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Exercise Is Medicine On Campus Program Comparisons: A Descriptive Study

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EXERCISE IS MEDICINE ON CAMPUS PROGRAM COMPARISONS: A DESCRIPTIVE STUDY

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77 Pages

PURPOSE: The purpose of this research is to gain a better understanding of how universities are implementing EIM-OC at their campus with specific focus on the involved departments/entities, the client experience, and programming options.

METHODS: The participants for the study were the university representatives for all currently recognized Exercise is Medicine® on Campus programs**.** The date was collected via Qualtrics survey, containing 49 questions, which was distributed via email to 172 schools (both domestic and international), to which 24 responses were submitted. Participants were identified via ACSM Exercise is Medicine® on Campus advisor email list for all universities with a registered EIM-OC team.

RESULTS: Data were analyzed using SPSS software, and frequency analyses were completed for each question. Results provided information about the specific related departments existing on each campus, the involvement of these departments in the EIM-OC program, and which universities currently utilize health care referrals, individualized training, and/or a transition process as part of their EIM-OC program.

CONCLUSION: Survey results provide evidence of a variety of structures and activities involved in current EIM-OC programs, with anecdotal evidence of the benefits for clients and improved relationships across related departments campus-wide. There is minimal data currently

available, but some universities are working to provide objective evidence in regards to both program and client success. In conclusion, the results of this information has provided insight to Illinois State University's EIM-OC program, specifically the referral, individualized programming, and transition processes of other universities and this information can be used to further improve Illinois State's program and propose rationale for future research.

KEYWORDS: Exercise is Medicine, Exercise is Medicine on Campus, Exercise Prescription

EXERCISE IS MEDICINE ON CAMPUS PROGRAM COMPARISONS:

A DESCRIPTIVE STUDY

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CONTENTS

CHAPTER I: EXERCISE IS MEDICINE ON CAMPUS PROGRAM COMPARISONS: A DESCRIPTIVE STUDY

Introduction

The research and recommendations for regular participation in physical activity (PA) have been well documented by leading organizations in exercise and sports medicine (Pescatello, 2014), yet only one in five American adults, and one in three adults worldwide are meeting physical activity guidelines (Physical Activity Guidelines for Americans, 2008; Centers for Disease Control and Prevention, 2017; Hallal et. al., 2012). According to the 1996 Surgeon General's Report on Physical Activity and Health, the inverse correlation between multiple chronic diseases and physical activity levels highlights the importance of physical activity for physical health (Physical Activity and Health, 1996; Centers for Disease Control and Prevention, 2017).

Physical activity is also related to mental health (Mental Illness, 2018). According to the National Institute of Mental Health, in 2016, one in six adults (44.7 million people) reported living with some form of mental illness in the United States. Research indicates that physical activity can have positive effects on mental illnesses such as anxiety, depression and eating disorders (Physical Activity and Health, 1996), and that mental illness is extremely prevalent, currently affecting over 40 million Americans (The State of Mental Health, 2017). The Surgeon General's Report on Physical Activity and Health states that in general, those who are inactive are twice as likely to have symptoms of depression compared to those who are more active.

Because of the negative physical and mental health consequences of physical inactivity, professionals in the kinesiology and medical fields have suggested incorporating assessment of physical activity levels into routine healthcare clinic visits (Hallal, 2012). Specifically, it has

been suggested that physical activity should be assessed as a vital sign, similar to blood pressure, heart rate, and blood oxygen levels. Just as a physician would prescribe a medication or lifestyle modification for high blood pressure, physical activity should be prescribed to someone who is not meeting the guidelines and/or the individual should be referred to a fitness professional. This idea of preventative medicine is the foundation for the Exercise is Medicine® (EIM) initiative. EIM is an initiative originally launched in 2007 by the American Medical Association (AMA) and the American College of Sports Medicine (ACSM) that is now fully coordinated by ACSM. EIM was developed with the goal of making the scientifically proven benefits of physical activity a promoted standard in the U.S. healthcare system by assessing physical activity as a "vital sign". The vision of EIM strives for all health care providers to assess every patient's physical activity level at each clinic visit and determine if they meet the U.S. national guidelines. To meet these guidelines, adults should perform either moderate-intensity aerobic activity (brisk walking, tennis, etc.) for 150 minutes each week, or vigorous-intensity aerobic activity (jogging, swimming laps, etc.) for 75 minutes each week (or a combination of the two). Total body strength training activity (lifting weights, using resistance bands, etc.) at a moderate-high intensity on two or more days per week is also recommended for all adults. Patients not meeting the physical activity guidelines should be provided with, and/or referred to, educational and other resources to improve physical activity levels, with the ultimate goal of improving physical and mental health. Within two years of launch, EIM became a global initiative with multinational participation and collaboration. In order to implement change, EIM calls to all health care and fitness professionals, as well as communities, workplaces and schools to assess physical activity as a vital sign and promote physical activity as an essential part of health and wellbeing (Coleman, 2012).

University campuses provide an ideal and relevant setting for implementation of the EIM solution model. A study by Caspersen et. al. (2000) about activity changes by age and sex in the United States shows that physical activity habits continuously decline from ages 14-21 for both males and females (76% to 42% and 66% to 28% respectively) and across all age groups women had higher rates of inactivity than men (27% to 21% respectively). Moreover, young adults aged 18-25 years have the highest prevalence of mental illness when compared to other adult age groups, and this age group is among the lowest percentage of those who chose to receive mental health treatment (Mental Illness, 2018). Attendance at college is increasing (Digest of Education Statistics, 2018), and the changes into the next phase of life as an adult present challenges such as new environments, independent living, financial responsibilities, and academic and career stresses, which can greatly impact an individual's wellbeing, specifically creating challenges towards achieving recommended levels of physical activity. With physical activity levels decreasing in college aged adults, mental illness levels rising, and significant life transitions occurring, this population is specifically in need of guidance or an intervention to promote and instill healthy behaviors.

Exercise is Medicine® on Campus (EIM-OC), a sub-initiative of EIM, was implemented based on the idea that college campuses represent a 'microcosm' of the global EIM initiative (Exercise is Medicine on Campus, 2018). The existence of both healthcare and fitness professionals in one "location" allows for a campus community to accomplish the goals of the EIM program on a smaller scale. Many universities provide opportunities to enhance student wellbeing including student fitness center programs, student health services, health promotion/wellness programming, kinesiology academic courses, and counseling services. While these wellness-based services can exist separately across a campus, collaboration of these entities

can be synergistic. EIM-OC calls upon university and college health care services to assess and promote physical activity as a vital sign of health, and to connect with other entities on campus to promote physical activity levels, ideally through referrals from health services to physical activity programs. EIM-OC also promotes making movement a part of everyday campus culture and providing students with the education and tools necessary to instill life-long physical activity habits, (Winters, 2015; Exercise is Medicine on Campus, 2018).

As of 2014, campuses are able to be recognized for their participation in EIM-OC at the gold, silver, or bronze level based on their level of engagement (Exercise is Medicine, 2018). A bronze status is recognized for promoting and generating awareness of health benefits of physical activity on campus. A silver status is recognized for engaging students, faculty, and staff in EIM education initiatives through providing educational opportunities for the campus community. A gold status is recognized by actively implementing physical activity as a vital sign on campus and working to link health care and fitness professionals together to provide a referral system for appropriate exercise prescription and programming. Currently, 172 universities worldwide have registered EIM-OC campus teams that are committed to this initiative, 24 being gold status, 20 silver, and 17 bronze (Exercise is Medicine on Campus, 2018).

ACSM and the EIM initiative provide some specific guidelines and benchmarks needed to achieve recognition at a particular level (e.g. a referral system for achieving gold level recognition). However, there is a large degree of flexibility in regards to how to implement the EIM-OC initiative, which has resulted in diverse programming worldwide, even within each recognition level (i.e. gold, silver, or bronze). Knowledge regarding the characteristics of current EIM-OC programs may be helpful as universities strive to begin, maintain, and improve their

EIM-OC programs. Therefore, the purpose of this research is to gain a better understanding of how universities are implementing EIM-OC at their campus with specific focus on the involved departments/entities, the client experience, and programming options.

Methods

The participants for the study were the university representatives for all currently registered Exercise is Medicine® on Campus programs. While the participants' gender, race, and ethnicity demographics were expected to vary among representatives, this information was not pertinent in this study and therefore that information was not asked or collected. Information was collected via survey (Appendix A) using Qualtrics software. Survey questions were created and compiled based on questions that have arisen during the implementation of Illinois State University's EIM-OC program, and from conversations among ACSM EIM-OC committee members and with other EIM-OC teams.

The survey was distributed via email to 172 schools, with 26 responding. Participants were identified via ACSM Exercise is Medicine® on Campus advisor email list for all EIM-OC registered universities. To register with ACSM, an EIM-OC team must complete an application indicating the team members. The list of registered teams is not made public, however permission to send the survey to the registered team list was granted from the ACSM EIM-OC committee Chair. Participants were recruited through an email letter which was sent to their EIM-OC registered email address with the survey link provided. A follow-up reminder email was sent two weeks after the initial email. After four weeks from the original email, the survey closed.

Once participants clicked the link to the survey, they were directed to the informed consent letter at the beginning of the web-based survey. By clicking the consent button,

participants indicated their willingness to participate and that they were 18 years of age or older. Completion of the survey implied participant consent. No verbal presentation occurred and participant signatures were not required. Coercion was minimized by using participants on a volunteer basis. The consent document indicated that the choice to participate or to refrain would in no way affect the participant's standing in the EIM-OC program and that ACSM would not be informed who participated.

When a participant agreed to complete the survey after reviewing the informed consent, they clicked a 'next' button and could begin the online survey. Once they had completed all items, text on the website informed them that the survey and their participation was complete. The survey contained 49 questions, however not all questions were asked to every participant based on the responses provided (due to utilization of 'Skip Logic'). The survey took approximately 10-30 minutes to complete. Once the survey was submitted, that was end of the subject's participation.

Data were analyzed using SPSS software. An initial look at the survey responses revealed two respondents out of the 26 with no data. These were removed from the analysis. Additionally, there were a number of similar statements written in as clarification for "other" selections on a number of the questions. Where appropriate, these overlapping responses were combined to create new categories of responses to those questions. Once the data were modified in this way, frequencies were run in SPSS to describe the characteristics of the EIMOC programs at each of the 24 responding universities.

Results

To be included in the study, universities had to have an EIM-OC team registered with ACSM, otherwise, the university would not have been on the ACSM email list. The majority of

the registered EIM-OC teams that responded to the survey (42%) had EIMOC programs for less than one year, with 29% having one to two year-old programs, 21% having two to three year-old programs, and 8% having programs for three or more years. Most of the respondents (n=15, 63%) had not achieved ACSM recognition at the time of the survey, while three schools had bronze status (13%), two had silver status (8%), and four had gold status (17%). Of the two universities who reported having their program for three or more years, one university was gold status and the other was silver. That the majority of the responding schools had not yet achieved any level of recognition was unexpected. However, the survey was administered at the same time as ACSM recognition status applications were due (March 1, 2018), and so it is likely that many of the schools achieved some level of recognition after that time, which would have been after the survey was administered. As such, there may be activities reported in the survey that are not consistent with the recognition level (or lack thereof) reported. For instance, a university may have implemented a referral program and reported that in responses to the survey, but not have been recognized for it until after March 1. For this reason, we chose to avoid using recognition levels as a way to classify responses. Rather, we focused on schools that reported having referral programs and/or individual programming, in order to best address our goal of describing the client experience and programming options.

Responding universities indicated having Kinesiology or related departments (83%), Campus Recreation (75%), Student Health Services (67%), Student Counseling Services (63%), and Health Promotion and/or Wellness (54%) on their campus. Eight schools (33%) had all of these departments on their campus, and six schools (25%) reported having only one of the listed departments on their campus. Of those with only one department on campus, all reported that the one department was a Kinesiology or related department. The most commonly reported

advisor for each registered program was an academic professor (65%). Other listed advisors were Campus Recreation professionals (18%), "wellness council" faculty members (9%), or an undergraduate student (5%).

Resources that are available to students on campus as part of the EIM-OC program include Kinesiology students (75%), Kinesiology faculty/staff (67%), non-Kinesiology related fitness professionals on campus (63%), and off-campus fitness programs or professionals (17%). Additionally, EIM-OC activities that are provided to those who participate in the program involve special events (83%), outreach activities such as educational handouts, health fairs, and walks/runs (79%), peer or student lead programming (50%), a referral program (38%), individualized programming for clients (38%), and motivational interviewing (17%).

EIM-OC program funding was reportedly provided by campus departments such as Kinesiology or a related department (42%), Campus Recreation (33%), Health Promotion and/or Wellness (17%), and Student Health Services (4%). Thirty percent of universities reported not having any funding resources for their program, and three universities reported a non-listed department or organization provided funding such as student government and student clubs or organizations.

Referral Program Results

All 24 respondents were asked if they currently had a referral process as part of their EIM-OC program. The referral process can be defined as either a health care provider "referring" clients to a fitness professional, or any other entity on campus (wellness departments, student fitness center professionals, etc.) "directing" clients to a fitness professional. Nine of the 24 respondents reported having a referral program. Of those with a referral program, five universities have had 20 or less clients referred or directed to their program within the last year,

one university had 21-40, two had 41-60, and one had over 90 clients. Participants in the referral programs were undergraduate students (89%), graduate students (78%), faculty/staff (67%), and/or community members (22%). Referral program offerings/characteristics include individualized programming (89%), fitness assessments (89%), access to personnel qualified to work with special populations (44%), special events (56%), reduced training fees (33%), waived or reduced gym fees (22%), and access to a private facility space (22%). Referrals originate from Student Health Services (67%) and Student Counseling Services (78%), and directing originates form Campus Recreation (33%), EIM-OC Administrators (22%), and "other" (33%). Written responses for "other" included external health providers and the Student Deans Office. Clients are referred to Campus Recreation (78%), an EIM-OC Administrator (33%), a student organization/club (22%), a Kinesiology or related department (33%), Student Health Services (22%), Student Counseling Services (11%), or a referred or directed client performs exercises on their own and not with a fitness professional (22%).

Seven (78%) of the nine schools with referral programs reported that there is a specific point person to whom referred or directed clients are sent, while the other two indicated no point person. These two were the same universities that indicated that a referred or directed client performs exercise on their own. In written responses, these two indicated that EIM-OC clients would be referred or directed to a particular place, including Campus Recreation and/or a Kinesiology department, but not a specific person. For the other seven, point people included Campus Recreation/Student Fitness Center professionals or students (43%) or Kinesiology professors or students (57%). Student point person titles included "EIM Student Coordinator", associated with Campus Recreation, and an "EIM-OC Student Intern" and "Clinic Manager", associated with Kinesiology or a related department. All nine universities with referral programs

reported that referrals could be a result of a patient not meeting the physical activity requirements/recommendations. Other reasons for referrals included existing mental conditions (i.e. anxiety, depression, eating disorder, etc.) (78%), patients being classified as overweight or obese (67%), and existing physical conditions (i.e. cardiovascular disease, metabolic disease, renal disease, etc.) (56%).

Individualized Programming Results

All 24 respondents were asked if they had some form of individualized programming in their EIM-OC program, which was defined as working with a client either in a one-on-one or group setting over a course of multiple weeks. Eight of the total 24 respondents reported that they have individualized programming as part of their EIM-OC program. These were not necessarily the same universities that had referral programs, in fact, only six of these eight reported having referral programs. Of the eight respondents who offer individualized programming, seven (88%) responded that they have an assessment process as part of the individualized programming, and 72% require assessment to participate in individualized programming. All who reported assessments as part of the individualized programming were offered for free. Of the seven respondents with an assessment process, reported measures were an assessment of goals, barriers, etc. (88%), muscular endurance assessments (88%), flexibility assessments (88%), an initial interview (75%), anthropometric measurements (75%), body composition analysis (75%), cardiovascular assessments (75%), muscular strength assessments (75%), and non-listed assessments such as balance assessments and a lifestyle habits assessment (25%).

The universities with individualized programming reported that client goals included weight loss (88%), weight gain (13%), bone health (50%), increased cardiovascular fitness

(75%), improved confidence/self-efficacy for physical activity (63%), increased knowledge regarding exercise equipment general or specific behavioral changes (75%), improved mood (88%), increased energy (75%), and increased muscular strength (75%). Clients involved in individualized programming have access to one-on-one training (88%), small group training (75%), partner training (50%), and/or large group training (50%). Training sessions are held in the student fitness center (88%), a private space on campus (25%), an alternative fitness center (13%), and/or a non-listed location, including an employee wellness center and a clinical exercise physiology clinic (25%). Sessions last from either 30-45 minutes (50%), 45-60 minutes (38%), or session length varies based on the client (13%). Programs offer clients training two times per week (63%), three times per week (13%), and/or it is dependent on the client and program phase (25%), with the total intervention lasting eight or more weeks (50%), six to eight weeks (13%), four to six weeks (13%), or that length is dependent on the client (25%).

For individualized programs, Kinesiology undergraduate students are interacting and leading exercise sessions in 75% of the cases, academic professors or Campus Recreation professionals in 50%, graduate students in a Kinesiology or related department in 25%, or ”other” responses including a Physical Therapist and/or Psychologist (13%). The qualifications of those working with EIM-OC clients in an individualized program setting include Certified Personal Trainers (75%), students of a Kinesiology or related department (75%), those with an in-house training or certification (38%), graduate students of a Kinesiology or related department (38%), those who have participated in the EIM-OC credential workshop (13%), Certified Health Coaches (13%), and non-listed credentials described as a Physical Therapist (25%).

Transition Process Results

At Illinois State University, EIM-OC clients undergo an initial 8-10 week private, supervised physical activity training program with Kinesiology EIM-OC staff. At the end of this time, clients are assessed to determine if they are ready to "transition" to another setting. If so, clients are offered continued personal training with a Campus Recreation training for approximately four weeks for free. The survey questions regarding transition were designed to determine if any other EIM-OC programs were providing any kind of activities to continue to promote physical activity for clients following participation in an EIM-OC program.

