

**A Plan to Improve the Worse Indicators of Healthy People 2020 Targets: (Plan SPF)**

**Special Active Zone, Pro-Active City and Fitness Foundation**

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### Abstract

A plan to improve the worsening Healthy People 2020 Leading Health Indicators. This can be achieved through the 3 point cooperative between Business & Government interests, as well as innovative approaches which have proven successful globally.

**Keywords:** Obesity, Diabetes, Heart Disease, Lower Respiratory Illness, Carcinogens, Physical Activity

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**A Plan to Improve the Worse Health Indicators of Healthy People 2020 Targets:****SPF Plan: Special Active Zones, Pro-Active City and Fitness Foundation****Section 1****Introduction- Problem Definition****Description of the Local Problem**

Healthy People 2020 is a national health promotion and disease prevention initiative which is a collaborative of many leading health agencies including the US Department of HHS, CDC, FDA, HRSA, NIH, President's Council on Sport Fitness & Nutrition and USDE to name a few. Although many of the indicators are on target, there are 3 main Mental & Physical indicators which continue to worsen. These are: Obesity (Childhood & Adult), Adolescents with major depressive episodes and Suicide. In the baseline year (2008), the percentages were Obesity (16.1% and 33.9%), Adolescents with major depressive episodes (8.3%), and Suicide (11.3%). Five years later, the percentages had increased to Obesity, (16.9% and 35.3%), Adolescent with major depressive episodes (9.1%), and Suicide (12.1%). (2012 Progress Update, HHS March 2014). In this study, I will highlight a plan to improve the following worsening Healthy People 2020 Leading Health Indicators: MHMD-4.1 Adolescents with major depressive episodes, MHMD-1 Suicide, NWS-10.4 Obesity among children and adolescents, NWS-9 Obesity among Adults.

**Section 2****Review of Literature**

A literary review was conducted to establish if other research or evaluation had been conducted on animal related human fatalities. A number of sources were accessed including:

Western University of Health Sciences Pumerantz Library Discovery Service, Blackboard Discussion Board from previous MSHS class, Google, and National Center for Biotechnology Information/ NIH/ PubMed database.

### **Section 3**

#### **Description of Proposed Methods and Procedures**

##### **The Research Question**

Can the direction of the worst Healthy People 2020 Leading Health Indicators be changed for the positive? The fight is an uphill battle against unhealthy lifestyle choices which has been fueled and propagated with of billions of dollars advertising which has become infused in American culture over the industrial age, and accelerated exponentially in the technology age. Citizens can try to reverse the trends, or accept the status quo. Americans have the right to free speech, but also have the right to remain silent.

Concern to adopt a shift in healthier lifestyles to reach mass benefit raise questions of affordability, cost and resource constraints. But can our schools, communities, and Nation afford not to make the investment? Globally, the rest of the world, to borrow a colloquial term “get it”. In China, millions of square feet of outdoor gym equipment was provided free for people to use in parks and public spaces. In the United Kingdom, over 400 such outdoor parks have been installed by a husband and wife team with funding from federal, local, business and non-profit cooperatives. (“Step outside” Birminghammail.co 2013). Our first lady is on track with the “Let’s Move! Initiative, however additional efforts are required to reverse the trends.

As of the specific effects of obesity, Director of Domestic Policy Council, and Chair of the Task Force on Childhood Obesity, Melody Barnes, summarized the statistics in a White House Action Plan Report “The Challenge We Face” which I will bullet point:

- One in three children ages 2-19 is overweight or obese
- Obesity is estimated to cause 112,000 death per year in the US
- Overall medical spending attributed to obesity topped approximated \$40BB in 1998 and by 2008 increased to an estimated \$147BB.

Included in the report was Guideline #5, to improve on the Obesity Epidemic: “increase opportunities for physical activity”.

In terms of affordability of implementation, it may be more feasible, and cast a wider net, to initiate a scaled down pilot program similar to PAC (Pro-Active Camden), Corp/City/State Funding cost of full implementation was approximately \$50,000 with 10 pieces of equipment at each site. Rather than full implementation which may limit widespread implementation, I propose trial programs at 1/10<sup>th</sup> the cost (\$5,000) with just 2 pieces of equipment (Outdoor Fitness cycle & elliptical) at each location. This will gauge local interest & impact, followed up by reporting and additions if initial programs are met with encouragement. This will also cast a wider net to promote mass appeal to encourage more Healthy People by 2020.

