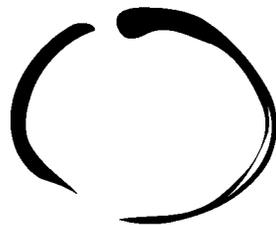


# Workplace Active Living in Alberta: A Needs Assessment

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# WORKPLACE ACTIVE LIVING: A NEEDS ASSESSMENT

## EXECUTIVE SUMMARY

Research has shown that those adults who are regularly physically active have better health than those who are not. There are many documented advantages to pursuing an active lifestyle, including psychological, social, emotional, cultural, and physical benefits. In 1998, the Alberta Active Living Task Force made 23 recommendations to reduce physical inactivity in workplaces, schools and communities. Recommendations to reduce physical inactivity in the workplace initiated this needs assessment of workplace Active Living in Alberta.

The purpose of this study was to learn how various types of large workplaces in Alberta viewed issues related to workplace Active Living. This study was guided by three questions:

1. How do “workplace wellness” practitioners understand Workplace Active Living?
2. What are the determinants of Active Living at work?
3. What are practitioners’ information and services needs?

This study includes a review of relevant literature on the physiological and economic benefits of fitness, exercise and Active Living in the workplace; factors which impact participation; and an overview of Health Canada’s Population Health Promotion Model as a template for developing effective workplace Active Living strategies.

Twenty-one organizations from Calgary, Edmonton and Fort McMurray were interviewed, representing different types of workplaces: provincial and municipal government departments and agencies, regional health authorities, school boards, universities and colleges, unions, and private industry (e.g. oil and gas, media and communications). Data were analyzed qualitatively for broad themes related to definitions of Active Living; determinants of health and physical activity; barriers to and facilitators of physical activity; and resources needed by managers, staff or consultants responsible for physical activity in their workplace. The constant comparative method of analysis was used, where later categories were compared to earlier ones so that the themes were continually refined as analysis proceeded.

The results include participants’ definitions of Active Living, their understanding of health determinants and physical activity, and their views on the facilitators and barriers of incorporating Active Living into their workplaces.

Based on the findings of this study, it is recommended that

- a) the definition of Active Living, initially proposed by Fitness Canada, requires clarification;
- b) information be provided to workplaces on the relationship between Active Living and determinants of health;
- c) there be support for developing solutions to facility needs of employees;
- d) current research-based information be accessible to employers on the health and economic benefits of workplace Active Living;
- e) information be provided to employers regarding the importance of senior level support in successfully implementing Active Living programs;
- f) current research-based information be accessible to personnel responsible for employee health; and
- g) information on Active Living in the workplace be available in a variety of brief and practical formats, such as print, electronic and interactive modes.

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## PURPOSE OF CONSULTATION

The Alberta Centre for Well-Being (ACFWB) is committed to support practitioners and organizations to improve the health and quality of life of Albertans through physical activity. As such, the ACFWB recognized the importance of the Alberta Active Living Strategy (Alberta Active Living Task Force, 1998) to reduce physical inactivity in workplaces, schools, and communities. The Alberta Active Living Strategy consists of 23 recommendations put forth by six Alberta Government ministries who have committed to provide opportunities for Albertans to lead healthy and more active lifestyles. The ministries included Community Development, Health, Education, Municipal Affairs, Justice, and Community and Family Support Services.

One of the recommendations of the Alberta Active Living Strategy was that a special Active Living in the Workplace information and research section be established within the Alberta Centre for Well-Being (recommendation 19). One of the first projects initiated by this section was the Workplace Active Living in Alberta: A Needs Assessment.

The purpose of this needs assessment was to learn how various types of large workplaces in Alberta viewed issues related to the following three guiding questions:

1. How do “workplace wellness” practitioners understand Workplace Active Living?
2. What are the determinants of active living at work?
3. What are practitioners’ information and service needs?

## OVERVIEW OF RELEVANT LITERATURE

The following literature review will identify both the physiological and economic benefits of fitness, exercise and Active Living in the workplace, identify factors which impact participation, and provide an overview of the Population Health Promotion Model as a template for developing effective workplace Active Living strategies.

### DEFINITIONS OF WORKPLACE AND ACTIVE LIVING

#### Workplace

The workplace is suggested as a favorable setting for promoting Active Living because of the established channels of communication, existing support networks and opportunity to develop corporate norms of behavior (Shephard, 1996). Further to this, Green and Kreuter (1991) reinforce the importance of the workplace in *Health Promotion Planning: An Educational and Environmental Approach*:

Worksites are to many adults what schools are to children and youth; places where most of the daylight hours are spent, where friendships are made, where rewards that make one feel worthy are dealt, and where one can be reinforced by peers and significant figures that impact work (pp.308-309).

A large portion of adult life is spent in the workplace and consequently this can be an effective place to promote individual health and well-being. Additionally, workplace can be seen as an effective setting for increasing participation in Active Living because of the potential policy and environmental impact, increased social support, use of mass media, and use of individually-based interventions.

The workplace can be defined from a number of perspectives including an organizational, industrial, cultural, or environmental focus, and in the health promotion literature, the words “worksite” and “workplace” are used synonymously (Hooper & Cox 1997). For the purpose of this research project, an environmental focus was taken with a definition from Hooper and Cox’s (1997) review of definitions of worksite/workplace: “physical work environment, environment in which people work, or the physical area in which a person performs the job activities” (p. 41).

#### Active Living

Active Living is a type of physical activity, but is distinguished from the fitness-oriented exercise approach that has been emphasized in workplace programs in the past. Table 1 presents some definitions that guided discussion of workplace Active Living in this needs assessment.

Table 1. Key Concepts

CONCEPT	DEFINITION
<b>Physical activity</b>	Any body movement produced by skeletal muscles and resulting in a substantial increase over the resting energy expenditure. (Bouchard & Shephard, 1991)
<b>Exercise</b>	Form of leisure physical activity undertaken with a specific external objective such as the improvement of fitness, physical performance or health, in which the participant is advised to conform to a recommended mode of intensity, frequency and duration of such an activity. (World Health Organization, 1968)
<b>Fitness</b>	Ability to perform work satisfactorily. (Fitness Canada, 1991)
<b>Active Living</b>	A way of life in which physical activity is valued and integrated into daily life. (Gauvin, Wall, & Quinney, 1994)

Much of the research on fitness-oriented exercise programs in the workplace has yet to demonstrate a statistically significant increase in physical activity or fitness (Dishman, Oldenburg, O’Neal, and Shephard, 1998). Initial participation in such programs is typically 30% of the employees. However, within a few months, half of those initially recruited dropout (Shephard, 1992a). By promoting Active Living rather than simply exercise and fitness programs, there is a greater opportunity for more employees to participate in workplace programs that fit their personal schedules and with greater enjoyment.

Active Living is individual, social and inclusive. Using this broad concept in the workplace, as opposed to exercise and fitness, ensures that all employees can participate regardless of age or ability in activities that fit their lifestyle as well as the corporate culture. Active Living in the workplace may include a number of activities such as lunch time walking clubs, climbing stairs rather than taking escalators or elevators, stretch breaks instead of smoking breaks, commuting to and from work, or special events outside of work for employees and family members. Active Living Canada identifies that:

..Active Living in the workplace can change the workplace by making it a more positive and fulfilling place for workers to be. The result is happier, more positive and productive employees. Having an Active Living workplace also sends a powerful message to employees; it says that you {the employer} care about them as human beings, not just as workers. This in turn further develops a positive, respectful corporate culture in which everyone contributes to and benefits from that culture (Prudential Group Assurance, On-line).

## EMPLOYEE BENEFITS OF PHYSICAL ACTIVITY IN THE WORKPLACE

The vast majority of research that has been completed in the area of physical activity in the workplace has looked at health benefits and/or cost benefits of in-house fitness-oriented exercise programs (Shephard, 1989; Shephard, 1992a; Shephard, 1996; Shephard, 1999). There is less research available on programs that take an Active Living approach.

An Active Living workforce could carry physical, emotional, spiritual and cultural benefits into the workplace by reducing barriers between co-workers through participation, allowing for opportunities to further understand each other, and learning to be more positive and collaborative. Active Living is also individual and could empower employees to participate in activities they enjoy and are able to integrate into their lives. This could encourage employees to be more self-responsible and confident which are benefits in the workplace. Further, Active Living involves participation in physical activity. Consequently companies could experience the benefits associated with physical activity, at least to the extent that the activity is sufficiently vigorous to improve fitness levels.

