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## Not on the Radar: Active Commuting as a Workplace Wellness Issue

### To the Editor:

Costs attributed to obesity represent up to 8% of the total health care expenditures of US businesses. Overweight or obese employees have higher sick leave and disability use, and workplace injuries are higher for employees with higher body mass indexes.<sup>1</sup>

Among men, any active commuting—defined as walking, biking, or taking public transit—is associated with a reduced likelihood of obesity (odds ratio, 0.50; 95% confidence interval, 0.33 to 0.76).<sup>2</sup> Active commuting that incorporates walking and cycling is associated with an 11% reduction in cardiovascular risk.<sup>3</sup> Meanwhile, each additional hour per day spent in a car increases the odds of obesity by 6%.<sup>4</sup> Currently, however, 91% of American workers use an automobile to get to work.<sup>5</sup>

Workplace wellness programs have commonly addressed weight loss, smoking cessation, nutrition, and leisure time physical activity. It is unknown how many offer incentives toward or support for active commuting. We conducted a study to characterize the knowledge and attitudes about commuting among workplace wellness leaders.

### METHODS

We identified 63 leaders of workplace wellness programs across the United States from (1) registries of the past and present winners of several major workplace wellness awards; (2) the Health and Productivity Subsection of American College of Occupational and Environmental Medicine; and (3) the International

Association for Workplace Health Promotion. We conducted semistructured interviews by phone that collected information about the companies' existing workplace wellness offerings as well as knowledge and attitudes about health issues related to employee commuting. Walk Score, a previously validated, open-source software, was used to generate a walkability score around the companies' main business locations.

Respondents' narrative comments were recorded by hand then entered into Microsoft Excel and reviewed by two of the coauthors for emergent themes. Each coder reviewed the data separately and then came together to reach a consensus on the themes.

Sixteen participants consented to be interviewed. Interviewees held a variety of job titles including wellness manager, director of employee health, medical director, and chief business development officer. Respondents' training and professional background included medicine, nursing, human resources, public health, and kinesiology.

### RESULTS

Basic characteristics of the companies surveyed are shown in Table 1. The most frequent industries represented included health care ( $n=5$ ), finance ( $n=2$ ), and manufacturing ( $n=2$ ). The companies that responded employed an average of 10,983 employees (range, 70 to 70,000) and were spread across the West ( $n=3$ ), Northeast ( $n=4$ ), Southeast ( $n=4$ ), and Midwest ( $n=5$ ) areas of the United States. Average Walk Score was 64.5 (range, 15 to 98) and respondents estimated that the vast majority of employees drove to work.

Workplace wellness program offerings are shown in Fig. 1. Overall, every program offered some form of weight loss support, including telephonic coaching, weight watchers, and incentive competitions. Over 90% offered health screenings and wellness counseling, either in person or over the phone. Of the 16 companies surveyed, 14 offered either on-site or off-site gym membership benefits, with nine offering both. Meanwhile, five promoted active commuting through activities such as bike-to-work incentive programs and bike knowledge-sharing groups. None specifically promoted walking or taking public transit as ways to get exercise.

Many companies had at least some policies and facilities supportive of active commuting. Thirteen offered bicycle facilities—most offered only bike racks, though seven offered access to showers or locker rooms and two had internal bike shares. Six offered public transit subsidies.

We found a mismatch between local neighborhood context and incentives: only half ( $n=8$ ) of the companies with a transit stop within 0.5 miles of the primary business site offered subsidized or discounted transit passes. Meanwhile, all companies offered free or discounted parking. Of the companies with the eight highest Walk Scores, only four offered public transit subsidies, whereas all companies totally or partially subsidized parking. Two incentivized active commuting, in the form of prizes or cash for miles biked. Seven had facilities for active commuters, most commonly bike racks.

Three major themes arose in the qualitative review of the survey responses and were repeated in various ways by at least six respondents, each regarding active commuting as a workplace wellness issue: never having considered it, not considering it a priority, and issues of area or company culture.

