CLUB INDUSTRY

AMERICA’S OBESITY CRISIS

AND THE FITNESS INDUSTRY’S ROLE IN RESOLVING IT
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
<th>Author(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td><strong>EDITOR’S LETTER</strong></td>
<td>Pamela Kufahl, content director</td>
</tr>
<tr>
<td>5</td>
<td><strong>OBESITY IN AMERICA: THE FACTS AND FIGURES</strong></td>
<td>Pamela Kufahl, content director, Emily Burgoon, contributing researcher</td>
</tr>
<tr>
<td>8</td>
<td><strong>HOW HEALTH CLUBS CAN COMBAT THE OBESITY CRISIS BY REACHING UNDERSERVED POPULATIONS</strong></td>
<td>Lauren Bedosky, contributing writer</td>
</tr>
<tr>
<td>16</td>
<td><strong>A FORMER HEALTH CLUB OWNER WHO STRUGGLES WITH WEIGHT ISSUES SHARES HOW YOU CAN REACH PEOPLE LIKE HIM</strong></td>
<td>Marty Wolff, health evangelist, public speaker and contestant on season three of “The Biggest Loser”</td>
</tr>
<tr>
<td>17</td>
<td><strong>FROM OUR SPONSOR: FITTING IN: WHY GYMS DON’T CATER TO THE OBESE AND HOW YOU CAN FIX IT</strong></td>
<td>Jillian Bridgette Cohen, co-founder and CEO, Virtual Health Partners</td>
</tr>
<tr>
<td>19</td>
<td><strong>HOW THE NAC OPENS ITS DOORS TO PEOPLE WHETHER OR NOT THEY CAN PAY FULL PRICE</strong></td>
<td>Linda Mitchell of Newtown Athletic Club</td>
</tr>
<tr>
<td>21</td>
<td><strong>FROM OUR SPONSOR: THE FITNESS PROFESSIONAL’S ROLE IN HELPING COMBAT THE OBESITY EPIDEMIC</strong></td>
<td>Cedric X. Bryant, president and chief science officer, American Council on Exercise</td>
</tr>
<tr>
<td>24</td>
<td><strong>REVERSING PHYSICAL INACTIVITY: THE SPORTS AND FITNESS INDUSTRY’S BIGGEST MISSION</strong></td>
<td>Mike May, director of communications, PHIT</td>
</tr>
<tr>
<td>26</td>
<td><strong>HOW INACTIVITY IS HURTING AMERICA AND HOW THE FITNESS INDUSTRY CAN HELP TURN THAT AROUND</strong></td>
<td>Jim Baugh, founder of PHIT America</td>
</tr>
<tr>
<td>29</td>
<td><strong>THE U.S. MILITARY GOES TO WAR WITH OBESITY</strong></td>
<td>Tom Gresham, contributing writer</td>
</tr>
<tr>
<td>Page</td>
<td>Title</td>
<td>Author/Contributor</td>
</tr>
<tr>
<td>------</td>
<td>----------------------------------------------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>32</td>
<td>FROM OUR SPONSOR: WHY YOU NEED TO OVERCOME MEMBERS’ OBJECTIONS TO STRENGTH TRAINING TO HELP THEM WITH FAT LOSS</td>
<td>By Eleiko</td>
</tr>
<tr>
<td>34</td>
<td>EMPLOYEE WELLNESS PROGRAMS SEEK TO QUELL THE GROWING COST OF OBESITY ON CORPORATE AMERICA</td>
<td>by Amber Maechler, contributing writer</td>
</tr>
<tr>
<td>38</td>
<td>HEALTH INSURERS AND HEALTH CLUBS MAKE THEIR STANDS IN THE FIGHT ON OBESITY</td>
<td>by Amber Maechler, contributing writer</td>
</tr>
<tr>
<td>41</td>
<td>SACO SPORT &amp; FITNESS OFFERS A WELLNESS PROGRAM TO EXPAND ITS REACH</td>
<td>Club Industry Q&amp;A with Scott Gillespie, co-owner of Saco Sport &amp; Fitness</td>
</tr>
<tr>
<td>42</td>
<td>FROM OUR SPONSOR: GROWTH THROUGH COMMUNITY AND CORPORATE WELLNESS SERVICES</td>
<td>by Mike Benton, president and CEO, GENAVIX Inc.</td>
</tr>
<tr>
<td>44</td>
<td>FROM OUR SPONSOR: HEALTH CLUBS AND HEALTH CARE NEED TO BUILD A BRIDGE TO HELP DECREASE OBESITY</td>
<td>by Dr. Vaishali N Geib, chief medical officer, ReShapeMD</td>
</tr>
<tr>
<td>45</td>
<td>NUTRITION: THE ELEMENT MOST HEALTH CLUBS MISS IN THE FIGHT AGAINST OBESITY</td>
<td>by Sarah Protzman Howlett, contributing writer</td>
</tr>
<tr>
<td>48</td>
<td>TECHNOLOGY CAN BUILD A BRIDGE TO THE OBESE MARKET</td>
<td>by Tom Gresham, contributing writer</td>
</tr>
<tr>
<td>51</td>
<td>FIND OUT MORE</td>
<td></td>
</tr>
</tbody>
</table>

THIS REPORT IS SPONSORED BY

[Logos of sponsors: American Council on Exercise, Eleiko, GENAVIX, ReShapeMD]
EDITOR'S LETTER

FIGHTING OBESITY: THE AMERICAN AND HUMANITARIAN WAY OF DOING GOOD BUSINESS

To try to convey the depth of the obesity crisis in a single report is perhaps a foolish undertaking. When first considering how to cover this topic, we were overwhelmed by the breadth of the epidemic and the related issues to explore. You likely feel overwhelmed, too, when you think about how far we have let our country’s health fail, when you mull over its causes, and when you debate possible solutions.

If we were holistic doctors, we would tackle this pox on our American body by investigating the cause. We would tackle the epidemic at its roots, not treat the symptoms, allowing the cause to continue to infest the body.

But we aren’t holistic doctors, and the causes of this epidemic are likely wide-ranging, requiring more dissection than we have time to do in this report. You could make a case for any of these factors being causes of the crisis: sedentary lifestyles, lack of physical education in schools, fast food consumption, genetically modified foods, chemicals in our environment, and a multitude of other possible villains.

Instead of putting on our white coats and trying to root out the cause, we decided to offer insights into the depth of the problem and then share what is being done within our industry to help address this epidemic.

Our hope is that each of you will look more closely at what you are doing to make a difference in your community. At the risk of sounding callous, the obesity crisis is an opportunity for you. Finding ways to deliver results for people—whether you are a commercial club operator, a non-profit, a university rec center, a parks and rec facility or a medical wellness facility—will make you relevant. And relevance gives you a future. It also changes the future for this country.

It’s a bit of a patriotic act. Or you could call it a humanitarian act. Or you could call it good business. It’s all the same thing.

Sincerely,

Pamela Kufahl
Content Director
Club Industry

www.clubindustry.com
www.clubindustryshow.com
OBESITY IN AMERICA: THE FACTS AND FIGURES

As people in the United States continue to grow fatter, the numbers can be overwhelming, but these facts will help put the crisis in perspective.

BY PAMELA KUFAHL, CONTENT DIRECTOR, AND EMILY BURGOON, CONTRIBUTING RESEARCHER

The facts don’t lie. America is in a crisis, and these numbers show just how big that crisis is. Perhaps the most jarring evidence of the country’s obesity epidemic can be seen in a well-known animated map of the United States showing the obesity rates in each state climbing from 1985 to 2010. You can view that map by going here. Static maps of the current obesity rate by state and then broken out by race can be found here. Other numbers to keep in mind are spelled out below.

PREVALENCE OF OBESITY: 2015-2016
Prevalence of obesity among U.S. adults: 39.8%

<table>
<thead>
<tr>
<th>Prevalence of Obesity by Age:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>20–39</td>
<td>35.7%</td>
</tr>
<tr>
<td>40–59</td>
<td>42.8%</td>
</tr>
<tr>
<td>60 and over</td>
<td>41.0%</td>
</tr>
</tbody>
</table>

Source: Centers for Disease Control and Prevention

PREVALENCE OF OBESITY IN ADULTS BY RACE:

<table>
<thead>
<tr>
<th>Race</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic Asian</td>
<td>12.7%</td>
</tr>
<tr>
<td>Non-Hispanic white</td>
<td>37.9%</td>
</tr>
<tr>
<td>Non-Hispanic black</td>
<td>46.8%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>47.0%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>54%</td>
</tr>
</tbody>
</table>

Sources: Centers for Disease Control and Prevention
Native American data from: State of Obesity 2015 (Trust for America’s Health)

PREVALENCE OF OBESITY IN ADULTS BY GENDER AND RACE:

<table>
<thead>
<tr>
<th>Race</th>
<th>Women Prevalence</th>
<th>Men Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic Asian</td>
<td>14.8%</td>
<td>10.1%</td>
</tr>
<tr>
<td>Non-Hispanic white</td>
<td>38.0%</td>
<td>36.9%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>54.8%</td>
<td>37.9%</td>
</tr>
<tr>
<td>Non-Hispanic black</td>
<td>50.6%</td>
<td>43.1%</td>
</tr>
</tbody>
</table>

Source: Centers for Disease Control and Prevention

PREVALENCE OF OBESITY: 2011-2014

<table>
<thead>
<tr>
<th>Prevalence of Obesity by Education Level:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>High School education or less</td>
<td>40%</td>
</tr>
<tr>
<td>Some College</td>
<td>40.6%</td>
</tr>
<tr>
<td>College Graduate</td>
<td>27.8%</td>
</tr>
</tbody>
</table>

Source: Centers for Disease Control and Prevention

PREVALENCE OF OBESITY BY HOUSEHOLD INCOME (ALL ADULTS):

<table>
<thead>
<tr>
<th>Household Income</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤130%</td>
<td>39.0%</td>
</tr>
<tr>
<td>&gt;130% to ≤350%</td>
<td>40.8%</td>
</tr>
<tr>
<td>&gt;350% FPL</td>
<td>31.2%</td>
</tr>
</tbody>
</table>

Key: The CDC analyzed obesity prevalence by three levels of household income, based on percentage (≤130%, >130% to ≤350%, and >350%) of the federal poverty level (FPL)

Source: Centers for Disease Control and Prevention
OBESITY IN AMERICA: THE FACTS AND FIGURES (CONT.)

PREVALENCE OF OBESITY IN CHILDREN: 2015-2016
The national childhood obesity rate: 18.5%

OBESITY RATE IN CHILDREN OF DIFFERENT AGE GROUPS:

- 13.9% 2 to 5 years
- 18.4% 6 to 11 years
- 20.6% 12 to 19 years

Source: Centers for Disease Control and Prevention

HEALTH CLUB MEMBERSHIPS IN THE UNITED STATES: 2016

- 57.3 million People aged 6 and older who were members of a U.S. health club
- 19.3 percent Americans aged 6 and older who are members of a U.S. health club

Source: International Health, Racquet & Sportsclub Association (IHRSA)

PERCENTAGE OF HEALTH CLUB MEMBERS BY RACE
One out of five Americans belong to at least one health club.

- 69% Caucasian
- 11% African American
- 10% Hispanic
- 7% Asian Pacific Island
- 3% Other

Source: International Health, Racquet & Sportsclub Association (IHRSA)
Create a better member experience through fitness management software and payment processing. Call 1-855-338-0566 or visit us at abcfinancial.com to learn how we can help your business!
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...
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.

“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.

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.”
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 2010, 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,
“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 - Northbridge 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 Arnie 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 to 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.)
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.
A FORMER HEALTH CLUB OWNER WHO STRUGGLES WITH WEIGHT ISSUES SHARES HOW YOU CAN REACH PEOPLE LIKE HIM

BY MARTY WOLFF,
HEALTH EVANGELIST, PUBLIC SPEAKER AND CONTESTANT ON SEASON THREE OF “THE BIGGEST LOSER”

In 2015, Marty Wolff, a contestant on season three of the TV show “The Biggest Loser,” gave a presentation at the Club Industry Show in Chicago, about his struggles with weight, the mindset that many people of size have and how health clubs can reach this population. At the time of the presentation, Wolff was the owner of Square One Health Club, a club in Omaha, Nebraska. Since then, Wolff has left the day-to-day operations of the club, although he still does a corporate program under the name Square One. Now, he teaches a Train Your Brain class and does public speaking as a “health evangelist.” You can find out more about his current activities by going here: www.bookmartywolff.com 🔗

https://youtu.be/Fd-5Hy7_hwU
Health clubs don’t reach out to the people who need their services the most, but that doesn’t have to be reality any longer.

BY JILLIAN BRIDGETTE COHEN, CO-FOUNDER AND CEO, VIRTUAL HEALTH PARTNERS

Let’s be honest. The fitness world is geared toward the fit. Sure, every once in a while you’ll hear about a plus-size yoga instructor (like this Instagram star) or read a story about an overweight Olympian (like this gold-medalist), but for the most part, obesity and exercise are at opposing ends of the spectrum—in the media and in real life. Many schools of thought place blame, and shame, on the individual; however, we can’t ignore that society, the fitness society in particular, is unwelcoming to the unfit. But if these are the people who need our services the most, why aren’t we serving them?

Where I live, in New York City, the boutique fitness studio trend is exploding, and almost all of these gyms market toward the thin, the fit, the healthy. Don’t believe me? Just head over to any of their Instagram pages, and you’ll be hit with a well-lit collection of toned tushies, bloat-less bellies and lanky legs. There’s not a curve to be found. What message does that send though? Is it aspirational? “Join us, and you can look like this?” No. It implies, “If you don’t already look like this, this place isn’t for you.” So, is the marketing the culprit? Are all gym owners just exclusionary in their vision and in their Instagram feeds? I think this runs deeper. We have to remember that, at the end of the day, gyms are businesses, and health club owners know that marketing to the gym-junkies will help get them to their bottom line. And the bottom line matters.