To date the dose response benefit of less structured Active Living has not been established or measured. Research is needed to operationalize the full range of physical activities that constitute Active Living, in order to document potential benefits from lower-intensity, less structured activities that may have broader appeal than structured exercise. Most research in workplace physical activity has involved the latter, since empirical testing for specific outcomes (e.g., health, economic) is more feasible at present.

### Health-Related Physiological Benefits of Workplace Fitness and Exercise Programs

Shephard (1996) reviewed 52 studies on workplace fitness and exercise programs between 1972 and 1994 to assess their effect on health-related fitness and cardiac risk factors. Cardiac risk factors (i.e., body fat, blood pressure, serum cholesterol and cigarette smoking) have been reported in workplace fitness and exercise literature, and through the application of health hazard appraisals, as global assessments of health or cardiac risk. Overall cardiac risk reductions were reported from 35-45%, in a three-year program which provided access to a fitness facility, vigorous outreach, personal counseling, and organizational change facilitating exercise at the workplace (Shephard 1996). Aerobic power was reported as increasing as much as 20%, over as little as three to four months, and positive changes were noted in muscle strength, endurance and flexibility. Health hazard appraisals such as the Canadian Health Hazard Appraisal have shown a decrease in risk index equivalent to a two-year decrease in appraised age in men participating in self-selected activities. Reports on blood pressure changes due to participation in workplace fitness and exercise programs ranged from 3mm to 10mm HG (systolic) and 2mm to 10mm HG (diastolic). Reports have also shown decreases in serum cholesterol levels up to 10%.

Shephard (1996) found that at the lower participation end decreases in body mass as much as three to six percent were reported, with one to two percent decreases over periods as short as eight to 12 weeks. Positive factors associated with a decrease in body mass included regular participation, intensity, associated dieting, supervision of exercise, and supplementation of the exercise program with outreach, personal counseling and plant reorganization. Overall, a large number of studies have reported that positive changes in body fat are associated with commitment to participation by program participants (Shephard, 1996). Well-designed workplace exercise programs and commitment to participation can change body composition up to 13%. Small increases in physical activity (< 200 cal/day, three times a week) have not been associated with significant changes in adiposity over a 24-week period, yet above this amount of moderate physical activity, it has been shown that there is a consistent reduction in adiposity (Haskell, 1994).

Tucker and Friedman (1998) reported that obese individuals suffer from more coronary heart disease, cancer, diabetes, digestive diseases, cerebrovascular disease, low back injuries, and musculoskeletal injury, as well as social and economic difficulties, compared to non-obese individuals. In their study to determine the extent of the relationship between absenteeism and obesity, it was found that when all potential confounders were controlled, obese employees were 1.74 to 1.61 times more likely to experience high and moderate levels of absenteeism than their leaner counterparts. In addition, Nathan, Keniston, Myers and Meadows (1992), Allen (1993) and Nathan and Keniston (1993), linked obesity based on BMI with an increased prevalence of slowing sensory conduction, which has a strong relationship with carpal tunnel syndrome. A number of individual characteristics such as exercise level are more important in determining the health of the median nerve than are job-related factors. This information linking BMI to carpal tunnel syndrome and the slowing of sensory conduction should be taken with some caution as the authors made no mention of the limitations of the BMI scale, and therefore the reader is unaware if this was taken into consideration during the study. The major limitation of the BMI involves rating someone that is muscular as obese based on his/her height-to-weight ratio.

Studies dating back to the 1920s have indicated higher cancer rates among the sedentary population, with colon cancer having the strongest association (Blair, Brill and Barlow, 1994). More recent evidence suggests that sedentary habits are associated with hormonally mediated cancers, such as breast and reproductive cancers in women and prostate cancers in men, and the development of non-insulin dependent diabetes mellitus (NIDDM). The risk of developing NIDDM was reported as being inversely related to leisure time physical activity (Blair, Brill and Barlow, 1994).

Bone-loading physical activity throughout life is an effective method of increasing bone density. A crucial factor in determining the risk of a bone fracture due to osteoporosis is bone mass at the time when a woman reaches menopause. Light to moderate intensity exercise in older women has been shown to reduce the loss of bone mineral density thus decreasing the risk of osteoporosis (Haskell, 1994; Sinaki, Fitzpatrick, Richie, Moutesano, & Wahner, 1998). In healthy pre-menopausal women pursuing regular work-related activities, the intensity of the physical activity positively influences the muscular strength and skeletal bone mineral density (Sinaki et al., 1998). In addition physical activity in postmenopausal women may decrease the risk of falling by increasing muscle balance and mass.

Most workplace programs to date have focused primarily on cardiovascular risk factors. The role of workplace programs in reducing cancers, diabetes and osteoporosis needs further study.

Overall, Shephard (1996) concluded that workplace exercise and fitness programs can enhance health-related fitness of the program participants. However, the health-related impact of workplace exercise and fitness programs are limited due to the low participation numbers drawn from organizations. In addition to low participation rates, Shephard (1989, 1996) identifies a number of methodological problems of the literature pertaining to fitness and exercise programs in the workplace. They include the difficulty in allowing for the Hawthorne effect (improved performance due to involvement in research study), substantial sample attrition, poor definitions of the intervention, test/retest learning (of test conducted) and habituation, and the difficulty in administering randomized controlled trials in the workplace.

There has been little research on programs that have an Active Living focus rather than structured exercise programs. Although Active Living programs could appeal to a greater proportion of employees, the challenge of incorporating the less structured Active Living approach will be to measure its benefits to employees and employers.

## Psychological Benefits of Physical Activity

Landers and Petruzzello (1994) reviewed 159 empirical studies on the effectiveness of exercise and physical activity in reducing anxiety. They defined anxiety as moderate to high levels of arousal where behavior becomes disrupted leading to a drop in performance, retention and perception, and therefore impairing decision making. Anxiety arises due to individual perceptions of uncertainty or lack of control over tasks, demands, available resources and behavioral consequences. Overall in the 159 studies reviewed, there was consistency showing that physically fit individuals are less anxious than unfit individuals, and that exercise is associated with a reduction in anxiety. Reductions in anxiety are associated with activities involving continuous rhythmical exercise (more aerobic) regardless of exercise intensity or duration. Anxiety reducing effects have been observed in exercise durations ranging from five to 20 minutes. This information is encouraging for the workplace and might stimulate managers to encourage employees to take five-minute Active Living breaks to reduce anxiety and increase the employees' performance, retention and perceptions, leading to better decision making. However, actual evaluations of the impact of workplace physical activity programs on anxiety reduction are needed, particularly those that compare fitness-oriented and Active Living approaches.

## EMPLOYER BENEFITS OF PHYSICAL ACTIVITY IN THE WORKPLACE

Research on the economics of workplace fitness and sports programs have focused around aerobic-type exercise, e.g., callisthenics, track or jogging trails, swimming pools and stationary bicycles (Shephard 1989). Researchers have not looked at the use of Active Living in the workplace and the benefits of all types and intensities of physical activity. Corporate fitness and exercise programs vary widely in both scope and comprehensiveness ranging from in-house fitness facilities with full- or part-time staff to unsupervised facilities or open gymnasiums. Corporate support for the fitness facilities range from full coverage of the initial start-up cost and free use for employees to facilities that require an investment from the employees for initial development or to maintain operations (Shephard 1989).

In a review of the various costs and benefits of corporate fitness and exercise programs, Shephard (1989) listed the limitations of poorly designed experiments. They include: (a) the large portion of research in non-unionized white collar work (thus limited representative and generalizability); (b) poor reporting of participation rates and thus program impact; (c) bias of both self-reported data and supervisor reports of data; (d) lack of appropriate controls; (e) lack of a single exercise prescription; (f) combinations of exercise treatments with other forms of workplace health promotion programming; (g) impossibility of conducting double-blind studies of voluntary exercise; and (h) difficulty extrapolating results for active individuals compared to those who are currently inactive.

Another limitation is that a purely economic cost benefit analysis of fitness and exercise programs attempts to assign a dollar value to all of the costs and benefits of physical fitness, expressing data as a yield on investment. Shephard (1989) has expressed a number of concerns with the use of cost benefit of physical activity in the workplace. They include: (a) substantial uncertainty of the dollar magnitude of both cost and benefits; (b) discounting rate for both costs and benefits; (c) equation of life expectancy with years of productivity favours management over the blue collar workers; (d) lack of social value given to the unemployed, elderly or full time homemaker; and (e) results are often reported from a single perspective (for example, government or industry).

