



HOW HEALTH CLUBS CAN COMBAT THE OBESITY CRISIS BY REACHING UNDERSERVED POPULATIONS

The effects of obesity are greatest on populations that health club operators often don't serve, but it doesn't have to be that way, as some health clubs and YMCAs are showing.

BY LAUREN BEDOSKY, CONTRIBUTING WRITER

It's no secret that the U.S. has an ever-growing obesity problem. Whereas [33.7 percent of U.S. adults](#) were considered obese in 2007-2008, a full 39.8 percent ([93.3 million adults](#)) were considered obese by 2015-2016.

The effects of our obesity crisis can be devastating, as seen by the prevalence of preventable, obesity-related diseases such as heart disease, stroke, type 2 diabetes and some types of cancer, as well as annual medical costs of treating these diseases, which added up to [\\$147 billion in 2008](#), the most recent year this estimate is available from the Centers for Disease Control.

The health and fitness industry can — and does — play a key role in helping more people adopt a healthy lifestyle. The problem is, many health club operators don't target the populations that need the most help.

"If you asked 100 gym owners across the country who their avatar is, who they're trying to reach, I would guess that 99 out of 100 would say that they are geared toward the already-fit," said [Trina Gray](#), owner of Bay Athletic Club in Alpena, Michigan, and recipient of the IDEA 2018 Fitness Leader of the Year award.

This category could include current and former athletes,

as well as middle- to high-income communities who have the resources to pay for health and fitness services.

However, this focus on athletes and middle- to high-income communities ignores a significant percentage of the U.S. population, many of whom are most impacted by the obesity crisis—namely, ethnic and racial minority groups as well as low-income, inner city and rural populations.

Many health club operators don't target these communities because these groups either lack financial resources to pay dues, live and work in areas deemed unsafe or too sparsely populated, or have cultural differences that health club operators may not know how to address. However, any health club owner who wants to make a positive impact on the country's health status needs to learn how to engage these underserved populations.

MINORITY GROUPS

Minority groups are disproportionately affected by the obesity crisis, as well as some obesity-related diseases, such as type 2 diabetes. Native Americans, for example, have the highest prevalence of obesity ([54 percent](#)),

followed by Hispanics and non-Hispanic blacks ([47 and 46.8 percent](#) respectively). Non-Hispanic whites and Asians have rates of [37.9 and 12.7 percent](#) respectively.

Health club operators can engage minority groups to help them get healthy. But first, it may help to understand the unique challenges and needs of each population.

NATIVE AMERICANS

At 54 percent, Native American adults currently lead the way with the highest prevalence of obesity among all ethnic groups. Native American adults also show a higher prevalence of type 2 diabetes, according to a [2017 diabetes report](#) from the CDC. Among American Indians/Alaska Natives, 15.1 percent had diabetes while 12.7 percent of non-Hispanic blacks had it, 12.1 percent of Hispanics. 7.4 percent of non-Hispanic whites and 8 percent of Asians.

A [report](#) from the U.S. Department of Health & Human Services notes that the shift from traditional hunting, gathering and farming to highly processed and commercially prepared foods is one reason Native American populations have been especially affected by the obesity crisis. In addition, high poverty and unemployment rates can limit access to healthy foods and fitness resources. Authors indicate that the foods available to tribal reservations are often high in refined carbohydrates, fat and sodium.

“We have all these processed and horrendously bad options,” Stacey Montooth, community information officer for the [Reno-Sparks Indian Colony](#) (RSIC) in Nevada, told Club Industry. “You know, it’s the stuff with the long shelf life; it really has not done our people any favors.”

To help combat obesity and obesity-related conditions, the Tribal Health Center, an RSIC-owned and operated health clinic, offers ongoing diabetes prevention classes and a variety of free exercise and nutrition options to clinic patients.

“Offering variety is super important because you can’t just assume that everyone has to come to the gym,” Montooth said.

To that end, they have seen great success in providing exercise options that don’t require treadmills or standard weight equipment (though they do have a fully equipped fitness facility for those who are interested). Through the health center, patients can sign up for martial arts, swimming, yoga, walking clubs, boxing and rock climbing.