But what if there was a way to boost the bottom line and offer programming for the obese at the same time? First of all, we’d be remiss to not acknowledge that, yes, some programs do exist that are specially built to serve those with significant weight loss goals, but in my opinion, they are too few and far between. With over one third of the American population categorized as obese and over one half overweight, exercise programs for these individuals need to be the standard, not the exception.

So what can you do to make your studio friendlier to people who are full-figured?

1. Offer content specifically for beginners. In thinking about what appeals to the people who are obese, it’s important to remember that, while some may have fitness experience, many are likely unfamiliar with even basic exercises, and their bodies need a low-impact approach, at least to start. One way to more subtly welcome in a new wave of exercisers is to offer classes specifically for beginners. Be sure to choose names that are welcoming and not intimidating, like “Intro to Yoga” or “Beginner Strength Training.” Terms like “high-intensity” or “bodybuilding” could be daunting and are best avoided for newcomer programming.

2. Introduce at-home exercise plans. For the overweight, self-consciousness and fear of judgment can be a deterrent from showing up to the gym at all. New, virtual, digital fitness platforms are on the rise, enabling people to work out from the comfort of home without the pressure of peers (other than maybe their pup) giving a judgmental side eye. These apps and websites are a great option for those who aren’t comfortable working out in front of others, and some of these even offer partnerships where gyms and studios can stream their own custom content, giving you the potential to monetize a new offering and reach a new audience, free from any geographical constraints.

3. Integrate nutrition counseling. Working out is only one piece of the puzzle toward losing weight and achieving a healthy lifestyle. People with more weight to lose can see some of the biggest and fastest gains (or rather, losses) of anyone when they combine a healthy diet with their exercise regimen. Just like with at-home exercise, there are now tele-health platforms that enable registered dietitians to meet with individuals one-on-one via phone or video without having to leave the house. Adding nutrition support can be a game changer for any client, not just the overweight, and can help you further differentiate from your competitors.

The beauty and fashion industries have already made progress towards body type inclusivity, with brands like Dove and Aerie committing to showing real women, unretouched in their marketing and advertising campaigns, and I’m here to argue that fitness should be next. We have the power and the responsibility to serve all kinds of people, in every stage of their wellness journeys, and by doing such, the opportunity to not only improve our businesses, but improve the health, and ultimately the lives, of so many people.

BIO
Jillian Bridgette Cohen is the co-founder and CEO of Virtual Health Partners (VHP), a health tech startup that offers live and on-demand nutrition, fitness, and lifestyle modification within a contained ecosphere of virtual support. VHP’s proprietary digital wellness platform VHPGO is available to clients through an exclusive network of participating partners. Cohen has more than 15 years of experience in the medical industry and was responsible for the multi-million-dollar growth of three other startups before founding VHP.
CHANGE THE EQUATION

OUR NUTRITION EXPERTS + YOUR FITNESS TEAM = NEW REVENUE & ENHANCED MEMBER SATISFACTION

CONNECT WITH US TODAY.
virtualhealthpartners.com  info@virtualhp.com
The Newtown Athletic Club (the NAC) is celebrating its 40th anniversary as a high-end, family oriented health club that sits on four acres in Newtown, Pennsylvania. Members pay for a large number of offerings and amenities, including group fitness, youth programming, three pools, a lazy river, wellness programs, a spa and more. But not everyone can afford the membership dues, even though the NAC offers nine membership options: youth individual, young adult individual, mid-adult, adult individual, couple, family, senior individual, senior couple, semi-senior couple. All of those membership options indicate that the NAC is looking for ways to make its facility affordable to as many people as possible.

And that is no more evident than the NAC’s other offering: the NAC Financial Program. This program helps people in the community who can’t afford a NAC membership. Following is a Q&A with Linda Mitchell, director of public and government relations at the NAC, who explains more about the program and why the NAC offers it.

**Linda Mitchell, director of public and government relations at Newtown Athletic Club, shares details of the club’s scholarship offering**

**Q: How does the program work?**

**Mitchell:** The NAC Financial Program is very straightforward. When a potential member indicates that the cost of the membership is financially impossible for them to bear, we offer our program. If a current member is terminating their membership because of financial hardship, we offer the program.

We don’t advertise the program through mass media, but we do freely include it on our website and speak of it when appropriate. We have learned from experience that many people are sensitive about their financial wellbeing and wish to be discreet about this program.

The program consists of gathering some basic financial information, including the past year’s tax return and a simple accounting of their ongoing expenses. This allows us to confirm that they are truly eligible. We also allow them to offer their own story as more substantive background on their situation. Often, they are dealing with a tragedy, sudden death, job loss, serious illness of a child, divorce or other extenuating circumstances. There is a sliding scale of a discounted percentage based on income, but honestly, their individual circumstance heavily influences our decision on how much “forgiveness” can be offered.

The program is handled in a very private manner and the only individuals involved are the owner and his executive assistant.

**Q: How much of a discount do people get?**

**Mitchell:** The amount of “discount” is dependent on the amount of need. It is a sliding scale from a minimal discount to 100 percent.
Even though Newtown Athletic Club is a high-end facility that sits on four acres with three pools, sports programming, a spa and other luxury offerings, its owner Jim Worthington and his staff offer a program to ensure that the facility is accessible to those who can’t afford the regular membership fees.

Q: Can they use the full facility, all programs and on all days at all times or does this limit them to certain days/times/parts of the facility?
Mitchell: There is no limit to their use of the facility. They use it as full-paying members. However, we review each case on an annual basis to determine if we can continue. This often includes a resubmission of the original paperwork.

Q: When did you start offering this?
Mitchell: We began offering this in the late 1990s.

Q: Why did you decide to offer this program?
Mitchell: Frankly, we always offered financial relief on a case-by-case basis whenever it was brought to our attention. However, as the local non-profits (YMCA) began to enter our market, we realized that what we did for the underserved population was more generous than what the YMCA was doing in terms of giving back to the community and, even worse, no one knew that we were doing it. That is when we decided to systemize our giving structure and modeled our system after the YMCA, but we are more generous in the amount of forgiveness we offer.

Q: How many people are on the program?
Mitchell: Hundreds at any one time.

Q: What percentage of your membership is that?
Mitchell: This varies based on the current need, but hovers between 5 percent to 7 percent of our 12,000-plus members.

Q: What are the retention rates for the people on the program?
Mitchell: The retention rates vary based on the timeframe for which they have the need and the amount of discount. For those who are 100 percent “scholarshiped,” the retention rate is 100 percent. For those being provided a discount who are no longer eligible based on an improved financial situation, the retention rate is excellent.

Q: What has been the cost of this program for NAC?
Mitchell: We have never figured this out; it is just part of what we are committed to doing.

Q: What has been the ROI of the program for NAC?
Mitchell: I am not sure there is a ROI, except knowing that you have been of service in a time of need and the extended loyalty of those who stay on as paying members.

Q: How could other clubs implement a similar program?
Mitchell: I recommend that others simply mimic what we are doing. Knowing that you are helping when there is need is the right thing to do, and the sense of satisfaction is priceless.
Often, overweight and obesity are described simplistically as the result of an imbalance between calories consumed and calories expended. Although this is a contributing factor, obesity is a multifactorial disease involving a complex interplay among environmental, behavioral, genetic and hormonal factors. With a multidimensional view of health and wellness and skills in behavior change, health coaches, exercise professionals and the facilities in which they work are in a unique position to offer much-needed support as key allies in the fight against obesity. Below are insights into how health professionals can help people who are obese.

UNDERSTAND A PERSON’S ‘WHY’

Exercise professionals and health coaches need a deep understanding of the psychology of health and fitness to help motivate and empower clients to create positive change in their lives. In addition to designing exercise programs, they must acquire the knowledge and skills to help clients craft strategies for successful lifestyle change.

All change must start from within. Before people seek help, they must establish why they want to change. A number on the scale is not a true goal. The true goal is what that person wants from life. How will losing weight impact their lives?

UNDERSTAND THE SCIENCE OF OBESITY

Added weight does not create pain, but it may exacerbate it. Individuals will never progress in an exercise program if there is pain with movement. Corrective exercise and improved biomechanics can lead to safer and better quality of movement that reduces mechanical stress on the body and promotes more physical activity.

Health professionals must understand the challenges these clients encounter when completing tasks that may appear simple. The cardiovascular and musculoskeletal systems must work harder to move the extra pounds,
which can cause a chain reaction of moving less and gaining more until the typical activities of daily life are nearly impossible.

**UNDERSTAND THAT LIFESTYLE CHANGE IS A KEY TO SUSTAINED SUCCESS**

Plans that leave people feeling deprived are not sustainable. The combination of sensible eating and appropriate levels of physical activity contributes to improved cardiometabolic and overall health. The general sense of well-being and increased energy that come with sound eating habits and regular physical activity help people embrace healthy lifestyle choices for the long run.

Healthy lifestyles are developed over time by adopting a series of small changes. Begin by looking at priorities and helping members/clients identify a few realistic short-term goals.

The best diet or workout schedule is one a person can do for life. Measuring a healthy lifestyle by a number on a scale undermines the many components of well-being, such as healthier eating habits, finding a form of physical activity that is enjoyable, and learning to accept and embrace individual challenges.

Stress is a leading cause of relapse for people trying to change health behaviors. Stress depletes the energy people have available for self-regulation, a skill critical for sticking to a behavior-change plan. People often experience stress as fatigue and being “too tired to exercise.” In addition, coping strategies often include the negative health behaviors they are trying to change.

**UNDERSTAND COMMON MISCONCEPTIONS**

Research shows that weight bias runs deep in our society, as in “fat” is bad and “thin” is good. One of the largest misconceptions is that individuals impacted by obesity are lazy and lack the willpower necessary to change, when in fact obesity also often leads to the loss of self-efficacy.

It is important to be mindful of unconscious biases—particularly as they relate to communication. Avoid using terms such as “weight problem,” “fat” or “severely obese.” Instead, use more scientific descriptors such as body mass index and terms such as “excess weight.” Also, use people-first language instead of labeling people by their disease, which can be dehumanizing. Instead of saying “an obese client,” say “a client with obesity.”

Another misconception is that obesity is an issue of personal responsibility. Because behavior-modification strategies can help people lose weight, the assumption is that people with obesity are simply choosing not to engage in them. The truth is that many people aren’t aware of effective strategies and end up using ineffective ones (such as fad diets). Also, neurobiological factors affect appetite, cravings, how much we enjoy certain foods and even how much we enjoy exercise. If someone is struggling, it doesn’t necessarily mean the person isn’t trying or doesn’t care.

The promotion of physical activity as fun and inclusive helps change the perception our society holds about obesity and those affected by it. The images you use in your gym or advertising are important in promoting the perception of inclusivity. Be sure to use appropriate images that include portrayals of individuals with obesity enjoying physical activity and avoid any visuals that might perpetuate weight-based stereotypes. Physical activity needs to be framed as accessible and fun for everyone—not intimidating or exclusive.

**UNDERSTAND THE VITAL ROLE OF THE HEALTH AND FITNESS COMMUNITY**

The most important role that exercise professionals can play is that of trusted advisor. Trust is earned by understanding the journey of the individual, which requires empathy. Develop strategies to meet members/clients where they are, not drag them to where you think they should be. Success starts with psychology, sociology and communication—the “art” of training. The “science” of training can take members/clients the rest of the way.

People should get an experienced exercise professional or health coach, find a supportive community of others with similar goals and engage family or friends. People who have a combination of expert and personal support get the help they need and, ultimately, experience long-term success.

**BIO**

As president and chief science officer, Cedric X. Bryant, Ph.D., FACSM, stewards ACE’s development of strategies to deliver exercise-science and behavior-change education in ways that are engaging and compelling, recruiting more people to become exercise professionals and health coaches and equipping them for growth in their respective fields. He leads ACE’s exploration of how science-based programs and interventions appropriately integrate fitness into healthcare and public health. He is a member of the National Academy of Medicine’s Obesity Solutions Roundtable, the National Association of Physical Literacy’s Advisory Board, the Prescription for Activity Task Force’s Leadership Council and Executive Committee, Exercise Is Medicine’s Credentialing Committee and the International Consortium for Health & Wellness Coaching’s Council of Advisors. 😊
Carve out your place

Find your niche and cook up a career you’re passionate about. Help others establish healthier relationships with food. Become an ACE Fitness Nutrition Specialist.

Pursue your passion at ACEfitness.org
For club discounts, contact national.accounts@acefitness.org
REVERSING PHYSICAL INACTIVITY: THE SPORTS AND FITNESS INDUSTRY'S BIGGEST MISSION

PHIT America's 'Inactivity Pandemic' report reveals that physical inactivity is draining the lifeblood (and dollars) from the sports and fitness industry.

BY MIKE MAY, PHIT AMERICA

Physical inactivity in America has had a big negative impact on revenues in the sporting goods and fitness industry. And now is the time to reverse this trend. That's one way to summarize the findings of PHIT America's newly released 2018 'Inactivity Pandemic' Report, which reports on the inactive trends among U.S. children.

Listed below are the key takeaways from the 'Inactivity Pandemic' Report 2018:
1. Only seven percent of American children are physically active to CDC standards;
2. The number of U.S. children who are active three times a week has dropped to 23.9 percent, a decrease of 15 percent in the last five years;
3. Children from low-income families are rapidly becoming less physically active;
4. U.S. children are ranked 47th out of 50 countries in global fitness;
5. There is a deadly trend from core (committed) to casual (less committed) participants;
6. Roughly 75 percent of all U.S. teens are not fit enough to join the military because they are not physically active, exercising, not playing sports and not getting P.E. at school;
7. In 2017, life expectancy in the United States declined for the second straight year, and today's children may not live as long as their parents.