Despite the limitations of studying the costs and benefits, it is important to present the economic benefits of physical activity in the workplace to encourage further implementation throughout working sectors. What follows are the benefits to the employer: a) improvement in corporate image and recruitment; b) gains in productivity; c) decrease in absenteeism; d) decreased turnover; and e) lower medical costs.

### **Benefit of Corporate Fitness Programs on Corporate Image and Recruitment**

Many private organizations are concerned with both the public's perception of the company as well as the employee's perception of the company. Shephard (1989) reported that many companies think they are able to recruit a certain type of individual if a fitness centre or facility is on-site and that employees recruited would potentially have high self-esteem, self-efficacy and determination. They think that these attributes could be linked to performance and motivation in the workplace, however this information has yet to be reported in the literature. In 1989, Ostwald found that the introduction of a worksite fitness program improved the employee's perception of organizational support for good health practices, which can be seen as a benefit in times of ever increasing workloads. Earlier in 1988, Rudman and Steinhart found that exercise programs had a positive effect on work culture (Shephard 1996).

### **Benefit of Corporate Fitness Programs on Productivity**

Participation in corporate fitness and exercise programs may increase arousal (energy and attentiveness), worker satisfaction and positive attitudes towards work, with the development of better leadership, communication and interpersonal skills thus having a positive impact on productivity (Shephard 1989). Participation may also decrease feelings of strain and tension. Shephard, Cox and Corey (1981) found that supervisors of high adherents to a corporate fitness centre (participated more than twice per week) reported small but progressive improvements in productivity and job performance. Bernacki and Baun (1984) found that a positive association exists between above average performance and exercise adherence, and that a negative association exists between poor job performance and exercise adherence. This positive association was found in both management and clerical personnel.

### **Benefit of Corporate Fitness Programs on Decreased Absenteeism**

Approximately two-thirds of employees reported absence from work due to illness in the previous year in Canada, with 25% of employees missing up to two days of work, 24% reporting three to five days, 13% missing six to ten days, and the remaining 9% were away from work for over two weeks (Health Canada, 1998). Absenteeism from work is influenced by many factors other than the level of physical fitness and participation in corporate fitness programs. Women (78%) are absent from work more than their male counterparts (63%) due to socially-defined gender roles (Health Canada, 1998).

Numerous studies have indicated that participation in corporate fitness programs (at least once per week) result in decrease absenteeism (up to an average decline of 4.8 sick days) (Shephard 1989; Messer & Stone 1995; Lechner, deVries, Adriaansen & Drabbles, 1997). In one specific example, the Toronto Life Assurance study, Shephard (1992b) showed that at 18 months, low absenteeism was linked to current program participation rather than to initial classification of attendance as a member or non-member of the facility.

## Benefit of Corporate Fitness Programs on Decreased Turnover

Turnover is a concern both to large and small corporations due to the financial impact of hiring, training and lost productivity during this process. Many corporations deem in-house fitness facilities as a recruitment tool, not only attract active employees to the company but also retain them once hired. Numerous studies have reported a reduction in turnover among active employees over the inactive (Shephard, 1989; Shephard 1996; Tsai, Bernacki, & Baun, 1987). Interestingly, Shephard (1992b) reported a turnover reduction of 16.2% at the Toronto Life Assurance company among frequent participants in the first year of the program.

Tsai, Bernacki, & Baun (1987) found that a worksite fitness program helped to retain women employees who were employed as clerks, service workers, semi-skilled operatives, and general laborers. The facility was easy for this working group to access and was seen as a personal financial benefit as the employer supported it. It is possible that the worksite facility allowed for access that would not be otherwise possible due to family commitments outside of their work hours.

## Benefit of Corporate Fitness Programs on Lower Medical Costs

The majority of the research done in the area of benefits of workplace fitness and exercise programs are from corporations in the United States. Due to the higher cost of medical coverage, this may be more important to these corporations because of the higher cost of medical benefits.

Savings in the area of medical costs could arise from improvements in perceived health (which could lead to fewer decisions to consult a physician) or from a reduction in chronic disease or disability. For instance, Canada Life, Johnson & Johnson, and Kimberly Clark found that employees who participated in an exercise program had fewer drug purchases, fewer visits to physicians and fewer hospital days than the non-participants (Shephard 1992b). Similarly Bowne Russell, Morgan, Opteonberg, & Clark (1984) found that participants in a workplace fitness program had 3.35 less disability days than the office average, which based on the wages at the time resulted in an average savings of \$91.24 per participant. Additionally they found a reduction in direct disability and medical costs of \$353.38 per participant each year. For the company involved in the study, this resulted in a saving of \$1.93 for every dollar spent on the program. As with most research on workplace physical activity programs, the main limiting factor of this study was the low participation rate of the employees.

## IMPROVING PARTICIPATION RATES

There are obvious benefits to both the employer and employee to promoting physical activity in the workplace. A serious limitation of the research, both on the physiological and economical benefits of workplace fitness and exercise, is the low participation rates among the employees. In Shephard's 1996 review, he identified the average employee participation rate across the studies as 34.7%. This limits the potential impact of the programs for both employees and employers. Employees' barriers to participation need to be identified, and future research should identify ways to increase participation. What follows is the current research on barriers to physical activity, fitness and exercise including such things as individual characteristics and physical and environmental influences.

If the challenge of workplace fitness and exercise programs is to increase the proportion of the workplace which is participating and sustaining participation, then it is imperative for practitioners to understand those factors which impact one's ability to be active.

Individuals who are currently in the workplace (aged 25-64) are those with the lowest levels of physical activity (Spence, Poon & Mummery, 1998). Women tend to be less active than men, juggling both commitments at both home and at the workplace. Also, those with higher income and education levels tend to be more active (Frankish, Milligan & Reid, 1998; Spence, Poon & Mummery, 1998). Salaried professionals and managers tend to participate in activities which require more money; both blue collar and white collar men tend to participate in activities which provide social opportunities; and homemakers, clerical staff and sales representatives are the least active participating in gardening and walking (Frankish, Milligan & Reid, 1998). Participation in physical activity has been linked to improvements in other health promoting behaviors such as lower consumption of alcohol, annual medical check-ups and non-smoking behavior (Frankish, Milligan & Reid, 1998).

Schooler (1995) has reported the positive role of parents, families and peers, and of team building strategies in increasing physical activity. Yet the role of social support in the workplace has not been evaluated, even though it is known to have great potential for setting norms of behavior and support and adoption of behavior (Schooler, 1995). Social support gives people the opportunity to commit to a particular group, and provides social reinforcement and group identification. Social support tends to have more of an impact on women's participation in physical activity than men (Frankish, Milligan & Reid, 1998).

Working conditions may have various impacts on the physical activity levels. Frankish, Milligan & Reid (1998) found that there was no significant difference between people in high-stress jobs (measured as high demand and low control) and those in active jobs (high demand, high control) in terms of their level of physical activity. Yet a study completed by Yardley (1988) for the Ontario Ministry of Tourism and Recreation on employee wellness programs found that the biggest barriers to employee physical activity were things such as short lunch breaks, too much work, shiftwork demands, and lack of management support for flexible work hours. Time has been cited by individuals as one of the largest barriers to physical activity and obviously time is a factor for those juggling both home and work commitments (Spence, Poon & Mummery, 1998). More research is needed into the specific conditions in which work demands influence physical activity participation.

Sallis, Bauman & Pratt (1998) identify, in their review of policy and environmental interventions to promote physical activity, that environmental variables and physical activity are correlated, e.g. proximity of facilities, costs of facilities and perceived safety of the exercise areas. Successful policy and environmental interventions include the development of bicycle trails, putting in new exercise equipment, opening a women's fitness centre, organizing running and biking clubs on a military base, adding change and shower facilities at the workplace to encourage physically active commuting to and from work, and posting signage on the bottom of adjacent stairs and escalators encouraging use of the stairs.

The combination of counselling, social support and simple accessible exercise activities increased the adoption of physical activity in one corporation (Heirich, Footem Erfurt, & Konopka, 1993). However, the implementation of an exercise facility without support staff does not increase the participation rates among employees. It is important to keep in mind that simply implementing programs and facilities in the workplace does not account for those factors which impact participation such as age, gender, income, education, and working conditions. Programs and facilities must be consciously designed to meet the needs and interests of diverse groups of employees.