One popular option has been a powwow club, which was formed to help kids and adults build fitness in a social setting, while passing along traditional dances to the younger generations. As Montooth noted, typical regalia can weigh anywhere between 10 pounds and 25 pounds, and the dances themselves demand a great deal of cardiovascular fitness. So, wellness coordinator Stacy Briscoe teamed with athletic trainers to break down the dance moves into individual exercises for club members to practice.

Health club operators and fitness professionals interested in reaching members of Native tribes should consider sharing their expertise within those communities, as opposed to asking members to visit brick-and-mortar locations.

“We have non-Native people here teaching classes, and they’ve established great relationships,” Montooth said.

LATINO/HISPANIC

(Note: The terms “Hispanic” and “Latino” are often used interchangeably, though there are [distinct differences](#). However, for the purposes of this report, the terms will be used interchangeably.)

According to the [State of Obesity report](#) on racial and ethnic disparities in obesity, Latinos face greater levels of food insecurity and have less access to safe spaces where they can exercise than other groups. What’s more, Latinos are the fastest growing population in the nation (estimates state that nearly one in three children will be



The Reno-Sparks Indian Colony Pow Wow Club prepares performers for competition dancing, and the group participates in a wide range of community and regional events such as the 150th Anniversary Celebration of the City of Reno. (Photo courtesy Reno-Sparks Indian Colony.)



The YMCA of Greater San Antonio's Potranco location offers a six-week cooking class to help teach healthy cooking to its members, many of whom are Hispanic. (Photo courtesy YMCA of Greater San Antonio.)

Latino by 2030). Report authors argue that addressing health disparities among Latino populations is critical for ensuring the well-being of individuals and families while limiting future healthcare spending.

And the Latino population could be a gold mine for health club operators because their wealth is growing, according to a February 2018 article by Beatriz Acevedo in [Forbes magazine](#). These two nuggets from the article may say it all:

- “In the next five years, it’s [predicted](#) that Latino consumers will spend more than millennials and the over-65 baby boomer crowd combined, making Latinos the most desirable demo for the growth of any company.”
- “The U.S. Latino gross domestic product (GDP) represents [\\$2.13 trillion](#) — larger than the GDPs of Italy, Brazil, India and Canada. If U.S. Latinos were a country, they’d be the seventh largest economy in the world. According to a report by the Latino Donor Collaborative, where I serve on the board, by 2020, the Latino population at large is predicted to represent [24.4 percent](#) of total U.S. GDP growth, and the U.S. Latino GDP today is [growing 70 percent faster](#) than the country’s non-Latino GDP.”

Health clubs can reach this ever-increasing consumer population in many ways. Two points noted in the Forbes article are to create in-culture strategies rather than in-language strategies (meaning Latinos share a culture but not all speak Spanish) and to hire more people of Hispanic heritage in key positions.

In order to best serve her predominantly Latino clientele at [Hard Core Fitness Studio](#) in Lake Forest, California, owner Maria Guerra makes sure to engage them in ways that are inclusive and culturally relevant.

“You’re trying to encourage people to do something that most people are going to say they don’t have time to do, and then it isn’t necessarily a pleasant thing to do, so you have to do it in a way that’s as attractive as you can get it to be,” she said.

A few of her approaches include incorporating Spanish words and phrases into all her fitness classes, using lots of color and flair in her marketing materials, and fostering a community-minded environment where all are welcome — kids included.

“The Latino community is very family based, and so I allow people to bring their kids to the studio and hang out,” Guerra said.

Guerra also notes that for many Latinos, English may not be their first language. So, if you have a lot of Latino members or you operate in an area with a big Latino population, you may want to have materials available in both English and Spanish.

If you have people of many different nationalities in your group fitness classes, you don’t necessarily need to teach in multiple languages, but it may help to be very demonstrative.

“If I’m explaining what we’re going to do next, I’m very animated and very careful to point and over-exaggerate each move to make sure that everyone’s capturing what I’m expecting of them to keep them safe,” Guerra said.

According to Sarah Tabbutt, director of Y Living Center at the [YMCA of Greater San Antonio](#), Texas, literacy can also be a major health barrier for some — though not all — Latino populations. To help Latinos in the San Antonio area access the tools they need to create healthy lifestyle changes, the YMCA offers facilitated healthy living programs where community members can share ideas and find support within a group setting.

