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It Is Time for the Fitness & Wellness Industry to Lead the Agenda against Physical Inactivity



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Abstract

Physical inactivity challenge has been addressed from different approaches in recent years due to the negative effects of its consequences at public health level. However, the number of people who do not perform sufficient physical activity on a daily basis is not decreasing. Surprisingly, it is not common to involve the fitness & wellness industry in interventions to address inactivity in leisure time despite the industry aim to promote a healthy lifestyle through physical exercise and its resources. Whilst the industry seems not to be interested in collaborating with public bodies and research centres. In this manuscript, we discuss the reasons why this industry should get involved in the effort for addressing physical inactivity using community-based intervention.

Keywords: Customer retention; Dropout; Fitness centres

Current Efforts to Address Physical Inactivity Have Shown not to be enough

The health-related benefits of doing 150 minutes of moderate to vigorous physical activity and two days of strength exercise per week are well known: i.e. better quality of life, lower mortality risk, lower risk to suffer non-communicable diseases [1-4]. However, rates of inactivity are not decreasing worldwide [5] even though several countries have designed schemes to promote physical activity; Change for Life in the UK, or Exercise is Medicine® in the USA [6,7]. In this regard, one in four adults is inactive worldwide [4], and this rate increases in most developed countries up to exceeding 60% of adults in some European countries [8]. The impact of physical inactivity in modern societies has been widely studied being responsible for more than 9.4% of total deaths and causing a cost over \$ (INT\$) 53.8 billion per year to health-care systems [9,10]; evidencing that addressing physical inactivity is a priority matter in public health.

A number of studies have tested interventions to increase physical activity levels of some particular populations with promising results [11,12]; providing the literature with some important tips and approaches to deal with this problem. However, most of them targeted such a limited number of people that were unable to provoke a declining in the inactive levels of the community where the interventions were conducted [13,14], or

the methodology applied couldn't be converted into a large-scale intervention that could make a real impact on public health [15]. Furthermore, many of these trials have been criticized because participants do not have a clear exit pathway to keep doing regular physical activity in a familiar environment when the study ends [16]. Thus, the challenge remains in translating the evidence-based research findings into a real-world environment that targets enough people to reduce the physical inactivity levels of the entire population long-term [13,14,17].

Community-based public health oriented interventions may be a suitable approach for this purpose as they target thousands of people at the same time within real environments [18,19]. Unfortunately, there are not many community-based public health oriented interventions published and most of them have an elevated risk of bias [18,19]; not demonstrating a significant improvement in the physical activity levels of the whole community [14,18,20]. To increase the effectiveness of these interventions, it is required to test the reliability of the methodology applied in these trials, but on a smaller scale. Thus, using pilot community-based intervention trials for addressing physical inactivity could provide a greater control than general public health interventions, whilst it is maintained the real-world approaches; providing the required base for developing effective public health interventions contributing afterwards [21].

Why the Fitness & Wellness Industry Should Lead Community-Based Interventions to Address Physical Inactivity

The main objective of the fitness & wellness industry (composed by a great diversity of all sports centres, fitness centres, wellness centres, studios, boutiques, etc. offering one or more programs of physical activity and exercise to their customers; from now on fitness centres) is to promote a healthy lifestyle based on physical exercise [22]. So, this objective should involve all adults in the community where this industry is located regardless if they are customers or not of fitness services. Furthermore, this industry already owns the resources required for providing different sorts of physical activities and exercise programs to thousands of people at the same time [17,23]; being considered fitness centres as “community hubs for physical activity promotion and exercise” [17].

At present, just a few interventions have focused on increasing physical activity rates through these centres [17,24]. Being more focused on studying the attendance rates of fitness centres’ customers and implementing plans for addressing customer dropouts [25-27]. From these studies, it is acknowledged that although most people who enrol and exercise in fitness centres are due to fitness and health reasons [28] the average attendance rate per month in fitness centres is low; being around 1.1 sessions a month [25]. Moreover, within the first 6 months, only 10% of members regularly attend to these centres and just a few of them (up to 2.3%) never relapse in two years [29]. To address the dropout issue, most approaches have focused on customer retention [26,27,30], because of the higher value for money or perceived quality the greater repurchase intention [23,31]. However, despite these approaches, customer retention does not increase [32-34], probably because most of the customers fail to acquire an active lifestyle [35]. Therefore, although around 151 million of individuals exercise in the 187,000 fitness centres worldwide [36] most of the fitness centres are under their maximum capacity.

