INTERNATIONAL JOURNAL OF MULTIDISCIPLINARY RESEARCH AND ANALYSIS

ISSN(print): 2643-9840, ISSN(online): 2643-9875

Volume 09 Issue 09 September 2026

DOI: 10.47191/ijmra/v9-i9-32, Impact Factor: 8.685

Page No. 5847-5875

Implementation and Assessment of the Fitness Program and Health Initiatives of the City of Calamba: Basis for Standardized Fitness and Health Program

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ABSTRACT: This study assessed the implementation of the fitness program and health initiatives of the City Government of Calamba as basis for a standardized fitness and health program. It was undertaken to determine the level of implementation of fitness awareness programs, the extent of assessment of health initiatives, the differences in these assessments when grouped according to demographic variables, and the relationship between fitness program implementation and health initiatives. The respondents of the respondents were 376 employees of the City Government of Calamba. Findings revealed that the City Government's fitness awareness programs were generally implemented to a moderate extent, with an overall mean of 2.68, while health initiatives were assessed to a slight extent, with an overall mean of 2.43. Inferential analysis showed that there were generally no significant differences in the level of implementation of fitness awareness programs and in the extent of assessment of health initiatives when respondents were grouped according to demographic profile variables, as most computed p-values were greater than .05. In contrast, significant positive relationships were found between the dimensions of fitness program implementation and health initiatives. Specifically, all correlation coefficients were statistically significant at $p < .001$, with the overall relationship between fitness program implementation and health initiatives showing a strong positive correlation ($r = .738$, $p < .001$). The study concluded that the City Government of Calamba has an existing wellness framework, but the implementation of fitness and health initiatives remains uneven and requires standardization and strengthening. It is therefore recommended that the City Government adopt a standardized fitness and health program to address weaknesses in equipment, screening accessibility, program dissemination, and institutional support mechanisms.

KEYWORDS: fitness program, health initiatives, implementation, local government, standardized wellness program

I. INTRODUCTION

Physical fitness and health promotion are essential components of community development and public health, particularly in urban areas where sedentary lifestyles and lifestyle-related illnesses have become increasingly prevalent. Local government units (LGUs) play a crucial role in addressing these concerns by implementing community-based programs that encourage regular physical activity, promote healthy habits, and increase public awareness of preventive health practices. These initiatives often include community exercise sessions, wellness campaigns, health education programs, and the provision of recreational facilities designed to support active living among residents.

Community health awareness programs are crucial in improving public health outcomes by educating and empowering individuals to make informed health decisions. These kind of programs are structured initiatives designed to inform, educate, and empower individuals and communities about health issues, promoting healthier lifestyles and preventive behaviors. These programs are fundamental to public health strategies worldwide, addressing various health concerns, from communicable diseases to chronic conditions and mental health (World Health Organization, 2020).

At the local level, Calamba City has been recognized as a Top Performing LGU in Health Programs, highlighting the city government's commitment to wellness. Yet, there remains a lack of empirical evidence assessing the effectiveness and responsiveness of specific programs such as the Fitness and Health Awareness Program implemented for permanent employees. While the program has been established to encourage healthier lifestyles and improve productivity, there is limited research examining the level of participation and engagement of employees in the program's fitness activities and health awareness initiatives, the perceived effectiveness of the program in improving employees' physical well-being, morale, and work productivity, the program's responsiveness to demographic differences, such as age, sex, and length of service, which may influence

participation and outcomes and the alignment of program activities with employees' diverse health needs, considering that workplace populations are heterogeneous in terms of health conditions, motivation, and readiness to change. This gap is significant because without systematic evaluation, it is unclear whether the current initiatives are meeting their intended objectives or merely serving as symbolic measures. Moreover, there is little evidence on how such programs can be enhanced to be more inclusive, comprehensive, and sustainable in addressing the long-term wellness needs of government employees.

Thus, this study seeks to address these gaps by conducting a systematic and quantitative assessment of the Fitness and Health Awareness Program of the City Government of Calamba, focusing on its implementation, employee participation, perceived effectiveness, and differences in outcomes across demographic groups. Findings from this study are expected to contribute to the limited body of knowledge on local government-driven wellness programs and provide evidence-based recommendations for strengthening workplace health initiatives in the public sector.

Research Question

This study aims to determine the level of assessment and implementation of the Fitness Program and Health Initiatives of the City Government of Calamba permanent employees by focusing on two major areas: (1) fitness activities and services and (2) health awareness initiatives.

Specifically, this study seeks to answer the following research questions:

1. What is the socio - demographic profile of the respondents in terms of:
   - 1.1 Age;
   - 1.2 Sex;
   - 1.3 Civil Status;
   - 1.4 Length of Service in the City Government; and
   - 1.5 Body Mass Index?
2. What is the level of implementation of the fitness awareness programs of the City Government of Calamba in terms of:
   - 2.1 Availability and variety of fitness activities;
   - 2.2 Accessibility and adequacy of fitness facilities;
   - 2.3 Availability and functionality of fitness equipment; and
   - 2.4 Time allocation and scheduling of fitness activities?
3. What is the extent of the assessment of the respondents on the implementation of the health initiatives of the City Government of Calamba in terms of:
   - 3.1 Availability and diversity of health seminars and activities;
   - 3.2 Accessibility of medical check-ups and screenings;
   - 3.3 Program dissemination; and
   - 3.4 Support mechanism?
4. Is there a significant difference on the level of implementation of the fitness awareness programs of the City Government of Calamba when grouped according to demographic profile variables?
5. Is there a significant difference on the extent of the assessment of the respondents on the implementation of health initiatives of the City Government of Calamba when grouped according to demographic profile variables?
6. Is there a significant relationship on the level of implementation the fitness awareness program and the extent of the assessment of the respondents on the implementation of health initiatives of the City Government?
7. Based on the findings, what enhanced fitness and health program may be proposed?

II. SCOPE AND LIMITATION OF THE STUDY

This study focused on the implementation of the fitness program and health initiatives of the City Government of Calamba and their assessment by the employees, as basis for a standardized fitness and health program. Specifically, the study covered two major variables: the level of implementation of the fitness awareness programs and the extent of the assessment of the health initiatives of the City Government. The fitness awareness programs were examined in terms of availability and variety of fitness activities, accessibility and adequacy of fitness facilities, availability and functionality of fitness equipment, and time allocation and scheduling of fitness activities. The health initiatives were assessed in terms of availability and diversity of health seminars and activities, accessibility of medical check-ups and screenings, program dissemination, and support mechanism.

The respondents of the study were limited to 376 employees of the City Government of Calamba. The study considered their socio-demographic profile in terms of age, sex, civil status, length of service, and body mass index. These variables were included

to determine whether significant differences existed in the assessment of the fitness programs and health initiatives when respondents were grouped accordingly.

The study was confined to the employees' assessment of the existing fitness and health-related programs being implemented within the City Government of Calamba during the period covered by the study. It did not include wellness programs conducted by private institutions, external organizations, or other local government units. Likewise, the study did not cover clinical evaluation, medical diagnosis, or objective physiological testing of the respondents, as it focused only on their perceptions and assessments of program implementation.

The study was also limited by its use of a descriptive-correlational research design and survey questionnaire as the main data-gathering instrument. Since the data were self-reported, the responses may have been affected by personal bias, memory limitations, or differences in individual interpretation of the questionnaire items. In addition, the study did not include other possible factors such as organizational culture, job demands, motivation, lifestyle practices, or psychological variables that may also influence employee participation in fitness and health initiatives.

Despite these limitations, the study provides a focused assessment of the present condition of the fitness program and health initiatives of the City Government of Calamba and offers a useful basis for the development of a more standardized and responsive fitness and health program for its employees.

FRAMEWORK

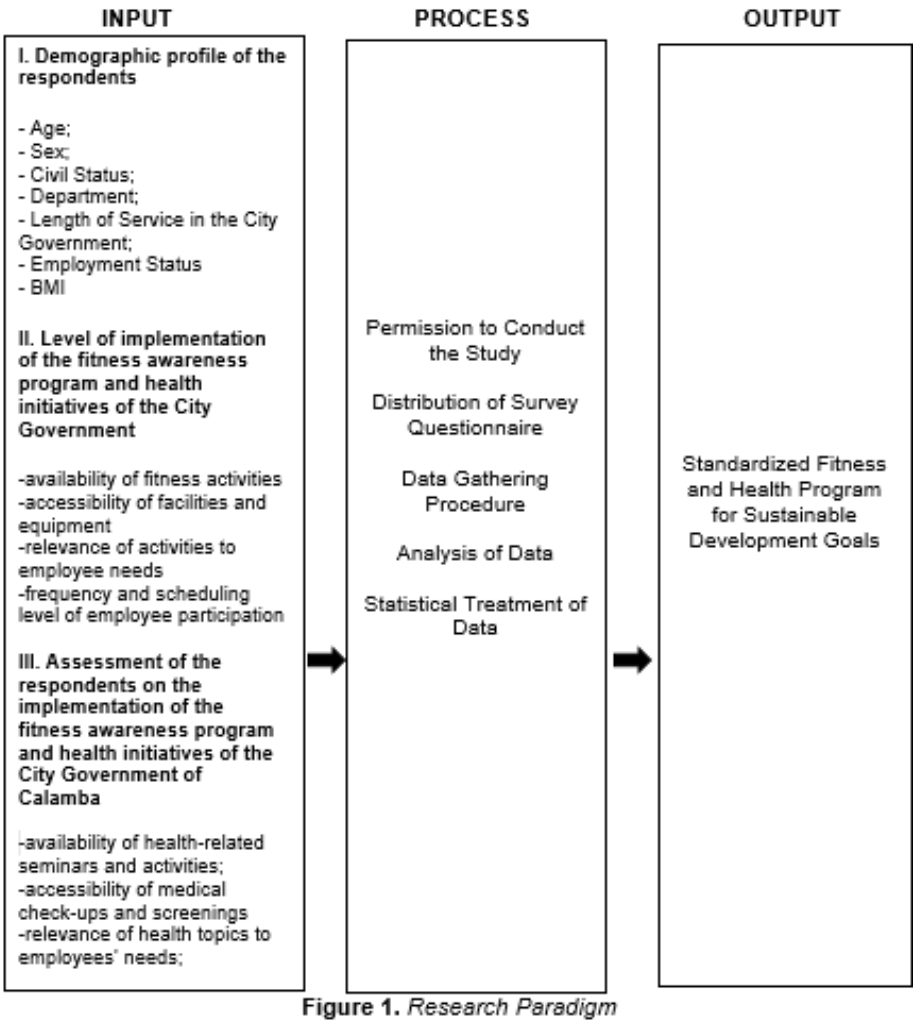


Figure 1. *Research Paradigm*

The input stage covers three major elements that serve as the foundation of the study. First, it considers the demographic profile of respondents, which includes age, sex, civil status, department, length of service in the City Government, employment status and BMI. These variables help in analyzing whether perceptions and participation differ across diverse groups of employees. Second, the input includes the level of implementation of the fitness awareness program and health initiatives, measured through the availability of fitness activities, accessibility of facilities and equipment, relevance of activities to employee needs, frequency

and scheduling, and employee participation. Lastly, the input also comprises the respondents' assessment of the program's implementation, particularly in terms of health-related seminars and activities, accessibility of medical check-ups and screenings, and relevance of health topics to employees' needs.

The process stage involves a structured sequence of steps that ensure accuracy and validity of findings. These include: (1) securing permission to conduct the study from the City Government of Calamba and concerned offices; (2) distributing survey questionnaires to identified respondents while upholding confidentiality and voluntary participation; (3) gathering the data by collecting and validating the accomplished questionnaires, followed by organizing, sorting, and tabulating responses; (4) analyzing the data using both descriptive and inferential statistics to address the research objectives; and (5) applying statistical treatments such as frequency and percentage distribution for the demographic profile, weighted mean to determine levels of implementation and assessments, and inferential tests such as the t-test and ANOVA to identify significant differences in responses when grouped according to demographic characteristics.

The final stage of the framework is the formulation of an Standardized Fitness and Health Program tailored to the needs of the permanent employees of the City Government of Calamba. This output aims to strengthen employee wellness, enhance workplace productivity, minimize absenteeism, and foster greater morale among staff. Moreover, it is envisioned to align with the broader Sustainable Development Goals (SDGs), particularly those related to ensuring good health and well-being and promoting sustainable and resilient communities.

In summary, the IPO framework provides a logical structure for this study, enabling the researchers to systematically gather relevant data, analyze findings, and generate evidence-based recommendations that contribute both to organizational effectiveness and to the achievement of global health and development targets.

