

Case Study

City of Regina's Transfit Program

March 2002

François Lamontagne

Table of Contents

	Page
Introduction.....	i
I. Context.....	1
II. Health and Wellness Initiative Background.....	2
i) History of the Initiative.....	2
ii) Main Features of the Transfit Program.....	4
III. Health and Wellness Initiative Process and Structure	5
i) Links to the Organization’s Goals	5
ii) Decision-making Structure	7
iii) Communications	9
iv) Demonstration of Management Commitment and Support	10
v) Employee Involvement in the Program	10
IV. Impacts and Analysis.....	11
i) Management’s Assessment of Impacts, Benefits and Drawbacks.....	11
ii) Employees’ Assessment of Impacts, Benefits and Drawbacks	13
iii) Analysis.....	14
iv) Future Directions	16

Introduction

This case study is one of a series of twelve such studies conducted by the Canadian Labour and Business Centre during 2001 – 2002.

Issues of workplace health and wellness are an ongoing priority for the Centre, which is a joint organization founded on strong membership from the main workplace parties – business and labour. We believe that approaches which promote workplace health and wellness are in the best interests of both employers and workers – a clear ‘win-win’. In particular, in a period of anticipated growing skill shortages, those employers who pay attention to workplace health issues will have a competitive advantage over others in recruiting and retaining workers with much-needed skills.

The following case study reflects the Centre’s main objective in undertaking this work, namely:

- To identify the key features of the wellness initiatives in each workplace;
- To document the role of both management and unions/workers in managing these initiatives;
- To assess the relationship between the initiatives and the organization’s business strategy and ‘culture’; and
- To document the ways in which the workplace monitors the impacts of its health/wellness activities.

In short, the case studies are as much about the *process* of workplace wellness as about the *content* and *impacts* of individual workplaces’ initiatives.

Taken as a group, the full set of cases has been deliberately assembled to reflect, as widely as possible, a broad diversity of workplaces in terms of geography, sector, size, and union/non-union status. As a group, the cases are intended to tap the experience and practice of a variety of workplaces, in order to maximize the benefit from the case study work. Readers will note, as a result, that no two cases are alike, and that the lessons to be learned from each case vary considerably.

The full set of case studies will be available on the Centre’s website at www.clbc.ca, where they will be published individually. The Centre is also preparing a summary commentary on the cases, which will identify key common features – and important differences – among them. Finally, the Centre is developing a series of regional seminars at which some of the workplaces featured in these case studies will share their experiences. As they are scheduled, the seminars will also be listed on the CLBC website.

The Canadian Labour and Business Centre welcomes readers’ comments and questions, which may be communicated to the Centre at (613) 234-0505, or to info@clbc.ca

City of Regina's Transfit Program

- Concerns about the high number of injuries and absenteeism provided the original impetus for the establishment of a joint management-labour Task Force in 1992. As part of its action plan, the Task Force implemented a bus retrofitting initiative and a physical assessment program for Transit Department's operators.
- The Transfit Physical Assessment Program involves the assessment by a specialized health research centre of participants' lifestyle and health, and of their physical status in relation to the specific occupational demands of driving a bus. Individual counseling, sports facilities rebate, Transfit Days, and other similar activities also form part of the program.
- Resources to the program – averaging \$11,000 a year – come from a reallocation of dollars that were previously spent on compulsory medical examinations (participants are still encouraged to see their doctor annually).
- The program relies upon Transfit Coordinators – volunteer employees from administration, garage and vehicle operation – to organize wellness-related events, undertake employee surveys, and ensure proper communication about the program.
- Labour support for the program is confirmed by the fact that annual, mandatory physical assessments have been integrated into the most recent Collective Bargaining Agreement.
- There is little evidence at present that the program is impacting on health and safety indicators (except perhaps for *time loss days*), and the difficulty in isolating program effects from other factors was recognized. There is, however, recognition that the program is worthwhile and talks about replicating it to other departments are underway.

I. Context

Regina, the capital city of Saskatchewan, is home to a population of 193,652 inhabitants (1996). While many of Saskatchewan's rural areas are declining, Regina itself is in relative good economic health, thanks to an expanding service sector, a stable public sector, and the presence of several major companies and crown corporations. Its unemployment rate is one of the country's lowest. The City of Regina is governed by a City Council and a City Manager. Together, they oversee the activities of eleven departments and a workforce currently totaling 2,195 full-time equivalents. In the area of labor relations, six certified bargaining units represent the main groups of employees.

Central to Regina's responsibility as an employer is the role played by its Human Resources Department. With a staff of 20 employees, the department was re-organized in January 1, 2000 into three divisions, in order to more effectively fulfill its mandate to 'create and nurture a workplace culture conducive to a productive, respectful and

supportive environment for employees.’¹ One of the department’s new divisions, the *Health, Safety and Organizational Division*, has been at the forefront of the City’s efforts in promoting healthy workplace practices. On November 5, 2001, another reorganization occurred in which the Human Resources Department became a division of a new Corporate Services Department.

The division tracks a large number of indicators as a means to identify health and safety trends and issues, including absenteeism, frequency, severity and type of injuries, time lost claims, and others. One important issue currently being addressed by the Human Resources Division is the gradual increase in frequency and severity of workplace injuries. For instance, between 1994 and 2000 frequency rates² went from 6.5% to 8.8%, an increase of more than 35%. In 2000, back, neck and shoulder injuries accounted for 55% of all claims, in rapid progression from previous years. The aging workforce, an increase in the number of repetitive vibration-type injuries, employees’ limited attention to their physical environment, and an increased awareness of the Workers’ Compensation Board (WCB) process³ have been identified as the main factors contributing to the increase.

