

## **An Environmental Scan of Workplace Wellness Programs in Alberta**

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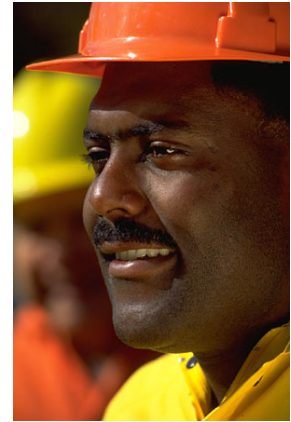
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## Part 1: Origins of this Project

The 1985 *Fitness and Lifestyle Survey* (Department of Physical Education and Sport Studies, University of Alberta, 1985) was the first to explore the frequency and type of fitness, sport, recreation, and health education programs in a variety of businesses in Alberta. This survey was carried out by the Department of Physical Education and Sport Studies of the University of Alberta, in partnership with Alberta Recreation and Parks.

Seven years later, the Alberta Centre for Well-Being (which became the Alberta Centre for Active Living in 2001) administered the 1992 *Survey of Workplace Physical Activity and Health Promotion Programs* (Alberta Centre for Well-Being, 1994) in collaboration with the Recreation, Parks, and Wildlife Foundation. The detailed information gathered in the 1992 survey updated the baseline information drawn from the 1985 *Fitness and Lifestyle Survey*.



The 1992 survey also provided data for the 1992 *National Workplace Survey* (Craig, Beaulieu, & Cameron, 1993) conducted by the Canadian Fitness and Lifestyle Research Institute, the Canadian Centre for Active Living in the Workplace, and various provincial partners. Many workplace wellness initiatives have since been implemented in Alberta as well as across Canada.

In 1997, the Alberta Centre for Well-Being and other members of the Active Lifestyles Portfolio joined forces in the nationwide movement to reduce physical inactivity by 10% by 2003. In this context, the Alberta Centre for Well-Being created a special information and research section to look into active living in the workplace (based on recommendation #19 of the Alberta Active Living Strategy) (Alberta Active Living Task Force, 1998).

*Workplace Active Living in Alberta: A Needs Assessment* (Poon, Zuck, Plotnikoff, & Horne, 2000), published by the Alberta Centre for Well-Being and funded by Alberta Community Development and the Alberta Sport, Recreation, Parks & Wildlife Foundation, came out of this context.

In addition, the Alberta Centre for Active Living (in partnership with the Alberta Sport, Recreation, Parks & Wildlife Foundation) implemented a three-year project between 2000 and 2003 to develop and test a program standard and audit tool in various workplaces in Alberta (Plotnikoff, Fein, Milton, Prodaniuk, & Mayes, 2003). This tool helps employers and others concerned about employees' physical activity levels to assess whether a workplace environment supports physical activity.

Requests for more information and the need for a centralized, provincial listing of current workplace wellness programs accessible to practitioners prompted the Alberta Centre for Active Living (in collaboration with the Alberta Sport, Recreation, Parks & Wildlife Foundation) to produce this environmental scan of workplace wellness programs in Alberta.

## Part 2: Why Bring Physical Activity into the Workplace?

Despite strong evidence supporting the benefits of regular physical activity, two-thirds of the industrialized world may not meet minimum physical activity standards (Craig, Russell, Cameron, & Beaulieu, 1999; US Department of Health and Human Services, 1996). This physical inactivity constitutes a major public health concern (Bouchard, Shephard, & Stephens, 1994; US Department of Health and Human Services, 1996) with related social and economic costs (Colditz, 1999; Katzmarzyk, Gledhill, & Shephard, 2000).

A recent Health Canada initiative (Health Canada, 1999; Health Canada & Canadian Society for Exercise Physiology, 1998), along with the Catalonia Declaration (Autonomous Government of Catalonia, 1996) and the US Surgeon General's *Report on Physical Activity and Health* (US Department of Health and Human Services, 1996), all identified the workplace as a key setting for encouraging physical activity adoption and maintenance in the adult population.

The workplace is a good place to promote physical activity for several reasons, e.g., its established channels of communication and existing support networks. Workplaces also develop corporate norms of behaviour (Shephard, 1996).

After implementing worksite fitness and exercise initiatives, employers have found

- ▶ improvements in corporate image and recruitment;
- ▶ gains in productivity;
- ▶ decreases in absenteeism and turnover;
- ▶ lower medical costs and decreases in industrial injuries (Shephard, 1989).

In terms of reducing the risk of cardiovascular disease, a recent summary of the literature on workplace interventions estimates that these interventions have reduced the risk of cardiovascular morbidity and overall mortality to a "meaningful degree" (Dishman, Oldenburg, O'Neal, & Shephard, 1998, p. 348).

As many Canadian adults spend a significant amount of time at work, Health Canada (1999) identified the important role of the workplace in encouraging physical activity. *Health Canada's Business Case for Active Living at Work* (2001) includes information on the benefits of physical activity (in general and at work) and is available on Health Canada's web site at [www.activelivingatwork.com](http://www.activelivingatwork.com).

Despite national and international public-health objectives targeting the workplace as an important setting for increasing physical activity, there are still major limitations to these initiatives. Initial participation rates normally include 20–30% of employees and only half of these regularly participate (Dishman, Oldenburg, O'Neal, & Shephard, 1998). Moreover, the Campbell's Survey revealed that only 1–2% of the Canadian population reports exercising at work (Canadian Fitness and Lifestyle Research Institute, 1988).

### **Part 3: How the Centre Designed this Evaluation Scan**

This evaluation scan involved gathering data about workplace wellness programs (ones that included physical activity) currently offered by Alberta organizations. We used the Alberta Centre for Active Living's database to compile a list of organizations with workplace wellness programs. In addition, we sent 52 letters to people in the centre's database who might be able to provide more information about Alberta's workplace wellness programs.



This dual process yielded a list of 70 organizations currently offering workplace wellness programs with a physical activity component. We phoned each of these organizations to ask them to participate in the environmental scan. Between December 2003 and January 2004, we sent workplace wellness surveys (along with information letters and informed consent forms) to the people responsible for workplace wellness programs in the 49 organizations that initially told us that they wanted to participate.

Of these 49 organizations, a large proportion (30, 61.2%) returned the workplace wellness survey and the informed consent form (see the Appendix for a list of participating organizations).

Fifteen (30.6%) organizations did not respond to the letters and the follow-up calls or did not do it in time to be included in this report. Finally, four (8.2%) organizations declined to participate after receiving the printed materials and survey.

## Part 4: Results of the Environmental Scan

### *Locations of Respondents*

Most respondents came from the following locations:

- Calgary (26.7%);
- Edmonton (23.3%);
- Lethbridge (10%);
- Red Deer and Fort Saskatchewan (6.7% each);
- Grand Prairie, Fort McMurray, Hinton, Medicine Hat, Peace River, Sherwood Park, and Whitecourt (3.3% each).