## THE POPULATION HEALTH PROMOTION MODEL AND A BROADER APPROACH TO WORKPLACE PHYSICAL ACTIVITY

Workplace fitness and exercise programs in the late seventies and early '80s intended to help people adopt an active lifestyle. The programs were preventive in nature and focused on the reduction of health risk behaviors through the implementation of fitness centres in workplaces and health education programs. Yet these programs were unable to have the high impact and participation intended and were seen as “victim blaming” those employees who were unable to adopt a physically active lifestyle.

During the 1980s, discussion turned to other health determining factors, particularly the impact of the environment on health and on adopting healthy behaviors. It was during this time that influential documents such as the *Ottawa Charter for Health Promotion* (World Health Organization, 1986) identified that there are a number of prerequisites for health including peace, shelter, education, food, income, stable eco-system, sustainable resources, social justice, and equity. Prior to adopting new health behaviors, these fundamentals needed to be met. In 1994, the ideas from the *Ottawa Charter for Health Promotion* (WHO, 1986) were formulated into a further document specific for Canada entitled *Strategies for Population Health: Investing in the Health of Canadians* (Ministry of Supply and Services Canada, 1994). This document identified the determinants of health as income and social status, social support networks, education, employment and working conditions, physical environment, biology and genetic endowment, personal health practices and coping skills, healthy child development, and health services. Health Canada has since added gender and culture to the list of determinants. Many of these determinants of health have been shown in literature to impact participation in fitness and exercise, however it is unknown how these determinants have an impact specifically on Active Living in the workplace. With the broad definition of Active Living, as opposed to fitness or exercise, the determinants will have a different impact on participation rates and the sustainability of activity. It is important that practitioners in the area of workplace health and wellness are aware of which factors impact the effectiveness of programming and develop solutions to address the determinants of health.

The Population Health Promotion Model combines the determinants of health from the *Strategies for Population Health: Investing in the Health of Canadians* (Ministry of Supply and Services Canada, 1994) and the comprehensive action strategies for addressing these determinants from the *Ottawa Charter on Health Promotion* (WHO, 1986). This model uses strengths from both population health and health promotion to influence the underlying factors and conditions that determine health (Hamilton & Bhatti, 1996). Specifically the Population Health Promotion Model can guide our actions to improve health and physical activity levels of employees by asking three questions. The first question is, “What determinants of health should we take action on?” The second question addresses how action should be taken and includes strategies such as: a) building healthy public policy, b) creating supportive environments, c) strengthening community action, d) developing personal skills, and e) reorienting health services. The third question asks, “With whom should we act?” The workplace provides a unique environment in that it can act on a number of the action strategies addressed above. Yet to take action, we must first know what determinants of health we are acting on. The major goal of this study was to address what factors are impacting participation in Active Living in the workplace, and once identified, suggest strategies to practitioners based on this information.

## METHOD

The Alberta Centre for Well-Being interviewed representatives from a number of types of workplaces: provincial and municipal government departments and agencies, regional health authorities, school boards, universities and colleges, unions, and private industry (e.g., oil and gas, media and communications). Organizations from Edmonton, Calgary and Fort McMurray were chosen to provide a diverse cross-section of large employers in Alberta, but are not representative of all Alberta workplaces.

In total, 25 interviews were conducted. Nineteen of these interviews were conducted with individuals, and six were done as focus groups. Two organizations participated in two interviews and one participated in three interviews. Focus groups were used when more than one individual would oversee employee wellness (e.g., human resource personnel, occupational nurses, wellness coordinators). Larger organizations may have had more than one focus group. In total, 57 individuals, representing 21 different organizations, participated in interviews. They included workplace wellness coordinators, occupational health and safety officers, employee and family assistance coordinators, human resources personnel, union representatives, and private consultants. The research was carried out in the summer of 1999 using protocols approved by the University of Alberta Ethics Review Committee.

All the organizations interviewed had at least 500 employees, and most had more than 1,000. Of those who reported numbers of staff, two organizations had 500-999 employees; six had 1,000-4,999; one had 5,000-9,999; and three had 10,000 employees or more. The other organizations did not report their number of employees. Almost all the organizations interviewed estimated the average age of employees as between mid-30s and late 40s. There were occasional comments about an aging workforce (from a post-secondary institution and a government department) and recent attempts to hire younger workers (from another government department and a private sector organization). Organizations reported that their employees had a wide range of education. For example, most management and research staff had a master's or doctorate degree. Most professional staff had university degrees (e.g., social work, law). Administrative and other types of support or technical staff typically had at least a high school education. In some cases, staff had other types of training such as English as a Second Language and/or their formal education level was unknown to the interview participants (e.g., housekeeping staff in health facilities). Income varied with type of job and education level (though in one case technical staff with high school education were paid similar to management and professional staff in many workplaces). For the most part, administrative and other support staff salaries ranged from the low \$20,000 to the mid-\$30,000. Professional staff were paid \$40,000 or higher, and senior managers \$70,000 or higher. Not all respondents distinguished between professional staff and management, so there is likely some overlap between those categories. Respondents occasionally mentioned the presence of casual staff who earn low salaries because they work few hours or are paid close to minimum wage.

Data were analyzed qualitatively for broad themes related to definitions of Active Living, determinants of health and physical activity, barriers to and facilitators of physical activity, and resources needed by managers, staff or consultants responsible for physical activity in their workplace. The constant comparative method of analysis was used where later categories were compared to earlier ones so that the themes were continually refined as analysis proceeded.

## FINDINGS

### DEFINITIONS OF ACTIVE LIVING

Most participants defined Active Living as more than just physical activity alone. They viewed Active Living as an overall healthy lifestyle or a set of healthy behaviours that also included such elements as eating a healthy diet, managing stress and enjoying a variety of leisure activities. For instance:

*Active Living is the ability to get out and enjoy life through a variety of approaches or venues that provides them with either family time or free time, or gives them some spiritual access to the outdoors. Active Living is any type of activity that they choose to do that frees them up from their work environment. It also includes going to a library and sitting down and reading a book, in my opinion. To my mind, if your mind isn't active, you aren't actively living. I know that there are a lot of people that don't accept that definition. It is to encourage people through whatever opportunities. Whatever their likes and dislikes are to engage in that activity. It is something that is with them over time. So if you are 12 years old and you learn to golf, you can golf until you are 65. If you enjoy walking and that kind of thing. It is an opportunity to open up the possibilities of what is out there. (post-secondary institution)*

*An ability to create a balance for our employees between their own well-being and the quality of worklife they experience. We all have stress in our job but how do we minimize that or how do we give people the tools to handle a crisis or a conflict in the workplace... They need to have opportunities to utilize the fitness areas, opportunities to get information about nutrition, and opportunities to visit our diagnostic referral areas just so that when people in the organization are in trouble, they know that there is an environment to reach out to and get some help... I think that it would incorporate all of those things; the good balance between, you know, our physical activity, our spiritual activity and how we treat ourselves. (private industry)*

*I really think that when you do a really good assessment on someone, you really look at five or six components of a person's life. Under health and the physical part, is Active Living, I really think. If I see a person sitting in my office that has really neglected that part of their life, I really strongly encourage them to build up their activity. Even if it means starting with a walking program; but to get that part of their life back in control. A lot of people, as they start to get into burn out and working 10 to 15 hours a day, haven't got time to exercise. They start eating wrong and they don't sleep enough. To me, Active Living is a component of all of those things. Getting enough sleep as well as enough exercise. I think sleep is as important as exercise. Most of the people are tired, tired to the bone. (post-secondary institution)*

*To me, it is to be engaged in the presence of living. That could be gardening, drawing, chatting with people, and all kinds of things. I don't think about it as just physical activity, personally. I don't know if there is a proper definition. I think of it as actively engaged in life. One of the messages that has been difficult for health promotion has been that we have been kind of rigid in terms of how we define what people need to be able to do. It has been hard for them to make the small itty-bitty steps toward the right thing. I was really pleased to see the information come out that putting your 15-minute activities together adds up to something. (post-secondary institution)*

*That is the one thing about Active Living, it can go beyond the walls of your fitness centre to non-members as well who can participate in programs and activities... Fitness is important, but not super high for Active Living. I would say overall, that companies are really looking at an overall*

*bigger picture. Active Living is just really a small piece of the pie. (private industry)*

*It is one component of how you treat an employee in general terms. We provide bussing for employees. If you really look at wellness or looking after the employee, then that is just as important as whether or not we do flu shots. If we didn't, then there would be another additional hardship on the employee. We have to be careful that when I relate wellness and Active Living, looking after the employee is just not specifically associated with health. There are benefit packages, how people are paid, and a whole socioeconomic aspect of it that we have to look it. We can't just confine it to health. (private industry)*

Some participants specifically mentioned Active Living as achieving a balance between work and healthy behaviours.