The City’s Transit Department – the focal point for the Transfit Program – serves the local population by providing regular bus routes. It also manages a Paratransit service, which provides transportation to nearly 5,000 residents who are unable to use the regular transit service. In fiscal 2001-2002, the Department operated on a \$16.5 million budget. Most of the employees – 222 out of the 230 total – are members of the Amalgamated Transit Union (ATU), Local 588.

II. Health and Wellness Initiative Background

i) History of the Initiative

Concerns about the high number of injuries – particularly back injuries – and absenteeism among transit operators led to the establishment of a Task Force in November, 1992. The Task Force, established by the Human Resources Department in conjunction with the Transit Department and the ATU,⁴ set about to address the injury and absenteeism problem. From the union standpoint, the high incidence of injuries was directly related to the type of bus seat being used at the time, but management did not necessarily see a direct connection between the type of equipment, and the type and number of injuries suffered by the operators. A decision was thus made to bring in an independent, credible third party who would

‘The union had a big bowl of safety issues and, on our side, work and non-work related absenteeism was a driver. So, we jointly decided to look at the broader issue of ergonomics and general health.’
Program Manager

¹ Bobbee, Warren (2000). *Human Resources*, page 1.

² Expressed as the percentage of lost time claims in relation to actual person hours worked per year.

³ Meaning that employees may use the WCB process more often than was previously the case only because they are better informed about the application process, eligibility requirements, etc.

⁴The Task Force consisted of the Director of Transit; the Manager of Transit Services; the Safety, Accident Prevention & Training Officer; the Manager, Occupational Health and Special Programs; the President, ATU Local #588; and the Vice President, ATU Local #588.

report on the possible relationship between transportation equipment and injuries. A major finding from this consultant’s investigation was that “[t]he installation of new seats will not eliminate the incidence of low back pain [since] low back care is a combination of comfortable/ergonomic work stations and fitness of the worker...”⁵

As a result of the consultant’s report and following discussion among Task Force members, it was decided to undertake two separate but complementary courses of action: (1) change seats on one type of buses and install telescopic steering wheels and, (2) address the question of employee fitness. In view of the latter, Task Force representatives approached the Coordinator of the Dr. Paul Schwann Applied Health and Research Centre, a health research centre attached to the University of Regina, in order to discuss the relevance and feasibility of assessing bus operators in relation to the physical demands of driving buses.

In January 1993, the Task Force group met and established a plan of attack. A decision was made to continue to enhance the ergonomics of buses (retrofitting) over a three- to five-year period. On April 5, 1994, the Dr. Paul Schwann Centre’s Coordinator submitted a detailed physical assessment proposal to the Task Force that proposed to assess the participants’ lifestyle and health – and suggest change where deemed necessary – and assess their physical status in relation to the occupational demands of driving a bus, with a view to make recommendations for avoiding the occurrence of injury. It should be noted that, at the time, the ATU collective agreement stipulated that each employee be required to undergo a medical examination every year, at the cost of the City of Regina. Both the Human Resources Department and the ATU felt that the medical examination was of little practical use to both the employees and management, and did not encourage progress toward a healthier lifestyle. The two parties thus agreed that the money spent on those medical exams could perhaps be used more effectively and strategically.

Table 1
Milestones – Transfit Program

Milestone	Date
Establishment of Task Force to address injury and absenteeism problems	November 1992
Development of strategic plan by Task Force to undertake ergonomic improvements	January 1993
Commencement of bus retrofitting program to improve ergonomics	January 1994
Letter of Understanding signed with ATU Local 588 to allow physical assessments	February 1995
First round of physical assessments – First Cycle	1995
Creation of Transfit Coordinator positions	November 1995
Second round of physical assessments – First Cycle	1996
First survey of employees who participated in the First cycle	Summer 1996
First Transfit Day	April 1998
First and second rounds of physical assessments – Second Cycle	1999-2000
Evaluation of First and Second Cycle	2001
Program incorporated in ATU 588 Collective Agreement	December 2001

⁵ Bobbee, Warren (1998). *Description of the Transfit Program*, undated, page 1.

In light of the above considerations, a decision was made to undertake a Phase I pilot project that would involve 13 employees, picked from the Task Force group, the bus operators, representatives from the Human Resources Department, and members of the WellPower⁶ Committee. The employees undertook the proposed physical and lifestyle evaluation in the summer of 1994, which included a two-hour physical assessment and individual counseling. Phase II of the pilot project involved an additional five employees, who undertook the same series of tests and counseling activity.

Following the completion of the pilot phase and after receiving a positive evaluation report from the Dr. Paul Schwann Applied Health and Research Centre, the Task Force adopted on November 30, 1994, the following course of action:

- Expand the physical assessment/individual counseling program to all Transit Department employees and make it a compulsory replacement for the annual medical examination;
- Provide additional information on shift work and nutrition during the counseling session;
- Formalize the creation of the Transfit Program through a Letter of Understanding between the ATU, Local 588 and the Human Resource Division (which was appended to the collective agreement); and
- Document the physical assessment/individual counseling session process for future use by Task Force members and others.