All 24 respondents were asked if they had a transition process following initial participation in EIM-OC programming. Four of the total 24 respondents indicated having a transition process for clients, all of which also offered individualized programming. Seventeen respondents indicated "no" to having a transition process, and three did not respond to this question. All four respondents with a transition process indicated that they utilize physical fitness assessment to determine readiness to transition out of an EIM-OC program. Interview/conversation was also used to determine readiness by two universities, whereas two different universities said they deem a client is ready for transition when the initial EIM-OC program duration ends. All four respondents replied that their transition process includes a client being able to exercise on their own as they please in a public fitness setting. Of those four, one also has a mentor or peer assist the client in transitioning to a public fitness setting, and a different respondent also has a process where the client transitions to paid personal training. Three of the four programs with a transition process do not have a follow up process after transition, although one respondent (25%) indicated that there was a follow up process including "email follow-up" and then "re-assessment if required".

Program Outcomes and Data Collection Results

All 24 respondents were asked about program outcomes and data collection with the opportunity to add open-ended explanations. Seventeen respondents (71%) felt that having an EIM-OC program provides opportunities for students that they did not have prior to introducing the program on campus, whereas three did not, and four did not respond. Explanations included the ability to "Provide tools to the students in order to have a chance to develop their health", the opportunity of "Free personal training if they are referred by the campus health center", "Physical activity education and special events", the opportunity for "Kinesiology students to work on wellness with their fellow students", for the general population of student to receive "Consistent messaging about the health benefits of exercise and encouragement for participation", "Hands on work experience for interns", clients receiving "Access to individualized exercise programs and students getting connected to fitness in a way they might not have before", "Reduced fitness center fees, knowledge of the fitness center facilities, and knowledge of the available support and resources", students involved in leading exercise sessions are "Able to apply their knowledge and learn how to build rapport with community members as clients", and "Through special events that students may not have thought of as activity before, and knowing that the university supports their activity and a healthy lifestyle" .

Additionally, a majority (19 schools, 79%) of the 24 respondents felt that having an EIM-OC program improves relationships among departments on campus. One university did not feel their EIM-OC improved relationships among departments, and the other four did not answer. Those who explained their answer provided examples of relationships between variations of departments such as Kinesiology, Psychology, Campus Recreation, Student Counseling, Health Promotion and/or Wellness, and Student Health Services. Other schools reported building off-

campus partnerships, and others stated that if they did not have established relationships yet that they plan to as their EIM-OC program continues to develop. When asked whether EIMOC programs contribute to student retention, 25% of respondents replied 'yes', 8% replied 'no', 50% replied 'unsure', and 17% did not answer. The majority of explanations described that they have not collected any data to support this claim.

In terms of other data collection, seven of the 24 respondents (29%) replied that they are currently collecting data on their program. Of those seven, 43% said they do have follow-up data on past participants' physical activity adherence, and 57% said they do not. Some respondents (43%) said they have follow-up data on past graduated participants, although the type of data was not indicated.

Discussion

The purpose of this research was to gain a better understanding of how universities are implementing EIM-OC with specific focus on the involved departments/entities, the client experience, and programming options. The results of this research provide descriptive data about current EIM-OC programs. The results can be used to inform existing or developing EIM-OC programs and provide a foundation for future research.

Across all 24 respondents, the most commonly reported activities involved in EIM-OC programming were special events (83%) and outreach activities (79%). These activities are beneficial for promoting and generating awareness of health benefits of physical activity and of EIM on campus, and are consistent with bronze level ACSM recognition. It is not surprising that most programs would incorporate these two activities because all ACSM recognized programs would likely already have them, and those striving for recognition would also likely incorporate

them. The high numbers of universities reporting these activities here also suggests that many of these schools would achieve some level of recognition this year, assuming they applied for it. Fifteen (63%) of the 24 respondents had not achieved ACSM recognition at the time of the survey. This result was unexpected because outreach and educational activities promoting the ideals of EIM tend to be a natural part of an existing Kinesiology or a related program, which all but one respondent have. Survey results suggest that most of the schools have activities occurring that would qualify for bronze level recognition. However, ten (42%) of the respondents had EIM-OC programs that were less than one year old, so those universities may not yet have had a chance to apply for recognition. Interestingly, four of these with a registered team for less than a year reported having a referral process. Perhaps some schools are immediately targeting referral programs and ACSM gold level recognition when developing their EIM-OC programs. While achieving gold level recognition might be seen as the "holy grail" for EIM-OC programs, silver and bronze level activities are also important because relying on only a referral program to disseminate EIM ideals may not reach students who do not utilize health or counseling services. Additionally, achieving any level of recognition is beneficial for a university, so universities should not be discouraged from developing an EIM-OC program and/or applying for ACSM recognition if they cannot currently or in the future achieve gold level status. Future research might explore the process involved in developing and registering an EIM-OC team, and perceptions regarding the three levels of recognition.

Of the related departments/entities existing on campus, Kinesiology or related departments were the most commonly present (83%) and in some cases were the only department. Nine universities had comprehensive representation of EIM-OC related entities, meaning these schools had all of the following departments on their campuses: Kinesiology or

related department, Campus Recreation, Student Health Services, Student Counseling Services, and Health Promotion and Wellness. The availability of all of these departments on campus provides the most straightforward situation for implementing EIM-OC programs, particularly assessment of physical activity as a vital sign and a referral process. Of those nine universities with comprehensive EIM-OC entities, only three had current ACSM recognition, two of which have referral programs. Three of the non-recognized universities also reported offering a referral program and the other three reported activities consistent with bronze level recognition, at minimum. To summarize, five of the nine universities with comprehensive EIM-OC entities on campus have referral programs, which is half of the universities that reported having referral programs. With our limited response numbers, it is difficult to draw any solid conclusions from this. However, the absence of comprehensive EIM-OC entities on campus should not preclude a university from achieving any level of recognition (and incorporating the associated activities, such as referrals), including gold.

Seven universities (25%) reported having no health care departments on campus (Student Health or Student Counseling). Two of those seven universities had received gold status recognition, which would seem to support the idea that having comprehensive EIM-OC entities on campus is not necessary for achieving gold level recognition. It would be assumed that referrals at these universities would come from an off-campus source. However, in subsequent survey questions, these two schools reported that their referrals come from places like Student Health and Counseling Services, which is contradicting information, so it remains unclear from our data if any campuses without health care services are implementing referral systems. The remaining five schools without health care services on campus had either not yet achieved recognition (4) or had achieved bronze level (1). The four that had not yet achieved

ACSM recognition reported that they incorporate activities such as special events and outreach activities, with two universities also providing peer or student lead mentoring.

Six respondents have only a Kinesiology department on campus, so it is not surprising that an overwhelming amount of EIM-OC team advisors were academic professors (68%). Furthermore, ACSM is the owner of the EIM initiative and its target audience is Kinesiology and Sports Medicine professionals, rather than Campus Recreation or Student Health Services, for example. Many EIM-OC clients also seem to have access to both undergraduate and graduate level Kinesiology students and Kinesiology faculty (67%). EIM-OC clients at many universities (63%) also have access to non-Kinesiology fitness professionals on campus. It is assumed that non-Kinesiology fitness professionals refer to individuals working at a Campus Recreation/student fitness center, but this was not specified in the survey. Overall, Kinesiology-related academic and Campus Recreation departments seem to be the most "involved" entities in EIM-OC programs, making up a large proportion of EIM-OC advisors as well as the point person for referrals. Furthermore, EIM-OC program funding (if there was any- seven respondents reported no funding for EIM-OC programs) primarily comes from Kinesiology or a related department (42%) and Campus Recreation (33%), although Health Promotion and/or Wellness (17%), and Student Health Services (4%) are providing some funding for programs in some instances.

Referral Program

The referral process can be defined as either a health care provider "referring" clients to a fitness professional, or any other entity on campus (wellness professionals, student fitness center professionals, etc.) "directing" clients to a fitness professional. The data from the nine schools with referral programs indicated that referrals are primarily coming from Student Health Services

(67%) or Student Counseling Services (78%), which is logical and fits the EIM model. That referrals are coming from counseling services to the extent that they are is encouraging, and indicates a recognition of the importance of physical activity for mental health as well as physical health. Seventy-eight percent (7 of 9) of the schools with a referral process reported that clients are sent (referred or directed) to Campus Recreation. Eight out of the nine (89%) of those with referral programs indicated individualized programming as a benefit. Taken together, it seems that many of the responding universities with referral processes have referrals that are initiated at health and/or counseling services with referred clients directed to Campus Recreation (78%) for some sort of individualized programming. While an overwhelming amount of referrals reportedly go to Campus Recreation, 57% of the point people for referrals are associated with a Kinesiology or related department, with Campus Recreation as the runner up (43%). Given our limited number of responses, there may not be a meaningful conclusion to this other than that both Kinesiology and Campus Recreation professionals seem to be frequently involved in EIM-OC programs, which was a consistent finding across the various sections of the survey.

When asked about the types of clients that are referred or directed, all nine universities reported that not meeting the physical activity guidelines and recommendations is a main criteria/symptom for sending a client to a fitness professional, but it was also common to refer/direct for existing mental conditions (i.e. anxiety, depression, eating disorder, etc.), obesity, and existing physical conditions. Clients with obesity, mental illness, or existing disease would be considered "special populations", and according to ACSM recommendations, would require a Level 2 (at minimum) or Level 3 EIM certified program.

Individualized Programming

From our survey, we were not able to determine the specific credentials of those working with *referred* clients, which is certainly a limitation. However, the survey did inquire about the credentials of those interacting with EIM-OC clients in individualized programs, which six of the nine universities with referral processes had. Many of the individuals interacting with clients are certified personal trainers and/or undergraduate or graduate Exercise Science/Kinesiology/Clinical Exercise Physiology students. One university reported an EIM-OC credential and one university reported that no training or certification was required when working with EIM-OC clients. Ideally, someone with an ACSM Exercise Specialist certification/EIM credential would be overseeing the programming for higher risk clients, but the results from this survey were not able to distinguish how frequently that was occurring in the respondents' EIM-OC programs, partly because we cannot determine the specific credentials of the EIM-OC staff at each university and partly because we cannot determine what type of clients are in each EIM-OC program. Another area of interest for future research may be examining who is interacting with EIM-OC clients and if there are challenges when staffing university EIM-OC programs, particularly when considering the higher risk client.

Transition Process

Because increasing and promoting lifelong physical activity is a goal of the EIM initiative, it was of interest to determine what, if anything, ensued at the end of an EIM-OC program. This question was asked of all 24 responding universities, however, it was likely only relevant to those who have an individualized training program (8 schools). It would not make sense for those schools with only outreach or educational activities to have a transition process, which explains many of the "no" responses to this question. The four universities that responded

"yes" to having a transition process into an independent and/or public exercise setting were universities that also had individualized training programs.

These four universities reported that they deem clients are ready for transition based on physical assessment. Two of these also use a method of interview/conversation, while the other two use the end of the EIM-OC program duration to determine readiness, in addition to physical assessments. Future studies might examine the success of these two strategies and whether or not the existing transition processes result in the success of a client to sustain regular physical activity in the long-term. Only one of the four universities with a transition process reported having a follow-up with clients who have transitioned out of the EIM-OC program. Listed methods included "follow-up emails" and "re-assessment if required". This university is also collecting follow-up data on past program participants.

All four reported that their transition process included a client being able to exercise on their own in a public fitness setting, which was expected, as that would imply someone has successfully completed the program and is now comfortable exercising regularly on their own. Whether this describes the entirety of the transition process resulting in a client's completion of the program, or a more in-depth and purposeful process is somewhat unclear. One of the four universities also reported that their transition process involves a client transitioning to paid personal training, and another reported clients working with a peer or mentor to assist them in transitioning to a public fitness setting. To summarize, for those with transition processes, physical assessment was a common way of determining when a client was ready to move on. In all cases, the goal was for the client to progress to self-led exercise, with some universities promoting supervision during the transition period, in the form of a personal trainer or mentor.

Four universities with individualized training responded "no" when asked if there was a transition process. This suggests either that individualized training continues indefinitely, or that client interaction ends when the program duration ends. It would be of interest to further examine the potential differences in client outcomes and physical activity levels after completing the individualized training program.

Data Collection and Program Outcomes

Out of the 24 responding universities, 29% (7 schools) replied that they are currently collecting data on their program. Four of those seven schools have data on past participants' physical activity adherence and/or follow-up data of past graduated participants. Two universities have data on both past participants' physical activity adherence and follow-up on past graduated participants, then one university has data only on adherence, and another only on past graduated participants. The paucity of existing data is likely because the EIM-OC initiative and therefore EIM-OC programs are still very new (introduced in 2014), but our results suggest that more data on EIM-OC programs should be soon available. All universities who are collecting data also replied that they have some sort of funding for their program from one or more department on campus. The existence of funding may provide a strong rationale for data collection. Additionally, a lack of funding may limit a school's ability to collect data.

Anecdotally, respondents felt that EIM-OC programs provided opportunities for students that were not otherwise available, and also felt that their EIM-OC programs improved relationships among departments on campus and enhanced the wellbeing of the campus community. Many respondents also felt EIM-OC programs positively impacted student retention.

Limitations

Limitations to this study included having a response rate of only 14%. A majority of respondents did not have a referral program (59%) and/or provide any type of individual training for clients (67%), which provided limited data on established programs with referral based programming.

Another limitation was the probable misunderstanding of some survey questions. One respondent who reported having gold status recognition stated that they did not have a referral program, which is a requirement of that recognition level. Additionally, two of the six universities that selected having only a Kinesiology or related department and no other related departments on their campus reported having gold status recognition. Both universities later reported referrals to their programs coming from Student Health Services, Campus Recreation, and Student Counseling Services. This was likely a misunderstanding but could have skewed some of the data. Fortunately these issues were able to be identified and addressed in the results and discussion, and universities were not distinguished based on recognition level.

Regarding the typical goals for clients who are involved in individual training programs, it was not surprising to see that most schools (75%) selected that weight loss was a common goal in over 50% of their clients. However, it was difficult to assess the remainder of the goals, as they varied from school to school, and the organization of the question on Qualitrics software was based on a sliding scale system where the respondent was instructed to depict approximate percentages they felt represented the goals of clientele. For future research, it would be recommended to word this question differently to gain a better understanding of the common goals.

When asked about whether or not universities had a transition process following initial participation in EIM-OC programming, it is suspected that there may have been some confusion as to the intended definition of what a transition process was because it was not formally defined, whereas the definition of individualized programming was. The four universities who responded that they did have a transition process all selected that it involved a client being able to exercise in a public fitness setting on their own, but with further definition of a transition process as an intentional protocol with the clients, we may have received a different response. Additional clarification should be provided for future research. Finally, the last limitation to this study is that there is a very limited number of gold status universities currently recognized (24 schools) in ratio to universities with a registered program that the survey went out to (172 schools), proving difficult to get applicable data to the topics presented in the survey, since many questions were specifically targeted towards referral based client programming.

Conclusion

Though this research only looks at a small percentage of universities with EIM-OC programs, the results of this study may help to provide a foundation for future research and potentially impact the way that universities design their programs. The survey results provide evidence of a variety of structures and activities involved in current EIM-OC programs, with anecdotal evidence of the benefits for clients and improved relationships across related departments campus-wide. There is minimal data currently available, but some universities are working to provide objective evidence in regards to both program and client success. In conclusion, the results of this information has provided insight to Illinois State University's EIM-OC program, specifically the referral, individualized programming, and transition processes of

other universities and this information can be used to further improve Illinois State's program and propose rationale for future research.

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APPENDIX A: EXERCISE IS MEDICINE ON CAMPUS PROGRAM SURVEY WITH RESPONSES

Exercise is Medicine on Campus Program Survey

1 - ILLINOIS STATE UNIVERSITY INFORMED CONSENT FOR ONLINE SURVEYS

Exercise is Medicine on Campus Program Comparisons – A Descriptive Study

Illinois State University

Principal Investigator: Kristen Lagally, PhD

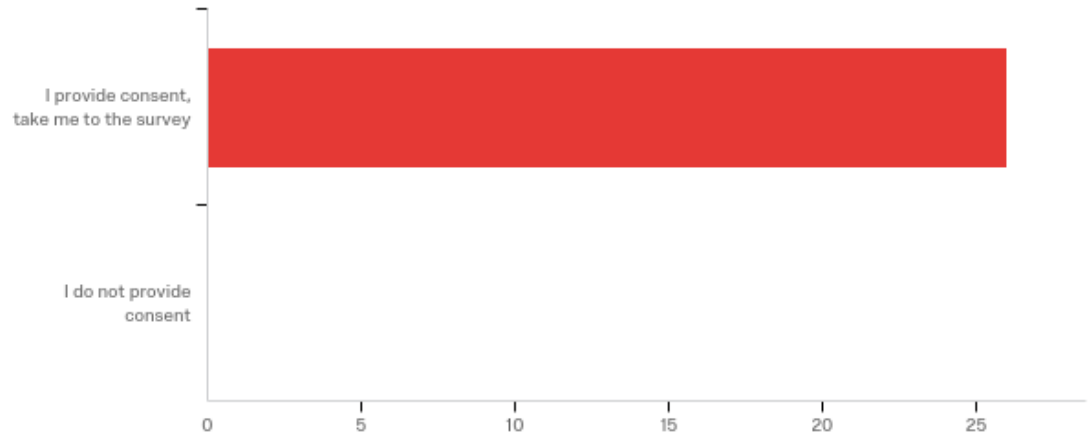
Co Investigators: Anna Miles, PhD, Anthony J. Amorose, PhD, Jacquelyn Sherman, BS, Graduate Student

The purpose of this research study is to compile, compare, and analyze data on current practices in Exercise is Medicine® on Campus (EIMOC) programs. Specifically, this study will examine the breadth of activities occurring within EIMOC programs, particularly with regard to the client experience, that can help Illinois State University's program as well as other universities to develop and refine their EIMOC programs. The data from this study will be owned by Illinois State University. You are being asked to participate in this research because you are the listed advisor of the EIMOC program at your university. You must be at least 18 years of age to participate in this study.