**Table 1: Number of participating organizations by cities**

| City              | Number | Per Cent |
|-------------------|--------|----------|
| Calgary           | 8      | 26.7     |
| Edmonton          | 7      | 23.3     |
| Lethbridge        | 3      | 10.0     |
| Red Deer          | 2      | 6.7      |
| Fort Saskatchewan | 2      | 6.7      |
| Fort McMurray     | 1      | 3.3      |
| Grand Prairie     | 1      | 3.3      |
| Hinton            | 1      | 3.3      |
| Medicine Hat      | 1      | 3.3      |
| Peace River       | 1      | 3.3      |
| Sherwood Park     | 1      | 3.3      |
| Whitecourt        | 1      | 3.3      |
| Other             | 1      | 3.3      |
| Total             | 30     | 100.0    |

### *Physical Setting and Purpose*

- Ø The organizations that agreed to participate included
- corporations (16, 53.3%);
  - government institutions (7, 23.3%);

- ▶ educational institutions (3, 10%);
  - ▶ service agencies (2, 6.7%).
- ∅ Other types of organizations included those whose settings are complex and non-traditional (2, 6.7%) because they are located in high-rise buildings in the commercial centres of cities' downtown areas.

Unlike the simple and traditional organizations with all their offices in one building or in multiple buildings within an area that belongs to the organization, the complex and non-traditional types may have to share their facilities with other occupants of the building.

**Table 2: Number of organizations by type of physical setting and purpose**

| Type of Organization     | Number | Per Cent |
|--------------------------|--------|----------|
| Corporations             | 16     | 53.3     |
| Government institutions  | 7      | 23.3     |
| Educational institutions | 3      | 10.0     |
| Service agencies         | 2      | 6.7      |
| Others                   | 2      | 6.7      |
| Total                    | 30     | 100.0    |

***Public vs. Private Sector***

Of the 30 participating organizations, 56.7% (n = 17) were from the public sector and 43.3% (n = 13) were from the private sector.

***Number of Employees***

- ∅ The number of employees indicates the size of the organization.
- ▶ Approximately one-third of the participating organizations (12, 40%) have fewer than 1,000 employees. Fifty-eight per cent of this group have fewer than 250 employees.
  - ▶ Approximately two-thirds (18, 60%) of the whole sample have more than 1,000 employees. Of these, 50% (n = 9) have between 1,001 and 2,500 employees and the other 50% (n = 9) have more than 2,500 employees.

**Table 3: Number of organizations by sector and number of employees**

| Number of employees currently employed in the organization |         | 0-250 | 251-500 | 501-1,000 | 1,001-2,500 | 2,501+ | Total |
|--|---------|-------|---------|-----------|-------------|--------|-------|
| Type of organizations by sector                            | Public  | 2     | 0       | 3         | 7           | 5      | 17    |
|  | Private | 5     | 1       | 1         | 2           | 4      | 13    |
| Total  |         | 7     | 1       | 4         | 9           | 9      | 30    |

- ∅ In Table 3, cross-tabulating the number of organizations by sector and number of employees shows that most of the public-sector organizations are fairly large.
 

Forty-one per cent (n = 7) of the public-sector organizations have between 1,001 and 2,500 employees. In addition, 29.4 % (n = 5) have more than 2,500 employees.
- ∅ Conversely, private-sector organizations typically are either small, with fewer than 250 employees (5, 38.5%), or large, with more than 2,500 employees (4, 30.8%).

***Respondents' Positions in the Organizations***

The respondents held positions as

- occupational health nurses (9, 30%);
- health or wellness coordinators/consultants (9, 30%);
- health and wellness team leaders (5, 16.7%);
- human resources directors (2, 6.7%);
- other personnel (5, 16.7%) in charge of the workplace wellness program.

***When the Workplace Wellness Programs Started***

- ∅ Seventy per cent (n = 21) of the participating organizations started their workplace wellness programs in the 1990s. Only 16.7% (n = 5) started before 1990.
- ∅ More than half of the workplace wellness programs had been running for more than five to ten years. This figure compares with the remaining 13.3% (n = 4) that only started after 2000.

**Table 4: Organizations by sector and the year that their workplace wellness program started**

| Year the workplace wellness program started |         | Before 1990 | 1991–1995 | 1996–2000 | After 2001 | Total |
|---|---------|-------------|-----------|-----------|------------|-------|
| Type of organization by sector              | Public  | 2           | 5         | 9         | 1          | 17    |
|   | Private | 3           | 1         | 6         | 3          | 13    |
| Total                                       |         | 5           | 6         | 15        | 4          | 30    |

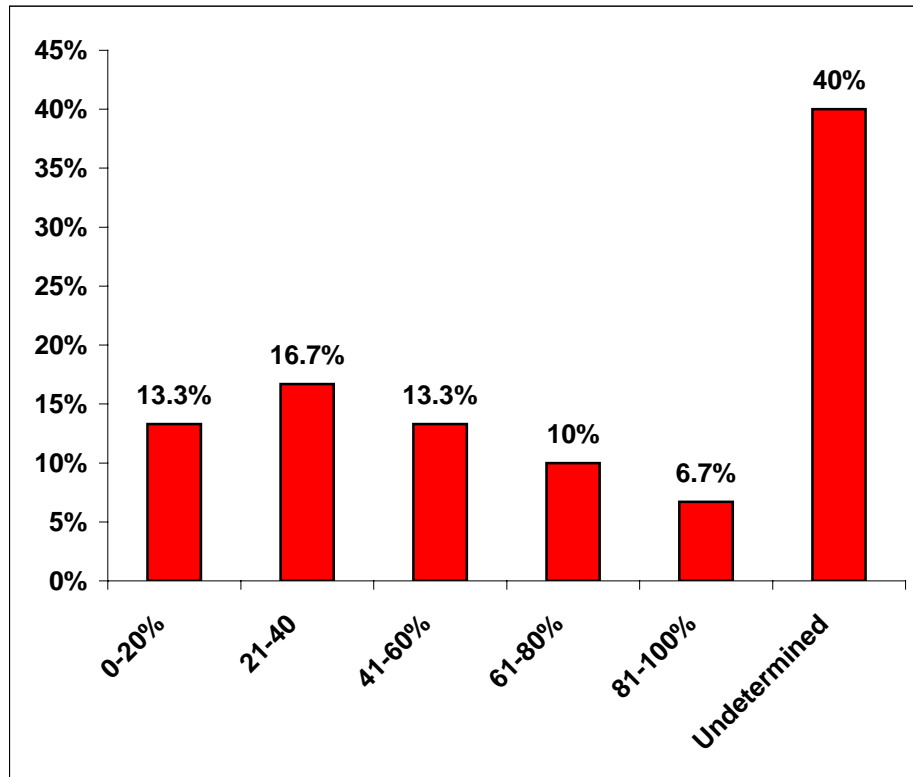
- ∅ In Table 4, cross-tabulating organizations by sector and workplace wellness programs by year shows that public-sector programs were at their peak in the early to later half of the 1990s. In contrast, private-sector workplace wellness initiatives peaked in the later half of the 1990s.

***Employee Participation***

- ∅ Forty per cent (n = 12) of the organizations did not record the percentage of employee participation in their workplace wellness programs.

- Ø Of the 60% that estimated employee participation, half (n = 9) said they had less than 40% employee participation and the other half (n = 9) reported more than 40% employee participation.