The Letter of Understanding was signed in February 1995, signaling the official establishment of the Transfit Physical Assessment Program. The letter acknowledged the value of overall employee physical wellness and outlined the program's main components, including a description of a four-year cycle for the scheduling of physical assessments. The cycle called for employees to undertake a physical assessment once every four years, based on a schedule determined by the employee's birth date. The letter also stated that the Task Force should meet at least twice a year.

ii) Main Features of the Transfit Program

The Transfit Program's primary focus is on the health status and habits of employees, although as noted above it initially involved undertaking ergonomic assessments in transit vehicles and, in some cases, retrofitting buses. The physical assessment component of the program is geared specifically toward the physical requirements of transit vehicle operation and it contains the following battery of tests:

- Medical and movement history questionnaire;
- Anthropometrical and body composition analysis;
- Postural evaluation;
- Graded exercise stress test;

⁶ The WellPower program is administered by the Human Resources Department for the benefit of all City of Regina's employees. See the next section of the case study for a description and discussion of this program.

- Pulmonary lung function screening;
- Strength and muscular endurance assessment; and
- Range of motion assessment.

Employees were required to book their appointment directly with the Dr. Paul Schwann Centre, on their own time, and undertake the two-hour assessment session. Following the assessment, employees were given direct feedback about their health and physical status, along with guidelines (suggestions to consider) for behavior change. Individuals considered to be at risk or who may require follow-up were given the opportunity to access Dr. Paul Schwann Centre programs. Results were also sent to each individual's family physician, if consent was obtained and it was deemed appropriate by Dr. Paul Schwann Centre staff.

The compilation, analysis and reporting of the overall assessment results form an intrinsic part of the Transfit Program. The first report was produced by the Dr. Paul Schwann Centre in November, 1994, following the completion of Phases I and II of the pilot project. It highlighted employees' global health status and included comments from the employees. The report served to refine subsequent phases of the program and also provided essential benchmarking data. Evaluation reports were produced after each round of physical assessments in 1995-1996, and more recently in 2001.

Resources for the program come entirely from a reallocation of dollars that were previously spent by the City of Regina on compulsory medical examinations, although employees are still encouraged to see their doctor for annual visits. The program's budget amounts to approximately \$11,000 a year, or \$80 per employee – which is also the physical assessment's unit cost charged by the Dr. Paul Schwann Centre to conduct the battery of fitness tests. Given that the physical assessments are carried out on a four-year cycle, the yearly budget is thus not spent on physical assessments during the 'off years.' Rather, the money is used for the production of Transfit pamphlets, the organizing of *Transfit Days* (designed to unveil the Transfit kiosks and promote good nutrition), and the provision of passes and rebates to recreation and sports facilities for employees. Some money was used to purchase a walking tread machine and a stationary bike that are accessible to employees. In addition, the program has been responsible for establishing Transfit Centers, which are information kiosks located in the garage and where operators work. The Centers contain posters, pamphlets, and information on upcoming special events.

III. Health and Wellness Initiative Process and Structure

i) Links to the Organization's Goals

The Transfit program forms an integral part of the work of the Health, Safety and Organizational Division, which is guided by a *Corporate Disability Management Model*. The model is built around four areas for intervention:

1. Health promotion activities, including the delivery of a Wellness Program;
2. Absenteeism management, which includes referral to an Employee and Family Assistance Program and education initiatives;

3. Long and short-term disability management, and;
4. Targeted care, which focuses on high risk occupations and deals with injuries.

The array of occupational health and safety initiatives, together with the healthy lifestyle-oriented activities put forward by the WellPower program, form the remaining component of the model. Fundamentally, the Transfit Program was designed to fill a gap that was not being met by either the ‘traditional’ occupational health and safety measures, or by the WellPower activities. From a management perspective, the combination of these initiatives, programs and activities allow the organization to offer a very comprehensive range of healthy workplace practices that, together, contribute to employee wellness.

The WellPower Program, established in 1989 with a \$16,500 annual budget, is administered by the Human Resources Division. In the years 1989 to 1994, the program offered a comprehensive range of services in three areas of intervention: awareness, education, and motivation. *Awareness* initiatives include blood pressure clinics, one-to-one counseling on nutrition, and a monthly newsletter that discusses various wellness issues. The *education* function is carried out primarily through regular seminars that address a wide range of healthy lifestyle issues. Special social and sporting events, discounts at recreation facilities (offered early in the program but suspended in early 1994 due to corporate budget decisions), and fitness assessments represent some of the activities falling under *motivation*. The program was delivered by a WellPower Committee, whose members were volunteer employees from various departments. In the years 1995 to present, a modification was made to the program, due to dwindling numbers in planned seminars. Efforts then turned to initiatives on physical assessments.

‘Wellness’ importance is cast in our Health & Safety manual; it’s also in a budget principle that states the need for improving employees’ quality of life.’
Program manager

At the operational level, the City of Regina has adopted a series of 13 guiding principles for budget purposes, some of which support the concept of employee wellness. Budget principle #12 speaks directly to the importance of the administration for nurturing a healthy workplace for all employees. It states that ‘the City is committed to enhanced staff development, training, communication, participation and employee health.’ In this context, one could consider that the Transfit Program represents only one component of a broader set of initiatives designed to promote health, safety and wellness. On the one hand, Human Resources Department’s health and occupational safety programs and measures represent the cornerstone of the organization’s commitment to provide a safe working environment. On the other, the Transfit Program’s and WellPower Program’s activities focus more on employees’ individual health and wellness.