The survey will take approximately 10-30 minutes to complete. Your participation in this study is completely voluntary. There are no penalties for choosing not to participate. Further, you may withdraw at any time, for any reason, without penalty. Risks of confidentiality will be minimized as you will have the option to respond anonymously. Data will be analyzed and

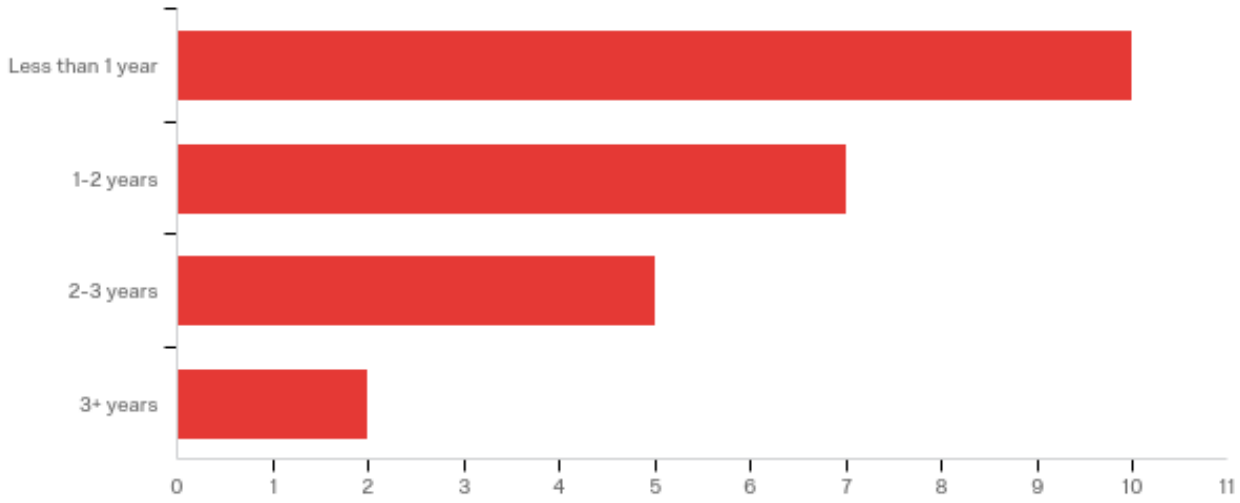
reported using group demographics. Although there are no direct benefits to you, your participation in this study may help to identify factors that influence the enhancement of EIMOC initiatives and will assist in describing current practices in EIMOC programs. By clicking the Next button below, you are providing your consent to participate in this study. If you do not wish to participate, you may either click the Cancel button or simply close your browser window. If you have any questions about participant research rights, please contact the Research Ethics and Compliance office at Illinois State University at (309) 438-2529. If you have any other questions about this study, please contact the principal investigator, Dr. Kristen Lagally at (309) 438-3229.

Kristen Lagally, PhD
Illinois State University
School of Kinesiology & Recreation
Campus Box 5120
Normal, IL 61790
(309) 438-3229



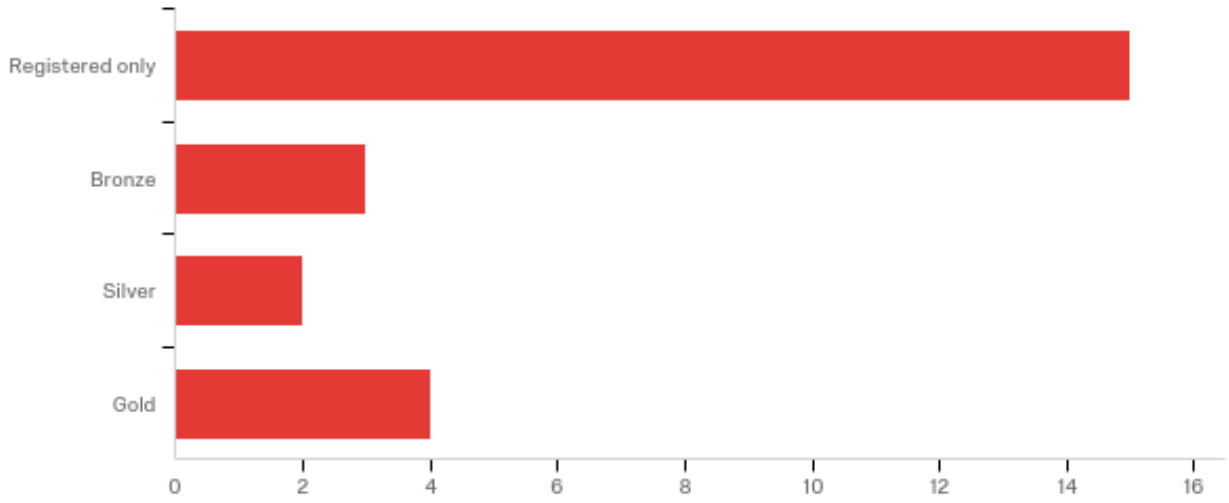
#	Answer	%	Count
1	I provide consent, take me to the survey	100.00%	26
2	I do not provide consent	0.00%	0
	Total	100%	26

2 - How long have you had a registered EIMOC program at your University?



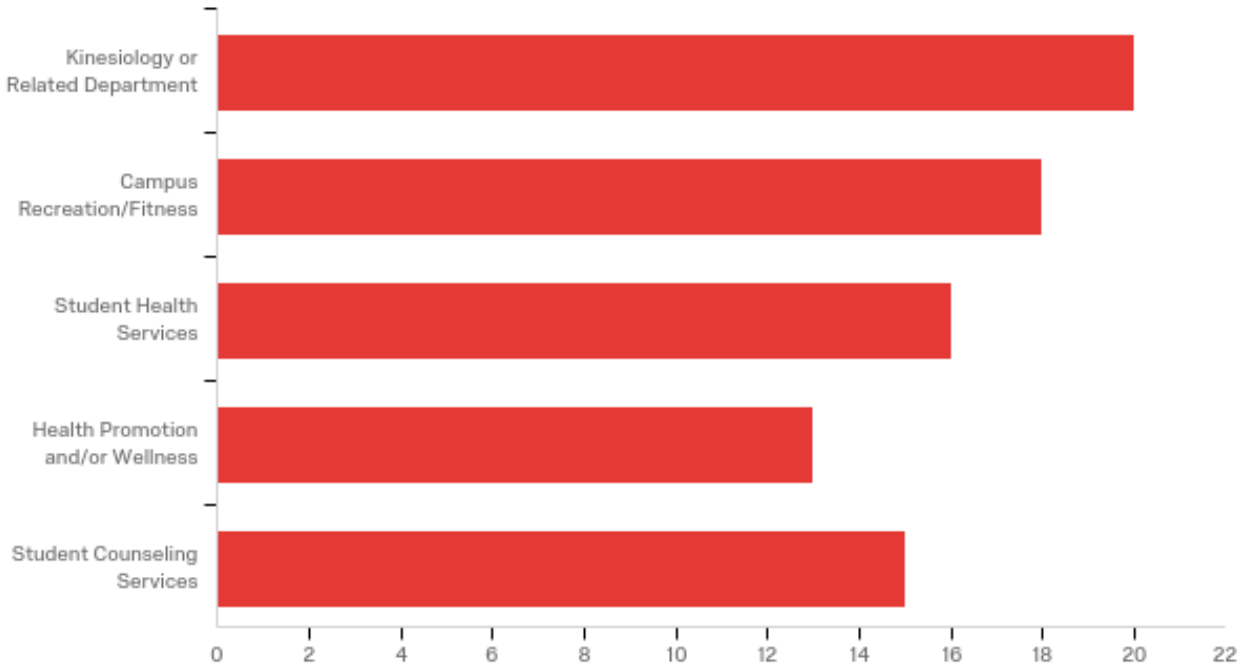
#	Answer	%	Count
1	Less than 1 year	41.67%	10
2	1-2 years	29.17%	7
3	2-3 years	20.83%	5
4	3+ years	8.33%	2
	Total	100%	24

3 - What is your current EIMOC status?



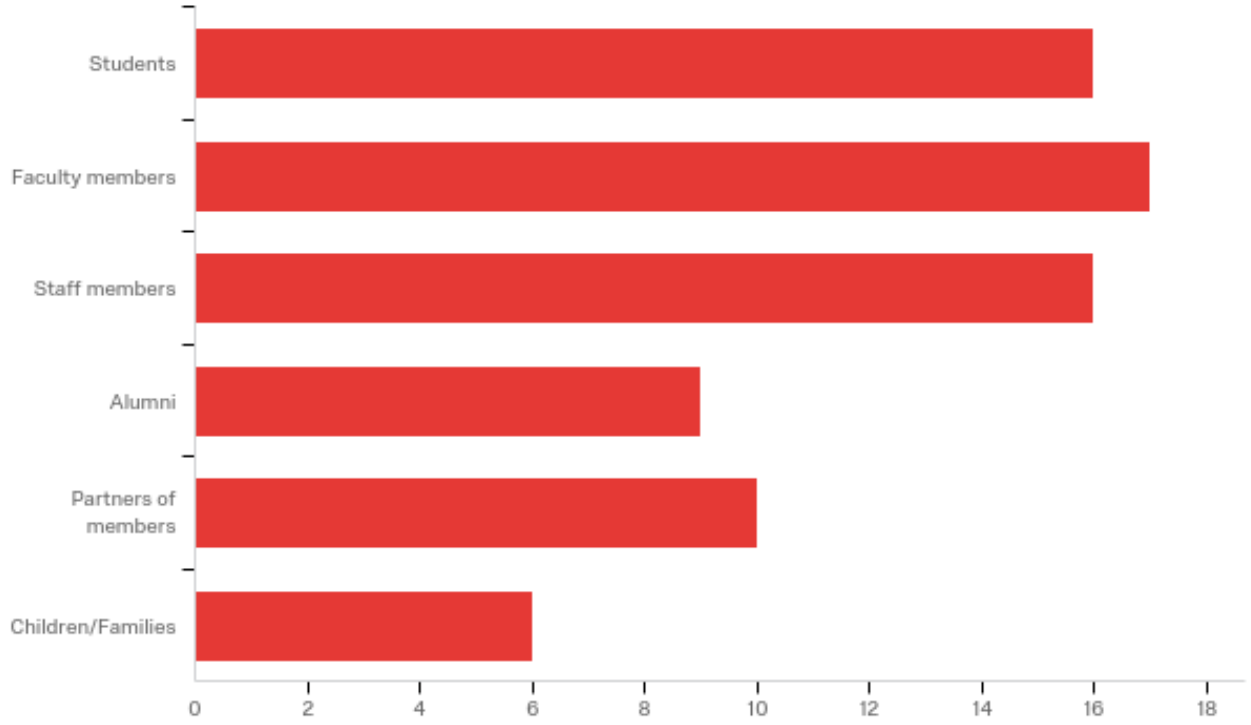
#	Answer	%	Count
1	Registered only	62.50%	15
2	Bronze	12.50%	3
3	Silver	8.33%	2
4	Gold	16.67%	4
	Total	100%	24

4 - Please select all departments on your University's campus



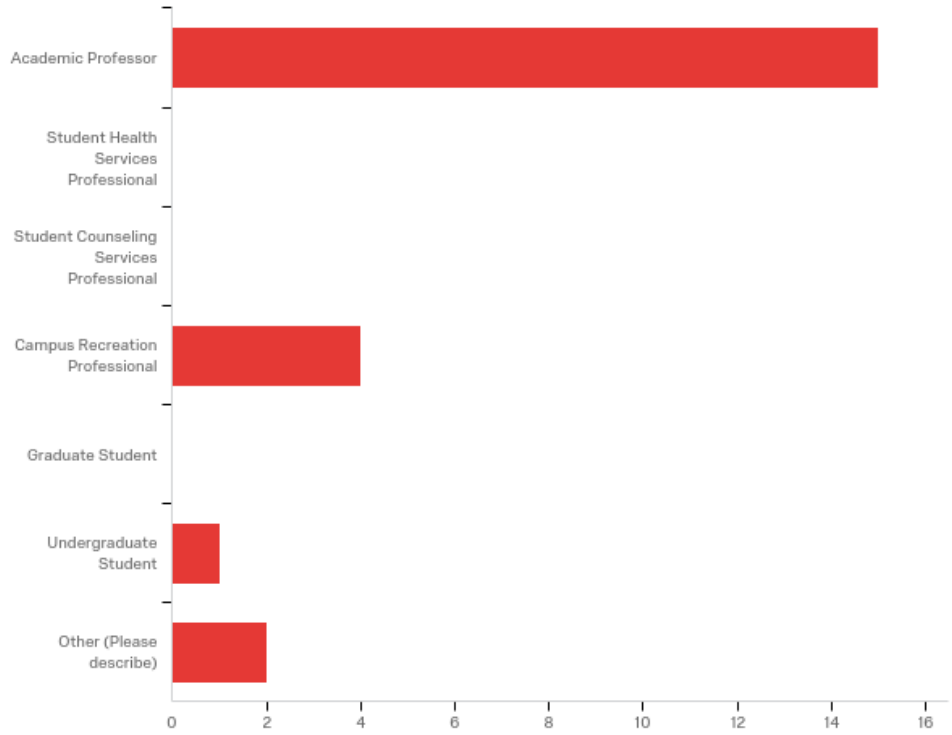
#	Answer	%	Count
1	Kinesiology or Related Department	83.3%	20
2	Campus Recreation/Fitness	75%	18
3	Student Health Services	66.7%	16
4	Health Promotion and/or Wellness	54.2%	13
5	Student Counseling Services	62.5%	15

5 - Who of the following have access to your university's fitness center? (Select all that apply)



#	Answer	%	Count
1	Students	66.7%	16
2	Faculty members	70.8%	17
3	Staff members	66.7%	16
4	Alumni	37.5%	9
5	Partners of members	41.7%	10
6	Children/Families	2.5%	6
	Total	100%	74

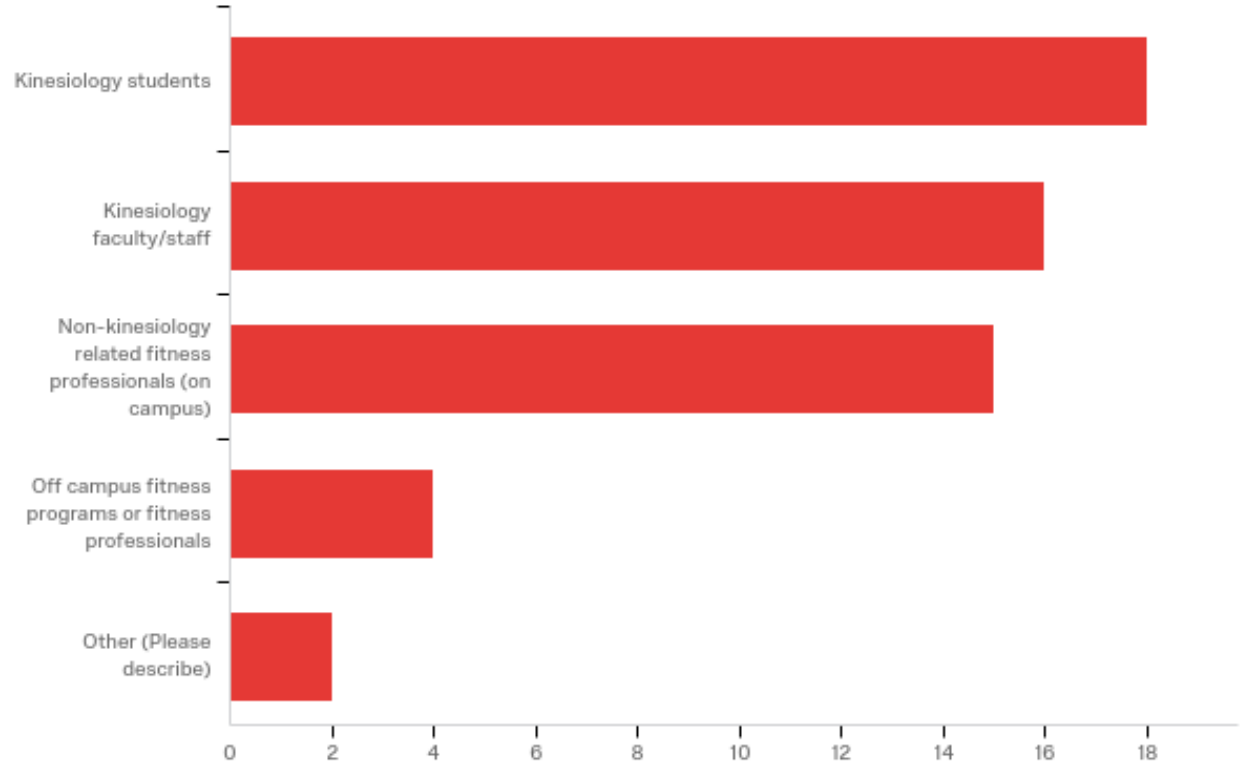
6 - Who is the adviser of your EIMOC program?