Also, to address the question of affordability and economics, “A meta- analysis evaluating the cost and savings associated with workplace wellness programs showed that medical costs decrease by approximately \$3.27 for every dollar spent on wellness programs and that absenteeism costs decreased by approximate \$2.73 for every dollar spent (Baicker, 2010). Municipalities can also benefit, as explained in the article summarizing the research of more than 500 existing studies from 17 countries “Cities with physically active residents more productive as well as healthier”. The economic impact specified was that “Overall, the academics

concluded, walking and cycling projects return an average of \$20 in economic benefit for every \$1.50 invested. (“Cities with Physically Active Residents” 2015).

### **Research Methodology & Analysis**

I propose a broad equation to ameliorate the two worst Mental & Physical Health indicators of Healthy People 2020 Initiative:

$$\text{Equation: } \frac{\text{Physical Activity}}{\text{Diabetes} + \text{Obesity} + \text{Depression} + \text{Suicide}} = \text{Healthy People increased}$$

The equation correlates an inverse relationship of Physical Activity vs. Diabetes, Obesity, Depression and Suicide with resultant Health People.

How can physical exercise benefit mental illnesses such as depression? I will have to refer to seminal authorities in brain function to answer this. Marion Diamond, Ph.D is a neuroanatomist with published research on the impact of the physical activity of the cerebral cortex of rats and the link between positive thinking. “Though we have demonstrated the plasticity of the cerebral cortex, we are very much aware that the brain does not work by itself.” Dr. Diamond further describes the process and that “With exercise, the connective tissue surrounding the skeletal muscles and blood vessels can remain strong and aid with efficient circulation of the blood.” (Diamond 1988).

John Ratey, M.D. provides perspective on the effects of depression in the US. “About 17 percent of American adults experience depression at some point in their lives, to the tune of \$26.1 billion in health care costs each year. It’s impossible to know how many people try to commit suicide, but tragically, in the US, someone succeeds every seventeen minutes.” (Ratey, 2008). To the use of medication for depression, Dr. Ratey suggests “Prescribing medicine to

make people “better than well” is the subject of a longstanding ethical debate, and this is one area where exercise offers a huge advantage over antidepressants” (Ratey 2008).

Further support exists from a Duke University research study which made a case for exercise as being more beneficial than sertraline (Zoloft) at treating depression. “Among patients who had been assessed as being in full remission at the end of the 4-month treatment period, participants in the exercise group were less likely to relapse than participants in the two groups receiving medication. (“Exercise Training & Major Depression, Babyak & Blumental 2000).

As for the mechanism behind the physiology of the effects of exercise on depression, I will defer opinion to neuroscientist, Wendy Suzuki, Ph.D. “An influential theory of depression is that it is caused by a depletion of a category of neurotransmitter called monoamines. These include serotonin, whose low levels most of us associate with depression but lower levels of norepinephrine, as well as dopamine are found in the brain of patients with depression. The studies suggest that if you boost the level of these neurotransmitters, you can boost mood. Studies have shown that not only does aerobic exercise improve measure of mood in subjects both with depression and without, but that exercise boosts levels so that the key monoamines we know play a key role in mood: serotonin, noradrenaline and dopamine.” (Suzuki, Healthy Brain 2014)

I can attest this testimony of the benefits of exercise over medication for cognitive challenges. I was diagnosed with Attention Deficit Disorder and prescribed medication which over the course of 6 months provided fluctuating risk/benefit oscillations between energy levels, work, sleep and overall physical health. Along with researching the mechanisms of ADD and

the acceptance that I have unique genetic variations, I also discovered that physical exercise was effective at maintaining stability and focus.

How is the success of the (SPF) 3 point plan measured? (Special Admin Zone, Pro-Active Pomona + You, Fit2Grid Free Energy Foundation). Metrics & analytic software, coupled with funded research studies to gauge the impact of local implementation at a (DDA) Designated Disadvantaged Area. The initial goal is to gauge 12 pilot programs, each with a standard template of increased indoor/outdoor fitness equipment implementation, and customized design by local community of students/inhabitants of the area. Surveys will also measure user experience, similar to PAC (“Pro-Active Camden” 2015) Site Assessment- (See Appendix A).