Allowing community members the space to talk through possible solutions to improve their health is often more effective than simply offering them written materials in Spanish, especially if some of those community members can’t read at all. In addition, it allows those community members to take more ownership of their lives and health choices. Instead of having someone in authority tell them what to do, participants share their ideas and knowledge with people who share a similar background.

For example, program participants often come up with small lifestyle changes that they feel comfortable implementing, such as ways to make their standard recipes healthier (baking instead of frying or using spinach in place of iceberg lettuce). Or they might share advice they received from their doctor.

“We’re just facilitating, and they come up with those ideas and share that knowledge with each other,” Tabbutt said.

“One challenge of operating a fitness facility in an underserved community is that members may need a variety of programs and services, including child care, youth development, senior programs and sports training.”

AFRICAN AMERICAN

African American adults trail just behind Latino adults in their prevalence of obesity. They are also nearly one-

and-a-half times as likely to be obese and twice as likely to die from heart disease and stroke compared to their white counterparts, according to [a 2016 study](#) on racial and ethnic disparities in obesity published by the National Center for Biotechnology Information (NCBI). This higher prevalence may be attributable to inequities in income, housing and education, and disparate access to affordable, healthy food options and safe spaces to exercise, according to the authors.

The [Harold Mezile North Community YMCA](#) in north Minneapolis serves a community that's predominantly black ([57 percent as of 2016](#)) and low-income ([median household income is \\$27,728](#)).

To attract members and keep them coming back regularly, the North Community YMCA removes barriers to access whenever possible. As transportation can be a major barrier for north Minneapolis residents, the brick-and-mortar location was strategically placed in a central area. The North Community YMCA also offers programs within existing community spaces to reach as many people as possible without building more infrastructure.

In addition, the YMCA fosters a welcoming environment where members can discuss financial assistance, take part in programs that include the entire family (parents, grandparents, children), and see themselves reflected in marketing and communications materials.

One challenge of operating a fitness facility in an underserved community is that members may need a variety of programs and services, including child care, youth development, senior programs and sports training.

"In many underserved communities, the YMCA may be the only resource available," Matt Kjorstad, executive director of the YMCA of the Greater Twin Cities, wrote in an email to Club Industry.

Offering a wide range of programs and services comes with a higher cost that you may not be able to cover with membership dues alone. Kjorstad recommended setting a price point that provides an equitable, affordable option for members and supporting additional costs via revenue from more affluent suburban site revenue, as well as financial support from donors.

However, even if they're able to afford your memberships, many African American communities may still feel unwelcome at your facility. A major barrier to fitness for many communities of color is not seeing themselves represented, whether in marketing materials or within the club itself (for example, among staff members), according to Sonja R. Price Herbert, Pilates, fitness and lifestyle coach, founder of [Commando Fitness Collective](#) and the Black Girl Pilates community.

"You're not showing me through your advertising, through your marketing, that you want us there," she said.

Any club interested in reaching a more diverse crowd would benefit from bringing in an outside consultant (a person of color) to help re-examine your approach and develop a plan.

"It starts within the company first and making a true effort to change things because it's the humane thing to do," Herbert said.

When Rachel Black Graves left her corporate career to open [Bloomfield Fit Body Boot Camp](#) in Bloomfield, Connecticut, in 2014, she didn't anticipate that her facility would attract such a diverse crowd.

"Pick a type of person; we have that person," she said.

But Graves didn't market to any specific group. Instead, she asked new and prospective members a lot of questions.

"I did my best not to assume that I knew what they needed or wanted, so I got really comfortable with asking a lot of questions and then just letting them talk," she said.

Over time, people came to view the gym as a second home and the gym community as their second family.

"Yes, we're a gym, and yes, you're coming to me initially more than likely for strength training and fat loss, but at the end of the day, I tell all my coaches that we're in the people business, and if you can't relate to and empathize with any type of person that comes through that door, then we're failing them," Graves said.

ASIAN AMERICAN

At first glance, it appears that Asian American communities don't fit into the conversation surrounding obesity. After all, according to the CDC, the [obesity prevalence among Asian Americans](#)

is lower than that of other racial and ethnic groups (approximately 12.7 percent, compared to 47 percent for Hispanic/Latino, 46.8 percent for non-Hispanic black and 37.9 percent for non-Hispanic white). However, when you look closely at the research and statistics, it becomes clear that Asian and Asian American communities are an important part of the conversation.