Research Design

This study employed a descriptive-quantitative research design. This design was considered appropriate because the study sought to describe, measure, and analyze the current implementation of the fitness program and health initiatives of the City Government of Calamba as assessed by its employees. It was particularly suited to the objectives of the study, which involved identifying the socio-demographic profile of the respondents, determining the level of implementation of fitness awareness programs, assessing the extent of health initiatives, testing differences in responses when grouped according to selected profile variables, and examining the relationship between the implementation of fitness programs and the assessment of health initiatives.

The descriptive approach was used because the study aimed to present the existing conditions of the programs as they are perceived by the respondents. Rather than manipulating variables or introducing treatments, the study focused on describing the status of the fitness and health initiatives currently being implemented in the workplace setting. In this way, the design enabled the researchers to obtain a clear and systematic picture of how the programs are being carried out and how they are assessed by employees.

The quantitative aspect of the design allowed the researchers to gather numerical data through a structured survey questionnaire and to subject the responses to statistical treatment. Through this approach, the study was able to generate measurable findings on the implementation of the programs using means, frequencies, percentages, tests of difference, and tests of relationship. These statistical procedures made it possible to present objective and organized evidence regarding the strengths and gaps of the existing fitness and health initiatives.

Descriptive-quantitative research is appropriate for studies that aim to describe patterns, conditions, and relationships among variables in a given population. It does not establish cause-and-effect relationships, but it provides a reliable basis for understanding prevailing circumstances and for developing data-based recommendations. In the context of this study, the design was useful in producing an empirical basis for the proposed standardized fitness and health program for the City Government of Calamba.

Research Instrument

The study used a structured survey questionnaire as the primary data-gathering instrument. This instrument was designed to gather quantitative data needed to assess the implementation of the fitness awareness programs and health initiatives of the City Government of Calamba. The questionnaire was considered appropriate for the study because it allowed the researchers to collect standardized responses from a relatively large number of respondents and to quantify their assessments for statistical analysis.

The questionnaire was composed of three main parts. Part I dealt with the socio-demographic profile of the respondents, specifically their age, sex, civil status, length of service, and body mass index. This part was intended to describe the characteristics

of the respondents and to provide the basis for testing differences in their assessments when grouped according to these profile variables.

Part II focused on the level of implementation of the fitness awareness programs of the City Government of Calamba. This part was divided into four sub-variables: availability and variety of fitness activities, accessibility and adequacy of fitness facilities, availability and functionality of fitness equipment, and time allocation and scheduling of fitness activities. The respondents were asked to indicate their assessment of the implementation of each indicator under these dimensions.

Part III covered the extent of the assessment of the health initiatives of the City Government of Calamba. This part was likewise organized into four sub-variables: availability and diversity of health seminars and activities, accessibility of medical check-ups and screenings, program dissemination, and support mechanism. This section aimed to measure how the respondents assessed the extent to which these health initiatives were being carried out in their workplace.

A four-point Likert scale was used in Parts II and III of the questionnaire. For the level of implementation of the fitness awareness programs, the scale used was: 4 – Fully Implemented, 3 – Moderately Implemented, 2 – Slightly Implemented, and 1 – Not Implemented. The corresponding verbal interpretation was based on the following ranges: 3.25–4.00 = Fully Implemented, 2.50–3.24 = Moderately Implemented, 1.75–2.49 = Slightly Implemented, and 1.00–1.74 = Not Implemented.

For the extent of the assessment of the health initiatives, another four-point scale was used, namely: 4 – Great Extent, 3 – Moderate Extent, 2 – Slight Extent, and 1 – No Extent. The verbal interpretations followed these intervals: 3.25–4.00 = Great Extent, 2.50–3.24 = Moderate Extent, 1.75–2.49 = Slight Extent, and 1.00–1.74 = No Extent.

The use of a four-point scale was appropriate because it enabled the respondents to provide clear and direct assessments without a neutral midpoint, thereby encouraging more definite responses regarding the implementation of the programs and initiatives being studied. Through this instrument, the researcher were able to gather organized and measurable data that served as the basis for the statistical analysis and interpretation of the findings.

Data Gathering

Prior to the conduct of the study, the researcher prepared a formal letter requesting permission to administer the survey questionnaire to the employees of the City Government of Calamba. The letter was addressed to the City Administrator's Office, the City Human Resource Management Office, and the Sports Development Office to seek approval and coordination for the conduct of the study. Securing permission from these offices was necessary to ensure that the data-gathering process was properly authorized and facilitated within the local government setting.

After approval was obtained, the researchers proceeded with the administration of the research instrument to the identified respondents. Data were gathered through Google Forms to provide a convenient and efficient means of collecting responses from employees across different departments. The online format allowed respondents to answer the questionnaire at a convenient time while ensuring faster retrieval and organization of data.

To accommodate respondents who preferred a printed version of the instrument, hard copies of the survey questionnaire were also provided upon request. This was done to ensure greater participation and accessibility, especially for respondents who were more comfortable answering through a tangible copy rather than an online form. The accomplished printed questionnaires were then retrieved by the researcher and consolidated with the responses gathered through Google Forms.

Throughout the data-gathering process, the researcher ensured that the respondents were informed of the purpose of the study and that their participation was voluntary. The collected data were then organized, checked, and prepared for statistical treatment, analysis, and interpretation.

Statistical Treatment

The data gathered in the study were organized, tallied, and analyzed using appropriate statistical tools based on the nature of each variable and the objectives of the study. Both descriptive and inferential statistics were employed to ensure a clear presentation and interpretation of the findings.

Frequency and Percentage.

Frequency and percentage were used to describe the socio-demographic profile of the respondents in terms of age, sex, civil status, length of service, and body mass index. These statistical tools were appropriate for presenting the number of respondents in each category and their corresponding proportion relative to the total sample. Through these measures, the researcher was able to provide a clear profile of the respondents and identify the highest and lowest distributions among the profile variables.

Mean.

The weighted mean was used to determine the level of implementation of the fitness awareness programs and the extent of assessment of the health initiatives of the City Government of Calamba. For the fitness awareness programs, the mean was used to measure the degree to which each indicator and sub-variable was implemented. For the health initiatives, the mean was used to determine the extent to which the initiatives were assessed by the respondents. The weighted mean also allowed the researcher to derive the general mean for each sub-variable and the overall mean for each major variable.

Verbal Interpretation

The computed means were matched with their corresponding verbal interpretations based on the established scale of the instrument. For the fitness awareness programs, the verbal interpretations were Fully Implemented, Moderately Implemented, Slightly Implemented, and Not Implemented. For the health initiatives, the corresponding interpretations were Great Extent, Moderate Extent, Slight Extent, and No Extent. This procedure made the numerical results easier to interpret in relation to the actual condition of program implementation.

Kruskal-Wallis H Test

The Kruskal-Wallis H test was used to determine whether there were significant differences in the responses when grouped according to demographic variables with more than two categories, such as age, civil status, length of service, and body mass index. This nonparametric test was appropriate because it compares the responses of three or more independent groups and is suitable for ordinal or non-normally distributed data. Through this test, the researcher was able to determine whether the respondents' assessments significantly differed across these grouped variables.

Mann-Whitney U Test.

The Mann-Whitney U test was used to determine whether there was a significant difference in the responses when grouped according to sex. This test was appropriate because sex consists of two independent groups only, and the responses were derived from ordinal-scale survey data. The use of the Mann-Whitney U test allowed the researcher to compare the assessments of the two groups and determine whether any observed difference was statistically significant.

Spearman Rank-Order Correlation.

Spearman rank-order correlation was used to determine the significance and direction of the relationship between the level of implementation of the fitness awareness programs and the extent of assessment of the health initiatives. This nonparametric test was appropriate because it measures the association between two sets of ranked or ordinal data. Through this test, the researcher was able to identify whether stronger implementation of fitness programs was associated with stronger assessment of health initiatives and to determine the strength of such relationship.

Level of Significance

All inferential statistical tests were interpreted using a 0.05 level of significance. If the computed p-value was less than or equal to 0.05, the result was considered significant, which meant that the null hypothesis was rejected. If the p-value was greater than 0.05, the result was considered not significant, and the null hypothesis was accepted. This criterion guided the interpretation of the differences and relationships tested in the study.

III. RESULTS

Chapter 4 presents the results of the study on the implementation and assessment of the fitness program and health initiatives of the City Government. Specifically, it discusses the socio-demographic profile of the respondents, the level of implementation of the fitness awareness programs, the extent of the assessment of the health initiatives, the significant differences when respondents are grouped according to selected profile variables, and the relationship between the implementation of fitness programs and the assessment of health initiatives

1. Profile of the Respondents

The profile of the respondents is presented to provide a clear description of the individuals who participated in the study. This section is important because socio-demographic characteristics serve as a basis for understanding the composition of the respondent group and for interpreting their assessments of the fitness program and health initiatives of the City Government of Calamba. Specifically, the profile includes age, sex, civil status, length of service, and body mass index, as these variables may influence awareness, participation, and perceptions regarding wellness-related programs. By presenting these characteristics, the study establishes the background of the respondents and provides a context for the analysis of the subsequent results.

1.1 The Socio-Demographic Profile of the Respondents in Terms of Age

Table 1.1 presents the age distribution of the 376 respondents from the City Government of Calamba. Establishing the age profile is essential because participation in workplace fitness and health programs is often shaped by life stage, physical capacity, and competing work and family demands.

Table 1 *The socio-demographic profile of the respondents in terms of age*

Age	Frequency	Percentage
18-25	12	3.2
26-35	95	25.3
26-45	177	47.1
46-55	61	16.2
56 and above	31	8.2
Total	**376**	**100%**

The results show that the largest age group was 36 to 45 years (n = 177, 47.1%), whereas the smallest age group was 18 to 25 years (n = 12, 3.2%). The remaining respondents were 26 to 35 years old (n = 95, 25.3%), 46 to 55 years old (n = 61, 16.2%), and 56 years and above (n = 31, 8.2%). These results indicate that the workforce was predominantly middle-aged. This suggests that the City Government's fitness and health programs should be responsive to the needs of employees who are already in their prime working years but may also be entering stages where preventive health care, weight management, and low-impact physical activity become increasingly important.

Age helps explain this distribution of responses. The World Health Organization (2022) noted that younger adults are more likely to engage in structured physical activity, whereas older adults participate more when activities are tailored to their functional needs. In the local setting, Dela Cruz and Bautista (2021) found that age significantly influenced participation in city-wide fitness programs, while Garcia et al. (2023) emphasized that age-sensitive program design is necessary in Calamba City to improve program relevance.

Table 1.2 presents the respondents' distribution by sex. The sex profile is important because male and female employees may differ in program preferences, participation patterns, and perceived barriers to wellness engagement.

Table 2 *The socio-demographic profile of the respondents in terms of sex*

Sex	Frequency	Percentage
Male	147	39.1
Female	229	60.9
Total	**376**	**100%**

The results indicate that more respondents were female (n = 229, 60.9%) than male (n = 147, 39.1%). Thus, the highest proportion was recorded among female employees, while the lowest proportion was recorded among male employees. The findings suggest that the respondent pool was female-dominated. This may imply that the design and communication of workplace fitness and health initiatives should consider the preferences and wellness behaviors commonly observed among women while still ensuring that activities remain inclusive and appealing to men.

This distribution may reflect sex-based differences in wellness behavior and program preference. The World Health Organization (2022) reported that women tend to participate more in wellness and preventive health activities than men, particularly in urban settings. Garcia et al. (2023) similarly found in Calamba City that sex influenced fitness program preferences, supporting the need for gender-sensitive activities.

Indicators	MEAN	VI
1. During a game, I recall an opponent's earlier moves when planning my next move.	3.31	SA
2. I recall lines of play from recent study sessions during games or analysis.	2.99	A
3. I remember positions and patterns I have practiced.	3.24	A
4. I remember the opening lines I have prepared during play.	3.24	A
5. I retain multi-move tactical sequences in mind while evaluating a position.	3.16	A
6. I recall endgame techniques I have learned when analyzing or playing.	3.18	A
General Assessment	3.18	Agree

Legend:

3.25 – 4.00 Strongly Agree (SA) 2.50 – 3.24 Agree (A) 1.75 – 2.49 Disagree (D) 1.00 – 1.74 Strongly Disagree (SD)

Table 1.3 *The socio-demographic profile of the respondents in terms of Civil Status*

Civil Status	Frequency	Percentage
Single	156	41.5
Married	202	53.7
Separated	3	0.8
Widowed	15	4.0
Total	**376**	**100%**

Table 1.3 presents the civil status of the respondents. Civil status is relevant because family responsibilities and household roles may shape time availability, priorities, and health-seeking behavior.