Table 2 provides a snapshot of the healthy workplace practices that are available to Transit employees in the context of the Transfit program. Clearly, the program’s focus is on the physical and lifestyle assessments performed at the Dr. Paul Schwann Centre, but other activities have been added to the program over time as the need arose. Several activities have been held jointly by the Transfit Program and the WellPower program – notably the information kiosks and some active living/fitness activities – reflecting the inter-relatedness of these two programs.

Table 2
Healthy workplace initiatives offered to Transit employees
 By type of program

Category	Specific Initiatives	Comments
Physical Work Environment (Factors that affect the safety of the work environment and the physical health of an employee)	Ergonomics	Retrofitting of buses with better seats Continued installation of tilt steering
Health Services (Initiatives which have a direct impact on health)	Physical and lifestyle assessments	Performed by the Dr. Paul Schwann Centre
	Self-care education	Information, brochures on healthy life choices
	Transfit Centers built and placed in garage and operators room	Organized by both Transfit and WellPower
Healthy Living (Individual lifestyle factors, promotion of healthy living, prevention of illness)	Smoking cessation/control	Occasionally provided by WellPower
	Nutrition/weight control	Transfit/WellPower
	Promotion of healthy living	Annual Transfit Days
	Stress management and mental health	WellPower/HR/EFAP
	Stationary gymnasium equipment	In main facility
	Active living and fitness: rebate program for sports membership or equipment purchase	Transfit/WellPower
	Individual counseling on health and lifestyle issues	Done at the Dr. Paul Schwann Centre

ii) Decision-making Structure

By and large, the Transfit Program’s decision-making structure is relatively formal. As outlined in Table 3, decisions and actions relating to the design, operation and delivery of the Transfit Program are carried out by four different groups or structures. First, the Director of Transit and the Human Resources Division, through its Manager of Health, Safety & Organizational Development, oversees the program’s administration and budget management operations. The manager approves spending and is accountable to the Director, Transit Department, for the \$11,000 annual budget allocated to the program. In addition, the manager provides day-to-day support to the program and ensures its smooth functioning.

The Task Force has been the driving force behind the Transfit Program’s establishment and development since its inception. It brings together three managers, one training officer (presently vacant), and two union officials, thus providing an effective conduit for joint management–labour decision-making on the program’s overall direction and areas of focus. It also assumes a liaison role with the City of Regina’s most senior level of management. The Task Force, though, is not directly involved in shaping or implementing specific program elements since it formally meets only a few times a year.

In October, 1995, the Task Force announced the creation of three volunteer Transfit Coordinator positions to assume responsibility for a range of program support and implementation functions. One coordinator was identified by the Human Resources Division, while the other two were proposed by the ATU. Specifically, the Coordinators are responsible for communications between the Task Force and all employees, the organizing of events such as the Transfit Days, and more generally for maintaining momentum in the program.

'When we first set it up, I thought the program would be a bonus to employees. I still think it is.'
Union representative

The credibility of the Coordinators was exemplified in the successful follow-up Transfit participant survey carried out in 1997. Participant surveys were carried out in 1996 and 1997. These surveys assessed participant satisfaction and gather suggestions on how to improve the program (see *Impact and Analysis* section for a discussion of the surveys). The direct involvement of the Coordinators in administering the survey resulted in a 70% response rate, a marked improvement over the 20% response rate of the first survey, which was initiated in 1996 by the Task Force. For 1998-99, the Coordinators established operational goals for the program, resulting in the purchase of aerobic equipment, the establishment of a sports facilities rebate program, and the establishment of other special events.

Table 3
Stakeholder roles and responsibilities for the Transfit Program

Group or structure	Composition	Roles and responsibilities
Transit Department and Human Resources Division	<ul style="list-style-type: none"> • Director of Transit • Manager of Health, Safety & Organizational Development 	<ul style="list-style-type: none"> • Administration and budget management
Task Force	<ul style="list-style-type: none"> • Director of Transit • Manager of Transit Services • Safety, Accident Prevention & Training Officer • Manager, Health, Safety and Organizational Development • President, ATU Local #588 • Vice President, ATU Local #588 	<ul style="list-style-type: none"> • Overall program guidance • Strategic planning • Liaison with the City's senior management
Transfit Coordinators	<ul style="list-style-type: none"> • Three volunteer employees from administration, garage, and vehicle operation 	<ul style="list-style-type: none"> • Communications • Goal setting • Event and activity organization • Employee surveys • Liaison with the Task Force
Human Resources Division's Occupational Health Nurse	<ul style="list-style-type: none"> • Employee Health Officer 	<ul style="list-style-type: none"> • Weekly visits to Transit employees • Blood pressure clinics and nutrition counseling
Dr. Paul Schwann Centre	<ul style="list-style-type: none"> • Team of exercise science specialists and consultants 	<ul style="list-style-type: none"> • Design of battery of tests • Physical assessment • Individual lifestyle counseling • Data gathering and reporting

In 1998, the Human Resources Division's Occupational Health Nurse became more closely involved in the Transfit Program, conducting weekly visits to Transit employees, performing blood pressure tests, and providing information on a variety of wellness topics.

Early in the Transfit Program design phase, staff from the Dr. Paul Schwann Centre were actively involved in designing a battery of physical and lifestyle assessment tests suitable to the work environment of transit vehicle operators. In March, 1994, the Centre's Coordinator met with Task Force members and operated a variety of buses, as a means to gather first-hand experience of the equipment used by the operators. More recently, the Centre has been providing the Task Force with regular analyses of aggregate assessment results. These analyses are important since they allow the Task Force to identify areas of concern related to health and fitness, and to develop baseline data as a means to track the impact of the Program over time.

