

Master thesis in Human Movement Science,
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Effect of a structured follow-up of new members at a fitness center on attendance frequency

A double blinded randomized controlled trial

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26.05.2015

Trondheim

Abstract

Background Sedentary life style remains a common problem in industrialized countries all over the world. At the same time, more and more people becomes members of a fitness center. There is a lack of studies that investigate the effect of interventions to increase the physical activity for members at fitness centers by increasing their use of the services offered at fitness centers. E-mail and telephone-delivered interventions have such a potential.

Purpose The purpose was to investigate the effect of a structured follow-up program on how new members' use a fitness center compared to new members with no structured follow-up. We hypothesize that a structured follow-up on new members will increase the attendance frequency at the fitness centers.

Methods This was a participant and provider blinded parallel group randomized controlled trial. Participants (n = 350) were randomly assigned to an intervention group (n = 172) or a control group (n = 178). The intervention group received two telephone calls and one e-mail that contained information that intended to motivate the intervention group to increase their attendance frequency and bookings at the fitness center. The control group received no structured follow-up. The primary outcome was attendance frequency (days with visits) and the secondary outcomes were booking of individual guidance, individual follow-up and group activities.

Results/discussion The intervention group had a higher probability to book individual guidance (risk ratio 2.79; 95 % CI 2.06 to 3.78), follow-ups (risk ratio 4.14; CI 1.99 to 8.60) and group activity (risk ratio 1.85; CI 1.25 to 2.74). However, the intervention had no effect on the attendance frequency (risk ratio 0.93; CI 0.79 to 1.09) at the fitness centers among participants in the intervention group compared to participants in the control group.

Conclusion: A structured follow-up of new members at a fitness center did not give an increased attendance frequency among new members at a fitness center. However, it resulted in an increase in the number of members who booked individual guidance and in the total number of booked individual guidance, follow-ups and group activity among the intervention group.

Acknowledgement

I take this opportunity to express my gratitude to my supervisors Professor Tom Ivar Lund Nilsen, Professor Aslak Steinsbekk and Liv Riseth for discussions, feedback and necessary assistance to make the quality of this study as high as possible. I also want to thank 3T-Fitness Center for implementing the intervention and the use of data. Most of all I wish to thank my loving family for the encouragement and support. Without you, this could never have happened.

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1. Introduction

The effect of physical activity (PA) is well documented in reducing the risk of coronary heart disease, obesity, type 2 diabetes, chronic diseases and conditions, osteoporosis, several forms of cancers and mild forms of anxiety and depression [1-5]. PA is defined as any bodily movement produced by skeletal muscles that require energy expenditure [5-8]. Still sedentary life style remains a common problem in industrialized countries all over the world [9, 10]. A prevalence of physical inactivity is found to be 31 % worldwide, varying from 17 % in Southeast Asia to 43 % in the U.S and the Eastern Mediterranean region [11]. Hansen et al. [12] found in a rapport from 2014 that only 31 % of Norwegian adults aged 20-85 meets the national guidelines for PA with 150 minutes per week of moderate PA or 75 minutes per week with vigorous PA. To reduce this inactive trend public health policy makers are seeking strategies to increase levels of PA among the population. Over the past decade, an increasing number of interventions have been developed to increase PA [13, 14]. Many of these are found to show statistically significant increases in PA among healthy adults. However, more knowledge about what influences peoples PA habits is needed.

Since the 1990s more and more people have chosen to become members of a fitness center in Norway [15, 16], and it is estimated that the current number of members are 900 000 [17]. That is approximately 30 % of the population in Norway over 15 years old. The similar levels have been found in Sweden (40 %), Finland (27 %), Denmark (26 %), Cyprus (22 %) and the UK (21 %) [18]. This shows that the fitness centers have a potential to affect public health, and this will become increasingly more important as the amount of population that becomes a member increases. However, a study from Denmark conducted in 2007 reported that 20-40 % of members at fitness centers were inactive even if they continued to be paying members [19]. This indicates that the need for creating effective interventions to increase the number of sedentary individuals who initiate PA is just as necessary in the fitness centers as the population in general. In order to design effective interventions that could affect how much members are physical active, more knowledge about what influences members level of PA is needed.

1.2 How can PA levels among members at fitness centers be increased?

The evidence base for behavior change interventions targeting PA is well established, especially regarding the efficacy in promoting short-term, behavior change [14]. Although it

is not known if findings from studies on increased PA in the general population are related to those who are members of fitness centers, one can assume that members that struggle with inactivity faces many of the same challenges as those who are inactive outside the fitness centers.

Members of a fitness center do not necessarily see the need or wants to participate in a group- or face-to-face program to increase their PA. Face-to-face interventions are found to be effective, but factors such as time limitations, work schedules, cost and difficulty finding childcare are found to be important barriers [20]. One way to avoid these barriers while reaching large numbers of individuals is to use mediated channels such as telephone, mail or e-mail to deliver the interventions. A review of 127 published studies on PA found larger effect size for interventions that used mediated channels compared to those who used strictly face-to-face interventions [21]. Given the increased need for PA among the population all over the world, it is essential to find interventions that are cost-effective with high efficacy and that are able to increase PA for large parts of the population. E-mail and telephone-delivered interventions have such a potential [14, 21, 22].

1.2.1 Use of telephone- and e-mail-delivered interventions to increase PA

An increasing number of randomized controlled trials (RCTs) compare telephone-delivered PA behavior change interventions [14, 22]. Overall, there is strong evidence supporting the efficacy of telephone-delivered interventions during the initiation phase of PA [14, 22-24]. In some studies, telephone-delivered interventions have been equally or more effective than face-to-face programs for increasing PA [14, 23]. Despite of this, no studies concerning telephone-delivered interventions to promote more visits among new members at fitness centers have been found.

Just as telephone-delivered interventions, there is limited research on e-mail-delivered interventions with the focus on increasing the attendance frequency among new members at fitness centers. However, e-mail-delivered intervention is a cost-effective method with a potential of delivering specific information to a large numbers of individuals [4, 25]. It has proven to be especially effective when targeting a sedentary population [20, 25]. E-mail delivered interventions have shown to have a positive effect on PA, even though short-term behavior changes are more often reported than long-term behavior changes [4, 20, 26].

1.3 Aim

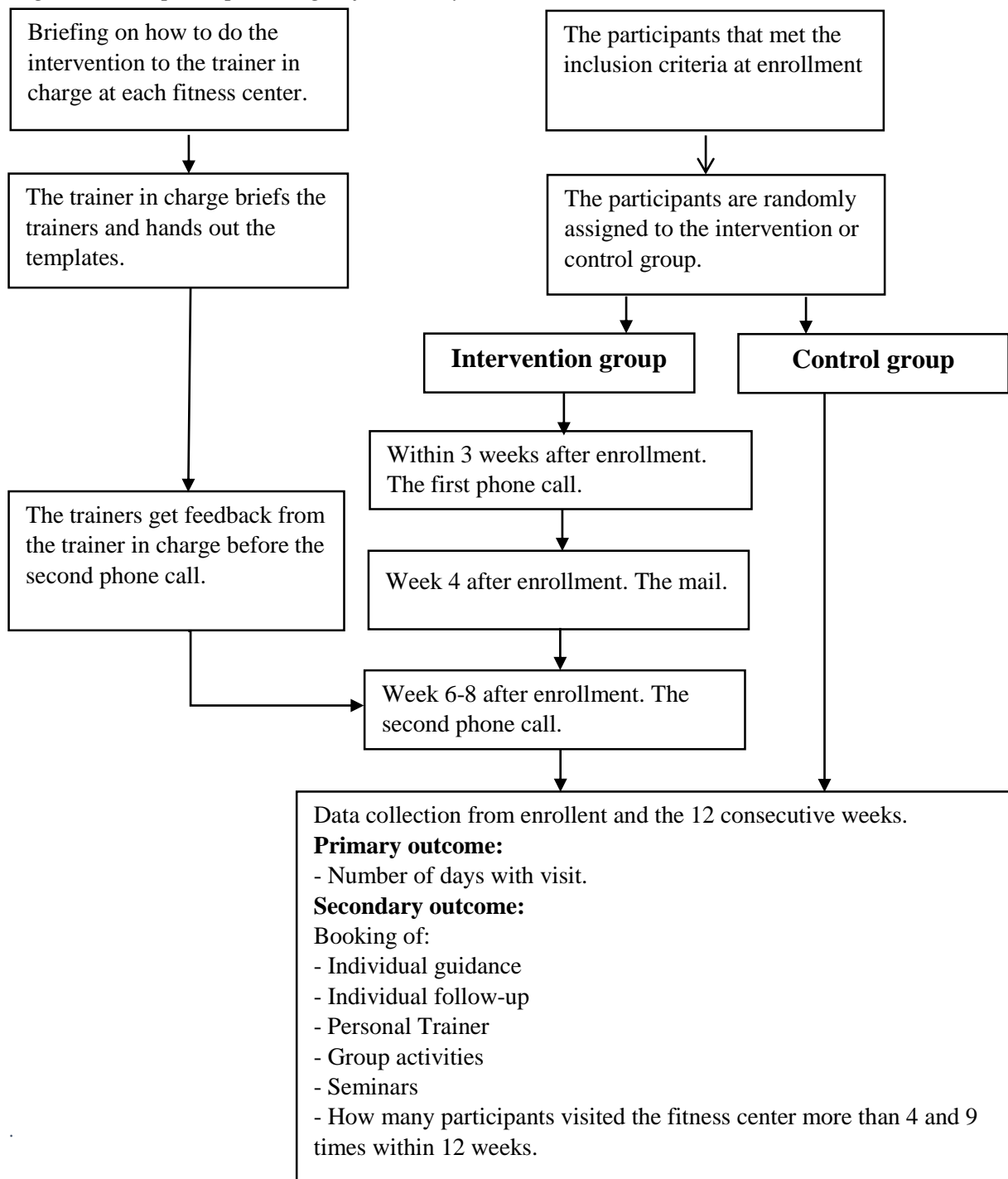
The purpose of this randomized controlled trial (RCT) is to investigate the effect of a structured follow-up program, consisting of two telephone calls and one e-mail, on how new members' use a fitness center compared to new members with no structured follow-up. We hypothesize that a structured follow-up on new members will increase the attendance frequency at the fitness centers.