Measuring the impact of fitness can also be developed in an “Rx for PE Program” which would encourage prescriptions for physical exercise. Overweight patients can be referred to the Fitness gyms by physicians as an alternative or in conjunction with obesity control related medications. The number of Rx’s for PE can be aggregated via anonymous EHR (Electronic Health Records). With a collaboration of cooperative physicians, this metric will gauge and promote exercise in conjunction to traditional medication. Rx for PE may also provide an alternative for treatment, and possibly reduce non-essential ER visits which can be preventative in nature, through life style changes.

The innovative participatory culture of outdoor and free energy gyms provide a gateway to improving health. In a case study of free outdoor energy gyms in the UK, the costs of a sedentary lifestyle are described. “According to the Department of Health, inactivity related illness currently costs the NHS £1.1 billion (\$1.65 BB USD) per year Programs like this will no doubt help save money for the NHS in the longer terms as they act as a wellness tool helping to



prevent illnesses like Diabetes and Heart disease. (“Hull Case Study” The Great Outdoor Gym Company 2015). Testimony to the success of such programs are explained by a local peer activator who was at risk for diabetes before participation in a program with an Active Health Team. . “I think in years to come people will look back (on outdoor gyms) and see the way that people were helped to lead healthy and active lives.” Bismark Mensah (2009)

### **Population Description**

Although Obesity and Mental Impairments affect the entire population, the target population of focus is disadvantaged, lowest quartile areas of Socioeconomic Disparity. The demographics include areas further away from major city economies, including low income suburbs and rural areas, for the following reasons. “Attenuating childhood obesity through healthy lifestyle intervention and policy is critical in rural community where residents have less acces to medical health services, inadequate insurance coverage and low health literacy (Results of 3 yr, 2015).

### **Goals & Objectives**

The goal is to spark existing and additional 3 point cooperatives between Business & Government interests, as well as adopt Innovative approaches which have proven successful globally.

Businesses and Government can create synergy with Sport Action Zones (SAZ’s) such as the one created by Sport England (eg. SAZ/Adizone), a Sports Council under the Department for Culture, Media & Sport. The SAZ initiative was implemented in 12 of the most disadvantaged communities in England, which brought some of the best outdoor sport & fitness principles and equipment the areas of disparity. So rather than building out existing area of Sports/Fitness affluence, they developed in areas of need and neglect. “Its role is to build the foundations of a

community sport system by working with national governing bodies of sport, and other funded partners, to grow the number of people doing sport; sustain participation levels; and help more talented people from all diverse backgrounds excel by identifying them early, nurturing them, and helping them move up to the elite level.” (“Sport England” Sportcal SMI 2005)

Sport England distributes funds from the National lottery, as well as develop sports/fitness areas, through its role in the submission of planning applications that affect playing fields. The funding it distributes comes from both the National Treasury, as well as the lottery. Over the last decade, it has invested over £2bn (\$3bb USD) of Lottery funds and £300 million (\$450mm USD) into sports. (“Sport England” Sportcal SMI 2005).

PAC- ProActive Camden is an innovative program in the inner city of London which has also been met with enthusiasm by diverse interests. PAC was brought together to increase participation in sport and physical activity and encourage people to lead healthier lifestyles. (Pro Active Camden March 2011). The stakeholders of the PAC included Government, Non-Profits, For-Profits and Volunteers including: NHS Camden, YMCA, SportAid and Volunteer Action Committee. A potential for creating a similar program can exist in the form of “PAP+Y” or “Pro-Active Pomona and You” (See Appendix A).

Government specific and Non-Profit programs which can spark fitness programs in the US include: Headstart, the LWCF- Land and Water Conservation Fund, and School Improvement Grants, Trust for Public Land, as well as the local Police Department. Yes, that’s right! Your local police department can contribute to improving the worse Healthy People 2020 indicators. For example, in Birmingham, a senior police office wanted to install an outdoor gym in housing project which was dominated by rival gangs. “He believed that by involving teenagers in a non-confrontational, healthy lifestyle he could reduce street violence.” (“Step

Outside” Birminghammail.co 2013). Following implementation of the fitness equipment, a resultant eight per cent drop in local crime occurred.

Innovative Approaches- Fitness and cooperative innovation may be key to improving the worse Leading Health Indicators of Healthy People 2020. For example, efforts such as those initiated by the Free Energy Fitness Foundation (Fit2Grid Foundation “FTG”). FTG was created to foster innovation, obtain initial interest and funding through successful Crowdsourcing sites such as GoFundMe. ( Gofundme/fit2grid 2015). The landing page for Fitness Foundation is a portal to increase awareness, dialogue, and programs which encourage fitness as a potential solution to social inequity. (Fit2Grid.org 2015).