#	Answer	%	Count
1	Academic Professor	68.18%	15
2	Student Health Services Professional	0.00%	0
3	Student Counseling Services Professional	0.00%	0
4	Campus Recreation Professional	18.18%	4
5	Graduate Student	0.00%	0
6	Undergraduate Student	4.55%	1
7	Other (Please describe)	9.09%	2
	Total	100%	22

Other (Please describe) – Text
Faculty member and co-chair of health promotion and wellness council
Wellness Council Chair under HR is also Academic Professor

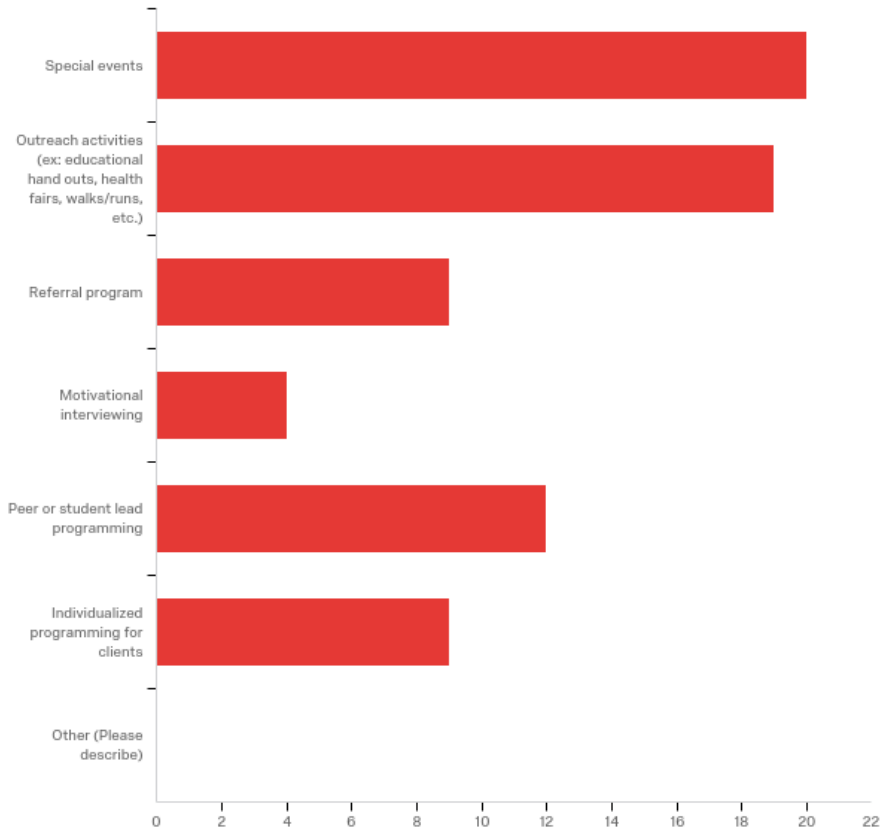
7 - Which types of resources do students on campus have access to as part of the EIMOC program? (Select all that apply)



#	Answer	%	Count
1	Kinesiology students	75%	18
2	Kinesiology faculty/staff	66.7%	16
3	Non-kinesiology related fitness professionals (on campus)	62.5%	15
4	Off campus fitness programs or fitness professionals	16.7%	4
5	Other (Please describe)	8.3%	2
	Total	100%	55

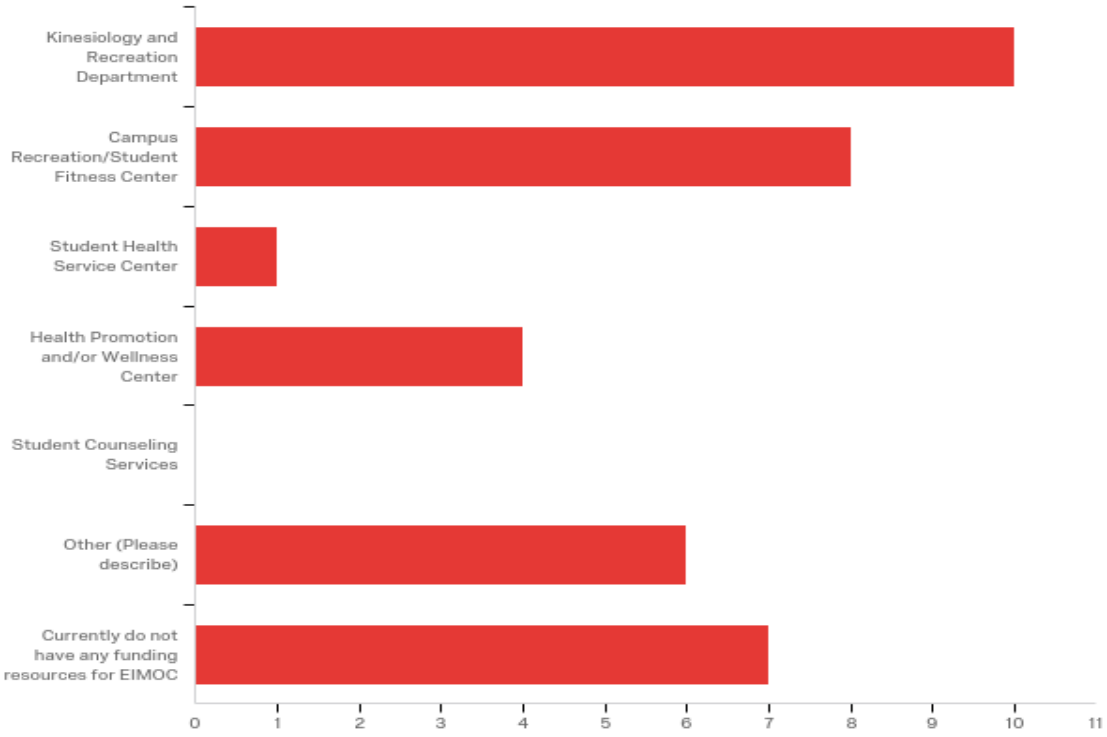
Other (Please describe) – Text
Referrals from counseling to fitness center

8 - What types of activities are involved in your university's EIMOC program? (Select all that apply)



#	Answer	%	Count
1	Special events	83.3%	20
2	Outreach activities (ex: educational hand outs, health fairs, walks/runs, etc.)	79.2%	19
3	Referral program	37.5%	9
4	Motivational interviewing	16.7%	4
5	Peer or student lead programming	50%	12
6	Individualized programming for clients	37.5%	9
7	Other (Please describe)	0.00%	0
	Total	100%	73

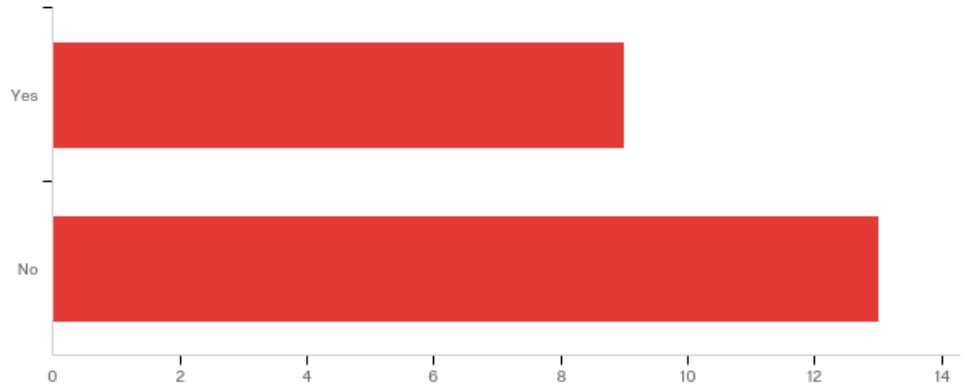
9 - Who provides funding for your EIMOC program? (Select all that apply)



#	Answer	%	Count
1	Kinesiology and Recreation Department	41.7%	10
2	Campus Recreation/Student Fitness Center	33.3%	8
3	Student Health Service Center	4.2%	1
4	Health Promotion and/or Wellness Center	16.7%	4
5	Student Counseling Services	0.0%	0
6	Other (Please describe)	25%	6
7	Currently do not have any funding resources for EIMOC	29.2%	7
	Total	100%	36

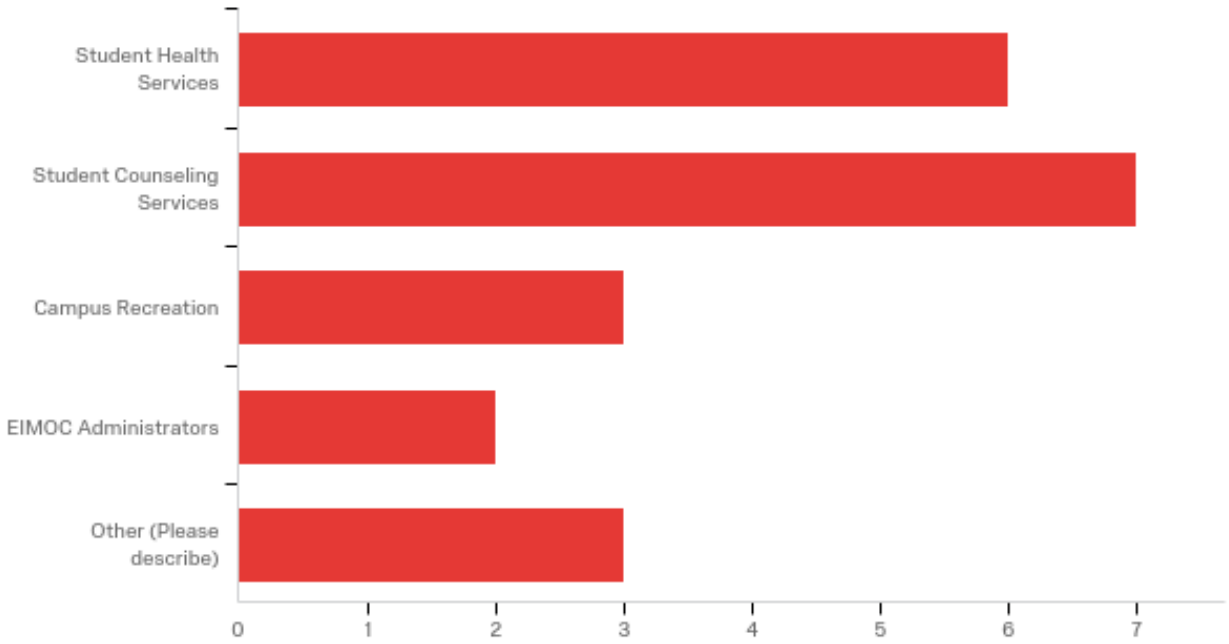
Other (Please describe) – Text
Student Government (Associated Students, Incorporated)
Officially, there is currently no funding, but we have partnered with related organizations who have provided funding. We are seeking funding for next year
student organizations
EIM-OC Student Club
There is no specific funding for our program, but if there are marketing needs, it typically comes from the Fitness & Wellness Department budget.

10 - Do you have a client referral system in place currently?



#	Answer	%	Count
1	Yes	40.91%	9
2	No	59.09%	13
	Total	100%	22

11 - Who is referring clients to the EIMOC program? (Select all that apply)

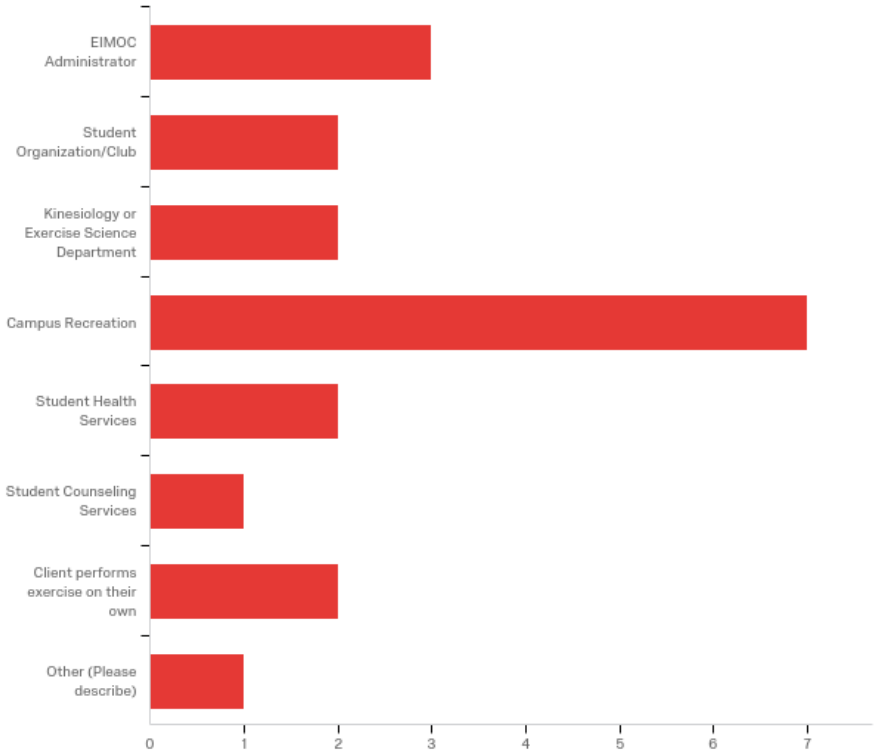


#	Answer	%	Count
1	Student Health Services	66.7%	6
2	Student Counseling Services	77.8%	7
3	Campus Recreation	33.3%	3
4	EIMOC Administrators	22.2%	2
5	Other (Please describe)	33.3%	3
	Total	100%	21

Other

Other (Please describe) – Text
External Health providers
Student Deans Office
We have designed a Rx pad for student referral to campus fitness facilities.

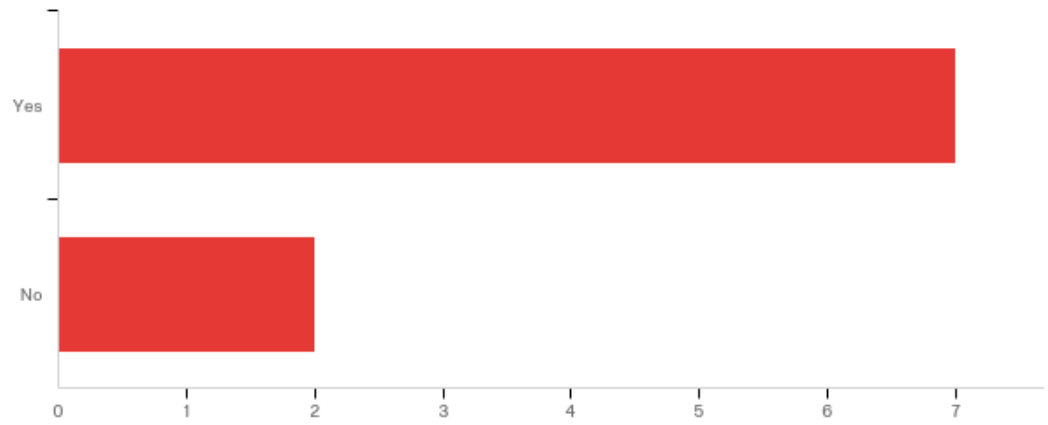
12 - Where/Who are clients getting referred to? (select all that apply)



#	Answer	%	Count
1	EIMOC Administrator	33.3%	3
2	Student Organization/Club	22.2%	2
3	Kinesiology or Exercise Science Department	22.2%	2
4	Campus Recreation	77.8%	7
5	Student Health Services	22.2%	2
6	Student Counseling Services	11.1%	1
7	Client performs exercise on their own	22.2%	2
8	Other (Please describe)	11.1%	1
	Total	100%	20

Other (Please describe) – Text
A center for fitness and wellness run by the Kines dept

13 - Is there a specific point person who serves as the initial contact for referrals?



#	Answer	%	Count
1	Yes	77.78%	7
2	No	22.22%	2
	Total	100%	9

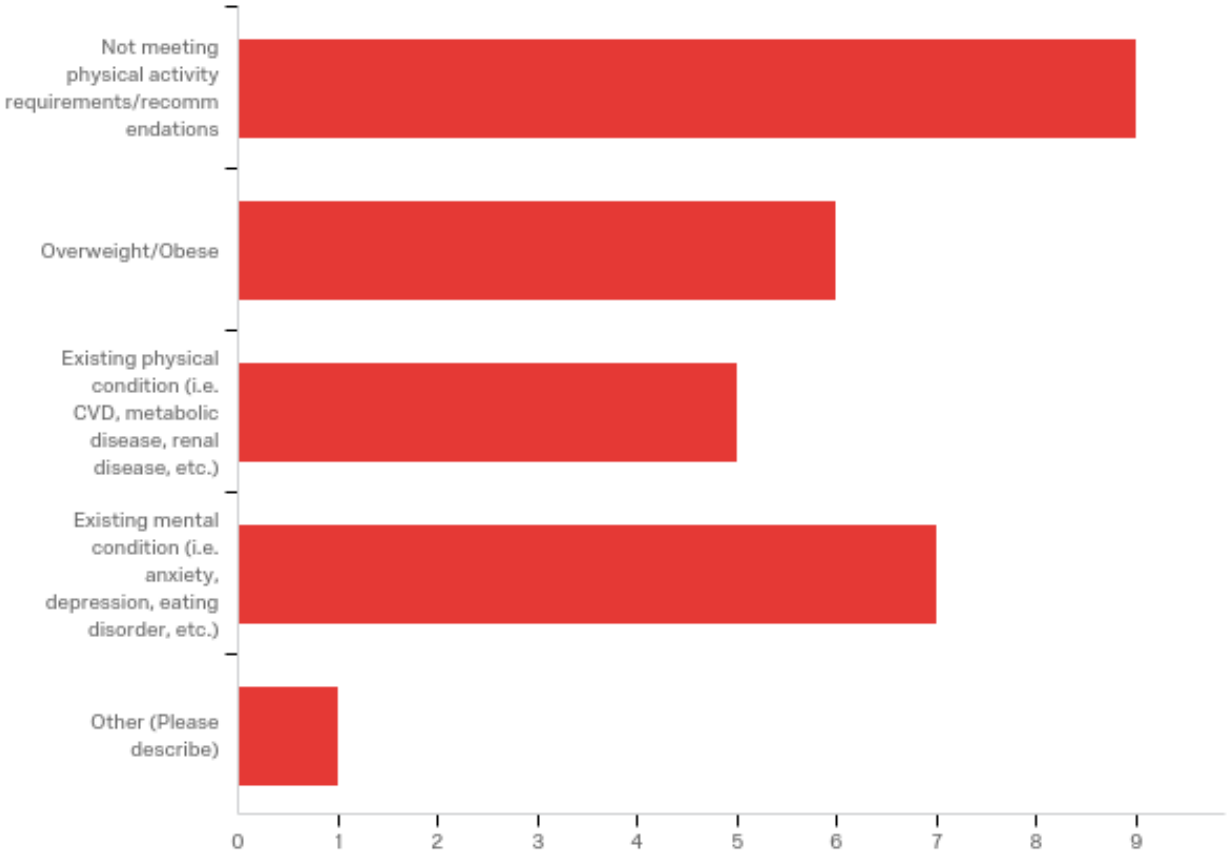
14 - If yes, what is their title/position?

If yes, what is their title/position?
Assistant Director for Fitness for Campus Recreation
Clinic Manager
Assistant Director for Fitness & Wellness
Kinesiology EIMOC Student Intern
director of the center for fitness and wellness
Health and Fitness Undergraduate Seniors
EIM Student Coordinator

15 - What department are they associated with on campus?