2. Methods

2.1 Design:

This was a participant and provider blinded, parallel group randomized controlled trial, using registered data from new members to eight fitness centers of the fitness chain 3T in Trondheim, Norway.

Figure 1: The principal design of the study



2.2 Setting

3T-Fitness Center is the biggest fitness center chain in Central Norway. 3T have 37 000 members distributed on 11 fitness centers, 2 in North-Trøndelag and 10 in South-Trøndelag. 3T has a wide range of opportunities within group- and individual training, and some of the fitness centers also provide squash and swimming. All these activities are included in the membership.

Members can also get help from a trainer to design a training program based on needs, goals and limitations for free. This is called an individual guidance appointment and lasts for 60 minutes (see appendix A). During the individual guidance, all members are encouraged to book a 30 minutes individual follow-up where they could adjust their program after trying it for a few weeks (see appendix B). For even closer help, members can hire a Personal Trainer.

3T has no routines for structured follow-up on new members. Current practice at the fitness center is that the receptionist is supposed to ask all new members if they want a guidance appointment when they enroll. However, 3T have no routines to check if the new members have had a guidance appointment, or if they were asked. 3T has neither any routines that show if new members have had visits at the fitness center or not.

2.3 Ethics

The participants in this study were not informed that they were a part of a research project. This study did not fall under the category of medicine or health related research study, because no data concerning the participants' health were collected. There was not collected any sensitive data and this study was considered to have low or no risk for the participants due to the nature of the intervention (telephone calls and e-mail).

It was not required to establish a register of the participants, therefore the study was not registered with the "Norsk Samfunnsvitenskapelig Datatjeneste" (NSD). The registered data from all the participants was stored at 3T-Fitness Center and the study got access to the data after it was made anonymous (The names and other identifying information were removed from the data used).

2.4 Sample

The following inclusion and exclusion criteria were used.

Inclusion criteria

- Eligible participants were new members (16 or older) on ordinary contracts that enrolled at one of the eight 3T-Fitness Centers in Trondheim between September 1st and September 9th 2014.

Exclusion criteria

- Members with free contracts, offshore-membership (over 120 days of traveling out of town each year), shorter membership than 4 months, employee contracts and loyalty contracts (indicates that the member is improving his old contract and is not a new member).

Recruitment

The participants were selected from the existing register of members at the fitness center, and participants joined the fitness centers independent of the study (see details under blinding). All who became new members at the fitness centers between September 1st and September 9th were included. The length of the recruitment period was set before the recruitment of participants started, based on past experience about enrollment rate of these 8 centers at this time of year. The study wanted a sample size of at least 300 participants to achieve a strong enough power for the analysis. This was also a number of participants the trainers at the fitness centers could handle considering the intervention. A short recruitment period was chosen so different number of potential training days, weather conditions, vacation etc. would not affect the participants attendance frequency at the fitness center differently.

2.5 Intervention

The intervention consisted of a structured follow-up of new members from trainers working at the fitness center (Figure 1). The structured follow up included two phone calls and one e-mail. The author of this study developed the intervention, and was responsible for delivering a detailed description regarding the implementation of the intervention to the trainer in charge at each fitness center, which in turn delivered the information to the trainers.

The implementation of the intervention

The trainers in charge at each fitness centers were individually briefed on how to do the intervention by the author of this study. The briefing consisted initially of an e-mail that contained a detailed description regarding the implementation of the intervention (see appendix C), and a template on how the first and second telephone calls should be conducted (see appendix D and E). The e-mail was sent before the participants enrolled at the fitness center. Secondly, the implementation was thoroughly explained to the trainers in charge over the phone, after the participants were enrolled, randomized, and information about which fitness center the participants belonged to was available. The trainer in charge briefed each trainer the same way and handed out the templates. An employee at the fitness center, who was not affiliated with the study, handed out contact information about all participants in the intervention group.

In week 4 after the enrollment of the participants, evaluation from the trainers after the first telephone call was discussed on the telephone between the trainers in charge and the author of this study. The conversation focused on situations that had occurred during the first round of phone calls, and measures that should be inserted ahead of the second round of phone calls. The template for the second phone call (see appendix E) was explained to the trainers in charge, which in turn conducted possible changes in relation to the first phone call with the trainers and gave instructions for the second phone call.

To control fidelity of the intervention, each trainer in charge reported to the head of trainers in week 1 and 6 to reassure that the trainers had started with the phone calls to the participants in the intervention group.

2.5.1 Within 3 weeks after enrollment: The first phone call

The participants included in the intervention group were called within 3 weeks after enrolment by a trainer that used the standardized form as a template for the phone call (see appendix D). The answers from the participants were written down on a standardized form (see appendix F) that the trainers had received in advance.

More specifically, the aim of the first phone call was:

1. If the members did not have any visits to the fitness center yet, the trainer motivated the participants to book an activity to get started and to reach their targeted number of visits per week at the fitness center.

2. The trainer also booked a guidance appointment with a trainer, if the participants had not already had one.
3. The trainer encouraged the participants to take part in different activities at the fitness center and checked if the participants had any questions about their membership or needed help to join some activity at the fitness center.

2.5.2 Week 4 after enrollment: The mail

An e-mail was sent to all the participants in the intervention group 4 weeks after enrolment (see appendix G) from an employee at the fitness center without relation to the study. The content of the e-mail was created by the head of trainers and was the same for all participants, but with links to more information about topics that could be of interest. The e-mail contained advice on how the participants could reach their goals for PA, links to strength and cardiovascular programs for beginners, information about activities that were included in their membership and motivational campaigns, a link to frequently asked questions regarding their membership and a link where they could book a guidance appointment with a trainer.

2.5.3 Week 6-8 after enrollment: The second phone call

A second phone call was conducted within 6-8 weeks of enrolment by a trainer who used the standardized form as a template for the phone call (see appendix E). The answers from the participants were written down on a standardized form (see appendix H) that the trainers had received in advance.

More specifically, the aim of the second phone call was:

1. The overall goal of the conversation was to help the participants to reach their targeted number of visits at the fitness center per week. The participants that did not visit the fitness center regularly were offered help to get started with some activities at the fitness center. The trainers' tried to find something that motivated the participants and potentially made an appointment for them to attend the fitness center.
2. The participants that already had reached their targeted number of visits at the fitness center was informed about additional services and activities that are included in the membership, or the trainer booked a guidance appointment to help the participants customize their weekly training schedule at the fitness center to easier maintain their goal with PA.

The control group

The control group followed the procedures for an ordinary new member at 3T-Fitness Center. That included being asked if they wanted a guidance appointment when they enrolled, but the study had no control whether they actually were asked or not.

2.6 Data collection

The RCT used data from the supplier of 3T-Fitness Centers' membership registry, BRP-Systems. The supplier was instructed to send information about the date of birth, sex, type of membership, visits and all bookings during the period of September 1st to December 31st for all members who enrolled between September 1st and September 9th. Sensitive information like name, membership number, address etc. was removed. The membership number was replaced with a project ID for each participant, which was determined by the supplier. As a consequence, it was not possible for the study to trace the information back to the original member. All data were handled anonymously (see details under ethics). The data file contained the information that later was analyzed.

Recorded data

- Age in years
- Gender
- Center of enrollment
- Subscription
- Visits
- Bookings

Outcome measures

The primary outcome variable was the number of days with visit in the time period from their enrollment in September to December 31st 2015. This was calculated as the number of days the participants had registered a visit at the fitness center in this time period. Multiple visits a day was not considered. The registration of a visit did not automatically give information about what kind of activity that had been done. A visit only meant that the participants had been inside the fitness center.

The secondary outcome measures

The membership registry gave information about all booked appointments, including multiple bookings a day and the total number of bookings was counted.

- Individual guidance appointments; the number of booked appointments with a trainer to design a training program.
- Individual follow-up appointments; the number of booked appointments with a trainer to make changes on the participants' training program.
- Personal Trainer appointments; the number of booked appointments with a Personal Trainer.
- Group activities; the number of booked lessons on a group activity such as spinning, aerobic, yoga, zumba, etc.
- Seminars; the number of booked seminars. Seminars are categorized as theoretical or practical lectures held by a trainer or Personal Trainer at the fitness center.
- Number of participants with more than 4 and 9 visits within 12 weeks. (Originally the study was supposed to look at how many participants had more than 3 visits, but this was changed because of the large spread of visits among the participants).

2.7 Calculation of sample size

It turned out that 357 participants joined the fitness centers between September 1st and September 9th. A sample size calculation was done to decide whether more participants should be included. Assuming a standard deviation in both the intervention and control group of 6.0 days with visits and wanting to be able to detect a mean difference of 2.0 visits between the groups, the sample size calculation showed that 143 persons were needed in each group using a 2-tailed test, with a significance (alpha) level of 0.05 and a power of 80 %. The study had already recruited 175 participants in the intervention group and 182 in the control group, and concluded therefore that no further recruitment was needed.