The results show that the highest proportion of respondents were married (n = 202, 53.7%), followed by single employees (n = 156, 41.5%), widowed employees (n = 15, 4.0%), and separated employees (n = 3, 0.8%), which represented the lowest proportion. These findings indicate that most respondents were already managing marital and family responsibilities. This may affect participation in wellness activities, especially those scheduled outside standard working hours, because married employees may face greater role demands after office time.

This distribution may also be understood in light of Smith and Anderson (2021), who observed that employment status and life circumstances shape the ability of individuals to engage in fitness programs, particularly when time constraints are present. The review likewise emphasized that demographic profiling is necessary because health program effectiveness may vary across social groups, including those with differing domestic responsibilities (Centers for Disease Control and Prevention, 2021; Smith & Anderson, 2021).

Table 1.4 *The socio-demographic profile of the respondents in terms of Length of Service in the City Government*

Length of Service	Frequency	Percentage
Less than 1 year	21	5.6
1 – 5 years old	133	35.4
6 – 10 years old	85	22.6
More than 15 years	73	19.4
Total	376	100%

Table 1.4 presents the respondents according to length of service in the City Government. Length of service is important because institutional familiarity often influences awareness of policies, trust in management initiatives, and willingness to participate in organizational programs.

The results show that the highest proportion of respondents had served for 1 to 5 years (n = 133, 35.4%), followed by those with 6 to 10 years of service (n = 85, 22.6%) and those with more than 15 years (n = 73, 19.4%). The lowest proportion consisted of those with less than 1 year of service (n = 21, 5.6%).

This implies that a substantial portion of respondents were no longer new employees and had already accumulated enough exposure to city policies and activities to form stable assessments of existing programs. At the same time, the relatively small number of newly hired respondents suggests that orientation and onboarding to wellness initiatives may require strengthening.

Length of exposure to an institution can help explain this pattern. Lee et al. (2023) found that longer community residency was associated with stronger trust in local government health initiatives and higher participation. In the Philippine context, Santos and Mercado (2024) likewise reported that long-term residents were more familiar with city health programs, whereas newer residents had limited awareness due to insufficient dissemination. Although these studies addressed residency, the same logic applies to institutional tenure, where longer exposure can foster greater familiarity and participation.

Table 1.5 *The socio-demographic profile of the respondents in terms of BMI*

BMI	Frequency	Percentage
Underweight	8	2.1
Normal Weight	144	38.3
Overweight	158	42.0
Obese	66	17.6
Total	**376**	**100%**

Table 1.5 presents the body mass index classification of the respondents. BMI is a critical profile variable because it reflects the physical health status of employees and may signal the need for preventive and corrective wellness interventions.

The highest proportion of respondents were classified as overweight (n = 158, 42.0%), followed by those with normal weight (n = 144, 38.3%), obese (n = 66, 17.6%), and underweight (n = 8, 2.1%), which was the lowest group. The result indicates that a large share of the workforce was already above the normal BMI range. This finding strengthens the need for sustained workplace fitness and health programs because overweight and obesity are risk factors for non-communicable diseases and may eventually affect work capacity, productivity, and quality of life.

This finding also reflects the studies reviewed on workplace wellness and disease prevention. The World Health Organization (2020) stated that structured health and fitness programs are essential for reducing the risks associated with sedentary behavior and unhealthy lifestyles. Goetzel et al. (2024) further reported that participation in structured health programs increased physical activity and reduced health risks, while Dela Cruz (2021) found that wellness activities in local government settings contributed positively to employee productivity and morale.

2. Level of Implementation of the Fitness Awareness Program of the City Government

The level of implementation of the fitness awareness program of the City Government is presented in this section to determine the extent to which the different components of the program are being carried out in the workplace setting. This part of the study is essential because it provides an empirical basis for assessing whether the existing fitness awareness efforts are adequately organized, accessible, and responsive to the needs of employees. Specifically, the implementation is examined in terms of availability and variety of fitness activities, accessibility and adequacy of fitness facilities, availability and functionality of fitness equipment, and time allocation and scheduling of fitness activities. Through this analysis, the study identifies the strengths and weaknesses of the current fitness awareness program, which may serve as a basis for improving and standardizing wellness interventions in the City Government of Calamba.

Table 2.1 presents the level of implementation of the fitness awareness programs in terms of the availability and variety of fitness activities. This dimension reflects whether employees are provided with diverse, planned, and responsive opportunities for physical activity.

Table 2.1 *Level of implementation of the fitness awareness programs of the City Government in terms of availability and diversity of health seminars and activities*

Indicators	MEAN	VI
1. During the past 12 months, the City Government scheduled at least three types of fitness activities for employees (for example, dance fitness, sports, stretching, or exercise classes).	2.90	MI
2. During the past 12 months, fitness activities included options appropriate for different age groups of employees.	2.85	MI
3. During the past 12 months, fitness activities included options appropriate for different fitness levels of employees.	2.75	MI
4. During the past 12 months, at least some fitness activities included accommodations or modified routines for employees with physical limitations or disabilities.	2.66	MI
5. Employee preferences or feedback were considered in selecting fitness activities to be offered.	2.68	MI
6. A written annual or quarterly schedule of employee fitness activities is available.	2.59	MI
7. Fitness activities are offered in both group-based and individual activity formats.	2.76	MI
8. Attendance is recorded during scheduled fitness activities.	2.93	MI
9. Alternative or replacement fitness activities are arranged when scheduled sessions cannot be conducted.	2.68	MI
10. Fitness activity offerings are reviewed periodically based on employee participation.	2.66	MI
General Assessment	**2.76**	**MI**

Legend: 3.25 – 4.00 Fully Implemented (FI); 2.50 – 3.24 Moderately Implemented (MI); 1.75 – 2.49 Slightly Implemented (SI); 1.00 – 1.74 Not Implemented (NI)

The results show that the sub-variable obtained a general mean of 2.76, verbally interpreted as moderately implemented. The highest mean was recorded for attendance being recorded during scheduled fitness activities (M = 2.93), while the lowest mean was obtained by the availability of a written annual or quarterly schedule of employee fitness activities (M = 2.59).

The results indicate that the City Government has an existing set of fitness activities and that basic implementation mechanisms are in place, particularly with regard to monitoring attendance. However, the lower rating for written scheduling suggests that program planning is not yet fully systematized or consistently documented, which may weaken predictability and employee participation.

The moderate implementation of varied activities corresponds with De Bourdeaudhuij et al. (2020), who found that employees are more likely to participate when programs match their expressed needs and preferences. Marín-Farrona et al. (2023) also reported that workplace programs using varied modalities such as aerobic, strength, and flexibility activities improved health and productivity. The relatively lower mean for written scheduling reflects Bautista (2020), who identified accessibility and scheduling as critical factors affecting participation in government wellness programs. Jirathananuwat and Pongpirul (2022) also noted that organizational resources and policy supports are necessary for sustained uptake.

Table 2.2 presents the level of implementation of the fitness awareness programs in terms of accessibility and adequacy of fitness facilities. This dimension assesses whether the physical environment supports safe and feasible employee participation.

Table 2.2 *Level of implementation of the fitness awareness programs of the City Government in terms of accessibility of medical check-ups and screenings*

Indicators	MEAN	VI
1. Fitness facilities used for employee programs are accessible to employees during scheduled program hours.	2.75	MI
2. The fitness venue can accommodate the usual number of participants in a session without overcrowding.	2.87	MI
3. The fitness venue has adequate ventilation for group activity sessions.	2.88	MI
4. The fitness venue has adequate lighting for safe participation during sessions.	2.93	MI
5. Restrooms are available for employee participants near the fitness venue during scheduled activities.	2.95	MI
6. Changing areas are available for employee participants during scheduled fitness activities.	2.88	MI
7. A cleaning schedule for the fitness venue is posted or implemented regularly.	2.83	MI
8. Safety signage and emergency contact information are posted in the fitness venue.	2.68	MI
9. The fitness venue is free from visible hazards (for example, slippery floors or obstructed pathways) during scheduled use.	2.84	MI
10. The schedule and location of fitness facilities are communicated clearly to employees.	2.85	MI
General Assessment	**2.82**	**MI**

Legend: 3.25 – 4.00 Fully Implemented (FI); 2.50 – 3.24 Moderately Implemented (MI); 1.75 – 2.49 Slightly Implemented (SI); 1.00 – 1.74 Not Implemented (NI)

The findings reveal a general mean of 2.82, interpreted as moderately implemented. The highest mean was recorded for the availability of restrooms near the fitness venue (M = 2.95), whereas the lowest mean was observed for the posting of safety signage and emergency contact information (M = 2.68). These results suggest that the physical venue generally supports participation through basic amenities, ventilation, lighting, and space adequacy. However, the lower score for safety signage and emergency information indicates that the facilities may still lack visible risk-management measures, which are essential for employee protection and confidence during activity participation.

The moderate result on facilities reflects the work of Hipp et al. (2025), who identified exercise facilities and support amenities such as lockers and showers as common indicators of workplace environmental support for physical activity. The lower score for safety-related provisions also echoes van den Heuvel et al. (2022), who concluded that mere facility provision is insufficient when accessibility, inclusive design, and practical usability remain limited. Jirathananuwat and Pongpirul (2023) further explained that enabling resources within the environment are necessary conditions for participation.

Table 2.3 presents the level of implementation of the fitness awareness programs in terms of the availability and functionality of fitness equipment. This area is critical because equipment access and condition directly influence program delivery, safety, and exercise quality.

The results show a general mean of 2.44, verbally interpreted as slightly implemented. The highest means were recorded for equipment being cleaned or sanitized after use and for equipment needed before sessions being available (both M = 2.38), while the lowest mean was recorded for the availability of different equipment types for aerobic, strength, and flexibility activities (M = 2.30).

Table 2.3 *Level of implementation of the fitness awareness programs of the City Government in terms of availability and functionality of fitness equipment*

Indicators	MEAN	VI
1. The number of available fitness equipment units is sufficient for the usual number of participants during scheduled sessions.	2.37	SI
2. Fitness equipment used in employee programs is operational during scheduled sessions.	2.34	SI
3. Instructions for safe use are posted near the equipment or provided to users before equipment use.	2.35	SI
4. Fitness equipment is cleaned or sanitized after use or according to a posted cleaning schedule.	2.38	SI
5. Available equipment includes different types for aerobic activity, strength training, and flexibility or mobility exercises.	2.30	SI
6. A maintenance check for fitness equipment is conducted on a regular schedule.	2.31	SI
7. Damaged or non-operational equipment is tagged and removed from use promptly.	2.31	SI
8. Basic sanitation supplies for equipment cleaning are available near the equipment area.	2.34	SI
9. Equipment needed for scheduled activities is available at the venue before sessions begin.	2.38	SI
10. Equipment layout allows safe movement and use during sessions.	2.34	SI
General Assessment	**2.44**	**SI**

Legend: 3.25 – 4.00 Fully Implemented (FI); 2.50 – 3.24 Moderately Implemented (MI); 1.75 – 2.49 Slightly Implemented (SI); 1.00 – 1.74 Not Implemented (NI)

The result indicates that fitness equipment is the weakest implementation area among the fitness program dimensions. Although some minimal practices such as sanitation and preparation before sessions appear to exist, the lower scores across all indicators suggest insufficiency in quantity, variety, operability, and maintenance. This likely constrains employees' options and may reduce both program safety and sustained engagement.

The low rating for equipment is explained by Jirathananuwat and Pongpirul (2023), who identified equipment and space as enabling resources for participation in workplace physical activity programs. Marín-Farrona et al. (2023) also underscored the importance of environmental resources and varied activity modalities in achieving positive outcomes. The particularly low score on equipment variety also reflects the argument that employees participate more when programs provide options that fit different needs and capacities (De Bourdeaudhuij et al., 2020).

Table 2.4 presents the level of implementation of the fitness awareness programs in terms of time allocation and scheduling. This dimension examines whether timing arrangements support employee attendance without compromising government service delivery.

