



Evaluating Comprehensive Workplace Health Promotion

Version 1.0 March 15, 2005

This Info-pack contains:

- an overview of process and outcome methods appropriate for evaluating comprehensive workplace health promotion (CWHP)
- steps for developing and implementing CWHP evaluations
- a sample CWHP logic model
- available resources

INFO-PACK

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This workbook is also available on our web site at www.thcu.ca/workplace.

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This Info-pack is the latest in a series of three resources concerning comprehensive workplace health promotion. The first, *Introduction to Comprehensive Workplace Health Promotion Info-pack*, and the second, *Influencing the Organizational Environment to Create Healthy Workplaces Info-pack* are both available on THCU's Workplace Project website at: www.thcu.ca/workplace.

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INTRODUCTION

Evaluation is the systematic collection, analysis, and reporting of information about a program in a way that enables practitioners to learn from their experience. Comprehensive Workplace Health Promotion (CWHP) initiatives need to be evaluated based on goals and objectives set during the planning process. Monitoring and evaluating CWHP efforts is important in order to share successes with others, learn from mistakes, modify program activities as necessary, demonstrate accountability to funders and others who are in a position to make decisions about the future of a program, and to help stakeholders learn.

The Health Communication Unit (THCU) has received funding through the Stroke Strategy of the Ontario Ministry of Health and Long-Term Care to support health promotion practitioners in supporting healthy workplaces. Over the past several years, THCU has developed a comprehensive workplace health promotion approach and a number of supporting resources and services for health promotion practitioners.

Although there is an abundance of information in the literature on workplace health promotion, many of the issues are complex, and studies are often inconclusive regarding effectiveness. Difficulties exist in conducting and comparing evaluation studies in the workplace; therefore, practitioners and decision-makers need to consider the “general weight of the evidence” across the best studies available, rather than the definitive study per se.¹ When conducting evaluations, practitioners need to think about expected outcomes, how their achievement will be measured, and the role of the workers themselves in program planning, design, operation and evaluation. This Info-pack focuses on key aspects of evaluation within the CWHP framework. It is designed for busy practitioners who support the development of CWHP initiatives in their community and would like to access practical, 'how-to' information about program evaluation.

“If you don't measure it, people will know you are not serious about delivering it.”

Linda Duxbury, Ph.D.

*Work-life Balance in Ontario:
A Status Report*

www.worklifesummit.com

¹. Health Canada. *Literature Review: Evaluation of Workplace Health Promotion Programs*. 9.

The Info-pack will begin with an overview of the THCU conceptual model for CWHP. Next, an overview of the main evaluation techniques as they relate to CWHP evaluation will be outlined. Ideas for practitioners on how to use different evaluation techniques for each step of the CWHP framework are then presented, along with examples of evaluations and suggested tools. As well, the Info-pack offers a number of resources and supports.

CONCEPTUAL APPROACH

THCU has adopted a broad definition of workplace health, which acknowledges that many factors within the workplace greatly influence health. Workplaces are viewed not only as a setting in which to 'do' health promotion, but also as a key determinant of health. CWHP is defined as “an approach to protecting and enhancing the health of employees that relies and builds upon the efforts of employers to create a supportive management under and upon the efforts of employees to care for their own well-being.”² Within this broad definition, workplace health interventions are categorized into three groups: occupational health and safety (OHS); voluntary health practices; and organizational change (OC).

Figure 1 Workplace Health Promotion Interventions



* The term "voluntary health practice", "individual lifestyle practice" and "healthy lifestyles" are often used interchangeable for this factor.

². Shain, M., & Suurvali, H. (2001). *Investing in Comprehensive Workable Health Promotion*. Centre for Addiction and Mental Health (CAMH). 5.

- **Occupational Health and Safety** – reducing work-related injury, illness, and disability by addressing environmental issues in the workplace, such as ergonomics, chemical hazards, and air quality.
- **Voluntary Health Practices** – reducing the risk or incidence of worker illness by addressing individuals' lifestyle behaviours through education, supportive environments, and policy. The terms 'voluntary health practice', 'individual lifestyle practice', and 'healthy lifestyles' are often used interchangeably for this factor.
- **Organizational Change Initiatives** – improving job satisfaction and productivity by changing worker attitudes and perceptions, management practices, and the way work is organized. These factors have been shown to have a dramatic impact on employee health outcomes.³ This group of initiatives are also known as psychosocial factors or as part of the psychosocial work environment.

For a more complete discussion on THCU's comprehensive approach to workplace health promotion, visit www.thcu.on.ca/workplace.

³. Shain, M., & Suurvali, H. (2001). *Investing in Comprehensive Workplace Health Promotion*. Centre for Addiction and Mental Health (CAMH). 8.

EVALUATION OVERVIEW

Evaluation⁴ is the systematic collection, analysis, and reporting of information about a program in a way that enables practitioners and others to learn from their experience. Specifically, program evaluation generates the information needed to guide the development of more effective CWHP initiatives.

Why evaluate?