2.8 Randomization

To ensure that none of those involved with the study could affect which group the participants were assigned to, an employee at 3T-Fitness Center who was not affiliated with the study did the randomization.

To randomly assign all participants who became members in the one week recruitment period to the intervention or control group, the participants were given a random number by using the Excel-formula +RANDOM()*5000.

Afterwards the numbers were sorted in Excel from “Smallest to Largest”. The 175 participants with the smallest numbers were assigned to the intervention group. The rest of the participants were assigned to the control group.

After the participants were randomized, they were again assessed for eligibility. Those not meeting the inclusion criteria were excluded from the study (see Figure 2: flow chart for the process of participant flow, under result).

2.9 Blinding

All the participants, the trainers in charge at each center and the trainers doing the intervention were blinded by not being informed that the structured follow-up was a part of this study.

The participants had signed a normal membership contract during enrollment where "3T reserves the right to send out info /advertising by mail/sms/e-mail ". The membership contract has no specific rules about phone calls, but it is not unusual for the fitness center to make phone calls to its members. The intervention in this study would therefore not deviate too far from normal procedure at the fitness centers. As a result, the participants would not be aware of their participation in a study. The blinded part in this case was a structured follow-up of the participants in the intervention group, which 3T does not normally do.

The blinding among the employees at 3T-Fitness Center were done by emphasizing that the follow-up of new members (i.e. the intervention) was conducted because new members that creates good routines and uses the center at the beginning of their membership will stay members for a longer period of time. The trainers in charge and the trainers were told that the telephone calls and the e-mail was the fitness centers' solution to help members creating good routines early in their membership. They were not informed that the participants were a part of a study, they only knew that this were new members who should get the extra follow-up. Follow-up of different groups of members with different types of interventions is part of their work, and the type of information they got did not differ from previous interventions. Although they previously have been informed about some of the results observed after they

have done various interventions, they were not informed how or if the result of this interventions would be measured.

2.10 Statistical analysis

Descriptive statistics were utilized to compare the number of participants, gender and age between the control and intervention group.

Poisson regression was used to estimate probability for between group differences for continuous variables. For dichotomous outcomes (e.g. number of participants with visits ≥ 4 times within 12 weeks) it was used logistic regression to estimate odds ratios (ORs). Precision of the estimated association was assessed by a 95% confidence interval (CI).

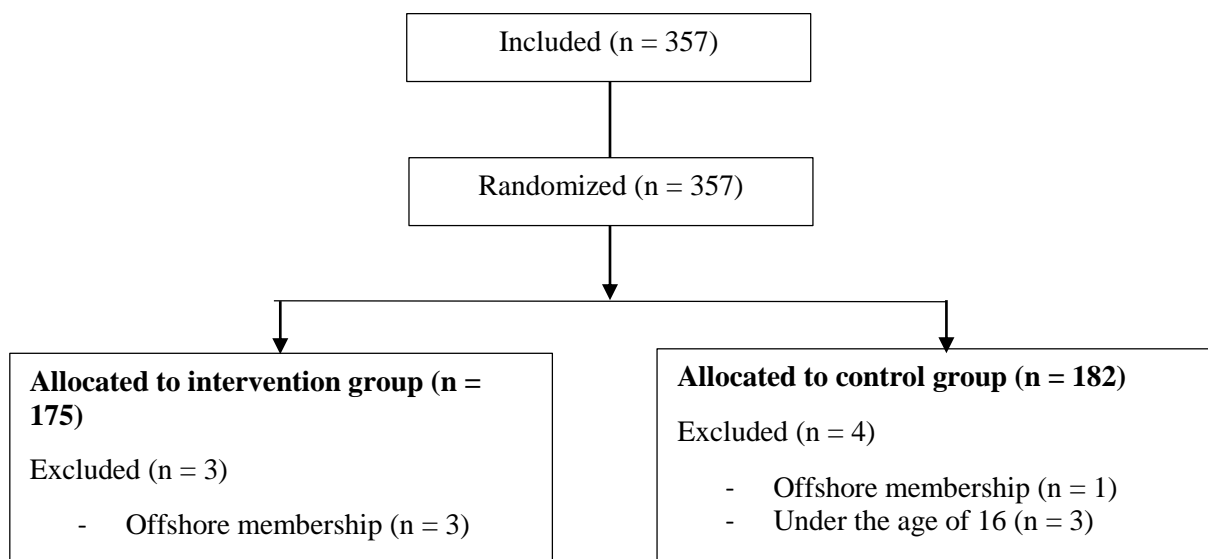
It was conducted additional analyses using Poisson regression to investigate the effect of the intervention in four sub-groups of participants; men, women, participants over 25 years and participants under 25 years. The continuous variables analyzed were days with visits to the center, booked individual guidance and group activity between the intervention and control group.

All analyses were done by using SPSS 19.0 for Windows.

3. Results

Figure 2 presents a flow chart for the whole process of participant flow. Totally, 357 participants were included and randomly assigned to the intervention group or control group. However, seven participants were excluded after randomization because they did not meet the inclusion criteria for this study.

Figure 2: Flow chart for the process of participant flow



Baseline

A presentation of the baseline demographics are shown in Table 1. The intervention group had 172 participants (49 %) compared to the control group, which had 178 (51 %). The 172 participants in the intervention group were divided on 64 men (37 %) and 111 women (63 %). The 178 participants in the control group were divided on 69 men (38 %) and 113 women (62 %). The mean age on the participants were 30 (standard deviation (SD) = 13) in the intervention group, and 29 (SD = 12) in the control group. Most participants were in the age group 20 to 24 years in both groups, and the largest percentage of participants was younger than 30 years. The baseline demographics suggest that the randomization procedure gave comparable groups.

Table 1: Baseline table, descriptive

	Control Group	Intervention Group
Participants	178 (51 %)	172 (49 %)
Gender (n,%)		
Men	69 (38 %)	111 (63 %)
Women	113 (62 %)	111 (63 %)
Age (mean, SD)	29 (12)	30 (13)
Age stratified (n,%)		
< 20	28 (16 %)	27 (16 %)
20 – 24	62 (35 %)	46 (27 %)
25 – 29	31 (17 %)	36 (21 %)
30 – 39	27 (15 %)	29 (17 %)
40 – 49	14 (8 %)	15 (9 %)
50 – 59	12 (7 %)	11 (6 %)
60 ≤	4 (2 %)	8 (5 %)

Implementation of the intervention

On the first round of phone calls, the trainers reached 127 out of 172 new members in the intervention group (Table 2). On the second round of phone calls, 119 new members were called. Of all participants, 158 out of 172 had filled out their e-mail address when they enrolled at the fitness center. Of these 158 new members, 93 participants opened the e-mail that was sent. Further, 20 participants made 43 clicks on the links in the e-mail.

The most popular link was the strength-training program for beginners with 49 % of the clicks, followed by the cardio-training program for beginners with 30 % of the clicks. Swimming at the fitness center and individual guidance had 7 % of the clicks each, and PT, overview of all the fitness centers and available jobs had 3 % of the clicks each.

Table 2: Implementation of the intervention

	N (%)
Telephone intervention	
The first phone call	127 (74 %)
The second phone call	119 (69 %)
E-mail intervention	
E-mail sent	158 (92 %)
E-mail opened	93 (54 %)
Information clicked on in e-mail (n = 93)	
Training program strength beginners	21 (49 %)
Swimming on the fitness center	3 (7 %)
Individual guidance	3 (7 %)
Personal Trainer	1 (2 %)
Overview of the fitness centers	1 (2 %)
Available jobs at the fitness centers	1 (2 %)
Facebookpage	0 (%)
Included in the membership	0 (%)
Booking group activity	0 (%)
Overview over your bookings	0 (%)
Aerobic	0 (%)
Spinning	0 (%)
Squash	0 (%)
Motivation campaign	0 (%)

Continuous outcomes

There was no effect on the primary outcome variable number of days visit to one of the fitness centers between the intervention group and the control group (risk ratio 0.93; 95 % CI, 0.79 to 1.09) (Table 3).

Table 3: Total number of days visits to one of the fitness centers/bookings among the groups (control N=178, intervention N=172)

Variable	Visits/bookings	Risk ratio	95 % CI	P-value
Visits				
Control	3779	1.00	Reference	
Intervention	3403	0.93	0.79 - 1.09	0.387
Ind. guidance with trainer				
Control	66	1.00	Reference	
Intervention	178	2.79	2.06 – 3.78	< 0.001
Ind. follow-up by trainer				
Control	14	1.00	Reference	
Intervention	56	4.14	1.99 – 8.60	< 0.001
Number of PT appointments				
Control	9	1.00	Reference	
Intervention	6	0.69	0.04 – 10.94	0.792
Booked group activity				
Control	1083	1.00	Reference	
Intervention	1936	1.85	1.25 – 2.74	0.002
Booked seminars				
Control	5	1.00	Reference	
Intervention	2	0.41	0.05 – 3.76	0.434

For the secondary outcomes, the intervention had the strongest effect on booking individual follow-up with a trainer, followed by booking individual guidance and group activity. The intervention group had 4.1 times as high probability to book an individual follow-up (risk ratio, 4.14; CI, 1.99 to 8.60) as the control group. Similarly, the intervention group had 2.8 times as high probability to book an individual guidance (risk ratio 2.79; CI, 2.06 to 3.78), and 1.9 times as high probability to book a group activity (risk ratio, 1.85; CI, 1.25 to 2.74).

The intervention had no effect on booked appointments with a PT (risk ratio, 0.69; CI, 0.04 to 10.94) and seminars (risk ratio, 0.41; CI, 0.05 to 3.76), where the number of bookings were very limited.

