



## **Fitness Coach Connects:**

Combining physical activity, coaching, and digital tools to support optimal employee health and productivity

**Business. Needs. People.**

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# Introduction

For decades now, physical activity has been linked to the prevention and improvement of chronic health conditions. More recently, evidence points towards exercise as not only providing physical health benefits, but also as being a valuable aid in the treatment of mental health disorders, including anxiety and depression. As the rising costs of poor employee health continue to negatively affect employers, programs that use exercise and technology to drive lifestyle and behaviour change are gaining acceptance as effective health interventions. Unfortunately, many of these programs are not yet widely available through Employee and Family Assistance Programs (EFAPs).

One EFAP program paving the way for employee wellness is Fitness Coach Connects, which combines physical activity monitoring, 24/7 online support, and real-time feedback via a personal fitness coach.

This report will provide human resource professionals with insight into how Fitness Coach Connects:

- responds to users' need for accessible, mobile, and technology-driven health intervention;
- fills the (physical health coaching and support) gap in employer-sponsored wellness services;
- uses best practices to help employees understand and improve their physical and mental well-being through behaviour change; and
- significantly increases employee participation and program completion.

## Program description

Fitness Coach Connects consists of three components: an online program, a wireless activity tracker (digital pedometer), and three scheduled sessions with a fitness coach. First, the coach and an online fitness assessment determine the ideal program for each client: Smart Start for those looking to get started with fitness, Healthy Weight Management for those who would like to manage their weight through fitness, or Energy Boost for those who wish to use physical activity to boost their energy.

Then, through either telephonic or online chat sessions, the coach helps individuals assess, understand, and define their goals for improving their physical health and offers support for issues that might impact these goals.

Users are provided a wireless activity tracker (digital pedometer) that shows physical activity in real time, and have access to a dashboard comprised of various widgets to view and track their physical activity, nutrition, and weight progress. Individuals can post in an online journal; receive monthly health tips with useful advice and motivational messages; participate in challenges; and read expert articles on fitness, weight management, nutrition, and more.

Success of the program depends on the individual's ability to alter his/her behaviour. This change is best explained using the Integrated Change Model, which is comprised of three elements: awareness, motivation, and action (de Vries, Kremers, Smeets, Brug, and Eijmael 2008).

### **Awareness, motivation, and action**

Awareness involves acquiring the knowledge and information required to make a change. Many users that overestimate their physical activity are less likely to change their behaviour (Godino, Watkinson, Corder, Sutton, Griffin, and van Sluijs 2014). Therefore, accurate personal feedback regarding physical activity (either through a pedometer or through meeting with a professional) is integral (Bolitho, Lawrence, and McNish 2012).

Motivation is a key topic during the coaching sessions. Coaches help to ascertain whether users are intrinsically or extrinsically motivated and assess their level of motivation towards their fitness and healthy lifestyle goal.

Goal setting and action planning are key components to the execution of a change in behaviour as users can have a high level of awareness and motivation without being able to successfully change their behaviour. The coach works with the individual to identify an overall objective; set specific, measurable, attainable, realistic and time sensitive (S.M.A.R.T) goals with the individual, and provide an action plan or prescription of exercise to follow.

## Additional research

### The connection between physical activity, and physical and mental health

The impact physical activity has in preventing illness and maintaining overall well-being is clear:

- Exercising can extend a person's life span by three to 5.7 years (Hartley and Lee 2011).
- Those who exercise regularly are 30% less likely to suffer from depression and anxiety compared to sedentary people (Hartley and Lee 2011).
- Many chronic diseases, including a large percentage of heart disease and type 2 diabetes, can be prevented by changing unhealthy behaviours particularly in regards to physical activity (Chenier, Hoganson, and Thorpe 2012).
- Physical activity can lead to a 25% reduced risk of hypertension, heart disease, diabetes, and some forms of cancer (World Health Organization Regional Office for Europe 2014).
- Exercise has psychological benefits as well, including increased confidence, and provides a healthy way to combat depression, anxiety, and stress (Mayo Clinic Staff 2011).

