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A Qualitative Exploration of Barriers and Facilitators to Physical Activity Among Low-income Latino Adolescents

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Introduction

Rates of overweight and obesity in children and adolescents have increased dramatically in recent decades, proving to be a major public health concern (Skinner, Ravanbakht, Skelton, Perrin, & Armstrong, 2018). The most recent National Health and Nutrition Examination Survey (NHANES), revealed an increase in childhood obesity among all age groups, with the steepest increase among adolescents (Skinner et al., 2018). Notably, Latino children have significantly higher rates of obesity than non-Hispanic white children (Skinner et al., 2018) as well as higher rates of obesity co-morbidities such as type 2 Diabetes (Dabelea et al., 2014) and fatty liver disease (Trico et al., 2018). Children living in low-income households are also more likely to be obese (Ogden et al., 2018). Although obesity is a complex condition, inadequate physical activity (PA) has been identified as an important contributor to excess weight (Foster, Moore, Singletary, & Skelton, 2018; Greydanus et al., 2018). Engaging in PA also leads to improvement in obesity co-morbidities including fatty liver disease (Medrano et al., 2018) and metabolic syndrome (Whooten, Kerem, & Stanley, 2019). Furthermore, the relationship between obesity and PA appears to be bi-directional, with children who are obese tending to engage in lower levels of PA and lower levels of PA also contributing to obesity (Institute of Medicine, 2015). Thus, it is critical to find ways to increase levels of PA among children and adolescents and to target efforts at children who are normal weight as well as those who are overweight or obese.

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Declaration of Conflicting Interest

The Authors declare that there is no conflict of interest.

The United States Physical Activity Guidelines recommend that children between ages 6 to 17 years take part in 1 hour or more of moderate-to-vigorous physical activity (MVPA) each day (Piercy & Troiano, 2018). However, the majority of adolescents in the United States do not report meeting the recommended guidelines (Haughton, Wang, & Lemon, 2016), and levels of adolescent MVPA documented using objective measurements are even lower (Li et al., 2016). Disparities in MVPA track with those in obesity. An analysis of NHANES data from 2011-2012 found that Latino adolescents were less likely than white adolescents to report at least 60 minutes per day of MVPA (Haughton et al., 2016). In addition, a study that analyzed NHANES data from 2007-2016 found lower likelihood of engaging in *any* MVPA as well as lower average minutes per day of MVPA for Latino adolescent girls compared to white adolescent girls (Armstrong et al., 2018).

When considering how to address disparities in obesity among low-income Latino adolescents, consideration must be given to barriers and facilitators to PA for this population. Factors that have been quantitatively found to influence youth PA behaviors in diverse populations include neighborhood safety (Chaparro, Bilfield, & Theall, 2018; Forsyth et al., 2015), access to public parks and facilities (Duncan, Strycker, Chaumeton, & Cromley, 2016; Galvez et al., 2013), support and modeling from family members (Christofaro et al., 2018; Eisenberg, Larson, Berge, Thul, & Neumark-Sztainer, 2014; Gallo et al., 2017; Wang et al., 2019), and school policies related to physical education (Mayorga-Vega, Martinez-Baena, & Viciana, 2018). A research report from *Salud America!2*, the Robert Wood Johnson Foundation Research Network to Prevent Obesity Among Latino Children, found that fewer Latino families report that their neighborhoods are safe places for children to play and that Latino neighborhoods are less likely to have recreational facilities than white neighborhoods (Swanson, Ramirez, & Gallion, 2016).

Qualitative research that captures barriers and facilitators to PA from the perspective of youth themselves is an important precursor to intervention design. However, to date, there is a paucity of qualitative studies exploring PA that have included any low-income Latino adolescents (Bragg, Tucker, Kaye, & Desmond, 2009; Payan, Sloane, Illum, & Lewis, 2018) and none that have focused exclusively on this high-risk group. To address this gap, we conducted a qualitative study to understand barriers and facilitators to PA among low-income Latino adolescents with overweight or obesity in San Francisco, California. San Francisco is a setting in which racial-ethnic disparities in obesity among youth are particularly stark. Among 7th graders in San Francisco, 55% of Latinos are overweight or obese compared to only 18.5% of whites (*Kids Count Data Center*, 2019.). Our aims were to gain insight into daily PA patterns as well as perceptions of individual, family and community level barriers and facilitators to PA among low-income Latino adolescents in San Francisco.

