

Study finds free fitness center-based exercise referral program not well utilized

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Eliminating financial barriers to a fitness center as well as providing physician support, a pleasant environment and trained fitness staff did not result in widespread membership activation or consistent attendance among low income, multi-ethnic women with chronic disease risk factors or diagnoses according to a new study from Boston University School of Medicine. The findings, published in *Journal of Community Health*, is believed to be the first study of its kind to examine patient characteristics associated with utilization of community health center-based exercise referral program.

Currently, fewer than half (47.3 percent) of Americans meet expert recommendations of 150 minutes per week of moderate-intensity exercise or 75 minutes per week of vigorous-intensity exercise. Women are less likely than men to meet guidelines for physical activity. Certain subpopulations are at elevated risk for both inactivity and CMD, including Hispanics, African Americans and those below the poverty level.

Adult female patients of a [community health](#) center with an affiliated fitness center, were included in the study if they received a referral to the fitness center from their primary care provider. Demographic and medical information was abstracted from their medical chart and fitness records were abstracted to measure activation of a fitness center membership (creation of an account denoting at least an initial visit) and utilization over time.

The researchers found less than half of the women activated their memberships (40 percent), although Black/African Americans women and those with higher numbers of co-morbidities were more likely to activate. In addition, only a small subset—10 percent of women who activated their memberships (0.4 percent of the total referred sample)—achieved three-month participation levels consistent with cardiometabolic disease (CMD, including heart disease, hypertension, hyperlipidemia, Type 2 diabetes) risk reduction. Nonetheless, average visits per month declined from the beginning to the end of the free 3-month trial membership period.

"Despite providing free access to a fitness center and its staff, the number of women utilizing this service was highly variable," explained corresponding author John Wiecha, MD, associate professor of family medicine at BUSM. "Our observations are consistent with findings from the United Kingdom, where a recent systematic review found that exercise referral "uptake" (attendance at an initial consultation) by participants varied from 28 to 100 percent and "adherence" (signifying participation in at least 75 percent of all sessions) from 12 to 93 percent," he added.

According to Wiecha, these findings suggest that program design may benefit from developing activation, initial participation, and retention strategies that address population-specific barriers and integrate credible behavioral change strategies. "Significant public health gains could be realized by increasing [physical activity](#) among populations at high risk of chronic disease, and additional research is warranted to develop effective models in the U.S.," said Wiecha.

Provided by Boston University Medical Center

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