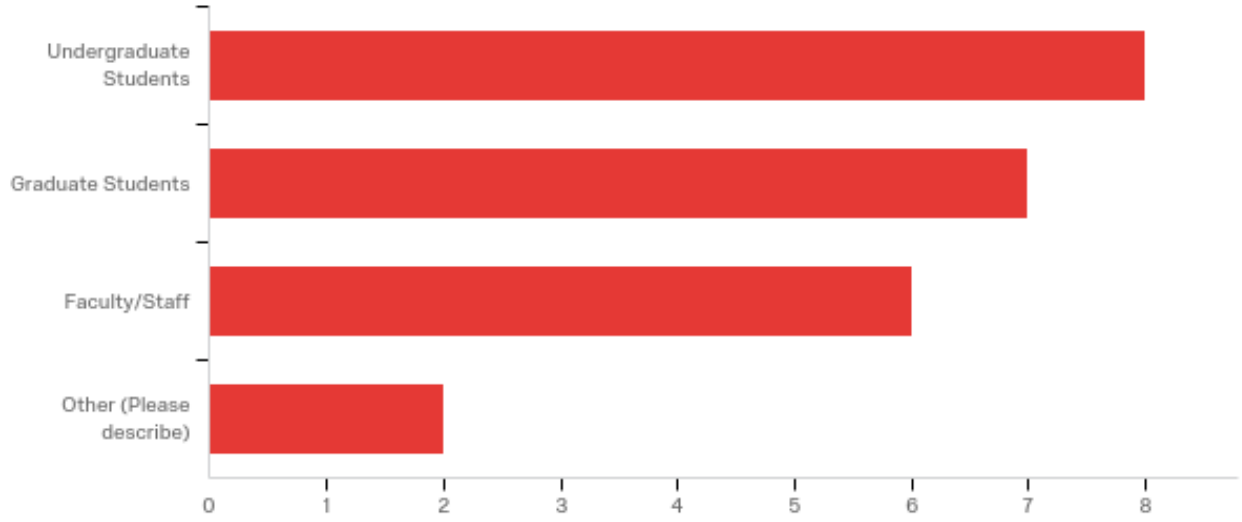
What department are they associated with on campus?
Campus Recreation
Centre for Sport Science and Human Performance
Campus Recreation
Kinesiology and Health Promotion
Kines
Health and Fitness Management Academic Affair Program
Campus Rec & Wellness

16 - What are symptoms or criteria in which a client would get referred to your EIMOC program? (Select all that apply)



#	Answer	%	Count
1	Not meeting physical activity requirements/recommendations	100%	9
2	Overweight/Obese	66.7%	6
3	Existing physical condition (i.e. CVD, metabolic disease, renal disease, etc.)	55.6%	5
4	Existing mental condition (i.e. anxiety, depression, eating disorder, etc.)	77.8%	7
5	Other (Please describe)	11.1%	1
	Total	100%	28

17 - What types of clientele are able to be referred in your EIMOC program? (Select all that apply)

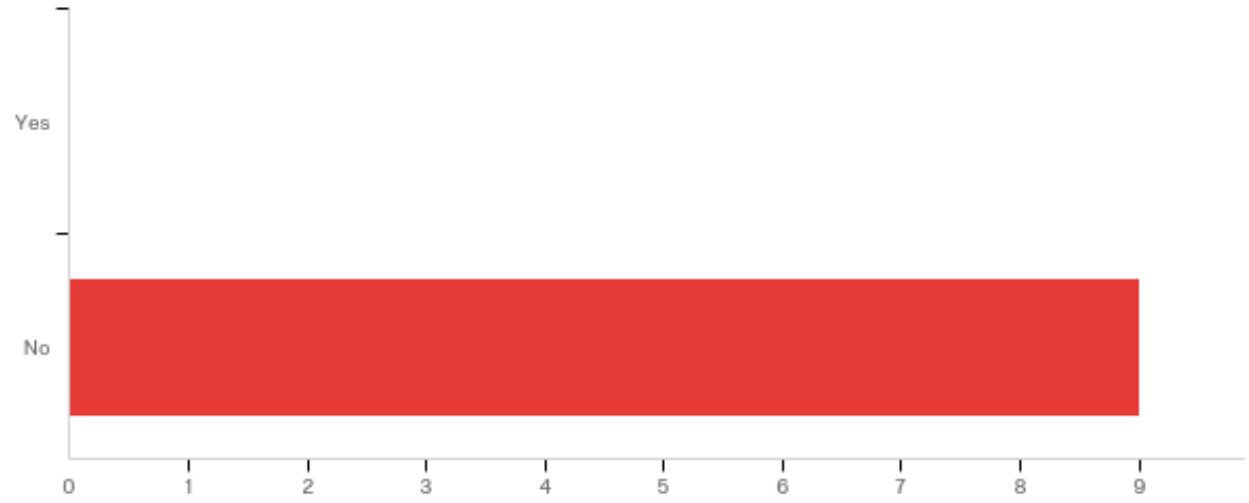


#	Answer	%	Count
1	Undergraduate Students	88.9%	8
2	Graduate Students	77.8%	7
3	Faculty/Staff	66.7%	6
4	Other (Please describe)	22.2%	2
	Total	100%	23

Other

Other (Please describe) – Text
Community members who are members of the rec center.
Local Community members

18 - Is there a cost associated with your EIMOC program?



#	Answer	%	Count
1	Yes	0.00%	0
2	No	100.00%	9
	Total	100%	9

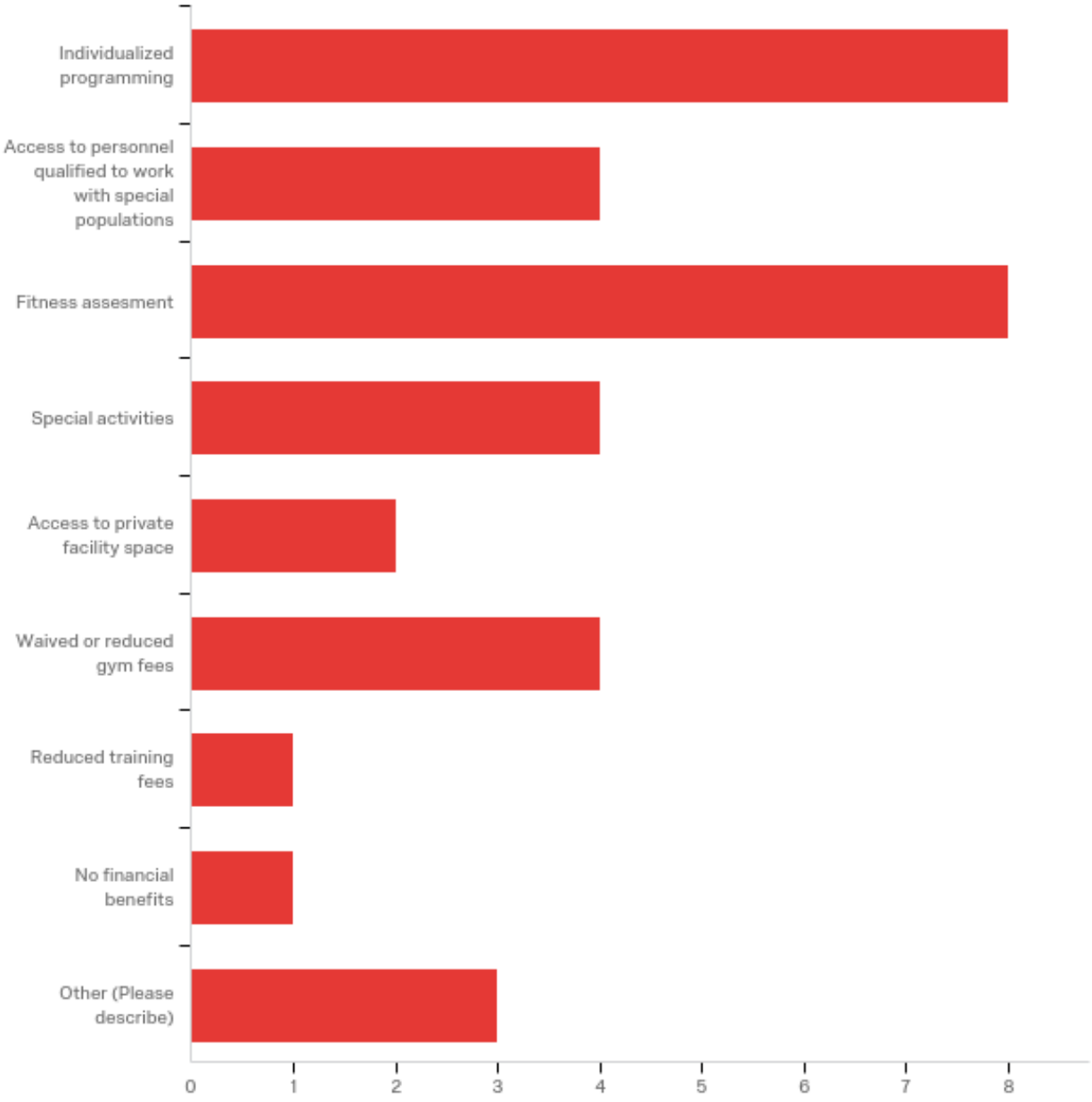
19 - If yes, what is the cost associated with your EIMOC program?

If yes, what is the cost associated with your EIMOC program?

No Responses

20 - What are the benefits (if any) for a client when referred to your EIMOC program?

(Select all that apply)

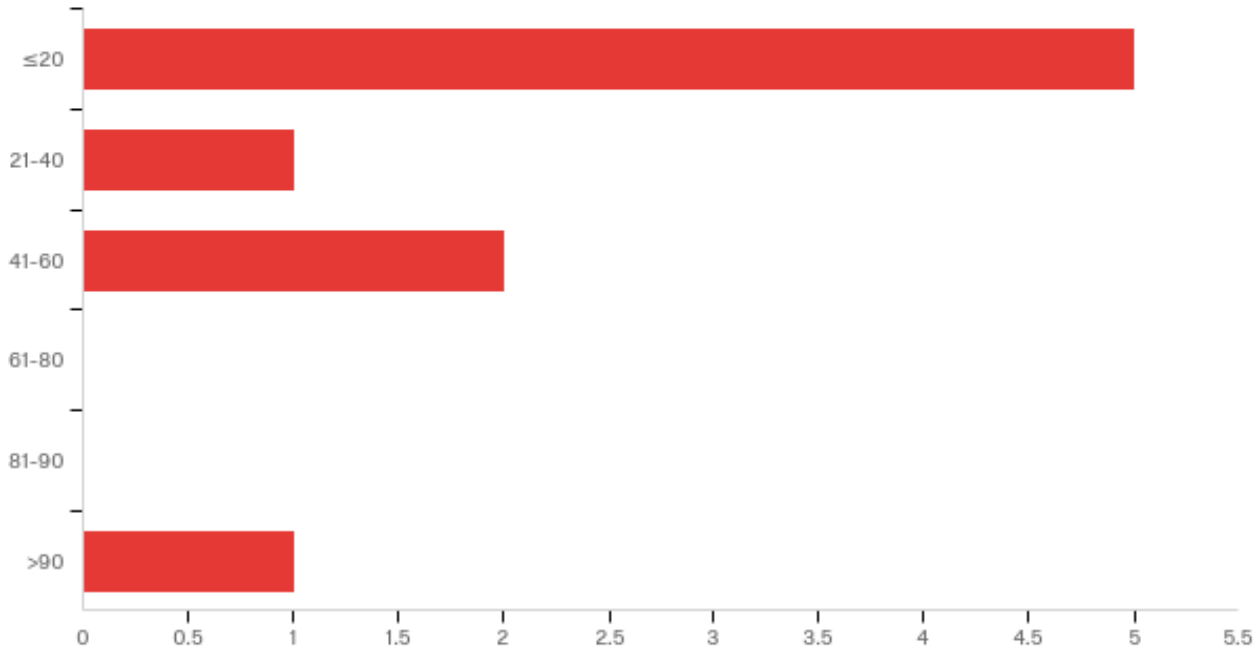


#	Answer	%	Count
1	Individualized programming	88.9%	8
2	Access to personnel qualified to work with special populations	44.4%	4
3	Fitness assessment	88.9%	8
4	Special activities	44.4%	4
5	Access to private facility space	22.2%	2
6	Waived or reduced gym fees	44.4%	4
7	Reduced training fees	11.1%	1
8	No financial benefits	11.1%	1
9	Other (Please describe)	33.3%	3
	Total	100%	35

Other

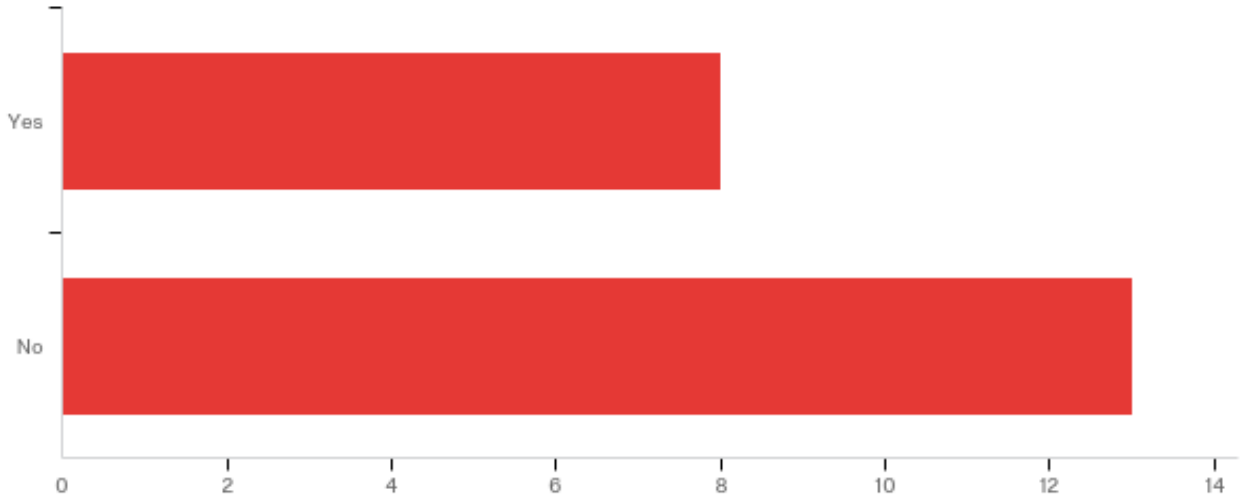
Other (Please describe) – Text
Free training for the semester from Kinesiology student interns
Waived personal training fee for two sessions
Educational Classes on how to exercise and strength train

21 - How many clients have been referred to your EIMOC program within the past year?



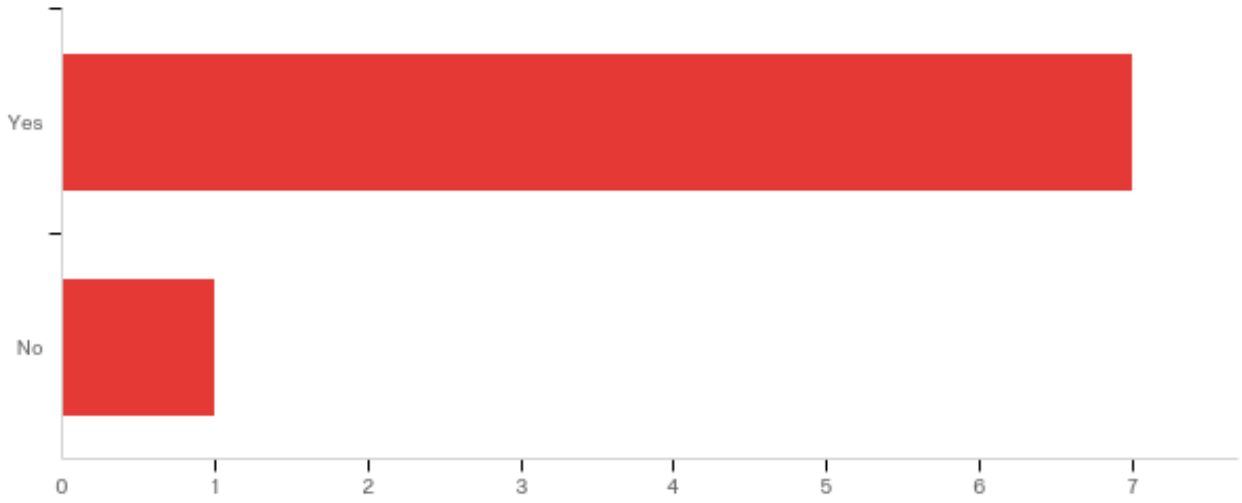
#	Answer	%	Count
1	≤20	55.56%	5
2	21-40	11.11%	1
3	41-60	22.22%	2
4	61-80	0.00%	0
5	81-90	0.00%	0
6	>90	11.11%	1
	Total	100%	9

22 - Individualized programming involves working with a client either in a one-on-one or small group setting over a course of multiple weeks Is there any type of individualized programming involved in your EIMOC program?



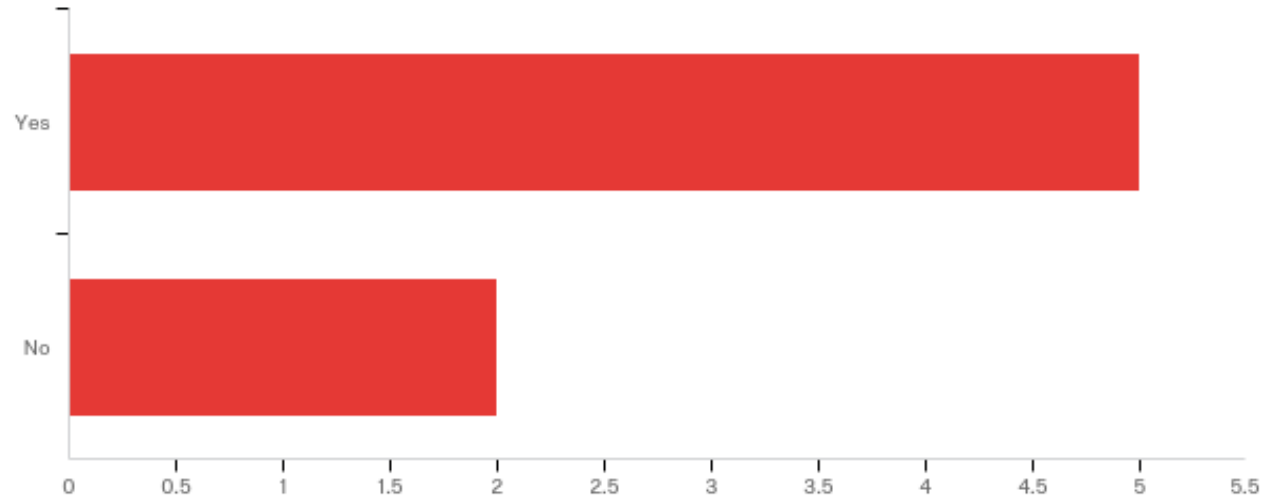
#	Answer	%	Count
1	Yes	33.3%	8
2	No	54.2%	13

23 - Is there an assessment process associated with the EIMOC program?