Methods

Conceptual Model

To strengthen the utility of our results vis-à-vis intervention design, we utilized the COM-B theory of health behavior to structure study design and analysis. COM-B stands for “capability,” “opportunity,” and “motivation” and specifies that each of these three

domains contribute to shaping behaviors. In the COM-B model, “capability” refers to the physical and psychological capabilities to perform a behavior; “opportunity” refers to the social and physical opportunities that allow behaviors; and “motivation” refers to the automatic and reflective motivations that can facilitate or inhibit behavior. The COM-B model has been widely used to inform the design and evaluation of health behavior interventions (Curtis, Lahiri, & Brown, 2015; Handley et al., 2016; Mangurian et al., 2017) including studies with adolescents (Carney, Bradshaw, & Yung, 2016; Harris, Mosler, & Grigg, 2019; McDonagh et al., 2018).

Recruitment and eligibility

We recruited participants from the pediatric primary care clinic at Zuckerberg San Francisco General Hospital (ZSFG), a public hospital serving publicly insured residents of San Francisco. All patients cared for in the pediatric primary care clinic at ZSFG are insured via Medicaid or a San Francisco County insurance program for low-income residents, and thus can all be considered low-income. The *inclusion criteria* were: 1) age 13-17 and 2) having a body mass index \geq 85th percentile for their age and gender. The *exclusion criteria* were 1) having a significant chronic medical condition that impacted participants’ ability to be physically active (e.g. cerebral palsy, being wheel chair bound) or to eat by mouth (e.g. g-tube fed) and 2) cognitive or other impairment limiting ability to independently participate in an interview. Clinic medical assistants and primary care providers informed adolescents about the study during primary care visits. Staff referred interested adolescents to the study research assistant to confirm eligibility. The research assistant obtained verbal assent from those who met eligibility criteria and wished to participate. Written consent was not obtained as the consent form would have been the only link between the participant and the study data. Thus, verbal assent allowed for greater confidentiality. Parental consent was not obtained as the study was low risk, and because adolescent patients who come to the study site to seek sensitive services frequently come without parents. The same research assistant who conducted the assent process also conducted the interviews. We continued to recruit participants until saturation was reached (no new themes emerging from interviews) (Strauss & Corbin, 1998). We interviewed a total of 33 adolescents. Ethnicity was not an original criteria for the study. However, in the final sample 30 out of 33 participants were Latino, likely due to the patient demographic that the clinic serves. As PA beliefs and behaviors may be impacted by culture, we decided to limit the analytic sample for this manuscript to the 30 interviews conducted with Latino adolescents.

Study procedures

The study was approved by the Committee for Human Research at the University of California, San Francisco (Study # 16-20871). The one-on-one, semi-structured interviews were conducted immediately following a clinic visit. Interviews took place in a private room adjacent to the clinic, and lasted between 25 and 88 minutes, with a mean duration of 45 minutes. The interviews also addressed eating behaviors and the findings on eating behaviors have been previously published (Beck et al., 2019). This report focuses solely on the physical activity findings. The interviews were conducted by a bilingual- bicultural research assistant, in the participants’ language of choice. Interviews were recorded and subsequently transcribed.

The interview guide was developed by the research team based on a literature review with input from adolescent providers in the clinic. The interview guide consisted of a series of broad questions with more specific follow-up probes. The research assistant who conducted the interviews was trained to allow the participant to lead the conversation and to stray from the interview guide if meaningful topics were mentioned that were relevant to study objectives. The study team reviewed interview transcripts regularly throughout the study and provided ongoing feedback on interview technique. See Table 1 for the main interview prompts. The interviews included a brief demographic survey and were conducted between October 2016 and May 2017. Adolescents were given a gift certificate for participating.

Descriptive statistics were used to summarize demographic data. We used a general inductive approach to analyze the interview transcripts (Thomas, 2006); NVivo 11 software (QSR international version 11.4.1) was used to aid coding. Two researchers (TV and AB) independently read transcripts to identify emergent themes relevant to the study objectives and coded illustrative quotes for each theme. Researchers met regularly to compare the identified themes and representative quotes. Differences were resolved through discussion and consensus. As new themes emerged, earlier transcripts were re-read and re-coded. After the coding was finalized, the themes were matched to relevant components of the COM-B model and were grouped into categories. We based the categories on the original aims of the study which were to explore *individual*, *family*, and *community* level barriers and facilitators to PA. We decided to group family and peer influences together as they both address the impact of interpersonal relationships on activity rather than structural factors and included the school environment as part of *community* level influences. Finally, representative quotes for each theme were selected for inclusion in the manuscript. Any Spanish quotes included in the manuscript were translated by the study team to English.

