

# Qualitative Exploration of the Feasibility and Acceptability of Workplace-Based Microgrants to Improve Physical Activity

## *The 10,000 Steps Pedometer Microgrant Scheme*

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**Objective:** Despite the benefits associated with workplace health programs, many organizations are unable to offer them due to financial constraints. To address this barrier, the existing 10,000 Steps program trialed the 10,000 Steps Pedometer Microgrant Scheme. This study assessed the feasibility and acceptability of the Microgrant Scheme. **Methods:** Semi-structured interviews with employee representatives ( $n = 19$ ) were used to explore perceptions of the Microgrant Scheme. Thematic inductive analysis was conducted. **Results:** Three main themes emerged: 1) the need for workplace initiatives to address health promotion issues (*The Need*); 2) the factors associated with the application and implementation process (*The Process*); and 3) employee and employer benefits associated with the Microgrant Scheme (*The Outcomes*). **Conclusion:** These findings highlight the potential utility of a Microgrant Scheme to extend the reach and long-term sustainability of workplace health promotion activities.

**Keywords:** 10,000 steps, microgrants, pedometers, physical activity, workplace health promotion

With the burden of chronic disease continually increasing, innovative ways to improve health and reduce the impact of disease are required. The workplace is a useful setting to promote health and reduce disease due to its potential to reach a large proportion of the population.<sup>1–3</sup> Workplace health promotion programs have shown to improve physical and mental health, specifically by reducing cardiovascular risk factors, type 2 diabetes, body fat percentage, pain from musculoskeletal disorders, stress, and chronic disease prevalence, as well as increasing engagement in health lifestyle behaviors such as physical activity.<sup>1,3,4</sup> In addition, employers who implement workplace health promotion programs have reported reduced absenteeism and presenteeism, reduced medical costs, improved productivity, and improved employee morale and job satisfaction.<sup>5–7</sup>

The 10,000 Steps Workplace Challenge is a component of the 10,000 Steps Program, a web-based program designed to increase

physical activity.<sup>8</sup> The goal of the Workplace Challenge is to increase awareness of and engagement in physical activity, and foster management support for physical activity promotion in the workplace. Specifically, employees are encouraged to form teams within their organization (up to 10 per team) to complete a virtual step challenge (eg, accumulate more steps than other teams in 6 weeks). A key component of the Workplace Challenge is the use of a pedometer to self-monitor physical activity and use the program website to record daily steps. Between July and December 2016, 200 new Workplace Challenges were started that included 2004 teams with 13,920 members. The Workplace Challenge has been shown to significantly increase the proportion of employees reporting physical activity, increase social support, and create a supportive workplace environment for physical activity.<sup>9</sup>

Despite these promising outcomes, many organizations have indicated the cost of providing pedometers to employees as a barrier to participating in the 10,000 Workplace Challenge.<sup>10</sup> This is particularly problematic for small to medium-sized businesses, which are frequently under-represented in workplace health promotion programs.<sup>11</sup> Similarly, cost has been reported as central barrier for many organizations delivering and maintaining workplace health promotion programs.<sup>12–14</sup> To address these limitations and increase the uptake of the Workplace Challenge, the 10,000 Steps program established and trialed the 10,000 Steps Pedometer Microgrant Scheme.

Microgrants, a strategy that originated from a loans program referred to as microfinancing, is a scheme in which a small amount of funds are awarded to community-based applicants and/or organizations to develop and/or implement a health-related initiative.<sup>15</sup> Microgrants have shown to be a cost-effective approach to reduce barriers to participating in health promoting activities and raise awareness for health issues.<sup>16–18</sup> Nonetheless, many health-related microgrant schemes<sup>17–19</sup> have only been used and evaluated in a community setting, and have been exclusively based on the distribution of monetary funds. The 10,000 Steps Pedometer Microgrant Scheme utilizes a similar model, with the exception of limiting the microgrants to workplaces and offering pedometers rather than monetary funds. Given the uniqueness of this approach, gaining a greater understanding of the feasibility and acceptability of this microgrant scheme is needed. Thus, the purpose of this study was to examine the feasibility and acceptability of the 10,000 Steps Pedometer Microgrant Scheme by exploring the perceptions and opinions of key employee representatives who applied for and received a 10,000 Steps Pedometer Microgrant for their workplace.