The baseline data represents an important source of information for the assessment of program impact. The data, combined with the occupational health and safety statistics which are routinely collected by the Human Resources Division, are considered central to the systematic evaluation of the Transfit Program. An interview with the Manager of Health, Safety & Organizational Development confirmed that senior management is concerned about assessing the impact of the program on employees' level of fitness and incidence of injury. There is a sense that the appropriate type of indicators are being collected – employee satisfaction with the program, records of participation in it, health, employee aggregate level of fitness, incidence of injuries, time lost, sick days, etc.. – but that they may prove insufficient to formally establish causality between the program's outcomes and employee fitness or incidence of injury.

iii) Communications

Communications with management and with employees rest upon two distinct mechanisms. Information about the program's activities, outcomes and impacts is communicated to senior management through the regular meetings of the Task Force, since the Manager of Transit and the Manager of Health, Safety & Organizational Development both participate in the meetings and informally report to senior City administrators. While we could not confirm with the City Manager that communications were effective, he has sent letters of support to Task Force members, indicating a fair degree of program knowledge from senior management. Communications with employees about upcoming Transfit activities are channeled through the Transfit Coordinators who use word-of-mouth and bulletin boards to relay information. Interviews with a limited number of employees suggest that providing timely information to employees is challenging, because transit workers are never in the same room at the same time. Thus the nature of the workplace is a factor that needs to be considered when designing a communications strategy.

'It's hard to get the heads up on what's going on in the program. By definition, Transit workers are never in the same room at the same time.'
Employee

iv) Demonstration of Management Commitment and Support

The Transfit Program enjoys continued support from senior management – demonstrated by the presence of senior managers on the Task Force. However, there is no system in place that would make specific employees or managers accountable for the successful conduct of the Transfit Program. In other words, achievement of the program objectives is not specifically linked to the periodic appraisal of any of the employees or managers who are closely associated with it.

Another example of senior management's commitment to the Transfit Program is the fact that the City of Regina has allowed selected employees or managers to work on program design or implementation on employer's time. For instance, although the Transfit Coordinators are volunteers, they can participate in Transfit-related meetings at the employer's expense. In addition, some of the Task Force members reserve a number of work days to the program every year (the Manager of Health, Safety & Organizational Development, to name just one, allocates nine).

Organized support of the Transfit Program can also be found in its recent expansion of Health and Wellness Programs to other departments. A pilot project involving employees from the Public Works Department is currently underway which replicates aspects of the Transfit Program (see the section on *Impacts and Analysis* below for more details). This suggests that the organization has enough confidence in the program's potential benefits to increase its reach.

Another perspective on the organization's commitment to the program is provided by the interviews that were carried out with union members and officials as part of the case study research. When probed about their perception of senior management's commitment and support to the Transfit Program, some respondents observed that the organization has not in fact committed any new financial resources to the program – other than management's time as stated above (since its existence was made possible by reallocating funds which, up until then, were spent on the yearly medicals that have been replaced by the program's physical and lifestyle assessments). Furthermore, no provision exists to allow employees to undertake the physical assessment on employer's time. The situation was the same in the pre-Transfit days of the compulsory medical exams, but those examinations generally took an hour of employees' time as opposed to the three hours that the physical assessments take on average.

v) Employee Involvement in the Program

In examining participation results for the Transfit Program, it is essential to keep in mind that its main component – the physical and lifestyle assessments – is compulsory for all Transit employees. Other program components such as Transfit Days or the rebate program are offered on a voluntary basis, although they are heavily promoted. In 1995-1996, 88% of the 228 Transit employees took part in the first round of physical assessments at the Dr. Paul Schwann Centre. In 1999-2000, that proportion went down slightly to 78% of the departmental workforce. Employees who were sick, injured at work, on long-term disability leave, who did not show up for their appointment, or who did not make an appointment explain why full participation was not achieved in either of the two rounds of assessments. Overall, 90% of Transit employees were given one-on-

one counseling by a Dr. Paul Schwann Centre's staff in regards to their state of physical fitness. In the end, 167 employees participated in the first and second rounds of physical assessments. This subset of employees will comprise the sample for the purpose of continued longitudinal analysis.

'We need to review the indicators we're collecting in order to link activities to performance; we're still at the pilot stage.'
Program manager

Participation in other Transfit-related activities varied but it is generally lower than the participation in the mandatory physical and lifestyle assessments. Although no statistics were compiled, the following can be said about employee participation in Transfit activities:

- The Transfit Days gathered close to full participation from employees;
- Approximately 30 employees participate in the rebate program, amounting to a 13% participation rate. More employees would have participated in this program but budget constraints imposed a 30-participant ceiling on it. A revised budget would probably increase participation rate in this program;
- Thirty to 35 Transit employees participate in the weekly Blood Pressure Clinics.

In comparison, employee participation in the (organization-wide) WellPower activities has generally been lower than participation in Transfit initiatives, according to some interviewees. Some WellPower events have been cancelled because of low turnout, and it seems that this broad-based program may have lost some of its initial momentum. By and large, though, participation in the non-compulsory Transfit activities has generally been rated positively by most of the management, employees, and union representatives who were interviewed as part of this case study research.