"There is a pervasive and harmful stereotype that Asians are generally healthy and skinny so we have no health issues," Kyle Tsukahira, program manager at [Asian Pacific Islander \(API\) Forward Movement](#), shared in an email to Club Industry. API Forward Movement is a Los Angeles-based non-profit that works to ensure that Asian American Pacific Islanders (AAPI) aren't being left out of public health efforts to address the obesity crisis and other community health and environmental justice issues.

As the authors of a paper in [Preventive Medicine](#) argue, this low rate of obesity prevalence may be misleading. This is because Asian Americans tend to have smaller frames than other racial or ethnic groups, and therefore a higher body fat percentage for the same body mass index (BMI).

In addition, lumping all Asian Americans into one group does not allow the differences in subsets of this group to be seen fully. Statistics from 2011 show that Americans of Chinese descent have a BMI of 24.9 (a BMI of 25 or higher means a person is overweight), while Asian Indians born in the United States average 25.8, and American Filipinos average 27.3, according to a 2016 study by NCBI called ["Mind the Gap: Race/Ethnic and Socioeconomic Disparities in Obesity."](#)

"At first glance, it appears that Asian American communities don't fit into the conversation surrounding obesity."

Research in the [Annals of Epidemiology](#) also shows that Asian American adults are less likely to meet recommended physical activity levels than other ethnic and racial groups in New York City and Los Angeles. Authors also reveal that Asian Americans are more likely to develop obesity-related conditions such as hypertension and diabetes than other racial and ethnic groups. In fact, the rate of hypertension among Asians living in Los Angeles increased by 18 percent between 2005 and 2015, whereas hypertension did not increase among other racial and ethnic groups, according to a paper in [Preventive Medicine Reports](#).

Given these stats, it's critical for health clubs and fitness professionals — especially those who work in areas with a high percentage of Asian American populations — to learn how to engage these communities.

Some of the biggest barriers Asian American populations face when trying to access health and fitness resources (such as health clubs) include cost of membership, lack of culturally tailored/responsive programming, and lack of in-languages classes/resources, according to Tsukahira.

"We've found that the best way to engage the AAPI communities we work with to [become] more active is by meeting folks where they're at and providing culturally tailored and responsive programming that's in [their] language," Tsukahira said.

For example, API Forward Movement hosts a series of free tai chi classes in four Los Angeles communities (Little Tokyo, Chinatown, Historic Filipinotown and Koreatown). Classes are offered in the languages that community members speak, which include Chinese, Vietnamese, Japanese, Tagalog, Korean and Spanish.

API Forward Movement also offers a series of nutrition education, healthy cooking and community gardening classes to provide people with the knowledge and skills they need to make healthy food choices.

"One of the most important things for health clubs to do is educate themselves about the AAPI communities they are based in," Tsukahira said.

This education includes their health needs, languages, cultural practices, beliefs and values. The AAPI community is made up of more than 40 ethnic groups, and each has a unique culture, history, experience and health status, he said.

If your gym is located in a predominantly AAPI community, Tsukahira recommended training existing staff and hiring staff that represents that community, offering programs in their language(s), and hosting free community health fairs, running clubs, or otherwise reinvesting in the community. Taking these steps could go a long way toward showing your commitment to members' health, according to Tsukahira.

LOW-INCOME

Income is a driving factor behind chronic health problems and lack of access to healthcare, gym memberships, and nutritious food. Low-income adults

in America have higher rates of chronic disease than their wealthy counterparts, according to a [2015 report](#) from the Urban Institute and the Virginia Commonwealth University's Center on Society and Health. In households earning less than \$35,000 per year 8.1 percent of adults have heart disease, 11 percent have diabetes, and 33.4 have chronic arthritis. Compare that to households earning \$100,000 or more per year: approximately 4.9 percent of adults have heart disease, 5.9 percent have diabetes, and 24.4 percent have chronic arthritis. In addition, children in low-income households are at a higher risk for childhood obesity, which is a strong predictor of obesity in adulthood.

A report released by the [Physical Activity Council](#) offers specific insight into how physical activity levels vary by income. The report reveals that 28 percent of the U.S. population overall — that's approximately 82.4 million Americans ages six and older — are inactive, which means they reported no physical activity in 2017.