## METHODS

### Design

This was an exploratory study that utilized semi-structured interviews to elucidate the perceptions and opinions of key representatives from selected organizations concerning the need for the initiative itself, the microgrant application process, and the distribution and

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implementation of the microgrants as a component of the Workplace Challenge.<sup>8</sup> Ethical approval was obtained from the Human Research Ethics Committee at CQ University (#H14/04–053).

### Participants and Settings

The Pedometer Microgrant Scheme was available to workplaces located in Queensland, Australia and occurred in two rounds between August and October 2014 and June and July 2015. In round two, microgrants were prioritized to workplaces underrepresented in round one, including small workplaces (<20 employees), high-risk industry workplaces (eg, mining), and regional and remote workplaces. In round one, the successful applicants (n = 131) were made up of 16 small workplaces (12.2%) (<20 employees), 72 medium workplaces (55.0%) (20 to 199 employees), and 43 (32.8%) large workplaces (200+ employees). In round two, the successful applicants (n = 128) were made up of 20 small workplaces (15.6%), 60 medium workplaces (46.9%), and 48 (37.5%) large workplaces.

In this study, all 34 Queensland-based organizations who were awarded a Pedometer Microgrant in round two were purposively invited to participate. Nineteen organization representatives (14 female, 5 male) responded to the email invitation and completed interviews (response rate of 55.8%) between March 2016 and May 2016. Reasons for not participating in the interviews included no response to the email invitation, left the organization or on vacation, and not interested in participating. Figure 1 provides a summary of the selection process.

Together, these organizations requested a total of 1611 pedometers and were provided with 1575 pedometers. The interview participants were from diverse occupational settings, of which five were from small organizations consisting of less than 20 employees, six were from medium-sized organizations consisting of 20 and 199 employees, and eight were from large-sized organizations consisting of 200+ employees. Table 1 outlines the organizational size, denotes high-risk organizations, and identifies the occupational settings of the organizations from which interview participants were employed.

### Design and Procedures

All participating organizations were recruited via email and invited to participate in a semi-structured, skype-based interview. Face-to-face interviews were not possible due to the geographic spread of the microgrant recipients (the state of Queensland covers 1,727,000 km<sup>2</sup>). The initial contact email provided the key representatives (ie, those who submitted the microgrant application and implemented the scheme) with information about the study, informed consent documents, and asked to identify a suitable time to participate in the interview. Participants provided written consent before the interview. Interviews ranged between 10 and 30 minutes and occurred during the work hours of the organization. A series of

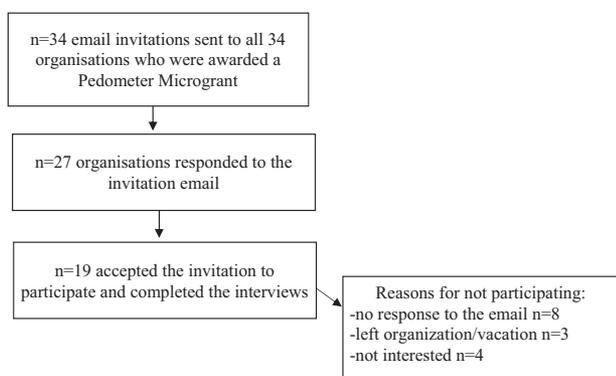


FIGURE 1. Flow summary of selection process.

TABLE 1. Organizational Size and Occupational Setting

Organizational Size	Occupational Setting
Small #1	*Manufacturing
Small #2	Health care/Social
Small #3	Not for profit professional association
Small #4	Arts/Education
Small #6	Education/training
Medium #1	*Construction
Medium #2	Education/Training
Medium #3	*Agriculture, forestry, and fishing
Medium #4	Public Administration/Safety
Medium #5	Public Administration/Safety
Medium #6	Healthcare/Social
Large #1	*Mining
Large #2	*Transport, postal, and warehousing
Large #3	Local Government
Large #4	Education/Training
Large #5	Public administration/Safety
Large #6	*Transport, postal, and warehousing
Large #7	Health care/Social
Large #8	Local government

\*Denotes high-risk organizations.

open-ended questions were developed based on the study objectives and the research literature on workplace health promotion (see Table 2). Each skype interview was facilitated by a trained research assistant who recorded each session with TalkHelper™ software (Skype Technologies Inc, Luxembourg).

