started doing F3 from then to now, I've probably lost twenty-five pounds. My resting heart rate has dropped. And as far as body density, it's better. Sleep a lot better.

Endurance. Overall cardiovascular health is much better now.

Participants also reported greater ease in everyday tasks (Bryan, 33), improved cardio (Derek, 33), and feeling like they are slowing the aging process (Tanner-24, Thomas-54,) as a result of F3NC. Aiden (42), Joe (55), and Jeffery (48) described that because of their participation in F3NC they were able to avoid cholesterol, blood pressure, insulin, and/or asthma medications. After a brief unexpected hospital stay one participant (41) recalled:

My youngest said, "Daddy, do you know mama said if it wasn't for F3 you wouldn't have survived the hospital?" But my answer to her was, "Yeah, that's probably right." So it's one of those things of being healthy [because of F3] kept me strong and allowed me to survive that.

Lastly, several participants (Aiden, Bruce, Jeffery, Samuel, Stuart, Tanner, Thomas) mentioned that if someone does have an injury or cannot run, they are encouraged to modify the workout, and there are two weekly workouts designed for those that may be working through an injury. Bruce (46) added, "This [F3] keeps you engaged." As a result, all the F3NC participants interviewed experienced positive physical health outcomes.

#### **4.4.1 Mental toughness**

Along with the Physical Health benefits, the participants noted the Mental Toughness or the increased confidence and resilience they had to deal with life. When asked about any benefits of his F3NC participation, Samuel (48) said, "Mental. Well, just the feeling of accomplishing something by 6:30 in the morning. You've accomplished something before most people have started their day. That's a big mental boost. And I'm not as stressed out." Alex (43) explained:

The best I have gotten out of it, mental toughness. The biggest thing I have noticed in my life is I am mentally stronger. I think that to handle things, the crises in life don't bother me as much. I feel much more mentally able. It's funny because I really see F3 now as a leadership group instead of a fitness group. It's amazing how much of a positive influence it has had on my life. I feel like I just get frustrated less, people don't bother me as much as they used to bother me. I feel more confidence. I mean, even my kids and my wife noticed a change in me and they noticed that I laughed more and that I can handle things better. After I was involved for about six months, they noticed a change in me, so yeah it is kind of hard to quantify. I mean how do you quantify that?

Jeffery (48) further added:

If I get up and go work out in the mornings, I've done something for me, so I can do for others the rest of the day. I've kind of got my me time in. That's probably the key to all of it, because I have to be so many things to so many people.... There's a lot of hats you have to wear throughout the day. So you kind of have to be on your – your A game. But F3 does help you psychologically and mentally for a preparedness standpoint for the day.

It was clear that the workout and the timing required “mental fortitude” (Stuart, 41) and were “mentally challenging” (Joe-55, Samuel-48) and resulted in participants reporting Mental Toughness. Consequently, the structure (i.e., Creating a Team Structure, Providing a Place to Be Accountable, and Ensuring No One is Left Out) of the program fostered an environment that resulted in Mental Toughness being achieved by the participants.

#### **4.4.2 Social connections**

Social Connections also emerged from the data as a sub-theme of Health Outcomes. This theme encompassed the social support, brotherhood and fellowship that developed from the

participants being around like-minded individuals. Bryan (33) stated, “When guys get out of college, it’s really hard to make friends as a guy. It’s just something that doesn’t seem to happen very naturally. F3 has given me a chance to really make a lot of male connections.” Several participants discussed how ending workouts with a circle of trust and prayer seemed to strengthen the bonds between participants. Joshua (49) explained:

It’s a way of staying connected and we also share shout-outs and concerns. And it is amazing at 6am after a hard 45-minute workout, people will pour their souls out to people they don’t even know. You don’t hide much at 6 o’clock in the morning, you are who you are.

Stuart (41) and Regan (31) expanded on the importance of Social Connections and the expectation of candor that helps form these close bonds.

And you’re outside and the river’s rolling by and the birds are chirping and the sun’s rising, you feel close to God and you feel like, I’m with guys I can trust, because I just ran with ‘em in below freezing weather. They’re gonna have my back. And that’s the other thing is we talk about problems with relationships, you can’t tell anybody that. But you gotta have an outlet.