### **Conclusion**

Plan SPF to improve the worsening Healthy People 2020 Leading Health Indicators: Special Active Zone, Pro-Active City and Fitness Foundation. This can be achieved through a 3 point cooperative between Business & Government interests, as well as Innovative approaches which have been effective globally.

### **Limitations & Disclosure**

Variables such as the prior health condition of participants of those surveyed, as well as genetics and environmental habitat were not conducted thus may be factors for consideration to clarify the variability in worsening Mental & Physical Indicators. The survey method is based on the accuracy of the participant answers as well as polling procedures may vary, thus will provide an average or estimate rather than actual improvements. Additionally, the data may not have included the entire population, for example, initial pilot program & research studies, thus any inference may be premature. Author of the study “A Plan to Improve the Worsening Health

Indicators of Healthy People 2020 Targets: Three Point Plan- Special Active Zones, Pro-Active City's and the Free Energy Fitness Foundation is an officer of Fit2Grid.org.

Although a plan is important for a project, subsequent steps are vital to success. These steps include: (promote dialogue, initiation, planning, financing & implementation). Several of these areas will be researched and a study develop focusing on Program strategies and activities.

### **Perspective & Recommendations**

Existing programs are key to the implementation of a project, as well as innovative techniques. These areas will be covered in an additional following study focusing on Process Evaluation, Data collection & Dissemination, Program Budget & Funding as well as Sustainable Strategies.

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Healthy People 2020 Leading Health Indicators: Progress Update				
 Target met <sup>1</sup>  Improving <sup>2</sup>  Little or no detectable change <sup>3</sup>  Getting worse <sup>4</sup>				
Progress Toward Target <sup>5,6</sup>	Leading Health Topic and Indicator	Baseline (Year)	Most Recent (Year)	Target
<b>Access to Health Services</b>				
	AHS-1.1 Persons with medical insurance (percent, <65 years)	83.2% (2008)	83.1% (2012)	100.0%
	AHS-3 Persons with a usual primary care provider (percent)	76.3% (2007)	77.3% (2011)	83.9%
<b>Clinical Preventive Services</b>				
	C-16 Adults receiving colorectal cancer screening based on most recent guidelines (age adjusted, percent, 50–75 years)	52.1% (2008)	59.2% (2010)	70.5%
	HDS-12 Adults with hypertension whose blood pressure is under control (age adjusted, percent, 18+ years)	43.7% (2005–08)	48.9% (2009–12)	61.2%
	D-5.1 Persons with diagnosed diabetes whose A1c value is >9 percent (age adjusted, percent, 18+ years)	17.9% (2005–08)	21.0% (2009–12)	16.1%
	IID-8 Children receiving the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella and PCV vaccines (percent, aged 19–35 months)	44.3% (2009)	68.5% (2011)	80.0%
<b>Environmental Quality</b>				
	EH-1 Air Quality Index (AQI) exceeding 100 (number of billion person days, weighted by population and Air Quality Index value)	2,237 (2006–08)	1,252 (2009–11)	1,980
	TU-11.1 Children exposed to secondhand smoke (percent; nonsmokers, 3–11 years)	52.2% (2005–08)	41.3% (2009–12)	47.0%
<b>Injury and Violence</b>				
	IVP-1.1 Injury deaths (age adjusted, per 100,000 population)	59.7 (2007)	57.1 (2010)	53.7
	IVP-29 Homicides (age adjusted, per 100,000 population)	6.1 (2007)	5.3 (2010)	5.5
<b>Maternal, Infant, and Child Health</b>				
	MICH-1.3 Infant deaths (per 1,000 live births, <1 year)	6.7 (2006)	6.1 (2010)	6.0
	MICH-9.1 Total preterm live births (percent, <37 weeks gestation)	12.7% (2007)	11.5% (2012)	11.4%
<b>Mental Health</b>				
	MHMD-1 Suicide (age adjusted, per 100,000 population)	11.3 (2007)	12.1 (2010)	10.2
	MHMD-4.1 Adolescents with major depressive episodes (percent, 12–17 years)	8.3% (2008)	9.1% (2012)	7.5%
<b>Nutrition, Physical Activity, and Obesity</b>				
	PA-2.4 Adults meeting aerobic physical activity and muscle-strengthening Federal guidelines (age adjusted, percent, 18+ years)	18.2% (2008)	20.6% (2012)	20.1%
	NWS-9 Obesity among adults (age adjusted, percent, 20+ years)	33.9% (2005–08)	35.3% (2009–12)	30.5%
	NWS-10.4 Obesity among children and adolescents (percent, 2–19 years)	16.1% (2005–08)	16.9% (2009–12)	14.5%
	NWS-15.1 Mean daily intake of total vegetables (age adjusted, cup equivalents per 1,000 calories, 2+ years)	0.8 (2001–04)	0.8 (2007–10)	1.1