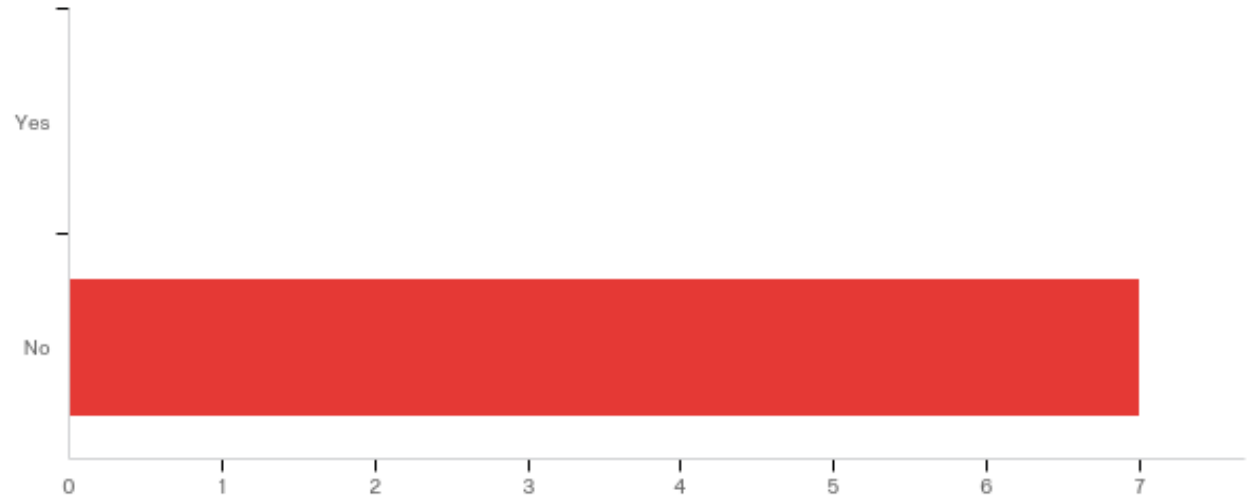
#	Answer	%	Count
1	Yes	87.50%	7
2	No	12.50%	1
	Total	100%	8

24 - Is an assessment required for a client to participate in programming?



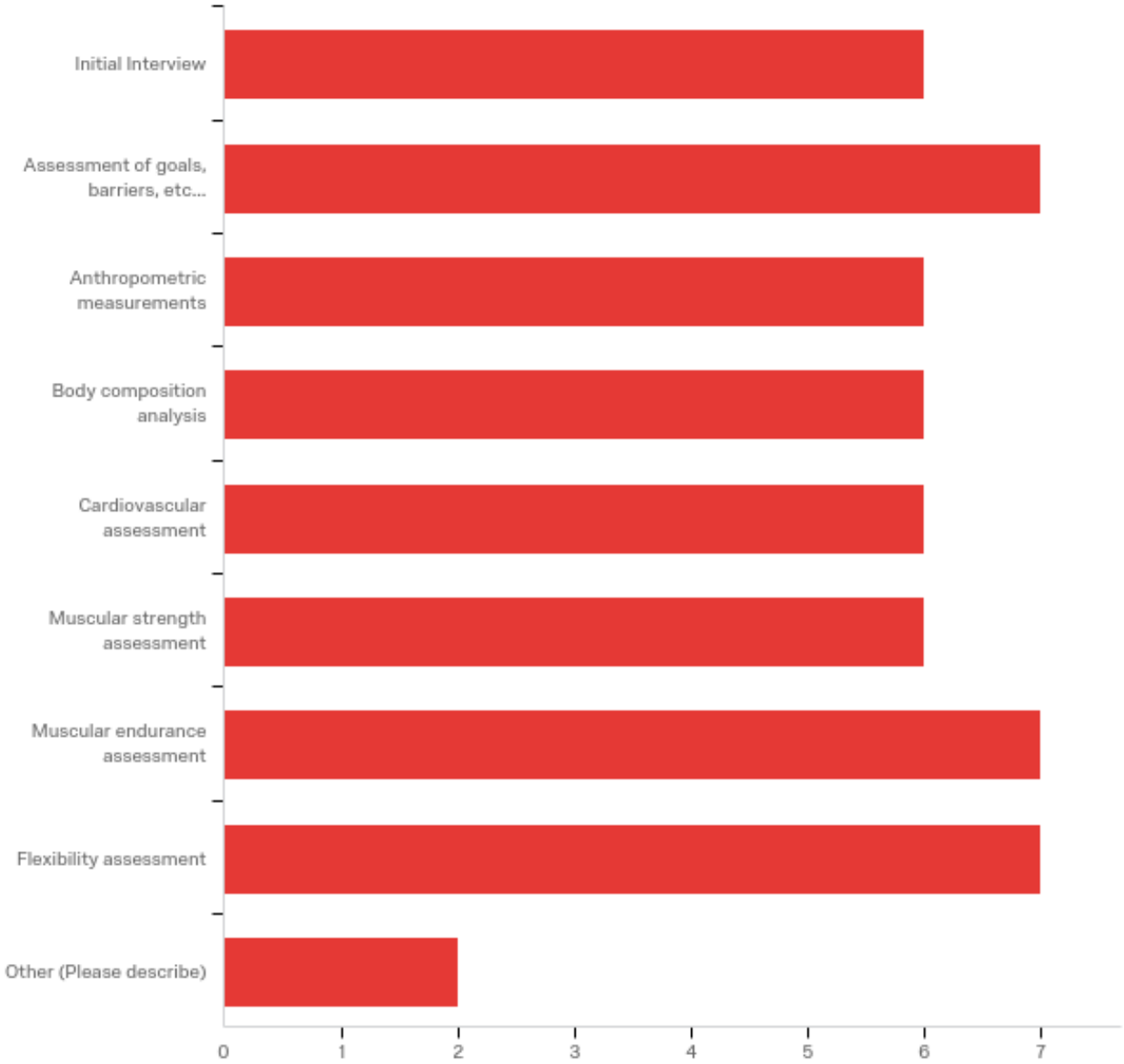
#	Answer	%	Count
1	Yes	62.5%	5
2	No	25%	2

25 - Is there a fee associated with assessment?



#	Answer	%	Count
1	Yes	0.00%	0
2	No	100.00%	7
	Total	100%	7

26 - Please select all of the assessment options provided for a client



#	Answer	%	Count
1	Initial Interview	75%	6
2	Assessment of goals, barriers, etc...	87.5%	7
3	Anthropometric measurements	75%	6
4	Body composition analysis	75%	6
5	Cardiovascular assessment	75%	6
6	Muscular strength assessment	75%	6
7	Muscular endurance assessment	87.5%	7
8	Flexibility assessment	87.5%	7
9	Other (Please describe)	25%	2

Other

Other (Please describe) – Text
Balance
Lifestyle habits

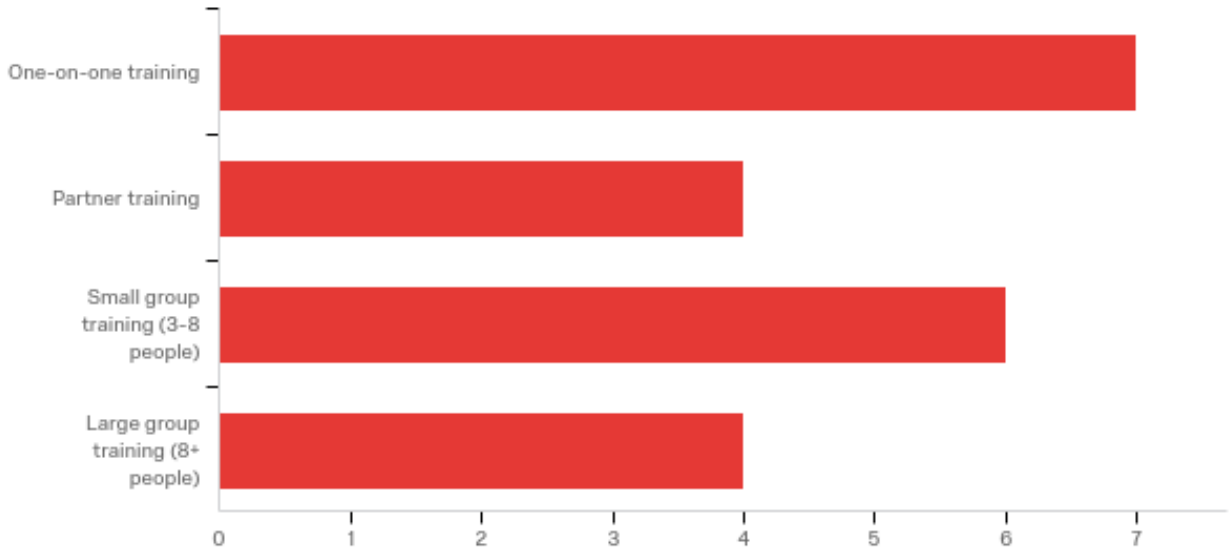
27 - What are some typical goals expressed from those that participate in your EIMOC program? (Please slide each based on the estimated percentage that a goal gets expressed)

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Weight loss	20.00	88.00	65.00	21.27	452.29	7
2	Weight gain	11.00	11.00	11.00	0.00	0.00	1
3	Bone health	16.00	54.00	35.50	15.53	241.25	4
4	Improved mood	5.00	84.00	42.57	29.16	850.24	7
5	Increased energy	7.00	73.00	47.83	23.55	554.81	6
6	Increased cardiovascular fitness	30.00	85.00	60.50	21.55	464.25	6
7	Increased muscular strength	10.00	66.00	43.83	19.93	397.14	6
8	General or specific behavioral changes	5.00	100.00	55.29	30.01	900.49	7
9	Improved confidence/self-efficacy for physical activity	30.00	77.00	45.60	17.18	295.04	5
10	Increased knowledge regarding exercise equipment	10.00	89.00	43.67	27.88	777.56	6
11	Other	0.00	0.00	0.00	0.00	0.00	1

Other

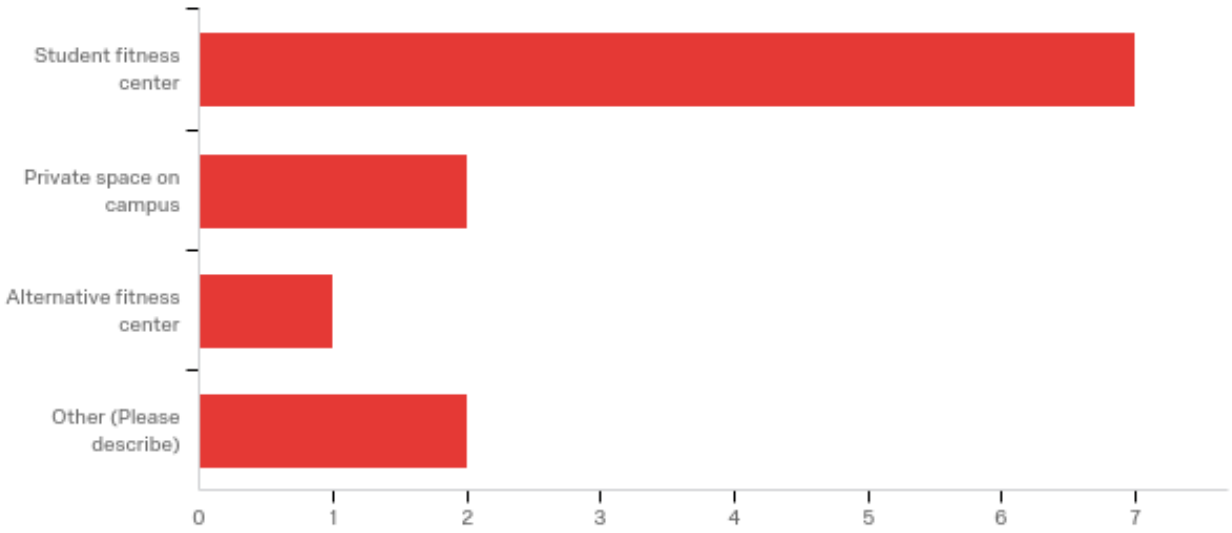
Other - Text

28 - Which training options can client's receive in the program (Select all that apply)



#	Answer	%	Count
1	One-on-one training	87.5%	7
2	Partner training	50%	4
3	Small group training (3-8 people)	75%	6
4	Large group training (8+ people)	50%	4
	Total	100%	21

29 - Where are EIMOC training sessions held? (Select all that apply)

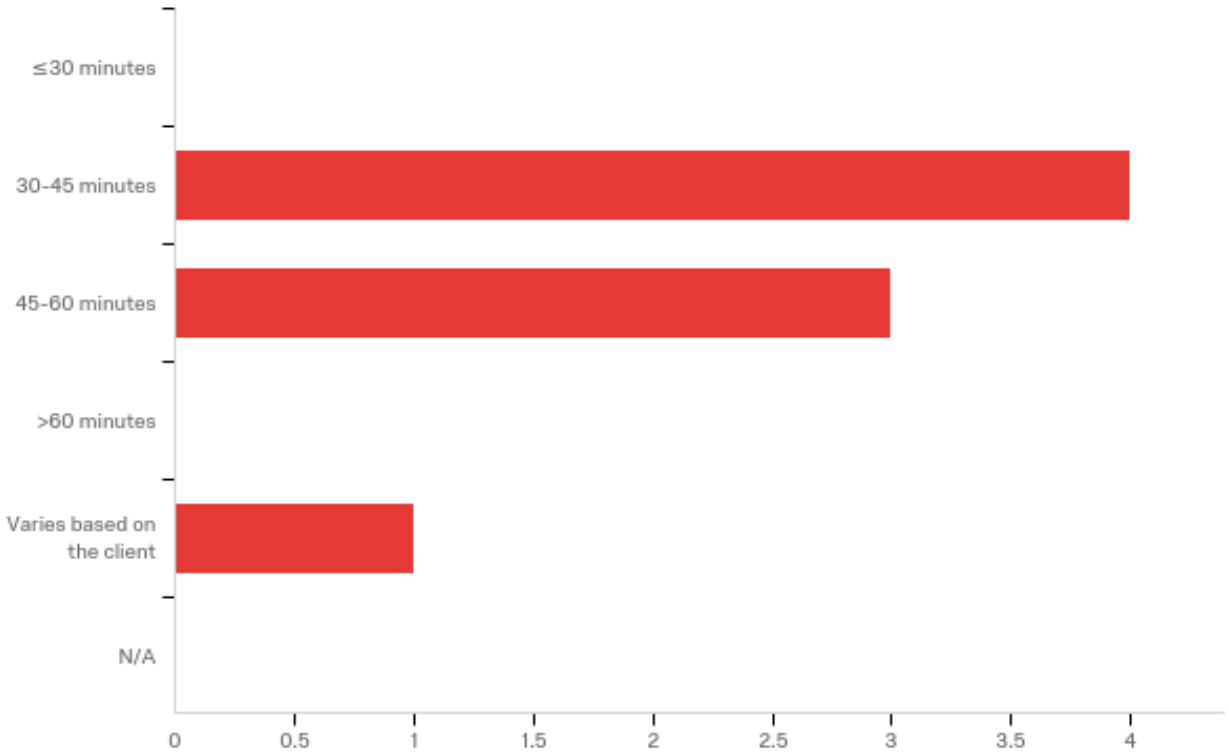


#	Answer	%	Count
1	Student fitness center	87.5%	7
2	Private space on campus	25%	2
3	Alternative fitness center	12.5%	1
4	Other (Please describe)	25%	2
	Total	100%	12

Other

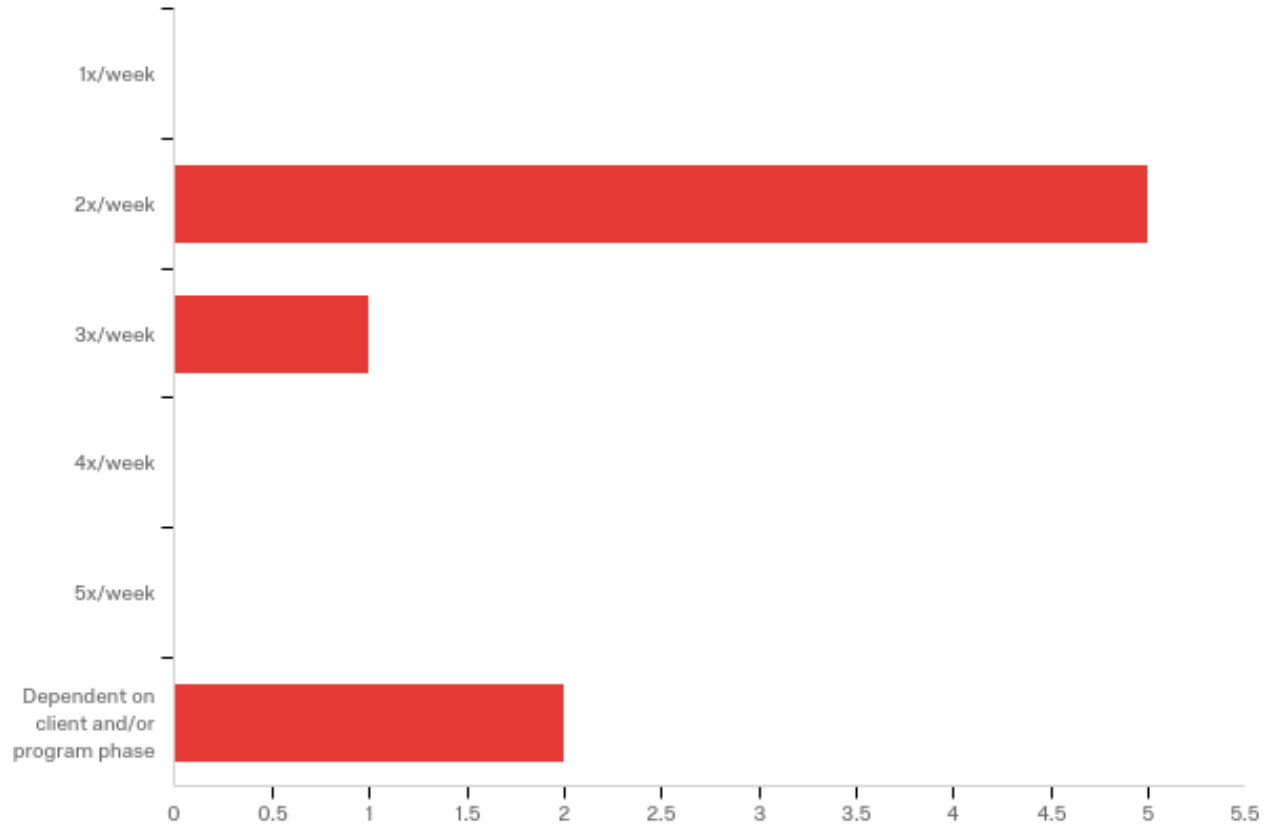
Other (Please describe) – Text
Employee Wellness Center; Green spaces on campus
Training clinical exercise physiology clinic

30 - How long is a typical structured exercise session for clients participating in your program?



