

Presenting Meaningful Lifestyle Physical Activity Images to People for a More Realistic, Doable, and Enjoyable Way to Meet Our Physical Activity Guidelines

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Abstract Most Americans and Canadians do not meet their respective country's physical activity (PA) guidelines of 150 minutes of moderate to vigorous activity and 2 or more strengthening activities per week. More recent studies have indicated a preference for lifestyle PA rather than traditional exercise, suggesting a need for a change of strategy in how we motivate, educate and connect people to their meaningful PA. The purpose of this study was to examine peoples' beliefs, outlooks, and attitudes towards PA and exercise in Southern Ontario, Canada and South Carolina, United States with the overarching goal of adding a new paradigm to the already established standard of exercise. The study was conducted in two phases: first, a qualitative focus-group based phase in which feedback towards attitudes towards exercise and PA was used to generate a quantitative questionnaire which was used in phase two. Our results indicate that the majority of participants from Southern Ontario and South Carolina, ages 18-64, perceive a difference between lifestyle PA and exercise (Southern Ontario, 84% of males, 80% of females; South Carolina, 82% males, 74% females), and that engaging in lifestyle PA is a more natural, realistic and enjoyable part of their day than exercise (Southern Ontario, 83% of males, 78% of females; South Carolina, 81% males, 74% females). Additionally, participants indicated a preference towards lifestyle PA as opposed to within a gym environment. Overall, Southern Ontarians and South Carolinians were consistent in their message for a more unstructured, unregimented, natural way of being physically active throughout the day. Physical activity needs to be customized, tailored and meaningful for everyone.

Keywords: *physical activity, individual, natural, lifestyle, promotion, graphics*

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1. Introduction

With the majority of Americans and Canadians still not meeting national physical activity (PA) guidelines of 150 minutes of moderate to vigorous activity and 2 or more strengthening activities per week [1,2,3,4], there is little question that a change of strategy in how we motivate, educate and connect people to their meaningful PA is in order. With the rise of obesity and sedentary lifestyles, the status of our nation's health continues to decline [5,6]. The purpose of this study was to examine peoples' beliefs, outlooks, and attitudes towards PA and exercise in Southern Ontario, Canada and South Carolina, United States, ages 18-64 with the overarching goal of adding a new paradigm to the already established standard of exercise [1,2,3,4]. More recent studies have indicated a preference for lifestyle PA rather than traditional exercise [7,8,9], suggesting a need for a change of strategy in how we motivate, educate and connect people to their

meaningful PA. It was hypothesized that most participants would prefer lifestyle PA over traditional exercises and would find lifestyle PA more realistic, doable, natural, and enjoyable to accomplish during their day. In addition, it was theorized that most Canadians and Americans would believe that they could achieve guidelines through lifestyle PA by accomplishing daily goals, tasks and responsibilities. Finally, it was hypothesized most people believe there is a difference between PA and exercise.

2. Methods

2.1. Participants

Clearance was received from the Research Ethics Board, University of Guelph, and Institutional Review Board, Limestone College. Phase I of the research study concentrated on gathering data through facilitated focus group discussions and took place in Guelph, Ontario from December of 2014 to May of 2015, and in Cherokee

County, South Carolina from December of 2016 to May of 2018. Adults ages 18 years and older representing 13 diverse groups from rural and urban communities in Guelph and Wellington County in Southwestern Ontario, Canada and 13 groups from Cherokee County, South Carolina were invited to participate in this study. Some examples from Guelph and Wellington County included members of the following groups: a rural Parks and Recreation Department, Lion's Club from a rural community, a rural Mennonite church, a women's advocacy group called Zonta International of Guelph, the staff from the Guelph YMCA/YWCA, and the Italian Canadian Club of Guelph. Focus groups from Cherokee County in South Carolina included members from a United Methodist and Baptist church, the Board of Public Works, the City of Gaffney staff, Rotary Clubs, City of Gaffney firefighters and schoolteachers from a rural elementary school. The exclusion criteria were any health conditions that precluded a participant from being physically active.

