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An Environmental Scan of Workplace Wellness Programs in Alberta

Despite strong evidence about 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 inactivity is 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), identified the workplace as a key setting for encouraging physical activity adoption and maintenance in the adult working population.

The workplace is a good location 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).

How the Centre Designed this Environmental Scan

To find out more about the existing workplace wellness programs in Alberta (especially programs that include physical activity), the Alberta Centre for Active Living surveyed both private and public workplaces (n = 30) across the province. Respondents included 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%); and other personnel (5, 16.7%) in charge of the workplace wellness program.

An Environmental Scan of Workplace Wellness Programs in Alberta gives a snapshot of Alberta workplace wellness programs, including aspects such as

- the kinds of workplaces that offer programs (e.g., public vs. private sector, size of organizations);
- how long the programs have been running;
- how many employees participate;
- whether organizations involve employees in planning the programs;
- how much the programs cost;
- how organizations make staff aware of the programs;
- whether organizations have established partnerships with community or private fitness facilities;
- how many organizations offer flexible work schedules to allow their employees to be active during the workday;
- whether companies promote active commuting to and from work;
- how employees perceive the benefits of workplace wellness programs.

Highlight of Results

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 exercise facilities (73%) could indicate that some Alberta employers are increasingly aware of the importance of physical activity in the workplace.
- 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.
- Respondents noted many benefits from workplace wellness programs. These include
 - increased awareness of healthy living and a greater likelihood that people would make positive changes to become healthy;
 - higher staff morale, an increased sense of belonging, and a general sense of satisfaction;
 - increased ability to attract new staff and increased staff retention;
 - decreased absenteeism; and
 - positive relationships established between management and employees as a result of the initiatives.
- Finally, 76.7% of all participating organizations offer flexible time schedules, so that employees can find a convenient time to exercise within the workday.

Areas of Concern

Our data indicated that it may be difficult for small organizations to provide their own in-house exercise facilities. According to our results, these companies may not have fully explored the possibility of forming partnerships with other organizations to access exercise facilities.

Furthermore, in several cases, both organization size and sector (i.e., public vs. private) seemed to influence the wellness and physical activity opportunities offered to employees. 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.

Apparently, many organizations did not see physical activity as more than fitness-oriented exercise. What seems missing is an awareness of the broader, more individual, and inclusive concept of active living as a “user-friendly” and efficient way to increase employees’ physical activity and subsequent health outcomes (Poon, Zuck, Plotnikoff, & Horne, 2000).

This lack of awareness is also illustrated in the low percentage of organizations that promote active commuting (50%) or using the stairs in the workplace (30%). This latter finding is particularly noteworthy since studies show that point-of-decision prompts to encourage using the stairs are a simple, inexpensive (yet efficient) strategy to increase levels of physical activity in community settings (US Department of Health and Human Services, 2001).

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[Full report](#)

References

- 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.
- Colditz, G. A. (1999). Economic costs of obesity and inactivity. *Medicine and Science in Sports and Exercise*, 31 (Suppl. 11), S663–S667.
- Craig, C., Russell, S. J., Cameron, C., & Beaulieu, A. (1999). Active living in the workplace: Results of the 1992 National Workplace Survey. Ottawa, ON: Canadian Fitness and Lifestyle Research Institute.
- Health Canada. (1999). Consultation meetings on the business case for workplace active living. Toronto, Calgary, Vancouver: Author.
- 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.
- 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. (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.