LETTERS

A MORE HOLISTIC APPROACH NEEDED TO PHYSICAL ACTIVITY ACCESS FOR ALL

I commend Silva et al. for their work toward integrating primary care and public health to promote exercise participation and healthy lifestyle change among low-income ethnic minority populations.[1] Establishing strategic partnerships with institutions such as the YMCA extends low-income individuals access to high-quality, community-centered wellness facilities that might otherwise be unaffordable.

However, I have several concerns regarding the design of the project. Rather than invest resources into an observational "natural experiment" to merely examine utilization patterns, employing a more robust intervention may have maximized participation rates, improved facility utilization, and more effectively leveraged the partnership with the local YMCA.

A strong evidence base already suggests that low-income minority populations face unique barriers to leisure-time exercise participation (e.g., family obligations, logistical challenges, heavy work hours) that may necessitate a more holistic approach to impact their physical activity behaviors.[2] In addition, strategies such as providing free access to facilities still rely primarily on individual volition to be successful. As such, these strategies may favor the most fit and internally motivated to exercise and discourage (or even alienate) less fit, sedentary individuals who have not prioritized regular physical activity and have difficulty navigating barriers.[3–5] Interventions that extend access to key resources as well as address individual, social, and environmental determinants of behavior (e.g., social support, rapport building, cultural norms, follow-up and accountability) may elicit stronger and more sustainable physical activity behavioral changes.[6]

First, I identified two complementary strategies that could have been incorporated to strengthen the project design: placing a follow-up call or an e-mail to all individuals issued a referral to determine whether they had visited the YMCA or not and providing counseling to those that did not use their referral. Second, individuals who opted into the membership could have undergone a brief orientation (e.g., gym tour, brief assessment, goal setting) and been assigned a peer accountability partner or "gym buddy" as part of their initial intake process. Employing these strategies may have established rapport between providers, patients, and the YMCA facility[3]; engendered a sense of belonging and community in the patients; and encouraged patients to make the best use of the resources provided.

In light of our nation's growing obesity problem and the obesogenic society in which we live, we as health practitioners must take full advantage of all opportunities that arise to engage high-risk populations in strategies that address multiple barriers to physical activity participation. ■

Jammie M. Hopkins, DrPH, MS

About the Authors

Jammie M. Hopkins is with the Health Policy Leadership Fellow, Satcher Health Leadership Institute, Atlanta, GA.

Correspondence should be sent to Jammie M. Hopkins, Satcher Health Leadership Institute (SHLI), Morehouse School of Medicine, 720 Westview SW.NCPC Suite 224/247, Atlanta, GA, 30310-1495 (e-mail: jhopkins@msm.edu). Reprints can be ordered at http://www.ajph.org by clicking the "Reprints" link.

This letter was accepted December 31, 2012.
doi:10.2105/AJPH.2013.301216

References

1. Silva M, Cashman S, Kunte P, and Candib LM. Improving population health through integration of primary care and public health: providing access to physical activity for community health center patients. *Am J Public Health.* 2012;102(11):e56–e61.
2. Yancey AK, Ortega AN, Kumanyika SK. Effective recruitment and retention of minority research participants. *Annu Rev Public Health.* 2006;27:1–28.
3. Yancey AK, McCarthy WJ, Taylor WC, et al. The Los Angeles Lift Off: a sociocultural environmental change intervention to integrate physical activity into the workplace. *Prev Med.* 2004;38(6):848–856.
4. Lara A, Yancey AK, Tapia-Conye R, et al. Pausa para tu Salud: reduction of weight and waistlines by integrating exercise breaks into workplace organizational routine. *Prev Chronic Dis.* 2008;5(1):A12.
5. Yancey AK, Lewis LB, Guinyard JJ, et al. Putting promotion into practice: the African Americans building a legacy of health organizational wellness program. *Health Promot Pract.* 2006;7(suppl 3):233S–246S.
6. McCarthy WJ, Yancey AK, Harrison GG, Leslie J, Siegel JM. Fighting cancer with fitness: dietary outcomes of a randomized, controlled lifestyle change intervention in healthy African-American women. *Prev Med.* 2007; 44(3):246–253.

Letters to the editor referring to a recent Journal article are encouraged up to 3 months after the article's appearance. By submitting a letter to the editor, the author gives permission for its publication in the Journal. Letters should not duplicate material being published or submitted elsewhere. The editors reserve the right to edit and abridge letters and to publish responses.

Text is limited to 400 words and 10 references. Submit online at www.editorialmanager.com/ajph for immediate Web posting, or at ajph.edmgr.com for later print publication. Online responses are automatically considered for print publication. Queries should be addressed to the Editor-in-Chief, Mary E. Northridge, PhD, MPH, at men6@nyu.edu.

SILVA ET AL. RESPOND

Hopkins offers two reasonable suggestions to improve participation in an open model for exercise access. Establishing a gym-buddy system may facilitate healthy socialization and create a mutual support mechanism for physical activity goals and improved health. Gym-buddy networks could be created using group visits and organized by a coordinator who would suggest individual and group goals. Trainers or staff can be used to encourage personal goal setting and facilitate patient groups. Scheduled phone calls could also be used for coaching and follow-up when individuals miss sessions. These interventions may be scaled to fit the partnership and budget for this work.

We established budgets for trainer services, including patient intake, goal setting, follow-up calls, personal training sessions, and group