

Cooperative exercise works

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Everyone knows we can improve our health with exercise.

But what type of exercise is best? What type of exercise program will help us make exercise part of our regular routine? Is exercising solo better than exercising with a group? Do you get better exercise results in a competitive or a cooperative exercise environment? How can we test possible answers to each of these questions and scientifically measure the results to determine the correct answer?

How can doctors, with confidence, prescribe exercise instead of drugs?

In January 2015, doctors and other health care professionals in Hilo set out to discover the answers to these questions.

Fifty doctors and their staff from the East Hawaii Independent Physicians Association exercised together to better understand how to develop the right program for themselves, as well as their patients.

They came to the conclusion that exercising together, in small classes, produced better results than exercising solo. In fact, several tests concluded the health results produced by exercising in small classes was at least *double* the result of exercising solo. And more fun!

Many of the doctors and their staff enjoyed competitive exercise. But competition often led to injuries. The doctors wanted to prescribe exercise, but didn't want the exercise to result in injuries. In the end, they concluded that a "cooperative exercise environment" could produce the same results as a "competitive exercise environment," with a much lower rate of injuries.

The next big question to answer was to discover what cooperative exercise curriculum would produce the best health results for participants' investment of time, energy and money. They experimented with different combinations of warm-ups, cool-downs, strength training and endurance training. High-intensity interval training and lower-intensity training, such as yoga and medical qigong. Different strength- and endurance-building tools, such as dumbbells, kettle bells, medicine balls, pull-up bars, rope climbing, barbells, running, rowing and jump-roping. They experimented with the length and frequency of classes.

The end result of all this experimentation was the development of a three-time per week, 50 minutes each session, CORE training program, which focuses on developing strength, endurance and mobility, supplemented by medical qigong, dance and yoga classes on non-CORE training class days.

But questions remained: How to double-check that this cooperative exercise program produced evidence-based, medically relevant results? And how to gather data to continually improve the program?

The doctors and health care professionals decided to offer a series of ongoing medical studies of cooperative exercise.

The medical studies are offered three times per year, for 12 weeks, with the goal for participants to complete 36 sessions.

Each medical study of cooperative exercise requires the participants to take a 30-minute beginning assessment, which measures 45 different metrics, to determine reasonable health improvement goals. At the end of the study, each participant takes a second assessment to determine how much they have improved.

The results have been amazing!

The first study resulted in 74 percent of the participants completing the 36 cooperative exercise class sessions. On average, participants became eight years younger ("true body age"). The second study concluded that participants who completed an average of three classes per week, *doubled* the results of people who completed an average of two classes per week. The third study identified the two key reasons results might vary between 5 percent and 76 percent. The first was the baseline level of fitness. The second was personal intensity, or how intensely did the person exercise during the class.

The cooperative exercise center is operated on a not-for-profit basis, and many doctors and other health care professionals donate time to help continue the medical studies at the lowest cost possible to participants.

Doctors who have referred participants to the cooperative exercise center have been astounded by the improvements in their patients' health. Many of the medical study participants, excited about the improvement in their health, continue with the cooperative exercise routine after they complete the study.

Doctors now have the confidence to prescribe cooperative exercise, instead of drugs, to help solve many patients' health challenges. If you are interested in being part of the next medical study of cooperative exercise, please ask your doctor for a referral.

Once the cooperative exercise center model is perfected, the vision is to invite groups of doctors to Hilo to learn how to set up physician-supported cooperative exercise centers in communities throughout the U.S.

Griffith Frost serves as volunteer CEO at Hilo Health Cooperative, the first not-for-profit, member-owned, cooperative exercise center in the United States.

This column was prepared by Community First, a nonprofit organization led by KTA's Barry Taniguchi and supported by a volunteer board of local community leaders. Community First was established in 2014 to help the community respond to the health care cost crisis and support initiatives that change health care from just treating disease to caring for health. To learn more about Community First, visit CommunityFirstHawaii.org.