Evaluations of CWHP initiatives are carried out:

- To determine the effectiveness or impact of a program (i.e., the extent to which program goals and objectives were met).
- To be accountable to program stakeholders (the employers, employees and other groups with an interest in the CWHP initiative).
- To identify ways of improving a program, such as ensuring that all activities are relevant and appropriate to the health needs of employees, and removing potential barriers to participation.
- To assess the economic efficiency of a program through cost benefit or cost effectiveness analysis.
- To compare a CWHP program with similar initiatives being implemented elsewhere.
- To use the evaluation information for a range of purposes, including promotion, fundraising, attracting potential partners, and lobbying and advocating for policy changes to create healthier workplaces.

⁴ Excerpt from THCU. (2002). *Evaluating Health Promotion Programs*. 7-11.

Types of evaluation

There are three main types or levels of program evaluation. These are based primarily on the timing of when the evaluation is conducted and the type of information collected.

1. **A Formative evaluation** focuses on programs that are under development. It is used in the planning stages of a program to ensure that the program is developed based on stakeholders' needs, and that the program is using effective and appropriate materials and procedures. Formative evaluation includes such things as:
 - Needs assessments;
 - Evaluability assessment (an analysis to determine if your program's intended outcomes are able to be evaluated);
 - Program logic models (see page 17 for a further description of logic models);
 - Pre-testing program materials; and
 - Audience analysis .⁵

⁵. See <http://www.thcu.ca/infoandresources/Step3AudienceAnalysis.htm> for further information on audience analysis.

Factors to Consider when Doing Cost Analysis Evaluations

- Cost analysis evaluations work well with outcomes that have a short time frame measurement, such as missed work days, disability claims, time in therapy, etc.
- Cost analysis evaluations don't work well for outcomes like morbidity, mortality rates, or health care system cost savings, which are all very long term. For example, epidemiological evidence about smoking suggests that preventing smoking and helping people quit smoking would decrease heart disease and cancer, resulting in lower health care costs. But these costs savings are so far into the future that we cannot determine how much would be saved.
- There may be difficulty in obtaining consensus on the value of some particular benefits.
- It is necessary to consider who the benefits and costs relate to - is it the participants, sponsors, general public, or all three?
- Sometimes it is difficult to anticipate all the costs and benefits associated with an intervention.
- For cost-effectiveness evaluations, when comparing programs there can be particular benefits that are not comparable to benefits of other programs.

THCU. (2002). Evaluating Health Promotion Programs.

2. **A Process evaluation** focuses on programs that are already underway. It examines the procedures and tasks involved in providing a program. It seeks to answer the question, “what services are actually being delivered and to whom?” Process evaluations include such things as:
 - Tracking the quantity and descriptors of people who are reached by the program;
 - Tracking the quantity and types of services provided;
 - Descriptions of how services are provided;
 - Descriptions of what actually occurs while providing services;
 - Descriptions of quality of services provided; and
 - Implementation evaluations.

3. **A Summative evaluation** focuses on programs that are already underway or completed. It investigates the effects of the program, both intended and unintended. It seeks to answer the questions, “what difference did the program make?” (impact evaluation), and “which stated goals and objectives were met?” (outcome evaluation). In its most rigorous form, the design of an outcome evaluation can become very complex in order to rule out any other plausible explanations for the results. Outcome evaluations can assess both short-term outcomes, immediate changes in individuals or participants (such as awareness, knowledge, or behaviour), and long-term outcomes (sometimes referred to as impact evaluations), which look at the larger impacts of a program on a community. An outcome evaluation can also analyze the results in relation to the costs of the program (cost-benefit evaluations). Summative evaluations include:
 - Changes in attitudes, knowledge or behaviour;
 - Changes in morbidity or mortality rates;
 - Cost-benefit analysis;
 - Cost-effectiveness analysis;
 - Changes in policies; and
 - Impact assessments.

These types of evaluations are called different names by different people, but basically have the same meaning. For example, you may have heard the terms ‘outcome evaluation’ and ‘summative evaluation’ in the same context. We encourage you not to get stuck on terminology but to describe your evaluations in a way that is understandable to you and your stakeholders. Here are a few definitions that may help to distinguish between the different types of summative evaluation.

- *Outcome* – evaluates what occurred as a result of your program. It determines whether you achieved the program’s short-term and/or long-term objectives.

- *Impact* – evaluates the impact your program had on the participants, the workplace itself, or other stakeholders of the project. Impact evaluation goes a little further than outcome. It not only measures outcomes, but also measures what changes occurred as a result of those outcomes. For example, a change in employees’ physical activity levels from a shorter-term (impact) change in attitude.
- *Cost-benefit*⁶ – evaluates the program in terms of costs. It measures both the program costs and the results (benefits) in monetary terms. This means that the results or benefits of the program must be translated into a dollar value.
- *Cost-effectiveness* – evaluates how the desired benefits can be achieved with the least amount of resources. Benefits are expressed only in terms of the impacts or outcomes themselves (they are not given a dollar value). Interpretation of this type of analysis requires stakeholders to decide if the benefit received is worth the cost of the program, or if there are other less expensive programs that would have similar or more beneficial results.