Dichotomous outcomes

The intervention had effect on the number of participants who booked individual guidance with a trainer (Table 4), where the intervention group had 1.8 as high odds to book an appointment as the control group (odds ratio, 1.81; 95 % CI, 1.17 to 2.80).

There was no effect on the number of participants who had more than 4 (odds ratio, 1.12; CI, 0.60 to 2.10) or 9 days with visits (odds ratio, 0.88; CI, 0.55 to 1.40) between the intervention group and the control group. There was neither any effect on the number of participants who booked individual follow-up with a trainer (odds ratio, 1.48; CI, 0.70 to 3.13) nor the number of participants who booked an appointment with a personal trainer (odds ratio, 0.97; CI, 0.06 to 15.57) between the groups. Similarly, no effect was found on the number of participants who booked seminars (odds ratio, 1.05; CI, 0.69 to 1.60) or group activity (odds ratio, 1.04; CI, 0.06 – 16.68) between the groups.

Table 4: Participants with visits/bookings (control N=178, intervention N=172)

Variable	No. of participants		OR	95 % CI	P-value
	Yes	No			
>4 visits					
Control	154	24	1.00	Reference	
Intervention	151	21	1.12	0.60 – 2.10	0.722
>9 visits					
Control	130	48	1.00	Reference	
Intervention	121	51	0.88	0.55 – 1.40	0.577
Ind. guidance with trainer					
Control	56	122	1.00	Reference	
Intervention	78	94	1.81	1.17 – 2.80	0.008
Ind. follow-up with trainer					
Control	13	165	1.00	Reference	
Intervention	18	154	1.48	0.70 – 3.13	0.300
Trained with PT					
Control	1	177	1.00	Reference	
Intervention	1	171	0.97	0.06 – 15.57	0.981
Booked group activity					
Control	95	83	1.00	Reference	
Intervention	94	78	1.04	0.06 – 16.68	0.810
Booked seminars					
Control	4	174	1.00	Reference	
Intervention	1	171	1.05	0.69 – 1.60	0.223

Additional analysis

It was conducted additional analyses to compare the intervention's effect on visits, booked individual guidance and group activity between the intervention and control group for men and women (Table 5), participants over 25 years old and under 25 years old (Table 6).

Table 5: The intervention's effect among men and women

Variable	Visits/bookings	Risk ratio	95 % CI	P-value
Visits				
Women				
Control	2191	1.00	Reference	
Intervention	2043	0.94	0.77 – 1.16	0.563
Men				
Control	1588	1.00	Reference	
Intervention	1360	0.93	0.73 – 1.19	0.544
Ind. guidance with trainer				
Women				
Control	42	1.00	Reference	
Intervention	130	3.12	2.22 – 4.39	< 0.001
Men				
Control	24	1.00	Reference	
Intervention	48	2.16	1.22 – 3.85	0.009
Booked group activity				
Women				
Control	996	1.00	Reference	
Intervention	1804	1.83	1.23 – 2.71	0.003
Men				
Control	87	1.00	Reference	
Intervention	132	1.64	0.67 – 4.05	0.282

There was no effect on number of days with visit to one of the fitness centers for neither men (risk ratio, 0.93; 95 % CI, 0.73 to 1.19) nor women (risk ratio, 0.94; CI, 0.77 to 1.16). However, the intervention had an effect for both men (risk ratio, 2.16; CI, 1.22 – 3.85) and women (risk ratio, 3.12; CI, 2.22 to 4.39) on number of booked individual guidance appointment.

Women in the intervention group had 1.8 as high odds to book a group activity as women in the control group (risk ratio, 1.83; CI, 1.23 – 2.71), whereas for men the intervention had no effect on booked group activity (risk ratio, 1.64; 0.67 – 4.05).

Overall, participants over 25 (risk ratio, 3.31; CI, 2.12 to 5.16) and under 25 (risk ratio, 2.33; CI, 1.52 to 3.58) in the intervention group had a higher probability to book an individual guidance appointment than participants within the same age range in the control group (Table 6). There were also more likely that participants over 25 (risk ratio, 1.65; CI, 1.00 to 2.72) and under 25 (risk ratio, 2.05; CI, 1.12 to 3.76) in the intervention group attended group activity.

Whereas, neither participants over 25 years old (risk ratio, 0.98; CI, 0.78 to 1.22) nor under 25 years (risk ratio, 0.91; CI, 0.73 to 1.14) in the intervention group were more likely to visit one of the fitness centers.

Table 6: The intervention's effect among participants over and under 25 years old

Variable	Visits/bookings	Risk ratio	95 % CI	P-value
Visits				
Under 25				
Control	2104	1.00	Reference	
Intervention	1560	0.91	0.73 – 1.14	0.425
Over 25				
Control	1675	1.00	Reference	
Intervention	1843	0.98	0.78 – 1.22	0.845
Ind. guidance with trainer				
Under 25				
Control	37	1.00	Reference	
Intervention	70	2.33	1.52 – 3.58	< 0.001
Over 25				
Control	29	1.00	Reference	
Intervention	108	3.31	2.12 – 5.16	< 0.001
Booked group activity				
Under 25				
Control	385	1.00	Reference	
Intervention	640	1.83	1.12 – 3.76	0.020
Over 25				
Control	698	1.00	Reference	
Intervention	1296	1.64	1.00 – 2.72	0.049

4. Discussion

Main findings

A structured follow-up of new members at eight fitness centers, including two telephone calls and one e-mail, gave an effect for the continuous outcomes in the intervention group where they had a higher probability to book individual guidance, follow-ups and group activity. For dichotomous outcomes, the intervention showed effect on individual guidance with a trainer. However, the intervention gave no effect on attendance frequency at the fitness centers among participants in the intervention group compared to participants in the control group.

Comparison with the existing literature

Days with visits

Previous research has found strong evidence supporting the efficacy of telephone-delivered [14, 22-24] and e-mail delivered interventions [4, 20, 26] during the initiation phase of physical activity (PA). Nevertheless, participants in the intervention group that received two telephone calls and one e-mail did not have an increased attendance frequency compared to those in the control group that received no structured follow-up.

One possible explanation could be the intensity of the intervention. Reviews written about e-mail and telephone-delivered interventions both conclude a dose-response relationship between the intensity of the exposure to the intervention and the effect on the level of PA [20, 22]. Eakin et al. [22] found that telephone-interventions with a duration for at least 12 months or 12 or more call were reported with a higher efficacy than shorter duration or fewer calls. Only five out of 10 interventions that lasted six months or less and had six or fewer calls were reported with positive outcomes. Even though this suggests a relationship between positive outcome and length of interventions and number of calls, the results should be read with caution as none of the studies was directly comparing interventions and number of calls [14, 22].

Also Vandelanotte et al. found in a review from 2007 [20], that certain specific intervention elements has shown to give better outcomes on e-mail-delivered interventions. Studies with more than five contact points gave a greater change in PA than those with five or less contacts. Efficacy increased when intervention intensity increased. Earlier research has also

found the same conclusion concerning duration of the intervention. The present study lasted 4 months and had 3 contact points, which might not have given the participants in the intervention group enough exposure to the intervention. Because of limited time available, increasing the duration of the intervention was not an option in this particular study. To increase the intensity of the intervention in this case, increasing the number of contact points would have been the only possibility.

The telephone-delivered intervention reached 74 % and 69 % of the participants on the first and second phone call. While, the e-mail-delivered intervention was sent out to 92 % of the participants and only reached 54 %. However, the high percentage of reach for telephone-delivered interventions was due to multiple calls to those who did not respond. As a result of the modest reach on the e-mail-delivered intervention, almost half of the participants in the intervention group received the telephone-delivered interventions as the only intervention mechanism in this study. In a systematic review, Eakin et al. [23] found that only 3 out of 27 studies used strictly telephone-delivered interventions. Of these 3 studies, only 1 demonstrated positive outcome. Telephone-delivered interventions are therefore more effective when they come in addition to other intervention modalities. Suggesting that the e-mail-delivered intervention in this study should be increased. An e-mail could also be read multiple times, possibly given a stronger dose of intervention [22].

The results of this study only state the short-term effects of the intervention. It remains unknown how the intervention will affect the attendance frequency over a longer period of time. Previous research, with the purpose of increasing PA among the population, reports mainly that telephone and e-mail-delivered interventions have a positive effect on PA over a short period of time [4, 14, 20-24, 26, 27]. Despite of this, Eakin et al. found a study where telephone-delivered interventions lasting longer than 12 months were associated with a higher improvement in behavioral outcomes compared to interventions with shorter duration [22].

Booking of individual guidance and follow-up appointments

Both for continuous and dichotomous outcome the intervention group had a higher probability to book individual guidance than the control group. The study was not able to find any previous research that has investigated the effect of telephone- and e-mail-delivered interventions on new members' use of the fitness center. Nonetheless, the result showed that more participants booked an individual guidance appointment if they received the offer

directly by e-mail or telephone than if the fitness center did not provide any structured follow-up at all.

At enrollment members receive so much information that the offer of an individual guidance might not be emphasized enough, or the receptionist simply forgets to ask. Alternatively, the members decline the offer because they are there and then do not know an available date to book an appointment, or they do not see the benefit of an individual guidance at that time. There is a possibility that the intervention group were more likely to book an individual guidance appointment simply because they were asked an additional time, in another context. On the other hand, a telephone-delivered intervention also has an advantage over interventions that have no personal contact, because the human contact gives the supplier of the intervention an opportunity to increase social influence and motivation [23]. During the two telephone calls, the trainer delivering the intervention had the flexibility to tailor the conversation after the participants' interests and needs. Knowing that the most important reason to maintain PA for both genders are to improve their fitness [16], it would in most cases be relatively easy to lead the conversation in the direction where the participants understood that it would be beneficial with an individual guidance appointment.