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Healthy People 2020 Leading Health Indicators: Progress Update (continued)				
 Target met <sup>1</sup>  Improving <sup>2</sup>  Little or no detectable change <sup>3</sup>  Getting worse <sup>4</sup>				
Progress Toward Target <sup>5,6</sup>	Leading Health Topic and Indicator	Baseline (Year)	Most Recent (Year)	Target
<b>Oral Health</b>				
	OH-7 Persons who visited the dentist in the past year (age adjusted, percent, 2+ years)	44.5% (2007)	41.8% (2011)	49.0%
<b>Reproductive and Sexual Health</b>				
Baseline data only <sup>7</sup>	FP-7.1 Sexually experienced females receiving reproductive health services in the past 12 months (percent, 15–44 years)	78.6% (2006–10)	Not available	86.5%
	HIV-13 Knowledge of serostatus among HIV-positive persons (percent, 13+ years)	80.9% (2006)	84.2% (2010)	90.0%
<b>Social Determinants</b>				
	AH-5.1 Students awarded a high school diploma 4 years after starting 9th grade (percent)	74.9% (2007–08)	78.2% (2009–10)	82.4%
<b>Substance Abuse</b>				
	SA-13.1 Adolescents using alcohol or illicit drugs in past 30 days (percent, 12–17 years)	18.4% (2008)	17.4% (2012)	16.6%
	SA-14.3 Binge drinking in past 30 days—Adults (percent, 18+ years)	27.1% (2008)	27.1% (2012)	24.4%
<b>Tobacco</b>				
	TU-1.1 Adult cigarette smoking (age adjusted, percent, 18+ years)	20.6% (2008)	18.2% (2012)	12.0%
	TU-2.2 Adolescent cigarette smoking in past 30 days (percent, grades 9–12)	19.5% (2009)	18.1% (2011)	16.0%

**NOTES**

<sup>1</sup> Target met or exceeded

<sup>2</sup> Movement is toward the target and is:

- Statistically significant when measures of variability are available<sup>8</sup> –OR–
- 10% or more of the targeted change when measures of variability are unavailable<sup>8</sup>

<sup>3</sup> Objective demonstrates little or no detectable change, because either:

- Movement toward/away from the target is not statistically significant when measures of variability are available<sup>8</sup> –OR–
- Movement is toward the target but the objective has achieved less than 10% of the targeted change when measures of variability are unavailable<sup>8</sup> –OR–
- Movement is away from the target but the objective has moved less than 10% relative to its baseline when measures of variability are unavailable<sup>8</sup> –OR–
- No change between baseline and most recent data point

<sup>4</sup> Movement is away from the target and is:

- Statistically significant when measures of variability are available<sup>8</sup> –OR–
- 10% or more relative to the baseline when measures of variability are unavailable<sup>8</sup>

<sup>5</sup> For objectives moving away from their baselines (and, therefore, their targets) progress is measured as the magnitude of the percent change from baseline, quantified as follows:

$$\text{Magnitude of percent change from baseline} = \frac{(\text{Most recent value} - \text{Baseline value})}{\text{Baseline value}} \times 100$$

<sup>6</sup> For objectives moving toward their targets, progress is measured as the percent of targeted change achieved, quantified as follows:

$$\text{Percent of targeted change achieved} = \frac{\text{Most recent value} - \text{Baseline value}}{\text{HP2020 target} - \text{Baseline value}} \times 100$$

<sup>7</sup> Baseline data only; progress cannot be assessed

<sup>8</sup> When measures of variability are available, statistical significance of the percent of targeted change achieved or the magnitude of the percent change from baseline is assessed at the 0.05 level using a one-sided test. When measures of variability are unavailable, the percent of targeted change achieved and the percent change from baseline are assessed only for their magnitude (e.g., <10% or ≥10%).