This study implemented methods of rigor to assure validity, reliability, and transferability.<sup>20</sup> Specific methods included audio recording the interview for integrity, peer review of the data analysis process, purposeful sampling to enable depth and detail within the data, and use of direct quotes to clearly illustrate the participant’s perspective.<sup>20–22</sup>

TABLE 2. Interview Schedule

Workplace Health and Well-being Questions	
1	Did you have any workplace wellness initiatives in place before you applied for the pedometer grant? If so, what were they?
2	Is workplace wellness a priority for your organization?
3	What are the main health promotion or wellness issues facing your workplace?
4	What are the main health promotion or wellness issues facing your workplace?
Pedometer Microgrant Questions	
5	Why did you apply for the pedometer microgrants?
6	Overall, what did you think of the pedometer microgrant?
7	What role did the pedometer microgrant play in increasing or extending physical activity or wellness in your workplace?
8	Do you have any suggestions for how could we could improve the pedometer microgrants?
9	How would you have sourced pedometers if you did not get the microgrant?
General Workplace Wellness Program Questions	
10	Has your workplace continued to maintain physical activity or workplace wellness? If yes, what are you doing now? If no, why not?
11	Do you have any ideas on how you think you could keep physical activity and workplace wellness programs as sustainable, ongoing programs?
12	Do you have any other comments you would like to make about the pedometer microgrants, the 10,000 Steps Workplace Challenge, or workplace wellness that you have not already mentioned?

## Data Management and Analysis

All interview data were transcribed verbatim by a trained research assistant. Participants were rendered anonymous by distinguishing them by gender and assigning them titles and numbers based on organization size. A thematic inductive approach, which includes familiarization with data, generating initial codes, searching for themes among codes, and defining and naming themes, was undertaken.<sup>23</sup> All data were independently coded and categorized by two research team members with extensive experience in qualitative methodology. During this time, the researchers systematically read the transcripts multiple times, highlighted segments of interest, and made annotated comments on the transcripts to identify potential themes. Emerging themes were summarized and categorized during the process of reading and re-reading. Direct quotes were coded into the appropriate theme. Once all coding and categorization was complete, the themes were discussed among the two research team members to minimize bias. Any disagreements or concerns that arose were presented at this time and discussed further until agreement was reached.

## RESULTS

Three main themes emerged from the data, including 1) *The Need* for the Pedometer Microgrant Scheme; 2) *The Process* concerning the Pedometer Microgrant Scheme; and 3) *The Outcomes* associated with the Pedometer Microgrant Scheme.

### The Need

Many participants (68%) indicated that before the Pedometer Microgrant Scheme, their workplace did not have a health initiative in place. All participants further commented that they believed there is a need for health promoting programs within their worksite to help address the numerous health issues often reported by employees, including sedentary behavior, low levels of activity, overweight/obesity, poor dietary behaviors, alcohol consumption, smoking, and increased stress. Participant responses were consistent, for example, one participant commented, “Well a lot of us, we sit on a chair, all day every day in front of computer screens” (Female, medium size organization #6). Other comments included “our staff doesn’t exercise and many have diet issues” (Male, small size organization #2) and, “We need to get our people fitter than what they are, especially in regional areas, the health of a lot of people is not really good, a lot of workers are overweight. Smoking is another big one, although the number is decreasing, and alcohol can be a problem in regional areas” (Male, medium size organization #3).

For those workplaces that did have some type of initiative in place (31%), these included a range of initiatives and activities such as health-based seminars and educational resources (eg, website, healthy recipes, information about smoking cessation), health assessments, and support for off-site activities (eg, subsidized gym membership). Regardless of having other initiatives in place, all participants agreed that offering workplace health and wellness programs/initiatives is critical to improving employee’s physical, mental, and emotional well-being and should be a priority for workplaces.

