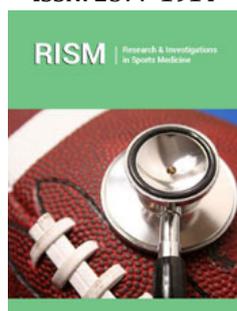


Progressing from Corporate Fitness to Workplace Wellness in Health Care and Higher Education

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***Corresponding author:** Wendy Bjerke, Clinical Professor, Department of Exercise Science, Sacred Heart University, USA

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Wendy Bjerke*

Department of Exercise Science, Sacred Heart University, USA

Abstract

Purpose: Historically, the term corporate fitness has characterized health and fitness programming in the workplace, with 70% of medium to large corporations providing such programs. More recently, the types of workplaces providing health and fitness programs have expanded and now include hospitals university settings. The purpose of this study is to examine the health outcomes of a new workplace wellness program at a regional hospital (Be Fit) and the participation outcomes of a new university-based wellness program (SHU Fit) within the context of shared program characteristics-newly offered outside of a corporate setting. Participation changes before and after the enforcement of COVID-19 restrictions were also observed.

Methods: Changes in BMI, mass, body fat percentage, fasting blood glucose, and Hba1c were assessed via inferential statistical assessment among 46 Be Fit participants post-participation for 19 months (between 2018 and 2019) of biweekly supervised exercise training and promotion of the Modern Mediterranean Diet. For SHU fit, participation and utilization outcomes were assessed via descriptive statistical assessment for 31 months between January 2018 and December 2020.

Results: Participation in Be Fit was associated with a reduction (percentage change) in average BMI (6.25 %, p=.001), mass (6.25%, p=.00001), total cholesterol (7.76%, p=0.025), fasting blood sugar (5.5%, p=.0081), and Hba1c (4.8%, p=.0082). An absolute reduction of 4.95% was also observed for body fat percentage. SHU Fit visits increased 57% between opening day and month 12, with three years of consistent growth (249 average new visits per year). COVID-19 restrictions (transition from in-person to online training) reduced participation by 60%. Relatively relaxed COVID-19 restrictions were associated with a 28% increase in participation.

Conclusion: A simultaneous examination of participation in and health outcomes for two new workplace wellness programs demonstrates the potential for interventions to succeed in terms of growth in participation, as well as to produce positive health outcomes, associated with reduced chronic disease risk. An additional opportunity-to examine participation under COVID-19 restrictions-shows a significant impact in participation among employees when access to the program facility was limited, but also the potential for recovery amid remaining restrictions.

Keywords: Workplace health and fitness programs

Introduction

Historically, the term corporate fitness has characterized health and fitness programming in the workplace, with 70% of medium to large corporations providing such programs [1]. More recently, the types of workplaces providing health and fitness programs have expanded and now include hospitals [2] and university settings [3]. The purpose of this study is to examine the health outcomes of a new workplace wellness program at a regional hospital (Be Fit) and the participation outcomes of a new university-based wellness program (SHU Fit) within the context of shared program characteristics-newly offered outside of a corporate

setting. Participation changes before and after the enforcement of COVID-19 restrictions were also observed.

Case Presentation

Methods

Changes in BMI, mass, body fat percentage, fasting blood glucose, and Hba1c were assessed via inferential statistical assessment among 46 Be Fit participants post-participation for 19 months (between 2018 and 2019) of biweekly supervised exercise training and promotion of the Modern Mediterranean Diet. For SHU Fit, participation and utilization outcomes were assessed via descriptive statistical assessment for 31 months between January 2018 and December 2020.

Table 1a: Be fit results.

| BMI | Body Mass | Total Cholesterol | Blood Sugar | Hba1c | Body Fat% (Absolute) |
|--------|-----------|-------------------|-------------|-------|----------------------|
| ↓6.25% | ↓6.25% | ↓7.76% | ↓5.5% | ↓4.8% | ↓4.95% |

Table 1b: SHU fit results.

| Initial Attendance Growth | COVID 19 Impact | COVID 19 Recovery |
|---------------------------|-----------------|-------------------|
| ↑57% | ↓60% | ↑28% |

Discussion

A simultaneous examination of participation and health outcomes for two new workplace wellness programs demonstrate the potential for interventions to succeed in terms of growth in participation, as well as to produce positive health outcomes, associated with reduced chronic disease risk. An additional opportunity-to examine participation under COVID-19 restrictions-shows a significant reduction in participation among employees when access to the program facility was limited, but also the potential for recovery amid remaining restrictions. Future directions for these examinations are twofold and concern the expansion of workplace health and fitness programs as well as the recovery of these programs as employees return to their workplaces and restrictions continue to be modified. Given that most employers and organizations recognize both workplace health and fitness programs [1], the types of workplaces and employees engaging in these programs may continue to expand to include part-time employees and low-wage employees.

In fact, researchers examining readiness-related variables among low-wage employers find that the benefits of workplace health and wellness programs are also well-known, and employers are willing to consider expanding such services. However, assessed capacity-related variables remain low for low-wage employers due to factors such as a lack of leadership or allocated resources, as well as limitations associated with low-wage employees, such as consistency of employment, commitment to health, and barriers to participation due to common social determinants of health. For example, with time as the top barrier to participation [1,4], the proportion of low-wage employees working more than

Results

Participation in Be Fit was associated with a reduction (percentage change) of average BMI (6.25%, $p=.001$), mass (6.25%, $p=.00001$), total cholesterol (7.76%, $p=0.025$), fasting blood sugar (5.5%, $p=.0081$), and Hba1c (4.8%, $p=.0082$). An absolute reduction of 4.95% was also observed for body fat percentage. SHU Fit visits increased 57% between opening day and month 12, with three years of consistent growth (249 average new visits per year). COVID-19 restrictions (transition from in-person to online training) reduced participation by 60%. Relatively relaxed COVID-19 restrictions were associated with a 28% increase in participation. See Table 1a & 1b.

one job may limit participation and potential health outcomes. Relative to COVID-19-related physical activity behaviors, this is a contemporary topic with emerging findings related to physical activity within and outside the workplace. Researchers are initially finding that, within the context of COVID-19 policies, most individuals reduced their volume of physical activity but engaged in a wider variety of activities, especially outdoors [5].

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