2.2. Procedures

2.2.1. Phase I.

Focus group facilitated discussions were conducted with 234 people from Southwestern Ontario and 175 people from South Carolina representing the various groups of participants previously identified. In general, each of the thirteen groups in Southern Ontario and South Carolina included 6-15 participants. Focus group interviews were held in the preferred meeting place for each group to create a comfortable atmosphere in order to facilitate a relaxed discussion. Conversations were not recorded, and participants were reassured that the discussions would be kept confidential. Participants were urged to share their experiences and articulate their feelings regarding PA or exercise in this environment of minimum structure other than gently probing questions to allow thoughts to flow freely and allow for in-depth conversation. At the beginning of each session, participants were asked to complete a short demographic questionnaire regarding their gender, age group, and residence. The focus group discussions lasted 30 to 60 minutes. Participants were free to leave at any time. The same, trained investigator facilitated each focus group discussion following the same procedure. Guiding questions included: What do you think of when you hear the word exercise? What do you think of when you hear the word, physical activity? Do you think active transportation counts as PA? Do you prefer a more structured, regimented, repetitive way of moving? Do you prefer to move while you are gardening, landscaping, walking the dog, or playing with your children? Do you think the US PA guidelines can be reached through lifestyle PA? Is there a difference between PA and exercise? Do you find lifestyle PA to be more natural, doable, realistic and enjoyable than exercise? Further probing questions followed and were dependent upon the participants' initial responses. Overall, the conversations were navigated to explore key motivators that contribute to partaking in PA or exercise.

Focus group discussions were facilitated by the same trained, content expert. In order to ensure consistency, the

same trained core group of students for each study were present at all the focus groups to make notes of the conversation as well as an interpretation of what they heard. Upon completion of each focus group discussion, the students sent their typed notes to the group facilitator for thorough review. To understand the perspectives and interpret the experiences of the participants, the notes were meticulously reviewed for each focus group by the same trained group facilitator multiple times in corroboration with the students to allow essential ideas to emerge and to ensure there was complete agreement with the interpretation. In addition, the group facilitator consulted with two outside content experts throughout the entirety of the process. This ensured that the interpretation of the focus group feedback was never biased by one person's perception. The aim was to identify recurring themes emphasized by the participants. These themes were then categorized under separate headings. From the feedback given in phase I of the study, it became clear that many of the participants reflected a preference for lifestyle PA.

2.2.2. Phase II

Using the themes that emerged from the focus group interviews, a unique research-generated survey was created to validate the findings of the initial focus group interviews regarding their preferences to PA. With this purpose in mind, common themes and trends that emerged on peoples' preferences to PA and exercise from the focus group interviews were identified and analyzed by three content experts with backgrounds in physical education and exercise. These themes were then used to construct a series of questions related to lifestyle PA versus exercise to reflect the responses from the focus group interviews. The team of content specialists collaborated throughout the process.

Since phase I of the study was qualitative, it was imperative the research-generated survey accurately reflected the potential key motivators to PA identified in the focus groups. All survey items reflected what was heard in the focus group discussions from phase I. There was no addition or modification of questions in the construction of the survey that did not reflect the responses of the participants nor was there any adjustments of the wording and format made in the survey in between each survey administration. This helped ensure the reliability and validity of the survey in that only the remarks made regarding their outlook, beliefs, attitude, opinions and preferences to PA were being measured and nothing else. The survey was designed to be completed in less than 10 minutes. The responses from the survey data were consistent with the information conveyed from the focus groups.

Surveys were distributed between July and September 2015 (Southern Ontario), and July 2018 to July 2019 (South Carolina) to individuals 18 years of age and older from the same community groups where the focus group data were initially collected. Data presented in this study focuses on individuals between the ages of 18 and 64 years. Informed consents from these participants were obtained and survey administration was scheduled at a convenient time and location suitable for each group.

Table 3. Male and female responses in South Carolina to survey questions related to physical activity and exercise. Numbers represent the percentage of total respondents answering “Yes” to the question, except for final statement (Scale 1-5)