Table 2.4 *Level of implementation of the fitness awareness programs of the City Government in terms of time allocation and scheduling of fitness activities*

Indicators	MEAN	VI
1. Fitness activities are scheduled at times that include options before work, during breaks, or after office hours.	2.74	MI
2. The scheduled duration of each fitness session is clearly stated.	2.75	MI
3. Fitness sessions are conducted according to the posted start and end time.	2.71	MI
4. Supervisors allow employees to participate in scheduled wellness activities when office operations permit.	2.90	MI
5. Schedules for fitness activities are announced at least one week before the activity date.	2.75	MI
6. The frequency of scheduled fitness activities is clearly stated (for example, weekly or monthly).	2.70	MI
7. Changes or cancellations in fitness schedules are communicated before the scheduled activity time.	2.73	MI
8. Attendance procedures for scheduled fitness activities are clear to employees.	2.83	MI
9. Scheduled fitness activities are arranged to minimize disruption of office service delivery.	2.82	MI
10. The fitness activity schedule includes options for employees assigned to different work shifts.	2.69	MI
General Assessment	**2.69**	**MI**

Legend: 3.25 – 4.00 Fully Implemented (FI); 2.50 – 3.24 Moderately Implemented (MI); 1.75 – 2.49 Slightly Implemented (SI); 1.00 – 1.74 Not Implemented (NI)

The results reveal a general mean of 2.69, interpreted as moderately implemented. The highest mean was obtained for supervisor permission to participate when office operations permit (M = 2.90), whereas the lowest mean was for schedules including options for employees assigned to different work shifts (M = 2.69). The findings indicate that management support for attendance is present to a moderate extent, but scheduling flexibility remains limited, particularly for employees with varied work assignments. This suggests that while the program is accepted in principle, operational inclusiveness across shifts and work patterns still requires improvement.

Scheduling concerns are also emphasized in prior studies. Jirathananuwat and Pongpirul (2022) pointed to scheduling and time allocation as organizational determinants of participation in workplace physical activity programs. The CDC employer guide (2024) likewise emphasized flexible scheduling and integration with work structure to maximize participation. Bautista (2020) similarly found that accessibility and scheduling strongly influence engagement in government office wellness activities.

Table 2.5 summarizes the overall level of implementation of the fitness awareness programs of the City Government. The summary makes it possible to identify the strongest and weakest implementation dimensions that may guide program enhancement.

Table 2.5 *Summary Table on the Level of implementation of the fitness awareness programs of the City Government*

Sub-variables	MEAN	VI
Availability and variety of fitness activities	2.76	MI
Accessibility and adequacy of fitness facilities	2.82	MI
Availability and functionality of fitness equipment	2.44	SI
Time allocation and scheduling of fitness activities	2.69	MI
Overall Assessment	**2.68**	**MI**

Legend: 3.25 – 4.00 Fully Implemented (FI); 2.50 – 3.24 Moderately Implemented (MI); 1.75 – 2.49 Slightly Implemented (SI); 1.00 – 1.74 Not Implemented (NI)

The overall assessment yielded a general mean of 2.68, which indicates that the fitness awareness programs were moderately implemented. Among the sub-variables, the highest mean was recorded for accessibility and adequacy of fitness facilities (M = 2.82), while the lowest mean was posted by availability and functionality of fitness equipment (M = 2.44). These results imply that the City Government has laid down a basic foundation for workplace fitness programming, especially in terms of venue accessibility and facility adequacy. However, equipment constraints remain a major implementation gap and may be limiting the depth, safety, and variety of the fitness interventions.

This overall pattern reflects prior work showing that workplace wellness outcomes depend not only on program availability but also on environmental and organizational supports. The World Health Organization (2020) and the Centers for Disease Control and Prevention (2021) emphasized that structured wellness programs improve well-being when enabling conditions are present. The weak score on equipment is also explained by Jirathananuwat and Pongpirul (2023) and Marín-Farrona et al. (2023), while the stronger score on facilities is supported by Hipp et al. (2025).

3. Extent of the Assessment of the Respondents on the Implementation of the Health Initiatives of the City Government

The extent of the assessment of the respondents on the implementation of the health initiatives of the City Government is presented in this section to determine how far these initiatives are perceived to be carried out within the workplace setting. This part of the study is important because it reflects the respondents' evaluation of the actual delivery and visibility of the City

Government's health-related efforts. Specifically, the assessment covers the availability and diversity of health seminars and activities, accessibility of medical check-ups and screenings, program dissemination, and support mechanism.

Through this analysis, the study identifies the areas in which health initiatives are adequately observed by employees and the aspects that may still require strengthening, thereby providing a basis for improving and standardizing the fitness and health programs of the City Government of Calamba.

Table 3.1 presents the respondents' assessment of the health initiatives in terms of the availability and diversity of health seminars and activities.

Table 3.1 *Extent of the assessment of the respondents on the implementation of health initiatives of the City Government in terms of availability and diversity of health seminars and activities*

Indicators	MEAN	VI
1. During the past 12 months, the City Government conducted health seminars or activities on more than one topic (for example, nutrition, mental health, or lifestyle disease prevention).	2.55	ME
2. Health seminar topics are selected based on identified employee health needs, requests, or common concerns.	2.49	SE
3. Health information materials (printed or digital) are available to employees through official channels or office posting areas.	2.41	SE
4. Health seminar speakers are introduced with their professional role or qualifications during the announcement or session.	2.57	ME
5. Mental health topics are included in the annual or quarterly schedule of employee health seminars or activities.	2.55	ME
6. A yearly or quarterly calendar of health seminars or activities is issued to employees.	2.38	SE
7. Health seminars include both preventive health topics and disease management topics.	2.44	SE
8. Attendance is recorded for health seminars or related health activities.	2.57	ME
9. Post-seminar or post-activity evaluation forms are administered to participants.	2.44	SE
10. Health seminar materials or summaries are shared with employees after the activity.	2.41	SE
General Assessment	**2.53**	**ME**

Legend: 3.25 – 4.00 Great Extent (GE); 2.50 – 3.24 Moderate Extent (ME); 1.75 – 2.49 Slight Extent (SE); 1.00 – 1.74 No Extent (NE)

Table 3.1 presents the respondents' assessment of the implementation of the health initiatives of the City Government in terms of the availability and diversity of health seminars and activities. The findings show an overall mean of 2.53, interpreted as Moderate Extent. This indicates that the respondents generally perceive that the City Government is able to provide health seminars and related activities to a moderate degree, although the range and consistency of these initiatives are not yet fully developed.

The highest mean of 2.57 was obtained by two indicators: health seminar speakers are introduced with their professional role or qualifications during the announcement or session and attendance is recorded for health seminars or related health activities. Both were interpreted as Moderate Extent. This suggests that the City Government demonstrates relative strength in the formal conduct of health seminars, particularly in ensuring that speakers are properly identified and that attendance is monitored. These practices show that some basic administrative and procedural aspects of seminar implementation are already in place.

In contrast, the lowest mean of 2.38 was recorded for the indicator stating that a yearly or quarterly calendar of health seminars or activities is issued to employees, which was interpreted as Slight Extent. This implies that while seminars and activities are being conducted, they may not be supported by a clearly issued and regularly communicated schedule. As a result, employees may have limited advance notice of activities, which can affect participation, planning, and continuity of engagement.

The overall assessment means that the City Government has already established some mechanisms for conducting health seminars and activities, but these are implemented only to a moderate extent. The presence of moderate ratings in procedural indicators suggests that seminars are being carried out in an organized manner once conducted. However, the lower ratings in areas related to scheduling, provision of information materials, inclusion of preventive and disease-management topics, post-activity evaluation, and sharing of seminar outputs indicate that the health seminar component still lacks breadth, continuity, and systematic follow-through.

This pattern may be understood in light of the literature on workplace wellness programs. The moderate extent of seminar and activity diversity reflects the observation of Baicker et al. (2025) through the KFF issue brief, which noted that only a small proportion of employer wellness programs are comprehensive, while many remain limited in scope. This suggests that the City Government's health seminar initiatives may already be functioning, but they may still cover a limited range of topics and formats rather than a fully comprehensive set of wellness services. The need to broaden seminar offerings is further supported by the case study summary report (2021), which emphasized that providing a wider range of wellness activities increases the reach of programs across different employee groups. This implies that expanding seminar topics and formats may help the City Government engage employees with varying health needs and interests. In the same way, the low rating for the issuance of a yearly or quarterly seminar calendar may be associated with the organizational systems discussed by Baumann et al. (2023), who explained that continuous evaluation and stronger organizational mechanisms contribute to improvements in program quality

over time. This indicates that clearer scheduling and more structured planning may help strengthen the consistency and overall effectiveness of health seminar implementation.

Table 3.2 *Extent of the assessment of the respondents on the implementation of health initiatives of the City Government in terms of accessibility of medical check-ups and screenings*

Indicators	MEAN	VI
1. Annual medical check-ups are provided to employees at no cost or with a subsidy.	2.35	SE
2. Screening services for common lifestyle-related conditions (for example, blood pressure, blood glucose, and BMI) are available to employees through workplace or partner services.	2.44	SE
3. Medical consultation services are available to employees through the workplace clinic or a designated provider.	2.49	SE
4. Dental services are available to employees through the workplace clinic or a designated provider.	2.31	SE
5. Employees with abnormal screening or examination findings are informed of available follow-up consultation or referral services.	2.42	SE
6. Employees are informed in advance of the schedule and requirements for check-ups or screenings.	2.39	SE
7. Check-up and screening services are provided at a location and time accessible to employees.	2.40	SE
8. Confidentiality procedures for medical results are explained to employees.	2.43	SE
9. Results of medical examinations are released within the stated release period.	2.40	SE
10. Referral procedures for abnormal findings are explained to employees.	2.44	SE
General Assessment	**2.42**	**SE**

Legend: 3.25 – 4.00 Great Extent (GE) ; 2.50 – 3.24 Moderate Extent (ME); 1.75 – 2.49 Slight Extent (SE); 1.00 – 1.74 No Extent (NE)

Table 3.2 presents the respondents' assessment of the implementation of the health initiatives of the City Government in terms of accessibility of medical check-ups and screenings. The findings reveal an overall mean of 2.42, interpreted as Slight Extent. This indicates that the respondents generally perceive that medical check-ups and screening services are available only to a limited extent, suggesting that access to these health services is still not sufficiently strong or consistent within the workplace.

Among the indicators, the highest mean of 2.49 was obtained by medical consultation services are available to employees through the workplace clinic or a designated provider, which was interpreted as Slight Extent. This suggests that, compared with the other indicators, consultation services appear to be the most observable or accessible aspect of the screening-related health initiatives, although they still fall short of reaching a moderate level of implementation. The next highest means of 2.44 were recorded for the availability of screening services for common lifestyle-related conditions and for the explanation of referral procedures for abnormal findings, which further indicates that some screening-related mechanisms are present but remain limited in reach or consistency.

On the other hand, the lowest mean of 2.31 was recorded for dental services are available to employees through the workplace clinic or a designated provider, which was likewise interpreted as Slight Extent. This implies that dental services are the least accessible among the listed medical and screening initiatives. The result suggests that while certain general medical or screening services may be available, more specialized services such as dental care are less visible or less consistently provided to employees.

The assessment means that the City Government's medical check-up and screening initiatives are present, but they are not yet sufficiently accessible, systematic, or convenient for employees. The fact that all indicators remained within the slight extent level shows that the issue is not confined to one specific service, but extends across various aspects such as affordability, availability of consultation, advance information, accessibility of time and venue, confidentiality procedures, release of results, and referral arrangements. This pattern suggests that employees may not be experiencing medical check-ups and screenings as regularly available, well-communicated, and easy-to-avail services within their workplace setting.

This finding may be understood in relation to the literature. The low assessment for screening access is explained by the CDC (2022) report on Workplace Health in America, which emphasized that accessibility of screenings and disease-management services remains a key implementation issue in workplace wellness. This suggests that the challenge observed in the City Government of Calamba is not unusual, since even when health services exist, their actual accessibility to employees may remain limited. In the same way, Hussain et al. (2020) found that on-site access, work-hour scheduling, and minimal disruption are major determinants of employee uptake for check-up and screening interventions. Viewed in this light, the low means in Table 3.2 point not simply to the absence of health services, but more specifically to limited practical accessibility. Employees may be aware that some services are available, yet barriers related to schedule, location, convenience, and service delivery may reduce their actual use and perceived accessibility.

Table 3.3 presents the respondents' assessment of the health initiatives in terms of program dissemination.

Table 3.3 *Extent of the assessment of the respondents on the implementation of health initiatives of the City Government in terms of program dissemination*

Indicators	MEAN	VI
1. Announcements for health and fitness activities are released before the activity date according to a stated lead time.	2.50	ME
2. Health and fitness program announcements are disseminated through at least two official communication channels.	2.39	SE
3. Program announcements include the objective of the activity.	2.44	SE
4. Program announcements identify the target participants.	2.44	SE
5. Program announcements are sent to all departments or offices through official communication channels.	2.50	ME
6. Reminder messages are sent to employees at least one day before scheduled health or fitness activities.	2.44	SE
7. Program announcements identify the date, time, and venue of the activity.	2.49	SE
8. Program announcements identify a contact person or office for inquiries.	2.43	SE
9. Announcements specify whether registration is required and how to register.	2.47	SE
10. Program updates or changes are communicated through official channels before the activity starts.	2.46	SE
General Assessment	**2.45**	**SE**

The results reveal a general mean of 2.45, verbally interpreted as slight extent. The highest means were recorded for announcements being released before the activity date and for announcements being sent to all departments or offices (both M = 2.50), whereas the lowest mean was noted for dissemination through at least two official communication channels (M = 2.39). The findings indicate that information dissemination exists, but only to a limited extent. Program announcements appear to be sent out and distributed broadly in some cases, yet the use of multiple channels, detailed message content, reminders, and update mechanisms remains weak. This can reduce employee awareness, lower turnout, and create uneven access to information.