Results

Of the 30 adolescents that were interviewed, 27 were interviewed in English, two were interviewed in Spanish and one was interviewed using a combination of Spanish and English. Demographic information about the sample is provided in Table 2. We identified twelve themes in the following three categories: 1) *Individual influences*, 2) *Family and Peer influences*, 3) *School and Community influences*. Table 3 illustrates the themes in each category along with representative quotes and the corresponding COM-B model constructs. The themes are also bolded below in the narrative results section.

Nearly all of the participants described participating in some form of PA during the week (27 out of 30). Of those who regularly engaged in PA, 16 described participating in physical education (PE) at school; PE was the *only* source of activity for 5 participants. Only 6 teens endorsed participating in organized sports outside of PE. In addition, 8 teens engaged in PA with a family member or peer, 1 described being physically active at a community program, and 9 engaged in individual activities like walking or going to the gym.

Individual influences

Most of the adolescents had a flexible definition of physical activity, that included a range of activities such as walking, running, and dancing in addition to organized sports. However,

a minority of participants held a more rigid idea of physical activity, defining PA strictly as participation in sports.

Many participants described responsibilities that got in the way of PA. The most common competing demand that participants mentioned was schoolwork. A number of adolescents reported having some sort of PA routine in the past or during the summer, that they stopped because school started or schoolwork became too demanding. Less commonly cited competing demands included extracurricular activities and caring for younger siblings. Of note, work (i.e. paid employment) was not cited as a barrier to engaging in PA. This was noteworthy as one could expect that low-income adolescents might work to help support their families.

A number of participants noted that negative emotions caused them to be less active. Some observed that when they were feeling sad or experiencing stress, it was hard for them to motivate themselves to be active. Others, however, reported that they used physical activity as a tool for emotional regulation. These adolescents described feeling lower levels of stress or a boost in their mood when they were active which motivated them to maintain an exercise routine.

Family and Peer Influences

Several adolescents described their parents as having their own exercise routine including walking, jogging, biking, going to the gym, and attending Zumba classes. A number of participants explained that their parents were attempting to increase their own PA to avoid future health complications such as diabetes. However, in most cases parents were physically active without the adolescent. Schedule differences between parents and teens were often cited as a barrier to family PA. In a few cases, teens were not interested in the same activities as their parents. Only a small subset of participants described family members being physically active with the adolescent including going for walks together or going to the gym together. When family PA occurred, it took place on the weekends. Several participants expressed a desire to be more active with their family.

A minority of participants reported regular physical activity with peers including going on bike rides, walking around the city, going to the gym and informal soccer games. The social nature of these activities provided important elements of enjoyment and structure, and a few teens noted that encouragement from friends was a main driver for them to be physically active.

School and community influences

Many teens described their proximity to safe and inviting public spaces as a facilitator to physical activity. Parks were frequently described as safe and clean, and teens noticed when the facilities were renovated or monitored by park staff. Participants referenced the variety of facilities they had available to them in their neighborhood as important facilitators. Examples of these facilities include a skate park, soccer field, cultural center, and a recreation center with a gym and indoor basketball court.

A few participants expressed community safety concerns, including worries about drugs, violence, gang activity and discomfort with catcalls in their neighborhood (i.e. inappropriate and/or sexualized comments from strangers). Even among those with concerns about safety, however, several referred to parks in their neighborhood as a safe escape from surrounding disorder.

In-school PE was the major source of physical activity for many study participants, and participants described the importance of physical education in achieving their fitness goals. Participants reported participating in a range of activities during PE classes, including weightlifting, team sports, neighborhood hill-walking, and dance. Nearly all participants described their experiences with PE positively. Participants also commented on the fact that PE was a requirement in the first two years of high school, but optional or not available after that. Some adolescents expressed desire for more PA at school such as requiring PE participation during all four years of high school.

In addition, over half of study participants described adolescent-specific programming gaps, wishing to participate in a specific activity, but lacking the resources to take the next step. For many adolescents, there was a disparity between what activity interested them and what activities were available. Participants referenced available activities as being catered to other age groups such as adults or younger children. Further, some participants described how their local gyms explicitly prohibited them from exercising without an accompanying adult. It was also common for the teens to have ‘aged’ out of an activity. Additionally, several participants referenced the difficulty of starting an organized sport at the high school level. Teens also noted that a lack of skills limited their engagement in certain activities, such as knowing how to ride a bike and how to swim. Finally, several participants reported financial constraints that limited their choices.

