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Neighborkeepers: Buddies for Better Health An Intervention to Improve Physical Activity Habits



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1. University of Vermont College of Medicine, 2. NeighborKeepers

Introduction

Over the past several decades, rates of obesity and associated health complications have increased steadily across the United States(1). As a result, physical activity considerations have become a more significant focus of healthcare providers and government agencies(2). Recent studies suggest that social support network approaches, such as the "buddy-system," improve participant adherence to physical activity regimens (3). To improve physical activity frequency and adherence, we implemented a buddy system approach with participants involved in a community outreach organization.

Methods

Study population: 6 families enrolled in NeighborKeepers Program; 4 single-parent households, number of children 1-3 (median 2), ages 1-16 years

Survey design: 24 item questionnaire; designed to assess the participants' current attitudes about exercise, their knowledge of current U.S. recommendations, available resources, level of activity/exercise, physician involvement in exercise education, and expectations and goals for the program

Intervention:

"Buddy for Better Health" paired with each Neighborkeepers family

Completed questionnaire with families at introductory meeting

Each "Buddy" met with their assigned family once/week (6wk total)

• Biking, kickball, soccer, hiking, games (tag), corn maze

Attended periodic Neighborkeeper meetings to update and assess progress, participation, and distribute motivational tools (progress posters, pictures taken during activities, pedometers)

Final exit interview with each family prior to program completion

Results

Before Intervention:

- 100% of the families were motivated to exercise
- 50% said they had a place to exercise
- Only 29% said that they had someone with whom to exercise
- 100% said they would exercise more if they had someone to exercise with.
- The families had variable levels of current physical activity (20 minutes a day to 9 hours a day).
- Only 33% of the families correctly identified the Surgeon General's recommendations for weekly exercise (at least 30 minutes of moderate physical activity most days of the week).
- 29% of the families said their doctor had talked to them about exercise; 43% did not.

Intervention:

Half of the families enrolled in the program completed at least four of the six planned visits with their "Buddy for Better Health."