*The ones that use the fitness centre incorporate Active Living into their lives. I think that we have a lot of people here who are struggling and they probably like to do more but the workplace isn't the place for them to do it primarily because of workload and constraints. And certainly the workload puts a constraint on people, but people put a constraint on themselves as well because they don't make it more important. They don't make themselves more important than the work. (Another group participant adds) One of the classes we'll offer shortly is the walking and running clinic. To me, Active Living means finding that balance between work and level of physical activity. (government agency)*

Those who equated Active Living with physical activity varied in their definitions. Some noted the need to broaden the types of physical activities recognized as Active Living.

*Active Living is something like walking routes and things that I won't call per se—fitness. We also do things like Tai Chi, and we call that more of an Active Living thing rather than a real fitness thing. We also have step programs and high and low impact, tone and sculpt. Active Living is stuff that we have information on if people want to pick up something on walking, or lifestyle, or what the importance is of having an active lifestyle... People have been really turned off over the years with the 3 to 5 times a week, with a heart-rate at this point. We want them to know that there are measurable health benefits in having Active Living incorporated into their lifestyle, and not just a fitness activity where often they get turned off. (health authority)*

*The Active Living part is not just exercise. Of course it's going to be exercise for some people, but going for a walk with your kids and, you know, getting in touch with your spirituality, whatever that means. (government department)*

Others pointed out that Active Living meant integrating physical activity into one's daily routine.

*We really try to discourage people from taking the elevator. We try to get people to go out for a walk at lunch time instead of sitting in the smoky, old cafeteria. The "active people" are a very small proportion: people going for walks at lunch, creating traffic on stairways, and having conversations that deal with things other than what they saw on television the previous night. (government department)*

*You don't want to just educate someone or give them information that gets shut off at the plant gate. You want them to take that with them so that's the kind of information you want to provide. (private industry)*

Still others viewed Active Living in terms of conventional fitness-oriented exercise programs, though these views were in the minority (two participants).

*We are talking about swimming or actual programs that are geared towards fitness. Golfing is fine for leisure, but it is not really something where you build up a level of fitness. We are talking about actual programs, like a "Club Fit", a swimming program, yoga, or weight lifting. (private industry)*

Occasionally participants mentioned a supportive workplace as being part of an overall Active Living approach in the workplace, and some mentioned the need to balance personal and organizational responsibility. This was not discussed extensively in the definition of workplace Active Living, but was discussed more in depth in the section on barriers and facilitators of Active Living in the workplace.

There were occasional comments about the concepts of Active Living and wellness being vague and a need to clarify the meaning of Active Living to employers. There were also comments regarding the difficulty of making Active Living a workplace priority. The issue of prioritizing will be addressed in the section on barriers and facilitators that follows.

## PERCEIVED DETERMINANTS OF ACTIVE LIVING AT WORK

### Determinants of Health

Without initiation from the interviewer, participants mentioned little about the determinants of health. Participants spoke more about determinants of participation in physical activity, without acknowledging that both physical activity (a personal health practice) and other determinants influence health. Several mentioned that more educated employees participate more in physical activity.

*This might be a terrible generalisation, but I would say that in my own situation, there are more smokers in the administrative support area than there are in the professional. And they are less active people, I suspect. So I think that's the area where the bottom line is...I don't know if you would have the most resistance but certainly you would have the worst profile if "worst" is a good word to use. (Another focus group participant adds.) You know, that's consistent with the demographics: the more educated you are, the higher the income levels and the less you're likely to smoke and to be inactive. It parallels a lot of the studies that already exist, so you know it's really a function of the demographics. (government department)*

There was also mention that participation may be more difficult for women in particular because of family obligations; people of higher incomes can afford more activities; some types of employees (blue collar) were seen as less active than others; or of inflexibility in their jobs.

Age was also mentioned by a few participants as an influence on Active Living, even though it is not typically considered a determinant of health per se.

*I would say that the active people are higher educated and younger. When I am out and about in the province, most of our employees in their 30s and 40s are out there doing something. They are conscious of activity as a benefit. I don't think that has been sold to the 20-year-olds yet. I think that 20-year-old kids are 20-year-old kids. They are remarkably resilient. They can go out, drink a bunch of beer, stay up all night and still feel okay. (government department)*

There was not much mention of culture. However, one participant mentioned that in some cultural groups, women were not likely to use the centre as much as men. Also in some cases, the men did not use it a lot either.

Most of the time participants did not mention determinants unless the interviewer mentioned it first. There was some mention of social support, but more often they spoke of employee-led activities rather than support specifically. Physical and social environments often arose during the discussion of barriers and facilitators of Active Living, as will be seen below.

## Organizational Culture

Participants spoke of such issues as wellness in general being valued in their organizations, a positive workplace environment (e.g., where employees feel respected), and employees having input into decision making. A few participants mentioned that Active Living could not stand alone. It had to be integrated with other health issues such as stress management and injury prevention, as well as with a healthy workplace culture in terms of how employees are treated.

*It is a bigger picture than that. It is the whole idea of integrating wellness into the corporate culture which is sort of where health and wellness are going these days. It is not just running programs that talk about your personal health. It is really under organizational health. I think that is really where the focus is going now. So you talk about your corporate culture. What is the role of the company? How is communication within the company? Are you a well company? Do you have health policies, or policies that support the health of your employees? The change in corporate health promotion in the last five years is amazing. (private industry)*

*I really think that when you do a really good assessment on someone, you really look at five or six components of a person's life...If I see a person sitting in my office that has really neglected (the physical activity) part of their life, I really strongly encourage them to build up their activity. Even if it means starting with a walking program....To get that part of their life back in control. A lot of people as they start to burn out, and work 10 to 15 hours per day, they haven't got time to exercise. They start eating wrong and they don't sleep enough. To me, Active Living is a component of all those things. Getting enough sleep as well as enough exercise. (post-secondary institution)*

Though several participants recognized the importance of a positive work climate, one pointed out that in her organization the work climate was deteriorating. Some personal development activities for staff had already been cancelled and people were being expected to work longer hours. However, the organization had a fitness facility and use of it was increasing as a means of dealing with stress.

Another aspect of organizational culture specific to Active Living was the extent to which the organization promoted integration of Active Living into the course of one's day-to-day work, such as taking stairs instead of elevators, or walking or cycling to work. Some of this relates back to the availability of fitness facilities and/or showers and change rooms.

Some of the private industry participants pointed out that the companies were going through mergers. Some of the cultural differences in organizational cultures involved Active Living. For example, one business had a fitness facility and was merging with an organization that did not. This raised the question of how various sites would promote Active Living (and wellness more generally), and how committed the new business would be to this. How would they balance the bottom line focus of one company with the employee focus of the other?

There was also occasional mention of how the broader popular culture affects employees. For example, one company mentioned that the smoking rate in their region has increased over the last few years. Another perceived that people are sedentary in general.

### Individual versus Organizational Responsibility

Some respondents saw Active Living as an individual responsibility that could be done on one's own time outside of work or by informal means during the work day (e.g., walk at lunch).

*The danger is that when people start depending on someone else other than themselves for their lifestyle, or their health, society has a problem. When we are doing this, my job is to provide the tools. It is their job to use them. (private industry)*

*We have a fitness policy that is focused on employee responsibility. We have fitness centres in a couple of different buildings here. They are employee-run. They were started by employees in the building who have convinced the organization that there are enough people in the building who are interested in participating in a program. They have built the business case for the fitness centre to exist. (The company) provides the real estate, but otherwise it is completely employee-run. Again, this is the individual's responsibility. The company doesn't build a fitness centre, provide all of the equipment and assume people will use it. We expect the buy-in to come from the employees. The centres that exist in the buildings right now are packed. They have to turn away members because they are not big enough. (private industry)*

However, others focussed on the need for the organization to encourage wellness by doing more promotions and supporting increased physical activity among employees.