For the first time, besides providing the deepest look into the physical activity levels of America, PHIT America makes some specific and necessary recommendations to overcome the inactivity pandemic.

For manufacturers, marketers, retailers and team dealers in the sports and fitness industry, the foundation of their customer base – children ages 6 to 17 years old – is increasingly less physically active. That doesn’t bode well for the industry since today’s children are the future members of health clubs.

According to PHIT America’s latest study, the number of children who are physically active at least one day per week and at least three days per week is getting smaller. Yes, U.S. children are increasingly physically inactive,
like past generations of children. Sadly, there are similar patterns of physical inactivity by Americans of all ages. The negative trend of those participation statistics is reinforced by the overall national trend of more casual and fewer core sports and fitness participants. Since 2007, casual sports and fitness participation has been on the rise, while core participation has been steadily dropping. That’s a devastating trend as 80 percent of sports apparel, athletic footwear and sporting goods equipment purchases are made by core sports and fitness participants. This change has cost the sports and fitness industry $20.5 million in lost sales in just the past five years.

“Physical inactivity negatively impacts sales and participation because physically inactive people are not purchasing shoes, socks, apparel and fitness equipment at the same volume as physically active people do,” said PHIT America Founder Jim Baugh.

According to Sports Marketing Surveys USA, physically active people are spending roughly $900 per year on sports apparel, athletic footwear and sporting goods equipment/gear, whereas physically inactive people are only spending approximately $200 per year on sports apparel, athletic footwear and sporting goods equipment/gear. That’s a difference of $700 per year per person. When you multiply that by the 82.4 million people in the United States who are physically inactive, the volume of the lost sales is enormous.

One of the best solutions to this trend of physical inactivity across the country is the return of physical education for all students in all grades in all schools. Research by Sports Marketing Surveys USA confirms the lifetime impact of P.E.

“Students who receive P.E. in school are two to three times more likely to be physically active out of school,” said Keith Storey, vice president, Sports Marketing Surveys USA.

To that end, PHIT America is investing its resources and energy into P.E. in schools through its PHIT America GO! Grants program. To date, more than 200,000 elementary school students at more than 400 elementary schools have benefitted from GO! Grants in recent years. All companies in the sports and fitness industry are welcome to get behind the GO! Grants program.

“By investing in P.E. in elementary schools through PHIT America GO! Grants, we are investing in the future customer base of the sports and fitness industry,” Baugh said.

The research by Sports Marketing Surveys USA reveals a positive correlation between children getting P.E. and their interest in health/fitness clubs. For instance, when children do not have P.E., only 5.8 percent of them pursue exercise in a health/fitness club. On the other hand, when children do have P.E., 9.7 percent will exercise in a health/fitness club.

For society as a whole, another key to solving the physical inactivity crisis is companionship. According to research from Sports Marketing Surveys USA, the two biggest outside factors that motivate people to get physically active are “having someone to take part with” and “having a friend take me along.”

As for some specific observations on the fitness industry, it is doing better than most categories as most of the top 20 growth activities are fitness-related. However, it’s important to look at the ‘share’ numbers. Even fitness activities are losing out to non-sport or non-fitness activities. Every manufacturer, retailer and fitness club is getting stung by the inactivity pandemic. It’s time to do something. What are you doing to help?
HOW INACTIVITY IS HURTING AMERICA AND HOW THE FITNESS INDUSTRY CAN HELP TURN THAT AROUND

PHIT America Founder Jim Baugh shares how companies are focused on athletes while ignoring the casual sports participants and how that is affecting participation in fitness activities and sports.

PHIT America published its Inactivity Pandemic report in August 2018. The report, which is available at IP.PHITAmerica.org, is for everybody who works in the sports and fitness industry: health club operators, manufacturers, marketers, retailers and team dealers. There are two editions: the Impact on America and the Impact on the Sports & Fitness Industry.

In a Q&A submitted to Club Industry by PHIT America, the organization’s founder, Jim Baugh, shares more about the report and inactivity in America.

Jim Baugh, founder of PHIT America, said that 50 percent of schools no longer have physical education classes, which means the country has lost half of its training grounds for teaching children skills to play a sport or become physically active.

Q: You make a Rodney Dangerfield reference in your news release on physical inactivity. Why do you think the sports and fitness industry doesn’t respect the inactivity pandemic?

Baugh: Most bigger companies are caught up in their quarter-to-quarter and ‘profits-now’ thinking and not worried about the long term. We also have some owners who only care about the short term as they plan to sell or spin off their company soon. Many companies are not looking at the ‘roots’ of physical activity. They look at what they can do to create new participants who are good customers today.

There is also a sad trend I have seen over the last 20 plus years. Years ago, we had great leaders for our industry. Now, we have leaders of brands. Look at the leaders on the boards of the trade associations. They are lawyers and not CEOs of their companies. We need people to realize we survive and grow as an industry when people are playing sports and being physically active.

And there are a few who just don’t get it. They think we will always have people participating. But, with the trends that you see in the report, it is obvious that physically inactive people don’t buy sports and fitness products.

Q: Why does PHIT America publish this report?

Baugh: This ‘Inactivity Pandemic’ is killing the ‘roots’ of the sports and fitness industry. Leaders, investors and everyone
must wake up. Do we really think Americans are going to put down their smartphones and tablets? Do you think the social media and electronics industry are going to start making less fun, less engaging and less addictive products? Or will schools suddenly start putting daily P.E. back in our schools? Hell no! The competition is going to get stronger. And the sports and fitness industry must respond and protect the industry. They must go back and rebuild the roots of the industry where kids and everyone learn basic physical activity skills in school. When schools started to take P.E. out of our schools, that started the gradual erosion of the industry’s roots…and the industry’s future.

The sports and fitness industry is not driven by the professional leagues or pro athletes. Look at what you see on TV and you can’t escape sports, but that is entertainment. In fact, with the exception of maybe one or two sports, every sport you see on TV is declining in participation.

We have to remember that every participant was a beginner at one time. And where did they learn those basic skills? At home and in schools.

The other reason that PHIT America produced this report is because someone has to expose the real story. The industry doesn’t like to hear bad news and that may be because so much of the business is controlled by public companies. I feel obligated to expose trends so everyone can make decisions that will help their future.

Q: You have 11 observations and nine recommendations on the state of sports participation in the United States. What is your biggest takeaway on the topic of sports participation?

Baugh: We have to fix the sports participation issue with children. Things are not good with children and their future. Overall, team sports core participation is down significantly in the last five years. If children are not playing team sports, too many are now playing video games. More and more children have not developed their basic athletic skills or have the confidence to run, catch, throw, kick or even stand on one leg. When they grow up, they will not be sports and fitness participants – mainly because of the lack of daily P.E. in our local schools. The rise of travel ball in baseball, softball, soccer, lacrosse, basketball and volleyball has led to declining levels of interest in local recreational leagues in those six sports. We must revitalize local recreational team sports leagues.

I have studied this issue for 20 years, and there are two places where children learn how to be physically active, how to throw, how to catch, how to run, how to kick, and how to jump. One is from their family members – mothers, fathers, brothers, sisters and cousins. The second is at school — through physical education programs. That is why P.E. is the root of all physical activity in America. Look at the research. It is conclusive, and we can rebuild these programs. We are doing it through PHIT America GO! Grants. Schools are where all the kids are and can economically be influenced.

Q: Why is PHIT America so focused on P.E. in schools?

Baugh: I would like the sports and fitness industry to look at what has happened in schools in another way. Go back in time to about 20 or so years ago when every school had P.E. and most schools actually had daily P.E. for their students. But today, we have seen a vast reduction in P.E. as approximately 50 percent of schools don’t have any P.E. That means that we have lost 50 percent of our training grounds. At least 50 percent of today’s kids are not being taught the necessary skills or have the confidence needed to play a sport. Is it possible the closure of our training grounds has influenced today’s kids to be less physically active? Or has the closure of our training grounds played a role in the closure of retailers such as The Sports Authority, City Sports, Chicks, MC Sports, etc.? I know it has.

Q: What else jumps out for you?

Baugh: The fact that there is a major switch from core (committed) sports participants to casual sports participants is devastating. Core (committed) sports participants account for 80 percent of all purchases and spend far more than casual participants. This switch from core to casual has cost this industry $20.5 billion in the past five years — almost a 2.5 percent drop. The industry and all the sports think tanks must make sure there are good pathways for beginners to stay physically active while having fun. I really think travel teams, which require families to make a big investment in time and money in order to play on these teams, have hurt the industry. Many companies are feasting off these super-focused athletes but are doing little to invest in the grassroots of physical activity.

Q: Aren’t some of the big sports equipment brands doing well even in this inactivity pandemic?

Baugh: Yes, but take a close look at the numbers and you will see that for many of these companies, they are
selling more and more fashion products (footwear and apparel). How many of these products are used by actual sports participants? Everyone wants to create more super athletes and kids who are potential stars. It feels OK for the short-term business opportunities, but the pool of active Americans is gradually getting smaller. We must not forget every avid sports participant started out as a beginner. Beginners learn their basic physical skills from their parents, family members or from a school P.E. program. We must go back to the grassroots.

Q: Youth baseball is doing well with its new program. Isn’t that a great sign?

Baugh: Baseball is now being introduced to children in elementary schools through Fun At Bat, which is a bat-and-ball entry level program for children with an emphasis on character development, functional movement, literacy, active play and fun. Fun At Bat, launched in 2017, is operated by USA Baseball and supported by Major League Baseball. The program will impact over one million children in 2018. I hope they look at going into schools that have no P.E. programs at all. We need to get every kid to learn the basic skills of physical activity.

Although we can study what baseball is doing, I look at the big picture. When you look at all youth team sports core participation numbers, team sports are losing. Baseball may be doing better, but it is probably taking share from another sport. Has the growth of lacrosse come from new participants in our industry or from other team sports? This is my point. Companies or leagues may want to grow participation in a specific sport, but they have to invest in the roots, as well. When we activate more kids through P.E. programs, this expands the pool of kids who can play football or baseball or soccer. Robbing Peter to pay Paul may be good for business, but it is not solving the ‘roots’ issue.

Q: Everything I hear in fitness is positive. Is this the real success story?

Baugh: Yes, it is doing better than most categories. Most of the top 20 growth activities are fitness-related. However, you have to look at the share numbers. Even fitness activities are losing out to non-sport or non-fitness activities. Everyone is getting stung by the inactivity pandemic.

Snow sports is another category that is doing well. The snow sports industry has invested in beginner programs and has really made them work. They allowed for the development of products that made snow skiing and snow sports more fun for the average participant. I get frustrated when I see traditional sports holding back technology and ways people can have fun playing, while sports participation is declining.

And the snow sports industry is not tied to tradition. It has developed alternative forms of ski or snow sports that children and America want. I think this sport category has the best leadership and programs. It shows in the market share.

Q: Isn’t the PHIT Act, when it passes, going to solve this physical inactivity issue?

Baugh: The PHIT Act will help if, and when, it passes. It will help get people physically active if they have an HSA or FSA account, which most Americans, especially low-income families, do not. I have a little warning for the sports and fitness industry. If the PHIT Act passes, much of the success the industry will have with it will be totally dependent on how the industry markets this new tool.

But we must remember that the PHIT Act doesn’t help fix the roots of the industry. We need to focus on kids learning physical activity skills in schools or from family members. Nothing replaces the need for this.

Q: It is obvious you have really worked hard with your PHIT America GO! Grants. What makes this program special?

Baugh: It attacks the roots of the physical activity issue: physical education in schools. We estimate there are 40,000 schools in need. These programs have to be rebuilt or, sorry to say, the sports industry will decline.

GO! Grants get children moving in school-based programs. We have reduced the cost per child down to $10. You can even support an entire school with a GO! Grant for approximately $3,000 - $4,000. Just think what happens to your business if you get, say, 300 more children physically active. The ROI is fabulous. And these children will be consumers for life. We have worked hard to fine tune this program, and there is no better way to attack the inactivity pandemic than with our PHIT America GO! Grants program.

Q: How do people get involved with PHIT America?

Baugh: Easy. Contact me at Jim@PHITAmerica.org. We have levels of support for every size company. Be ready to invest. As a nation, we have neglected our school P.E. programs for too long. Maybe you can help us in other ways, too. Can you help distribute or sponsor our new 28-minute documercial? If you really want to help get kids physically moving, let’s talk.

Q: You have built a great program. What if someone wants to take this over?

Baugh: You want to make the big investment? Contact us. We have built a fabulous program that works and can enhance a company’s image. It is the perfect CSR program. It helps kids, works in communities, has been tested, rolled out and fine-tuned through the past five years. I am really proud of our program. Contact me at Jim@PHITAmerica.org.
THE U.S. MILITARY GOES TO WAR WITH OBESITY

Society’s fitness problems affect the military’s ability to maintain healthy ranks, but the military is taking action and health clubs can help.

BY TOM GRESHAM, CONTRIBUTING WRITER

In 1960, President-elect John F. Kennedy wrote an article for Sports Illustrated headlined “The Soft American.” The article detailed what Kennedy saw as the declining physical fitness of young Americans. The evidence he cited included the statistic that nearly half of those who applied for Selective Service were deemed unqualified because of being mentally, morally or physically unfit for service.

Nearly 60 years later, many of Kennedy’s concerns are echoed in the words of people worried about the fitness of today’s youth and the potential consequences for the country, especially the military. For instance, Mission: Readiness, an organization of retired military leaders that advocates for efforts to help kids stay in school, out of trouble and fit, produced a recent report with the title “Too Fat, Frail, and Out-of-Breath to Fight,” that argued that “long-term military readiness is at risk unless a large-scale change in physical activity and nutrition takes place in America.”