**DATA SOURCES**

AH-5.1 Common Core of Data (CCD), ED/NCES

AHS-1.1 National Health Interview Survey (NHIS), CDC/NCHS

AHS-3 Medical Expenditure Panel Survey (MEPS), AHRQ

C-16 National Health Interview Survey (NHIS), CDC/NCHS

D-5.1 National Health and Nutrition Examination Survey (NHANES), CDC/NCHS

EH-1 Air Quality System (AQS), EPA

FP-7.1 National Survey of Family Growth (NSFG), CDC/NCHS

HDS-12 National Health and Nutrition Examination Survey (NHANES), CDC/NCHS

HIV-13 National HIV Surveillance System (NHSS), CDC/NCHS-STP

IID-9 National Immunization Survey (NIS), CDC/NCHS and CDC/NCHS

IYP-1.1 National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS

IYP-29 National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS

MHMD-1 National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS

MHMD-4.1 National Survey on Drug Use and Health (NSDUH), SAMHSA

MICH-1.3 Linked Birth/Infant Death Data Set, CDC/NCHS

MICH-9.1 National Vital Statistics System-Nativity (NVSS-N), CDC/NCHS

NWS-9 National Health and Nutrition Examination Survey (NHANES), CDC/NCHS

NWS-10.4 National Health and Nutrition Examination Survey (NHANES), CDC/NCHS

NWS-15.1 National Health and Nutrition Examination Survey (NHANES), CDC/NCHS

OH-7 Medical Expenditure Panel Survey (MEPS), AHRQ

PA-2.4 National Health Interview Survey (NHIS), CDC/NCHS



SA-13.1 National Survey on Drug Use and Health (NSDUH), SAMHSA

SA-14.3 National Survey on Drug Use and Health (NSDUH), SAMHSA

TU-1.1 National Health Interview Survey (NHIS), CDC/NCHS

TU-2.2 Youth Risk Behavior Surveillance System (YRBSS), CDC/NCHS-STP

TU-11.1 National Health and Nutrition Examination Survey (NHANES), CDC/NCHS

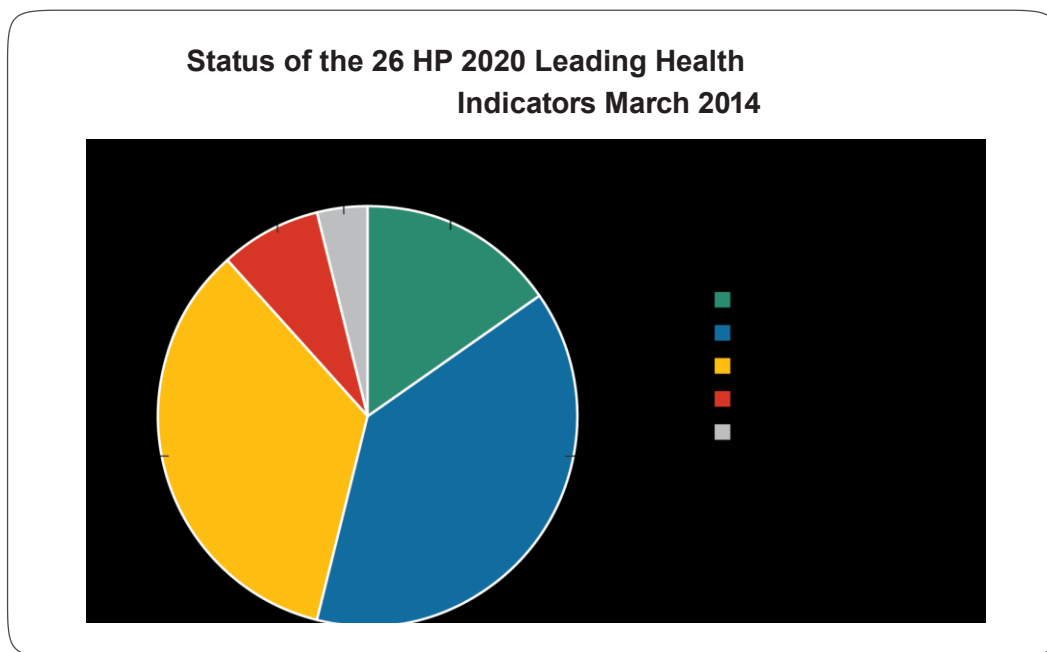
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## Appendix A