**Figure 1: Percentage of employee participation in the workplace wellness program**



- Ø Only one organization had 100% employee participation. This was a private-sector organization with fewer than 250 employees and the most comprehensive workplace wellness program in our sample (a program that has run for seven years).
- Ø Our study also revealed that more public than private companies (47.1% vs. 30.8%) reported an undetermined percentage of employee participation.

### ***Responsibility for the Workplace Wellness Program***

- Ø Our results show that most participating organizations (20, 66.7%) adopted a collaborative approach (among departments, divisions, and committees) in managing their workplace wellness programs.
- Ø A minority of workplace programs were either led by the organizations' human resources departments (3, 10%) or delegated to a specific department such as occupational health and safety (2, 6.7%).
- Ø In a few organizations, each department organized its own workplace wellness initiatives. However, what worked best for most organizations was collaboration among departments, divisions, and committees.

- ∅ A few organizations (5, 16.7%) used other methods, including social or fitness clubs and specially created committees, to look after the health and safety of their employees.

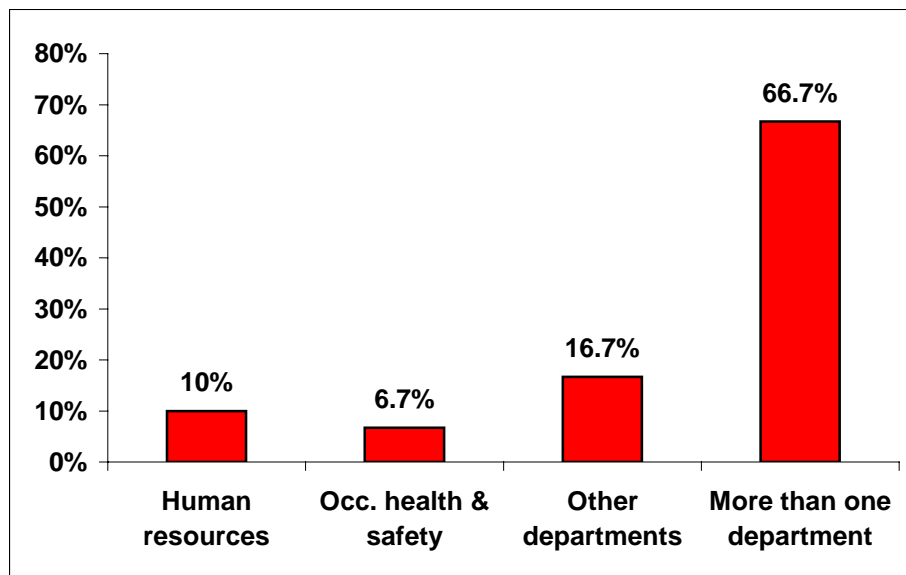
These committees went under various names, e.g.,

- lifestyle committees;
- fitness/exercise committees;
- health and wellness committees;
- rewards and recognition committees;
- safety committees; and
- senior management safety committees.



- ∅ Several organizations stated that although employees usually created the special committees, management also supported the initiative.

**Figure2: Departments responsible for workplace wellness programs**

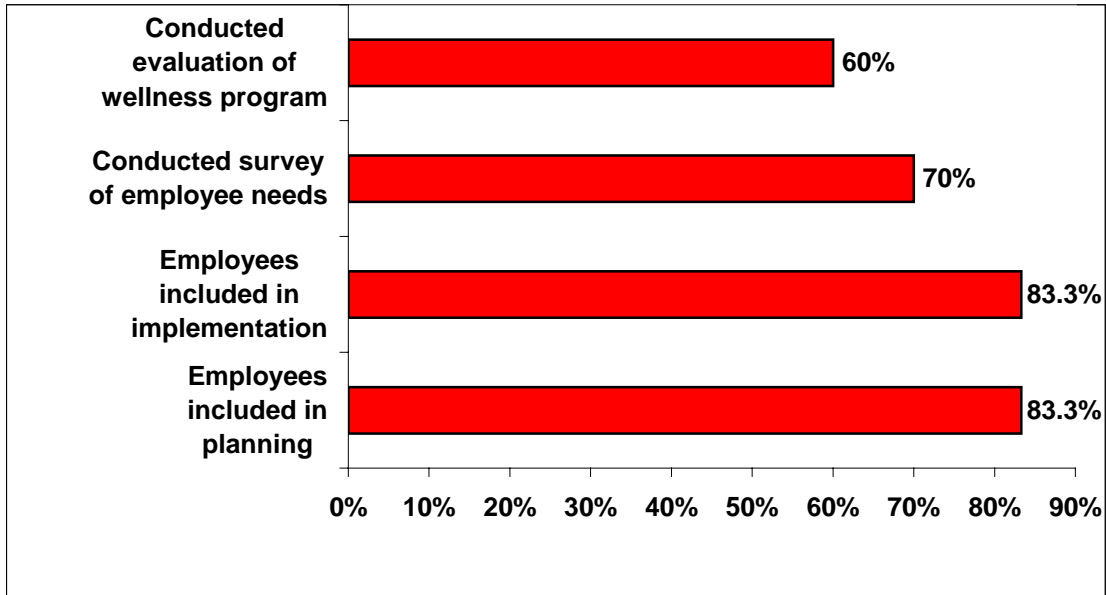


***Evaluation of Programs and Involvement of Employees***

- ∅ Our findings show that 83.3% (n = 25) of all organizations included their employees in planning and implementing their workplace wellness programs.
- ∅ Seventy per cent have surveyed employee needs, but only 60% have evaluated their programs.
- ∅ The percentage of organizations that have surveyed employee needs is particularly low in companies with 1,001 to 2,500 employees (44.4%). However, larger companies (those with

more than 1,001 employees) are also more likely than their smaller counterparts to have evaluated their workplace wellness program (72.2% vs. 38.5%).

Figure 3: Employee involvement in and evaluation of workplace wellness programs



***Access to the Workplace Wellness Program***

- ∅ More organizations (16, 53.3%) included their retired employees and family members in their workplace wellness programs than those who reserved their programs exclusively for their employees (14, 46.7%).
- ∅ Unlike corporations and government institutions, educational institutions opened their workplace wellness facilities not only to employees and their families, but also to students and the general public. Service agencies’ facilities were also open to their clients and contractors.

***Goals of the Workplace Wellness Program***

- ∅ Most organizations’ primary goal was to promote health and wellness among their employees by increasing awareness about a more balanced lifestyle. Their secondary goal was to create a positive, safe, and healthy work environment. Several organizations emphasized providing a supportive environment where employees could be physically active.
- ∅ Many organizations also included the following among their goals
  - promoting physical activity on and off the job;
  - encouraging eating healthier food;
  - improving communication; and
  - providing peer support.