I’m always scared when I open up but what I’ve found is that there’s always some guy that’s like “Hey do you want to go out to lunch? We can talk about those things?” Or somebody that sends me a text that says, “You know I’m going through the same thing. I appreciate that you put that out there.” And so that’s like that public display of transparency and closeness and trust. Because the expectation is candor and transparency, I just think that people put more out there and through that we have closer relationships.



Perhaps most fittingly, Derek added “F3 is more than a men’s workout group.... In reality it is a men’s support group.” It was clear that the social support, connectedness, and brotherhood that summarized the theme, Social Connections, was an important Health Outcome that the participants noted was not being achieved in other areas of their life or through other programs.

## **5 Discussion**

By exploring how F3NC is being managed in a way that promotes health, the results and insights were used to put forth a “Sport as Medicine” conceptual model. In 2007, the American College of Sports Medicine (ACSM) and American Medical Association launched an “Exercise Is Medicine” initiative, which aimed “to make activity assessment and prescription a standard part of the disease treatment and prevention paradigm” (Sallis, 2008, p. 4). Whereas the efforts of this initiative over the past decade are commendable, one glaring oversight in the Exercise is Medicine discourse is the absence of sport and recreational activities. Although some public health and sport scholars have begun to narrow the gap between sport and health (e.g., Berg et al., 2015; Eime et al., 2015; Henderson, 2009; Inoue, Berg, & Chelladurai, 2015; Rowe et al., 2013), there are still gaps in understanding how sport programming can promote health. Consequently, the emergent Sport as Medicine model highlights some advantages appropriately managed sport and recreation programming can have in terms of health outcomes. The model based on the experiences of F3NC members in relation to the extant literature is next discussed.

### **5.1 Creating a team structure**

The fact that the F3 structure is dependent upon volunteers and peer led is an important managerial point to consider when creating a team structure. Along with having a designated time and place to meet, this rotating leader helped foster a sense of team. Through returning control back to the participants and providing them with, as one participant said, “ownership,”

F3NC was able to create a team structure. “The ultimate potential of sport for self-development and sociocultural evolution may require then that control be returned to the players, at least to a greater degree” (Kleiber, 1983, p. 92). The peer led element of F3NC returned control to the participants and aided in Creating a Team Structure, which led to greater Health Outcomes. Creating a Team Structure is further supported by Eime et al. (2013) conceptual Health through Sport model, which posited that team rather than individual sport enhanced social and psychological benefits for adolescents.

While Creating a Team Structure is often thought to be built into sport, it is an important managerial feature that should not be overlooked in programing that aims to improve health. In the management literature, Creating a Team Structure, is extensively supported by previous literature on shared leadership. This body of work suggests shared leadership and input from multiple team members is a critical factor in improved organizational performance (e.g., Carson, Tesluk, & Marrone, 2007; D’Innocenzo, Mathieu, & Kukenberger, 2016; Ensley, Hmieleski, & Pearce, 2006). This theme is also support by Warner and Dixon’s (2011) work that concluded that providing leadership opportunities for sport participants was fundamental for them to feel part of a community. Creating of Team Structure was highly important to participant recruitment and retention, and ultimately, to achieving greater health outcomes.

## **5.2 Providing a place to be accountable**

The theme Providing a Place to Be Accountable highlighted the importance of providing a social space for accountability and recognizing an individual’s desire to be better. The results emphasized a life stage where a man recognizes he is out of touch with friends and begins to strive to be a better man, husband, and father. This idea has been extensively supported in the literature. Olds and Schwartz (2010) found that working fathers could not manage work, family,