The weak rating for program dissemination reflects van der Put et al. (2023), who argued that awareness and actual participation in worksite health promotion programs are strongly associated with improved outcomes, and that simply offering programs is insufficient if employees are not well informed. OECD (2022) similarly noted that supportive policies and a culture prioritizing health are necessary for sustained workplace health outcomes. The low rating for multi-channel dissemination also parallels Santos and Mercado (2024), who found that limited awareness among newer residents was linked to insufficient information dissemination.

Table 3.4 presents the respondents' assessment of the health initiatives in terms of support mechanism. Support mechanisms include management permission, incentives, designated coordinators, policy guidance, and feedback systems that sustain wellness initiatives over time.

Table 3.4 *Extent of the assessment of the respondents on the implementation of health initiatives of the City Government in terms of support mechanism*

Indicators	MEAN	VI
1. Supervisors permit employee participation in scheduled health and fitness activities when office operations permit.	2.62	ME
2. The wellness program includes incentives or recognition for employee participation or completion of activities.	2.57	ME
3. A designated committee or focal person is assigned to coordinate employee wellness program activities.	2.33	SE
4. Roles and responsibilities of the wellness committee or focal person are communicated to employees.	2.47	SE
5. Written guidelines or policies support employee participation in wellness activities.	2.41	SE
6. Employee feedback on health and fitness initiatives is collected through a formal mechanism (for example, survey, suggestion form, or meeting).	2.43	SE
7. Employee feedback is considered in planning subsequent health and fitness activities.	2.42	SE
8. Management communicates changes or improvements made based on employee feedback on wellness initiatives.	2.36	SE
9. Updates on implemented health and fitness initiatives are communicated to employees periodically.	2.38	SE
10. Supervisors permit employee participation in scheduled health and fitness activities when office operations permit.	2.37	SE
General Assessment	**2.45**	**SE**

Legend: 3.25 – 4.00 Great Extent (GE); 2.50 – 3.24 Moderate Extent (ME); 1.75 – 2.49 Slight Extent (SE); 1.00 – 1.74 No Extent (NE)

The results yielded a general mean of 2.45, interpreted as slight extent. The highest mean was posted by supervisor permission for employee participation when office operations permit (M = 2.62), while the lowest mean was obtained for the assignment of a designated committee or focal person to coordinate wellness activities (M = 2.33).

These findings suggest that while immediate supervisor support is somewhat visible, the broader institutional mechanisms required for long-term program sustainability remain weak. In particular, the low ratings for designated coordinators, policy support, and feedback use indicate that the wellness effort may not yet be sufficiently embedded in organizational systems.

The low ratings for support mechanisms reflect OECD (2022), which emphasized that policy support and leadership commitment are crucial for sustaining wellness initiatives. Baumann et al. (2023) also found that workplace health promotion programs improve over time when organizations adopt continuous evaluation and employee feedback mechanisms. The low score for formal coordination and feedback use also matches the explanation of Hemmingsson et al. (2025), who stated that program effectiveness varies according to implementation context and fidelity to evidence-based design.

Implementation and Assessment of the Fitness Program and Health Initiatives of the City of Calamba: Basis for Standardized Fitness and Health Program

Table 3.5 summarizes the respondents' assessment of the implementation of health initiatives of the City Government. The summary identifies where employees perceive relative strengths and where they perceive more limited implementation.

Table 3.5 *Summary Table on the Level of implementation of the fitness awareness programs of the City Government*

Sub-variables	MEAN	VI
Availability and diversity of health seminars and activities	2.53	MI
Accessibility of medical check-ups and screenings	2.42	SI
Program dissemination	2.45	SI
Support mechanism	2.45	SI
Overall Assessment	**2.43**	**SI**

Legend: 3.25 – 4.00 Great Extent (GE) ; 2.50 – 3.24 Moderate Extent (ME); 1.75 – 2.49 Slight Extent (SE); 1.00 – 1.74 No Extent (NE)

The overall assessment posted a general mean of 2.43, interpreted as slight extent. The highest mean was recorded for availability and diversity of health seminars and activities (M = 2.53), while the lowest mean was obtained for accessibility of medical check-ups and screenings (M = 2.42). Program dissemination and support mechanism each obtained a mean of 2.45.

This means that respondents recognized some degree of health initiative implementation, particularly in the offering of seminars and activities, yet the overall assessment remained weak because access, communication, and support systems were not perceived as robust. The slightly implemented overall rating suggests a need to move from sporadic or activity-based wellness efforts toward a more integrated institutional health program.

This overall pattern reflects the synthesis in the literature review. van der Put et al. (2023) and OECD (2022) both emphasized that program availability alone does not guarantee participation or meaningful outcomes. Kamil et al. (2025) and Lötters et al. (2023) further showed that health promotion initiatives are more effective when they are accessible, preventive, and responsive to worker needs. The low overall assessment therefore points to gaps in these enabling conditions.

4. Significant Difference in the Level of Implementation of the Fitness Awareness Programs of the City Government when grouped according to demographic profile variables

This section presents the results of the test of significant difference in the level of implementation of the fitness awareness programs of the City Government when respondents are grouped according to selected demographic profile variables. The analysis is important because it determines whether variations in age, sex, civil status, length of service, and body mass index are associated with differences in how respondents perceive the implementation of the fitness awareness programs. By examining these differences, the study is able to determine whether the implementation of the program is viewed similarly across respondent groups or whether certain demographic characteristics are linked to differing assessments. The results provide a deeper understanding of how demographic factors may influence perceptions of program implementation and serve as a basis for developing more inclusive and responsive fitness initiatives for the City Government of Calamba.

Table 4.1 presents the test of difference in the level of implementation of the fitness awareness programs when respondents are grouped according to age. The analysis determines whether employees from different age brackets perceived implementation differently.

Table 4.1 *Significant difference in the level of implementation of the fitness awareness programs of the City Government when grouped according to age*

Socio-Demographic Profile	Level of implementation of the fitness awareness programs	H-value	df	p-value	Remarks	Decision
Age	Availability and variety of fitness activities	6.17	4	0.187	Not Significant	Accept the Ho
	Accessibility and adequacy of fitness facilities	5.64	4	0.228	Not Significant	Accept the Ho
	Availability and functionality of fitness equipment	4.57	4	0.334	Not Significant	Accept the Ho
	Time allocation and scheduling of fitness activities	6.31	4	0.177	Not Significant	Accept the Ho
	Overall Level of Implementation of Fitness awareness programs	6.71	4	0.152	Not Significant	Accept the Ho

The results indicate that no significant differences were found across age groups in any fitness program dimension: availability and variety of activities (H = 6.17, df = 4, p = .187), accessibility and adequacy of facilities (H = 5.64, df = 4, p = .228), availability and functionality of equipment (H = 4.57, df = 4, p = .334), time allocation and scheduling (H = 6.31, df = 4, p = .177), and overall level of implementation (H = 6.71, df = 4, p = .152). These findings mean that age did not produce statistically distinct perceptions of how the fitness awareness programs were implemented. Despite age differences in the sample, respondents generally viewed implementation in a similar manner.

The absence of significant differences by age may be understood in light of the review, which shows that age can shape participation preferences without necessarily producing different perceptions of program presence or implementation. The World Health Organization (2022) noted that age influences the type of activity preferred, especially when programs are tailored to functional capacity. Garcia et al. (2023) also argued for age-appropriate programming in Calamba. The present result suggests that the implementation structure itself was experienced similarly across age groups even if preferences may differ.

Table 4.2 presents the test of difference in the level of implementation of the fitness awareness programs when grouped according to sex.

Table 4.2 *Significant difference on the level of implementation of the fitness awareness programs of the City Government when grouped according to sex*

Socio-Demographic Profile	Level of implementation of the fitness awareness programs	U-value	p-value	Remarks	Decision
Sex	Availability and variety of fitness activities	15397	0.162	Not Significant	Accept the Ho
	Accessibility and adequacy of fitness facilities	16008	0.423	Not Significant	Accept the Ho
	Availability and functionality of fitness equipment	15350	0.150	Not Significant	Accept the Ho
	Time allocation and scheduling of fitness activities	16824	0.994	Not Significant	Accept the Ho
	Overall Level of Implementation of Fitness awareness programs	16023	0.429	Not Significant	Accept the Ho

The results showed no significant sex-based differences in any dimension: availability and variety of activities (U = 15397, p = .162), accessibility and adequacy of facilities (U = 16008, p = .423), availability and functionality of equipment (U = 15350, p = .150), time allocation and scheduling (U = 16824, p = .994), and overall implementation (U = 16023, p = .429). This means that male and female respondents had statistically comparable assessments of the implementation of the fitness awareness programs. Although the sample contained more women than men, both groups generally perceived implementation in the same way.

The absence of significant differences by sex suggests that preference and perception are not identical. The World Health Organization (2022) and Garcia et al. (2023) observed that sex influences wellness behavior and activity preference. However, the current findings suggest that these differences did not translate into significantly different judgments about whether the fitness programs were implemented.

Table 4.3 presents the test of difference in the level of implementation of the fitness awareness programs when grouped according to civil status.

The results indicate no significant differences in availability and variety of activities (H = 1.91, df = 3, p = .592), availability and functionality of equipment (H = 4.76, df = 3, p = .191), time allocation and scheduling (H = 4.29, df = 3, p = .232), and overall implementation (H = 5.00, df = 3, p = .171). However, a significant difference was found for accessibility and adequacy of fitness facilities (H = 8.17, df = 3, p = .043).

Table 4.3 *Significant difference on the level of implementation of the fitness awareness program of the City Government when grouped according to civil status*

Socio-Demographic Profile	Level of implementation of the fitness awareness programs	H-value	df	p-value	Remarks	Decision
Civil Status	Availability and variety of fitness activities	1.91	3	0.592	Not Significant	Accept the Ho
	Accessibility and adequacy of fitness facilities	8.17	3	0.043	Significant	Reject Ho
	Availability and functionality of fitness equipment	4.76	3	0.191	Not Significant	Accept the Ho
	Time allocation and scheduling of fitness activities	4.29	3	0.232	Not Significant	Accept the Ho
	Overall Level of Implementation of Fitness awareness programs	5.00	3	0.171	Not Significant	Accept the Ho

This means that respondents with different civil status classifications differed significantly in how they perceived the accessibility and adequacy of fitness facilities, while their perceptions of the other fitness implementation dimensions remained statistically similar. The result suggests that marital or family-related circumstances may shape how employees evaluate the convenience or suitability of available facilities.

The significant difference by civil status for accessibility and adequacy of fitness facilities may be understood through Smith and Anderson (2021), who reported that life circumstances and role demands affect how people engage with and evaluate public fitness initiatives, particularly when time and access constraints are involved. In practical terms, married employees may perceive facilities differently from single employees because family responsibilities can heighten sensitivity to convenience, timing, and

usability. This interpretation is also supported by the broader discussion on demographic profiling, which treats personal circumstances as relevant to program assessment (Centers for Disease Control and Prevention, 2021).

Table 4.4 presents the test of difference in the level of implementation of the fitness awareness programs when grouped according to length of service.

Table 4.4 *Significant difference on the level of implementation of the fitness awareness programs of the City Government when grouped according to length of service*

Socio-Demographic Profile	Level of implementation of the fitness awareness programs	H-value	df	p-value	Remarks	Decision
Length of Service	Availability and variety of fitness activities	6.44	4	0.169	Not Significant	Accept the Ho
	Accessibility and adequacy of fitness facilities	4.10	4	0.393	Not Significant	Accept the Ho
	Availability and functionality of fitness equipment	5.27	4	0.261	Not Significant	Accept the Ho
	Time allocation and scheduling of fitness activities	5.06	4	0.281	Not Significant	Accept the Ho
	Overall Level of Implementation of Fitness awareness programs	5.98	4	0.201	Not Significant	Accept the Ho

The results show no significant differences across all dimensions: availability and variety of activities (H = 6.44, df = 4, p = .169), accessibility and adequacy of facilities (H = 4.10, df = 4, p = .393), availability and functionality of equipment (H = 5.27, df = 4, p = .261), time allocation and scheduling (H = 5.06, df = 4, p = .281), and overall implementation (H = 5.98, df = 4, p = .201). This means that employees with different lengths of government service did not significantly differ in their perceptions of the implementation of fitness awareness programs.