*You can't have a healthy company or healthy employees when you have an unhealthy corporate culture. On the other hand, you also need healthy employees. So there is a personal responsibility to take care of your own health. But, if you don't know about it, then the workplace is a great opportunity to teach people about health...I see the benefits that people get from participating in the (facility)...A lot of people think it is totally your own responsibility. It is a very happy place. It is a place where people come and go away feeling happy. It is a joint responsibility. It is not one or the other. (private industry)*

*There is a school of thought that says, "You, as an individual, have a responsibility for your own wellness." There is another school of thought that says, "You, as an organization, need to provide opportunities for your employees to enjoy wellness, or to participate in wellness types of activities." I think it is a combination of both. You need to accept responsibility for your own health, but I also believe the organization has a responsibility to provide a safe and healthful work environment. I can be consciously aware of what I need to do for my health, but if my workplace is such that it restricts me from doing that, or does not allow me that opportunity to access those vehicles, then I don't believe that is organizational responsibility. I think there needs to be more of a pairing, when you look at the number of hours we spend in our work environments. The workplace has a significant emphasis on our formation as individuals and the values that we hold. I think that workplaces have a responsibility to be more aware, and to provide opportunities for people. (post-secondary institution)*

A sub-theme related to individual responsibility was choice. Some participants noted that employees need to decide for themselves how active they will be and what they will do.

*If you're recommending that I stop every two hours and stretch, then say it. Don't give me the "b.s." about why I should do it. I mean, I'm an adult. I'll do it if I want to do it. (government department)*

*I still believe in the self-responsibility kind of aim of the wellness health management program. I don't believe that we need to hand-held and drag people along on this. Everything is voluntary. We will make you aware, give you the support, direct you to resources, and provide education. The rest is up to the employee... We don't want to force the employee. (private industry)*

There were also suggestions to offer a wide range of activities so that people could choose what they enjoy (e.g., walking, various sports).

### Levels of Support within the Organization

Participants spoke of a number of different levels of support for Active Living. In some cases, Active Living activities (such as walking groups, yoga, volleyball, baseball) were led by employees; sometimes formally organized and other times informal (such as staff getting together to walk at lunch, or walking after work).

*A lot of our pay and benefit staff are starting to walk every day at lunch. Some of them want to start a jog/walk program. (government department)*

*There are shift leagues for hockey and slo-pitch. (private industry)*

A few workplaces had "champions" within the workplace, i.e., staff (and in some cases individual managers) who would organize events or lead by example (e.g., running at lunch, cycling to work).

*Under that very broad umbrella of health...we developed a program in employee wellness...(We) designed the program simply because we were asked by a lot of people and it kind of grew. We really had no mandate to do it; it was just something that we wanted to do because we had been asked by a bunch employees to ...put together a program on fitness, nutrition and exercise...So we spent a year or so researching this program, put it together, designed essentially a 2-day program, and we still do that program. (government department)*

*I think that we need to get some of the executive and senior managers participating in the classes and leading by example {saying} that it's okay to leave your desk to do that. (government agency)*

There was some concern about how much time employees (those not designated to do workplace wellness) spent to organize Active Living opportunities, as they were volunteering their time for these activities which were not part of their job descriptions.

Participants also mentioned the importance of having immediate management support as well as support from the highest level of management. The management level support was helpful in securing funding if needed, to make Active Living activities continuous or to allow staff flexibility to do Active Living during the work day (e.g., flexible lunch hour). Support from top level management was essential not only to funding of initiatives but also to creating an organizational culture that values wellness, including Active Living.

*If they had the support (financial, time, or managerial) to go to these things where someone will fill in when they are away—they would come to (fitness activities). They don't because they feel guilty if they leave where they are. If I had a message to go to senior management, I think the staff would participate in things more, get more involved in our wellness program if there was a real living example of support. If you want to go and take this program, you will be replaced when you go, if that is needed. Or, the time will be given to you; or if there is a cost, then subsidy can help. People need to be enabled to go. (regional health authority)*

Participants also gave examples of resistance from management or senior level to Active Living ideas, such as adding showers to a building.

Ideally, Active Living should be supported at all levels.

*You need a local champion. You need the commitment and the culture to be embedded at a local or the smallest denominator level. I think that there are some things you can do at a more global level and that's maybe adding to what was said... There's a recommendation in our task force that says we establish guidelines of what an Active Living community corporation is, so that it gives the corporation some goals to reach, and then so we can do some things up here. We obviously have to work at the bottom as well. There are some things that we can do globally to help things happen at the bottom. (government department)*

*Active Living is very personal and it remains very personal, I think, for those of us who seek an active lifestyle. But in fairness, there has been a change, albeit quite small over the past number of years, speaking as one who has a long-term history with this department. Going back to the days to when we didn't have flex time, it was very rigid. It was very nine-to-five, and you took 60 minutes for lunch, 15 for coffee break, and so on. But government has generally become somewhat more open to flexibility and encouraging its employees through things like Corporate Challenge. I mean the department, in fairness, pays for our entry fee. It does support groups who want to go white water rafting; there's a group that has done that for the past couple of years and that's very active. So there has been change, but it's slow and isn't being promoted very well by the department. (government department)*

Another issue that arose was the need for unions to be more supportive by being more flexible in how employees structure their hours of work. For example, two participants noted that it is difficult for staff to take an extra half hour over lunch to exercise and make up the time later in the day, because of union rules about hours of work.

Some workplaces had designated Active Living or wellness staff and/or formal wellness committees (one mentioned having a wellness committee at each of their sites). But others handled Active Living through more conventional channels like occupational health and safety or human resources. Two private companies were involved in a community-wide initiative with other organizations, i.e., non-profit, government and other businesses.

## Awareness

Almost all the participants reported that their organizations promoted Active Living on site in various ways (e.g. e-mail, posters, brochures, etc.). A few also included Active Living in interactive promotions (e.g., lunch-and-learn workshops). Some participants mentioned requests by employees for more information on health issues, including fitness. There was a comment from a union representative that Active Living needed to be marketed to different types of employees, for example, people in physical as well as sedentary jobs.

## Benefits of Active Living

Most participants mentioned the importance of promoting both the health and productivity benefits of physical activity to gain support and resources from the senior levels of the organization. Some pointed out the need to demonstrate actual cost-savings within their own organization as a result of having workplace wellness programs, though they acknowledged it is difficult to collect such data as resources for evaluation are limited. For the most part, they relied on available research from other sources to make their case.

*I'm thinking that the bottom line is still going to be very important to the senior officials that will make the decision...it needs to be pretty clearly demonstrated that healthier individuals are going to somehow contribute more to their bottom line. I know the people that I exercise with at lunch hour say they are so much more productive after work when we actually get out for a run, and how their energy tapers off by 2:30 -3pm on the days that we work through lunch. You know, we say that over and over again, but yet we allow ourselves to be caught up in (working through lunch) anyway. (Another participant adds) And this is another thing that comes out...in the studies, is that the absentee rates of people that are fit are considerably lower than those that do not exercise or live healthy lifestyles. They have more energy, and this is why some of the big corporations are actually putting the equipment in the workplaces. (government department)*

The above types of arguments were echoed by several other participants, including the majority of private industry participants. However, there was occasional questioning of too much emphasis on the bottom line.

*By associating dollars with it, what we are doing is desensitizing why we are doing it. We want wellness programs because it is the right thing, not necessarily because there is money associated with it. When you are dealing with any level of organizational management, they want to see the money return on investment. Hey, I want to see the return on investment too. I just have a better understanding that it is not within six months. It is not within a year. It is a longer term. (private industry)*

## Research

Several participants mentioned doing research, mostly needs assessments involving employee health profiles (some with the Health Canada corporate health tool or some modification of it; others with private sector tools such as Bayer's). To a lesser extent, some mentioned gathering input into programs and activities staff would like to see. One business was doing a feasibility study for a fitness facility. A few mentioned evaluating programs. Most organizations were using surveys, though two mentioned focus groups as well. Some said they would be gathering feedback (satisfaction-focussed). Others noted the need to look at outcomes, but it was unclear how they were going to do this with limited time and resources. Confidentiality was a concern with surveys and some organizations had their data analyzed by outside agencies (usually the sponsor of the survey instrument) rather than internally so that nobody within the organization would see employee responses.

## Fitness Facilities

Organizations with fitness facilities noted that they were used by employees, though the usage varied between workplaces.

*Because of the nature of their business, they sometimes don't have a lot of time. The flip side is that they have a gym on-site. If they want to go and ride a bike, or pump a little iron, then they do. I know a lot of our employees are very active. (government department)*

In one case, a post-secondary institution, there was so much participation by staff and students that Active Living staff were encouraging additional activities that people could do on their own or through off-campus facilities. Existing facilities and on-campus staff were already stretched to the limit. In other cases, facilities were not used as often as staff expected.

Some participants who did not have any facilities, or lost them when they moved to another building, thought fitness facilities on-site would promote Active Living.