and friendships. And “most (but not all) of them sounded sad about it. . . While women continue to form strong friendships throughout their lives, men tend to rely on old friends. When those old friends are lost, their number of friends declines” (p. 116). The founders of F3 described this as Sad Clown syndrome, which is despite finding career and family success there is an internal joyless feeling that something is missing (Redding & Whitmire, 2014). Recent sport researchers have alluded to this missing piece as an innate need for a sense of community (see Warner, 2016). In the management literature, this theme is supported by the work on psychological safety. Psychological safety is “feeling able to show and employ one's self without fear of negative consequences to self-image, status, or career” (Kahn, 1990, p. 708) and is positively correlated with employee engagement, performance, commitment and citizenship behaviors (e.g., Frazier, Fainshmidt, Klinger, Pezeshkan, & Vracheva, 2017; Kahn, 1990). Thus, results related to Providing a Place to Be Accountable especially highlighted these human needs and desires related to belonging, purpose, and psychological safety. The F3NC participants expressed a clear desire for accountability and the need for a social space for this, which one participant noted “society doesn’t allow for.” It is common for sport managers and researchers to consider development or personal growth for youth (see Coakley, 2011), it is uncommon to consider what such sport programming would look like for adults. As Berg and colleagues (2015) pointed out there is an inclination to focus on youth with the assumption that they will maintain positive behaviors and habits through adulthood; however, it is adults who create the majority of increasing medical and social costs resulting from physical inactivity. Whereas at the youth level offering accountability may look like sport programs with a character building initiative, for the F3NC participants in this study, some built-in programmatic features encouraged personal growth and leadership development. For example, the circle of trust helped create a setting

where trust, transparency and candor were expected. This, combined with organizational values, aided in Providing a Place to Be Accountable. The results point to the importance of keeping in mind the significance of Providing a Place to Be Accountable when managing sport programs. It is crucial to create an environment where participants are holding each other accountable to being better people in all aspects of their lives. In terms of managing sport, it is clear that intentionally creating a psychological safe social space where trust, transparency and candor were expected can lead to greater Health Outcomes.

### **4.3 Ensuring no one is left out**

Through capturing the welcoming and encouraging environment, Ensuring No One is Left Out, highlighted another element that is important if Health Outcomes are to be achieved. Sport programming is often based on the principles of social exclusion, and especially exclusion based on gender, social class and/or ability (Cunningham & Warner, in press; Donnelly, 2008; Warner & Dixon, 2015). Although F3 is designed for men, a similar structured group is available for women (FiA, Females in Action). By removing the monetary cost and ability criteria important participation barriers are eliminated. Ensuring No One is Left Out, aligns with the Sport for All movement that continues to gain traction. However again Sport for All programs and policies tend to focus on youth (e.g., The Aspen Institute, 2015; Wicker, Breuer, & Pawlowski, 2009). In an effort to improve health, the results of this study indicate the prominence of this idea for adults as well. Although sport is considered a right for all (Donnelly, 2008), Western society tends to only consider sport in terms of professional participation and/or sport spectatorship (Lim et al., 2011; Rowe et al., 2013). Consequently, sport organizations need to continue to emphasize that all participants are welcome regardless of age or ability. F3NC accomplished this by promoting and communicating this welcoming environment through their

participants. It was clear from the start each participant felt valued by the organization. Managing and clearly communicating how new participants are welcomed has been fundamental to the success of F3NC. Acts such as “shake the new guy's hand,” labeling newcomers “friendly new guy,” providing a space for that individual to tell others about themselves, and then giving him a nickname are simplistic organizational elements that have lasting impacts. If sport is going to have broad reaching health impacts the emphasis on “anybody” and Ensuring No One is Left Out is especially important to recruiting and retaining participants. Thus, managing sport organizations in such a way that there is a clear process for welcoming newcomers is key to ensuring Health Outcomes.

#### **4.4 Health Outcomes**

Keeping in mind health is a state of complete physical, mental and social well-being, it is not surprising that the sub-categories (i.e., Physical, Mental Toughness, and Social Connections) encompassed the Health Outcomes reportedly achieved by the participants. The results in terms of Physical Health were somewhat unsurprising given the participants’ increased physical activity through F3; what was surprising was the substantial physical health benefits that were observed. Though increased physical activity can result in health benefits, it is important to highlight that physical activity behaviors need to be maintained for six months to achieve sustained health benefits and about 50% drop out before this mark (Dishman, 1988; Linke, Gallo, & Norman, 2011). Adherence and attrition is always a concern, however, the participants interviewed were involved with the program on average for over a year. While sport injuries and, especially overuse injuries, are often a concern, F3NC offers social opportunities and two weekly workouts specifically for those that were injured or just starting. This likely aids in adherence and consequential Physical Health outcomes.