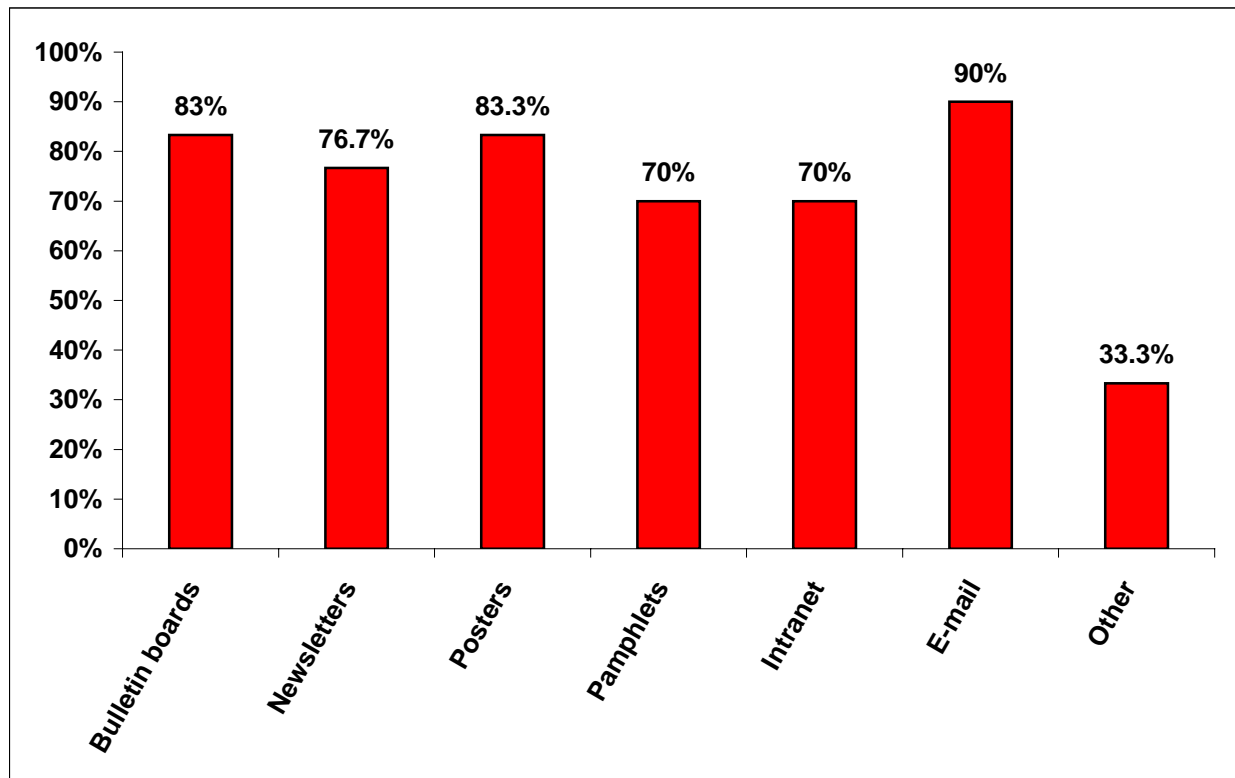
- Ø Some respondents saw the workplace wellness program as a chance for employees to come together as colleagues to promote a stronger connection across functions and regions.
- Ø A few organizations created policies, guidelines, and procedure manuals to formalize their workplace wellness programs. Others were informal in their responses, e.g., listing “to feel and look better” or simply “to have fun” as their goals. One organization even gave “healthy employee, healthy organization,” as the motto that drove their workplace wellness program.
- Ø Other goals included
  - reducing disability through early detection and prevention;
  - reducing stress;
  - decreasing absenteeism;
  - providing employee and family assistance programs;
  - reducing cost benefits (i.e., workers’ compensation benefits).
- Ø Other goals were more specific to their employees’ needs, such as supporting positive lifestyle choices about active living, tobacco, alcohol and substance use, nutrition, and weight control.



### ***Communication Strategies***

- Ø Most participating organizations used many communication strategies at different levels to increase awareness and distribute information.
- Ø Common forms of communication included
  - newsletters (76.7%);
  - pamphlets (70%); and
  - bulletin boards and posters (83.3%).
- Ø Electronic means such as Intranets (70%) and e-mail (90%) were also gaining popularity as faster and cheaper ways to communicate.

Figure 4: Communication strategies used in workplace wellness programs



Ø In addition, organizations also used displays, forums, voice mail, meetings, breakfasts, brown-bag lunches, and regular updates by word of mouth. A large proportion (20, 66.7%) gave their employees information about local community programs.

#### ***In-House Exercise Facilities and Supervision***

Ø A high percentage (22, 73.3%) of organizations provided in-house exercise facilities (compared with the 26.7% (n = 8) that did not provide in-house facilities).

Ø Five out of the eight organizations (62.5%) that did not provide in-house facilities had 250 or fewer employees. Further, a greater percentage of public than private companies provided in-house exercise facilities (82.4% vs. 61.5%).

Ø In many organizations, employees could access change areas, lockers, and showers (25, 83.3%). However, as company size decreased, the percentage of companies that provided access to change areas, lockers, and showers also decreased.

Ø Of the 22 organizations with in-house facilities, 68% (n = 15) employed a qualified supervisor (32% (n = 7) were unsupervised).

Ø A small proportion of the organizations with supervised in-house facilities (2, 13.3%) provided supervision all the time, compared to the 73.3% (n = 11) that provided supervision some of the time.

- ∅ A remaining 13.3% (n = 2) did not know how much supervision was available in the in-house facility.

Figure 5: Supervision vs. non-supervision

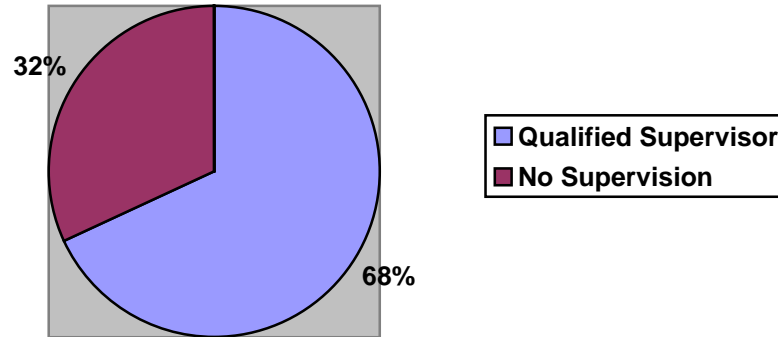
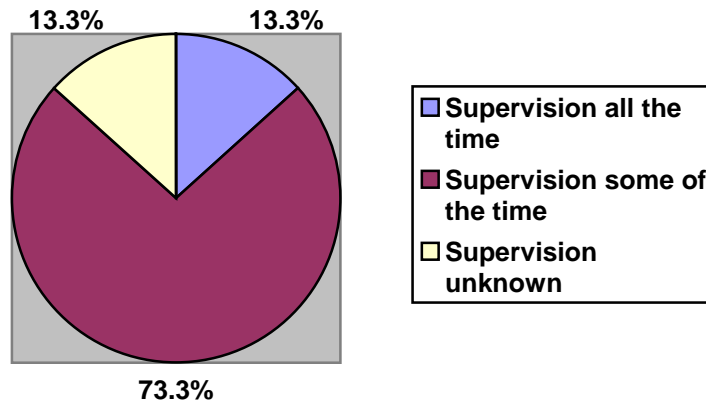