In looking at five-year trends, authors found that households earning \$75,000 per year or more increased their physical activity levels by three percent on average,

whereas lower-income households (income less than \$50,000 per year) decreased their physical activity levels by the same amount. What's more, inactivity levels are highest in households earning less than \$25,000 per year, with 42.2 percent of this segment reporting no physical activity in 2017. ([Current federal poverty level income for a family of four is \\$25,100 or less per year.](#))

As report authors write, "The affluent are getting more active while the less affluent are becoming more inactive."

Many health-focused groups and organizations are working to help low-income populations gain access to health and fitness resources they might not otherwise be able to afford. Health clubs can follow their lead.

YOGA TO THE PEOPLE

[Yoga to the People](#) is a volunteer-run non-profit yoga studio that offers free yoga classes in New York, California and Arizona. (Classes are available free of charge, but there is a suggested donation of \$10 for those who can afford it.) However, the organization hasn't generally focused on a public health concern such as obesity, [Kathryn Ross](#), founder of Yoga to the People and associate professor of social work at the University of Denver, shared in an email to Club Industry. Instead, the group's aim is to make yoga welcoming and accessible to everyone, regardless of income, ability or health status.

"Our participants often describe being intimidated by cost commitments or by the environment itself at gyms or fitness centers," Ross said.

Hansa Knox, yoga instructor, licensed massage therapist and former board member of Yoga to the People, has taught yoga to a variety of populations — including the obese and low-income — for the past three decades. Many low-income community members have a survivor mentality,

"Low-income adults in America have higher rates of chronic disease than their wealthy counterparts."



Each year, the Reno-Sparks Tribal Health Center sponsors a team of tribal members to compete in the Reno-Tahoe Odyssey Adventure, which is a relay making a large 178-mile loop around the Reno-Tahoe region. (Photo courtesy Reno-Sparks Indian Colony.)

“and they have a choice of spending their money on ramen for 10 cents a pack, or not having enough food for the week,” she said. As such, the pursuit of health and fitness may not even be on their radar, and if it is, they may still feel they don’t belong in traditional clubs and studios.

Although gentle yoga classes — such as those offered by Yoga to the People — may or may not have a big weight-loss effect, they can offer obese and low-income community members a safe on-ramp to healthy movement, which can help them build greater awareness and acceptance of their bodies.

“Once they start loving their bodies, they’re going to start taking care of them differently,” Knox said. “And when they start working at it, they could say, ‘The days I do yoga, I feel better.’”

To help ease low-income community members’ entry into yoga, organizations such as Yoga to the People go into the places where these members will feel safe taking a class. If you’re interested in reaching low-income communities, you should do likewise; consider approaching local churches, community centers and hospitals.

“Underserved people have those same feelings of wanting to be seen and acknowledged and want to know they can do things right,” Knox said. Unfortunately, many feel embarrassed and unwelcome at traditional yoga studios and health clubs.

3 WINS FITNESS

Since 2011, the city of San Fernando, California, has been partnering with kinesiology students from [California State University - Northridge](#) to offer [3 Wins Fitness](#), a fitness program that provides free weekly workouts, health education resources (topics include diabetes prevention, lifestyle behavioral change and intervention approaches) and medical screenings to low-income communities across the urban areas of Los Angeles County. To make the program as accessible as possible, everything is available in local parks near the low-income communities that need it most.

During the past two years, 3 Wins has expanded from six sites to 16 and added 75 trained group fitness instructors with support from the American Council on Exercise (ACE). Classes are offered at all 16 sites three times per week, and each class is separated into three or

four ability levels so individuals can self-select the group that best fits them.

Convenience and access is the program’s “secret sauce” for getting people involved, said [Cedric X. Bryant](#), chief science officer at the [ACE](#).

“If you don’t make it convenient, adherence and participation tends to be pretty low, and we want to get them moving regardless of what the barriers might be,” he said.

With access to physical activity and health education materials, some 3 Wins participants have been able to drop their blood pressure medications, reverse diabetes and develop the skills needed to create lifelong health habits.

Many health clubs could replicate the 3 Wins model in their area by offering activity camps for parents and kids, Bryant said. By reaching parents through their children, health clubs can impact audiences they might not normally consider.