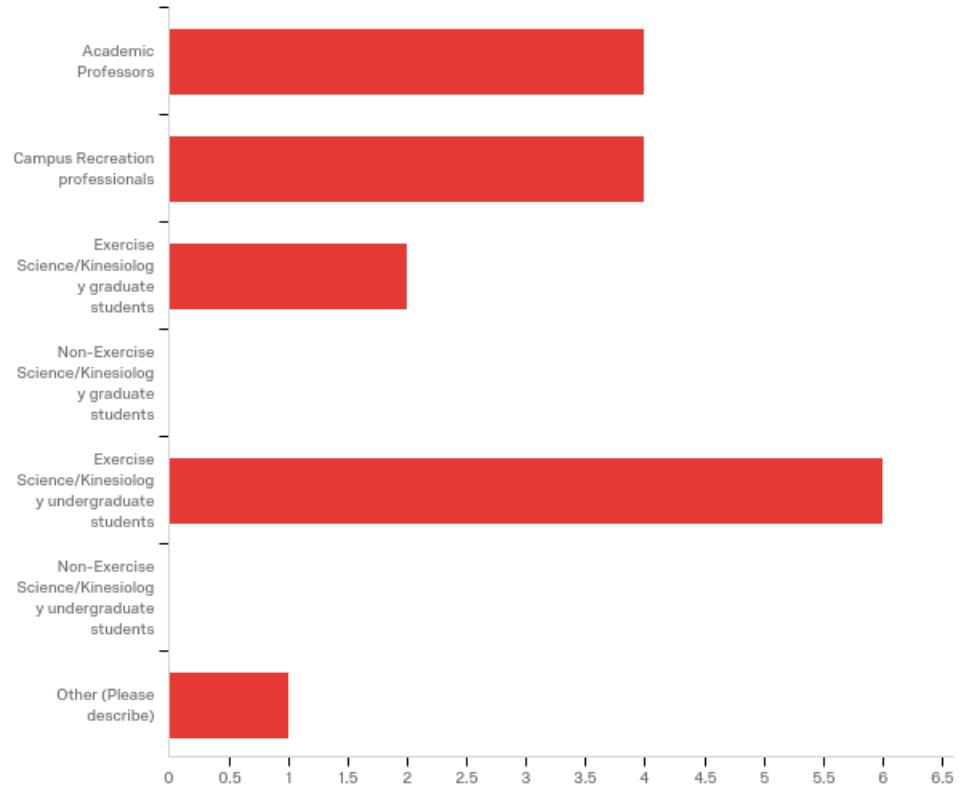
#	Answer	%	Count
1	≤30 minutes	0.00%	0
2	30-45 minutes	50.00%	4
3	45-60 minutes	37.50%	3
4	>60 minutes	0.00%	0
5	Varies based on the client	12.50%	1
6	N/A	0.00%	0
	Total	100%	8

31 - How many times a week does the typical client exercise within your program?



#	Answer	%	Count
1	1x/week	0.00%	0
2	2x/week	62.50%	5
3	3x/week	12.50%	1
4	4x/week	0.00%	0
5	5x/week	0.00%	0
6	Dependent on client and/or program phase	25.00%	2
	Total	100%	8

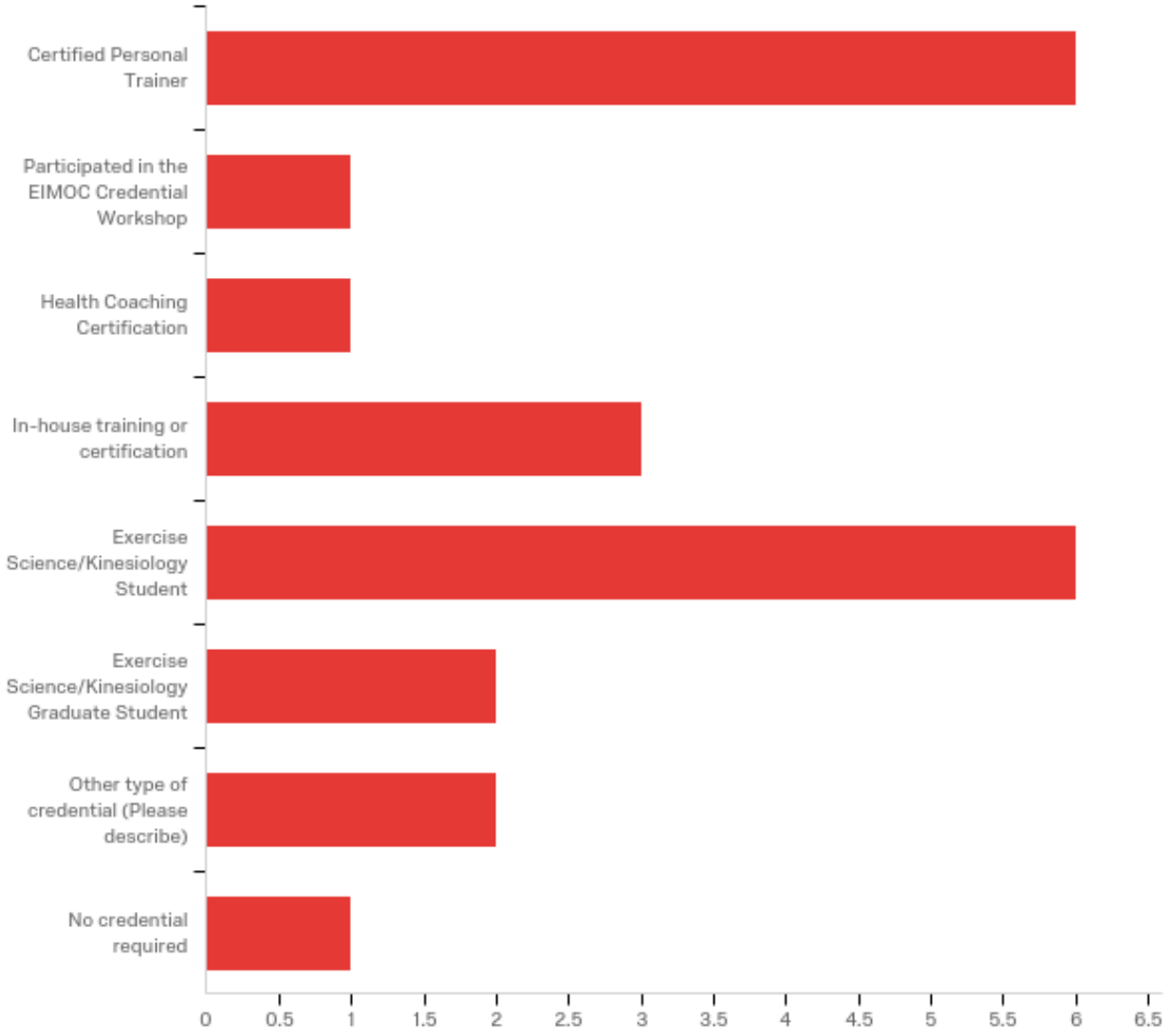
33 - Who is interacting with clientele/leading exercise sessions? (Select all that apply)



#	Answer	%	Count
1	Academic Professors	50%	4
2	Campus Recreation professionals	50%	4
3	Exercise Science/Kinesiology graduate students	25%	2
4	Non-Exercise Science/Kinesiology graduate students	0%	0
5	Exercise Science/Kinesiology undergraduate students	75%	6
6	Non-Exercise Science/Kinesiology undergraduate students	0%	0
7	Other (Please describe)	12.5%	1
	Total	100%	17

Other (Please describe) – Text
Physical Therapist, Psychologist

34 - What are the credentials of those interacting with EIMOC clients and leading exercise sessions?

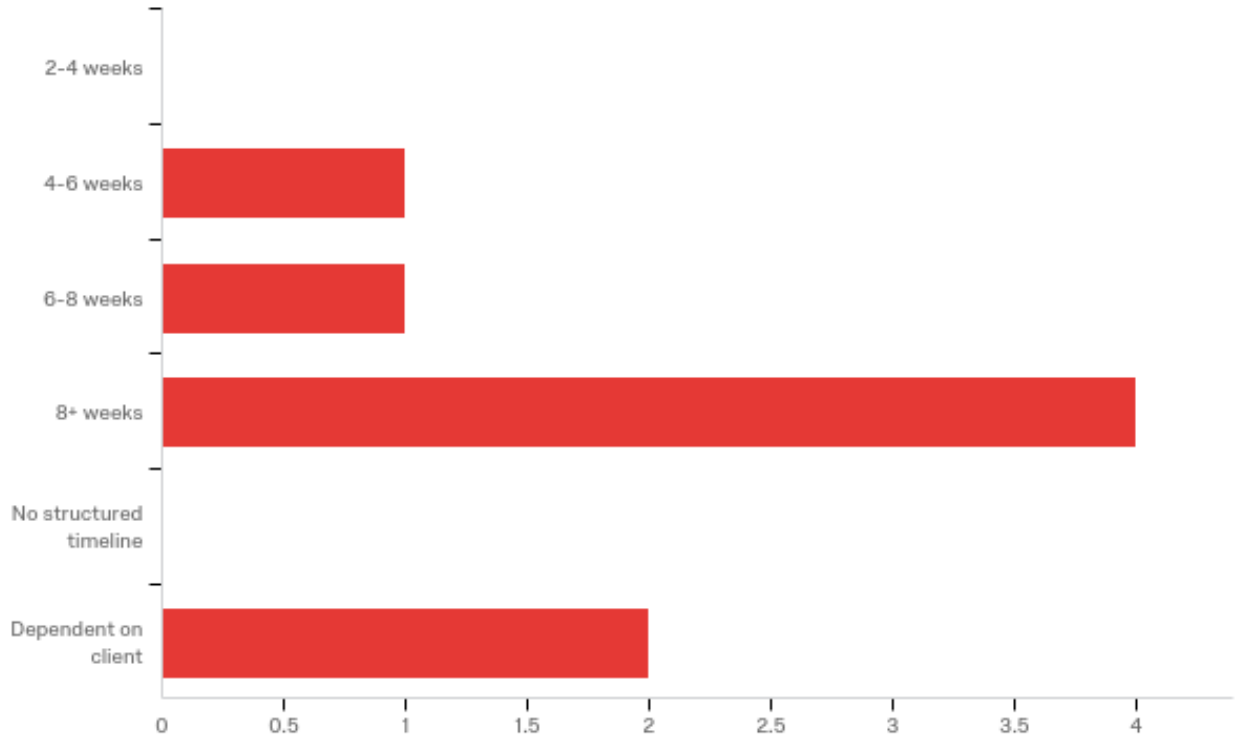


#	Answer	%	Count
1	Certified Personal Trainer	75%	6
2	Participated in the EIMOC Credential Workshop	12.5%	1
3	Health Coaching Certification	12.5%	1
4	In-house training or certification	37.5%	3
5	Exercise Science/Kinesiology Student	75%	6
6	Exercise Science/Kinesiology Graduate Student	25%	2
7	Other type of credential (Please describe)	25%	2
8	No credential required	12.5%	1

Other type of credential

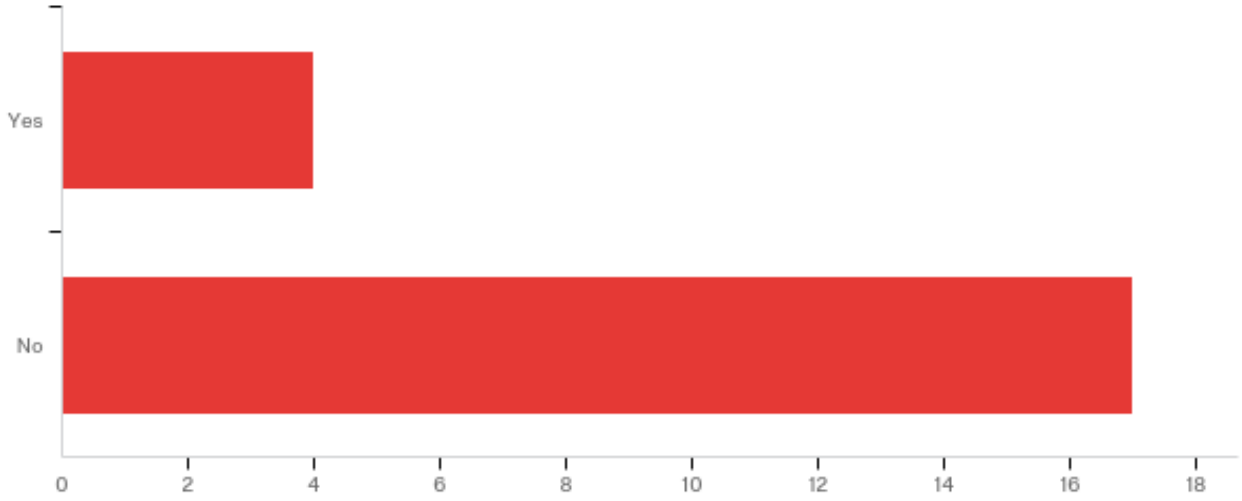
Other type of credential (Please describe) - Text
Clinical Exercise Physiologist graduates
Physical Therapist

32 - How long does the total intervention or program last?



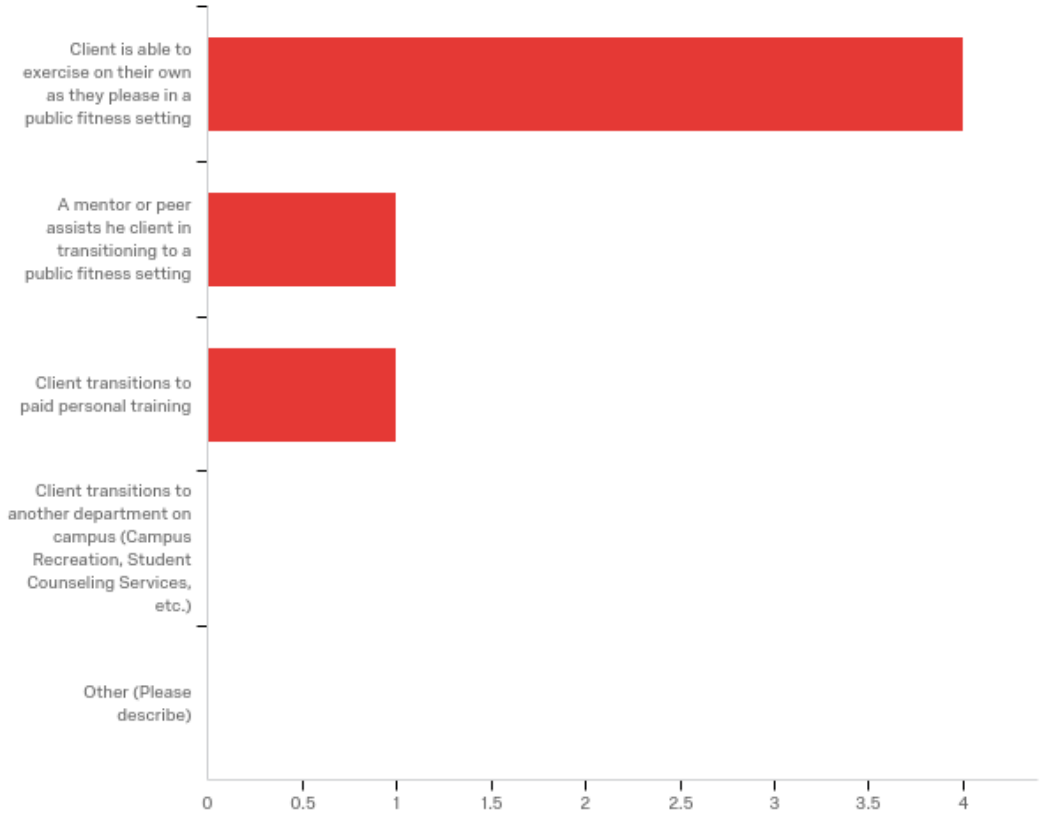
#	Answer	%	Count
1	2-4 weeks	0.00%	0
2	4-6 weeks	12.50%	1
3	6-8 weeks	12.50%	1
4	8+ weeks	50.00%	4
5	No structured timeline	0.00%	0
6	Dependent on client	25.00%	2
	Total	100%	8

35 - Does your university's EIMOC program have a transition process into an independent and/or public exercise setting once a student completes the intervention?