Michael McGurk, director of research and analysis at the U.S. Army Center for Initial Military Training in Fort Eustis, Virginia, shares the Sports Illustrated article as a way of underlining that concerns about the health and fitness of America’s youth are nothing new — but that doesn’t make them any less serious.

“It’s something that we kind of have always struggled with,” McGurk said.

In Kennedy’s day, the rise of TV and the increasing reliance on cars for transportation were viewed as potential culprits. Today, many people worry about widespread digital entertainment options, including video games and social media. No matter the cause, the effect on the military is clear: concerns about the physical fitness and health of those willing to serve, among both potential recruits and those who are already members of the military, and the possible impact on the military’s overall readiness.

A NARROWING RECRUITMENT POOL

A striking effect of the nation grappling with obesity, particularly among young people, is the reduced numbers of people physically qualified to serve in the military. Retired U.S. Army Brig. Gen. Blake Williams, a member of Mission: Readiness, called obesity one of the leading disqualifiers for military service today, citing research that 31 percent of Americans between the ages of 17 and 24 are too overweight to meet minimum qualifications to join a military branch.

“A few weeks of basic training cannot undo a lifetime of bad habits for young men and women who want to serve our nation now,” Williams said.
McGurk said the military sees too many potential recruits who qualify mentally and morally to join but who are disqualified because they can’t meet the physical requirements. As Karl Friedl, senior research scientist in performance physiology at the U.S. Army Research Institute of Environmental Medicine, noted, the military could be missing out on skilled recruits who could be major contributors in non-physical fields, such as cyberwarfare, because they can’t meet the lowest physical qualifications for entry.

“It’s hard when you find people who want to be in the military and who are qualified in some ways but then they can’t join because of obesity,” McGurk said. Michael May, director of communications for PHIT America, a group dedicated to increasing physical activity and health that has highlighted the impact of obesity on military readiness, said it is a mistake to believe that the military can simply take potential recruits of any fitness status and make them physically capable of the duties of service.

“We have so many youngsters whose bodies are failing them that they can’t make it through boot camp because their bodies have never really been exposed to physical activity,” May said. “They’ve never played sports, they’ve never had P.E. on a regular basis. Their bodies go into shock, and we have all these troops who have fallen by the wayside because they just can’t cut the mustard.”

**IMPACT ON CURRENT SERVICE MEMBERS**

Although the military has efforts to limit obesity among its current personnel, some of the issues in the larger society that can lead to weight problems infect service members who are already in the fold. Eight percent of military members were overweight or obese in 2015 — a 60 percent increase from a 2011 study, according to research cited by Williams from the September 2016 issue of the Armed Forces Health Surveillance Branch’s Medical Surveillance Monthly Report.

The result can be costly both financially and operationally. In all, the military collectively spends $1.5 billion a year to treat obesity-related health conditions and to replace those who were discharged because they were unfit, Williams said.

He cited additional research that “60 percent of non-deployed active-duty service members experience a sprain, stress fracture or other musculoskeletal injury each year due in part to years of low calcium intake, lack of long-term exercise habits and/or excess weight.”

“These injuries are now recognized as ‘the biggest medical threat to readiness’ among service members,” Williams said. “They are the leading reason why 30 percent of the Army’s reserve population is non-deployable. They are also the leading health-related reason for discharge from service. Discharges for these injuries have grown five-fold among males and nine-fold among females over the last three decades.”

Injury risks for soldiers rise dramatically when they have fitness and nutrition issues, according to Maj. Kayla Ramotar, command dietitian at the Center for Initial Military Training and the U.S. Army Training & Doctrine Command and action officer for the Army’s Holistic Health and Fitness initiative. She said it is difficult to endure the military’s physically demanding training without a background of adequate nutrition and physical activity. As a result, the Army now provides soldier-trainees with performance-readiness bars fortified with calcium and vitamin D to decrease the risk of injury.

Physical fitness can have crucial impacts on the ability of service members to do their jobs in the strain and stress of real-world situations, Friedl said. For instance, service members who regularly exercise will be prepared to perform when called upon to work without sleep — which is not uncommon in the line of duty.

“We can see a measurable difference in those who have been exercising vs. those who haven’t been when they are sleep-deprived in terms of cognitive performance,” Friedl said. “Physical activity is really important for the body and the brain, and we’re always concerned about soldiers’ brains and soldiers being able to make good decisions. That’s in every role, not just the guys who have to do extra lifting. That’s why we want to see regular physical activity for everybody.”

Physical fitness issues with soldiers are not solely due to a lack of activity nor are they limited to those with weight issues. Nutrition also is a major factor. Even new recruits who appear fit enter the military with worse eating habits than their predecessors, Ramotar said.

“Even though they may meet the weight standards when they come into the Army, they can still be malnourished,” Ramotar said. “And a lot of time that is stemming from poor eating behaviors.”

**MILITARY-BASED SOLUTIONS**

Each branch of the military has efforts underway to work with current service members with fitness issues to keep those issues from worsening, Williams said. Across the services, a Department of Defense working group is reviewing body mass and physical fitness policies and standards and is expected to make recommendations for improving the health and fitness of the entire military force.

The Air Force’s Fitness Improvement Program is mandatory for service members with an unsatisfactory fitness score, and the Navy and Marine Corps run a weight-management program called ShipShape. ShipShape is designed not only to help active duty and reserve service members lose weight but also to help beneficiaries and government civilians.

The Army’s Holistic Health and Fitness program is a multi-pronged, comprehensive approach to battling...
physical fitness and health issues within that service branch. The program, which will be introduced over two to three years, started with the launch in 2017 of the new Occupational Physical Assessment Test that is used to assess Army recruits’ physical strength and aerobic abilities. Meanwhile, the Army Combat Fitness Test will be introduced in field test form in October 2019 and will be used as the new fitness test no later than October 2020. This test will use weights and high-intensity interval training to ensure soldiers have adequate power to succeed in their tasks.

Fitness issues are altering the initial training experience in multiple branches. In the Navy, for instance, 2018 brought the introduction of an initial running test that recruits must first pass before starting training. The recruits are then grouped based on their fitness abilities and trained to meet the Navy’s physical fitness assessment standards.

As part of the Army’s Holistic Health and Fitness program, McGurk said there will be an emphasis on having trained personnel accessible and ready to work with service members closely, including physical therapists, dietitians, athletic trainers, strength and conditioning coaches and occupational therapists, among others, so that members “will be able to train more efficiently and effectively.” As he said, “bad advice is worse than no advice.”

The Army is looking at how to modernize and update some of its facilities.

“Access is critical, and the access that the private club industry supplies continues to be really important,” McGurk said. “The more we can get people the right support to be active, the better shape we will be in.”

HOW HEALTH CLUBS CAN HELP

The obesity issue that confronts the military ultimately is too large for the military to solve on its own. The solution has to come earlier and on a larger scale, agreed Williams, May, McGurk and Friedl. In particular, youth across the United States need improved physical fitness and nutrition efforts.

“The obesity problem has been getting worse for decades, and it takes years to build a strong, healthy body so this problem won’t be solved overnight,” Williams said. “If we are to succeed in preparing today’s young people to do the work of our nation, we need to ensure that children are given every opportunity to lead a healthy and active lifestyle.”

Mission: Readiness and PHIT America advocate for more efforts to improve physical activity in schools, particularly in the form of physical education classes, and to introduce more physical activity opportunities in communities at large. According to Mission: Readiness, 70 percent of youth do not get the 60 minutes of daily physical activity that health experts recommend. To combat such a massive issue, many parties will need to join forces, and the fitness industry should be among those at the forefront working to strengthen fitness in schools, Williams said.

“We need a partnership between parents, communities, schools, policymakers and other important stakeholders, such as the fitness industry, to promote active lifestyles so that more of our youth adopt lifelong healthy living habits,” Williams said.

May said fitness clubs have an obvious motivation to help improve the fitness levels and interest of youth.

“If you put a child in P.E., they are three times more likely to be active later in life,” May said. “It’s in the best interest of every company in the club industry to get these kids moving and generate their next batch of potential customers.”

On a smaller scale, the health club industry can play a vital role in helping the population of potential and current service members, McGurk said. Currently, clubs help in a variety of ways. He points to a partnership with the YMCA that allows for Army members who live beyond a maximum distance away from a military base and its fitness facilities to use a YMCA or other fitness facility for free — with the military covering the cost at a reduced rate. Discussions have targeted expanding that policy to the National Guard and the military reserves.

Similarly, some fitness facilities around the country offer free membership to military recruits who want to work on their conditioning before they head to basic training, McGurk said.

In the future, McGurk suggested that fitness clubs may one day be able to administer the Occupational Physical Assessment Test, and he would like to see continued growth in efforts to offer free memberships to those applying for military service.

“How health clubs can help
Worldwide obesity has nearly tripled since 1975. Most of the world’s population now lives in countries where being overweight kills more people every year than being underweight, according to the World Health Organization.

Evidence shows that strength training, particularly with free weights, can deliver better results for fat loss than just using diet and aerobic training, according to a 2010 study, “Resistance Training Predicts Six-Year Body Composition Change in Postmenopausal Women,” in Medicine and Science in Sports and Exercise.

Strength training can contribute to fat loss in a number of ways. Although the calories used by resting muscle are often overstated, muscle does use around three times as much energy as the equivalent mass of fat. The resulting increase in long-term resting metabolic rate has been demonstrated in studies, including in this October 2018 study, “Effect of an 18-wk weight-training program on energy expenditure and physical activity,” published by the National Center for Biotechnology Information (NCBI). In addition, strength training has been shown to increase excess post-exercise oxygen consumption (EPOC) more than steady-state cardio exercise. This means that the body will use even more calories for a period of up to two days after training.

Strength training also can reduce or even reverse reduction in bone density and muscle mass caused by weight loss, according to a 2017 article “Aerobic or Resistance Exercise, or Both, in Dieting Obese Older Adults,” published in The New England Journal of Medicine.

MACHINES OR FREE WEIGHTS?

Free weight exercises, such as the barbell squat, induce greater hormone responses, according to the article “The Acute Hormonal Response to Free Weight and Machine,” published in The Journal of Strength & Conditioning Research in 2014. Free weight exercises also activate more muscle fibers than their machine equivalents, according to “Effects of technique variations on knee biomechanics during the squat and leg press,” published by NCBI.

When using strength training as part of a fat loss program, the goal should be for the client to change their body composition by gaining lean body mass, which means that the focus should be on hypertrophy. Another study published by NCBI, “Effects of Resistance Training Frequency on Measures of Muscle Hypertrophy: A Systematic Review and Meta-Analysis,” found that training two to three times per week is optimal. For novices, multiple-joint exercises that target the bigger muscles at rep ranges of eight to 12 give the best results, per the 2009 American College of Sports Medicine study “Progression Models in Resistance Training for Healthy Adults.”

So, go-to exercises should be the big compound movements, such as the squat and deadlift for the lower body, along with exercises such as presses and rows for the upper body.

The ACSM study also showed that a strength training program needs to incorporate progressive overload in order to avoid diminishing returns.

HOW TO DEAL WITH COMMON OBJECTIONS

People initially can be uncomfortable with strength training. Following are common objections and strategies that fitness professionals can use to overcome them:

I find the weights area intimidating. This is usually about perception. Once clients realize that other people using the weights are not going to judge them for their lack of experience, small weights on the bar or body shape, they usually settle in fine. It’s a good idea to introduce clients to some of the regulars – it’s amazing how much less intimidating someone can be when you know their name.

I don’t want to get bulky. This is a common concern for women. Make sure they understand that, with natural hormones at least, it takes a long time for women to gain a lot of muscle size. Also explain that because muscle is more dense than fat, the likely initial result will be that they will get smaller as they gain muscle and lose fat.

I’m not losing weight. If a client is using the scales to measure their progress, they may be misled into thinking they are not losing fat. Help them understand that they can change their body composition without necessarily losing weight. Switch their focus from the scales to their belt size or other measurement that will demonstrate that they are becoming leaner.

BIO

Eleiko makes strength equipment—weightlifting, free weight and strength training tools. Eleiko stands behind what it builds with its warranties and customer service. The company’s education programs are recognized for their content quality, the value gained from their technique-driven, hands-on approach and their emphasis on developing coaching skills. Eleiko’s team of industry veterans with strong backgrounds in performance, weightlifting and strength training will work with you to get everything you need to outfit your facility.
ARE YOU GETTING THE MOST OUT OF YOUR FREE WEIGHT AREA?

RAISE THE BAR WITH ELEIKO

✔ Free Weight Equipment
✔ Sound and Vibration Solutions
✔ Strength Programs
✔ Staff Training
✔ Operational Support
✔ Marketing Support

FOLLOW THE FUTURE OF STRENGTH AT ELEIKO.COM
EMPLOYEE WELLNESS PROGRAMS SEEK TO QUELL THE GROWING COST OF OBESITY ON CORPORATE AMERICA

Corporate America is investing in employee wellness programs, but business owners are in search of a holistic approach that is better able to reach the employees who most need wellness programs.

BY AMBER MAECHLER, CONTRIBUTING WRITER

In corporate America, not all workers are equal. Not in their costs to a company, at least.

Employees who are obese cost corporate America more money than workers who are of a healthy weight. And considering that 39.8 percent of adults in America were obese in 2016, the cost that corporate America must bear for these obese employees is great. People who are obese have a greater risk of medical conditions such as heart disease and diabetes.

How much obese employees cost corporations depends on who does the calculations and what they calculate, but consider these numbers:

- Men who are obese pay out $1,152 more in medical costs than healthy weight men while obese women pay out $3,613 more per year, according to a study by Lehigh University included in the 2012 issue of the Journal of Health Economics.
- Of U.S. health care costs per year, 20.6 percent are due to obesity-related conditions, according to the Lehigh University study.
- American adults who are obese spend 42 percent more on health care costs than Americans who are classified as having a healthy weight, according to The State of Obesity website.
- Obese employees file twice as many compensation claims as employees who are at a healthy weight, according to a 2017 USA Today story on the cost of obesity to businesses.