Earlier studies have shown that individuals who received tailored mails that was targeted to their stage of motivational readiness to adopt PA were more likely to become PA than individuals who received standard mails, or no treatment [28-30]. The e-mails (together with the phone calls) in this study had no effect on the participants' attendance frequency, but the findings from earlier research may also apply for booking of an individual guidance appointment. An e-mail gives the recipient the opportunity to choose which information that seem relevant among several other options [25]. In this case, the content of the e-mail might have angled the participants' interest towards booking an individual guidance appointment instead of an increased number of visits. With that in mind, strength- and cardio-training program for beginners was the links with the highest amount of click rate in the transmitted e-mail, and booking an individual guidance had the fourth highest click rate. This may indicate that the participants needed help to get started with their PA, which speaks in favor of an individual guidance appointment.

The intervention group was more likely to book an individual follow-up appointment than the control group for the continuous variable, but not for the dichotomous variable. An individual follow-up is a short appointment where the trainer helps the member to adjust their training

program. This appointment is usually booked at the end of an individual guidance, but it could also be randomly booked out in the gym if the trainer starts to talk about the member's progress or training program. The study is not able to provide a clear answer to why the intervention group had a higher probability of booking an individual follow-up than the control group. However, one might assume that a participant who had participated on an individual guidance appointment was more likely to book a follow-up as well. Since the intervention group had statistically significant more individual guidance than the control group, this might explain why the intervention group was more likely to book a follow-up.

Booking of group activities

The intervention group was more likely to book a group activity than the control group, while the intervention gave no effect on the number of participants that booked a group activity in the intervention group. These findings are consistent with a survey from 2009, where Vaage [31] reported a general decrease in the participation of group activities among members at fitness centers. Women in the intervention group were more likely to attend group activity than women in the control group. Whereas, the intervention had no effect on group activity among men in the intervention group. The same result was also found in a study of Ulseth from 2003 [17], where more women than men are found to participate in group activities.

It is also here difficult to provide a clear answer to why the intervention group had a higher probability of booking group activity than the control group, while it was not likely that more participants in the intervention group booked group activity. One possible explanation could be that the intervention did not motivate more participants to book group activity in itself, but the phone calls and the individual guidance could convince those who were already motivated to go more often. Either through presenting the benefits of group activities, or including it in the training program at an individual guidance appointment.

The role of gender and age

Earlier studies have found that a majority of the members at a fitness center are women [16, 17, 33, 34], and a significantly higher proportion of the members are classified as younger adults [15, 17, 33], where there is a preponderance of members aged 20-29 [15, 33]. This was also the case in this study, where over 60 % of the participants were women and approximately 50 % were aged between 20-29 years old. In contrast to conventional research results, where men normally are more physical active than women [15, 16, 34, 35], the results

in this study found no effect of the intervention on the number of days with visit on neither men nor women, or participants under or over 25 years old.

A Norwegian report from 2003 found that gender and age partly determines how members at a fitness center are PA [16]. Men prefer to train individually, but all age groups attend strength training more than before [31, 32]. The additional analyses conducted in this study found that men and women in the intervention group had a higher probability to book an individual guidance appointment compared to men and women in the control group. The same result was found in participants over and under 25 years old.

Strengths

A strength with this study was that it might have been the first of its kind. It was also a parallel group randomized controlled trial with a large number of participants. Furthermore, both participants and those who completed the intervention was blinded, which gave them no chance to influence the outcome of the study. The study was also conducted in a real life setting at a fitness center and carried out by the employers. The results of the study are thus generalizable for similar fitness centers and are also easily reproducible.

Limitations

A weakness with the study was the way the intervention was conducted. Because many employees and multiple fitness centers were involved, the information about the execution of the intervention went through many organizational levels. Even though the information was delivered both in oral and written, the possibility for misinformation or misinterpretation was present. This was confirmed through one center that chose to implement the intervention to the control group as well, because of good response on the first round of phone calls to the intervention group. The trainers at the eight selected fitness centers only received lists of names and telephone numbers for the participants in the intervention group. Nonetheless, the fitness centers have full access to all members through the membership registry. In addition, another center used the second phone call to call the participants they did not reach on the first phone call.

During the telephone-delivered intervention, the trainers were following a template for the conversation. However, the study has no control over the trainers' ability to implement a motivational conversation, how strongly they wanted to create a good result or to the extent they were following the template. Even though the trainer filled out a form, the study has no

guarantee that the calls were completed or if it was completed at the right time. One solution to this problem could have been to distribute the execution of the telephone-delivered intervention to just a few trainers. In that way, one person could educate and supervise the trainers without going through multiple organizational levels. Although available time would be a limiting factor if the trainers were supposed to maintain their normal tasks at work as well. Thus, one would not have been able to reach sufficient number of new members.

No previous research was found on this specific topic. As a consequence, the study chose to rely on similar research conducted on PA in general. One might assume that members of a fitness center face the same challenges as people exercising outside a fitness center. Although, the study has no guarantee whether this in fact is true. An actual constrain the study met in relation to this, were several participants' negative reaction to be called multiple times. This could be an effect of the trainer that called, or a result of their ignorance about their own participation in a research study.

A visit or a booking is not the same as the participants being physical active. This only provides information about the time and date the participants visited or had a booked activity at the fitness center. Nothing about the participants actually being physical active. Nonetheless, if they had cancelled the booked activity, the booking was no longer registered in the membership registry and therefore not included in this study.

Future research

Based on the results of this study and previous research, future research should try out interventions with a stronger intensity. It is recommended that the intervention should contain both a telephone-delivered and an e-mail-delivered intervention, but that the number of e-mails should be increased. The members would probably perceive e-mails as less intrusive and cause less negative reaction than telephone-delivered intervention.

Future research could also involve fewer organizational levels in the implementation of the intervention to achieve better control. This could achieve a larger influence on how the intervention would be presented to the participants and also a more direct contact with the trainers to increase the possibility to correct them if they deviate from the standardized template for the intervention.

Conclusion

A structured follow-up of new members at a fitness center, including two telephone calls and one e-mail, did not give an increased attendance frequency among new members at a fitness center. However, it resulted in an increase in the number of members who booked individual guidance and in the total number of booked individual guidance, follow-ups and group activity among the intervention group. This study adds to our knowledge about the effect of structured interventions aimed to increase new members' use of services offered at fitness centers.

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6. Appendix

- Appendix A - Template; Individual guidance with a trainer
- Appendix B - Template; Individual follow-up with a trainer
- Appendix C - Description of the implementation of the intervention
- Appendix D - Template; The first telephone call
- Appendix E - Template; The second telephone call
- Appendix F - Notes first phone call
- Appendix G - The e-mail
- Appendix H - Notes second phone call

Appendix A – Template: Individual guidance with a trainer

Velkomst

Møt medlemmet ved trenerbua eller i resepsjonen med et smil og et håndhils. På forhånd har du sjekket hvor lenge medlemmet har vært medlem hos oss. Er det et nytt medlem spør du om de ønsker en omvisning på bygget.

Samtalen

Finn en rolig plass til å gjennomføre samtalen. Sørg for at medlemmet føler seg bekvem slik at samtalen blir hyggelig og glir lett. Formålet med denne samtalen er å få nok informasjon til at du kan skreddersy et treningsprogram for medlemmet basert på deres målsetning, ønsker og begrensninger. For å få til dette må du vite noe om:

1. Treningserfaring/aktivitetsnivå

- Tidligere treningserfaring (hva/hvor mye)?
- Har du fått et treningsprogram før?
- Hvis pause – hvorfor sluttet du?
- Hvor aktiv er du i hverdagen ellers?
- Når passer det best å trene?
- Hvilken type trening liker du?
- Hvor ofte ønsker du å trene?
- Hva motiverer deg?

2. Sykdommer/skader

- Har du noen sykdommer eller skader som må tas hensyn til i forbindelse med trening?
- I hvilke situasjoner kjenner du disse skadene best? Har du noen begrensninger?
- Har du tidligere oppsøkt lege med disse problemene?
- Har du noen skader/begrensninger du ønsker at vi skal arbeide med?

3. Mål

- Hva ønsker du å oppnå med treningen din? (SMARTe mål)
- Hvorfor ønsker du å oppnå disse målene?
- Hvor motivert er du for å oppnå dine mål?
- Hva kan hindre deg i å nå målene?
- Har du en belønning som du kan gi deg selv når du når målet ditt?

Skreddersy treningsprogrammet

Når medlemmer kommer til en programtime har de ofte på forhånd gjort seg opp en mening om hva og hvor ofte de har tenkt å trene. Det er ikke alltid at disse tankene går over ens med målet de har satt seg. Da er det din jobb som fagperson å gjøre de oppmerksom på dette og justere enten treningsmengde/aktivitet eller målsetning ut i fra hva som er mest realistisk at de klarer å gjennomføre. Når du lager programmet bør dere sammen skissere hvor ofte de skal trene og hvilke aktiviteter og intensitet de bør ha på disse dagene.

1. Antall treninger pr. uke

I gjennomsnitt trener våre medlemmer en gang pr uke. Når vi lager et treningsprogram må vi sammen med medlemmet sette et realistisk mål for antall ganger de bør trene per uke. Det er veldig god helse i å øke fra en til to ganger per uke. Til det gjennomsnittlige medlemmet anbefaler vi å trene 2-3 ganger per uke. Flere ganger enn 3 er ikke realistisk for de fleste av våre medlemmer, og vi anbefaler derfor ikke å sette et mål for antall treninger per uke som de ikke klarer å gjennomføre. Ønsker de flere ganger så skal du selvfølgelig ikke stoppe de i det.