Methods of Measurement⁷

These are some of the qualitative and quantitative methods, which can be used in program evaluation. See Table 2 for a more detailed description of commonly used methods.

Table 1 Examples of Qualitative and Quantitative Methods

Qualitative Methods	Quantitative Methods
• Focus groups	• Internet, mail, or telephone surveys
• In-depth interviews	• Process tracking forms/records
• Open-ended survey questions	• Service utilization
• Analysis of individual diaries	• Analysis of large datasets
• Consensus building (Delphi Method ⁸)	• Direct measures of health indicators/behaviours (e.g., blood pressure)
• Forums/discussion groups	• Direct measures of illness (morbidity or mortality rates)

⁶ For a good resource on cost benefit and cost effectiveness analysis resources, see the Health Canada *Program Evaluation Manual: Key Issues and Strategies for Evaluating Your Workplace Health Promotion Program*. 38-43.

⁷ Excerpt from the THCU (2002). *Evaluating Health Promotion Programs*. 52-54.

⁸ A group forecasting technique, generally used for future events such as technological developments, which uses estimates from experts and feedback summaries of these estimates for additional estimates by these experts until reasonable consensus occurs. (source: <http://www.hyperdictionary.com/dictionary/Delphi+Technique>)

To determine what methods you should use, match them to:

- The program's success indicators (see page 19 for a further description of success indicators);
- The resources available (staff, money, etc.); and
- The best way to collect information from the population of interest.

You also need to determine:

- The best way to communicate with participants regarding the evaluation (telephone, mail, etc.);
- When to communicate with them (inside or outside of work hours, etc.); and
- How to limit burden on them to participate in the evaluation.

Table 2 Commonly Used Qualitative Methods:

	Description	Purpose	Strengths	Limitations
Focus groups	<ul style="list-style-type: none"> • A semi-structured discussion with 8 to 12 stakeholders • Lead by a facilitator who follows an outline and manages group dynamics • Proceedings are recorded 	<ul style="list-style-type: none"> • To gather in-depth information from a small number of stakeholders • To pre-test materials with a target audience • Develop a better understanding of stakeholder attitudes, opinions, and language • Often used to prepare for a survey 	<ul style="list-style-type: none"> • Provides in-depth information • Implementation and analysis requires a minimum of specialized skills • Can be inexpensive to implement 	<ul style="list-style-type: none"> • Participants influence each other • Subjective • Potential for facilitator bias • Can be difficult to analyze • Results are not quantifiable to a population
In-depth interviews	<ul style="list-style-type: none"> • Telephone or in-person one-on-one interviews • Interviewer follows an outline but has flexibility • Usually 10 to 40 are completed per 'type' of respondent 	<ul style="list-style-type: none"> • To investigate sensitive issues with a small number of stakeholders • To develop a better understanding of stakeholder attitudes, opinions, and language 	<ul style="list-style-type: none"> • Provides a confidential environment • Eliminates peer influence • Opportunity for interviewer to explore unexpected issues • Provides more detailed information than focus groups 	<ul style="list-style-type: none"> • More expensive to implement and analyze than focus groups • Potential for interviewer bias • Can be difficult to analyze • Results are usually not quantifiable to a population
Open-ended survey questions	<ul style="list-style-type: none"> • Structured questions on a telephone or e-mail survey that allow the respondent to provide a complete answer in their own words 	<ul style="list-style-type: none"> • To add depth to survey results • To further explore the reasons for answers to close-ended questions for exploratory questions 	<ul style="list-style-type: none"> • Adds depth to quantitative data • Generalizable to population 	<ul style="list-style-type: none"> • Time-consuming to analyze properly • Adds considerable time to the survey • Not flexible
Diaries	<ul style="list-style-type: none"> • Detailed account of aspects of a program • On-going documentation by one or more stakeholders 	<ul style="list-style-type: none"> • Used primarily for process evaluation 	<ul style="list-style-type: none"> • Puts other evaluation results in context • Captures information often not thought of before • Very inexpensive to collect 	<ul style="list-style-type: none"> • Can be difficult and expensive to analyze • Observations are subjective

Table 3 Commonly Used Quantitative Methods

	Description	Purpose	Strengths	Limitations
Surveys	<ul style="list-style-type: none"> • Completion of structured questionnaire by many stakeholders within a relatively short time frame • Can be completed by telephone, mail, fax, or in-person 	<ul style="list-style-type: none"> • To collect feedback that is quantifiable and generalizable to an entire population 	<ul style="list-style-type: none"> • Results are generalizable to an entire population • Standardized, structured questionnaire minimizes interviewer bias • Tremendous volume of information collected in short period of time 	<ul style="list-style-type: none"> • Rarely provides comprehensive understanding of respondent's perspective • Can be very expensive • Requires some statistical knowledge and other specialized skills to process and interpret results
Process tracking forms/ records	<ul style="list-style-type: none"> • Collection of process measures in a standardized manner • Usually incorporated into a program routine 	<ul style="list-style-type: none"> • To document the process of a program • To identify areas for improvement 	<ul style="list-style-type: none"> • Can be incorporated into normal routine • Fairly straightforward to design and use • Can provide very accurate, detailed process information 	<ul style="list-style-type: none"> • Can be seen as extra burden on staff/volunteers • Risk that forms/ records will not be completed regularly or accurately
Large data sets	<ul style="list-style-type: none"> • Accessing existing sources of research data for information about your population of interest 	<ul style="list-style-type: none"> • To position your program within a broader context • To monitor trends in your population of interest 	<ul style="list-style-type: none"> • Can be expensive or free to access • Can provide accurate, well-researched information • Can lead to networking and information-sharing opportunities 	<ul style="list-style-type: none"> • Minimal usefulness for evaluating your program • Can be difficult to relate specifically to your program