### Location Assessment Survey

Potential for: Pomona

PAP+Y (Pro-Active Pomona + You)

Dept HHS

**Evaluation of Camden Outdoor Gyms**  
The questionnaire should be completed by the interviewee

Date of interview (p.g. 10/10/2010)       Time (p.g. 10:45)

Outdoor gym site? ☐ Polygon ☐ Kilburn ☐ Lismore ☐ Carletlowes

**ABOUT USE OF OUTDOOR GYMS**

Q1) On average, how often do you use the Outdoor gym?  
☐ 1-2 days per week  
☐ 3-5 days per week  
☐ 6-7 days per week  
☐ 1-3 days per month  
☐ Less than 1 day per month

Q2) How often did you exercise before you started using the outdoor gym?  
☐ never (if never, please go to Q4)  
☐ 1-2 days per week  
☐ 3-5 days per week  
☐ 6-7 days per week  
☐ 1-3 days per month  
☐ less than 1 day per month

Q3) Which of these statements best describes your current position with regard to exercising?  
☐ As well as using the outdoor gyms I also pay to use a leisure centre or fitness club  
☐ I used to pay to go to a leisure centre or fitness club but I have replaced this with using the outdoor gyms  
☐ I exercise outdoors (e.g. run, walk) and have added outdoor gyms to my routine  
☐ I used to exercise outdoors (e.g. run, walk) but have replaced this with using the outdoor gyms

Q4) What encouraged you to first use the outdoor gym?  
☐ Noticed them in park and decided to try them  
☐ Through the Camden Active Health Team or physical activity peer activator project (PAPA)  
☐ Advertisement (including leaflets, Your Camden etc.)  
☐ Other (please state)   
☐ As part of an organised session (Jubilee Halls etc.)

Q5) What do you think would encourage more people to use the outdoor gyms? (please tick all that apply)  
☐ More widely publicised  
☐ Park opening times  
☐ Supervised/organised sessions (PAPA, CAHT) ☐ Safer parks  
☐ Personal trainer  
☐ Other (please state)   
☐ Cycle parking

Q6) Would you recommend using outdoor gyms to a friend?  
☐ Yes  
☐ No  
☐ Don't know

Q7) How far have you travelled to use the outdoor gym?  
☐ Under 0.5 miles (10 mins walk)  
☐ Approx 1-2 miles (25-40 mins walk)  
☐ Approx 3-4 miles (over an hour's walk)  
☐ More than 4 miles

Q8) What was your main mode of transport to get here today?  
☐ Walk ☐ Cycle ☐ Run ☐ Underground ☐ Train ☐ Car ☐ Bus ☐ Taxi

Q9) In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate? (This may include sport, exercise, and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that is part of your job)  
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

**ABOUT OUTDOOR GYM USER**

Q10) What age are you?  
☐ Under 16 ☐ 16-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65-74 ☐ 75+

Q11) Are you?  
☐ Male ☐ Female

Q12) How would you describe your ethnicity?  
☐ White British ☐ Mixed - White/African ☐ Pakistani ☐ Black African  
☐ White Irish ☐ Mixed - White/Asian ☐ Bangladeshi ☐ Black other  
☐ White other ☐ Mixed other ☐ Asian other ☐ Chinese  
☐ Mixed - White/Caribbean ☐ Indian ☐ Black Caribbean ☐ Other

Q13) What is your current employment status?  
☐ Full-time employment ☐ Student ☐ Self-employed ☐ Retired  
☐ Part-time employment ☐ Unemployed ☐ Incapacity benefit ☐ Carer/Parent

Q14) Do you have any long-term illness, health problem or disability which limits your daily activities?  
☐ Yes  
☐ No

Q15) What is your post code?

Q16) Would you be happy for us to follow up in 3 or 6 months time to ask how your outdoor gym use is going?  
☐ Yes (if yes, please provide e-mail address or mobile phone number below)  
☐ No

Q17) Would you like to be kept up to date about outdoor gyms or other similar activities?  
☐ Yes (if yes, please provide e-mail address or mobile phone number below)  
☐ No

Q18) If you answered yes to Q16 or Q17, please provide your e-mail address or mobile number:

**THANK YOU FOR TAKING THE TIME TO ANSWER THIS QUESTIONNAIRE**