Obesity costs corporations both directly (costs for medical procedures) and indirectly (costs of lost work from employee absenteeism or inability to work at full capacity).

How can corporations turn around the losses, and how can the health club industry help? A 2008 report from Trust for America’s Health, “Prevention for a Healthier America: Investments in Disease Prevention Yield Monetary savings aren’t the only reason to implement employee wellness programs. Corporate Fitness Works, which operates corporate wellness programs, promotes the idea that holistic wellness programs should help employees achieve a greater level of happiness. (Photo courtesy Corporate Fitness Works.)
Significant Savings, Stronger Communities," found that investing $10 per person per year in "proven community-based programs to increase physical activity, improve nutrition, and prevent smoking and other tobacco use could save the country more than $16 billion annually within five years." The return on the investment would be $5.60 for every $1 spent.

So, are corporate wellness programs the answer? The corporate wellness industry has grown into a $6 billion industry, and in 2017, 24 percent of employers increased their wellness program offerings, according to an annual survey by the Society for Human Resource Management (SHRM). However, results are mixed related to how these programs affect employee behavior and how much they save businesses.

A 2010 study by Health Affairs found that “medical costs fall by about $3.27 for every dollar spent on wellness programs and that absenteeism costs fall by about $2.73 for every dollar spent.”

However, a January 2018 study by University of Illinois at Urbana-Champaign looking at one wellness program found that it didn’t do much to change employee behavior, according to an article by Bloomberg.

A 2016 study by research company Rand Corp. found that “wellness programs are having little if any immediate effects on the amount employers spend on health care.” When researchers leveraged existing data about wellness programs to explore patterns, they found that even though improved employee health resulted in some health care cost reduction, the savings were less than the cost of running a wellness program.

In June 2018, researchers at the University of Illinois published preliminary results from the first year of a three-year workplace wellness study. The researchers concluded that, after the first year of the study, wellness program incentives did not encourage long-term participation, and participants’ healthy behaviors were only minimally changed. The primary benefit of the program thus far had been to attract more employees who valued wellness and were lower cost employees already, according to researchers. The study will continue for two more years.

HAPPINESS-BASED WELLNESS PROGRAMS

Some groups, including the SHRM, find issues with studies that show few effects of corporate wellness programs on employee behavior and savings on health care, stating that the programs’ benefits are greater than any initial cost savings.

Successful corporate wellness programs can achieve results that may be less quantifiable, but more valuable to the bottom line, according to Rebecca Johnson, director of wellness services at Corporate Fitness Works, Montgomery Village, Maryland. Therefore, health care costs studies are not the best evaluation tools.

“The reason that most wellness programs cannot reduce health care costs is not that they are not working; it is because there are systemic issues that keep the health care system expensive,” Johnson said.

Since 1988, Corporate Fitness Works has provided fitness facility design, management services and wellness programs to corporations, serving more than 80 clients with between 500 to 15,000 employees. Johnson consults with companies to create and maintain comprehensive workplace wellness programs.

Corporate Fitness Works operates under the idea that holistic wellness programs should help employees achieve a greater level of happiness, and that takes time, patience and sometimes a shift in company culture. Programming should focus on supporting employees with services to enhance their life, whether that be financial, career, emotional or physical. Once significant personal barriers are removed, a desire to work harder on career and health-related goals often follows naturally, Johnson said.

This approach to corporate wellness is what New York Times bestselling author Shaun Achor calls “The Happiness Advantage.” In his book of the same name, Achor makes a research-based case that a happy workforce is the single greatest advantage in the modern economy.

Achor’s message: “Happiness fuels success, not the other way around.”

Johnson said: “Often, we think about wellness with a very limited view on eating and exercise. So, when we focus our programing around a ridged prescript for eating well and exercising, we only attract people for whom that’s important and accessible right now. Wellness is about a lot more than whether you eat well and exercise. Certainly, eating well and moving regularly are key components of physical health and really essential, but sometimes, people have other obstacles in their lives that must be addressed first, before they have the energy and time to focus on exercise.”

Happiness-based corporate wellness programs shift the focus from physical fitness to the health of the organization, employee longevity and productivity. They also shift the financial goal from health care cost savings to attracting and retaining productive employees.”

“Happiness-based corporate wellness programs shift the focus from physical fitness to the health of the organization, employee longevity and productivity. They also shift the financial goal from health care cost savings to attracting and retaining productive employees.”
to set up a fitness center and hope that people show up. Health Advocate, Plymouth Meeting, Pennsylvania, is a health advocacy and assistance company that serves more than 4,300 employers. It works directly with employees to navigate the health care system, offering a high-touch, high-tech approach to try to meet people where they are on their wellness journey.

“A good program is going to be dependent on the company culture and the community,” said Heather Vanca, a wellness advocate consultant with Health Advocate. “We see that, for some people in the manufacturing world, ergonomics and musculoskeletal programs are more beneficial. A school system is strong on stress management and time management programs to help teachers deal with the everyday stress of the classroom. It is all based on corporate culture and fit.”

MORE THAN HAPPINESS

Happiness is a noble goal, and probably a productive one, but America’s obesity crisis is looming ever larger over the health care system. EXOS, Phoenix, is a human performance company that implements employee wellness programming and uses a barrier removal process for getting people to take the first step toward physical health. The company provides continuous motivation through a series of targeted marketing campaigns. EXOS provides workplace fitness and health programs to more than 150 corporate locations in 30 countries. The company also designs programs for education, health care, sports, health club and military clients.

“You work for an employer, the employer puts in an onsite fitness center, it’s sitting there but there is no staff and no programming,” said Jeff Terrell, CEO of EXOS. “It’s just going to sit there and only attract the people who already want to move. That’s a very shallow net you are casting.”

To engage employees, EXOS communicates with them using a marketing automation system. Each employee is ranked across four pillars of health and given a performance quotient. Based on the employee’s quotient, he or she is placed into a market segment. EXOS can deploy marketing communications that speak to each segment differently, depending on where they fall on the spectrum of wellness.

“My opinion has been shaped by many of the studies that have come out of Rand and Pepsi Co.,” Terrell said. “The synopsis is that the sustainability and engagement are all very low. The stats say that, of the eligible population, only 40 percent complete their biomarker screening. Of that 40, only 20 enroll in a program that’s recommended to them. That means nine out of 100 start looking at a program that is recommended to them. That is the typical scenario of a wellness program. We must be very active pulling people in. We are not just sitting there waiting for people to walk through the door. We are expected to get engagement well above 50 percent.”

EXOS is also a tech company, creating systems for operators, practitioners and users to enhance the wellness journey. Gamification and goal setting are two ways that technology will continue to play a role in wellness, but Terrell said that it can’t be successful on its own. It must be backed by active communication and the right services.

CHANGES AFOOT

Mike Benton, CEO of GENAVIX Inc., Manchester, New Hampshire, is determined to replace the current corporate wellness model with one that changes the way companies utilize and pay for wellness services for their employees. GENAVIX’s HealthyCARE Network operates within 27 health clubs where members can access dietitians, health coaches, and behavior modification and stress management resources. The services are billed to health insurance as preventative care.

“These companies are already paying for these services through their health insurance,” Benton said. “We offer a turnkey lifestyle and preventative care service. You aren’t getting reimbursed for fitness; you’re getting reimbursed for preventative care services.”

First, employees are put through an assessment process that includes tests to identify things such as obesity risk, prediabetes and high cholesterol. Employees identified as high risk or chronically ill, as is the case with people who are obese, are placed into the preventative care program and are surrounded by a community of health care professionals, including dietitians, personal trainers and behavioral health coaches.

“If you are an employer, the quicker you can get someone to know their health risk, the faster you can turn these things around,” Benton said.

Employers incentivize their workers by offering rewards in exchange for progress. An incentive might be 50 percent off the health insurance deductible, for example.

“There is a difference between a corporate wellness program and being a corporate wellness provider,” Benton said. “A corporate wellness program usually gives employees access to a nutritionist or a discounted membership. That is your traditional corporate wellness offering. That is not the answer. The answer is to identify the at-risk community and offer them help through their medical plan. That’s how we are getting the results we are getting.”

Although it may sound as simple as hiring the right professionals for the job, setting up preventative care services within a health club is not an easy task. GENAVIX is compliant with HIPPA and various state regulations, and it has developed technology to support the HealthyCARE Network. It recently entered into agreements with Gold’s Gym and other health club brands, part of the company’s movement to build a nationwide network of preventative care service providers within health clubs.
The Affordable Care Act (ACA) mandates that health care insurers cover preventative care, which is how GENAVIX can bill providers for its services. The ACA also allows employers to offer employee incentives of up to 30 percent of the total cost of health care coverage and provides money in the Prevention and Public Health Fund for small business workplace wellness grants. Since the ACA was passed in 2010, workplace wellness revenue in the United States has tripled, but health care spending has also continued to climb.

(Editors’ Note: This story was written prior to the Dec. 14, 2018, ruling by a federal judge in Texas that the Affordable Care Act’s mandate for individual coverage was unconstitutional, which the judge said means the rest of the law cannot stand. That ruling is expected to be appealed, but the effect on the future of the Affordable Care Act is unknown as of this writing.)

BEING COMPREHENSIVE

The continued increase in health care spending means that despite existing wellness programs, a comprehensive wellness culture is needed, and to create one, a “surround sound” effort is necessary to bring the wellness message to all aspects of the workplace, according to Bill McBride, co-founder, president and CEO at Active Wellness LLC, a company that manages corporate wellness facilities.

“Technology is a piece of it, but you can’t have tech without high touch,” he said. “Most of the wearables fade out after a very short period. Technology, in and of itself, isn’t going to be a solution. You really must have an environment that is conducive, with knowledge and safety and confidence — showing people they can do it. What’s in your vending machines, your cafeteria? Have you decorated the stairs with signage that encourages people to use them to get the extra steps? All these things go into increasing the effectiveness of the workplace wellness environment.”

Additionally, attaching the wrong type of messaging to a wellness program can cause it to fail.

“Programs need to be somewhat mainstreamed, so people don’t feel called out,” McBride said.

Employers should be cautious about stereotypes, he also advised. For instance, advertising a “stress reduction class” may draw unwanted attention to employees who worry they will be viewed as being too stressed out to handle work. A broader approach to wellness for everyone works better. The same goes for overweight clients who might be singled out or pressured to complete a biomarker screening or join a workout program.

Some employers want to offer fitness programs as a perk rather than because they are interested in specific outcomes. But for employers who care about changing employee behaviors and reducing disease risk, a 360-degree professional approach is the best solution, McBride said, so anyone offering a corporate wellness program should keep this in mind.

Johnson summed up the reason for offering corporate wellness programs by saying: “Organizations invest in these programs for the same reasons they invest in management development programs; it’s because it helps their people come to work as better versions of themselves. People show up as better versions of themselves at work and at home, and that has a direct impact on everything else in their life.”
Health insurers and health clubs make their stands in the fight on obesity

Health insurance companies are offering incentive programs to help improve the health of their insureds, but the real solution may come from health club operators themselves.

By Amber Maechler, Contributing Writer

(Editors’ Note: This story was written prior to the Dec. 14, 2018, ruling by a federal judge in Texas that the Affordable Care Act’s mandate for individual coverage was unconstitutional, which he said means the rest of the law cannot stand. That ruling is expected to be appealed, but the effect on the future of the Affordable Care Act is unknown as of this writing.)

America’s obesity crisis places a massive burden on our medical system. Obesity-related conditions account for 21 percent of medical spending and are cited as the cause of approximately 400,000 deaths. Mandatory preventative care coverage for obesity has brought health insurance to the fight, sparking a paradigm shift in how and where health care can be administered.

The mandatory preventative care provisions in the Affordable Care Act (ACA) create space for new treatment options in the fight against obesity. Health insurers no longer play only a post-care role in the treatment of obesity-related illnesses. Healthy lifestyle programs that tackle obesity, diabetes and other chronic illnesses qualify as preventative care services that can be billed to health insurance carriers under certain plans.

Partly because obesity rates have increased by 20 percent in the past 35 years, health insurers have added fitness incentives to some of their plans, including health club discounts and special offers on equipment, supplements and diet programs.

One of the longest-running health insurance-based fitness programs is Silver Sneakers, a program through many Medicare Advantage plans allowing seniors free access to 14,000 fitness facilities across the country. A January 2018 study published in Health Behavior and Policy Review reported that participants in Silver Sneakers group classes averaged $2,144 in yearly health care savings, which amounted to less than one-quarter of the healthcare costs of a control group.

In 2019, the country’s largest health insurance provider, UnitedHealthcare, will drop Silver Sneakers for its Medicare Advantage plans in 11 states and its Medigap plans in nine states. Instead, UnitedHealthcare will offer those members a package of its own programs, including 50 percent off health club memberships for its seniors with Medicare supplement policies and its Renew Active fitness program for seniors on its Medicare Advantage policies.

Despite UnitedHealthcare’s change in its offering of the Silver Sneakers program, UnitedHealthcare still offers a fitness reimbursement program that provides a $20 per month rebate if members visit a contracted health club at least 12 times per month. Cigna plan members can receive 40 percent off yoga equipment from Gaiam. Not-for-profit health insurer, Premera, offers some plan members access to a network of health clubs across the country for a small fee.

“We offer these things as a commitment to supporting members in their decision to live healthier lives,” said Matt
McLaughlin, ancillary product manager at Premera.
“Whether it be fitness and dietary needs or newborn needs, we try to build relationships that we feel like really meet members where they are and play a role in maintaining good overall health.”