DEVELOPING YOUR CWHP EVALUATION

The main steps that support the development of a CWHP initiative are described in previous THCU reports.⁹ See **Appendix A** and **Appendix B** in this resource for the CWHP Planning Framework and the Guiding Principles for Program evaluation in Ontario Health Units. It is important to consider evaluation steps as appropriate for each element of the planning framework, because evaluation is something that will occur throughout your CWHP initiative. For example, during the committee formation stage you may want to do a qualitative assessment on how well the committee is working together. At the program implementation stage, you will be able to quantitatively measure the numbers of participants.

Steps in Evaluation¹⁰

THCU outlines the key steps in evaluating any health promotion program as follows:

1. Clarify your Program

- Define your program goals, population of interest, and outcome objectives;
- Define your program activities and outputs;
- Establish measurable program indicators; and
- Ensure prerequisites for evaluation are in place.

⁹. THCU. (2004). *An Introduction to Comprehensive Workplace Health Promotion*. 13-19.

¹⁰. THCU. (2002). *Evaluating Health Promotion Programs*. 17-87.

2. Engage Stakeholders

- Understand stakeholder interests and expectations;
- Engage stakeholder participation; and
- Develop evaluation questions (based on program goals and objectives and stakeholder interests and expectations).

3. Assess Resources for the Evaluation

- Determine availability of staff and resources; and
- Determine amount of money allocated for evaluation.

4. Design the Evaluation

- Select type of evaluation to be conducted;
- Design evaluation framework; and
- Consider ethical and confidentiality issues.

5. Determine Appropriate Methods of Measurement and Procedures

- Select the most appropriate qualitative and quantitative methods for collecting information about your program (for a summary of the strengths and limitations of different evaluation methods, please refer to Table 2 and 3 in this Info-pack);
- Consider qualitative versus quantitative methods; and
- Select your sampling design.

6. Develop Workplan, Budget and Timeline for Evaluation

7. Collect the Data Using Agreed-upon Methods and Procedures

- Pilot test;
- Determine data collection techniques; and
- Use tips for data collection.

8. Process and Analyze the Data

- Prepare the data for analysis; and
- Analyze the data.

9. Interpret and Disseminate the Results

- Interpret the results;
- Present the results; and
- Share the results

10. Take Action

Selecting evaluation type for your CWHP program

When selecting types of evaluation for your CWHP program, it is important to consider:

- The length of time the program has been in operation;
- Your program's stage of development;
- What, if any, types of evaluation have already been conducted;
- The amount of resources you have to devote to evaluation; and
- The interests of your program stakeholders.

The following table summarizes factors to consider when deciding which type of evaluation is needed for various stages of your CWHP program (See **Appendix A** for the CWHP Planning Framework or see *Introduction to CWHP Info-pack* for a detailed outline of each stage).

Table 4 Factors to Consider When Deciding on an Evaluation Type

CWHP Planning Framework Elements	Key Evaluation Components to Consider	Examples
<p>Obtain Management Support Evidence of enthusiastic commitment and involvement of senior management is imperative if employees are going to understand their employers' serious commitment to creating a healthy workplace.</p>	<ul style="list-style-type: none"> • Collection and assessment of previous evaluations • Formative - planning • Summative • Any baseline info needed 	<ul style="list-style-type: none"> • Audience analysis (e.g., Where is the support? Who are the stakeholders and decision-makers?) • Has there been a change in attitude or behaviour in senior management over time?
<p>Establish Healthy Workplace Committee Workplace healthy planning should be undertaken in partnership with the workforce. Employees from all levels of staff should be actively engaged in the health and management aspects of the program as well as all on-going processes of any workplace health initiative.</p>	<ul style="list-style-type: none"> • Formative - planning • Process 	<ul style="list-style-type: none"> • Develop program logic models • Pre-test program materials • How many meetings have been held? • How well is the committee functioning?
<p>Conduct Situational Assessment Assessing and understanding employee needs and preferences is an essential part of the process. If a workplace health promotion program is going to be successful, it has to reflect what employees consider important.</p>	<ul style="list-style-type: none"> • Formative - needs assessment 	<ul style="list-style-type: none"> • Informal meetings with employees, management, unions, etc. • Suggestion Box for employees to give their ideas (real or electronic) • Employee Survey/Questionnaire
<p>Develop Healthy Workplace Plan: The workplan outlines the program objectives, activities, and evaluation methods that will be undertaken in each year or phase of the plan. Developing a plan for activities is key to successful initiatives. The program workplan needs to be revisited regularly to check on progress and to make any necessary modifications.</p>	<ul style="list-style-type: none"> • Formative 	<ul style="list-style-type: none"> • Develop program logic model based on needs assessment results
<p>Implement Plan The detailed plan should guide the implementation in terms of timing, content, strategies, monitoring and evaluation. An important step in this stage is to communicate, promote the programs and initiatives, and receive and respond to feedback.</p>	<ul style="list-style-type: none"> • Process (most useful for programs within their first year or two of implementation) 	<ul style="list-style-type: none"> • Track and report on your program • Examine how the program is operating • Seek to answer the question, "What services are actually being delivered and to who?"
<p>Generate Evaluation Report Generate an evaluation that monitors and evaluates CWHP efforts in terms of short, medium, and long-term changes.</p>	<ul style="list-style-type: none"> • Summative (determines if your project met its stated goals and objectives. Usually conducted on mature projects that have been operating smoothly for a few years) 	<ul style="list-style-type: none"> • Outcome (what has occurred as a result of your program) • Impact (what changes occurred as a result of those outcomes) • Cost Benefit (evaluation program in terms of costs) • Cost Effectiveness (benefits expressed not in monetary terms, but in terms of impact benefits)