### Why the workplace should focus on employee health

Employers need to invest in employees' overall health by encouraging and offering access to programs that promote healthy lifestyles for a variety of reasons:

- Canadians spend, on average, 60% of their waking hours at work and unhealthy employees cost organizations in Canada billions of dollars every year (Burton 2008).
- The total cost of obesity to Canadian employers is \$1.3 billion per year, and the cost of employee absence alone is approximately \$8.6 billion. Three of the top six disease categories, accounting for 70% of an organization's benefit costs, include cardiovascular disease, cancer, and stress (World Health Organization 2005).
- Businesses also incur costs from workers compensation claims, disability, as well as health care, drug, and life insurance, not to mention the 'opportunity cost' of a stressed or ill workforce.
- 72% of employees feel their employer should be highly involved in encouraging healthy workplaces (The Health Communication Unit 2003).
- Organizations with effective health programs report higher revenue (11%) and shareholder returns (28%) (Casselman 2012).
- The financial benefits to a healthy workplace are numerous, with return on investment values ranging up to \$8.81 per dollar spent on workplace health promotion programs (The Health Communication Unit 2003).
- Organizations who have implemented workplace health promotion programs experience increased productivity (3.8 sick days per employee per year vs. 6.2 on average) and lower staff turnover (The Health Communication Unit 2003).

- Employees who are satisfied with their jobs tend to be healthier and more productive. Case in point, one company reported that increased employee satisfaction had led to a \$200 million increase in revenues over 12 months (The Health Communication Unit 2003).

## Summary

*Not only can regular exercise boost a person's mood and sense of well-being, it can also help him/her to better manage stress at work and at home, creating a healthier work-health-life balance and quality of life. Overall, the correlation between leadership behaviour, employee satisfaction, employee health, and revenues and profits is evident, making the workplace a vital place to promote and participate in physical activity.*

## Current workplace wellness initiatives

### Access to fitness programs and equipment

On-site health facilities and gym memberships—either fully or partially subsidized—are two of the more common options provided by employers (Amernic 2012). In fact, the *2013 Trends from Fortune's 100 Best Companies to Work For* report found that 73 of the top 100 companies had onsite health centres for employees and 63 subsidized off-site gym memberships and/or programs (Caccamee 2013).

### Participation in health challenges

Other employers hold challenges to motivate their employees to get healthier, encouraging physical activity by promoting participation in a triathlon (Caccamee 2013) or meeting and/or exceeding a weight loss target (Huberman 2013).

### Incorporation of fitness into the workday

Given that even small changes can have a positive impact on employee health, employers should also consider how to incorporate physical fitness into the workday without adversely effecting employee performance. Here are just a few examples of successful implementations:

- Walk@Work, a web-based fitness program designed to increase employee workplace walking, was implemented across Canada, Northern Ireland, and the United States with great success (Gilson, Faulkner, Murphy, Meyer, Washington, Ryde, Arbour-Nicitopoulos, and Dillon 2013).
- The incorporation of treadmill desks was found to have no significant effect on work performance, while showing improvements in health and fitness (Koepp, Manohar, McCrady-Spitzer, Ben-Ner, Hamann, Runge, and Levine 2013).
- Additionally, a recent study into the value of cycling workstations found that the physical activity increased the energy participants expended (in the form of calorie loss), but had no significant effect on their typing skills/output (Elmer and Martin 2014).
- Built-in physical activity breaks (Taylor, King, Shegog, Paxton, Evas-Hudnall, Rempel, Chen, and Yancey 2013) and simply encouraging employees to go for a walk or take the stairs (Centers for Disease Control and Prevention 2013) are also relatively easy, inexpensive ways to help employees incorporate fitness into their day. One test found that a programmed 15-minute activity break had a positive effect on employees' stress levels, behaviour, and health awareness while also encouraging social interaction (Taylor et al. 2013).

It's important to remember that in order to ensure the successful adoption of these programs, management support is essential.