The five largest commercial insurers enroll 43 percent of the insured population. These insurance giants are in a continuous battle for market share, and including a free gym membership for employees in the health insurance plan can be a way for insurers to attract new companies to their plans.

At least one insurance company has broadened its approach to wellness. With the opening of Wel at Humana, Humana Insurance is the first for-profit insurance company to offer community-wide wellness services with a holistic approach to health, according to the company. Wel at Humana is attached to the Humana headquarters in Louisville, Kentucky. The 29,000-square-foot facility is open to community membership for $25 per month with no contracts.

“When you look at what that [price] gets you, you will be shocked,” said Jeff Terrell, CEO of EXOS, the human performance company that manages the facility for Humana.

Wel at Humana features fitness equipment and nutrition counseling, but it also has dedicated meditation spaces and Somodome stress relief pods that use LED light and sound therapy for body and mind recovery.

EXOS utilizes a model based on four pillars of wellness to engage members in a highly supportive program dedicated to improving outcomes through fitness, nutrition and technology.

Terrell is no stranger to the health insurance industry and its complex way of treating obesity-related illnesses. After a career of nearly 30 years in traditional health care administration, working in roles as a payer and a provider, Terrell grew weary of the reactive health care environment, he said.

“As much as we tried to get into preventative care, it was all evidence based,” Terrell said. “Find out what went wrong and fix it as early as possible, as opposed to getting rid of the cause of the disease. That became a point of contention for me.”

When he was approached to work with EXOS, he said he felt like he could finally do something about prevention because EXOS focuses on motivating change intrinsically.

Many health insurers use cost-based incentives to entice insureds to engage in healthier behaviors, but that has its pros and cons, he said. Incentives improve accessibility to resources that may not exist, but they miss the motivation factor, especially the intrinsic motivation, and are more likely to draw people who already are physically active, he said. Most people need more than just a gym membership.

“No, they don’t,” Terrell said. “People say to themselves, ‘I know I am overweight, I have access to a gym, but just because I have access, does that prepare me, equip me enough to be engaged in a program?’” he said.

EXOS helps motivate clients by finding out what interests them aside from managing health outcomes.

“A lot of people are shedding pounds and avoiding diabetes, but that may not be their objective,” Terrell said. “It may be that their son is a Boy Scout and they want to go on the five-mile hike with him. It’s important to offer classes that are not called ‘diabetes’ or ‘obesity management,’ but [where] that is still the outcome.”

**HEALTH CLUBS JUMP IN**

Despite these efforts by health insurers and despite an Exercise Is Medicine initiative that encourages physicians to prescribe exercise, healthy lifestyle programming has struggled to find a home. Medical professionals have expertise in providing post-care services but not a strong expertise in providing preventative care services.

That’s where the health club industry has come into play. Ten years ago, Mike Benton, who at that time was owner of Executive Health & Sports Center, Manchester, New Hampshire, decided it was time that health clubs provide wellness services. He and his team began developing a program by engaging registered dietitians, physicians and others.

“We asked them, if you were going to build a kick-ass health and wellbeing program, what would it look like?” Mike said.

That idea has evolved into a company called GENAVIX Inc., of which Mike is now CEO and president. GENAVIX provides a HIPPA-compliant healthy lifestyle platform that brings preventative health care inside the health club. The HealthyCARE Network is a turnkey program that allows club operators to navigate the complex health insurance reimbursement process so members can take advantage of weight loss and disease prevention services that are billed to their health insurance. The HealthyCARE Network has 27 locations, and about 100 more locations are being on-boarded soon.

“We offer one-on-one and group services that focus on nutritional counseling, behavior modification, stress reduction and fitness planning that result in a customized HealthyCARE plan and sustained maintenance programs,” Mike said. “Our HIPAA-compliant technology platform supports the required practice management, including practitioner notes and insurance billing, and all analytics for reporting along with the engagement/enrollment, assessment and intervention protocols for the creation, management and delivery of each individual’s customized HealthyCARE plan.”

Even though systems and protocols have been
developed during the past 10 years, the company only started billing insurance two years ago. The program is administered primarily face-to-face with the addition of some virtual support for clients who want it.

Mike implemented the HealthyCARE Network program at his club. Through the program, some patients have been diagnosed with atrial fibrillation and pre-diabetes, conditions which some did not know they had, according to Mike’s son Justin M. Benton, who today serves as president of Executive Health & Sports Center. Through the maintenance programs and engagement with the health club’s services, participants have been able to get off and stay off their diabetes medication.

“I know it may seem dramatic to say we’ve saved lives, but I believe through this lifestyle preventative care offering and the creation of our HealthyCARE practice at our club, we have,” Justin said. “HealthyCARE allows us to deliver a unique value proposition and differentiates us from the fitness-only competition, as well as helps drive business in all other areas of our club.”

Scott Gillespe, president of Saco Sport & Fitness in Saco, Maine, also has seen participants get results from the offerings.

“The outcomes have been excellent,” he said.

Participants at Saco Sport & Fitness undergo full health risk assessments before and after the 90-day HealthyCARE program, including full cholesterol and fasting blood glucose levels, body mass index (BMI) and body composition. They have averaged more than 15 pounds of weight loss, three-inch reductions in waist size, nine-point reductions in blood pressure, 37-point decreases in triglycerides, 16-point reductions in cholesterol, five points off fasting blood glucose and 2.5-point reductions in BMI.

Even those without insurance may be able to use HealthyCARE Network services under Medicare or Medicaid. Patients diagnosed with pre-diabetes can participate in a Diabetes Prevention Program (DPP) administered by a HealthyCARE Network provider, giving them access to the same resources as private plan members.

Dealing with the health insurance reimbursement process is “complex, tedious and daunting,” Justin said, yet his staff has not struggled with getting approvals and payment from insurers because GENAVIX helped set up the facility with the support and knowledge to do so.

GENAVIX offers a turnkey practice management system for fitness operators and facilities that can support a HealthyCARE practice by repurposing space, hiring required staff and making the necessary investments to establish their practice, Mike said. It typically takes 90 days to implement the program once the required staff is hired, certified and credentialed.

**WHAT IS TO COME**

Future changes to the ACA are not likely to influence the GENAVIX business model, according to Mike.

Preventative care is one of the areas of the ACA that has received bipartisan support. Changes made to the ACA in 2017 did not change preventative care coverage and increased limits for Health Savings Account contributions. Congress is exploring other ways to encourage access to healthy lifestyle programs.

On July 25, 2018, **the U.S. House of Representatives passed H.R. 6199**, a bill that would allow Americans to use their Flexible Spending Accounts and Health Savings Accounts to pay for health club memberships and personal training. The Personal Health Investment Today Act (PHIT) is a provision in this bill. PHIT would provide a tax deduction of up to $1,000 for health and wellness services. The bill awaits passage by the Senate, as of this writing.

The bill would break down cost barriers to make weight loss and healthy living more accessible to Americans. Unfortunately, America’s obesity crisis can’t be solved with a tax-free health club membership, and a $1,000 rebate is unlikely to make a dent in the billions of dollars spent each year treating obesity-related illnesses. However, some evidence demonstrates that cost-based incentives for healthy living can influence medical spending.

After eight years, the ACA’s health insurance requirements are beginning to influence changes in the way obesity is treated and covered under health insurance. A 2018 paper published in the Annual Review on Public Health reviewed the effects of the ACA on public health since it was established in 2010. Researchers determined that the Act allowed 71 million people to access preventative care at no cost, giving them access to vaccines, cancer screenings and other services.

It is too soon to tell what kind of statistical outcomes these obesity prevention services may have on treatment and prevention, but it is clear that the fight is coming swiftly to the doorstep of fitness facilities. The opportunities to merge health care and the health club are here, and they may redefine how health club services are valued, utilized and paid for in the future.
SACO SPORT & FITNESS OFFERS A WELLNESS PROGRAM TO EXPAND ITS REACH

Members who have participated in the Saco Sport & Fitness wellness program have a higher retention rate than members who have not participated in it.

Scott and Beth Gillespie, owners of Saco Sport & Fitness, Saco, Maine, started offering wellness programming at their facility in 2012, later adding the GENAVIX HealthyCARE Network program in 2014. In this Q&A, Scott Gillespie shares some of the results his health club is having reaching a new group of prospective members.

Scott Gillespie, co-owner of Saco Sport & Fitness, predicts that the revenue from the wellness program that his club offers will bring in more revenue in 2019 than his personal training department.

Q: Why did you start offering wellness programming?
Gillespie: We believe that membership to a health club is not a viable solution to people who want to make significant changes to their body, be it to lose weight, gain strength or improve health, all of which involve adding healthy habits to their lives. If the industry’s reported attrition rate of 38 percent is correct and we lose around 10 percent each year to moving and uncontrollable issues, we are failing 28 percent of our members. I believe only the best clubs report their attrition numbers so the real industry average is likely higher. With this assumption in mind, we believe we need to do more to help our members succeed. We believe a club’s success should not be solely measured by the number of members and strength of their income streams but by the members’ outcomes. So we looked deeply into behavioral change science and came to better understand what we needed to do. Although personal training and group exercise have been our traditional methods of support, we came to understand we were missing a huge opportunity in nutrition to help our members see better results faster.

Q: What were your expectations when you started the program?
Gillespie: Our hope was four-fold: to help improve member outcomes, to create a significant profit center, to improve sales by reaching new markets and to improve retention.

Q: Who are you targeting and attracting?
Gillespie: Members, previous members, non-members who are looking for a program rather than a membership, employers with wellness programs and doctors for their patients.

Q: How does the program work?
Gillespie: The program begins with a full health risk assessment, including blood work. Each participant meets one-on-one with a registered dietitian and a personal trainer. Then, a class of about 16 people meets for two hours one time each week for 13 weeks. The first hour is a classroom lesson that teaches them about nutrition, behavioral change and exercise adoption strategies. The second hour is a group exercise activity. All participants have access to the club for the 90 days of the program, and at the end of the program, each class member takes their second health risk assessment to measure their progress and meet with the coach to review the results and next steps.

Q: What results are the participants getting?
Gillespie: We have now put almost 700 people through the program, and when we aggregate all the results of the 90-day program, participants have an average weight loss of 15 pounds, a drop in blood glucose of five points, a drop in cholesterol of 16 points, a drop in triglycerides of 37 points, a drop in blood pressure of five over four points, and a three-inch reduction in waist size. Keep in mind that these are averages, and many participants see significantly better results.

Q: What results are you getting as a business?
Gillespie: We will serve about 400 people this year and expect that to grow next year. The revenues and margin generated by these programs are pacing to eclipse our personal training department in 2019. The graduates of this program have a higher retention rate than our typical members.

Q: How are you marketing this?
Gillespie: Internally to our members and all new members. Externally to our alumni and prospect lists, and through social media. We also market to local corporations and to physicians for their patients.

Q: How do you staff the program?
Gillespie: We employ a wellness director, and three registered dietitians teach the program and provide one-on-one counseling. We have a team of three program coordinators and four fitness consultants to help guide people into this and other programs and be their case manager through their first 90 days.
Healthcare coverage began in this country in the 1920s when hospitals began to offer services to individuals on a pre-paid basis. This led to the first Blue Cross & Blue Shield organization in the 1930s. During President Franklin D. Roosevelt’s administration, the foundation of our present-day health insurance industry was created with social security. It was drastically expanded through employer-based insurance during World War II, not because of care management but because of wage control. Since World War II, healthcare has been purchased by employers on behalf of their employees and their families. This did not change until the Affordable Care Act of 2010 (ACA), but employers still remain the largest consumers of health insurance premiums second only to their employees. Year over year, employees bear more of the cost of their healthcare coverage.

To clarify, all healthcare costs are covered by employers with participation costs from their employees, not from insurance companies or healthcare systems. So, as an industry, why do we attempt to primarily forge business relationships (even at a community level) with those that are in the business of insuring or taking care of the sick? The true consumer of preventative care (lifestyle and pre-illness) are employers and their employees, yet we continue to feel the only products that they are interested in purchasing are capitated memberships, fitness programming or fitness challenges, such as a corporate wellness offering.

The question we need to ask ourselves is this: Do we wish to evolve as an industry to offer services that employers are already paying for and are reimbursable through their healthcare insurance plan which are relevant to medical providers through outcome-based services? Health clubs are clearly the best environment to offer these services, yet we have not staffed or built the practice management required to service this massive market opportunity — until now. These services are called corporate and community wellness services, which include health risk assessments, nutrition education, fitness and nutrition planning, behavior modification and stress management. Early detection and the remediation of poor health risks through enrollments, assessments, program interventions, and maintenance programs that offer proper fitness, nutrition, and sustained lifestyle change have a far more significant growth opportunity for all of us versus fighting over the 20 percent of the population we serve today. If we adjust and focus, we all have a significant opportunity to grow a new profit center under a practice management model, but it’s the operator that understands and services the community that will succeed as a community and corporate wellness provider.

Since the ACA, employers have been educated on preventative care benefits within their health insurance plans. They can use these benefits without a co-pay and are looking for ways to offer outcome-based programs and services (programs that provide data to show improved health risk factors) to their covered populations to improve health and wellbeing. Employers are willing to offer incentives for sustained results since the only way they can control their costs is through a healthier population and reduced insurance claims. They are hungry to offer outcome-based programs within the communities where their employees live, work and play, yet they are constrained to hire only the services of traditional corporate wellness providers, brokers, insurance companies and medical facilities. However none of these can offer the integrated community solution our industry can.

In reality, the best place to offer these services is within a social, supportive, convenient and fun environment such as a fitness center. This has created a colossal opportunity for health clubs that can evolve to offer such services. What better way to grow your business than to leverage your existing investments and establish a community and corporate wellness practice? By adding new staff such as assessors, health coaches, wellness coaches and registered dietitians, you have the foundation to deliver services that are reimbursable through health insurance, and to offer a true business-to-business and a community direct-to-consumer wellness offering that targets the other 80 percent of the population we don’t serve today. The practice management model is monetized through employer contributions, employee health savings accounts, health insurance reimbursements and cash services that generate significant new revenues and margins for the operator who is willing to evolve. This opportunity is available today and is already a reality for many facilities that have established a practice within our industry.