Table 5 Evaluation Options Based on Available Resources

Type of Evaluation	Minimal Resources	Modest Resources
Formative	<ul style="list-style-type: none"> Literature review Face validity for resources Readability test Logic model (see explanation on page?) Record keeping of program activities (paper) Diary Evaluability assessment 	<ul style="list-style-type: none"> Pre-test materials Focus groups (not sophisticated) Intercept interviews Forum - needs assessment Survey of experts Computerized record keeping Standardized data collection quantified Knowledge, attitudes, beliefs and behaviour studies (KABB) Pre/post measures
Process	<ul style="list-style-type: none"> Description of outcomes (what was achieved) Description of impact (changes over time) 	<ul style="list-style-type: none"> Public survey (survey of perceptions, survey of self-reported behaviour) Substantial resources
Outcome: Short-term objective		<ul style="list-style-type: none"> Focus groups Individual in-depth interviews Community needs assessment (survey) Management audit External view (retrospective)
Outcome: Long-term objective		<ul style="list-style-type: none"> Comparison group Pre/post measures (measure of behaviour or health status)

Logic Models

A logic model is one way to provide a succinct, visual depiction of how your project activities are linked to your expected outcomes. A logic model is like a road map: it illustrates the linkages between your project activities (in each component of your project), the intended target group(s), the outputs you expect to produce, and your intended outcomes (short-term, intermediate, and long-term).¹¹

Your logic model should be as brief as possible (ideally, only one page) and it may flow either vertically from top to bottom, or horizontally from left to right. For more information on developing logic models, see:

- THCU Logic Model Workbooks at www.thcu.ca
- Public Health Research, Education and Development (PHRED). *A Blueprint for Public Health Management: A Program Evaluation Tool Kit* at www.phred-redsp.on.ca

¹¹. Health Canada. (2003). *Prevention, Cessation and Education Activities under the Federal Tobacco Control Strategy: Project Evaluation Guidelines*.

The sample logic model below is an example of a summary CWHP program, which would be developed based on the results of a comprehensive employee and organizational needs assessment. Logic models for specific workplace health promotion programs would likely require more detail.

Figure 2 Sample Logic Model

Elements	Voluntary Health Practices	Occupational Health and Safety	Organizational Change Activities
Key Activities	<ul style="list-style-type: none"> • Implement a risk factor assessment • Healthy living programs to address the key risk factors in the development of adult onset diabetes (e.g., physical activity and obesity) 	<ul style="list-style-type: none"> • Implement a health and safety audit • Employee ergonomic workshops and individual consultations • Managers and supervisors increase budget to support employee ergonomic needs 	<ul style="list-style-type: none"> • Implement an employee needs survey • Management training on employee psycho-social needs and supports (e.g., Neighbour@Work project)
Target Groups	Employees and managers	Employees	Managers and Employees
Outputs	50% of employees participate in at least one healthy living initiative	80% of employees with expressed ergonomic concerns attend a workshop and/or receive a consultation	80% of managers and supervisors participate in training sessions
Short-term Objectives	Employees and managers who participate in programs: <ul style="list-style-type: none"> • Express satisfaction 	Employees who receive training and/or consultation: <ul style="list-style-type: none"> • Express satisfaction • Adjust workstations/offices accordingly • Receive manager/supervisor support for ergonomic changes 	Managers and supervisors who receive training: <ul style="list-style-type: none"> • Express satisfaction with training • Incorporate training information into their own performance measurement
Long-term Objectives	Increased employee participation in healthy living programs by 20% in 3 years	Decreased ergonomic related injuries by 20% in 3 years	Employees describe positive change in their working environment (as compared to baseline survey)
Overall Goal	To improve employee health, job satisfaction and productivity as seen by decreased absenteeism by 5% in three years, and improved satisfaction on employee surveys.		