	All ages	Ages 18-34	Ages 35-64
Is there a difference between physical activity and exercise?	Male 81%	Male 83%	Male 80%
	Female 74%	Female 71%	Female 76%
Do you think the USA’s guidelines for physical activity can be achieved by physical activity alone?	Male 67%	Male 67%	Male 68%
	Female 63%	Female 71%	Female 60%
Would you prefer to engage in more vigorous physical activity such as energetic yard work, brisk walking or forcefully raking leaves than exercise?	Male 67%	Male 68%	Male 65%
	Female 64%	Female 56%	Female 70%
Is physical activity or exercise easier for you to do when it’s goal-oriented (i.e. gardening) or when there’s a destination/purpose (i.e. walking to work)?	Male 84%	Male 81%	Male 84%
	Female 90%	Female 95%	Female 86%
Would you be interested in learning HOW to be more vigorously active in your everyday activities such as when walking the dog, shoveling snow, or playing with your kids?	Male 50%	Male 52%	Male 49%
	Female 63%	Female 54%	Female 71%
Is engaging in physical activity a more natural, realistic and enjoyable part of your day than exercise?	Male 80%	Male 78%	Male 83%
	Female 87%	Female 85%	Female 88%
Is moderate to vigorous physical activity easier to incorporate into your day than exercise?	Male 77%	Male 73%	Male 80%
	Female 72%	Female 66%	Female 78%
I prefer physical activities (walking, hiking, raking leaves, playing with children, etc.) outside the gym environment (Scale 1-5)	Male 3.7	Male 3.8	Male 3.7
	Female 3.9	Female 3.9	Female 3.9

Male: ages 18-34, n = 61-64; ages 35-64, n = 79-80

Female: ages 18-34, n = 41-42; ages 35-64, n = 48-52.

4. Discussion

Exercise is universally acknowledged as being healthy. However, many people don’t have the desire to partake in traditional exercise, and most Americans and Canadians do not meet the PA guidelines. It is time to change how we market, motivate, educate and meaningfully connect adults to PA. Many people are not interested in traditional exercise, but typically, PA marketing is geared towards the gym work-out, weight room, boot camp, and images of six pack abdominals and the beach-ready body. The health, fitness and research community have pushed the structured, regimented, routine of exercise along with the narrative, images, and attitude of “one size fits all”. For many years, it was this position without consideration for how the public wanted to approach PA and incorporate it into their lives. In addition to the already established exercise paradigm, we absolutely need a lifestyle PA paradigm in which the medical, research, fitness and health communities can educate the public, their patients and clients about the health benefits of lifestyle PA. Walking the dog, taking the stairs multiple times during the day, moving around at home doing laundry or house responsibilities for 5, 10 or 15 minutes at a time adds up to a healthier you! The hard facts of the benefits one gains from pushing the lawn mower for 20 minutes mowing the grass for example, needs to be compared to an “exercise” activity like playing a game of racquetball. Engaging in active transportation such as walking or biking to work or running errands while at work or around the home needs to be likened to traditional exercise such as playing volleyball or flag football. The health benefits of these physical activities are well documented [13,14,15].

Customized, motivationally tailored print-based materials representing lifestyle PA are more effective than traditional exercise literature at motivating people to change behavior [16,17,18,19,20]. Specific printed materials along with additional PA intervention strategies,

combined with accessibility to parks, aesthetically pleasing bike paths, walkways, and trails, are an effective way to allow communities to move in a way that is meaningful and impactful. Figure 1 represents daily PA movements that can happen during the course of one’s day. Movements such as moving furniture, engaging in snowball fights, taking a walk along a safe trail with the baby in a stroller, vacuuming a room or the whole house, gardening and shoveling snow are all very beneficial not only health-wise, but psychologically, emotionally, socially, and mentally. In addition, providing family fun activities where all can enjoy such as dancing at the local festival, walking downtown or along the Riverwalk, biking on the railroad trail, and shopping or touring in a historic district can be enjoyable and effective [21,22].

Instead of a “one size fits all” position, PA needs to be customized, tailored and meaningful for each individual. A connection to the person’s personality and preferences to PA is essential to maximize a meaningful relationship unique to everyone. Health promoters should listen to what each individual person enjoys in their daily life and observe their tendencies as well as their likes and dislikes. We should help patients, clients, community members determine which PA would be natural, realistic and enjoyable day to day. People need to hear that it is acceptable to embrace lifestyle PA as a means of meeting our PA guidelines. It is up to the medical community, health professionals, physical education, kinesiology and exercise science professors, physical education teachers, and researchers to take responsibility and present lifestyle PA as a viable option for many citizens. We need to help our society feel more confident about the health benefits gained from everyday movements both in and around the home and at work. If we fulfill these obligations, in time, there is a higher probability that exercise adherence among Americans and Canadians will increase with a greater sense of enjoyment and purpose.

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