The absence of significant differences by length of service suggests that longer exposure can increase familiarity with programs without necessarily producing different implementation judgments. Lee et al. (2023) and Santos and Mercado (2024) associated longer exposure with higher trust and awareness, yet the current findings imply that the actual implementation experience was sufficiently similar across tenure groups to yield no statistical difference.

Table 4.5 presents the test of difference in the level of implementation of the fitness awareness programs when grouped according to body mass index.

No significant differences were observed in availability and variety of activities (H = 2.79, df = 3, p = .426), accessibility and adequacy of facilities (H = 2.47, df = 3, p = .482), availability and functionality of equipment (H = 3.90, df = 3, p = .273), time allocation and scheduling (H = 1.80, df = 3, p = .615), and overall implementation (H = 1.94, df = 3, p = .586).

Table 4.5 *Significant difference on the level of implementation of the fitness awareness programs of the City Government when grouped according to Body Mass Index*

Socio-Demographic Profile	Level of implementation of the fitness awareness programs	H-value	df	p-value	Remarks	Decision
Body Mass Index	Availability and variety of fitness activities	2.79	3	0.426	Not Significant	Accept the Ho
	Accessibility and adequacy of fitness facilities	2.47	3	0.482	Not Significant	Accept the Ho
	Availability and functionality of fitness equipment	3.90	3	0.273	Not Significant	Accept the Ho
	Time allocation and scheduling of fitness activities	1.80	3	0.615	Not Significant	Accept the Ho
	Overall Level of Implementation of Fitness awareness programs	1.94	3	0.586	Not Significant	Accept the Ho

This means that respondents with different BMI classifications did not significantly differ in how they perceived the implementation of the fitness awareness programs.

This finding also reflects the review showing that BMI functions more as an indicator of health risk and intervention need than as a determinant of implementation perception. The World Health Organization (2020) and Goetzel et al. (2024) emphasize that structured wellness programs are important in addressing health risks associated with overweight and obesity, but the current data suggest that these risk differences did not create significantly different views regarding how the programs were being implemented.

5. Significant Difference in the Extent of the Assessment of the Respondents on the Implementation of the Health Initiatives of the City Government when grouped according to demographic profile variables

This section presents the results of the test of significant difference in the extent of the assessment of the respondents on the implementation of the health initiatives of the City Government when grouped according to selected demographic profile variables. This analysis is necessary to determine whether respondents differ in their assessment of the City Government's health initiatives based on age, sex, civil status, length of service, and body mass index. By examining these variations, the study is able to identify whether perceptions of the implementation of health initiatives are consistent across demographic groups or whether certain respondent characteristics are associated with differing assessments. The findings in this section provide a clearer understanding of the influence of demographic factors on employee perceptions and offer a basis for improving the design and delivery of health initiatives in a manner that is more inclusive and responsive to the needs of the workforce.

Table 5.1 presents the test of difference in respondents' assessment of health initiatives when grouped according to age.

Table 5.1 *Significant difference on the extent of the assessment of the respondents on the implementation of health initiatives of the City Government when grouped according to age*

Socio-Demographic Profile	Extent of the implementation of health initiatives of the City Government	H-value	df	p-value	Remarks	Decision
Age	Availability and diversity of health seminars and activities	4.42	4	0.353	Not Significant	Accept the Ho
	Accessibility of medical check-ups and screenings	7.77	4	0.100	Not Significant	Accept the Ho
	Program Dissemination	5.76	4	0.217	Not Significant	Accept the Ho
	Support Mechanism	6.54	4	0.162	Not Significant	Accept the Ho
	Overall Extent of the implementation of health initiatives of the City Government	6.29	4	0.179	Not Significant	Accept the Ho

The findings show that age did not significantly differentiate respondents' assessments in availability and diversity of health seminars and activities (H = 4.42, df = 4, p = .353), accessibility of medical check-ups and screenings (H = 7.77, df = 4, p = .100), program dissemination (H = 5.76, df = 4, p = .217), support mechanism (H = 6.54, df = 4, p = .162), and overall extent of implementation (H = 6.29, df = 4, p = .179). This indicates that employees from different age groups had broadly comparable perceptions of the health initiatives.

The absence of significant age differences in health initiative assessment may also be explained by the World Health Organization (2022), which showed that age shapes preferred forms of participation, but not necessarily overall judgments of whether health initiatives exist or are implemented. The present data suggest common organizational experiences across age groups.

Table 5.2 presents the test of difference in respondents' assessment of health initiatives when grouped according to sex.

Table 5.2 *Significant difference on the extent of the assessment of the respondents on the implementation of the health initiatives of the City Government when grouped according to sex*

Socio-Demographic Profile	Extent of the implementation of health initiatives of the City Government	U-value	p-value	Remarks	Decision
Sex	Availability and diversity of health seminars and activities	16693	0.893	Not Significant	Accept the Ho
	Accessibility of medical check-ups and screenings	16778	0.959	Not Significant	Accept the Ho
	Program Dissemination	16634	0.848	Not Significant	Accept the Ho
	Support Mechanism	16781	0.961	Not Significant	Accept the Ho
	Overall Extent of the implementation of health initiatives of the City Government	16575	0.790	Not Significant	Accept the Ho

The results reveal no significant differences in availability and diversity of seminars and activities (U = 16693, p = .893), accessibility of medical check-ups and screenings (U = 16778, p = .959), program dissemination (U = 16634, p = .848), support mechanism (U = 16781, p = .961), and overall extent of implementation (U = 16575, p = .790). This means that male and female employees assessed the health initiatives in statistically similar ways.

The absence of significant differences by sex reflects the review showing that sex often influences health behavior and participation preference, yet it does not always produce different perceptions of organizational wellness support. The World Health Organization (2022) and Garcia et al. (2023) support the existence of sex-based preference differences, but the present findings show no corresponding difference in perceived implementation extent.

Table 5.3 presents the test of difference in respondents' assessment of health initiatives when grouped according to civil status.

Table 5.3 *Significant difference on the extent of the assessment of the respondents on the implementation of health initiatives of the City Government when grouped according to civil status*

Socio-Demographic Profile	Extent of the implementation of health initiatives of the City Government	H-value	df	p-value	Remarks	Decision
Civil Status	Availability and diversity of health seminars and activities	3.73	3	0.292	Not Significant	Accept the Ho
	Accessibility of medical check-ups and screenings	2.63	3	0.452	Not Significant	Accept the Ho
	Program Dissemination	3.47	3	0.324	Not Significant	Accept the Ho
	Support Mechanism	2.83	3	0.418	Not Significant	Accept the Ho
	Overall Extent of the implementation of health initiatives of the City Government	2.53	3	0.469	Not Significant	Accept the Ho

The results show no significant differences in availability and diversity of seminars and activities (H = 3.73, df = 3, p = .292), accessibility of medical check-ups and screenings (H = 2.63, df = 3, p = .452), program dissemination (H = 3.47, df = 3, p = .324), support mechanism (H = 2.83, df = 3, p = .418), and overall extent of implementation (H = 2.53, df = 3, p = .469). This means that civil status did not significantly affect how employees assessed the implementation extent of health initiatives.

The absence of significant differences by civil status suggests that while life responsibilities may affect individual participation opportunities, they did not produce statistically different perceptions of health initiative implementation in this sample. This is in line with Smith and Anderson (2021), who emphasized contextual constraints but also highlighted that organizational program structures may be experienced similarly across groups.

Table 5.4 presents the test of difference in respondents' assessment of health initiatives when grouped according to length of service.

Table 5.4 *Significant difference on the level of implementation of the health initiatives of the City Government when grouped according to length of service*

Socio-Demographic Profile	Extent of the implementation of health initiatives of the City Government	H-value	df	p-value	Remarks	Decision
Length of Service	Availability and variety of fitness activities	3.27	4	0.514	Not Significant	Accept the Ho
	Accessibility and adequacy of fitness facilities	6.55	4	0.162	Not Significant	Accept the Ho
	Availability and functionality of fitness equipment	7.79	4	0.099	Not Significant	Accept the Ho
	Time allocation and scheduling of fitness activities	4.33	4	0.363	Not Significant	Accept the Ho
	Overall Extent of the implementation of health initiatives of the City Government	6.51	4	0.164	Not Significant	Accept the Ho

The results indicate no significant differences in availability and diversity of seminars and activities (H = 3.27, df = 4, p = .514), accessibility of medical check-ups and screenings (H = 6.55, df = 4, p = .162), program dissemination (H = 7.79, df = 4, p = .099), support mechanism (H = 4.33, df = 4, p = .363), and overall extent of implementation (H = 6.51, df = 4, p = .164). These findings mean that employees with different lengths of service did not significantly differ in their assessment of the extent of health initiatives.

The absence of significant differences by length of service can be read alongside Lee et al. (2023) and Santos and Mercado (2024), who associated longer exposure with greater trust and familiarity. However, the present data suggest that familiarity across tenure groups did not translate into substantially different evaluations of initiative extent.

Table 5.5 presents the test of difference in respondents' assessment of health initiatives when grouped according to body mass index.

Table 5.5 *Significant difference on the level of implementation of the health initiatives of the City Government when grouped according to Body Mass Index*

Socio-Demographic Profile	Extent of the implementation of health initiatives of the City Government	H-value	df	p-value	Remarks	Decision
Body Mass Index	Availability and variety of fitness activities	1.71	3	0.634	Not Significant	Accept the Ho
	Accessibility and adequacy of fitness facilities	3.25	3	0.354	Not Significant	Accept the Ho
	Availability and functionality of fitness equipment	3.67	3	0.300	Not Significant	Accept the Ho
	Time allocation and scheduling of fitness activities	2.72	3	0.436	Not Significant	Accept the Ho
	Overall Extent of the implementation of health initiatives of the City Government	2.20	3	0.531	Not Significant	Accept the Ho

The findings reveal no significant differences in availability and diversity of seminars and activities (H = 1.71, df = 3, p = .634), accessibility of medical check-ups and screenings (H = 3.25, df = 3, p = .354), program dissemination (H = 3.67, df = 3, p = .300), support mechanism (H = 2.72, df = 3, p = .436), and overall extent of implementation (H = 2.20, df = 3, p = .531).This means that respondents with different BMI classifications assessed the extent of health initiatives in statistically similar ways.

The absence of significant BMI-based differences reflects the view that BMI is primarily an indicator of health risk and need for intervention rather than a determinant of program perception. Workplace wellness studies emphasize that such programs should address broad employee health needs regardless of BMI status (World Health Organization, 2020; Goetzel et al., 2024).

6. Significant Relationship between the Level of Implementation of Fitness Programs and the Extent of the Assessment of Health Initiatives of the City Government

This section presents the results of the test of significant relationship between the level of implementation of fitness programs and the extent of the assessment of health initiatives of the City Government. The analysis is important because it determines whether the implementation of fitness-related programs is associated with how respondents assess the City Government's health initiatives. Specifically, it examines whether improvements in the implementation of fitness programs correspond to stronger assessments of health seminars and activities, accessibility of medical check-ups and screenings, program dissemination, and support mechanisms. By determining the relationship between these two major variables, the study provides a clearer understanding of how fitness programs and health initiatives are interconnected within the workplace setting and offers empirical support for the development of a more integrated and standardized fitness and health program for the City Government of Calamba.

Table 6.1 presents the relationship between the implementation of fitness programs in terms of availability and variety of fitness activities and the respondents' assessment of health initiatives.

Table 6.1 *Significant relationship between the level of implementation of fitness programs in terms of availability and variety of fitness activities and the extent of the assessment of health initiatives of the City Government*

Fitness Program	Health Initiatives	r-value	df	p-value	Remarks	Decision
Availability and variety of fitness activities	Availability and diversity of health seminars and activities	0.658	374	<.001	Significant	Reject Ho
	Accessibility of medical check-ups and screenings	0.567	374	<.001	Significant	Reject Ho
	Program dissemination	0.544	374	<.001	Significant	Reject Ho
	Support mechanism	0.547	374	<.001	Significant	Reject Ho
	Overall Health Initiatives	0.488	374	<.001	Significant	Reject Ho

The results showed significant positive relationships with availability and diversity of health seminars and activities (r = .658, df = 374, p < .001), accessibility of medical check-ups and screenings (r = .567, df = 374, p < .001), program dissemination (r = .544, df = 374, p < .001), support mechanism (r = .547, df = 374, p < .001), and overall health initiatives (r = .488, df = 374, p < .001).