Participants also indicated that they had limited funds available for health and wellness initiatives and/or related resources and tools (eg, pedometers) and thus they needed cost effective initiatives that can be implemented with minimal funds. Many participants explained that without the Pedometer Microgrant Scheme, many of the organizations would not have purchased pedometers otherwise, for example; “To be honest, we wouldn’t have been able to afford it. So just to have that initiative for our employees was awesome” (Female, large size organization #7) and “We probably wouldn’t have done it because our funds are quite tight” (Female, small size organization #5). One participant stressed the need of such a scheme for smaller businesses or organizations, indicating that

“There should be more of these things available to companies, especially smaller companies. Especially in regional areas, where there is not the availability of things that you have in the city areas, like gyms and fitness places” (Male, medium size organization #3).

### The Process

The Pedometer Microgrant Scheme overwhelmingly received positive responses from all participants. In terms of the logistics surrounding the grant application process, one participant indicated, “I found it [the application process] really easy, I think it was pretty self-explanatory, really easy to do. I didn’t have any moments thinking that it was too much work” (Female, medium size organization #2) and “it was straightforward. . . and it happened fairly swiftly” (Female, large size organization #6). No issues or challenges with the Pedometer Microgrant application process were reported.

In terms of implementation of the pedometers, the majority of participants revealed that this was very successful, due to it going hand and hand with the 10,000 Steps Workplace Challenge. Participants indicated that having access to pre-existing activity challenges, resources, and tools accompanying the Workplace Challenge and available on the 10,000 Steps website, provided a clear starting point for when the pedometers did arrive and were distributed to employees. Many indicated that the website and the resources that accompanied the Challenge were very helpful by simplifying the implementation process, as outline by one participant;

“There is lots of information available and a system in place that is easy to adopt and implement in the workplace” (Male, large size organization #2).

Although the Pedometer Microgrant Scheme was perceived to be simple and straightforward, a small proportion of participants did highlight a few challenges they faced with the implementation of the pedometers. A couple of participants explained that, “the biggest barrier was mostly admin and the time required” (Male, large size organization #1) and “I found it was quite a lot of work to get established and up and running” (Female, large size organization #6). In addition, some participants identified problems with navigating technology. One participant specified that,

“When I go in [the website] as a provider, I find it hard to find. . . to do a search and find something, I end up going through discussions and seeing what issues other people have had.” (Female, large size organization #4).

In addition, some participants’ highlighted problems with the pedometers themselves, indicating that they had problems with employees losing pedometers or the broken clips used to secure the pedometers.

### The Outcome

Participants indicated that the Pedometer Microgrant Scheme helped to initiate a movement toward health and wellness, “it spurred us into action” (Female, small size organization #3) and provided a “good flow on effect” (Female, small size organization #4). Most importantly, the Pedometer Microgrant Scheme created awareness specifically concerning sedentary behavior and physical inactivity. Participants described how shocked employees were with how little activity they do get while at work;

“It [pedometer] really makes you aware of the lack of movement, especially when you start doing it and you go ‘yes I have nailed it’ and then at the end of the day you have only done 3500 steps and you go ‘oh my goodness’. It is a really good way to

make you aware of the lack of movement” (Female, medium size organization #2).

This comment reflected the responses of many participants, all indicating that the immediate feedback given by the pedometer made an impact on building awareness among employees. In addition, it also initiated a conversation about other health behaviors, specifically around healthy eating and smoking.