Discussion

Through our qualitative study with low-income, Latino adolescents, we identified several barriers and facilitators to PA that are important to consider when implementing behavioral interventions in this population. Regarding *individual influences*, most participants had a flexible view of what it means to be physically active, including a range of activities broader than sports. A number of teens in our study noted that stress and feelings of sadness caused them to be less active, while others actively utilized PA as a tool for emotional regulation. We identified school-work as a common competing demand to regular PA for study participants, and in-school PE programs as a powerful facilitator to exercise. At the level of *family and peer influences*, many participants described their family members as participating in some form of regular PA. However, in most cases, family members were active on their own without the teen. With respect to *school and community influences*, inviting and well-maintained public parks as well as school PE were important facilitators to PA. Finally, participants described gaps in adolescent-specific programming, with many lacking the requisite skills, access, or financial resources to engage in their activity of choice.

Some of our findings are similar to prior studies that have been conducted with Latino participants. Our finding of community safety concerns as a barrier to PA is consistent with a study in which Latino adolescents who expressed greater fear of crime engaged in less PA and outdoor recreation (Shinew, Stodolska, Roman, & Yahner, 2013). In addition, in their study with low-income Hispanic communities, Dolash et al reported that renovated parks encouraged greater PA (Dolash, He, Yin, & Sosa, 2015).

Further, there are similarities between our findings and studies conducted with diverse groups of low-income children and adolescents. In a qualitative study conducted with low-income African-American and Latino adolescents and young adults in Los Angeles, schoolwork and neighborhood safety concerns were barriers to PA for adolescent participants as was a mismatch between available activities in their community and their personal preferences (Payan et al., 2018). Friends were the most commonly referenced social influence among focus groups conducted by Bragg et al with low-income, culturally diverse adolescents (Bragg et al., 2009). In this study, schoolwork was also a barrier to PA that adolescents reported (Bragg et al., 2009).

Considering our results in terms of the COM-B model of health behavior may allow for more effective translation to behavioral interventions. With respect to *capability* (the physical and psychological capabilities to perform a behavior), our findings suggests that teens could benefit from interventions designed to teach them new physical skills as well as programs directed at beginners in a particular sport or activity, a need which may be wrongly overlooked in this older pediatric age group.

Regarding *opportunity* (the social and physical opportunities that allow behaviors), school-based PE proved to be an important opportunity for many teens to get regular exercise. It is therefore critical to protect funding for PE and to expand both requirements and opportunities for students to be physically active at school. In the local context, this would include extending required PE classes into the last two years of high school. As many participants described schoolwork as competing with their opportunity to exercise, it could be helpful for schools and health care providers to acknowledge this barrier and help adolescents plan their PA around the demands of school work and other activities. Educating adolescents on the positive impact of PA on concentration and focus may also encourage them to remain active even when they are feeling overwhelmed with school responsibilities. Furthermore, while schedule conflicts posed a barrier to family PA, many family members were described as being active individually. This was an encouraging finding as parents may serve as important role models for adolescents in this population but also suggest a missed opportunity for teens to be active. Interventions should encourage family members to make an effort to include adolescents in their exercise routine and help set goals for PA to occur as a family whenever possible. The adolescent-specific programming gaps indicate that many teens lack the opportunity to engage in their activity of preference. Health care facilities and other social service providers could consider community navigation and case management approaches to help connect adolescents with activities they enjoy. At a policy level, it is important to consider the specific needs of adolescents (as distinct from the needs of younger children and adults) and recognize that adolescents may be particularly vulnerable to stopping PA if offerings are not tailored to their interests.

With respect to *motivation* (the automatic and reflective motivations that can facilitate or inhibit behavior), some adolescents may benefit from being taught a more broad definition of what it means to be physically active. It is possible that some teens may lack motivation to be active because they are not considering activities beyond organized sports. Additionally, we found that some teens viewed exercise as a means of emotional regulation, an important point for clinicians and school counselors who can encourage PA by emphasizing the benefits for emotional health.