### Incentives to encourage involvement

Incentives and, more recently, disincentives, have been commonly used to encourage participation in programs. In fact, in a recent survey, 61% of respondents said incentives were one of the main reasons they participated in their workplace health program (Small Biz Advisor 2013).

These incentives can be:

- as small as a water bottle or as large as gaining extra time off of work (Casselman 2012);
- fitness resources offered for free or at a decreased rate, so all employees can take advantage of them (Hand 2009);
- a cash bonus to an employee's health spending account (Hand 2009); or
- a reduction in an employee's contribution to his/her health care premiums (Hand 2009).

Disincentives can take the form of increasing premiums for employees who don't meet guidelines set out by the company. For example, smokers paying an extra \$50.00 a month in health premiums compared to their non-smoking colleagues (Hand 2009).

## Summary

*Companies and employees that are incorporating physical activity and fitness resources into the workplace in unique ways are supporting healthy lifestyles (without negatively impacting productivity) and reaping the rewards of these initiatives.*

## How technology is helping to advance fitness

### The impact of digital devices

As demand for it increases, the use of digital applications in fitness and general health is rapidly evolving: In fact, technology used to increase or monitor physical activity is one of the largest growing markets with over 56.2 million activity trackers of various kinds expected to be shipped to consumers by 2017 (Voets 2013) and, by 2015, over 500 million people are expected to have fitness and/or health related apps on their phones (Dalleck 2013).

These digital devices are typically small, easy to wear, user friendly, and provide real-time tracking for users and updates for coaches. Noah, Spierer, Gu, and Bronner (2013) discovered the digital pedometer to be a reliable and valid measure of activity tracking for users; it was found to be as accurate or more so than research grade devices, while also being more affordable.

One challenge facing employers in today's workplace is that providing onsite fitness opportunities may not be practical given the increase in shift work, remote employees, increased travel, and multi-office environments. For a fitness program to be successful, it needs to be available to all employees regardless of their role, location, or schedule. Perhaps for these reasons, employers find that incorporating technology into their health solutions can help facilitate participation. In a recent study, 56% of employers use the aforementioned competitions and challenges to motivate employees towards better health (ShapeUp 2012). Additionally, this same study showed that employers are starting to include tracking devices, mobile solutions, and other online forums as part of their overall health plan to overcome geographic challenges (ShapeUp 2012).

### How users are searching for health information

Not only are consumers demanding digital health solutions, they're also searching for nutritional information online, finding the digital forum more convenient (as information can be saved to access at a later date), portable, and useful; and easier to access, read, and remember than printed pieces (Svensson and Lagerros 2010).

### Digital program delivery

One American study found that a digital program providing access to online resources, health program suggestions, and online/telephonic coaching could significantly reduce health risks even if the users primarily used it in a passive manner (Loepke et. al 2013).

Actually, health and fitness programs that incorporate technology and online resources are experiencing comparable if not greater success than those that use traditional methods. Pellegrini, Verba, Otto, Helsel, Davis, and Jakicic (2011) compared the effectiveness of a weight loss program delivered through three modalities: in-person, in-person with an online program as well as activity tracker, and online program with telephonic coaching. All groups were provided with the same content, but the groups that utilized technology had significantly greater retention rates. The study also found that the sample that received the technology-based program in conjunction with monthly telephonic sessions had similar, if not greater, results in physical activity changes than in-person weight loss programs.

Of note though is the finding that the inclusion of an outside source of motivation, in addition to having a digital component, appears to be an essential component of a successful program. In one study, telephonic health coaching was found to help reduce stress, improve fitness levels, healthy eating, and mental health (Lawson, Jonk, O'Connor, Riise, Eisenberg, and Kreitzer 2013).