Figure 6: Length of supervision

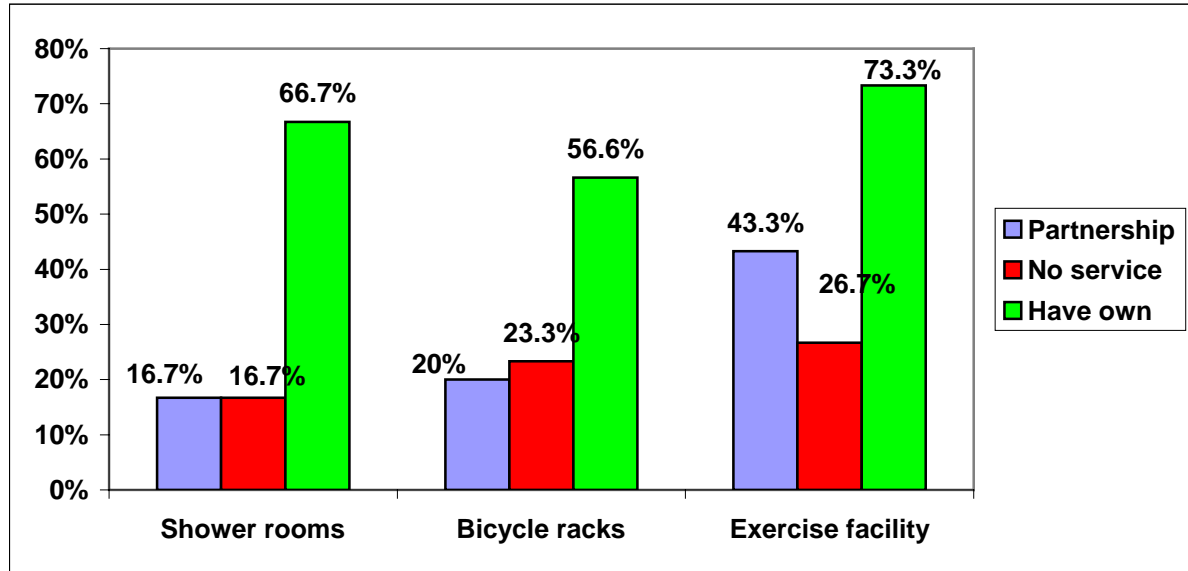


### *Partnerships*

- ∅ Sixty per cent (n = 18) of participating organizations were within walking distance to community or private fitness facilities.
- ∅ Nevertheless, only 16.7% (n = 5) of all participating organizations partnered with other organizations to obtain shower and locker rooms.
- ∅ Similarly, 20% (n = 6) formed partnerships to provide bike racks. Further, more private companies partnered with other organizations to provide bike racks (30.8% private sector vs. 11.8% public sector). This finding makes sense considering that more public companies provided their employees with bike racks themselves (88.2% vs. 61.5%).
- ∅ However, partnerships were more common in obtaining group discounts at local fitness facilities (13, 43.3%). This kind of partnership was an option for employees from organizations with or without in-house facilities.

∅ Public companies more often formed partnerships to obtain group discounts at local fitness facilities than private ones (58% vs. 23.1%). In addition, the percentage of companies forming this kind of partnership increased as company size increased.

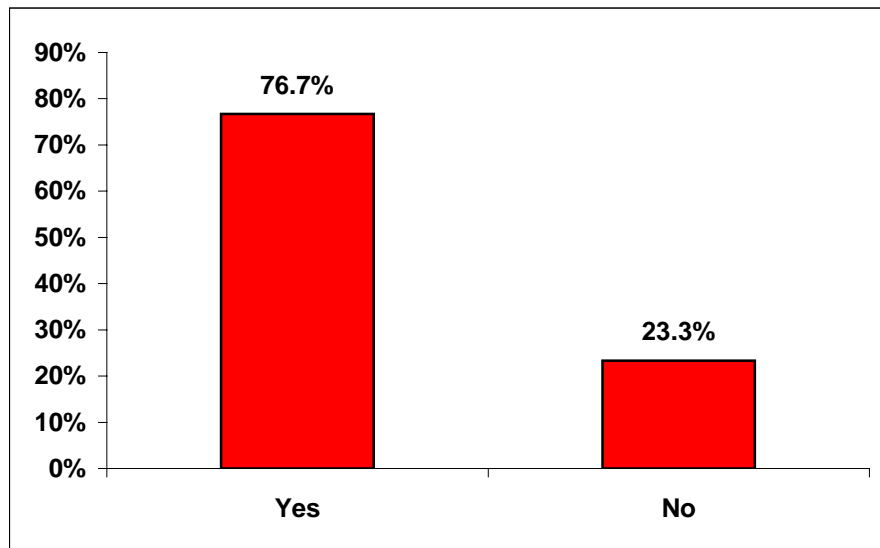
Figure 7: In-house facilities and partnerships



### *Flexible Work Schedules*

A large number of participating organizations (23, 76.7%) offered their employees flexible work schedules, so that employees could be active during their workday. Providing flexible work schedules was more common among public than private organizations (82.4% vs. 69.2%).

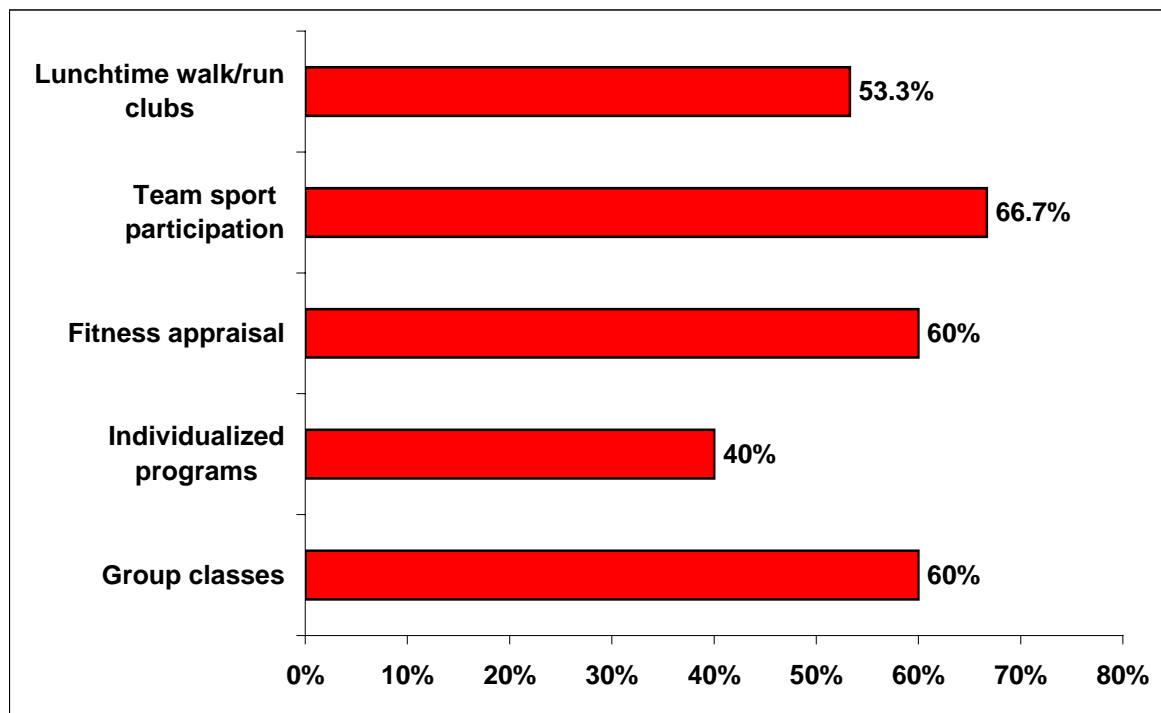
Figure 8: Organizations offering flexible work schedules