The Mental Toughness or increased confidence and resilience to deal with life was also a noteworthy health outcome. One of underlying tenets of Mental Toughness is the ability to deal with stress or what is referred to as “hardiness” within the health psychology discipline. Kobasa’s (1979) foundational work offered that hardiness was the determining characteristic between high stressed individuals that remained healthy and those that did not. More specifically, hardiness decreases “the likelihood of physical ‘wear and tear’ disorders (e.g., cardiovascular diseases, obesity, cancer, and Alzheimer's disease) and mental problems (e.g., depression, anxiety, and anger disorders)” (Maddi, 2006, p.161). Given that Mental Toughness is something that can be developed (see Anthony, Gucciardi, & Gordon, 2016) and is positively tied to health (e.g., Kobasa, 1979; Maddi, 2006) sport managers can utilize this knowledge to promote health, especially mental health for athletes. For example Gucciardi, Hanton and Fleming (2017) explain how:

Mental toughness is positively associated with goal progress, objective performance, and positive symptoms of mental health (e.g., thriving), but is inversely related with negative symptoms of mental health (e.g., depression)... Interventions that are marketed as targeting mental toughness could be used as a “hook” to attract athletes (and coaches and sport scientists) into settings that can open dialogue on the importance of mental health and improve knowledge of key issues (e.g., stigma, symptoms). (p. 310)

Understanding Mental Toughness is not just a health outcome, but something that can be leveraged and promoted within sport to address mental health is key to the sport and health conversation. The results of this study suggest that by Creating a Team Structure, Providing a Place to Be Accountable and Ensuring No One is Left Out, an increase in Mental Toughness can be achieved for participants.

The Social Connections also contribute to mental health, and consequently, overall health. Given that research positions sport as an avenue for creating a sense of community and social support (e.g., Berg et al., 2015; Warner, 2016), which results in positive health impacts (e.g., Berkman et al., 2000; Kawachi & Berkman, 2001; Olds & Schwartz, 2010), the Social Connections reported by the participants was foreseeable. What was unanticipated was the strength of the social bond that the male participants discussed. Researchers have shown that women report greater social support, and consequently, are advantaged in that they tend to receive greater emotional support (e.g., Turner, 1994; Walen & Lachman, 2000). What was unexpected was that the participants reported it was out of the ordinary for them to make new male friendships and the strength of the social connections made through F3NC. Considering connected individuals are healthier and live longer (Cohen, 2004; House, Landis, & Umberson, 1988; Kawachi & Berkman, 2001), this health outcome is especially encouraging. While we know Social Connections made via sport can impact health behaviors (e.g., Hystad & Carpiano, 2012; Warner, Sparvero, Shapiro, & Anderson, 2017), the results of this study point to specific factors that promote social connections (i.e., Creating a Team Structure, Providing a Place to Be Accountable, and Ensuring No One is Left Out). Overall, this research conceptualizes how sport can be better designed to promote holistic health and furthers the idea of Sport as Medicine.

#### **4.5 Practical implications**

Given that theory should drive practice, specific strategies can be gleaned from the emergent model that sport managers can use to promote health outcomes. For example, structuring sport programming so that individuals feel as though they are a part of a team is important. Things as simple as having a clear mission and meeting time and place would help in Creating a Team Structure. Promoting a team philosophy and/or competitive mentality with the

program where everyone is expected to push and support each other would further aid in this. Second, sport managers should embrace the idea of Providing a Place to Be Accountable and having both accountability and leadership building in adult sport programming. This research points to the importance of opportunities for people to be held accountable, take on leadership roles, and be encouraged to be better in various aspects of their lives (e.g., spouse, parent, friend). This is important at all life stages but currently is seemingly only emphasized in sport at the youth level. Sport managers who want to promote health should consider ways adult participants can hold one another accountable. Fostering an environment where trust and transparency are expected can help create this environment. Promoting opportunities for everyone to take on leadership roles with their organization is also a noteworthy starting point. One example might be having everyone take a turn at officiating, coaching, or even organizing a social outing. The data suggest that the men in this study specifically wanted to be held accountable and seem to have a strong desire to be better. Sport needs to be managed in a manner that provides a social outlet for this to occur. Creating a Team Structure and Providing a Place to be Accountable are thereby fundamental for ensuring Health Outcomes are achieved.