Bryant acknowledged that health clubs have bottom lines, and that it’s unlikely that these camps will attract many dues-paying members, “but most [club operators] got into the business because they wanted to make a difference.”

What’s more, doing philanthropic work may have a positive impact on a club’s brand image and help retain dues-paying members.

PRESCRIPTION FOR EXERCISE: MOVING TOWARD A NEW MEDICAL MODEL

The medical and fitness fields have started to converge as professionals in both realms recognize the key role of exercise in the treatment and prevention of obesity and obesity-related diseases.

In 2007, for example, the American College of Sports Medicine (ACSM) and the American Medical Association (AMA) launched [Exercise is Medicine](#) (EIM), a global health initiative that encourages health providers to incorporate physical activity into their patients’ treatment plans and to refer patients to qualified fitness professionals when appropriate.

In fact, some physicians will write prescriptions for exercise instead of medication and refer their patients to a health club that will provide a free or discounted membership, helping people — low-income adults in particular — gain access to high-quality fitness facilities they might not otherwise be able to afford.

[Healthworks Community Fitness](#), a nonprofit women's gym located in a low-income neighborhood in Boston, has accepted more than 3,000 prescriptions for exercise from several local healthcare providers. Patients who have been diagnosed with a chronic disease such as diabetes, obesity and hypertension can bring in a referral for complimentary access to the fitness facility.

"This center is like a public health intervention. It's not like a regular for-profit," said managing director Gibbs Saunders.

As a nonprofit, Healthworks covers roughly 50 percent of its costs with membership dues and program fees (low-income residents receive subsidized memberships), while the rest is paid for with grants and donations.

At [Whitman-Walker Health](#), a nonprofit community health center in Washington, D.C., registered patients can access weekly functional fitness and yoga classes, meditation, acupuncture and massage as part of Whitman-Walker's integrated care model. And through a partnership with the Capital Bikeshare program, people can purchase a subsidized annual membership. With their annual membership, patients receive unlimited bike rentals for up to 30 minutes at a time, offering them an affordable alternative to public transportation while boosting physical activity levels.

Major metropolitan areas such as Washington, D.C. might have plenty of health clubs, but membership to them is often pricey, said Amie Krautwurst, senior manager of wellness programs at Whitman-Walker. When health centers can integrate physical fitness into their continuum of care, they can help relieve some of the financial burden so low-income patients can access those services. Providers can also help their patients view wellness and physical fitness as viable treatment modalities. To that end, Krautwurst said providers need to have open conversations with their patients about the importance of committing to physical fitness in the same way that they would commit to taking an insulin shot every day.

RURAL AMERICANS

Urbanization is sometimes labeled as one of the causes of the rise in obesity, but new research suggests the prevalence of obesity is actually higher among rural Americans.

Researchers from the U.S. Centers for Disease Control and Prevention and U.S. Public Health recently examined the prevalence of obesity and severe obesity (a BMI greater than or equal to 40) among more than 10,000 adults between 2001 and 2016. The prevalence of obesity and severe obesity is significantly greater among men and women living in rural areas compared to larger metro areas, according to the study findings, which were published in [JAMA](#). Severe obesity among rural men in the study is currently at 9.9 percent, versus 4.1 percent for their urban counterparts, while severe obesity rates are even higher among rural women (13.5 percent versus 8.1 percent for urban women). In addition, severe obesity rates more than tripled for rural men and more than doubled for rural women during the course of the study, according [Reuters'](#) coverage of the research. Study authors classified "rural" as any county with 2,500 to 49,999 inhabitants.

One drawback to the study is that it didn't examine how a rural lifestyle might contribute to these rising obesity

rates. However, two rural health club owners were able to share some of the common barriers that rural community members can encounter when trying to access health and fitness opportunities, as well as offer insight into how rural health clubs can help people overcome these barriers.

ANYTIME FITNESS

In 2005, Teri Bissonnette and her husband Jeff opened an [Anytime Fitness](#) facility in Lake City, Minnesota, a town with 5,042 inhabitants (as of 2016). When they opened for business, there were no other workout facilities in the area aside from two women's gyms.

"It was a tough sell for people because they weren't used to having a gym here," Bissonnette said. "Most people in this town had never belonged to a gym."