*One of the things that has floated around for some time is gym facilities. If there was an on-site gym facility, I would stay a half hour or an hour after work, to work out and then go home. I would even come in before work. The ones that have been tried have just died a natural slow death for whatever reasons...It would have to be multiple. You could probably pick six or eight key locations in the city that have the facilities to house something like that; to have shower facilities and that are accessible to all employees...I would think they would want to get into some rowing or walking, but not free-weights at this time. I see a lot of resistance training would be of interest to them. I also know that if the facility was made available and stocked with some of the more key training equipment, that our guys would be willing to kick in their own equipment. In the past, they would throw in \$20 bucks each to get something they really think everyone is going to use. It is the facility that is the real issue. (union)*

Some organizations with facilities also had formal activities such as sports, fitness classes or walking groups. Many of these were informally organized by employees, though in some cases (e.g., some fitness classes) the wellness program organized and paid for the activities.

Some participants did not think it would be feasible to have on-site facilities at all. A few mentioned the possibility of getting affordable access to nearby community facilities (e.g., YWCA, city recreation facilities), or sharing facilities of another nearby organization, (e.g., fitness classes, bike lock-ups), and in some cases cost-sharing this access between employer and employee. One government department was creative in posting exercises that people could stop and do when walking through walkways in downtown Edmonton. In some cases, these alternatives were in place, while in other cases, these possibilities were still being explored.

*The company has allowed a fitness subsidy. Employees can choose whatever they are in to, whether it is yoga or weightlifting. They choose where they want to go and participate. They have to fill out a questionnaire and the actual fitness centre has to say that they can provide "this, this, and this", and that they have safeguards so employees are not going to be injured. Then they send that to the fitness centre, and then they are reimbursed up to \$500 per year. (private industry)*

In some workplaces, the fitness facility was specific to the site or department. Some parts of the organization had facilities and others did not. In some cases, this was because one site was the main site and others were smaller sites. In other cases, differences were due to the types of staff, e.g., people who drive most of the time were not on-site enough to use the facilities. Equity of access and related factors like convenience were seen

as issues when some sites had facilities while others did not.

At a minimum, having access to showers after doing activities outside the building (such as running at lunch or cycling to work) was considered important. Lack of showers was seen as a barrier to being active for some staff. A small sub-theme that arose within this discussion pertained to embarrassment about one's body – mostly about being sweaty and having no showers (though in one case being seen in “tights” at work was an issue for some.

*“Well, heavens no, we can't put any showers in your building because we don't want to be seen as spending money”...We tried desperately when the group relocated, to have Public Works put in some showers. I mean, they were doing work anyway. No way. (Another participant adds): That would be in my opinion of the single biggest deterrent to exercising. Clearly in an office setting you don't have a lot of opportunity to be active during 8-12 pm and 1-4:30 pm, but going out on your lunch hour, cycling into work, or running afterwards would be a lot easier to do. I mean, we do and we make it work, but it's not very convenient. If we had even an locker where you could change without a shower, although a shower would be desirable, that would be nice...I don't think there are any facilities in this building, at least not that I have been able to locate, other than the usual washrooms. (government department)*

### Relative Priorities

Some participants were from organizations that were undergoing major change – for example, some of the organizations from private industry were in the midst of mergers. In other cases, organizations had identified employer-employee relations and work environment as pressing areas needing attention. Although some of these organizations did have fitness facilities and programs, overall they were less focussed on Active Living than on issues like stress management, work climate and broader organizational culture.

*That was the big issue, that and workload; people are feeling completely overwhelmed by the number of hours their work is demanding so they would like to see some adjustments made there. The other one was the loss of sense of community that I talked about. They really feel that staff are feeling more and more isolated, and want to see more social events. They want to feel that they are valued and recognized within the institution. (post-secondary institution)*

### Perception

This issue came up on two levels. At the workplace level, participants thought that employees were concerned that others would think they did not have enough work to do if they could spend time doing physical activity.

*The number one reason people find it difficult to participate is time...Maybe your manager doesn't support you to do that, e.g., either financially, or in giving you the time to go to fitness class and get there five minutes early to change. Or if you do go to the class, when you come back there may be comments from managers or other people about, “Oh I wish I had that time,” or, “Wouldn't it be nice to have time like she does”; catty comments about people who participate. Participating in physical activity is not the norm; it is not the cool thing to do. In some areas, some people who make that effort are not supported by other staff or their managers. Or, they are seen as being a burden to the other staff, “If you are going to go to fitness, then I am going to have to take on your load while you are gone.” (regional health authority)*

At the public level, participants from some public sector organizations expressed concern about how taxpayers would see investments in Active Living, e.g., as a “frill”.

*I think that if the taxpayers know we running off and letting our employees being members of fitness clubs, then they would be saying, “Well, why are you cutting dollars (from public services) and letting your employees be members of fitness clubs”. (government department)*

*I wouldn't mind doing physical activity but it cuts into your work time. So people then start looking at you like, “Oh she must have nothing to do or it must be nice to have the time to be able to do that”. But people don't realize that you're actually doing it during your lunchtime, or your coffee*

*breaks. You know, you are taking it home and doing the lists and stuff, but they don't see that. (government department)*

One workplace also mentioned how it is easier to justify things like fitness facilities when the economy is strong, but not when is it weak and cutbacks are occurring.

Another issue of perception that arose was employee trust regarding the motives for wellness programs. For example, a union representative pointed out that some employees view wellness as “soft” and fear that it will detract from a safety focus. They are also concerned that Active Living could lead to fitness testing which could be used to remove them from their jobs. On the employer side, one participant raised the question of how they would know if someone who did physical activity during work was making up the hours later.

Also, one company noted that when something is called a “program” and has a title like “Active Living”, it is less likely to be well-received then when it is just integrated into other organizational activities. Also, senior level management would demand more evidence of cost-savings, which is hard to show in the short term if it is packaged as a formal program.

There were some differences with the groups in terms of emphasis. The municipal government and post-secondary education sectors were more likely to have someone designated to coordinate workplace wellness, and to have better access to facilities and/or programs. Respondents from the post-secondary education sector also spoke much more than the others about the integration of Active Living into an overall holistic approach to wellness including other lifestyle issues. The one union respondent focussed more on issues of trust of employer motives in promoting Active Living (e.g., if fitness testing was done, then how would results be used). The union also focussed more on work demands and awareness activities.

Private industry had more issues with organizational structure change (especially mergers in some businesses). They also were more likely to do health risk appraisals and talk about benefit plans and related cost-savings when workers are fit. They were very diverse across businesses in terms of support for Active Living and opportunities on-site (such as facilities). Some emphasized Active Living as an individual responsibility and did not see a large company role.

## Work Demands

Barriers to being more active (as perceived by those interviewed) included not enough time, competing priorities, irregular hours (such as shift work, though two companies had physical activities available for different shifts), and working off-site a lot. Having flexible time arrangements was seen as more conducive to being active. Some types of workers have more flexibility than others.

*Nobody is telling me I can't go (to work out) at 10:30, but if one of the admin support persons got up and walked out at 10:30, somebody's going to say something... I mean we have a lot more*

*flexibility. (government department)*

*The nature of the work is unpredictable at a certain stage. When you answer the phone at 8:15 a.m. you don't know where you're going to be at 4:30 p.m. That tends to set up a situation where you don't get into routines. I know that several offices where I worked attempted to do things on a regular basis. We used to go walking in the facility during the winter time. They have a walking track. We went as a group. It was extremely rare that we were all there as a group...but we did manage to keep going for about a year and it worked really well. (government department)*

Despite work demands limiting physical activity, some participants also mentioned that physical activity could be promoted as a way to reduce stress and create more opportunities to socialize with others rather than always being isolated in doing one's work. There was also occasional mention of the need for more balance between work and other aspects of life such as family and leisure time (e.g., not being expected to take work home or attend meetings at night).

## Family Demands

Family demands were mentioned less often than work demands. Some participants mentioned the difficulty of having formal Active Living activities on-site since some employees cannot come in before work or stay after work because they need to go home to their families. Family demands were seen as especially strong for women (e.g., needing to go home to look after children and make supper). On the other hand, participants also recognized the need to promote Active Living away from work where employees could integrate their family lives.

*Although I really endorse the idea of subsidization of the fitness pass, because of the demographics of our people, they are older and married with kids, subsidizing a single pass for the cost of a family pass is just not flying. We are not the ones that want to go swimming. We want to take our family swimming so we can exercise at the same time. (union)*

## Incentives

Incentives included both ways to motivate people to be active on their own as well as in more formal workplace initiatives. Incentives that were either in place or being approved included being able to use professional development money for Active Living (e.g., fitness clubs), recognizing employees' physical activities outside of work time (e.g., participating in the Jasper Banff Relay), and participating with co-worker competitions such as Corporate Challenge (though there were also occasional comments about the latter being too competitive and taking too much staff time to organize).