Third, the extant sport literature has demonstrated the importance of managing diversity within sport (e.g., Cunningham, 2011; DeSensi, 1995; Fink, 2008). Guaranteeing this diversity and the idea that Ensuring No One is Left Out by participants, especially regarding age and ability, is something F3NC seemed to exemplify. Sport managers can further endorse this idea of Ensuring No One is Left Out by confirming that modifications are provided for various abilities and clearly communicating that all are welcomed. This can be accomplished by offering various levels of competition, or by having a sport structure that allows individuals to compete against others at the same ability level. Further, should an injury occur, sport managers should



recognize the impact of organizing outside social gatherings. For example, organizing meetings for lunch or at a local pub will help sport participants stay involved and attached to your organization. More importantly, these social gatherings would likely aid in ensuring the social and mental benefits, at a minimum, are being achieved.

Lastly, from a practical standpoint the results also emphasize that sport can indeed promote health and this should be emphasized in marketing and recruiting materials. Whereas Physical Health benefits are usually the easiest to target, the Mental Toughness and Social Connections observed within F3NC are worth noting and offer important takeaways. If sport managers can promote environments where social support is encouraged greater health benefits are more likely to be achieved via the Mental Toughness and Social Connections. Creating social spaces is one strategy sport managers should consider to help contribute to this (Warner & Dixon, 2011). For example, providing a designated area for participants to gather before and after an activity, much like the office water cooler, can allow for informal conversations that can have a meaningful impact on an individual's social and mental well-being. Within F3NC, it was clear that having a specific and dedicated time for discussing life and personal struggles was important, and as a participant suggested, this was a needed outlet that society does not allow for. Again, this is a distinguishing element that sport can offer if appropriately managed. If the goal is to promote health, a greater emphasis on creating a sporting environment that considers the social and mental benefits of doing sport with others is crucial.

#### **4.6 Limitations and future directions**

Though a single exemplary case can be a powerful example and offers some theoretical propositions (Siggelkow, 2007; Yin, 2012), it is important to note the limitations of this work.

The results cannot be generalized beyond the 14 participants and the context. All theory should be refutable, testable, and inform practice (Bacharach, 1989; Platt, 1964; Van de Ven, 1989). As a result, future researchers should explore other contexts (e.g., female programs, youth programs, etc.) and test the boundary conditions of the Sport as Medicine model put forth. Whereas other factors may emerge in a different context, this work should be viewed as a starting point for researchers to build upon. Scholars interested in further examining the micro- or organizational-level could use the resulting framework to inform future empirical sport and health research. Further, taking a quantitative approach to testing the model would be a useful endeavor as well.

In addition to this, it is important to consider to what was not in the data (Berg et al., 2015; Munhall, 2007). What was surprisingly not in the data (despite being a guiding questions) was the clear role that faith played in F3. When asked about the faith component in an interview, the founder of F3 stated:

That's the best word we have come up with to describe what takes over guys, it's not one religious faith, it's not a denomination or anything like that. It's more a belief in something outside yourself and a desire to do something in the world. ("How fitness, fellowship and faith are bringing thousands of men together," 2017)

Although faith did not emerge as a significant factor, it likely undergirds some sporting factors that did emerge. For example, the accountability and ensuring no is left would align with this belief and description of faith. Future research should consider the role of the faith component in sport and consider exploring a group without a faith component to see if the same factors emerge and Health Outcomes are achieved.