In addition to building awareness, participants believed that the Pedometer Microgrant Scheme contributed to increased employee morale, comradery, and teambuilding. Comments such as, “You would see them going all day, all week. It was fun and built a lot of morale for everyone” (Female, medium size organization #1) and “It brought about a greater sense of comradeship amongst the team” (Male, small size organization #2) were indicative of this. Many believed that receiving the pedometers through the Microgrant Scheme and distributing them in the workplace spurred an interest in their employees to be part of the larger 10,000 Steps Workplace Challenge. One participant commented “Certainly the first challenge being a freebie [Pedometer Microgrant Scheme] was good to kick us off and show that people valued it and thought it was worthwhile. That certainly helped support the next 12 months” (Female, large size organization #6). Another participant indicated, “The pedometers just made them aware, now they have gone on and are at PT training challenges and doing that kind of thing. Not just one, they are crazy, they have done the 12-week challenge [Workplace Challenge] and have automatically signed up for the next one” (Female, medium size organization #2).

The majority of participants indicated that the pedometers, in collaboration with the Workplace Challenge, “absolutely, without a doubt” (Male, large size organization #5) was successful in getting employees more active at the workplace, as well as motivated many of them to try other activities;

“It certainly got quite a few people who had been very inactive for a very long time motivated to at least start exercising, which is why we have progressed to the boot camp because we have got them up to a certain level of fitness and now it’s time to progress onto something else” (Female, large organization #6).

One participant also mentioned that they witnessed a trend in that many employees were beginning to invest in their own tools and/or resources as a result of their experience with the free pedometers. “I have noticed that people have gone to their own expense and are now walking around with Fitbits and the like as well” (Female,

medium size organization #6). In addition, a few participants revealed that a number of their employees also asked for stand-up desks, suggesting that this further influenced their employee’s awareness of the need to reduce sedentary behaviours and motivation to continue to be active. A summary of the key findings is presented in Table 3.

## DISCUSSION

This study explored the perceptions and opinions concerning the feasibility and acceptability of the 10,000 Steps Pedometer Microgrant Scheme. The context in which the Pedometer Microgrant Scheme was implemented is an important consideration, and it is important to note that a majority of participants interviewed in this study revealed that their workplace did not currently have any workplace health promotion programs or initiatives in place. This is somewhat surprising given the increased prevalence of chronic diseases, rising health care costs, the established evidence-base supporting the effectiveness of workplace health promotion programs, and the legislative requirements to provide a healthy and safe working environment for employees.<sup>2,13,24,25</sup> Workplaces provide an ideal setting for health promotion programs as they have already established communication channels, social support networks, have the potential to overcome barriers such as “lack of time,” and can reach a considerable amount of people over a longer duration, as many adults spend a large proportion of their waking hours at work.<sup>3,11,26</sup> Although many of the organizations did not currently have a workplace health promotion program in place, it was clear that health and wellbeing has become a priority for these organizations. Clearly, there is a need for such programs; however, many organizations are limited in their ability to initiate such programs due to financial constraints.<sup>7,12,14,27</sup>

A lack of funds to implement such programs is the most common barrier reported by organizations.<sup>12,14</sup> This is often due to the hesitation of organizations to invest in such programs until there is evidence that this investment would elicit benefit for the organization.<sup>14,26</sup> The Pedometer Microgrant Scheme helped to alleviate this barrier and provided an opportunity for organizations to implement and evaluate/assess the scheme. In turn, this helps to provide evidence of the impact of workplace health promotion programs that then could be used to convince the organization’s management that investment in new workplace health promotion programs is warranted. The findings from this study support this by highlighting the many benefits (eg, increased awareness of physical activity and sedentary behavior, increased moral and comradery, increased motivation to undertake other activities, and continue being active) witnessed throughout the implementation of the Pedometer

**TABLE 3.** Summary of Key Findings

Theme	Key Findings
<i>The Need</i>	There is a growing need to address specific health issues (ie, sedentary behavior, low levels of activity, overweight/obesity, poor diet, alcohol consumption, smoking, and increased stress) in the workplace. Due to the limited funds available for workplace health, there is a need for initiatives that can be implemented with minimal funds, particularly for small businesses/organizations.
<i>The Process</i>	The microgrant application and submission process was self-explanatory, straightforward, and easy to complete. Implementation of the pedometers was successful due to it going hand and hand with the 10,000 Steps Workplace Challenge, specifically having access to pre-existing activity challenges, resources, and tools available on the 10,000 Steps website. Minor challenges with the process and implementation of the pedometer initiative were reported, including lack of time, lack of administrative support, and issues with navigating technology (ie, website).
<i>The Outcome</i>	The microgrants helped to build awareness and initiate a movement toward health and wellness by “spurring” many of the organizations into action. Participants reported increased employee morale, comradery, and teambuilding. The microgrants were successful in getting employees more active in the workplace, as well as motivated many of them to try other activities (eg, sport, strength training) and new fitness tools (eg, Fitbit) outside of the workplace. The microgrants also initiated conversation and action concerning other health behaviors, specifically diet, sedentary behavior, and smoking.