2. Treningsaktivitet

3Ts store styrke er et bredt og allsidig tilbud. Dette bør også gjenspeiles når vi sammen med medlemmet velger hvilke aktiviteter de skal trene. En faglig begrunnelse bør alltid ligge i bunn når vi velger aktiviteter, men vel så viktig er å finne aktiviteter de er komfortable med og synes er morsomme. En pump-time som ble gjennomført er alltid bedre enn et styrkeprogram i treningssal som ikke ble gjennomført.

3. Intensitet

En typisk feil for mange av våre medlemmer er å trene med for lav intensitet. Oppfordre medlemmer til å bruke pulsklokke eller Borgskala for å måle intensitet. Når det gjelder kondisjonstrening oppfordrer vi medlemmene til å bruke gruppetimer med høy intensitet (pulsspinn, pulsstep, pulssmix osv) eller å trene 4 x 4 (eller andre intervaller) på tredemølle, Arc Trainer eller andre vektbærende aktiviteter. Også på styrketrening trener mange av våre medlemmer med for lav belastning. Når vi lager styrkeprogram må det presiseres at belastning må økes og når de ikke lenger har fremgang bør programmet endres. Gjerne etter ca 2 mnd. Belastning skal aldri økes på bekostning av teknikk.

Men husk: Den beste intensiteten er den som gjør at du kommer tilbake til trening! Ikke alle er komfortable med å trene med høy intensitet.

4. Styrkeprogram

Veldig mange medlemmer ønsker å trene både kondisjon og styrke på samme dag. Det gjør at tiden man har tilgjengelig til å trene styrke er noe redusert. Derfor velger vi til de fleste medlemmene å sette opp 5-7 øvelser med fokus på flerleddsøvelser og de største muskelgruppene. Spesielt til nye medlemmer er det viktig å fokusere på få øvelser i starten. Så kan man heller bygge ut programmet når vi ser at de har fått kontroll på de første øvelsene.

5. Skader/begrensninger

Har medlemmet snakket med fysioterapeut/lege? Har medlemmet fått noen begrensninger? På 3T driver vi ikke med behandling. Vi kan så langt vår kunnskap rekke gi tips og råd om trening som kan hjelpe, men er skadene store så bør de oppsøke fysioterapeut/lege. Ved inflammasjonstilstander og langvarige kroniske smerter **SKAL VI** bevisst underdosere og tilpasse øvelsene slik at den kan utføres tilnærmet smertefritt. I en veilederrolle har vi sjelden mulighet til å gi tilstrekkelig oppfølging i etterkant og vi kan dermed ikke etterse at de har forstått øvelsene godt nok, derfor tar vi ingen sjanser i en slik situasjon. Se intranett for tips og råd om hvordan vi skal tilnærme oss forskjellige skader og tilstander.

Vise øvelsene

Alle aktiviteter du vil at medlemmet skal gjøre skal skrives ned og legges inn i Exor sammen med apparatnavn og nummer, intensitet/motstand og en forklaring på hva som skal gjøres. Programmet skal lagres under medlemmets navn slik at det blir enkelt å finne tilbake til senere. Alle øvelser **SKAL** også forklares ift innstillinger og utførelse og du **SKAL** feilrette når medlemmet gjør øvelsen.

Oppfølging

Oppfølging skal avtales før medlemmet drar hjem fra programtiden. Oppfølgingen bør være ca to uker etter at programtiden ble avholdt.

dere

møttes.

Eks: «Har hastigheten på intervallene gått opp? Hvordan oppfører pulsen seg nå ift sist gang? Har du økt vektene på styrketreningen?»

5) Flere øvelser/aktiviteter

Ofte har du på en programtime valgt å fokusere på relativt få øvelser, spesielt til nye medlemmer. Hvis medlemmet har god kontroll på de eksisterende øvelsene, har du nå mulighet til å tilføre flere øvelser, eller andre aktiviteter. Men pass på at det ikke blir for mange!

Eks: «Du ønsket fokus på å stramme opp lår og rumpe. I og med at du har god kontroll på øvelsene du fikk sist, kanskje vi skal legge til en ekstra øvelse på bein?»

6) Nytt program

For å opprettholde en kontinuerlig fremgang på treningen må man variere treningen. Book inn ny programtime to måneder etter oppfølgingstimen. Skriv også dato og tidspunkt på avtalen på treningsprogrammet. Det er flere årsaker til at det kan være lurt å booke ny avtale med en gang:

- Medlemmet binder seg til en avtale og føler kanskje derfor større ansvar for å komme seg på trening.
- Du kan avtale mål ift intensitet til neste programtime. Dette må du notere!
Eks: «Om to mnd har vi ny programtime. Da skal du ha økt hastigheten på intervalldragene dine til 12 km/t.»
- Hvis medlemmet ikke dukker opp på den planlagte programtiden kan vi ringe opp medlemmet. Har medlemmet mistet motivasjonen kan vi få de i gang igjen.

Appendix C - Description of the implementation of the intervention

Forskning som er gjort innenfor treningscenterbransjen viser at medlemmer som skaper gode rutiner og regelmessig trening i begynnelsen av et medlemskap vil være medlemmer lenger og være mer lojale mot treningscenteret. De ansatte er den viktigste faktoren når det kommer til å hjelpe medlemmet med å skape gode rutiner. De ansatte vil også være med på å påvirke medlemmets oppfatning av centeret i positiv eller negativ forstand.

Derfor er det viktig at vi så tidlig som mulig etter innmelding skaper en relasjon til medlemmet. **Allerede ved innmelding SKAL vi booke inn medlemmet på en programtime.** En individuell programtime bør gjerne holdes innen **14 dager** etter at medlemmet har meldt seg inn. Det er veldig viktig at medlemmet skjønner verdien av denne timen. Det er her de vil få et GRATIS treningsprogram SKREDDERSYDD etter medlemmets målsetning og begrensninger. Et tilrettelagt treningsprogram er selve nøkkelen til at medlemmet skal lykkes og vi skal beholde medlemmet lenger. Uten en tydelig plan er risikoen for at medlemmet mister motivasjonen mye høyere.

Hvilke faste møtepunkt SKAL vi ha for de nye «utvalgte medlemmene» de første fire månedene?

- En individuell programtime bør holdes innen 14 dager etter at medlemmet har meldt seg inn. Innen 3 uker **SKAL** medlemmet fått en eller annen form for programtime (individuell eller gruppe). **Første mulighet for å booke inn en slik time er ved innmelding.**
(For gjennomføring av programtime, se «Mal programtime ved 3T-Treningscenter»).
- Alle medlemmer **SKAL** ha blitt oppringt innen de første tre ukene etter at de har meldt seg inn. Målet her skal være å få medlemmet i gang slik at de når antall ønskede besøk i løpet av ei uke. Det er også ønskelig at de booker en programtime om det ikke er gjort, samt prøver ut andre tilbud på centeret.
(Se «Mal første telefonsamtale».)
- Alle medlemmer **SKAL** ha hatt en oppfølgingstime innen en måned etter at programtiden er holdt. Se «Mal oppfølgingstime ved 3T-Treningscenter».
- 4 uker etter at medlemmet meldte seg inn **SKAL** en mail sendes til medlemmet med råd om hvordan medlemmet enklere kan nå sine mål, link for å laste ned styrke og kondisjonsprogram for nybegynnere, informasjon om aktiviteter som er inkludert i medlemskapet, motivasjonskampanjer og en link til å booke treningsveiledning. Denne mailen lages av 3T-Produkter.
- Etter 6-8 uker **SKAL** medlemmet ringes opp igjen for å høre hvordan det går med treningen og når det passer med en ny programtime/oppfølgingstime for å tilpasse treningsprogram og lage nye delmål. Også her er fokuset på at de skal nå sine ønskede antall treningstimer i løpet av ei uke og at de benytter seg av tilbudene på centeret. Se «Mal andre telefonsamtale».

Innen de første 3 ukene av medlemskapet skal medlemmet ringes opp av en ansatt som er løsningsorientert og god på kundeservice. Bruk resepsjonstelefonen hvis den er ledig. Det er viktig at medlemmet føler at den ansatte ringer for å yte service, ikke for å drive telefonsalg. Den ansatte skal i løpet av samtalen opplyse om 3Ts brede aktivitetstilbud og forsikre seg om

at medlemmet er booket inn på en programtime. Den som ringer følger «Mal første telefonsamtale». Alt dere snakker om noteres ned i «Notater første telefonsamtale».

Om medlemmet ikke har kommet i gang med treningen så er det viktig å få booket en programtime/gruppetime/squashtime slik at medlemmet kommer til senteret. Dersom medlemmet ikke er booket inn på en programtime gjøres dette under telefonsamtalen. Finn riktig treningsveileder til riktig medlem.

Dersom medlemmet har hatt programtime evalueres programtiden for å finne ut om medlemmet er fornøyd eller ikke. Om medlemmet ikke er fornøyd så er det den ansatte sin oppgave å finne de løsningene som skal til for å rette opp inntrykket! Dobbeltsjekk at medlemmet er booket inn på en oppfølgingstime i nær fremtid. Om medlemmet sier at de ikke trenger oppfølgingstimen fordi de ikke har fått trent i mellomtiden så er det desto viktigere å få de inn på en oppfølgingstime. Dette er et medlem som allerede kan være i faresonen for å miste treningsmotivasjonen.