I challenge each independent fitness owner/operator or franchisee wanting to differentiate your facility and staff to evolve and grow your business through a practice management solution. Begin your journey by validating the needs within your own community by talking with local employers and evaluate how your facility can be used to augment better health and wellbeing.

**BIO**

Michael Benton is the president and CEO of GENAVIX Inc., a lifestyle preventative care company. GENAVIX offers HealthyCARE, a turnkey lifestyle preventative care practice solution for the fitness industry (www.healthycare.com). For more information about GENAVIX, email info@genavix.com.
A Turnkey Technology and Practice Management Solution for Health Coaches, Registered Dietitians and Fitness Professionals

Create a new profit center within your 4 walls and become a community and corporate wellness provider.

Fitness
Nutrition
Behavior Modification
Stress Management
Certified Assessments
Health Coaches
Technology Platform
Customized Client Plans
Insurance Reimbursement By All Commercial Health Insurance Plans

HealthyCARE®
A Lifestyle Preventative Care Practice Solution

To learn more contact GENAVIX:
info@genavix.com
or call 800-532-6003
www.GENAVIX.com
Become a network member today!

Enrollment, Assessment, Program Intervention & Maintenance

Genavix ad: Genavix_Ad_8.5x11.pdf
Almost two-thirds of American adults were either overweight or obese in 2013, according to the Centers for Disease Control and Prevention (CDC). In 1980, no state’s obesity rate was more than 15 percent. As of 2013, every state and the District of Columbia had obesity rates higher than 20 percent, and 41 states had obesity rates of at least 25 percent, according to “F as in Fat: How Obesity Threatens America’s Future 2013.” That same report notes that if obesity rates continue to increase at the same pace, 50 percent of U.S. adults will be obese by 2030.

According to the CDC, obesity affects almost one in five children and one in three adults, putting people at risk for chronic diseases such as diabetes, heart disease and some cancers. Over a quarter of all Americans ages 17 to 24 years old are too heavy to join the military. Obesity costs the U.S. health care system $147 billion per year. Obesity impacts the way a person lives, as well as the financial impact to society. Obese individuals struggle with the following health conditions:

- Depression
- Heart attack/failure
- Anxiety/stress
- Hernia
- Cancer
- Gallbladder problems
- Diabetes
- Liver disease
- Joint failure

Even though access to fitness and medical centers has grown dramatically during the last several decades, the number of Americans that are obese has continued to grow. In the fitness industry, there are more options than ever, from studios to high-volume/low-price clubs to mid-priced and luxury commercial clubs to YMCAs, university rec centers and parks and rec centers. According to IHRSA, the health and fitness industry in the United States has been growing by at least 3 percent to 4 percent annually for the last 10 years.

The increased obesity rates can be reversed through exercise and nutrition, but a partnership among health clubs, medical communities and the consumer is also needed. Health care has already expanded to be more readily accessible to consumers. Beyond primary care offices, consumers can now receive health care at MinuteClinics, Urgent Care locations, hospital systems, as well as telehealth options. MinuteClinics have grown to over 1,110 locations since 2000 and are still going strong.

Unfortunately, despite the growth of access to health care and health clubs, these two groups often don’t work well together. Trust between fitness center operators and medical professionals often is an underlying issue. Neither group trusts the other to properly care for the member/patient. In general, the medical community views fitness professionals as individuals that only care about the way people look and not about their health. Fitness professionals view physicians as individuals who only care about disease management and prescribing medication. In addition, both groups only have time to focus on what they have been trained to do: fitness operators sell memberships and other ancillary products and services, and physicians diagnose issues and prescribe medication.

It is time that both industries work together to improve the health of members/patients. We all agree that obesity is a global issue, and unless the fitness and health care communities work together, things will only get worse.

**BIO**

Dr. Vaishali Geib is medical director for Privia Health and chief medical officer for ReShapeMD. ReShapeMD provides insurance-based medical services that bridge the gap between fitness centers and the medical community to ensure that all parties work together. She is a practicing internist and integrative medicine physician in northern Virginia. Geib serves on the Leadership Council at the Center for Integrative Medicine at the University of Arizona, where she completed a fellowship at the university’s Arizona Center for Integrative Medicine. In the past, she worked at AOL in business development and sales strategy in the health business vertical as well as served as health spokesperson on numerous TV and radio broadcasts. She is past president of Shenandoah Independent Practice Association. She received her medical degree from the University of Missouri Kansas City in a six-year combined BA/MD program.
NUTRITION: THE ELEMENT MOST HEALTH CLUBS MISS IN THE FIGHT AGAINST OBESITY

For healthy living, proper nutrition is just as important—if not more so—than exercise. Too few health club operators offer more nutrition guidance than supplements in their pro shops, but these club operators are some of the exceptions.

BY SARAH PROTZMAN HOWLETT, CONTRIBUTING WRITER

Though the number of overweight and obese American adults continues to climb, many health club owners continue to shy away from dispensing nutrition advice at their clubs. But with more than 70 million U.S. adults considered obese and 99 million overweight, owners of health clubs that offer their members everything from farm-fresh cooking demonstrations to guidance on other healthy life choices say that to focus on exercise alone is to short-change the member.

Many club owners and staff members are afraid to go outside their purview of signing people up for memberships, scheduling group-fitness classes and picking equipment, said Trina Gray, owner of Bay Athletic Club in Alpena, Michigan.

“My gut instinct is that [gym owners] overthink it, are fearful of taking on something they think would be a huge monster of a project,” she said. “They forget the other huge half of someone’s success and health is nutrition.”

If you own a gym today, you have to be about more than just exercise, she said.

“You cannot be in the business of prevention and wellness and only focus on sweat,” she said. “We know so much more now. In the 1980s or 1990s, we all taught group fitness and thought that was enough. Now we can use more, do more. What can we send them home with?”

Although it feels great to give people the adrenaline rush of a great workout, focusing solely on that doesn’t bode well for retention, according to Brent Gallagher, owner of Avenu Fit in the Houston area. Too many people in the big box part of the industry are too fixated on full classes, more locations and quick fixes, he said. Boutique gyms have made talking about nutrition popular, mainly owing to Crossfit.

“They were one of the first to tack the food component on it,” he said.

Avenu Fit offers both small-group training and personal fitness coaching, each in 30-minute blocks. Small-group training (two to four people) is $35 per session. During workouts, trainers ask about food or sleep every time in an effort to induce purposeful discussion about food as it relates to exercise. If a member is interested, they can avail of private, 30-minute nutrition sessions at $55 each. Avenu Fit’s staff includes dietitians (one even has a counseling background) and Precision Nutrition coaches.

“We are taking out the shakes and the bars, and talking about real food,” Gallagher said about the sessions.

David Barlow, owner of RehabGYM in Vermont, said clubs want to keep their business models simple. Health organizations tend to focus on diet or exercise, but not both, he said.
“What’s missing is the whole-person approach,” Barlow said. “You can’t just focus on one aspect and expect the outcomes.” Kim Evans, who is a registered dietitian, said health clubs tend to punt to personal trainers when it comes to nutrition education, which means the education ends up mostly piecemeal, one-size-fits-all advice about what to eat or not eat.

Evans’s company, Whole Health Nutrition, is in the early stages of a partnership with Barlow’s RehabGYM, using nutrition not just as a means to weight loss but also toward reducing inflammation and other discomfort that keep people from exercise.

“Diet really does improve health outcomes,” she said. RehabGYM provides in-depth nutrition services and pop-up culinary demonstrations to its members via a small teaching kitchen and rooftop garden, which Evans uses. “David and I have sat at the table and put together something of meaning and value,” Evans said.

Topics include workout nutrition or boosting your immune system. They’ll even take clients to the grocery store and then back into the teaching kitchen to apply what they’ve learned.

At Mark Rullo’s gym, My Fitness Kitchen in Latrobe, Pennsylvania, it’s all about what happens the other 23 hours you’re not working out.

“I always felt the missing ingredient was that no one was addressing nutrition,” he said. “It all comes down to food. We teach people to eat their foods on their terms, which for most people are their taste buds.”

SUCCESS LEADS TO RETENTION

These health club owners say nutrition education has been a boon for member results and retention, as well as return on investment for them. Coupled with a basic membership, this creates a community that sees results, then refers friends and family, they said.

Nutrition classes come with a My Fitness Kitchen membership, which Rullo said earns a strong revenue per member. A foundation (Level 1) membership is 12 months at $74 a month; month-to-month is $94. The sweet spot, he said, is Level 2, which includes personal training from at least once a week ($204 a month), and up to unlimited ($314 a month).

At Gray’s facility, which is a low-priced club, every member gets fitness and basic nutrition coaching for under $50 per month. Members receive a food plan and a recommended list of pantry must-haves, plus sample recipes and weekly nutrition tips. Upon joining Bay Athletic, members meet with a personal trainer, follow up after 30 days, and avail of additional refreshers if needed.

For more personal, in-depth nutrition coaching, members can choose to purchase three packs of individualized nutrition coaching for $97. The accountability component around food offers members a lot of wiggle room depending on the member’s goals, she said. It’s good for ROI, too.

“We have always incorporated the conversation about nutrition in that they will only stay—and refer—if they are getting results and are happy with their investment,” Gray said. “We’d also love them to sleep more, be less stressed and be happier, but this is a huge retention piece for us. You help one mom feel and eat better, and all of a sudden, she’s referring her mom, her sister, her husband, her teenage kid. I’m proud that what we do is effective and cost-effective.”

Bay Athletic recently ran a month-long community weight-loss contest called Thinner Winner. In the contest, 132 out of 244 participants were not members of the gym, but each paid $50. For that, participants could work out a few days per week at the club, rating their nutrition and tracking workouts on a simple calendar. To foster community, a private Facebook group encouraged posting about trying new foods.

“It turns someone on to trying edamame with his or her hummus instead of bread,” she said. “We try to demystify healthy eating.”

TALKING AT THE TABLE

For Gallagher, it took creating a kitchen-like environment in his gym circa 2012 to make members comfortable discussing how and what they eat.

“Families and friends connect at the dinner table, so let’s take it out of a stuffy, cold office and bring learning into the environment they’re actually in when they eat,” he said of his approach.

Avenu Fit’s kitchen has no oven, burners or stove—initially because of funding—and over time Gallagher said members found the stripped-down food-prep area unintimidating.

“When chefs come in to do a small-group cooking demo, they are just using a burner they can plug in,” he said. “People have more than that at home usually, so it looks more accessible. They see they can cook a healthy meal quickly.”

MEALS, SHAKES AND CSAS

Regardless of some owners’ aversion to promoting products, some health clubs do promote shakes and meal-replacement bars in their nutrition education.

Regardless of some owners’ aversion to promoting products, some health clubs do promote shakes and meal-replacement bars in their nutrition education. As a component to Rullo’s nutrition classes, he sells supplements and sometimes recommends them at members’ weekly accountability checkups.

“If they are not seeing the weight loss they want to see, they can supplement with a meal replacement, which I sell,” he said. “The more points of contact, the more upsells, and the more I can ask for referrals.”

Many gyms, he added, only want to invest time with members when they first sign up.

“They puke on you trying to sell you everything in their club, and you’re overwhelmed, you run away scared,” Rullo said. “We don’t advise on supplements until we truly know what you’re eating. We can wait and see. Turn people away from buying first.”
Gray also sells nutrition products, saying health club owners should find products they trust that can also boost ROI.

“Supplements are not all good,” she said, “so do your homework. People don’t know what they’re buying, and we are leaving money on the table if we are not promoting something we can get behind.”

Gray sells Shakeology shakes, about $6 each, in her gym’s juice bar. They sell hundreds each week.

“We can pay our rent in juice-bar retail,” she said. “We have been so clear on our messaging that it’s a super healthy choice after your workout. It leaves out all the guesswork [for members].”

Barlow gets phone calls all the time from people selling nutrition products— but he is skeptical, he said.

“It feels unnecessary to me,” he said. “We want to push people toward unprocessed stuff. I bet you can make more money that way, but we get the outcomes.”

Barlow’s partner Evans does recommend some supplements, however, though she cautions club owners against selling too many products.

“I think a protein powder here and there or offering a smoothie bar is awesome, but I think there are other approaches,” she said, adding that she has referred people to Blue Apron or Sun Basket meal-delivery plans. “It builds skills and confidence and makes things easy.”

Partnering with a community-supported agriculture (CSA) group is another approach Evans likes.

Gallagher has invited local farmers into Avenu Fit’s kitchen, which led to his gym becoming a drop-off location for a local CSA. He views it as an ongoing referral opportunity.

“If people come every week to pick up their veggies, maybe they are already thinking about living healthy and may invest in our services eventually,” he said.

AFFORDABLE GUIDANCE

Gray’s club is in a lower-income community, so the challenge for her is getting potential and current members to view their involvement in a health club as an investment, not an expense, she said. And as such, she takes it easy on the add-ons she recommends to members.

“There is nothing wrong with upsells. but that’s not our MO,” she said. “We want people in the doors. And I believe small changes create huge results.”

Any health club owner curious about offering nutrition education can begin by adding free programs to gauge interest, Gallagher recommended.

“Start a weekly talk,” he said. “Get a restaurant or grocery stores to donate a couple of fresh bars. Sometimes you have to feed people to get them into the door.”

He recommended vetting a local dietitian, if you don’t have one on staff, to see if they would be willing to do the weekly talk.