#### **4.7 Conclusion**

Fineberg (2012) stated that a sustainable health system must be affordable, acceptable to key constituents, and adaptable. This research aligns with these ideals and suggests that in order for sport to contribute to health, it is important we find ways to make sport affordable, acceptable to key constituents, and adaptable. By taking a critical approach and challenging a common paradigm, this research posits a Sport as Medicine model that does not add cost, is based on the participants' insights (i.e., key constituents), and is flexible. It does not suggest impermeable boundaries or constraints, but rather offers conceptual insights into programmatic and organizational ideas that currently may be missing from sport programs. By providing a sport experience that emphasizes Creating a Team Structure, Providing a Place to Be Accountable, and is open to everyone (Ensuring No One is Left Out), this research suggests greater physical, mental, and social health outcomes can be achieved via appropriately managed sport. Because the obesity epidemic has been viewed as a medical issue, sport and recreation scholars have had little influence (Berg et al., 2015; Chalip et al., 2010). As the distinctiveness of sport and the commonalities with recreational activities continues to emerge in the literature, this work provides a conceptual framework and starting point for sport managers to see that sport is part of the solution to addressing physical inactivity. The results of this work position sport as medicine by pinpointing how programming should be managed so that holistic health outcomes are achieved.

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**Appendix A**

## F3 Questions Semi-Structured Interview Guide

1. Tell me about why you decided to initially take part in a F3 workout?
  - a. What did you hope to gain?
  
2. Why do you continue to participate in F3?
  
3. What are some of the benefit to participating in F3? What are the negative aspects?
  
4. F3 stands for Fitness, Fellowship and Faith.
  - a. So do you feel that your **fitness** level has improved as a result of F3? How much so?
    - i. How is F3 different than a gym workout?
  - b. What can you tell me about the **fellowship** or comradery that you've experienced?
    - i. Have you met any new confidants or trusted friend as a result of F3? Or as a result of your participation in F3 have you strengthened any of your existing friendship?
  - c. What can you tell me about the **faith** aspect of F3?
    - i. How important do you think the faith aspect is in F3?
    - ii. Do you consider F3 a "faith-based community"? Why or why not?
  
5. What do you feel the keys are to create a successful program like F3 and getting people to continue to participate?

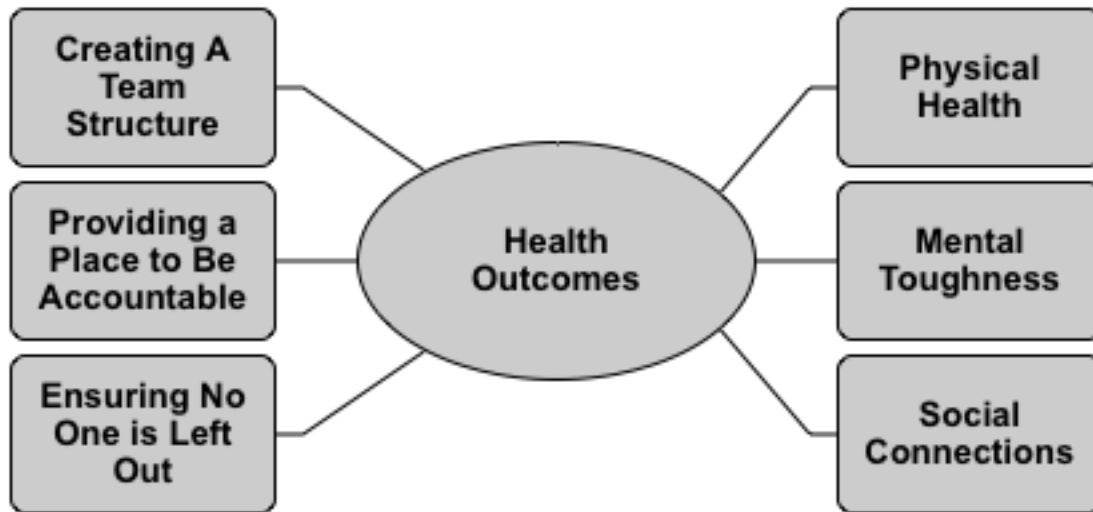
Probes:

Tell me more about that.

Can you give me an example?

Can you describe how that felt?

Can you define that?



**Figure 1. Sport as Medicine Model**