IV. Impacts and Analysis

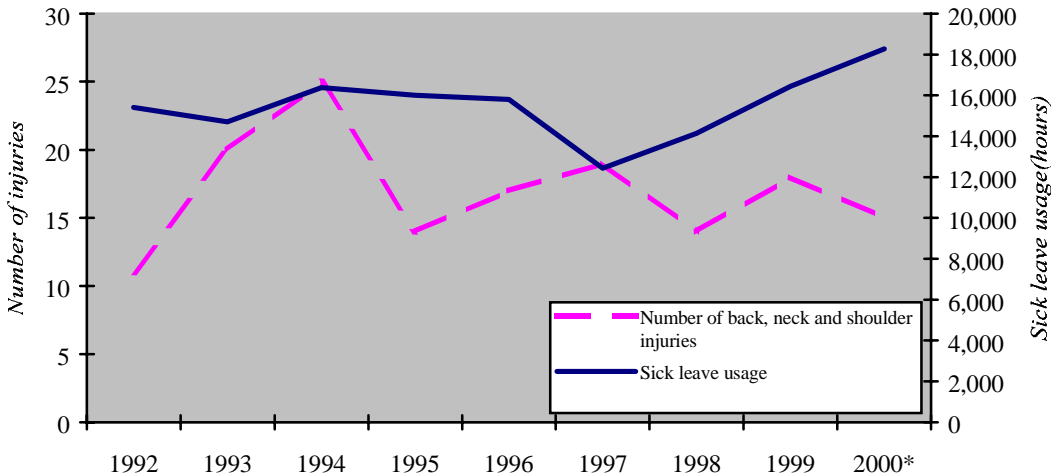
An important caveat must be made: it is premature to draw firm conclusions on the impacts of the Transfit Program given that it has been fully operational only since 1995. Moreover, the program's main component – the physical and lifestyle assessment – operates on a four-year cycle, which means that most employees have only been exposed to it twice over the past five years, and there is no formal follow-up taking place between the physical assessments.

i) Management's Assessment of Impacts, Benefits and Drawbacks

As mentioned earlier, a wide range of health and safety indicators are collected by the Human Resources Department, including lost time days, type, frequency and severity of injuries, and disability rates. Quite clearly, these types of indicators represent in the view of management the 'ultimate' performance indicators, in that the benefits to be derived from programs like Transfit and WellPower must ultimately be reflected in lower absenteeism, injury rates and so on. At this stage in the Transfit Program, it seems that there is little evidence that it is impacting positively on these indicators. One exception to this conclusion might be *time loss days* relating to WCB injuries, which have dropped from 597 days in 1993 to 337 days in 2000, translating into approximately \$500,000 in

savings over the eight years. There is a sense from management that this positive outcome is partly a result of the Transfit program.

Chart 1
Selected Health and Safety Indicators – Transit Vehicle Operators
1992-2000



* as of December 30, 2000

Source: City of Regina, *Transfit Health and Wellness Program*, 2001.

Chart 1 above reproduces selected health and safety indicators for transit vehicle operators between 1992 and 2000, thus covering the entire period of the Transfit Program's existence. One can see from the chart that there is no discernible trend that would suggest a long-term, sustained improvement in the health and safety situation of employees. Other indicators such as time loss days per year and medical aid claims are also collected and they do not show any discernible trend. When probed about this apparent lack of improvement in employees' health and safety, management offered the view that the long lead time between physical assessments and lack of follow-up between them may explain this apparent lack of impact. More fundamentally, it was recognized that it is impossible to isolate program effects from other factors (both internal and external to the work environment) that ultimately impact on employee health and safety.

'One of the program's benefits is that it shows labour and management can work together on issues.'
Program manager

Arguably, the assessment of program impacts becomes more difficult as one moves from assessing program impacts at the individual level toward the organizational level. Regarding the former, it is interesting to note that there is ample anecdotal evidence that some employees have changed their behavior as a result of the Transfit Program. Upon realizing their (poor) state of fitness, several employees appear to have increased their level of fitness activity (for example walking to work or going to a sports facility on a regular basis). Views differ as to whether these behavioral changes are temporary or permanent in nature. In this context, one interviewee argued that a higher level of 'positive' behavior could be observed right after the physical assessments took place, or

after visible interventions by the Transfit Coordinators, but that 'things went back to normal' a short while after.

Transfit-specific indicators are also collected by the Dr. Paul Schwann Centre during the physical assessments, and they provide additional information of employees' fitness level. They can be grouped in the categories of body composition profile; flexibility, strength; back fitness; cardiovascular fitness; and lung function. Work is currently underway at the Task Force level to develop a methodology that will permit a better assessment of the program's impacts and effects. The Task Force has just completed (in October 2001) the review of the second round of results based on the 1999-2000 reassessment of all workers and the comparison of the 1995-1996 results.

The following are highlights of the comparison between the 1995-96 and 1999-2000 employee results:

- There was a statistically significant increase in body fat levels, although the rise was not large enough to increase the risk in the studied population of employees;
- No significant change was observed in muscular strength and endurance;
- Some measures of flexibility have shown statistically significant declines, but with no effect on overall risk;
- There has been a positive but not statistically significant change in cardiovascular fitness;
- Self-reported health behavior measures indicate a significant improvement in employees' exercise levels, nutrition habits, and medical issues. With respect to the latter, reported bone and joint injuries have increased (a finding confirmed by occupational health and safety trends as reported in Chart 1).