Six respondents expressed the idea that including active commuting as part of workplace wellness programming "hasn't come up." One of those respondents had worked on it as a special event, but had not thought of it as a topic calling for a sustained effort: "it's not on the radar except promoting biking during different events in April around Earth Day." Others ( $n=8$ ), had considered it, but "it's just a matter of priorities. The company just hasn't identified it as a priority." One respondent expressed that this was due to other health issues being of higher concern: "I have too many other—we're trying to do diabetes management, CHF management, asthma management, obesity. With the resources I have, it's just not a priority."

Nine respondents stated that an increased emphasis on active commuting modalities would face cultural challenges. For several, this was due to the automobile monoculture of the area: "This is [Southern, mid-size city], we're not Oakland or San Francisco or Mountain View." For others, it was the culture of the company itself: "The organization is really rural. A lot of the people in the organization are men and the truck is part of the symbol

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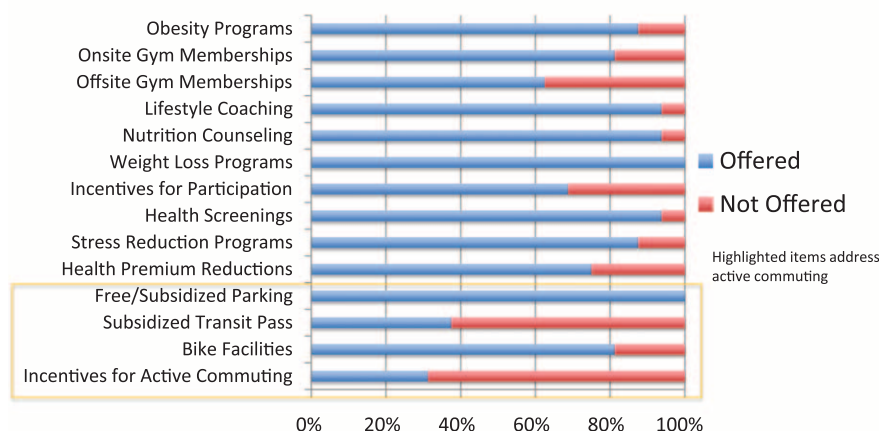
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**TABLE 1.** Basic Characteristics of Respondents' Companies

Participants, <i>n</i>	16
Age of program, yrs, mean (range)	12 (0–32)
Employees, <i>n</i> , mean (range)	10,983 (70–70,000)
Geographic location, <i>n</i>	
West Coast	3
Northeast	4
Southeast	4
Midwest	5
Walk Score, mean (range)	64.5 (15–98)
Estimate of employees using each transit mode, %	
Driving	83
Carpool	3
Public transit	5
Bike	1
Walk	1

**FIGURE 1.** Components of Workplace wellness programs surveyed.

of what they do, so I'm not sure we're going to get them on a bike anytime soon. It's a very boots, tool belt, and truck culture."

## DISCUSSION

The 16 workplace wellness program leaders we interviewed reflect the variety of domains and the array of disciplines charged with workplace wellness. Overall, little attention was paid to active commuting as a strategy to encourage physical activity. A few leaders were already aware of the benefits of active commuting. Most, however, tended to see it as outside the realm of workplace wellness (eg, viewing it only as a strategy to alleviate parking congestion, instead of seeing it as a win-win strategy, which could promote health at the same time). In addition, many of the companies surveyed are not making use of existing public transit and walkable neighborhoods. The majority of participants were receptive to the idea of addressing commuting once it was brought to their attention through participation in this study.

## CONCLUSION

This study suggests that active commuting may be an overlooked area for workplace health promotion interventions to increase physical activity. More research is needed to understand the potential barriers, such as environments with perceived low walk- and bike-ability encountered between work and home. Further research should also address the workplace facilities and effective incentives, which would need to be addressed by a successful workplace wellness program.

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