### Summary

*There is an increasing demand for digital solutions, with more users searching and accessing health and fitness information and tools online versus using more traditional methods. Employers who can find ways to incorporate technology into their health solutions are benefitting from increased participation and retention in their health and fitness programs and positive physical activity changes among users. Those that combine telephonic health coaching with online resources are offering an integrated solution that effectively reduces a number of physical and mental health concerns.*

## Methodology

### Process

1. Shepell's study measured the following data points:
2. User demographics
3. Users' primary goal by gender as identified upon program access
4. Users' self-reported pre- and post-program assessment measures (e.g., weight, physical activity, fitness, physical health and fitness knowledge, sleep patterns, overall wellness, physical health's impact on work performance, energy levels, etc.)
5. Users' evaluation of their program experience

### Timeframe and sample

For the purpose of this study, Shepell collected and examined the pre- and post-aggregate data and survey comments from 218 closed cases (men and women who met with a coach three times and completed the pre- and post-assessments) between June 14, 2013 and January 27, 2014. The only qualifier for Fitness Coach Connects is that the individual be 16 years of age or older. The number of individuals initially enrolled in the program was 2762.

The sample excludes any cases that were flagged as high risk after the pre-screening assessment (e.g., pregnant women who could not complete the program due to health or safety issues, users deemed high risk for physical or medical reasons, etc.).

# Study limitations

The study was limited by the following factors:

- In keeping with traditional EFAP demographics, there was an over-representation of female users in the sample examined. (This affects the results as male and female participants had different primary goals for participating in the program.)
- The process by which weight was tracked changed part way through the period in which the sample was collected. Results related to weight change may also have been under-reported as those looking to lose weight and those looking to increase muscle mass were examined collectively versus separately.
- Some users may have been enrolled in other EFAP programs or other external fitness platforms which could have impacted their results.
- Data was taken from self-reported measures; therefore, replication of these findings would be important to further support these results.

# Findings

Data analysis showed significant improvements in users’ physical activity/behaviour and physical and mental health pre- and post-assessment.

Results also indicated that Fitness Coach Connects engaged employees new to an EFAP (1751 out of 2762, or 63.4% of users who enrolled in the fitness program, were first time EFAP clients).

As noted in Methodology, there are four categories for data comparison:

## 1. User demographics

As shown in Figure 1:

- Two hundred eighteen employees (consisting of 158 (72.5%) females, and 60 (27.5%) males) completed the program in its first seven months.
- Users of employer offered fitness programs are typically mid-aged female employees between the ages of 40 and 50.

Figure 1: Participant demographics\*

Age	Female (n=158)	Male (n=60)
19 or younger	1.3%	0.0%
20-29	8.9%	8.3%
30-39	26.0%	41.7%
40-49	36.7%	21.7%
50+	20.3%	25.0%
Unknown	7.0%	3.3%

\*Data is accurate to within 1%.

An unexpected and welcome finding was the emergence of a new EFAP demographic trend: Males aged 30-39 are typically not a significant user group of EFAP programs; however, they comprised 41.7% of the male sample of users for the Fitness Coach Connects program—showing an opportunity to engage male employees in EFAP-based fitness programs.

## 2. Users' primary goal by gender as identified upon program access

Figure 2 indicates that the most popular goal of females was weight management whereas males' objective was to get fit.

Figure 2: Demographic and program distribution responses

Primary program goal	Female	Male
I want to get fit	31.7%	40.0%
I want to manage my weight	54.4%	35.0%
I want to increase my energy	13.9%	25.0%

## 3. Users' self-reported pre- and post-program assessment measures

Some of the major assessment measures were as follows:

### Physical activity

As indicated in Figure 3, after completing the program, users experienced:

- a major improvement in their exercise frequency;
- a significant increase (58%) in their cardio training;
- an increase (33.3%) in the number of days they were active two days or more;
- a significant increase (91.6%) in the number of days they were resistance training two days or more;
- a significant increase in the number of days that they stretched, with a 169.7% increase in the number of people who stretched three or more days per week;
- a considerable improvement (94.5%) in their exercise habits; and
- an improvement in how they felt about their physical fitness (i.e., a reduction of 80.6% of users who reported their physical fitness as poor).