One interesting outcome of the Transfit Program is its potential replication in other City of Regina departments. In 1998, for instance, the Director of the Public Works Department saw the results of the program's pilot phase and became interested in adopting it for the department's employees. Public Works currently counts over 300 employees and the rate of injuries and absenteeism has traditionally been high compared to other departments. A three-year pilot program to adapt the Transfit Program to Public Works is currently in place. In contrast to the 'original' Transfit Program, the Public Works version is open to employees on a voluntary basis and, moreover, employees can go to their assessment session on employer's time. During the first two years of this pilot, only between 10 and 15 employees participated in the physical assessment, but preliminary observations suggest that the program is gaining momentum this year.

ii) Employees' Assessment of Impacts, Benefits and Drawbacks

The Task Force has undertaken two participant surveys – one in 1996 and one in 1997 – in order to assess the level of satisfaction and to gather suggestions on how to keep momentum in the program. The following provides an overview of the 1997 survey results, based on a 20% sample of Transit employees:

- 89% of the respondents felt that the assessment process gave them an adequate measure of overall health and fitness;
- 81% mentioned that they were motivated to make healthy lifestyle choices as a result of the assessment;
- 78% indicated that the Transfit Program was a benefit to the employees; and
- 74% mentioned that they were exercising more since the assessment; but
- 11% thought that the assessment process was a waste of time.⁷

Interviews with employees and union officials more or less confirmed the picture that emerges from the above comments. When asked about the impacts of the program, interviewed employees and union officials share the management's opinion that a small number of workers have modified their behavior and have become more physically active, as a result of participating in the program. Union officials are generally supportive of the program and, early on, they did their best to promote the program's benefits to their members and encourage participation. The union leadership was and still remains closely involved in the program's implementation via Task Force membership and the informal promotion of Transfit activities, but there is a sense that it may be time to change some program parameters in order to make it more effective, such as providing incentives and offering other types of activities.

On the other hand, the picture emerging from discussions with employees is less clear. Some employees are strongly opposed to the fact that participation in the physical assessment component of the program is compulsory and on employees' time. For them, the perceived value of these assessments does not compensate the aggravation resulting from trying to fit the assessment into their after-hour schedule. In fact, this sentiment appears to be shared by a significant proportion of employees: one employee recently passed around a petition seeking signatures of those who would be in favor of making the physical assessment a voluntary component of the Transfit Program; approximately one-half of all employees signed the petition. The union president acknowledged that there is disagreement among employees as to whether the program should be made optional or not, and the question is now being debated at union headquarters. The fact that the physical assessments performed at the Dr. Paul Schwann Centre take longer than the medical examinations that they are replacing partly explain the discomfort experienced by some employees.

'The individual stories of workers who made drastic changes are few, but they are the greatest measurable success of the program.'
Union representative

iii) Analysis

Several points relating effectiveness of structure and process, impacts, and employee participation can be made out of the Transfit experience to date. In terms of effectiveness of structure and process, one problem that arose during program implementation involved several employees who did not show up for their agreed-upon appointment, or simply did not make their appointment. The management response was to directly follow-up with

⁷ Bobbee (1998), *ibid*, pp.19-20.

these employees, before passing on follow-up responsibility to union officials. The situation created discomfort at the union level since there was a perception that the union 'was doing a management job.'⁸ This incident suggests that grey areas remain in the sharing of roles and responsibilities, and in the interpretation of the program's compulsory clause. In general, though, there was no strong indication from either management or labour representatives that the program structure and process are ineffective. On the contrary, the integration of the program into a broader corporate model of disability management, combined with the utilization of specialized and complementary structures – such as the Dr. Paul Schwann Centre – make the program a highly innovative and effective one.

Indeed, one interesting aspect of the program's structure is the 'division of labour' between the Task Force, the Coordinators, and the Dr. Paul Schwann Centre. The interaction between these three groups is credited for bringing, on the one hand, a high level of professionalism into the testing component of the program and, on the other, a certain synergy between management, employees and other stakeholders, each party contributing to the best of their expertise and interests.

A few observations can be made about the impacts of the program. First, the lack of clear program impact on standard health and safety indicators such as rate of injuries and sick leaves is perhaps indicative of the short program time frame, the low frequency of testing – the four-year cycle – and the lack of follow-up between testing rounds. In theory, program effectiveness could also be improved if the employees identified as high risk during the physical assessments were to be followed-up more closely and, perhaps, offered incentives such as those available through the rebate program. When probed on this possibility, most interviewees mentioned that the targeting of employees is impractical for a number of reasons: it would require breaking the confidentiality clause – one of the program's cornerstones – and it could increase tension and conflicts between and among groups of employees and managers.

'Even though we have seen improvements in some areas and not in others, we are sending a clear message (one's personal wellness is important) which is consistent.'
Program manager

Second, it is interesting to note that there has been no attempt yet from management to assess program impacts in relation to broader indicators of 'organizational performance.' In other words, the success of the Transfit Program at this stage is being judged in terms of, on the one hand, its capacity to reduce injuries and sick leaves among transit vehicle operators and, on the other, its effect on employee fitness and overall satisfaction. There is an implicit assumption that the organization's performance will increase if employee fitness improves, but there is currently no evaluation system in place to measure the strength of the relationship between fitness and organizational performance.