In developing timelines for indicators of success you need to be realistic, as changes in employee health and productivity will not happen overnight. Although there is no ‘proven’ timeline for change, here are some guidelines from experts in the field who have had experience implementing workplace health promotion programs.¹²

Years	Potential Results
1	Awareness, Participation, Morale
2	Behaviour change, Commitment, Absenteeism
3	Risk factor reduction
4	Organizational changes in culture of the workplace
8++	Reduced incidence of chronic diseases related to the changes undertaken

Remember to keep your goals and objectives SMART¹³ – that is, objectives that are Specific, Measurable, Acceptable, Realistic, and Timely.

Building Support for Your Evaluation¹⁴

One of the key challenges faced in workplace evaluations involves getting support or ‘buy-in’ for the evaluation. In many cases, evaluations often lack critical support for the following reasons:

- Lack of interest among stakeholders;
- Evaluation is not a priority;
- Evaluation is not a mandated requirement;
- Lack of skills and capacity to conduct evaluation;
- Inherent fear of evaluation (fear of bad news, fear of change, fear of being judged personally);
- The feeling that nothing changed as a result of past evaluations (so why bother?);
- Lack of resources to implement evaluation or other competing priorities for resources; and
- Evaluation is viewed as a ‘big thing’ at the end of a program rather than a series of small activities over the course of a program.

¹² McKeown, G. (2004). *Excellerating - NQI PEP: Healthy Workplace Implementation Workshop Manual*. National Quality Institute (NQI): Toronto. 59.

¹³ See PHRED, *A Blueprint for Public Health Management – A Program Evaluation Toolkit* for more information on developing SMART plans.

¹⁴ Adapted from Health Canada. *Program Evaluation Manual: Key Issues and Strategies for Evaluating Your Workplace Health Promotion Program*.

Here are some suggestions for building support for an evaluation among key stakeholders in the workplace:

- Create a 'milestone chart' documenting program achievements and successes as a way of maintaining motivation and interest in the evaluation.
- Establish and maintain clear, ongoing channels of communication about evaluation activities.
- Pick something easy to start with that will turn out well; promote this to demonstrate the value of evaluation.
- Provide evaluation training and capacity building activities that help participants to develop skills in areas of interest to them.
- Encourage embracing a broad perspective regarding evaluation; keep in mind that positive results are sometimes invisible without evaluation.

RESOURCES AND SUPPORTS

The Health Communication Unit (THCU)

THCU has a number of useful health promotion evaluation resources on their website at www.thcu.ca. For example:

- Evaluating health promotion programs PDF workbook
- Conducting survey research PDF workbook
- Conducting focus groups PDF workbook
- Logic model development PDF workbook

THCU's Comprehensive Workplace Health Promotion project has also launched a *Virtual Community* - a place where you can share your insights, opinions and resources relating to supporting comprehensive workplace health promotion initiatives. The Virtual Community is intended for workplace health promotion intermediaries in Ontario. To submit a story, a question, or to read what others are saying, log on to www.thcu.ca/workplace/vc.

National Quality Institute (NQi)

The National Quality Institute (NQi) is a not-for-profit organization that provides strategic focus and direction for Canadian organizations to achieve excellence, enabling Canada to set the standard for quality and healthy workplace practices throughout the world. NQi, in partnership with Health Canada, has developed the Canadian Health Workplace Criteria. NQi offers many valuable reports and timely articles on its website as well as the opportunity for a variety of education and training programs. NQi also supports several websites that house a number of healthy workplace evaluation resources.

- Canadian Healthy Workplace Resource (HWR) Guide at www.nqi.ca/hwr
- Resource Well www.nqi.ca/chww/well

Workplace Health Strategies Bureau of Health Canada

Health Canada supports the creation of safe, healthy, and supportive work environments as part of its efforts to improve the health of Canadians and their families. The Workplace Health Strategies Bureau has evaluation resources on their website that were developed to support the workplace health system and which are still relevant to CWHP today.

See www.hc-sc.gc.ca/hecs-sesc/workplace/publications.htm

The American Journal of Health Promotion (AJHP)

AJHP is an example of a peer-reviewed journal that devotes a substantial number of its articles and published studies to workplace health promotion. Their website also hosts a searchable database of studies and published articles. For more information, log on to