Figure 3: Pre- and post-program activity level responses

	Pre	Post
<b>Cardio training (days per week)</b>		
Never	14.2% (31)	6.0% (13)
1	19.7% (43)	6.0% (13)
2-3	34.4% (75)	38.1% (83)
4-5	26.6% (58)	37.2% (81)
6+	5.0% (11)	12.8% (28)
<b>Resistance training (days per week)</b>		
Never	54.1% (118)	32.1% (70)
1	18.3% (40)	15.1% (33)
2-3	20.6% (45)	39.4% (86)
4-5	6.9% (15)	11.9% (26)
6+	0.0% (0)	1.4% (3)

	Pre	Post
<b>Stretching (days per week)</b>		
Never	35.8% (78)	15.1% (33)
1	17.9% (39)	9.2% (20)
2-3	31.2% (68)	34.9% (76)
4-5	12.4% (27)	26.1% (57)
6+	2.8% (6)	14.7% (32)
<b>Fitness levels</b>		
Poor	28.4% (62)	5.5% (12)
Fair	36.7% (80)	22.0% (48)
Good	27.5% (60)	44.5% (97)
Very good	6.0% (13)	24.8% (54)
Excellent	1.4% (3)	3.2% (7)
<b>Improved exercise habits</b>		
Yes	54.6% (119)	94.5% (206)
No	45.4% (99)	5.5% (12)

### Physical health

Users lost an average of 7.1 lbs (3.22 kg) while participating in Fitness Coach Connects, making the program a valuable resource for employers to support a healthy workforce and in turn reduce the cost of obesity-related diseases—see Figure 4.

Figure 4: Weight loss by gender

Gender	Pre	Post	Difference
Female	78.61 kg	76.94 kg	1.67 kg
Male	94.96 kg	87.67 kg	7.29 kg

### Mental health and well-being

Using the Major Depression Inventory (MDI-10) instrument, results show that users experienced significant positive improvements in their mental health.

As shown in Figure 5, by the end of the program:

- there was an 85.5% mood improvement in the number of users who felt low in spirits or sad. (In fact, 64.7% of individuals indicated no feelings of sadness or feeling low in spirit in the last two weeks of the program compared with 34.9% in the pre-assessment.);
- 50.0% of users reported that they did not feel lacking in energy or strength compared with 12.4% at the start of the program—a rate change of 303.7%;
- 68.6% of users reported an improvement in interest in daily activities;
- there was no statistical difference in users' stress levels; and
- the quantity and quality of users' sleep increased.

Figure 5: Pre- and post-assessment self-reported mental health indicator responses

	Pre	Post
<b>Low spirits/sad</b>		
All of the time	0.0% (0)	0.9% (2)
Most of the time	4.6% (10)	4.1% (9)
Slightly more than half of the time	7.3% (16)	1.8% (4)
Slightly less than half of the time	6.9% (15)	2.8% (6)
Some of the time	46.3% (101)	25.7% (56)
None of the time	34.9% (76)	64.7% (141)
<b>Lacking energy and strength</b>		
All of the time	3.7% (8)	0.9% (2)
Most of the time	11.5% (25)	4.1% (9)
Slightly more than half of the time	8.3% (18)	3.7% (8)
Slightly less than half of the time	7.8% (17)	6.0% (13)
Some of the time	56.4% (123)	35.6% (77)
None of the time	12.4% (27)	50.0% (109)
<b>Lost interest in daily activities</b>		
All of the time	0.9% (2)	0.5% (1)
Most of the time	3.7% (8)	1.8% (4)
Slightly more than half of the time	4.1% (9)	1.4% (3)
Slightly less than half of the time	5.5% (12)	2.8% (6)
Some of the time	39.0% (85)	14.7% (32)
None of the time	46.8% (102)	78.9% (172)
<b>Hours of sleep per night</b>		
0-3	0.0% (0)	0.0% (0)
4-6	44.0% (96)	31.2% (68)
7-9	56.0% (122)	68.3% (149)
10+	0.0% (0)	0.5% (1)
<b>Trouble sleeping</b>		
All of the time	5.0% (11)	2.3% (5)
Most of the time	10.6% (23)	7.3% (16)
Slightly more than half of the time	11.9% (26)	5.0% (11)
Slightly less than half of the time	1.4% (3)	3.7% (8)
Some of the time	43.1% (94)	28.4% (62)
None of the time	28.0% (61)	53.2% (116)