Employee participation in the Transfit Program represents another important issue to arise out of this case study. The fact that the program's main component – the physical assessment – was made compulsory is considered by many to be a major irritant. Even with the knowledge that the medical examinations the assessments replaced were also compulsory, a sizable proportion of employees expressed discontent at the program. This

⁸ Interview with ATU members, September 18, 2001.

feature of the program meant that participation is high but satisfaction could possibly be higher if done on a voluntary basis. Can one then conclude that there is a trade-off between satisfaction and participation? In this context, it is interesting to note that making participation to the physical assessments voluntary would probably decrease participation, as the (short) history of the program at the Public Works Department suggests.

iv) Future Directions

The 1997 survey of participants which was undertaken by the Task Force provided useful information on areas of program improvement. The main suggestions made by participants were:

- the physical assessments should be done on employer's time;
- the rebate program should be expanded to include more sports facilities – including City facilities, to welcome spouses, and to offer a larger number of passes;
- to make the program more flexible, to account for the fact that operators work on tight schedule;
- more regular follow-up should take place between the physical assessments; and
- the frequency of those assessments should be increased.

Interviews with union officials confirm that the program's worth will be reassessed on the basis of the new results coming from the Dr. Paul Schwann Centre. Once the findings are known, the union plans to undertake a series of consultations with its membership, with a view to assess the program's pros and cons, and decide on a course of action, including decisions about whether or not elements of the Transfit Program could be included in the collective bargaining process.

The Task Force has recently completed its review of the latest results from the Dr. Paul Schwann Centre's (the comparison of the 1995-1996 and 1999-2000 rounds of physical assessments). The Centre has recommended, among other things: (1) to undertake another follow-up survey of employees similar to the one completed in 1996, and include questions regarding future directions for the Transfit program; (2) to shorten the length of time between the employees' physical assessments; (3) to undertake further analysis of the data, including comparisons of physical assessment and interview data with sick time, WCB claims, and overall time loss costs statistics; and (4) to develop an integrated model of prevention, education, and injury and rehabilitation management, and to consider whether an outside, 'neutral' agency would be an appropriate vehicle for implementing the model. Some of these new measures or program changes would increase the program costs, assuming all other program components remain the same. The Task Force completed reviewing the recommendations in 2001. Management made a proposal in the collective bargaining process (which also commenced in 2001 for ATU/588) which offered the mandatory physical assessment program to continue on a yearly basis. This item was negotiated into the Collective Bargaining Agreement and commenced on January 1, 2002.

On this last point, it is clear from discussions with the program manager and with union representatives that bringing in a qualified and credible outside organization has played a key role in ensuring the success of the Transfit Program. Given the technical and labour issues that were at stake prior to establishing the program, having a professional and neutral organization to carry out the main program components proved to be a very effective strategy. It will be interesting to see what directions the Transfit Program takes in the near future, and whether the synergy that exists between the Task Force, the Transit Management, ATU/588, the Transfit Coordinators, the workers and the Dr. Paul Schwann Centre takes on new forms. The jury is still out on the final outcomes of the program in terms of reduced health and safety indicators and increased fitness. That said, there is a clear recognition from both management and the union that the program is worthwhile, as exemplified by the fact that talks about modifying it are underway, and that it is being replicated to other departments. In the final analysis, this case study provides a good illustration of the challenge and rewards of linking a single-purpose program with a broader-based initiative, with the framework of an integrated wellness model.

Table 4
Specific workplace health and wellness initiatives offered to Transit Department employees

Category	Specific Initiatives	Present?
Physical Work Environment (Factors that affect the safety of the work environment and the physical health of an employee)	Identification, evaluation and control of hazards	HR*
	Ergonomics	Transfit
	Injury prevention	HR
	Emergency response programs	HR
	Air Quality	HR
	Smoke-free workplace policy	HR
Safety Management practices and resources	Formal written health/safety policy	HR
	Qualified health and safety technical knowledge present in workplace	HR
	Written safety rules and operating procedures, understood by employees	HR
	Joint Health and Safety committees	HR
	Safety Audits	HR
Health Services (Initiatives which have a direct impact on health)	Employee/employee family assistance programs	-
	Medical services	Transfit
	Workplace medical examinations; health risk screening	Transfit
	Medical surveillance programs	-
	Immunization	HR
	Disability case management; claims administration	HR
	Active rehabilitation	HR
	Return to work initiatives	HR
	Self-care education	Well Power
	Disease management	Well Power
	Occupational health and safety information systems	HR
	Ergonomic assessments	Transfit
	Other professional services: fitness room	Transfit
	Other: brochure stand	Transfit/ Well Power
Work-family-life (Workplace initiatives to help employees balance work and personal life)	Child care	-
	Elder care	-
	Personal responsibility leave	HR
	Alternative work arrangements	HR
	Work-family-life transition support	HR

* HR: City of Regina's Human Resources policies or Occupational Health and Safety programs

Table 4
(continued)

General Working Environment (General workplace practices which could affect personal health and safety, socio-economic or career opportunities, and employees' sense of well-being at work)	Violence in the workplace	HR
	Equity in the workplace	HR
	Harassment policy	HR
	Literacy/numeracy	-
	Other work-related skills development	HR
Workplace Culture (psychosocial [non-physical] aspects of the workplace that affect mental, physical and social health.)	Employee empowerment	HR
	Participation in decision-making about workplace changes	-
	Pace of work	-
	Two-way communication	-
	Incentive/recognition programs	HR
Healthy Living (Individual lifestyle factors, promotion of healthy living, prevention of illness)	Substance use and abuse	HR
	Smoking cessation/control	Well Power/HR
	Nutrition/weight control	Transfit/ Well Power
	Disease prevention (chronic/infectious)	Well Power/HR
	Stress management and mental health	Well Power/HR
	Active living and fitness	Transfit/ Well Power
Supplemental health and dental benefits	General health benefits	HR
	Dental benefits	HR