<http://www.healthpromotionjournal.com/index.html>

REFERENCES

- Amos, S. (2003). Material and presentations as National Manager of Workplace Wellbeing, Human Resources Development Canada in collaboration with Dr. Martin Shain.
- Bachmann, K. (October 2002). *Health Promotion Programs at Work: A Frivolous Cost or a Sound Investment?* The Conference Board of Canada: Ottawa.
- Chenoweth, D. (2001) "Decision points around evaluation." *AWHP's Worksite Health*: 8 (2), 8-22.
- Duxbury, L. *Work-life Balance in Ontario: A Status Report*. Presentation. Retrieved 2004 at www.worklifesummit.com.
- Health Canada. *Program Evaluation Manual: Key Issues and Strategies for Evaluating Your Workplace Health Promotion Program*. Retrieved 2004 at <http://www.hc-sc.gc.ca/hecs-sesc/workplace/publications/manual.htm>.
- Health Canada. (2003). *Prevention, Cessation and Education Activities under the Federal Tobacco Control Strategy: Project Evaluation Guidelines*. Available by contacting the Tobacco Control office in Ottawa.
- Health Canada. *Literature Review: Evaluation of Workplace Health Promotion Programs*. Retrieved 2004 at <http://www.hc-sc.gc.ca/hecs-sesc/workplace/publications/review.htm>.
- Institute for Work and Health. *What Gets Measured Gets Done - The Healthy Workplace Balance Scorecard*. Special Report - Winter 2000. Retrieved 2003 at www.iwh.on.ca.
- McKeown, G. (2004). *Excellerating - NQI PEP: Healthy Workplace Implementation Workshop Manual*. National Quality Institute (NQI): Toronto.
- National Quality Institute. (2000). *Framework for the Development of a Healthy Workplace*. Available at www.nqi.ca.
- National Quality Institute. (2000). *Canadian Healthy Workplace Criteria*. Available at www.nqi.ca.
- Public Health Research, Education and Development (PHRED). *A Blueprint for Public Health Management – A Program Evaluation Tool Kit*. Public Health Branch Ministry of Health. Available from http://www.phred-redsp.on.ca/pubs_library/reports.html#Ottawa.
- Shain, M., & Suurvali, H. (April 2001). *Investing in comprehensive workplace health promotion: A review for the pursuit of organizational excellence*. National Quality Institute (NQI): Toronto. Available at www.nqi.ca.
- The Health Communication Unit (THCU). (July 2004). *An Introduction to Comprehensive Workplace Health Promotion*. Retrieved at www.thcu.ca.
- The Health Communication Unit (THCU). (March 2003). *Supporting Comprehensive Workplace Health Promotion in Ontario Project: Conditions for Successful Workplace Health Promotion Initiatives. Conceptual Approach*. Retrieved at www.thcu.ca.
- The Health Communication Unit (THCU). (March 2003). *Supporting Comprehensive Workplace Health Promotion in Ontario Project: Conceptual Approach*. Retrieved at www.thcu.ca.

The Health Communication Unit (THCU). (March 2003). *Supporting Comprehensive Workplace Health Promotion in Ontario Project: Effectiveness of Workplace Health Promotion*. Retrieved at www.thcu.ca.

The Health Communication Unit (THCU). (April 2002). *Supporting Comprehensive Workplace Health Promotion in Ontario Project: Stakeholder Analysis*. Retrieved at www.thcu.ca.

The Health Communication Unit (THCU). (October 2002). *Evaluating Health Promotion Programs*. Retrieved at www.thcu.ca.

APPENDICES

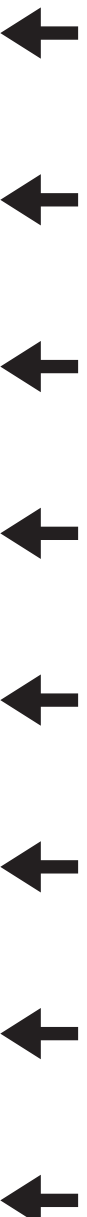
Appendix A: CWHP Planning Framework

Appendix B: Guiding Principles for Program evaluation in Ontario Health Units

Appendix A: CWHP Planning Framework

Comprehensive Workplace Health Promotion Planning Framework

Workplace Program Management



<p>Internal Project Management →</p>	<p>Element 1 Obtain Management Support</p> <p>Components</p> <ul style="list-style-type: none"> • Business Case 	<p>Element 2 Establish Healthy Workplace Committee</p> <p>Components</p> <ul style="list-style-type: none"> • Strategic Recruitment • Terms of Reference • Leadership 	<p>Element 3 Conduct Situational Assessment</p> <p>Components</p> <ul style="list-style-type: none"> • Environmental Scan • Needs & Risk Assessment • Organizational Change Survey 	<p>Element 4 Develop Healthy Workplace Plan</p> <p>Components</p> <ul style="list-style-type: none"> • Vision • Mission • Values • Goals • Strategies • Key Audiences • Sustainability 	<p>Element 5 Develop Program & Evaluation Plan</p> <p>Components</p> <ul style="list-style-type: none"> • Objectives • Programs/Activities • awareness • education & skill building • supportive environments • policies • Indicators • Evaluation • Methodology • Resources • Timeline • Responsibilities 	<p>Element 6 Obtain Management Support</p> <p>Components</p> <ul style="list-style-type: none"> • Plans • Presentation • Evidence 	<p>Element 7 Implement Plan</p> <p>Components</p> <ul style="list-style-type: none"> • Communication & Marketing • Capacity Building • Events • Interpersonal Activities • Monitoring • Conduct Evaluation • process • outcome • impact • economic 	<p>Element 8 Generate Evaluation Report</p> <p>Components</p> <ul style="list-style-type: none"> • Key Result Areas • Indicators • Results • Implications • Recommendations
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Implementation Evaluation

Appendix B: Guiding Principles for Program evaluation in Ontario Health Units¹⁵

The Guiding Principles for Program Evaluation in Ontario Health Units provide a framework for strengthening the evaluation of public health programs. The Principles outline when, how, and why evaluations should be conducted and who should be involved. Evaluation activities in Ontario health units should be based on the ideals represented in the Principles.