### *Workplace Physical Activity Opportunities*

- Ø The participating organizations provided their employees with various opportunities:
  - fitness appraisals or counselling (18, 60%);
  - individual exercise programs (12, 40%);
  - group exercise classes (18, 60%).
- Ø Examples of group exercise classes included
  - yoga;
  - t'ai-chi;
  - aerobics;
  - core strength classes;
  - pilates;
  - running;
  - walking;
  - step circuit;
  - African dance;
  - spinning; and
  - muscle strength.
- Ø Public companies were more likely than private companies to offer
  - fitness appraisals or counselling (64.7% vs. 53.8%);
  - individual exercise programs (47.1% vs. 30.8%);
  - group exercise classes (64.7% vs. 53.8%).
- Ø Organizations with more than 1,001 employees were more likely to provide their employees with individual exercise programs and fitness appraisals or counselling than smaller organizations.
- Ø Many organizations offered employees the chance to participate in team sports (20, 66.7%). Team sports were particularly popular among companies with 1,001 to 2,500 employees (88.9%).
- Ø Several organizations also offered lunchtime walking/running programs or clubs (16, 53.3%). Lunchtime walking/running programs seemed less popular (33.3%) than team sports among the largest companies (2,501+ employees).

Figure 9. Workplace physical activity opportunities

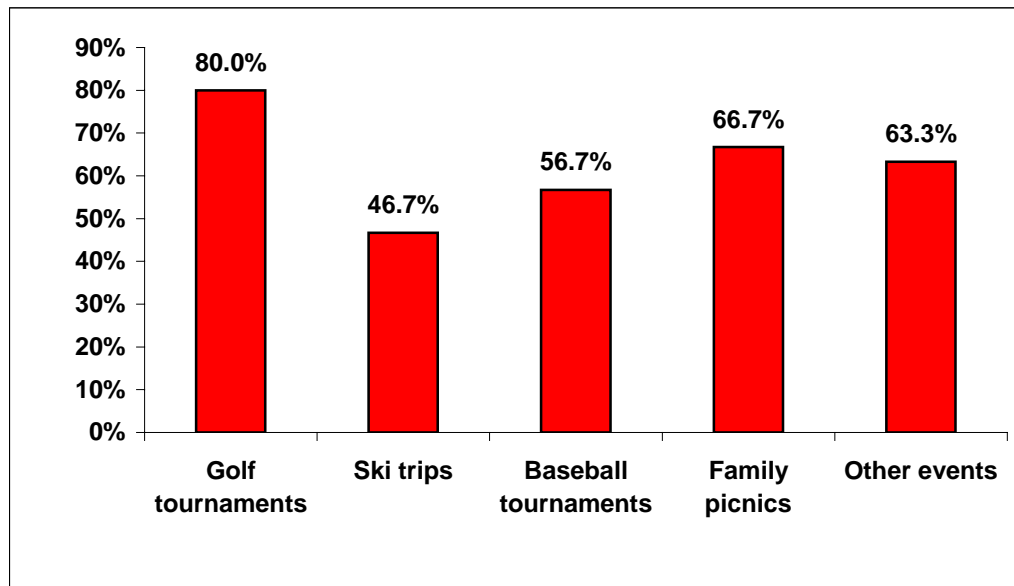


### *Active Living Recreational Events*

- Ø Eighty per cent (n = 24) of the total number of organizations participated in community challenges and annual events. Some of the examples given included
  - dragon boat races;
  - 24-hours Adrenalin;
  - K-100 in Kananaskis;
  - summer and winter games;
  - indoor soccer;
  - staff in-service in May and June;
  - United Way events;
  - Christmas parties.
- Ø Among the most common recreational events set up by these organizations were golf tournaments (24, 80%) and family picnics (20, 66.7%). Organizations also offered baseball tournaments (17, 56.7%) and ski trips (14, 46.7%).
- Ø Other events included
  - recreational hockey;
  - basketball;

- fishing derbies;
- white-water rafting;
- bowling;
- curling;
- wall climbing;
- bonspiels;
- calendars containing safety information;
- wellness days;
- the Active Edmonton Walk;
- Run for the Cure.

Figure 10: Types of recreational events offered



### *Promoting Active Transportation*

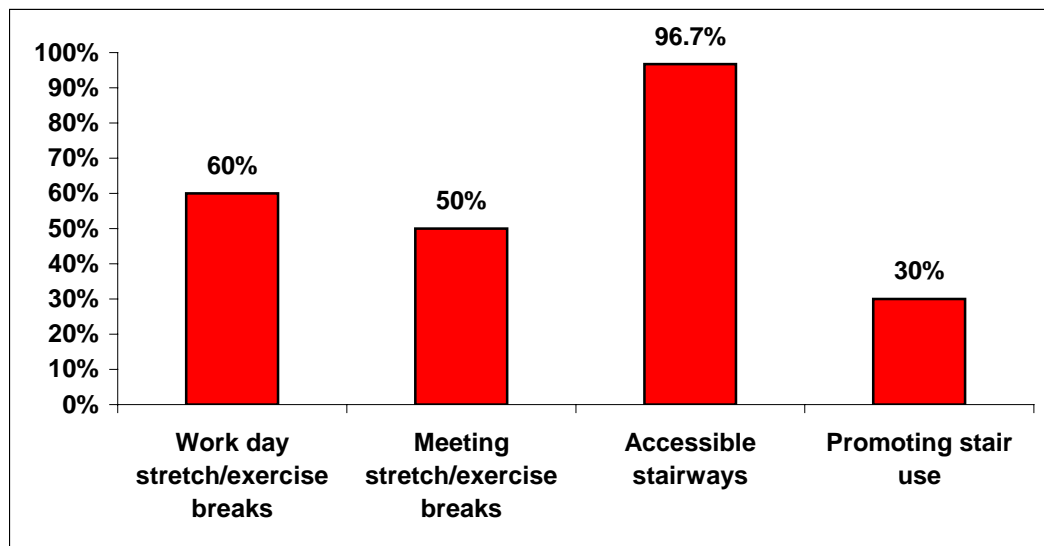
- Ø Twenty-three organizations (76.7%) provided bicycle lock-ups to encourage employees to cycle to work. Further, 22 (73.3%) organizations were located close to walking and cycling paths.
- Ø However, only 16 organizations (53.3%) provided employees with information on walking and cycling paths, and only 13 (43.3%) actually promoted active commuting to and from work. Public organizations were much more likely than private ones to promote active commuting (58.8 % vs. 23%).

- Ø Organizations with 1,001 to 2,500 employees showed a clear lead in promoting active commuting (77.8%). On the other hand, providing information on walking and cycling paths was more common in organizations with 501 to 1,000 employees (100%).