Dersom vi ringer et medlem og vi ikke får tak i medlemmet, legges den ansatte igjen en melding på svarer eller sender en sms. Hva som skal sies/skrives står i «Mal første telefonsamtale». Dersom medlemmet ringer opp og en resepsjonist tar telefonen, følger resepsjonisten «Mal oppringning fra medlem i utvalgsgruppe til resepsjonen». Det resepsjonist og medlem blir enige om skrives ned i «Liste over medlem i utvalgsgruppe som har ringt til resepsjonen».

Programtiden «is our moment to shine». Det er her den ansatte virkelig kan yte service og skape et godt inntrykk. En ansatt skal ha fire store mål med programtiden:

- Medlemmet skal nå antall ønskede besøke i løpet av ei uke.
- Medlemmet skal integreres på treningssenteret og vite om hvilke tilbud som finnes.
- Medlemmet skal få et treningsprogram som føles riktig og motiverende ut og som samtidig vil hjelpe medlemmet med å nå sine målsetninger.
- Treningsprogrammet skal så langt det er mulig inkludere flere aktiviteter fra 3Ts tilbud.

Programtiden skal alltid startes med et håndtrykk. Deretter er det viktig å bli kjent med medlemmet. Skap en trygg atmosfære. Bruk et fastsatt spørreskjema og still oppklarende spørsmål underveis slik at den ansatte er sikker på at han/hun har forstått medlemmet. Her skapes tryggheten som er alfa og omega for å skape en god relasjon med medlemmet.

Det er også treningsveilederens jobb å hjelpe medlemmet med å finne SMARTe mål (spesifikke, målbare, ambisiøse, realistiske og tidsbestemte). Mål er satt for å ha noe å jobbe mot, men det er treningsveilederens ansvar at målene er realistiske.

Øvelser som skal brukes i treningsprogrammet skal alltid vises. Før timen avsluttes **SKAL** det bookes en oppfølgingstime. For nærmere informasjon om programtime, se «mal på programtime» på intranett. (For gjennomføring av programtime, se «Mal programtime ved 3T-Treningssenter»).

Etter 4-6 uker ringes medlemmet opp på nytt for å høre hvordan det går med treningen. Du har før samtalen sjekket besøksloggen slik at du har oversikt over antall besøk siden innmelding. Dermed har du mulighet til å dra samtalen i den retningen du selv ønsker. Også

ved denne samtalen er det viktig å vise at du ønsker å hjelpe de med treningen slik at de når antall ønskede besøk i løpet av uka.

Dersom medlemmet har besøkt oss lite er det viktig å ha en motiverende tone og legge vekt på at lite gjør mye. Det er også viktig å undersøke om det er noe med senteret som er grunnen til lite besøk, uten at du skal grave i privatlivet til medlemmet. Finn ut hva som motiverer de og bygg videre på det. Er det gruppetime de synes er artig så book en oppfølgingstime i tilknytning til favorittimen. På oppfølgingstimen evaluerer dere treningsprogrammet og justerer det slik at det passer bedre ift hverdag, interesser og motivasjon.

De medlemmene som er selvgående og som allerede trener jevnlig trenger kun positive tilbakemeldinger. Her kan dere fokusere på hva som fungerer bra og hva de evt kunne tenkt seg å supplere med. Kanskje det finnes seminarer i nær fremtid som passer interesseområdet til medlemmet? Kanskje de trenger hjelp til å booke en gruppetime? Kanskje de har spørsmål til timeplan eller hvor lenge siden det er skiftet solrør? Vær behjelpelig og yt service!

Se «Mal andre telefonsamtale».

Appendix D – Template: The first telephone call

Om medlemmet ikke svarer så leses dette inn på tlfsvarer, evt skrives på sms:

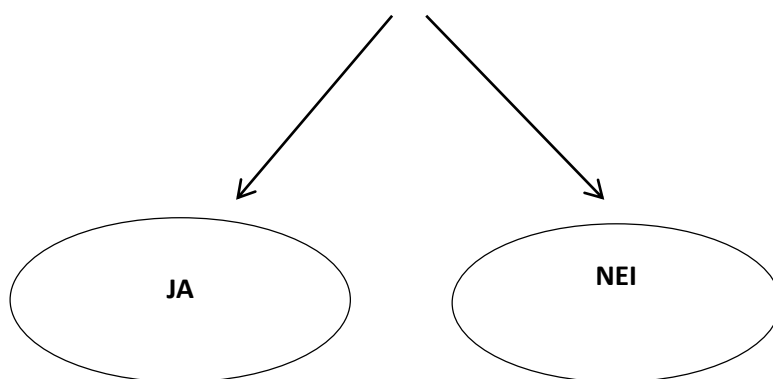
«Hei, dette er (ditt navn) fra 3T-(ditt senter). Jeg har ringt deg fordi vi ser at du er et nytt medlem hos 3T-Treningssenter og vi ønsker å forsikre oss om at du har funnet deg til rette og svare på evt spørsmål du har angående ditt medlemskap. Ta kontakt med vår resepsjon på tlf (...) om du har noen spørsmål. Mvh 3T»

Om medlemmet svarer:

Hei (navn på medlem).

1. Jeg heter (ditt navn) og jobber som (din stilling) på 3T-(ditt senter). Jeg ser at du meldte deg inn hos oss den (dato for innmelding). Jeg ønsket bare å spørre om du har kommet godt i gang med treningen, eller om det er noe du lurer på i forbindelse med medlemskapet ditt?

2. Har du kommet i gang med treningen? Hvilket senter kommer du til å trene mest på?



JA:

Så fint! 😊

Hva av tilbudet vårt har du benyttet deg av? Hvordan gikk det?

F.eks: Fant du ut hvordan du skulle booke en gruppetime på online booking? Du har sett at det også finnes vanngymtimer i bassenget?

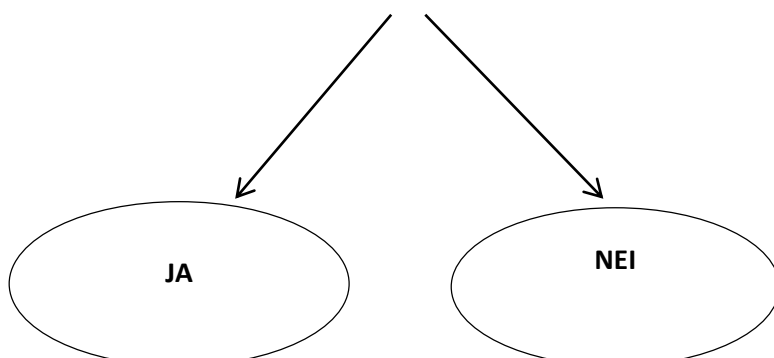
NEI:

Har du trent på treningsstudio før?

Har du noen spørsmål før du kommer i gang?

Hva kan vi hjelpe til med for at det skal bli enklere for deg å komme i gang?

3. Har du hatt en gratis programtime?



JA:

Hvordan gikk timen?

Fikk du den hjelpen du ønsket?

Fant dere en fornuftig målsetning du kan jobbe videre med?

Har du fått prøvd treningsprogrammet på egen hånd?

Booket dere en oppfølgingstime slik at du har mulighet til å komme med tilbakemeldinger på programmet, evt legge til/fjerne øvelser?

NEI: (Selg verdien av en programtime)

Selve nøkkelen til at du skal lykkes med treningen din er en tydelig og god målsetning, variert trening og kunnskap om hva du skal gjøre. Dette får du gjennom et tilrettelagt treningsprogram. Dette gjelder uavhengig om målet ditt er å komme på trening en gang i uken, få bedre helse eller å stramme opp kroppen. Her vil en godt utdannet treningsveileder hjelpe deg med å finne aktiviteter som passer for DEG slik at du enklere kan nå dine mål. Da lager dere sammen et treningsprogram som beskriver hva du skal gjøre, hvordan du skal gjøre det og hvor ofte du skal trene. Dette baseres på dine ønsker, ditt mål og dine begrensninger. Treningsveiledning er ikke bare å sette opp et styrkeprogram! Når har du tid til en slik time?

4. Er det andre ting du lurer på? Hva skal til for at du skal bli mer fornøyd med medlemskapet ditt?

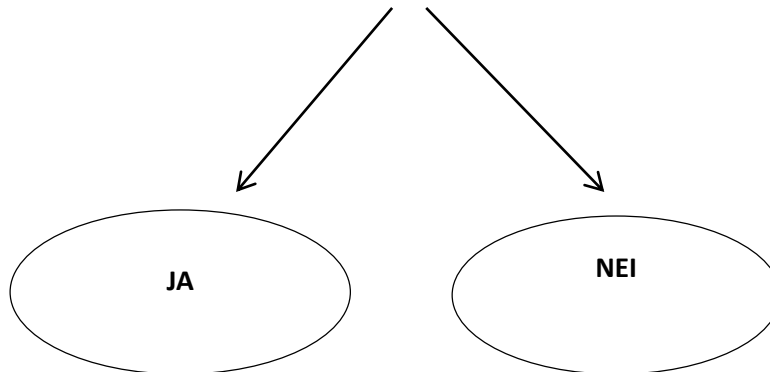
Tusen takk for samtalen. Husk at du har time til (aktivitet, dag, tidspunkt). Og ikke nøl med å ta kontakt dersom du lurer på noe. Vi resepsjon er tilgjengelige på tlf (.....) eller du kan sende mail til (senter)@3t.no.

Ha en fin dag videre ☺

Appendix E – Template: The second telephone call

Hei (navn på medlem).

5. Jeg heter (ditt navn) og jobber som (din stilling) på 3T-(ditt senter). Nå har du vært medlem i 3-4 mnd. Jeg ringer for å høre hvordan det går med deg? Har du funnet deg til rette?
6. Har du kommet i gang med treningen?



JA:

Så fint! ☺

Hvilke aktiviteter bruker du mest?