These coefficients mean that as the availability and variety of fitness activities increase, the assessment of health initiatives also tends to improve. The strongest association in this table was with the availability and diversity of health seminars and activities, indicating that employees who perceive more varied fitness activities also tend to perceive broader health promotion efforts.

These correlations can be explained one dimension at a time. De Bourdeaudhuij et al. (2020) found that matching programs to employee preferences increases participation, which helps explain why varied fitness activities are associated with broader positive wellness assessment. Marín-Farrona et al. (2023) likewise showed that varied physical activity modalities improve worker

outcomes. van der Put et al. (2023) further explained that awareness and participation in worksite health programs are associated with better work performance and satisfaction, helping explain why fitness availability is positively tied to perceptions of health initiatives.

Table 6.2 presents the relationship between accessibility and adequacy of fitness facilities and the assessment of health initiatives.

Table 6.2 *Significant relationship between the level of implementation of fitness programs in terms of accessibility and adequacy of fitness facilities and the extent of the assessment of health initiatives of the City Government*

Fitness Program	Health Initiatives	r-value	df	p-value	Remarks	Decision
Accessibility and adequacy of fitness facilities	Availability and diversity of health seminars and activities	0.730	374	<.001	Significant	Reject Ho
	Accessibility of medical check-ups and screenings	0.604	374	<.001	Significant	Reject Ho
	Program dissemination	0.588	374	<.001	Significant	Reject Ho
	Support mechanism	0.593	374	<.001	Significant	Reject Ho
	Overall Health Initiatives	0.526	374	<.001	Significant	Reject Ho

The findings show significant positive relationships with availability and diversity of health seminars and activities ($r = .730$, $df = 374$, $p < .001$), accessibility of medical check-ups and screenings ($r = .604$, $df = 374$, $p < .001$), program dissemination ($r = .588$, $df = 374$, $p < .001$), support mechanism ($r = .593$, $df = 374$, $p < .001$), and overall health initiatives ($r = .526$, $df = 374$, $p < .001$).

This means that better access to and adequacy of fitness facilities are associated with stronger positive assessments of all health initiative dimensions. The strongest correlation was with availability and diversity of health seminars and activities, suggesting that employees may view accessible facilities as part of a broader organizational commitment to wellness.

The findings on facility accessibility are also clarified by Hipp et al. (2025), who identified worksite facilities and support amenities as core environmental supports for physical activity. van den Heuvel et al. (2022) also explained that barriers related to scheduling, access, and the built environment hinder participation even when facilities exist. OECD (2022) likewise highlighted that supportive organizational conditions are essential for sustainable workplace health outcomes. These studies help explain why facility accessibility is strongly related to perceived health initiative effectiveness.

Table 6.3 presents the relationship between availability and functionality of fitness equipment and the assessment of health initiatives

Table 6.3 *Significant relationship between the level of implementation of fitness programs in terms of availability and functionality of fitness equipment and the extent of the assessment of health initiatives of the City Government*

Fitness Program	Health Initiatives	r-value	df	p-value	Remarks	Decision
Availability and functionality of fitness equipment	Availability and diversity of health seminars and activities	0.658	374	<.001	Significant	Reject Ho
	Accessibility of medical check-ups and screenings	0.605	374	<.001	Significant	Reject Ho
	Program dissemination	0.592	374	<.001	Significant	Reject Ho
	Support mechanism	0.591	374	<.001	Significant	Reject Ho
	Overall Health Initiatives	0.509	374	<.001	Significant	Reject Ho

The results indicate significant positive relationships with availability and diversity of health seminars and activities ($r = .658$, $df = 374$, $p < .001$), accessibility of medical check-ups and screenings ($r = .605$, $df = 374$, $p < .001$), program dissemination ($r = .592$, $df = 374$, $p < .001$), support mechanism ($r = .591$, $df = 374$, $p < .001$), and overall health initiatives ($r = .509$, $df = 374$, $p < .001$).

These findings mean that employees who perceive equipment to be more available and functional also tend to evaluate the City Government's health initiatives more positively. Even though equipment was the weakest implementation area, it remains meaningfully connected to how employees judge the wider wellness environment.

The relationship involving equipment may also be explained by Jirathananuwat and Pongpirul (2023), who treated equipment and other environmental resources as enabling factors for participation in workplace physical activity. Marín-Farrona et al. (2023) similarly emphasized environmental resources within program design. Because equipment affects the actual experience of exercise participation, it is reasonable that better equipment conditions are associated with stronger assessments of seminars, dissemination, and support mechanisms as parts of the same wellness system.

Table 6.4 presents the relationship between time allocation and scheduling of fitness activities and the assessment of health initiatives

Table 6.4 *Significant relationship between the level of implementation of fitness programs in terms of time allocation and scheduling of fitness activities and the extent of the assessment of health initiatives of the City Government*

Fitness Program	Health Initiatives	r-value	df	p-value	Remarks	Decision
Time allocation and scheduling of fitness activities	Availability and diversity of health seminars and activities	0.765	374	<.001	Significant	Reject Ho
	Accessibility of medical check-ups and screenings	0.701	374	<.001	Significant	Reject Ho
	Program dissemination	0.692	374	<.001	Significant	Reject Ho
	Support mechanism	0.689	374	<.001	Significant	Reject Ho
	Overall Health Initiatives	0.585	374	<.001	Significant	Reject Ho

The results reveal significant positive relationships with availability and diversity of health seminars and activities ($r = .765$, $df = 374$, $p < .001$), accessibility of medical check-ups and screenings ($r = .701$, $df = 374$, $p < .001$), program dissemination ($r = .692$, $df = 374$, $p < .001$), support mechanism ($r = .689$, $df = 374$, $p < .001$), and overall health initiatives ($r = .585$, $df = 374$, $p < .001$).

These findings indicate that effective time allocation and scheduling are strongly associated with better assessment of health initiatives. In this set of correlations, scheduling had the strongest association with the availability and diversity of health seminars and activities, underscoring that timing is a decisive operational factor in employees' overall wellness experience.

Scheduling emerged as one of the strongest correlates in a way that closely reflects the reviewed studies. Jirathananuwat and Pongpirul (2022) identified scheduling and time allocation as key organizational determinants of participation. The CDC employer guide (2024) similarly emphasized flexible scheduling and integration with work structures. Bautista (2020) also found that scheduling was a critical factor affecting employee engagement in government office wellness programs. These studies explain why scheduling emerged as one of the strongest correlates of perceived health initiative effectiveness.

Table 6.5 presents the overall relationship between the level of implementation of fitness programs and the extent of health initiatives of the City Government.

Table 6.5 *Overall Significant relationship between the level of implementation of fitness programs and the extent of the assessment of health initiatives of the City Government*

Variable		r-value	df	p-value	Remarks	Decision
Overall Assessment of Fitness Programs	Overall Extent of Health Initiatives	0.738	374	<.001	Significant	Reject Ho

The results show a statistically significant positive relationship between the overall assessment of fitness programs and the overall extent of health initiatives ($r = .738$, $df = 374$, $p < .001$). This means that stronger implementation of fitness programs is associated with stronger assessment of health initiatives. In substantive terms, the two domains move together: when the fitness program is perceived as better implemented, the City Government's broader health initiatives are also more likely to be assessed positively.

This overall finding reflects the synthesis of the reviewed studies. van der Put et al. (2023) argued that participation and awareness in worksite health promotion are linked to better workplace outcomes. OECD (2022) emphasized that supportive policy and organizational environments produce stronger wellness outcomes. Kamil et al. (2025), Lötters et al. (2023), Baumann et al. (2023), and Hemmingsson et al. (2025) collectively show that effective health initiatives are multi-dimensional and interdependent. The strong positive correlation found in the present study therefore indicates that fitness programming and health initiatives should not be treated as separate efforts but as mutually reinforcing components of a standardized wellness system.

7. Proposed Enhanced Fitness and Health Program

The findings of the study showed that while the fitness awareness programs of the City Government of Calamba were generally rated as moderately implemented, important areas of weakness remain. Among the dimensions of fitness program implementation, availability and functionality of fitness equipment obtained the lowest mean and was interpreted as slightly implemented ($M = 2.44$). This indicates inadequacy in the sufficiency, condition, maintenance, and readiness of equipment used during wellness activities. In addition, although the accessibility and adequacy of fitness facilities and time allocation for fitness activities were moderately implemented, some indicators under these dimensions still reflected operational weaknesses, such as limited written schedules, insufficient safety signage, and inadequate provisions for employees assigned to different work shifts.

The results also revealed that the implementation of health initiatives was assessed only to a slight extent overall ($M = 2.43$). In particular, accessibility of medical check-ups and screenings received the lowest mean ($M = 2.42$), while program dissemination

(M = 2.45) and support mechanism (M = 2.45) also remained weak. These findings suggest that although some health-related efforts are present, they are not yet sufficiently accessible, systematically communicated, or institutionally supported. The absence of strong dissemination channels, formal wellness coordination, and sustained preventive services may limit employee participation and reduce the impact of the existing wellness efforts.

Moreover, the correlation analysis established a significant positive relationship between the level of implementation of fitness programs and the extent of assessment of health initiatives. This means that stronger implementation of fitness-related components is associated with better implementation of broader health initiatives. Therefore, there is a need to develop an enhanced and standardized fitness and health program that will address the weak dimensions identified in the study and strengthen the overall wellness system of the City Government of Calamba.

The proposed enhancement program aims to strengthen the implementation of the fitness and health Government of Calamba's fitness and health initiatives. Specifically, it seeks to improve the availability and functionality of fitness equipment, enhance access to medical check-ups and health screenings, strengthen program dissemination across offices, institutionalize support mechanisms for employee wellness, and standardize the scheduling and delivery of fitness and health activities. It also aims to develop a more integrated wellness system that is needs-based, inclusive, and responsive to the working conditions of City Government employees.

The first major component of the enhancement program is the Fitness Equipment Improvement and Maintenance Program. This program is proposed because fitness equipment was identified as the weakest area in the implementation of fitness awareness programs. The study showed low ratings in the sufficiency of equipment units, equipment operability, posted safety instructions, maintenance checks, and the availability of different equipment types for aerobic, strength, and flexibility activities. To address this, the City Government should establish an inventory and procurement system for basic exercise equipment, assign regular maintenance and sanitation responsibilities, and ensure that damaged equipment is immediately tagged and removed from use. This program will improve the safety, adequacy, and usability of physical resources needed for wellness activities.

The second major component is the Periodic Employee Health Screening and Check-up Program. This is proposed because accessibility of medical check-ups and screenings emerged as the weakest dimension among the health initiatives. Employees need more convenient and regular access to preventive health services such as blood pressure monitoring, body mass index assessment, blood sugar testing, and basic medical consultation. The City Government may coordinate with the City Health Office or partner healthcare providers to conduct quarterly on-site screenings during work hours. This would reduce barriers related to time, inconvenience, and limited access, while also promoting preventive health awareness among employees.

The third component is the Wellness Information and Dissemination Strengthening Program. This responds to the weak rating in program dissemination. The findings suggest that announcements are not consistently delivered through multiple official channels and that employees may not always receive adequate information regarding program objectives, schedules, target participants, and registration procedures. Under this component, the City Government should institutionalize a multi-channel dissemination system using office memoranda, official social media pages, group messaging platforms, email advisories, and bulletin boards. Standard announcement templates may also be prepared to ensure that all necessary information is communicated clearly and consistently before each activity.

The fourth component is the Wellness Governance and Support Mechanism Program. This addresses the weak support mechanism found in the results, particularly the low rating for the presence of a designated committee or focal person and the limited formal use of employee feedback. The City Government should formally designate a Wellness Committee or Wellness Focal Person who will coordinate, monitor, and evaluate all employee fitness and health activities. This committee should also be responsible for collecting employee feedback, preparing implementation reports, and recommending improvements in succeeding activities. Institutional support from supervisors and management should be strengthened through written policies and regular coordination.

The fifth component is the Standardized Wellness Scheduling and Inclusive Participation Program. Although time allocation and scheduling were moderately implemented, the lower-rated indicators show that improvements are still needed in written scheduling, schedule adjustments, and provisions for employees working different shifts or with physical limitations. This program will establish a quarterly wellness calendar, provide advance notice of activities, offer alternative schedules when needed, and integrate modified or inclusive routines for employees with special physical conditions. This will promote wider participation and help ensure that wellness activities are organized in a way that minimizes disruption to office operations. The detailed discussion of the projects and activities for each program is shown in Appendix B.