Physical Activity: Access and Motivation

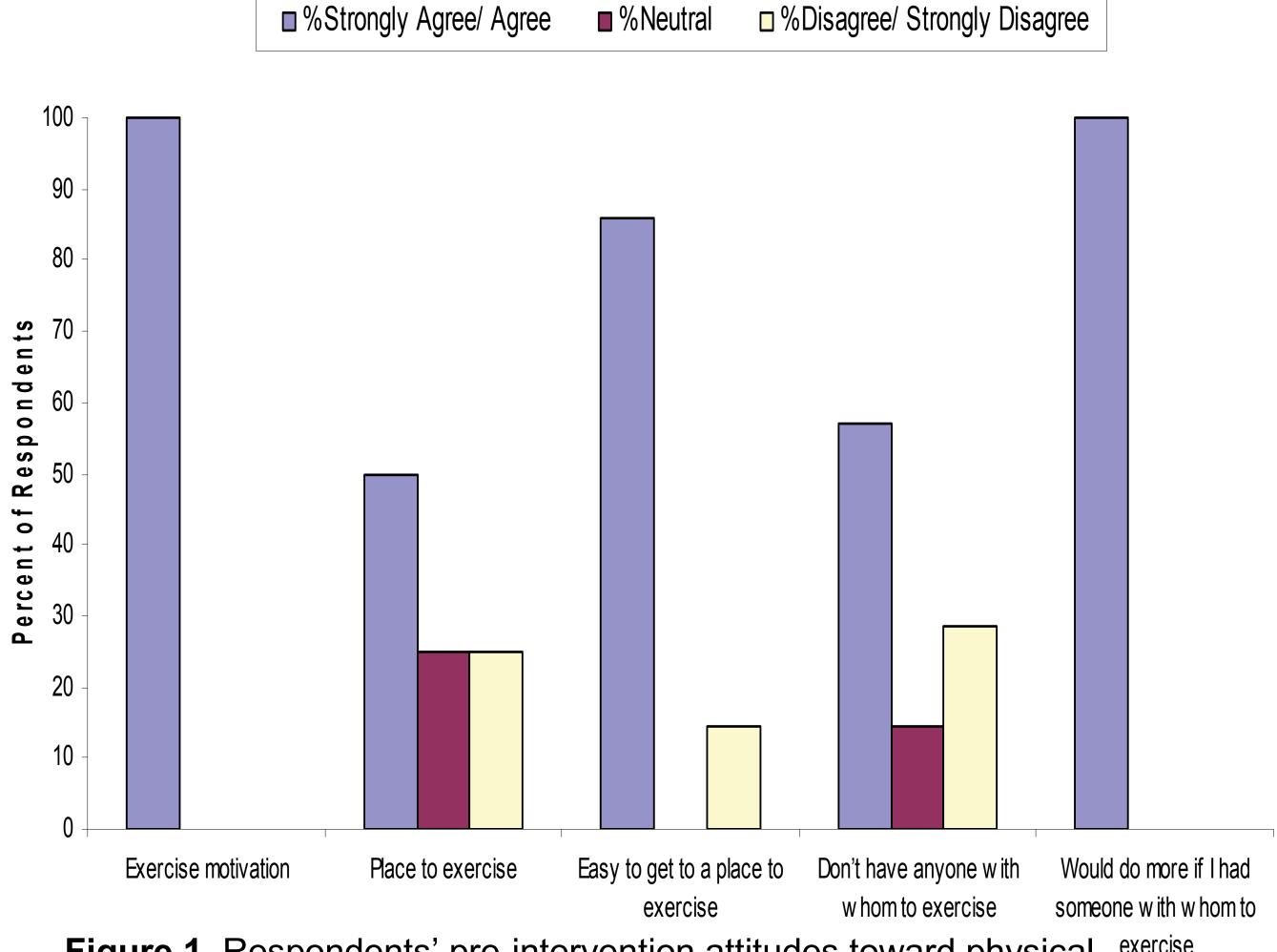


Figure 1. Respondents' pre-intervention attitudes toward physical exercise activity.

Exit Survey:

Four of the six families completed an exit interview. All had a positive overall impression of the program, and all agreed that having a buddy come each week helped to increase their weekly physical activity. Three out of four agreed that the pedometers were a useful motivational tool. The top barriers to completing the program were time constraints and initial refusal by the kids. All families expressed interest in continuing a weekly buddy exercise program. The most common suggestion for improvement was to get more Neighbor Keepers families together for group outings.

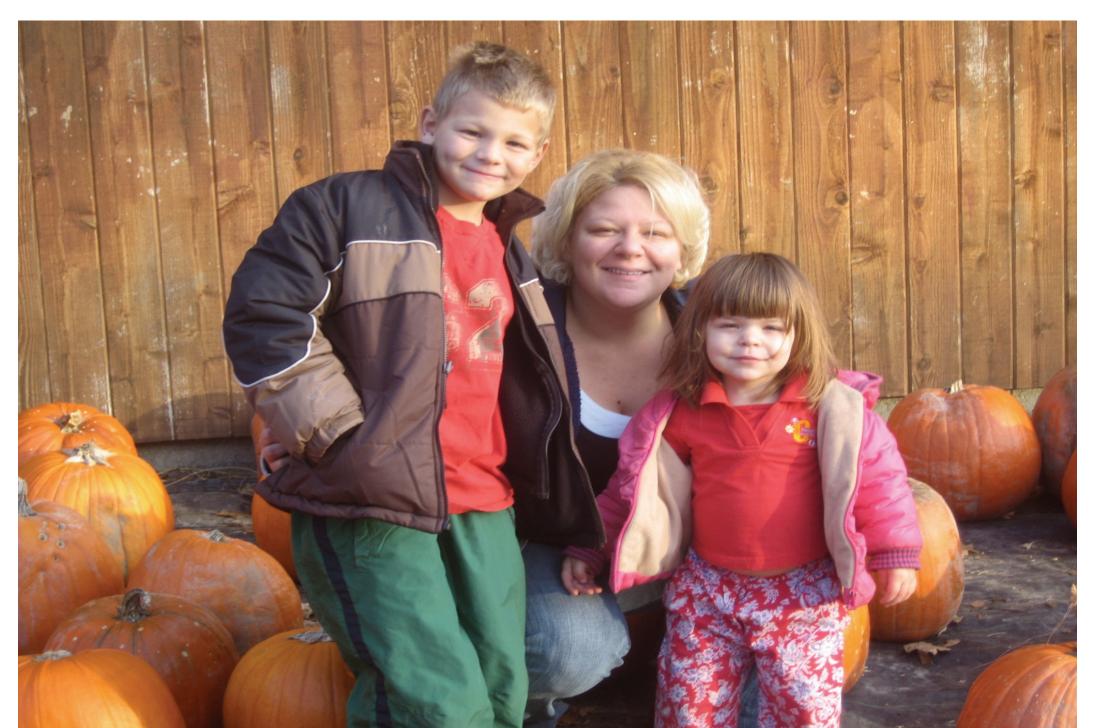
Testimonials

"It was interesting to see the number of steps I took with the pedometer"



"It was great that the medical students gave us cameras. It will be neat to see what all of the other families did."

"It doesn't feel like exercising with someone to talk to."



Conclusion

Implementing a buddy-system based physical activity program provided a significant perceived benefit to participating families.

- All families were motivated to exercise.
- 29% indicated that they had someone with whom to engage in physical activity.
- All families agreed fitness buddies were beneficial in the areas of:
- \rightarrow motivation
- → social support
- → transportation access

This finding is consistent with previous studies that have demonstrated the positive effect of a buddy system on compliance with a physical activity program.

Limitations to our study included:

- small sample size
- short duration of intervention
- use of subjective measurement of physical activity

The addition of a buddy-system appeared to be well received by participants in the short-term, but whether the families will have any long-term beneficial change in their physical activity habits remains to be seen.

Our recommendations are:

- Develop a long-term buddy program for physical activity, either through establishing a volunteer recruitment program or through facilitating partnerships between participating families.
- Standardize physical activities performed by each family to make this model more generalizable to populations that do not have access to the recreational opportunities of the Burlington area.

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