Evans recommended health club owners also look into insurance coverage in their state to determine potential attendance rates. Medicaid in Vermont, she said, offers unlimited dietitian coverage under the Affordable Care Act.

“It’s mandated preventative coverage,” she said. “If you have other health insurance carriers, they will cover at least three sessions per benefit year. If they have preventative coverage through their plan, they do have unlimited access with no copay or deductible.”

Further, the PHIT Act, which recently passed the U.S. House but had not passed the Senate at the time of this story, would allow people to use health savings accounts or flex-spending funds for everything from baseball leagues to gym memberships.

PARTNERSHIP POSSIBILITIES

For health club owners who don’t want to tackle a slew of nutritional education offerings in-house, there are several creative workarounds. For the past four years, Gray has partnered with a local, health department–certified caterer, Chez Amy, which drops off individual, home-cooked meals to the club on Mondays and Wednesdays at $6 each.

“We get 10 percent of her total sales just for being a drop-off location, and we include a mention of her in our monthly newsletter,” Gray said.

Although none of the gym owners interviewed for this story currently partner with a larger entity such as Weight Watchers or Jenny Craig, several said they would encourage gym owners to consider it as a bridge toward greater integration of exercise and healthy food.

“Align with a brand or company that you agree with their philosophy, ingredients and the product they are putting out,” Gray advised.

Gallagher concurred, but he’s not sure ready-made meals are the ideal way for people to learn about food.

“I think anything is better than nothing, but is it the ultimate long-term solution? I don’t know,” he said. “You can be a vegan and still eat poorly.”

Barlow said that if a large population of a club’s membership is obese or overweight, a partnership should absolutely be on the table. It’s a safe way to add a nutrition arm to your business, which as time goes on could be scaled up or back, he said. 📷

Amanda Freeland is a nutrition educator at Bay Athletic Club where she works with members, such as John Divney, who is 80 years old, to create personalized nutrition plans for them. (Photo courtesy Bay Athletic Club.)
Health clubs have long done a savvy job of catering to people who are both knowledgeable and confident about fitness, but people with low confidence and little fitness knowledge still too often don’t feel welcome in health clubs, according to many experts in the industry.

Increasingly, health club operators are turning to technology to connect with prospective and current members, but the industry still needs to do more with technology to specifically target those who are inexperienced with fitness, experts say.

“They’re the people we need to look at using technology to engage with and to make them feel welcome,” said Daniel Waide, chief commercial officer for Wexer, which creates virtual digital fitness solutions.

“There’s a huge opportunity there.”

Technology can serve the critical purpose in health clubs of helping people who are obese monitor themselves, set goals and implement behavior changes — crucial pieces to a weight-management program, said Diane Lydon, director of international sales and cycling at Heart Zones, a fitness technology company specializing in data-driven fitness that uses wearable technology.

“They’re the people we need to look at using technology to engage with and to make them feel welcome,” said Daniel Waide, chief commercial officer for Wexer, which creates virtual digital fitness solutions.

“There’s a huge opportunity there.”

Technology can serve the critical purpose in health clubs of helping people who are obese monitor themselves, set goals and implement behavior changes — crucial pieces to a weight-management program, said Diane Lydon, director of international sales and cycling at Heart Zones, a fitness technology company specializing in data-driven fitness that uses wearable technology.

“They’re the people we need to look at using technology to engage with and to make them feel welcome,” said Daniel Waide, chief commercial officer for Wexer, which creates virtual digital fitness solutions.

“There’s a huge opportunity there.”

Technology can serve the critical purpose in health clubs of helping people who are obese monitor themselves, set goals and implement behavior changes — crucial pieces to a weight-management program, said Diane Lydon, director of international sales and cycling at Heart Zones, a fitness technology company specializing in data-driven fitness that uses wearable technology.

“They’re the people we need to look at using technology to engage with and to make them feel welcome,” said Daniel Waide, chief commercial officer for Wexer, which creates virtual digital fitness solutions.

“There’s a huge opportunity there.”

Technology can serve the critical purpose in health clubs of helping people who are obese monitor themselves, set goals and implement behavior changes — crucial pieces to a weight-management program, said Diane Lydon, director of international sales and cycling at Heart Zones, a fitness technology company specializing in data-driven fitness that uses wearable technology.

“They’re the people we need to look at using technology to engage with and to make them feel welcome,” said Daniel Waide, chief commercial officer for Wexer, which creates virtual digital fitness solutions.

“There’s a huge opportunity there.”

Technology can serve the critical purpose in health clubs of helping people who are obese monitor themselves, set goals and implement behavior changes — crucial pieces to a weight-management program, said Diane Lydon, director of international sales and cycling at Heart Zones, a fitness technology company specializing in data-driven fitness that uses wearable technology.

“They’re the people we need to look at using technology to engage with and to make them feel welcome,” said Daniel Waide, chief commercial officer for Wexer, which creates virtual digital fitness solutions.

“There’s a huge opportunity there.”

Technology can serve the critical purpose in health clubs of helping people who are obese monitor themselves, set goals and implement behavior changes — crucial pieces to a weight-management program, said Diane Lydon, director of international sales and cycling at Heart Zones, a fitness technology company specializing in data-driven fitness that uses wearable technology.

“They’re the people we need to look at using technology to engage with and to make them feel welcome,” said Daniel Waide, chief commercial officer for Wexer, which creates virtual digital fitness solutions.

“There’s a huge opportunity there.”
VIDEO/VIRTUAL WORKOUTS

Group exercise classes can be an ideal entry point for those who are unfit and uncertain about the club environment, Waide said. Instructors ensure guidance, and the group dynamic helps prevent feelings of isolation. However, group classes also can be scary. A tech-based solution that allows someone to try classes at home before they come into the gym can help form a critical bridge to group classes. Once they join the physical classes, incorporating the digital content can ensure familiarity.

“One of the key things that technology can do is take away the barrier of entry that exists for people who are intimidated,” Waide said. “They don’t have to go to a physical location, and they can begin to get comfortable enough that they then are ready for the physical location.”

Technology solutions that link digital offerings with the offerings in a physical space create a pathway for fledgling members and also accommodate busy schedules that don’t necessarily fall on the traditional 9-to-5 spectrum, he said.

“The flexibility and convenience can help convince them to give it a try, along with the lack of intimidation of working out in front of a video screen rather than in front of 30 people,” Waide said.

It is important to offer tech-based programs that target people who are in a range of fitness levels, especially providing offerings for those who are not yet fit and who could be turned off by workouts that are too challenging from the outset, Waide said. Initially, most of Wexer’s content focused on hour-long classes, but eventually the company developed shorter workouts.

“I think that resonated with some people because an hour-long cycling class is a bit more intimidating,” Waide said. “We wanted to make exercise more accessible. Once you get into the habit of doing 20 minutes or 30 minutes, then you can get more confidence and then maybe go for the hour class. For some people, that’s not the starting point. That’s the goal. And it’s important to be aware of that.”

Digitized content doesn’t have to be high-quality video, Waide said. Images and written content shared via blogs or email to members and non-members also can help educate those who need help and encourage them to enter the gym space.

MOBILE APPS

Mobile solutions are key when considering how to use technology to engage with clients with fitness needs because “right now mobile owns the majority of our attention,” Maloley said.

Waide said the gym industry is ceding the ground of fitness apps to those outside the club industry. For those unfamiliar with fitness, apps are an excellent way to build a rapport with a health club, he said, adding that a free app that doesn’t require club membership can give clubs a way to engage with prospective members, especially those uncertain about fitness.

“If they can receive the value of a workout builder or something like that, they’re seeing value from that gym brand,” Waide said. “And then if they are ready to join, there’s that sort of seamless transitioning to the physical membership.”

Apps also strengthen relationships with new members, such as when trainers engage directly with members with workout and health tips, Waide said.

“They can send them some stretches they can do at home after a workout or other things that can support them away from the gym,” he said. “Clubs that have full fitness apps are providing value for members whether they’re inside the club or not.”

Offering tech-based solutions that aid members outside of the club is not just about welcoming them into the club atmosphere — it’s also about helping them build and maintain fitness momentum. With busy schedules, it can be easy to stop exercising. For people who don’t have a rich fitness history and are struggling with obesity, stopping for a short spell can lead to a much longer withdrawal. However, digital offerings that support members outside of the club can help them maintain their connection with the club and their fitness goals.

SOCIAL MEDIA

For the purposes of interacting with members and encouraging fitness, social media is “an incredible tool” for clubs to better comprehend their members — when used properly, Maloley said. It also allows clubs to communicate and engage effectively and to build “micro-communities and connect people with other folks who share similar goals, objectives, struggles and challenges,” he said.

Gregoski agreed that health clubs have the capabilities to connect people in similar circumstances with similar goals, such as those who are battling obesity, and to give them a forum to help each other pursue those goals. A digital method for communicating within a group, such as via social media, can allow members to share inspiration, recipes, workouts and results, forming a support system within the club environment.

“It helps when you can be a part of a group that is working on losing weight together,” he said.

DATA’S VALUE

Effective data tracking can help health clubs better work with clients with fitness challenges, such as those confronting obesity, Waide said. Better data leads to more effective, customized solutions. It can start with tracking club members who work out more often, identifying the goals and needs they have, and then using that information to aid others who do not work out as often but have similar goals and needs.
“We can start to use automated push notifications and behavioral messaging and advertising and promotions to really help get them on track with their fitness,” Waide said. “It’s hard to do that without technology. If they’re not coming in and we can track that using apps, and we can then help motivate them more or at least try to keep them on track more with technology, that could be a big help. We’re just sort of starting to scratch the surface with that.”

One of data’s potential pitfalls is that clubs can simply share information with clients without showing them what it means or why it is important, Maloley said.

“We’re still not making much progress unless we can take that data and make it actionable,” Maloley said. “For most people, that requires a coach of some sort. There’s no utility in feeding a bunch of information to people who don’t know what to do with it.”

Data without human guidance particularly underserves those who are more inexperienced in the gym, such as those struggling with obesity.

“The people who can make heads or tails of such data are likely those who are already healthy,” Maloley said. “The result is an environment where there are more and more solutions for those who are already healthy and less and less for people that actually need help.”

MOONITORING AND TRACKING

Tech-based monitoring solutions include tools such as heart-rate monitoring devices and a variety of wearable tracking tools. For tech-based monitoring, the simpler the better, especially for those who are inexperienced, Lydon said. Trying to monitor too many data points can be “demotivating,” she said, if working out seems too confusing and complex.

“When we talk about heart-rate tracking, for instance, we look at trying to focus on just one piece of it,” Lydon said. “Maybe it’s their heart rate, maybe it’s the color of the [heart rate] zone they work out in. It could be the yellow zone is the best fat-burning zone so the focus should be on working out in that zone. If they can try and focus on one thing and achieve their goals for that one thing, then they can get some successes and that obviously helps them stay engaged and motivated to keep adherence to a program.”

Tools such as heart-rate monitoring help members work out based on their own “physiological capabilities,” Lydon said, offering tailored workouts even in group class environments and providing a level playing field to exercisers of all types.

“So the coach or the trainer can say, ‘Let’s all work out in yellow,’” Lydon said. “Your yellow is going to be different than mine, but everyone on the board is just yellow. Then I’m not going to feel bad, right? That’s where the value of personalization and individualization can really come in.”

Tech-based monitoring, tracking and evaluation tools that could help those inexperienced with fitness abound, Lydon said, but they depend on usage that represents the gym member and their comfort levels. For instance, 3D body scanners can help members track their progress over time, but only if health clubs approach them with respect for each member’s preferences, including their sense of modesty about their physiques, she said.

For people who are obese, nutrition is more important than fitness to improve their health and lose weight, Gregoski said. Therefore, it makes sense for clubs to help their members eat healthier. Working with tech tools, such as dietary tracking apps, can help members monitor eating habits, Gregoski said.

“Whether you do it through tech or paper, if you’re actually being taught to track your diet the right way, then you’re more likely to have success,” Gregoski said. “And if I’m running a fitness club and I know I want to sell to members and be really effective, then I definitely think it’s important to have some educational component with diet.”

No matter the technology, the club industry has to take steps to improve its methods of engaging with those struggling with obesity and providing them with a welcoming place to pursue better health, Lydon said.

“I don’t know that the industry has really taken a good look yet at how it can better address this segment of the market,” Lydon said. “You’ve got people who are really in a position that from a health standpoint they need to get into the gym. They need to get moving now. And we need to help them.”

Mobile applications can provide easy access to workout guidance. (Photo courtesy Wexer.)
FIND OUT MORE

For more information about the obesity epidemic in the United States and groups that can help, check out these resources.

- Robert Wood Johnson Foundation
- Exercise Is Medicine
- The State of Obesity
  (Trust for America’s Health and the Robert Wood Johnson Foundation)
- Prevalence of Obesity Among Adults and Youth: United States 2015-2016
  (Centers for Disease Control)
- The Diabetes Prevention Program
  (Diabetes Association)
- YMCA’s Diabetes Prevention Program
  (YMCA)
- National Diabetes Statistics Report, 2017
  (American Diabetes Association)
- 10-year follow-up of diabetes incidence and weight loss in the Diabetes Prevention Program Outcomes Study
  (National Center for Biotechnology Information)
- Behavioral Risk Factor Surveillance System
  (CDC)
- Economic Costs of Obesity
  (Harvard School of Public Health)
- How Are Income and Wealth Linked to Health and Longevity?
  (Urban Institute and The Center on Society and Health)
- 2018 ‘Inactivity Pandemic’ Report
  (PHIT America)
- Nutrition, Physical Activity and Obesity Prevention Strategies
  (CDC)
- Mission: Readiness
- Do Workplace Wellness Programs Save Employers Money?
  (Rand Corp.)
- What Do Workplace Wellness Programs Do? Evidence from the Illinois Workplace Wellness Study
- Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities
  (Trust for America’s Health)