### ***Active Breaks and Stair Use***

- Ø While 60% (n = 18) of organizations promoted stretch and exercise breaks during the workday, only 50% (n = 15) encouraged their employees to take breaks for stretching, walking, and climbing stairs during meetings.
- Ø In addition, although 96.7% (n = 29) of organizations made stairways accessible to their employees, only 30% (n = 9) promoted their use. Medium-to-large-size organizations (501-2,500 employees) led the way in promoting both stretch and exercise breaks during the day (76.4%) and in promoting using the stairs (47%).

**Figure 11: Organizations promoting active breaks and stair use**



### ***Other Workplace Wellness Initiatives***

- Ø Other workplace wellness initiatives mostly included awareness and education campaigns. Organizations used strategies such as
  - learn-at-lunch education sessions;
  - brown-bag lunches;
  - wellness training;
  - health and wellness seminars and workshops;
  - participation in health and wellness fairs.

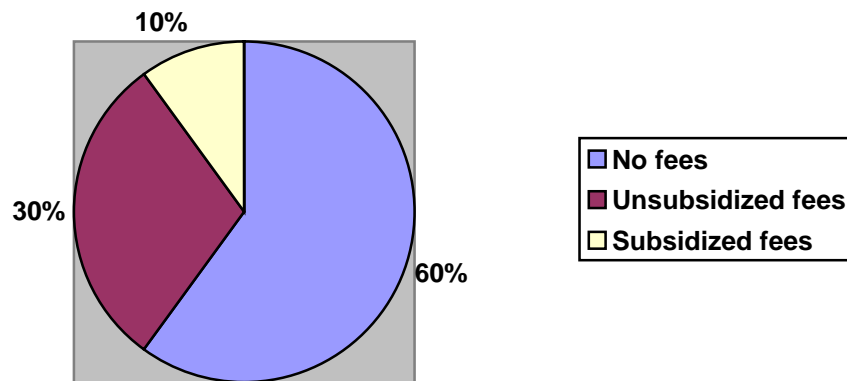
- Ø Workshop topics varied from organization to organization depending on employees' needs and the resources available. Topics included
  - nutrition;
  - menopause;
  - ergonomics;
  - the West Nile virus;
  - immunization;
  - heart health;
  - dental care;
  - mental health.
  
- Ø Some organizations offered individual counselling for health issues and fitness assessment. Clinics and other diagnostic testing such as blood pressure and cholesterol tests, glucose screening, hearing tests, and postural screening were also mentioned. Some organizations administered free flu shots to their employees. A few organizations had weight watchers on site and some even organized weight-loss contests. Others offered ergonomic and massage sessions.
  
- Ø Frequently mentioned initiatives included Be Fit For Life and programs on
  - back care;
  - quitting smoking;
  - employee family assistance;
  - disability management;
  - stress and fatigue management;
  - change management;
  - conflict management;
  - organizational health.
  
- Ø There were also specific programs for shift workers such as shift-work and alertness training. Some organizations had respectful workplace policy safety programs.
  
- Ø Other examples of physical activities provided by most participating organizations included
  - t'ai-chi;
  - yoga;
  - safewalks;
  - fun walks;

- ▶ bowling;
- ▶ curling;
- ▶ other teambuilding activities.

### ***Fees and Incentives***

- ∅ A large proportion (18, 60%) of organizations did not charge fees for their workplace wellness program (12 organizations (40%) did charge fees).
- ∅ Companies with more than 1,001 employees were much more likely to charge fees than their smaller counterparts (61.1% vs. 4.7%). Likewise, public companies charged fees more often than private ones (47.1% vs. 30.8%).
- ∅ Out of the 12 organizations that charged fees, only 25% (n = 3) subsidized membership fees. These three companies belonged to the public sector.

**Figure 12: Subsidizing workplace wellness program fees**



- ∅ Incentives and recognition programs are offered in 50% of all participating organizations. This percentage goes up to 85.7% in small organizations (those with 250 or fewer employees).
- ∅ One form of incentive is to provide a subsidy at local community or private fitness facilities (offered in 50% of all participating organizations). This subsidized access was more common in organizations with more than 1,001 employees (61.1%) and in public-sector organizations (58.8% vs. 38.5% in the private sector).
- ∅ Forty-five per cent (n = 9) of the 20 organizations that participated in team sports also subsidized employees' participation. This is especially true in the private sector (53% in the private sector vs. 11.8% in the public sector).

### ***Perceived Benefits and Impact of Workplace Wellness Programs***

Several respondents said that their organizations have not implemented the workplace wellness program throughout the entire organization. However, respondents reported that employees enjoyed the programs in departments that have implemented workplace wellness initiatives.

There was a general appreciation of the opportunities for health and wellness classes and the benefits of access to facilities. Some respondents felt that employees highly valued the workplace wellness program and cited the positive attitudes of those who participated in it.

For example, respondents commented on the increased awareness of healthy living and the likelihood that people would make positive changes to become healthy. In addition to this increased awareness and employees' improved fitness levels (from participating in fitness activities), respondents also perceived a greater awareness of other issues related to health and wellness.

Some of these issues included

- ▶ maintaining a normal level of cholesterol and sugar in their blood;
- ▶ regularly monitoring their blood pressure;
- ▶ weight control;
- ▶ stress reduction.

Most respondents also observed higher staff morale, an increased sense of belonging, and a general sense of satisfaction. Some respondents commented on a subsequent increase in attracting new staff and increased staff retention. They also noted a decrease in absenteeism.

However, one respondent said that “for people who are already active—there was not much impact...but inactive people [are] beginning to feel supported to make small changes.”

Similarly, another respondent attributed the poor impact of the organization's disjointed wellness program to a lack of leadership and unclear goals and objectives. According to this respondent, “there are many other issues that are not being addressed making it difficult for employees to get very excited about ‘wellness’ when some of their ‘basic’ needs are not being met and they are overworked, stressed and have low morale.”

Some respondents praised the positive relationships established between management and employees as a result of the initiatives. One respondent said that the workplace wellness program both demonstrated “the employer's interest in investing in the employees” and promoted “among the employees an increased involvement and higher engagement scores.” Many respondents saw organization support and commitment from the top as crucial to the success of workplace wellness programs.

## Conclusions

This 2004 environmental scan provides important, although not exhaustive, information on existing workplace wellness programs (with a particular focus on physical activity) in Alberta. Although some of these programs are still clearly in the early stages of development, the results reveal interesting and creative initiatives in Alberta workplace wellness programs.



Perhaps this creativity could be a sign that Alberta workplace wellness programs are moving beyond the “infancy stage” alluded to by the authors of the most recent *National Wellness Survey Report* (Buffet Taylor, 2000).

### *Comparing this Environmental Scan with Previous Surveys*

This environmental scan used categories for the types of organizations and the number of employees currently employed that differ from both the 1985 *Fitness and Lifestyle Survey* (Department of Physical Education and Sport Studies, University of Alberta, 1985) and the 1992 *Survey of Workplace Physical Activity and Health Promotion Programs* (Alberta Centre for Well-Being, 1994).

For example, the 1985 and 1992 surveys targeted only business organizations (i.e., corporations) in the private sector, whereas this environmental scan expanded the scope of organizations included (e.g., corporations, educational institutions, government institutions). Our scan also included both private- and public-sector organizations.