### Impacts to personal life and work performance

As illustrated in Figure 6, there was a significant change in how physical health impacted users' work performance and personal life. At the end of the program:

- 62.4% of users reported an improvement of their physical health on their personal life;
- 88.1% of users reported that their physical health did not ever have a negative impact on their work performance (compared with 68.3% at the start of the program); and
- 81.2% of users reported that their physical health never impacted their personal health negatively (compared with 50.0% during the pre-assessment).

Figure 6: Pre- and post-assessment self-reported personal life and work performance impact responses

	Pre	Post
<b>Physical health negatively affecting work performance</b>		
All of the time	0.9% (2)	0.9% (2)
Most of the time	1.4% (3)	0.9% (2)
Slightly more than half of the time	3.7% (8)	1.4% (3)
Slightly less than half of the time	1.8% (4)	0.5% (1)
Some of the time	23.9% (52)	8.2% (18)
None of the time	68.3% (149)	88.1% (192)
<b>Physical health negatively affecting personal life</b>		
All of the time	1.4% (3)	0.0% (0)
Most of the time	4.6% (10)	1.8% (4)
Slightly more than half of the time	1.4% (3)	1.4% (3)
Slightly less than half of the time	5.0% (11)	0.5% (1)
Some of the time	37.6% (82)	15.1% (33)
None of the time	50.0% (109)	81.2% (177)

### 4. Users' evaluation of their program experience

At the end of the program, users' qualitative and quantitative feedback regarding what component of the program they felt would best support them in meeting their physical health goals, was collected—see Figure 7.

Approximately 53% of users reported that the digital pedometer and 47% of users said the coach was the program component that best supported them. The majority of users (94%) felt that the coach had helped them stick to their program, while 98.0% felt that they had the knowledge and tools required to make changes to their exercise habits, after completing the program.

Figure 7: Feedback on program aspects

	Pre	Post
<b>Component</b>		
Wireless activity tracker (digital pedometer)	36.2% (79)	52.6% (111)
Online program	17.4% (38)	3.2% (7)
Coach	46.3% (101)	47.4% (100)

	Pre	Post
<b>Fitness coach helped stick to program</b>		
Yes, absolutely	NA	81.2% (177)
It helped for the most part	NA	12.8% (28)
It helped some of the time	NA	4.6% (10)
It did not help	NA	1.4% (3)

Qualitative feedback about the program has also been positive:

- In regards to increased knowledge and tools, one user expressed that “[My] coach’s suggestions have been great. I love the resources shared, it has allowed me to stay motivated and keep committed.”
- In the same vein as above, another user said, “I feel the advice my coach gave me in the last session really helped me to avoid injury and complete exercise in the current manner, seeing more results.”
- Users also expressed an appreciation for the program’s focus on accessibility: “I really enjoyed the support of my coach; I liked that the program is built around my ability and needs.”
- In regards to the impact coaching had on users’ level of motivation to start and sustain a behaviour change process: “I’m so glad I was connected to my coach. [They] have totally changed my way of thinking and gave me so much insight. You know when you know that you have to change things in your life but you don’t know how or can’t find the motivation? Well I feel totally motivated right now... Thank you so much for that!”
- And finally, user’s had a favourable opinion of incorporating technology into the program: “I really love the pedometer. I like the session and the online program. I find that all three together help with bringing my goals to life and making it a much better experience than just doing everything alone.” Another user stated, “I love the technology, it is simple and seeing a graph about how inactive you have been in a day speaks volumes.”