Based on the findings, the proposed enhancement program is designed to strengthen the weak areas in the current implementation of the City Government of Calamba's fitness and health initiatives while sustaining the dimensions that were

already moderately implemented. The proposal is anchored on the identified deficiencies in equipment, screenings, dissemination, support mechanisms, and standardized scheduling. Since the results also established a significant positive relationship between fitness program implementation and health initiative implementation, the enhancement program adopts an integrated approach rather than treating fitness and health interventions as separate efforts. Through the adoption of this standardized enhancement program, the City Government of Calamba may improve employee participation, promote preventive health behavior, and institutionalize a more responsive and sustainable workplace wellness system.

Table 7.1. *Fitness and health initiatives for the City Government of Calamba*

Program/Project	Specific	Target Group	Measurable and Time-Bound Output	Responsible Office	Monitoring Indicator
1. Calamba Active Access Program	Improve the weakest area, fitness equipment, by procuring and maintaining safe, functional, and varied exercise equipment for employee wellness sessions.	All City Government employees; priority to offices with frequent program participation.	By Month 6, increase equipment inventory to support aerobic, strength, and flexibility sessions; implement a quarterly maintenance log; and target a mean rating increase from 2.44 to at least 2.90 in the next evaluation.	Human Resource Office, General Services Office, BAC, City Health Office	Quarterly inventory and maintenance audit; user feedback survey; utilization log
2. Structured Wellness Scheduling System	Address the low ratings for written schedules and shift-inclusive scheduling through a formal annual and quarterly wellness calendar disseminated across offices.	All departments and shift-based personnel.	Within 3 months, publish an annual wellness framework and quarterly activity calendar; announce all sessions at least one week in advance; and provide at least one alternative schedule per major activity.	Human Resource Office, Department Heads, Wellness Committee	Calendar issuance record; attendance comparison by office and shift; compliance check
3. Safe and Visible Fitness Facility Initiative	Strengthen safety provisions in facilities, particularly signage and emergency information, while maintaining strong facility accessibility.	All employees using wellness venues.	Within 4 months, post safety signage, emergency contacts, hazard reminders, and equipment-use guidance in 100% of identified fitness venues.	General Services Office, City Disaster Risk Reduction and Management Office, City Health Office	Facility inspection checklist; photo documentation; employee safety perception survey
4. Health Screening Access and Referral Drive	Improve the lowest-rated health initiative dimension by making medical check-ups and screenings more accessible	All employees, with risk-prioritized referral for overweight and obese personnel.	Within 6 months, conduct at least two on-site screening cycles covering BMI, blood pressure, blood sugar, and counseling referral, with participation of	City Health Office, HR Office, partner clinics/hospitals	Screening attendance records; referral compliance; post-screening report

Program/Project	Specific	Target Group	Measurable and Time-Bound Output	Responsible Office	Monitoring Indicator
	during work hours.		at least 70% of employees.		
5. Multi-Channel Wellness Communication Plan	Address the weak program dissemination scores by using at least two official channels for all wellness announcements and reminders.	All City Government employees.	Starting immediately and sustained quarterly, 100% of wellness announcements shall be released through at least two official channels and include objective, target participants, date, time, venue, and registration details.	HR Office, Public Information Office, ICT Office	Communication audit; message template compliance; participation trend analysis
6. Wellness Governance and Feedback Mechanism	Improve support mechanisms by organizing a dedicated wellness committee and formalizing feedback use.	All employees and supervisors.	Within 2 months, create a wellness committee with written roles; within each quarter, collect employee feedback after every major activity and publish at least one improvement action taken from feedback.	City Administrator's Office, HR Office, Department Heads	Committee order; feedback forms; quarterly action report
7. Healthy Weight and Lifestyle Coaching Series	Anchor interventions to the high proportion of overweight and obese employees and provide preventive education and coaching.	Employees classified as overweight or obese, while open to all personnel.	Within 6 months, run at least four sessions on nutrition, physical activity, behavior change, and stress management, and enroll at least 50% of identified at-risk employees in a coaching or monitoring track.	City Health Office, HR Office	Enrollment list; session attendance; follow-up BMI and self-reported behavior change

This chapter presents a synthesis of the results derived from the study, highlighting the key findings, drawing meaningful conclusions, and offering practical recommendations based on the analysis.

This study was conducted to determine the implementation of the fitness program and health initiatives of the City Government of Calamba and to use the findings as basis for a standardized fitness and health program. Specifically, it described the socio-demographic profile of the respondents, determined the level of implementation of fitness awareness programs and the extent of assessment of health initiatives, tested the significant differences when grouped according to profile variables, examined the relationship between the two major variables, and proposed an enhanced fitness and health program.

1. Socio-demographic Profile of the Respondents

The findings of the study showed that the socio-demographic profile of the respondents was characterized by a concentration in several major groups. In terms of age, the largest proportion belonged to the 26–45 age group with 177 respondents or 47.1%, while the smallest group was 18–25 years old with 12 respondents or 3.2%. In terms of sex, female respondents comprised the majority with 229 or 60.9%, whereas male respondents accounted for 147 or 39.1%. As to civil status, married respondents had the highest frequency with 202 or 53.7%, while separated respondents had the lowest with 3 or 0.8%. In terms of body mass index, overweight respondents formed the largest group with 158 or 42.0%, while underweight respondents constituted the smallest group with 8 or 2.1%. These results indicate that the respondents were largely composed of middle-aged, female, married, and overweight employees, suggesting the need for health and fitness programs that are sensitive to the actual demographic and physical characteristics of the workforce.

2. Level of implementation of the fitness awareness programs of the City Government

With respect to the level of implementation of the fitness awareness programs of the City Government, the findings revealed an overall mean of 2.68, verbally interpreted as Moderately Implemented. Among the four dimensions, accessibility and adequacy of fitness facilities obtained the highest mean of 2.82, followed by availability and variety of fitness activities with a mean of 2.76, and time allocation and scheduling of fitness activities with a mean of 2.69, all interpreted as Moderately Implemented. In

contrast, availability and functionality of fitness equipment obtained the lowest mean of 2.44 and was interpreted as Slightly Implemented. These findings show that although the City Government has already established some structures for employee fitness awareness programs, the provision and functionality of equipment remain a major weakness. The results suggest that the existing implementation is stronger in terms of facilities and general activity arrangements, but still limited in material resources necessary for full and effective program delivery.

3. Extent of the assessment of the respondents on the implementation of the health initiatives of the City Government

In terms of the respondents' assessment of the implementation of health initiatives of the City Government, the overall mean was 2.43, interpreted as Slight Extent. Among the dimensions, availability and diversity of health seminars and activities obtained the highest mean of 2.53 and was interpreted as Moderate Extent. This was followed by both program dissemination and support mechanism, each with a mean of 2.45, and accessibility of medical check-ups and screenings with the lowest mean of 2.42, all interpreted as Slight Extent. These findings indicate that while some health-related seminars and activities are being conducted and observed by employees, the overall implementation of health initiatives remains weak. In particular, the low rating for accessibility of medical check-ups and screenings suggests that preventive health services are not yet sufficiently accessible or visible to employees. Likewise, the low means for dissemination and support mechanisms imply that the communication and institutional reinforcement of health initiatives remain inadequate.

4. Significant difference in the level of implementation of the fitness awareness programs when grouped according to demographic profile variables

For age, no significant differences were found in any of the four sub-variables and in the overall level of implementation, with all p-values greater than .05. For sex, no significant differences were also found across all sub-variables and the overall implementation, with all p-values greater than .05.

For civil status, a significant difference was found only in accessibility and adequacy of fitness facilities ($H = 8.17$, $df = 3$, $p = .043$), while the rest of the sub-variables and the overall assessment showed no significant difference.

For length of service, no significant differences were observed across all sub-variables and in the overall level of implementation, with all p-values greater than .05.

For body mass index, no significant differences were likewise found across all sub-variables and the overall level of implementation, with all p-values greater than .05. These findings indicate that the implementation of fitness awareness programs was generally perceived in a similar manner across most respondent groupings, except for civil status in relation to accessibility and adequacy of fitness facilities.

5. Significant difference in the extent of the assessment of the respondents on the implementation of the health initiatives of the City Government when grouped according to demographic profile variables

No significant differences were found when the extent of implementation of health initiatives was grouped according to age, sex, civil status, length of service, and body mass index, both in the sub-variables and in the overall extent of implementation, since all p-values were greater than .05. This means that the respondents shared generally comparable assessments of the City Government's health initiatives regardless of demographic grouping.

6. Significant relationship between the level of implementation of fitness programs and the extent of the assessment of health initiatives of the City Government

A significant relationship was found between all dimensions of the fitness programs and all dimensions of health initiatives, with all p-values less than .001. In terms of availability and variety of fitness activities, the correlation coefficients ranged from $r = .488$ to $r = .658$. For accessibility and adequacy of fitness facilities, the correlations ranged from $r = .526$ to $r = .730$. For availability and functionality of fitness equipment, the correlations ranged from $r = .509$ to $r = .658$. For time allocation and scheduling of fitness activities, the correlations ranged from $r = .585$ to $r = .765$. The overall relationship between the overall assessment of fitness programs and the overall extent of health initiatives was strong and significant ($r = .738$, $df = 374$, $p < .001$).

7. Proposed enhanced fitness and health program

Based on the findings, an enhanced fitness and health program was proposed for the City Government of Calamba. The proposed program was designed to strengthen areas that require improvement, particularly in the provision and functionality of equipment, medical and screening accessibility, program dissemination, and formal support mechanisms, while sustaining areas that already showed relatively stronger implementation such as facility accessibility, activity monitoring, and supervisory support. The proposed program serves as a basis for a more standardized, inclusive, and sustainable fitness and health framework for city government employees.

Based on the findings of the study, the following conclusions were drawn:

1. The respondents were largely composed of working adults who were already established in government service, with a demographic profile that highlights the importance of designing employee wellness programs suited to varied life stages, work roles, and health conditions.
2. The fitness awareness programs of the City Government of Calamba have been implemented to a workable degree, but their delivery remains uneven across components. Program strengths appear to be more visible in facility access and supervisory allowance for participation than in equipment provision and structured scheduling.
3. The health initiatives of the City Government are present, but they are not yet sufficiently institutionalized to be experienced broadly and consistently by employees. Preventive services, communication systems, and organizational support structures still need stronger integration.
4. The implementation of fitness programs is generally viewed similarly across most demographic groups, suggesting that many program experiences are commonly shared across employees. However, civil status appears to shape how respondents experience the accessibility and adequacy of fitness facilities, indicating that personal and social circumstances may influence access-related perceptions.
5. The assessment of health initiatives does not substantially differ across demographic groupings, which suggests that employees hold a largely common view regarding the current reach and operation of these initiatives.
6. Fitness programs and health initiatives function as interconnected aspects of employee wellness. Improvements in one area are closely linked with improvements in the other, indicating that wellness efforts are more effective when they are implemented as a coordinated system rather than as separate activities.
7. A standardized and enhanced fitness and health program is necessary to strengthen institutional support, improve access and communication, broaden participation, and promote a more sustainable culture of health and wellness within the City Government of Calamba.

Based on the findings and conclusions of the study, the following recommendations are offered:

1. The City Government of Calamba is recommended to institutionalize a standardized employee wellness program through an approved annual wellness plan, written guidelines, and a fixed implementation calendar.
2. A permanent wellness committee or focal team may be designated to oversee planning, implementation, coordination, monitoring, and post-activity evaluation of all fitness and health initiatives.
3. Program schedules is recommended to include flexible time options, such as before office hours, lunch breaks, after office hours, and rotating schedules for employees assigned to different work shifts.
4. Medical check-ups and health screening activities is recommended to be conducted on a more regular basis and, as much as possible, delivered on-site or through scheduled partnerships with local health providers to improve employee access.
5. Safety provisions in fitness venues may be strengthened through visible signage, emergency contact posting, hazard checks, and routine cleaning and sanitation procedures.
6. Supervisors and department heads is advised to continue supporting employee participation and should be oriented on how wellness activities may be integrated without disrupting public service delivery.
7. Employee feedback mechanisms may be formalized through post-activity surveys, attendance tracking, and periodic wellness consultations so that program adjustments are based on actual employee needs and participation patterns.
8. The proposed enhanced fitness and health program should be adopted as a pilot implementation framework and periodically reviewed for refinement, sustainability, and eventual standardization across offices of the City Government.
9. Future researchers may conduct a follow-up study using a wider set of variables and a mixed-methods approach to generate deeper evidence on the effectiveness, sustainability, and long-term outcomes of fitness and health programs in local government settings.

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