There are some important limitations of our study. First, the majority of our participants were children of immigrants from Mexico and Central America, and our findings may not be representative of all Latino adolescents, especially those whose parents immigrated from other regions of Latin America. Further, while major income disparities exist in San Francisco, there is significant investment in public parks and access to parks and recreational facilities in some low-income San Francisco neighborhoods (San Francisco Recreation and Parks Budget and Financial information, 2019). Considering the impact of community environment on physical activity, our findings may not be generalizable to populations living in less urban settings and in settings with lower parks and recreation investment. Additionally, study participants were recruited from a pediatric primary care clinic. Their views may be less representative of other Latino adolescents who are not accessing primary care. Finally, the qualitative nature of our study and small sample size inherently limits its generalizability.

Conclusions

Notwithstanding its limitations, our results provide important insights into barriers and facilitators to PA among low-income Latino adolescents that can inform efforts to promote PA in this population. Our findings suggest that it critical to offer tailored PA programming for Latino adolescents that allow for adolescents without prior experience with a given activity to participate. Health care settings must be aware of programs that do exist and provide navigation to connect adolescents to needed programming. Adolescent specific programming must be low cost or free, and would ideally include opportunities for family involvement. It also appears that strengthening school based PE offerings and requirements could have an important impact on PA in this population. Finally, it is critical to enhance the safety and appeal of parks and recreational facilities in Latino neighborhoods.

In addition, our findings point to the need for further research to examine factors that affect PA among Latino adolescent. Future studies can build off the themes discovered in this study to understand the prevalence of the uncovered barriers and facilitators in large and geographically diverse samples of Latino adolescents. Such research is important to informing and justifying policy level interventions to support PA in this population.

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Table 1:

Main semi-structured interview prompts

1. What does it mean to you to be physically active?
2. What do other people in your family think about being physically active?
3. Can you tell me about your activities on a typical week-day or school day in your life starting from the time that you wake up? (Question then repeated to ask about weekends)
4. Thinking about your daily activities, do you think that you get enough exercise to be healthy?
5. Have you ever tried to increase the amount of exercise that you are doing?
6. How do you think that your mood affects how active you are?
7. How do you think stress affects how active you are?
8. Do you participate in any kind of organized physical activity such as a sports team or dance program?
9. Did you ever participate in any kind of organized physical activity such as a sports team or dance program in the past?
10. Are there places in your community where you can go to be active?
11. Do you feel that your community is a safe place to be active?
12. If you could, what would you change about how active you are?
13. If you could, what would you change about how active your family is?
14. If you could, what would you change about your community to make it a better place for being active?

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Table 2:

Demographic data for low-income Latino adolescents in San Francisco, CA who participated in a study on barriers and facilitators of physical activity. n=30

Variable	N (%)
Girls	15 (50)
Participant age	15.3 (1.3)*
Participant country of birth	
United States	23 (77%)
Mexico	4 (13%)
Guatemala	1 (3%)
El Salvador	1 (3%)
Nicaragua	1 (3%)
Maternal country of birth	
United States	1 (3%)
Mexico	15 (50%)
Guatemala	5 (17%)
Honduras	5 (17%)
El Salvador	3 (10%)
Nicaragua	1 (3%)

* Mean (SD)

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Table 3:

Thematic categories with themes, representative quotes and relevant COM-B model constructs from a qualitative study on barriers and facilitators to physical activity among Latino adolescents in San Francisco, CA