Microgrant Scheme. Given the overwhelming evidence linking these benefits to employer benefits (eg, increased productivity, increased job satisfaction, decreased absenteeism and presenteeism, decreased health care costs),<sup>3,5,7,28</sup> there is clear evidence that such initiatives can be impactful on the part of the individual employee and employer, and do merit future investment.

The Pedometer Microgrant Scheme provided tangible tools (ie, pedometers) as well as free, easy-to-access resources to support implementation and delivery. This aspect of the Scheme is unique and further extends the traditional use of the microgrant model by providing actual resources and tools to support physical activity engagement and participation, rather than financial support alone. This is extremely beneficial for those who have limited expertise with designing and developing workplace health promotion programs, have limited time to organize and implement such initiatives, as well as have limited access to resources to help support the implementation and adoption of the program or initiative. Previous research has identified that providing tools, resources, and simple straightforward instructions for implementing and delivering health promotion programs is associated with greater program uptake and adherence.<sup>29,30</sup> This provides greater organizational and administrative ease on the individual or group who is implementing the workplace health promotion program.

Although the majority of participants felt that the implementation of the Pedometer Microgrant Scheme was simple and straightforward, there were a small proportion of individuals who felt that the administrative load associated with implementation was burdensome and at times overwhelming. This may be due to a single person taking “ownership” of the strategy and being responsible for championing it in the workplace. In an attempt to address this administrative burden, it may be to beneficial for those implementing the program/initiative, such as the participants of this study, to create a workplace health promotion committee to help distribute the workload as well as get interested “others” involved.<sup>31</sup> Creating such committees and getting other employees involved has been shown to be quite beneficial in assisting with program implementation and has also been reported to have a positive influence on organizational culture.<sup>28,31</sup> Specifically, having a workplace health promotion committee made up of employees, and possibly management, provides employees with an opportunity to play an active role in designing, implementing, and making decisions concerning workplace health promotion programs in their workplaces,<sup>28,30</sup> as well, demonstrates the commitment of employers to maintaining a healthy workforce. However, the importance of having a “champion” in the workplace who actively promotes the program cannot be understated and should be a consideration when assembling the workplace health promotion committee.

### Strengths and Limitations

Major strengths of this study included the diverse sample, with participants from small, medium, and large organizations and from a variety of occupational settings. Also, this study used of several well-accepted techniques (eg, audio recording or interview, peer review, integration of direct quotes) to ensure methodological rigor. However, this study is not without its limitations. Although the sample was diverse, it was limited to organizations within Queensland who successfully applied for the Pedometer Microgrant Scheme and implemented the 10,000 Steps Workplace Challenge, thus it is not representative of all workplaces in Queensland, Australia, or internationally. In addition, this exploratory study provided insight into the feasibility of the Pedometer Microgrant Scheme, but little is known about the true effect of the scheme on health behavior change despite many participants indicating they were convinced it was effective. Future experimental research (eg, randomized control trials) using rigorous measures and protocols to test behavior change and intervention effectiveness is warranted.

### CONCLUSION

This study demonstrates the feasibility and acceptability of implementing a novel type of microgrant scheme, a scheme that focusses on health behaviors and that provides tangible tools rather than financial support. The findings demonstrate how the reach and accessibility of workplace health promotion programs can be extended and their impact increased. This has implications for the future development, implementation, and long-term sustainability and maintenance of workplace health promotion programs. In addition, the inclusion of a diverse sample indicative of priority organizations (ie, small, high-risk regional, and remote) further contributes to the research literature.

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