Definitions

- A principle is defined as a general law which guides action.
- A program is defined as a series of activities supported by a group of resources intended to achieve specific outcomes among particular target groups.
- Program evaluation is the systematic collection, analysis and reporting of information about a program to assist in decision-making.
- Stakeholders are individuals and groups (both internal and external) who have an interest in the evaluation, that is, they are involved in or affected by the evaluation. Stakeholders may include program staff or volunteers, program participants, other community members, decision-makers, and funding agencies.

Explicit Purpose for Identified Need

- The purpose of any evaluation should be explicit and based on identified decision-making needs.

Specific Evaluation Questions

- Evaluation questions should be specific and clear.
- Evaluation questions should be based on the need to answer key management questions.
- The developmental stage of a program, its complexity and the reason for evaluating should be considered in formulating evaluation questions.
- Evaluation questions directly reflect a program's process and/or outcome objectives.

Ethical Conduct

- Members of the evaluation team should consider the ethical implications of program evaluation to ensure the rights of participants in the evaluation are respected and protected.

¹⁵ Excerpt from Public Health Research, Education and Development (PHRED). *A Blueprint for Public Health Management-A Program Evaluation Tool Kit*. Appendix A.

Systematic Methods

- The evaluation questions should drive the evaluation methods utilized.
- A review of the literature and a scan of evaluation activity in relevant program areas in other health units should be carried out at the outset of the evaluation.
- New data should not be collected if existing information can adequately answer evaluation questions.
- The most rigorous evaluation methods should be used given time and resource limitations.
- Evaluation should employ information (quantitative or qualitative or both) gathered from a variety of sources with varying perspectives.

Clear and Accurate Reporting

- Evaluation reports should include a description of the program and its context, the purpose of the evaluation, information sources, methods of data analysis, as well as findings and limitations.
- Evaluation reports should be presented in a clear, complete, accurate, and objective manner.

Timely and Widespread Dissemination

- The dissemination of evaluation findings to stakeholders should be timely.
- Evaluation findings should be shared with other Ontario health units when appropriate.

Multidisciplinary Team Approach

- The evaluation team should include a variety of people who have adequate knowledge of the program, its participants, and program evaluation.
- Responsibilities should be agreed upon at the beginning of the evaluation. One person should be responsible for the overall management of the evaluation.
- The evaluation team should seek technical advice, support, and/or training, when necessary.
- Members of the evaluation team should continuously work toward improving their program evaluation skills; team members with evaluation expertise should support this learning.

Stakeholder Involvement

- Stakeholders should be consulted and, if appropriate, involved directly, throughout the evaluation process, within time and resource limitations.
- Stakeholders' interests, expectations, priorities, and commitment to involvement should be assessed at the outset of the evaluation.
- Communication among stakeholders should be honest and open.
- Evaluation should be sensitive to the social and cultural environment of the program and its stakeholders.

Utilization of Evaluation Findings

- Program managers should formulate an action plan in response to evaluation findings.
- Evaluation findings should be used to support decision-making.

YOUR FEEDBACK

Please take some time after using some or all of this workshop presentation and facilitator's guide and let us know how useful it has been. Any and all suggestions are welcome.

Date evaluation completed: _____

About yourself

Name: _____

Organization: _____

Address and Contact information:

Your role in Comprehensive Workplace Health Promotion:

- Public Health Professional
- Health Promoter with a government or volunteer agency, non-governmental organizations or community health centres
- Representative of an organization of professionals that provide health and/or safety services
- Employee of this organization with direct responsibilities for workplace health
e.g. occupational health nurse, human resource professional
- Union or employee group representative within this organization
- Member of this organization's workplace health committee
- Owner/senior manager within this organization
- Other: _____

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1. Where did you obtain a copy of this material?

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2. Were you familiar with the THCU Comprehensive Workplace Health Project before receiving a copy of this Info-pack?

___ Yes

___ No

3. Please indicate how you used the information provided in this material:

4. Overall, how useful was the information provided in this Info-pack? (Please circle)

1	2	3	4	5
Not useful at all		Somewhat useful		Very useful

5. How did you like the design (layout, graphics) of this Info-pack? (please circle)

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Not at all		Somewhat		Very much

6. Please tell us how useful you feel each section of the Info-pack will be for you.

a. "Conceptual Approach"

1	2	3	4	5
Not useful at all		Somewhat useful		Very useful

b. "Evaluation Overview"

1	2	3	4	5
Not useful at all		Somewhat useful		Very useful

c. "Developing your CWHP Evaluation

1	2	3	4	5
Not useful at all		Somewhat useful		Very useful

d. "Resources and Supports"

1	2	3	4	5
Not useful at all		Somewhat useful		Very useful

e. "Appendices"

1	2	3	4	5
Not useful at all		Somewhat useful		Very useful

7. What else would you have liked to see included in this Info-pack?

8. Do you have any other comments or suggestions for improvement?

Thank you

Please fax your completed form to THCU at (416) 971-2443