Category	Theme	Quotes	Related COM-B Construct
Individual influences	<i>Flexible definition of physical activity (majority)</i>	<p>“To me [being physically active] means to care about yourself, to have time to exercise like once a day, like an hour every day, like maybe walking or swimming for distance at a time every day and keeping yourself active.” (17 yo girl)</p> <p>“As long as you’re moving... [physical activity] doesn’t have to be something intense or go to a gym or be in a sport. It could be walking to places or riding a bike as long as you’re moving and you’re not just sitting down.” (16 yo girl)</p>	Motivation
	<i>Narrow definition of physical activity (minority)</i>	<p>“[Being physically active means to] play sports, basketball, football. Yeah.” (14 yo boy)</p> <p>“[Being physically active means] like playing sports like basketball or soccer.” (15 yo boy)</p>	Motivation
	<i>Negative emotions lead to lower levels of activity</i>	<p>“Sometimes I’ll be having a good day, and it changes at the end of the day. And at the beginning of the day, I’m like, oh, I’m having a good day. I can go out for a little. And at the end I’ll be like, I’m just so irritated, I just wanna go home and sleep. And I feel like that affects it because I’m thinking negative and just like going to sleep instead of just thinking positive and going out for a walk.” (17 yo girl)</p> <p>“If I’m feeling sad or down, it makes me lazy not to do nothing, and just stay at home, laying down.” (15 yo girl)</p>	Capability Motivation
	<i>Teens engage in physical activity for emotional regulation</i>	<p>Well, yeah, when I’m stressed out, and my friend asks if I want to go biking with him, I’ll say, “Sure.” And, I’ll go with him, and then, at first, I’ll be kinda mad. Like, I didn’t want to bike, I wanted to mope, or something (I don’t know). But then, once I’m biking, and once I’m talking with my friend... I feel good, because, I’m doing something I like to do.” (15 yo boy)</p> <p>“For me – I de-stress when I go and do exercise. So, if I don’t do it for a long time, especially before if I didn’t do it for that much time, I would be more stressed.” (17 yo girl)</p>	Capability Motivation
Family and Peer Influences	<i>Family members active without teen (majority)</i>	<p>“[My mom is] committed to losing weight and going to the gym and eating healthy so she’s the only one in our family but then again she doesn’t work so she has more time... She has always suffered from obesity. Also right now my grandma has diabetes and is really unhealthy and she doesn’t. She has the same habits as her family and she doesn’t want to get really sick at the age of 50.” (17 yo girl)</p> <p>“For example, my dad, he goes to the gym to work out and be healthy, so he doesn’t have any problems in the long-run.” (14 yo girl)</p>	Opportunity Motivation
	<i>Family members active with teen (minority)</i>	<p>“[I play soccer for] like two hours. I play with my dad, or my cousin, but we are always running, hitting the ball.” (15 yo girl)</p> <p>“Well, my dad works for the majority of the week and also my mom. So, together we all – we do it on a Saturday or Sunday, but we do our own things individually throughout the week... Sometimes we go to the lake and we run. We run with our dogs.” (17 yo girl)</p>	Opportunity Motivation
	<i>Teens active with peers (minority)</i>	<p>“Before, I wasn’t biking at all. One day, I went biking with my friend, and then, we just kept biking. And then, my other friends are all, like, “Hey! Can we go?” And, we’re like, “Sure,” and then, they started coming.” (15 yo boy)</p> <p>“I played volleyball in elementary school. And then, I really liked the sport, so my friend was like, oh, we should join it. So, I was like, okay.” (16 yo boy)</p>	Motivation
School and community influences	<i>Proximity to safe and inviting public spaces is a facilitator (majority)</i>	<p>“There’s a lot of drug dealers in my area, and, my area’s very dirty. But, [name of park] – it’s gated – so, people can’t, just, walk in. There’s staff working there to assure that no drug dealer, just, walks in; just, anything random. It’s safe... the parks are safe, the streets aren’t. But, if you go to a park, you’re good, and, you can play. You don’t need to worry about it.” (15 yo boy)</p> <p>“There’s soccer fields like five blocks from there... there’s like the skate park, the corner park, and then [name of] park... I’m really close to the skate park and to the one at the corner of my house” (15 yo girl)</p>	Opportunity
	<i>Community safety concerns are a barrier (minority)</i>	<p>“There’s a lot of violence and drugs in the neighborhood.” (17 yo boy)</p> <p>“I live in a bad neighborhood and so I just don’t feel that comfortable around other people there. There’s a park nearby, but like a lot of people go there to so I don’t really like being there.” (17 yo boy)</p>	Opportunity Motivation
	<i>Importance of physical education</i>	<p>“Well you only got two years of PE in high school, and it should be like three or four.” (16 yo boy)</p> <p>“I get to school at 7:00 because I have a PE class in the morning. And then, that PE class is pretty much walking around the neighborhood. That’s what we do.” (15 yo girl)</p>	Opportunity

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Category	Theme	Quotes	Related COM-B Construct
	<i>Adolescent-Specific Programming Gaps</i>	<p>“I used to go [to the gym] almost every day and it was the three of us. But then, my mom got pregnant and we stopped going because of that. I can't go if my mom doesn't go.” (14 yo boy)</p> <p>“Once you get older, there's programs and dancing programs, but it's more for if...you've been doing it your whole life. I feel like that's how I see it...I'm a beginner, so where do I go?” (17 yo girl)</p> <p>“I really want to get into yoga...but it's also pretty expensive and there isn't really a place where they offer it around the area I live in....I feel like in the places where white people have a higher economic status, there are a lot of programs, but in the lower economic status areas in San Francisco it's kind of hard to find those resources.” (17 yo girl)</p>	Opportunity Capability Motivation