*Right now all employees are entitled to \$500.00 in their learning account that they can use as they see fit without approval from our supervisor. And they purchased a lot of things: some people purchased computers, some people purchased books, and they have gone on conferences...what we are going to do in the next year, we are hoping to do, is split up the money accounts so that \$300.00 is available for learning opportunities or professional development opportunities. The \$200.00 would be made available for wellness or other kinds of issues, and that is where we would look at paying for memberships and clubs whether it be fitness or whatever. (government department)*

In addition to discussing current incentives or those in the process of approval, some participants also made suggestions for additional incentives (e.g., employer paying for a bus pass rather than only covering parking

for cars, negotiating corporate discounts at municipal fitness facilities, contests within the workplace where employees would keep track of how many stairs they climbed or miles they jogged, and rewarding participation or reduced sick time). One participant also noted that prospective employees were asking more about things like learning accounts and subsidized physical activity opportunities when interviewed.

### Integration of Active Living into Daily Life

Some participants gave examples of how employees were integrating activity into their day – such as cycling to work, taking stairs instead of elevators, and taking regular stretch breaks from their desks. One private company had exercise bikes in a work area where employees had to monitor plant equipment, so that they could take exercise breaks while monitoring the systems.

### Readiness

Participants believed that some employees were not interested in becoming more active and were not ready to consider changes. Participants also said that some employees were engaged in unhealthy behaviour (such as smoking) that are not compatible with physical activity. In some cases, organizations offered activities or incentives suggested by employees, but there was little actual participation. Some participants also recognized that employees are at different levels of readiness for change.

*Some of our biggest barriers would be overcoming individual beliefs. You can't make people change. How do you get to the point where people are really going to take up what you have laid on the table for them? There will always be two extremes—the people who will lap up everything that you give them and the people who will not do anything. We recognize there will be a population that we will never have an impact on. (private industry)*

*Kind of like Prochaska's whole thing about change. You kind of get the pre-contemplation going on, so you feed people information and ideas, and expose them to things. You know, try out a few little things here and there. Hopefully that will take hold. Then, by example it will gradually have a broadening effect. We have more people now that have sought out activity of one kind or another, than we would have even two years ago. So, we are making inroads. (school board)*

In some cases, employees think because they do physical work they do not need to do other activities.

*Often their response is, "I don't do recreation. I work for a living." A lot of people think that because they work in labourious types of activities all day, they don't need physical activity...Primarily when you are work, you are using a set of muscle groups. My opinion is that a lot of injuries occur, not because of using those muscle groups, but because of using muscles that are not used typically on a day on the job. Many injuries occur because of muscle imbalances. General physical activity helps to diminish some of these muscle imbalances. (government agency)*

Strategies for dealing with this included tailoring awareness-building information to stage of readiness or change, and providing opportunities for employees to try an activity at no cost.

Readiness was also discussed in regard to organizations. For example, some department managers are more ready than others to provide wellness opportunities for their employees.

## INFORMATION NEEDS AND PREFERENCES

### BRIEF AND PRACTICAL RESOURCES AND PROGRAM MATERIALS

Suggestions for practical resources and program materials included:

- support materials i.e., consumer health education materials (e.g., posters, glossy brochures, and pamphlets - preferably free)
- compelling articles on timely health issues; simple but well written
- fact sheets with information in bullet format
- programs that can be delivered within one hour
- brown bag sessions for employees on various health issues
- videos

Participants noted the importance of having these available for both practitioners and clients.

### SPECIFIC TOPICS FOR RESOURCES AND PROGRAMMING

The following topics were suggested for inclusion in resource and programming materials:

- how Active Living/physical activity can help people deal with stress, depression, and/or anxiety
- benefits of Active Living for different health outcomes and different types of activity needed, e.g., cardiovascular health, prevention of osteoporosis
- need to stay abreast of ergonomic and safety issues
- “lifestyle literature,” e.g., being able to tell employees how much fat is in a “Big Mac” rather than just giving them the Canada Food Guide
- stress management information
- smoking cessation programs
- information for employees on childcare and eldercare
- information on shift work
- how to assist people in balancing work and family
- information/guidance on how to deal with interpersonal conflict

## RESEARCH INFORMATION

Participants were very interested in getting further research information workplace physical activity, in part to increase their own understanding, but also to help them make the case (to the employer) for Active Living in the workplace. Suggestions for research information included:

- research articles with information on practical applications
- summary and critique of current research
- literature reviews
- information/models on how to do needs assessments, and to design, implement and evaluate the outcomes of a program

More specifically, participants were interested in information on the following topics, several of which are related to efficiency:

- cost-effective & cost-benefit information on worksite health programs
- information on the correlation between fitness and absenteeism
- a clear demonstration that healthier and fit employees cost the employer less money
- information supporting and providing rationale for how a program can have a positive impact on production
- information on the impact of multiple strain injury on productivity
- research on how to effectively change behaviour
- information on how to get sedentary people more active (e.g., fit Active Living into their routines)

## ORGANIZATIONAL ISSUES

Participants expressed some interest in resources to help them integrate Active Living into organizational structure and cultures. They were interested in learning more about what types of resources and programs others have found successful:

- successful worksite health promotion programs and resources from other organizations that are sector specific. One participant wanted to know what other colleagues are doing, i.e., what works for an oil and gas company may not work for a post-secondary institution
- information on best practices
- opportunities to network with others (e.g., at conferences or workshops)

Participants also expressed the need to go beyond simply knowing the arguments for Active Living to being able to articulate these to senior management:

- how to integrate wellness into human resources and other departments within an organization; how to move initiatives forward
- how to build a business case for Active Living in the workplace without using the term “Active Living”. This term is too vague.

Finally, participants were interested in resources that would help them to support people in the workplace who are in leadership roles for promoting Active Living, such as:

- program ideas for peer recognition
- software for recreation and fitness administrators so they can keep track of things like programs used, facilities used, and memberships sold
- leadership techniques and information on group dynamics to pass onto fitness leaders

Regardless of the type of resource information, participants emphasized convenience. Some preferred printed materials, while others preferred e-mail or other electronic methods (faxes, Web sites, videos). One noted that print resources are easier to share with others in the workplace. Interactive methods were also mentioned (e.g., conferences, workshops, brown bag talks), though participants also pointed out that their time was limited for these methods.

Several participants acknowledged their appreciation of the Alberta Centre for Well-Being as a central point for obtaining resources on workplace Active Living. There were suggestions that the Centre could play an even stronger role in coordinating the availability of resources and be more clear on the scope and limits of their mandate.

## RECOMMENDATIONS

1. Clarify definition of Active Living initially proposed by Fitness Canada so that people in workplaces are (a) aware that physical activity is the central component of it and (b) understand the importance of integrating physical activity with other aspects of peoples' lives.
2. Provide information about how Active Living (a personal health practice) can interact with the broader determinants of health. For example, how can Active Living contribute to developing social support networks? How do factors such as income, employment and working conditions, and gender influence patterns of Active Living? Why is it important to provide organizational support (e.g., flexible time arrangements) and to encourage individual responsibility for Active Living?
3. Support workplaces in developing solutions to facility needs of employees. For example, if it is not feasible to have shower facilities in a particular building, how might the employer negotiate with a nearby workplace or recreation facility for use of their shower facilities?
4. Provide current research-based information to employers, on an ongoing basis, about the health and economic benefits of Active Living in the workplace, and the importance of senior level support to the success of implementing programs.
5. Provide current research-based information to personnel responsible for employee health on issues such as (a) tailoring Active Living options to various stages of readiness for physical activity, (b) incentives to encourage participation, and (c) effective methods for promoting the benefits of Active Living to all employees.
6. Provide information on Active Living in the workplace in a variety of brief, practical and user friendly formats: print, electronic and face-to-face interactive formats.

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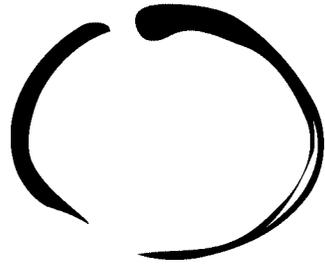
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Supporting practitioners and organizations to improve the health and quality of life of Albertans through physical activity.

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All Albertans value, enjoy and benefit from a physically active way of life.

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