The different focus of some questions in the three surveys brought out different aspects of workplace wellness and physical activity programs. Nevertheless, based on the three surveys’ results, we can still document some overall similarities and differences and some general trends in the results.

However, our sample, although relatively large, does not necessarily represent the Alberta organizations currently offering workplace wellness programs with physical activity content. Therefore, our results may be sample-dependent to a greater or lesser extent.

Results of this 2004 environmental scan are similar to results from the 1992 *Survey of Workplace Physical Activity and Health Promotion Programs* (Alberta Centre for Well-Being, 1994) in several ways. For example,

- ▶ larger companies are more likely to provide bicycle racks, exercise facilities, and showers (all of which may support employees’ efforts to be physically active);
- ▶ fitness testing and counselling are typically more available in larger companies;
- ▶ in most companies, the physical activity program is most likely to fall under the jurisdiction of a combination of departments (i.e., human resources, health/occupational safety, etc).

However, contrary to the 1992 survey (Alberta Centre for Well-Being, 1994), we found that the availability of group exercise programs did not depend on the size of the company (i.e., a higher percentage of small and medium-size companies in our sample offered group exercise programs).

### ***Evaluating Workplace Wellness Programs***

Although there is still room for improvement, it is encouraging that up to 60% of the participating organizations conduct some form of evaluation of their wellness programs. In addition, a growing number of organizations evaluated their workplace wellness programs between 1985 and 2004 (60% in 2004 vs. 34.6% in 1992).

We need to be cautious, however, in interpreting these apparent trends because

- we lack a longitudinal progression in the characteristics of the samples used in 2004, 1992, and 1985;
- the focus of the questions in the 1992 and 1985 surveys was specifically on the access to and evaluation of the workplace “physical activity” program (the questions’ focus in the 2004 study was more inclusive—access to and evaluation of the workplace “wellness” program); and
- information gathered in our study does not provide details on what forms of evaluation were conducted.

Our study’s results contrast sharply with the recent *National Wellness Survey Report* (Buffet Taylor, 2000) that concluded that only 23.9% of the sample evaluated their wellness initiatives. Another 37.7% did not know whether wellness initiatives were evaluated in their organization.

### ***Other Positive Indicators***

Other positive indicators include the following.

- ∅ Many organizations report employee involvement in planning and implementing wellness initiatives (83.3%).
- ∅ A relatively high percentage of organizations assessed employee needs (70%).
- ∅ Eighty per cent of participating organizations offer recreational opportunities to their employees.
- ∅ A relatively high number provide structured physical activity programs either for groups or individuals.
- ∅ The high percentage of participating organizations with in-house facilities for exercising (73%) could indicate a growing awareness about the importance of physical activity in the workplace among some Alberta employers.
- ∅ Although this figure could be improved, it is encouraging that almost 70% of organizations with in-house exercise facilities provide supervision by qualified personnel at least some of the time.



Research on the extent of senior-level management support would be beneficial. This support may be critical to the success of wellness/physical activity initiatives (Plotnikoff, Fein, Milton, Prodaniuk, & Mayes, 2003).

We look forward to seeing how workplace wellness programs in Alberta (and the role that physical activity plays in them) will evolve five to ten years from now.

## References

Alberta Active Living Task Force. (1998). *Towards an active and prosperous Alberta: An Alberta active living strategy*. Edmonton, AB: Author.

Alberta Centre for Well-Being (1994). *1992 Survey of workplace physical activity and health promotion programs: Physical activity results*. Edmonton, AB: Author.

Autonomous Government of Catalonia (1996). *The Catalonia declaration: Investing in heart health*. Barcelona, Catalonia: Author.

Bouchard, C., Shephard, R. J., & Stephens, T. (Eds.). (1994). *Physical activity, fitness, and health: International proceedings and consensus statement*. Champaign, IL: Human Kinetics.

Buffet Taylor (2000). *National wellness survey report: An analysis of the findings of the second tri-annual Buffet Taylor national wellness survey*. Whitby, ON: Author.

Canadian Fitness and Lifestyle Research Institute. (1988). *Campbell's Canada survey: The well-being of Canadians*. Ottawa, ON: Author. Retrieved June 17, 2004, from [www.cflri.ca/cflri/pa/surveys/88survey.html](http://www.cflri.ca/cflri/pa/surveys/88survey.html).

Colditz, G. A. (1999). Economic costs of obesity and inactivity. *Medicine and Science in Sports and Exercise*, 31 (11, Suppl.), S663-S667.

Craig, C., Beaulieu, A., & Cameron, C. (1993). *Active living in the workplace: Results of the 1992 National Workplace Survey*. Ottawa, ON: Canadian Fitness and Lifestyle Research Institute.

Craig, C. L., Russell, S. J., Cameron, C., & Beaulieu, A. (1999). *Foundations for joint action: Reducing physical inactivity*. Ottawa, ON: Canadian Fitness and Lifestyle Research Institute.

Department of Physical Education and Sport Studies, University of Alberta. (1985). *Fitness and lifestyle survey*. Edmonton, AB: Author.

Dishman, R. K., Oldenburg, B., O'Neal, H., & Shephard, R. J. (1998). Worksite physical activity interventions. *Preventive Medicine*, 15 (4), 344-361.

Health Canada (1999). *Consultation meetings on the business case for workplace active living*. Toronto, Calgary, Vancouver: Author.

Health Canada (2001). *Health Canada's business case for active living at work: Trends and impact—The basis for investment decisions* [On-line]. Retrieved May 19, 2004, from [www.hc-sc.gc.ca/hppb/fitness/work/trends\\_e.html](http://www.hc-sc.gc.ca/hppb/fitness/work/trends_e.html).

Health Canada & Canadian Society for Exercise Physiology. (1998). *Canada's physical activity guide to healthy active living*. Ottawa, ON: Health Canada.

Katzmarzyk, P. T., Gledhill, N., & Shephard, R. J. (2000). The economic burden of physical inactivity in Canada. *Canadian Medical Association Journal*, 163, 1435-1440.



Plotnikoff, R., Fein, A., Milton, L., Prodaniuk, T., & Mayes, V. (2003). *Workplace physical activity framework*. Edmonton, AB: Alberta Sport, Recreation, Parks & Wildlife Foundation.

Poon, P. L., Zuck, N., Plotnikoff, R., & Horne, T. (2000). *Workplace active living in Alberta: A needs assessment*. Edmonton, AB: Alberta Centre for Well-Being.

Shephard, R. J. (1989). Current perspectives on economics of fitness and sport with particular reference to worksite programs. *Sport Medicine*, 7, 286–309.

Shephard, R. J. (1996). Worksite fitness and exercise programs: A review of methodology and health impact. *American Journal of Health Promotion*, 10 (6), 436–452.

US Department of Health and Human Services (1996). *Physical activity and health: A report of the surgeon general*. Atlanta, GA: Author.

US Department of Health and Human Services (2001). *Increasing physical activity: A report on recommendations of the task force on community preventive services*. Atlanta, GA: Author.

## **Appendix: List of Participating Organizations and Contact Information**

Notes:

Two participating organizations (#6 and #29) did not want their company names or contact information to be posted. In all, 49 organizations agreed to participate in this study. Thirty surveys were returned. Fifteen were not returned, and four organizations later declined to participate in this study.

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