Hvilket senter?

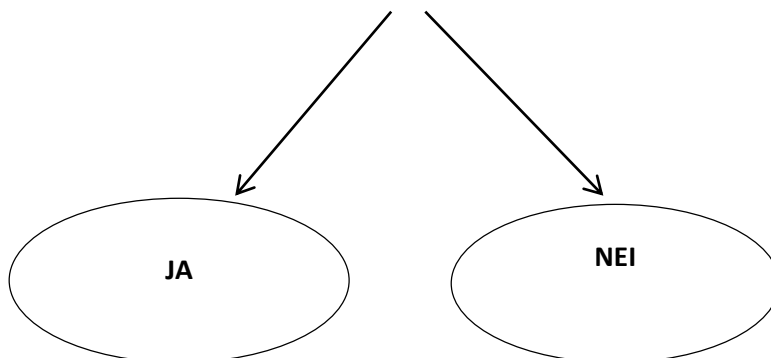
Trives du med det? Er det andre aktiviteter du er nysgjerrig på?

F.eks: Du har sett at det også finnes vanngymtimer i bassenget? Vet du at squash er inkludert i medlemskapet?

NEI:

Er det lov til å spørre hvorfor du ikke har kommet i gang? (Er de klar over at de kan levere inn sykmelding?) Har du noen spørsmål før du kommer i gang? Hva kan vi hjelpe til med for at det skal bli enklere for deg å komme i gang?

7. Har du hatt en gratis programtime?



JA:

Hvor lenge er det siden du har hatt time?

Hvordan gikk timen?

Fikk du den hjelpen du ønsket?

Fant dere en fornuftig målsetning du kan jobbe videre med?

Har du fått prøvd treningsprogrammet på egen hånd?

Booket dere en oppfølgingstime slik at du har mulighet til å komme med tilbakemeldinger på programmet, evt legge til/fjerne øvelser? Har du vært på denne?

Nå har du brukt programmet en god stund. Da kan det være på tide med litt nye utfordringer slik at du ikke stagnerer eller går lei. Erfaringsmessig har vi veldig lange køer når deg gjelder programtimer i januar og februar. Det kan være lurt å booke timen nå før jul så slipper du å vente i kø. Skal jeg booke deg inn på en time førstkommende (dag/tidspunkt) med (samme person som de har hatt tidligere)?

NEI: (Selg verdien av en programtime)

Selve nøkkelen til at du skal lykkes med treningen din er en tydelig og god målsetning, variert trening og kunnskap om hva du skal gjøre. Dette får du gjennom et tilrettelagt treningsprogram. Dette gjelder uavhengig om målet ditt er å komme på trening en gang i uken, få bedre helse eller å stramme opp kroppen. Her vil en godt utdannet treningsveileder hjelpe deg med å finne aktiviteter som passer for DEG slik at du enklere kan nå dine mål. Da lager dere sammen et treningsprogram som beskriver hva du skal gjøre, hvordan du skal gjøre det og hvor ofte du skal trene. Dette baseres på dine ønsker, ditt mål og dine begrensninger. Treningsveiledning er ikke bare å sette opp et styrkeprogram! Det kan være lurt å booke timen nå før jul så slipper du å vente i kø. Skal jeg booke deg inn på en time førstkommende (dag/tidspunkt) med (navn på veileder)?

8. Er det andre ting du lurer på? Hva skal til for at du skal bli mer fornøyd med medlemskapet ditt?

Tusen takk for samtalen. Husk at du har time til (aktivitet, dag, tidspunkt). Og ikke nøl med å ta kontakt dersom du lurer på noe. Vi resepsjon er tilgjengelige på tlf (.....) eller du kan sende mail til (senter)@3t.no.

Ha en fin dag videre ☺

Appendix F - Notes first phone call

Navn på medlem	Dato tlf-samtale	Kommet i gang med trening	Dato programtime	Hvilke aktiviteter trenes	Annen info

Appendix G - The e-mail



[3T-TILBYR](#)

[FACEBOOK](#)

[JOBB I 3T](#)

[KONTAKT OSS](#)

[RESERVER TIME](#)

[MIN SIDE](#)

Øyvind Mittet

Fagansvarlig, 3T

Hei!

Det er nå ca en måned siden du ble medlem på 3T og jeg håper du er fornøyd med medlemskapet så langt. Kanskje har du allerede funnet deg til rette på senteret og er godt i gang med treningen? Eller er trening helt nytt for deg og du synes det er vanskelig å vite hvordan man bør komme i gang? Uansett hvilken kategori du tilhører så er det viktig at du har gjort deg opp en mening om hva du ønsker å få ut av medlemskapet. Jeg utfordrer deg til å skrive ned hvilke mål du har med treningen og hvordan du tenker å nå del! Da er det mye større sjanse for at du vil lykkes med treningen.



Hvordan skal du enklere nå dine mål med treningen på 3T?

Sett deg mål

Sett deg så tydelige og målbare målsetninger som mulig. Sett deg mål som du kan leve med over lengre tid og som DU virkelig ønsker å oppnå. Er det ikke realistisk at du kan trene tre dager i uken så bør du heller ikke ha dette som mål.



Train smart, not hard

En god treningsplan er nøkkelen til å oppnå resultater og trives på trening. Book en veiledertime med en av våre treningsveiledere. Dette er inkludert i medlemskapet og du kan ha så mange timer som du ønsker. De vet hvilke feller du kan gå i og hvordan du bør trene for å få resultater på en effektiv måte. RESULTATER MOTIVERER! En treningsveileder skreddersyr treningen din opp i mot dine ønsker og begrensninger, helt kostnadsfritt. En slik time bestilles i resepsjonen på ditt treningssenter.

Jeg har lagt ved et enkelt treningsprogram for styrke og kondisjon dersom du har lyst til å smugtitte på hvordan et slikt program kan se ut. En forutsetning for at du skal starte opp med disse programmene er at du er skadefri. Men husk at et slikt nybegynnerprogram ikke er en erstatning for et skreddersydd treningsprogram tilrettelagt for deg.
Legge til lenke

NYBEGYNNERPROGRAM

STYRKE

NYBEGYNNERPROGRAM

KONDISJON

Intensitet

Den beste intensiteten er den som gjør at du kommer tilbake til trening. Når de gode rutinene er på plass kan du gradvis øke intensiteten på treningen din.



Aktivitet

Finne en aktivitet som motiverer deg. Nedenfor finner du 4 populære aktiviteter på 3T. Jeg oppfordrer på det sterkeste at du tar en titt på det 3T har å tilby http://www.3t.no/www/3T_tilbyr/. Kanskje du kan tenke nytt angående hvordan du trener per nå?



Spin to Win!

Nå pågår det blant annet en motivasjonskampanje som heter «Spinn to Win». her: [Les mer om Spin to Win her!](#)

Varier treningen

Trening bør varieres med jevne mellomrom, både for motivasjonen og fremgangens skyld. Dersom du normalt sett løper på tredemølle, kanskje du innimellom kan bytte ut løpingen med squash?

Avtal faste tidspunkt for trening

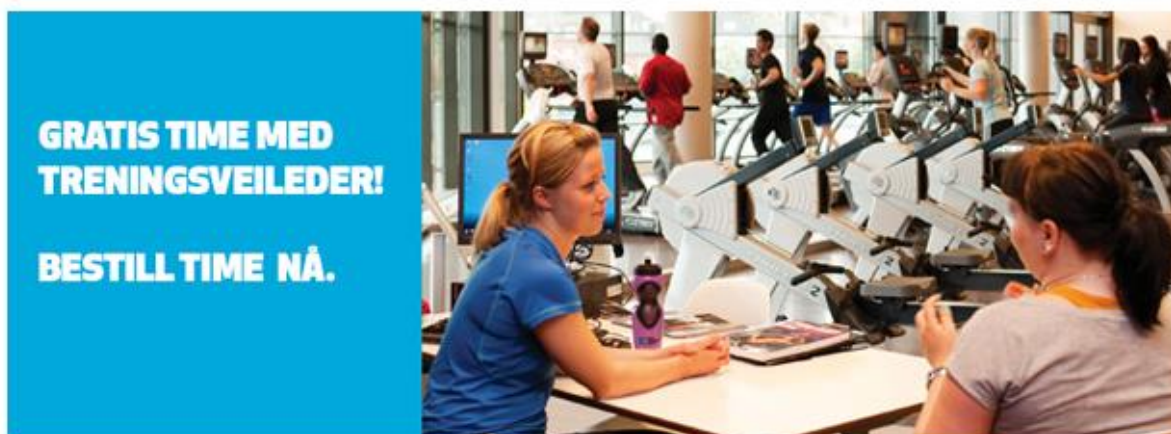
Trening må bli en del av hverdagen for at den skal prioriteres. Avtal faste tidspunkt med familie/venner når du kan trene. Da skal det mer til for at du bryter denne avtalen.

Din nye aktive hverdag har ikke gått i vasken selv om du ikke rakk treningen en uke. Det er de som holder ut over tid som får resultatene. Har du det travelt en uke, ta på deg joggeskoene og gjennomfør en 20 minutters gåtur/joggetur ute.

Legger ved en link for ofte stilte spørsmål ift ditt medlemskap http://www.3t.no/www/Medlemskap/Ofte_stilte_sporsmal/.

Om det er noe annet jeg kan hjelpe deg med, så er det bare å ta kontakt på mail.

Ha en sprek dag videre!



Appendix H - Notes second phone call

Notater andre telefonsamtale

Navn på medlem	Dato tlf samtale	Kommet i gang med trening	Dato programtime	Hvilke aktiviteter trenes	Annen info