As a result, we consider that retention rates in fitness centres would increase if they integrate intervention programs to help and support inactive adults (those who do not meet the international guidelines for physical activity, [4]) to modify their current inactive behaviour. These interventions should aim to build a new personal commitment in individuals to integrate an active lifestyle regardless if they are fitness centres members or not [17]. Indeed, this approach would generate a double return: first, lower dropout rates, and second, a higher number of people committing personal financial resources to cover a membership fee; supporting a sustainable growth of the industry in developed countries. Likewise, most of the countries and international bodies have developed and implemented local, regional or national plans for addressing physical inactivity (e.g. Global Action Plan for the Prevention and Control of NCDs 2013-2020; [4]). What fitness centres could provide to support and expand the impact of these plans is its current capacity (an established investment in resources,

staff, facilities and programs) to develop and deliver interventions for inactive populations. For those reasons, the fitness and wellness industry not only shares the challenge of increasing physical activity levels of the communities where they are located, but also should lead a disruptive movement engaging inactive people.

References

1. American College of Sports Medicine (2013) ACSM’s guidelines for exercise testing and prescription. Lippincott Williams & Wilkins, Baltimore, USA.
2. Moore SC, Lee IM, Weiderpass E, Campbell PT, Sampson JN, et al. (2016) Association of leisure-time physical activity with risk of 26 types of cancer in 1.44 million adults. *JAMA Intern Med* 176(6): 816-825.
3. World Health Organization (2010) Global recommendations on physical activity for health. World Health Organization, Geneva, Switzerland.
4. World Health Organization. (2017) Physical activity. Fact sheet.
5. Hallal PC, Andersen LB, Bull FC, Guthold R, Haskell W, et al. (2012) Global physical activity levels: surveillance progress, pitfalls, and prospects. *Lancet* 380(9838): 247-257.
6. Blair S, Diehl P, Massarini M, Sarto P, Sallis R, et al. (2010) Exercise is medicine. A quick guide to exercise prescription. Technogym Medical-Scientific Department.
7. Hancock C (2009) Change4life campaign. *Lancet* 373(9665): 721-729.
8. European Commission (2014) Special eurobarometer 412 sport and physical activity report. European Commission.
9. Ding D, Lawson KD, Kolbe-Alexander TL, Finkelstein EA, Katzmarzyk PT, et al. (2016) The economic burden of physical inactivity: a global analysis of major non-communicable diseases. *Lancet* 388(10051): 1311-1324.
10. Lee IM, Shiroma EJ, Lobelo F, Puska P, Blair SN, et al. (2012) Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. *Lancet* 380(9838): 219-229.
11. Murray JM, Brennan SF, French DP, Patterson CC, Kee F, et al. (2017) Effectiveness of physical activity interventions in achieving behaviour change maintenance in young and middle aged adults: A systematic review and meta-analysis. *Soc Sci Med* 192: 125-133.
12. Olander EK, Fletcher H, Williams S, Atkinson L, Turner A, et al. (2013) What are the most effective techniques in changing obese individuals’ physical activity self-efficacy and behaviour: a systematic review and meta-analysis. *Int J Behav Nutr Phys Act* 10(29): 1-15.
13. Dunkley AJ, Bodicoat DH, Greaves CJ, Russell C, Yates T, et al. (2014) Diabetes prevention in the real world: effectiveness of pragmatic lifestyle interventions for the prevention of type 2 diabetes and of the impact of adherence to guideline recommendations. *Diabetes Care* 37(4): 922-933.
14. Reis RS, Salvo D, Ogilvie D, Lambert EV, Goenka S, et al. (2016) Scaling up physical activity interventions worldwide: stepping up to larger and smarter approaches to get people moving. *Lancet* 388(10051): 1337-1348.
15. National Institute for Health and Clinical Excellence (2006) A rapid review of the effectiveness of exercise referral schemes to promote physical activity in adults. In. National Institute for Health and Clinical Excellence. Public Health Collaborating Centre for Physical Activity, London, UK.
16. Pavey TG, Taylor AH, Fox KR, Hillsdon M, Anokye N, et al. (2011) Effect of exercise referral schemes in primary care on physical activity and improving health outcomes: systematic review and meta-analysis. *BMJ* 343: d6462.