#	Answer	%	Count
1	Yes	16.7%	4
2	No	70.8%	17
	Total	100%	21

36 - Which of the following options best represents your transition process? (Select all that apply)

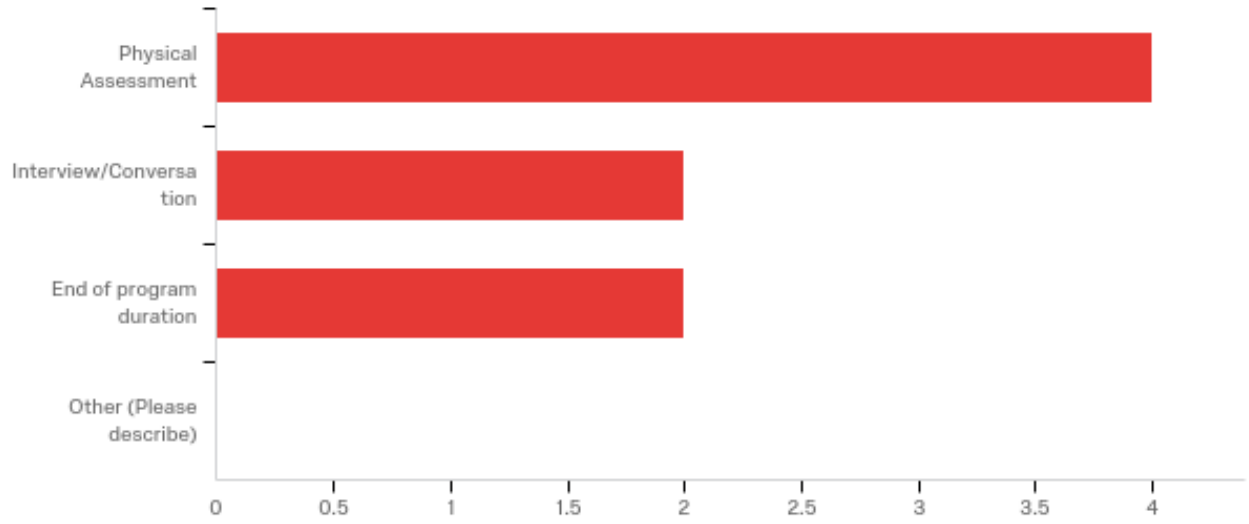


#	Answer	%	Count
1	Client is able to exercise on their own as they please in a public fitness setting	100%	4
2	A mentor or peer assists he client in transitioning to a public fitness setting	25%	1
3	Client transitions to paid personal training	25%	1
4	Client transitions to another department on campus (Campus Recreation, Student Counseling Services, etc.)	0.00%	0
5	Other (Please describe)	0.00%	0

Other

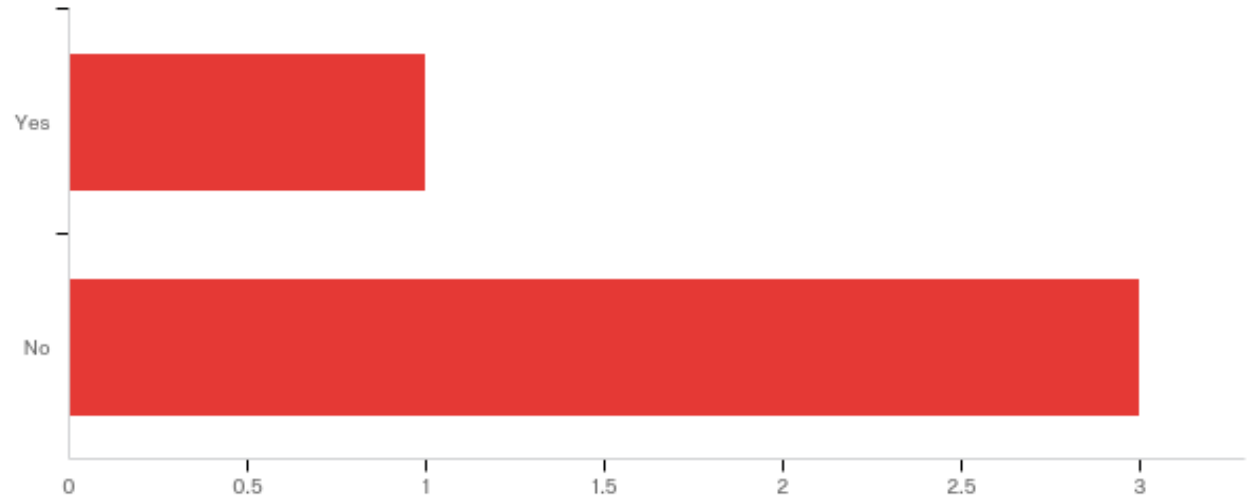
Other (Please describe) - Text

37 - How do you deem a client is ready for transition? (Select all that apply)



#	Answer	%	Count
1	Physical Assessment	100%	4
2	Interview/Conversation	50%	2
3	End of program duration	50%	2
4	Other (Please describe)	0.00%	0

38 - Is there a follow-up process after a client transitions from the program?

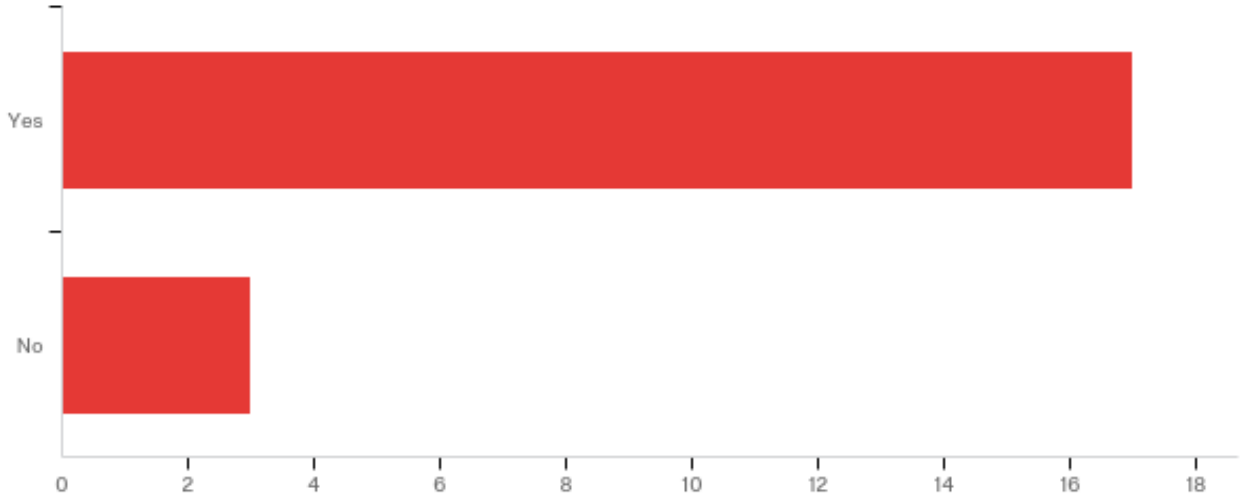


#	Answer	%	Count
1	Yes	25.00%	1
2	No	75.00%	3
	Total	100%	4

39 - If yes, please explain the follow-up process

If yes, please explain the follow-up process
Email follow-up, re-assessment if required

40 - Do you feel that having an EIMOC provides opportunities for students that they did not have prior to introducing the program to campus?

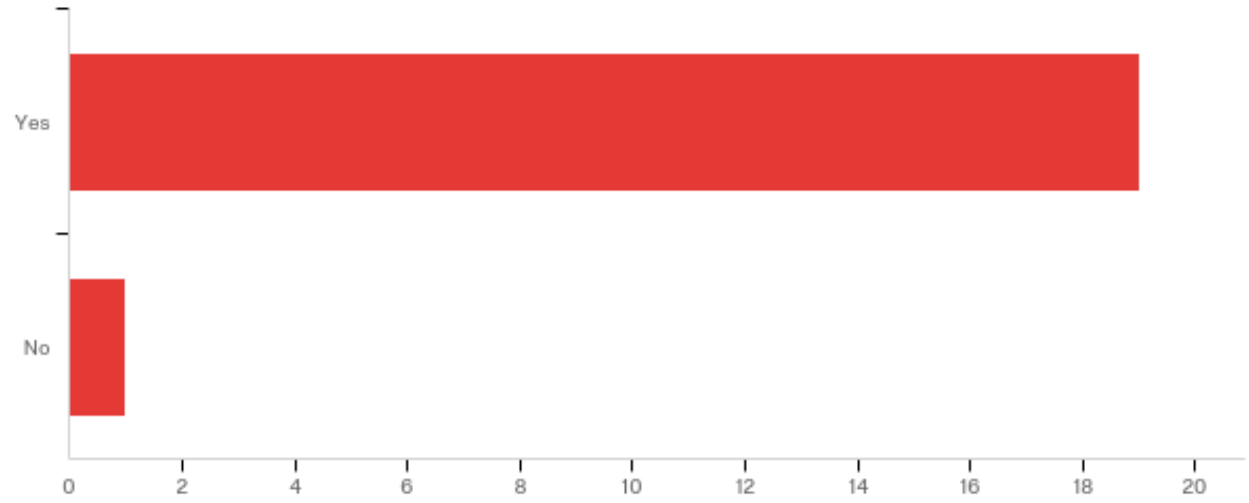


#	Answer	%	Count
1	Yes	70.8%	17
2	No	12.5%	3
	Total	100%	20

41 - Please explain your answer for the previous question

Please explain your answer for the previous question
EIMOC on campus partners with existing programs to enhance them and includes additional special events a
Free personal trainer if they are referred by the campus health center. Physical activity education and special events (i.e. canoe battleship).
EIMOC provides tools to the students in order to have a chance to develop their health
Right now, we are specifically targeting weight training in women
Hands on work experience for interns. Clients also have access to individualised exercise prescriptions
Through special events that students may not have thought of as activity before, and through knowing that the university supports their activity and a healthy lifestyle
we are currently working on this!
I feel that students are getting connected to fitness in a way they might not have before
We are focusing on community outreach and group inerventions at this point
The relationship of senior juniors has increased.
Many students do not have access to resources and education for structured exercise. Many come to us for that structure and knowledge of exercising.
Students are able to apply their knowledge and learn how to build rapport with community members as clients.
good experience for kines students to work on wellness with their fellow students, for the general population of students they get consistent messaging from us about the health benefits of exercise and encouragement for participation
Personal training sessions are $$$ otherwise. this initiative is free
We had many of these interventions in place except the referral process. What we did was package what we were already doing into the EIM program.
Reduced Fitness Center fee, knowledge of Fitness Center facilities, knowledge of the available support and resources.

42 - Do you feel that having an EIMOC program improves relationships among departments on campus?

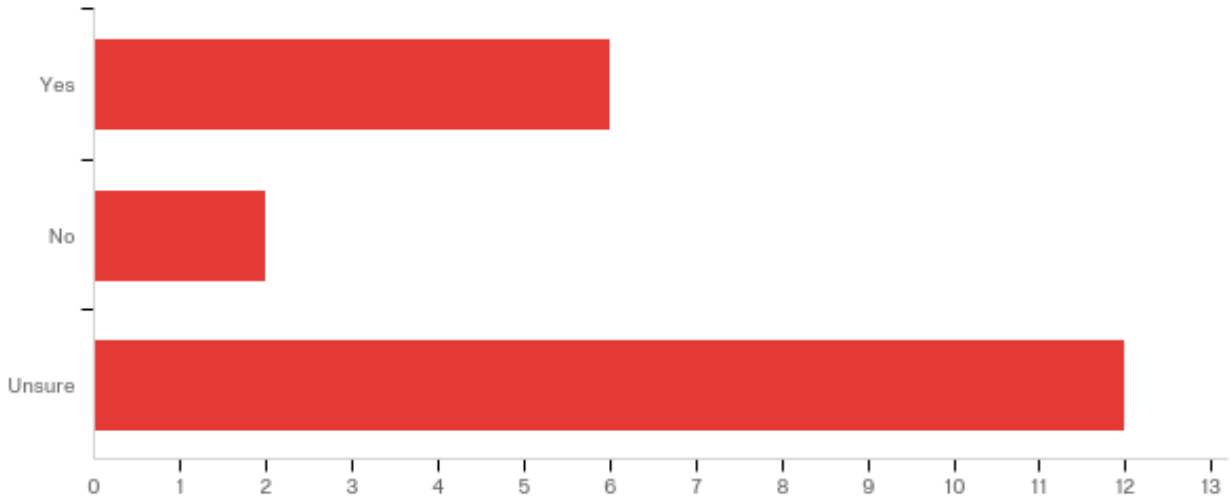


#	Answer	%	Count
1	Yes	79.2%	19
2	No	4.2%	1
	Total	100%	20

43 - Please explain your answer for the previous question

Please explain your answer for the previous question
New relationships between healthcare professionals and fitness professionals on campus.
Campus Recreation now has a relationship with the Kinesiology department, on campus health center, psychology department, counseling center, and the student wellness resource center. They have a better understanding of the services we (campus rec) offers and how to get students here.
Students and professors need to speak each other.
Referrals and collaboration on exercise prescriptions
Not yet, but that is our hope for the future
Previously, there had not been a strong relationship between the Health Center and the Exercise Science department; it was not negative, just not strong. Now there is a stronger relationship through the Leadership Team
we hope to join forces with the counseling center/health center
I work more closely with counselors now
We are collaborating with nursing, education, student health, and the wellness/recreation center currently
we have a friend from another school.
There is now great communication between departments by monthly meetings.
In order to utilize resources properly, a strong partnership with other departments, entities on campus is necessary.
we have continued to expand our partnerships with like minded entities focused on wellness which improves our capacity and programming
student life and academic affairs must work together
We are going to be starting a program with our psychology clinic to offer more mental health interventions in a group setting
We now collaborate with Nursing, Nutrition and Counseling in a much more precise and organized way than might have happened in the past.

44 - Do you feel that your EIMOC program contributes to student retention?

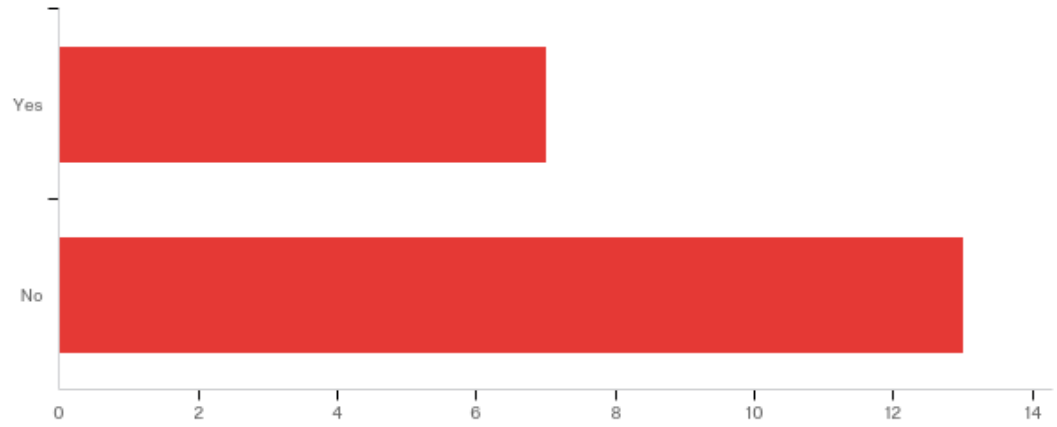


#	Answer	%	Count
1	Yes	25%	6
2	No	8.3%	2
3	Unsure	50%	12
	Total	100%	20

45 - Please explain your answer for the previous question

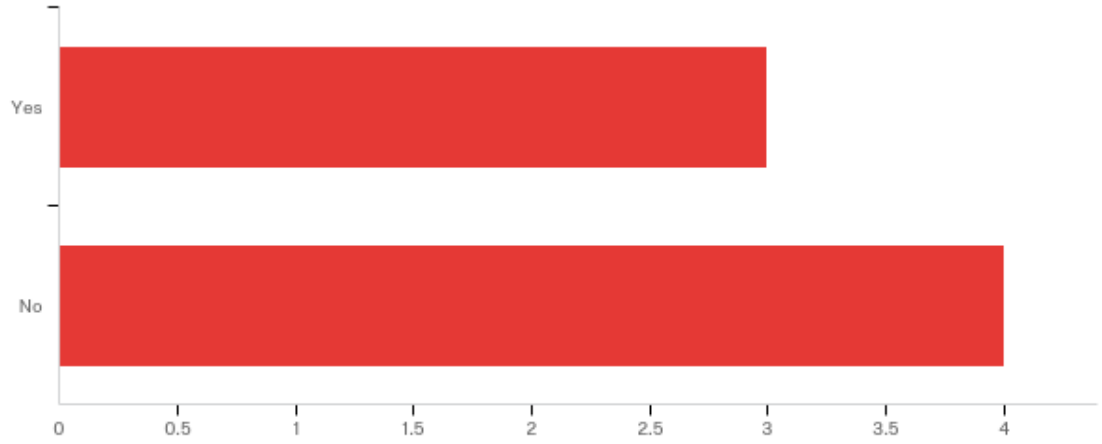
Please explain your answer for the previous question
have not measured
We are a new program that is still not widely known around campus.
I wouldn´t say so. More money would be needed in order to provide students with more and better grants.
As a postgraduate academic training exercise clinic students can work towards accreditations as exercise physiologists. Which is not offered at other institions in the region.
The impact at this point is not large enough
The program is very new
n/a
no data collected on this item
The people who want to go abroad have increased thanks to Eimoc's activity
Students are informed early in their decision to choose the major that they will be working with clients during their senior year.
to hard to measure that
we do not collect such data
We don't have any data to support that statement
Research shows that if a student feels like they are "part" of a campus, they less likely to drop out (McKeachie). Much of the research is related to the benefits of exercise on cognition. (Ratey)

46 - Is there any current data being collected by your university's EIMOC program?



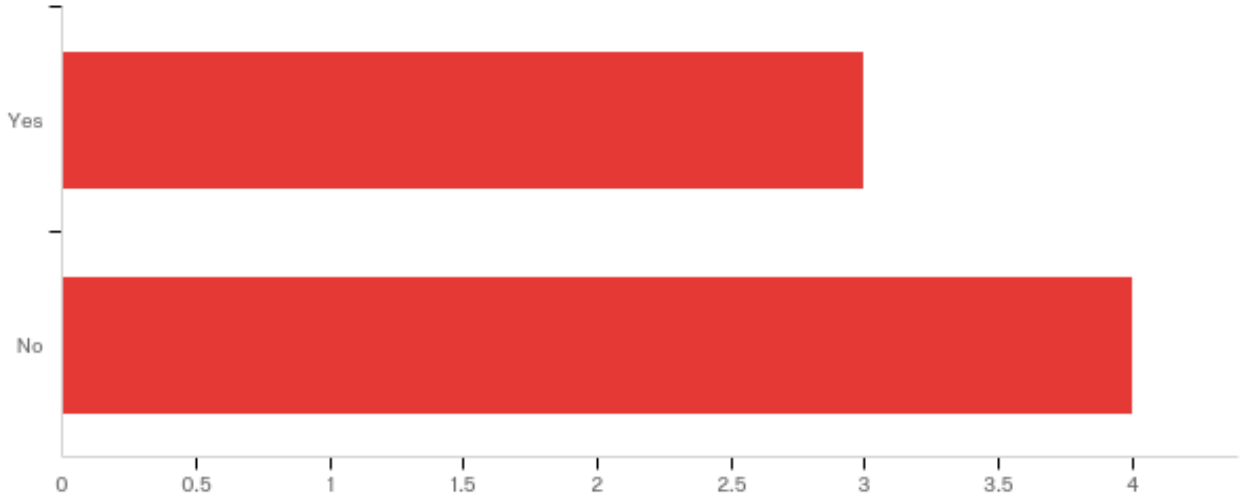
#	Answer	%	Count
1	Yes	29.2%	7
2	No	54.2%	13

47 - If yes, do you currently have any follow-up data on physical activity adherence for those who have participated in EIMOC?



#	Answer	%	Count
1	Yes	42.86%	3
2	No	57.14%	4
	Total	100%	7

48 - Do you have any follow-up data from those who have participated in your program and have graduated the university?



#	Answer	%	Count
1	Yes	42.86%	3
2	No	57.14%	4
	Total	100%	7

49 - Please indicate the University you are associated with only if you are open to receiving follow-up questions and future program networking (optional)