At first, Bissonnette did a lot of advertising (billboards, direct mail) to get the word out about their business. Through this process, she found that the most effective direct mail approach was to use photos of actual members working out in the club, as opposed to flashy ads with super-fit fitness models.

"That got a huge response," she said, because when prospective members saw people they recognized in the ads, they thought, "Hey, that's the superintendent in my school, and if he can go there and work out, I can, too."

Because many people who join Anytime Fitness in Lake City have never belonged to another gym, Bissonnette makes sure to familiarize new members with the equipment and facility so they're as comfortable as possible. During their first workout, a trainer will sit down with members and review their history and goals before writing out an actual program. After that, members can access their individual program when they come to the gym for their workout. Each program even lists the correct settings for the machines, and every machine is clearly labeled to make them easily identifiable.

Today, Bissonnette no longer advertises. Instead, she sponsors local events and relies on word-of-mouth to bring in new members.

"That's the beautiful thing about a small town," she said. "Once you build a good reputation, that's what sells memberships."



The Anytime Fitness in Lake City, Minnesota, held a Race to the Altar competition in 2016 in which four engaged couples, all of whom were members of the facility, competed for \$500 in cash. One of the events in the competition was a groom ball and chain zig zag cone race. (Photo courtesy Terri Bissonnette.)



The Bay Athletic Club recently held a weight loss program in which participants lost 1,290 pounds and 1,525 inches. (Photo courtesy Bay Athletic Club.)

Once members have been brought on-board, Bissonnette uses a few approaches to encourage them to come in consistently. After all, the best way to retain members is to get them to use your facility on a regular basis.

One successful approach has been to offer healthcare reimbursements. Many insurance companies will offer members a \$20 refund if they go to a health club 12 times per month. Although the health club doesn't directly profit from this reimbursement model — in fact, it takes administrative work for the health club to implement and manage — it helps motivate members to use the facility.

"That's big," Bissonnette said. "And then also they're not paying as much, so it's a win-win."

Not every state or insurance company offers this incentive, but it's worth checking to see if your health club qualifies, she said.

BAY ATHLETIC CLUB

When Trina Gray opened [Bay Athletic Club](#) in rural Alpena, Michigan, (population approximately 10,000) more than a decade ago, hers was one of the few health clubs in the area. However, thanks in part to its location on Lake Huron, Alpena has started to emerge as a tourist town for the active and health-conscious. New businesses offering bike and paddleboard rentals, yoga, and shipwreck and snorkel tours keep popping up, providing plenty of opportunity to stay active.

"We have beautiful beaches and great trails, and it's an amazing place to live; you would think that people would want to be outside and active and healthy," Gray said. "It's just taken a while to get here as a community."

Although Alpena as a community has become more health-minded during the past decade, many residents still encounter barriers to pursuing health and fitness for themselves and their families.

Income is one significant barrier, with a [median annual household income](#) that hovers around \$35,000 and a [poverty rate](#) of 23.5 percent (the [national median](#)

[household income](#) is nearly \$58,000, while the [national poverty rate](#) is 14 percent).

Bay Athletic Club strives to serve the low-income residents who have traditionally been left out of health and fitness.

"We're reaching factory workers, we're reaching people on disability, we're reaching people who are in between jobs, some of whom are struggling to pay their bills," Gray said, adding that the club also attracts plenty of high-earners as well.

To reach low-income community members — many of whom aren't even thinking about joining a health club — Gray and her team have to go where they work. That means visiting factories, dental offices, restaurants and quarries, and offering solutions to common health struggles (such as waking up with less back pain, getting off medications, saving co-pays from frequent medical visits), as well as low membership rates that have a high value attached. All members have full access to the facility and get to meet with a trainer to develop a personalized program. The club also hosts bootcamps, classes and fitness challenges year-round.

Members also can add on their spouses and children for a discounted price. A single membership might cost \$44 per month (with an annual membership) but adding a family member only costs \$25 per month, or \$20 per child (ages 13 to 22 years old) per month.

"If you can get a household healthier, you're way more likely to retain them and for them to get lasting results," Gray said.

One thing to keep in mind when serving members with limited discretionary income is that sometimes they may need a more flexible payment plan. For example, Gray invites members to make installments on "payday Friday."

"I want to be accommodating because I want people to invest in their health. I don't want to make it harder or more challenging than it already is for them," she said. ☺