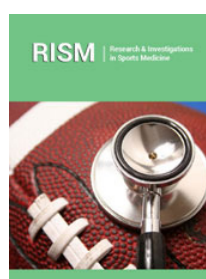
17. Beedie C, Mann S, Jimenez A (2014) Community fitness center-based physical activity interventions: a brief review. *Curr Sports Med Rep* 13(4): 267-274.
18. Baker PRA, Francis DP, Soares J, Weightman AL, Foster C (2015) Community wide interventions for increasing physical activity. *Cochrane Database Syst Rev* 4: CD008366.
19. Hoffman SA, Warnick JL, Garza E, Spring B (2017) Physical activity: a synopsis and comment on "community-wide interventions for increasing physical activity". *Transl Behav Med* 7(1): 39-42.
20. Laine J, Kuvaja-Köllner V, Pietilä E, Koivuneva M, Valtonen H, et al. (2014) Cost-effectiveness of population-level physical activity interventions: a systematic review. *Am J Health Promot* 29(2): 71-80.
21. Hohmann AA, Shear MK (2002) Community-based intervention research: Coping with the "noise" of real life in study design. *Am J Psychiatry* 159(2): 201-207.
22. Lagrosen S, Lagrosen Y (2007) Exploring service quality in the health and fitness industry. *Int J* 17(1): 41-53.
23. MacIntosh E, Law B (2015) Should I stay or should I go? Exploring the decision to join, maintain, or cancel a fitness membership. *Manag Sport Leisure* 20(3): 191-210.
24. Middelkamp J, Van Rooijen M, Wolfhagen P, Steenbergen B (2017) The effects of a self-efficacy intervention on exercise behavior of fitness club members in 52 weeks and longitudinal relationships of transtheoretical model constructs. *J Sports Sci Med* 16(2): 163-171.
25. Middelkamp J, Steenbergen B (2015) The transtheoretical model and exercise behaviour of members in fitness clubs: Systematic review. *J Fit Res* 4(2): 43-54.
26. Emeterio IC, Soler EI, Gallardo L, Cañamero SR, Unanue JG (2016) A prediction model of retention in a Spanish fitness centre. *Manag Sport Leisure* 21(5): 300-318.
27. Pridgeon L, Grogan S (2012) Understanding exercise adherence and dropout: an interpretative phenomenological analysis of men and women's accounts of gym attendance and non-attendance. *Qual Res Sport Exerc Health* 4(3): 382-399.
28. Craft BB, Carroll HA, Lustyk MKB (2014) Gender differences in exercise habits and quality of life reports: Assessing the moderating effects of reasons for exercise. *Int J Lib Arts Soc Sci* 2(5): 65-76.
29. Middelkamp J, Van Rooijen M, Steenbergen B (2016) Attendance behaviour of exmembers in fitness clubs: A retrospective study applying the stages of change. *Percept Mot Skills* 122(1): 350-359.
30. Theodorakis ND, Howat G, Ko YJ, Avourdiadou S (2014) A comparison of service evaluation models in the context of sport and fitness centres in Greece. *Manag Sport Leisure* 19(1): 18-35.
31. Fernández JG, Ruiz PG, Colon LV, Garcia AB (2016) Service convenience, perceived value, satisfaction, and loyalty: A study of consumers from low-cost fitness centers in Spain. *J Physic Educ Sport* 16(4): 1146-1152.
32. IHRSA (2010) The 2010 European health club report. International Health Racquet and Sports club Association, Boston, USA.
33. IHRSA (2013) The IHRSA Global Report 2013. International Health Racquet and Sports club Association, Boston, USA.
34. IHRSA (2015) The IHRSA Global Report 2015. International Health Racquet and Sports club Association, Boston, USA.
35. Garon JD, Masse A, Michaud PC (2015) Health club attendance, expectations and self-control. *J Econ Behav Organ* 119: 364-374.
36. IHRSA (2016) The IHRSA Global Report 2016. International Health Racquet and Sports club Association, Boston, USA.



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