## Conclusion

The Fitness Coach Connects’ study findings indicate that:

- the program successfully attracts and engages new users of EFAP programs;
- the program responds to users’ demand for easily accessible, 24/7, online health support;
- a unique combination of a digital pedometer, an online program, and a coach helps users to change their behaviour and meet their fitness goals;
- the program assists users in improving both their physical health (i.e., increasing activity levels, losing weight, and getting fit) and mental health (i.e., improving sleep, energy levels, mood, and interest in daily activities) while positively impacting personal and work performance; and
- users of employer offered fitness programs are typically middle age female employees (40 to 50 years old); however, there is an opportunity to engage a new male demographic group of users.

## Your take away

With poor employee health costing employers heavily, there has never been more of a need to revisit the role that physical activity can play in overall employee health and wellness. In response to changes in technology and employees’ evolving needs, employers are now turning to EFAP providers who can deliver counselling services, clinical options, and self-directed tools online, anytime, anywhere. This is especially important in work cultures that incorporate shift work, dispersed workforces, telecommuting, global business travel, and more.

By offering and encouraging access to online fitness programs through an EFAP, you're investing in your employees' overall health and their ability to contribute to and support your organization. Shepell's Fitness Coach Connects program is a valuable resource that improves employee wellness with its combination of digital pedometer and website to monitor activity, and coaching to provide information, advice, and motivation. When you take the next step in employee wellness, you enable your employees and your business for success.

## Why Shepell is a leader in EFAPs

Shepell is committed to making EFAPs more accessible by continuing to expand and enhance digital delivery methods while maintaining traditional service delivery.

- The My EAP mobile device application was introduced in May 2011 and released with additional value services in 2012—offering 24/7 mobile access to EFAP support, videos, and articles.
- First Chat was launched in September 2011 and was added to the My EAP app in November 2012. First Chat provides instant, easy, private, and fast support—highly attractive to busy individuals that don't feel they have time for traditional service deliveries.
- Online programs include Stress Coach Connects Smoking Cessation, Financial Support, Enhancing Your Relationship, and Separation/Divorce and enable users to access support at their own pace, and when and where they feel the most comfortable.
- E-counselling gives people the opportunity to express themselves in email and is ideal for those more comfortable with written communication.
- Video Counselling is best for people who may be geographically dispersed but are more comfortable with a face-to-face exchange via video.
- Telephonic counselling is ideal for those who are more comfortable with an audio exchange and who may have some geographic or travel issues.
- In-person counselling is best for those who are comfortable with a face-to-face exchange and are able to get to a counselling office. Shepell has over 73 offices across Canada.

Contact us for more information on our EFAP services and guidance on what makes a successful EFAP:

Call **1.800.461.9722**, email [info@shepellfgi.com](mailto:info@shepellfgi.com), or visit [shepellfgi.com](http://shepellfgi.com).

## About Shepell

Shepell is the market leader in optimizing employee wellness through our EFAP. With leading-edge technology; the largest EFAP counselling network in Canada; and a personalized, high-touch, people-centered approach, our EFAP services help to proactively prevent and resolve employee health issues. Shepell is unmatched in the depth and breadth of our EFAP support and counselling offerings, the sophistication of our infrastructure, and the strength of our track record. For more information, visit [shepellfgi.com](http://shepellfgi.com).

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# Glossary

<b>Employee and Family Assistance Program (EFAP)</b>	A service purchased by employers as part of employees' benefits packages; integrated health and productivity solutions that address the mental, physical, and social health issues affecting the workplace, employees, and their families.
<b>Goal achievement</b>	Making improvements towards a goal.
<b>Major depression inventory instrument (MDI-10)</b>	A self-report mood questionnaire developed by the World Health Organization, to screen for depression. The MDI-10 differs from many other tools (e.g., the Beck Depression Inventory) because it is able to generate an ICD-10 or DSM-V diagnosis of depression in addition to an estimate of symptom severity.
<b>Wireless activity tracker (digital pedometer)</b>	A portable and electronic device that counts the number of steps a person takes by detecting the motion of a person's hips when they walk.

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