



Workplace Health Improvement Pilot Project: FOLLOW-UP EVALUATION REPORT



Workplace Health Improvement Pilot Project: *Follow-Up Evaluation Report*

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January 2015

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Executive Summary

Introduction

Background

With a focus on prevention, the Alberta Health Services (AHS) Workplace Health Team developed and piloted the Workplace Health Improvement Project (WHIP)¹, to address the needs of industry and improve the health of workers in Alberta. Funded by the Alberta Cancer Prevention Legacy Fund (ACPLF), the ultimate goal of the WHIP pilot was to contribute to the prevention of cancer and chronic disease in Alberta's workforce by supporting employer efforts to create a healthy workplace. The Workplace Health Team provided tools and consultation to assist employers in their efforts towards workplace health programs and initiatives.

The WHIP pilot used a focused approach to workplace health promotion by using a five-step process including:

1. Assessment
2. Planning
3. Implementation
4. Evaluation
5. Re-assessment

This process assisted workplaces in Alberta to adopt evidence-based health promotion practices to prevent and/or manage cancer and chronic disease risks amongst their employees.

The overall purpose of the pilot project was two-fold:

1. To provide criteria and standards that can be used to assess participating organizations' health-related policies and programs.
2. To provide a set of actions and evidence-based programs that participating organizations could use to enhance their workplace health programs.

This approach was designed to identify and recommend evidence-informed and best/promising practices in workplace health programs, and the approach also provided support towards the development and implementation of the workplace health strategies, programs and activities.

¹ The original project was titled "Workplace Health Improvement Project" (WHIP) in the ACPLF charter and documents. However, throughout this report the WHIP may also be referred to as the Workplace Health Improvement Pilot Project

The purpose of this evaluation was to conduct a follow-up with the participating pilot companies regarding current progress, sustainability, and support needs in the one year following the pilot project. Increased understanding of company needs will assist the Workplace Health Team as they move forward with future AHS Workplace Health program development.

Evaluation Overview

The evaluation objectives are:

1. To assess the effectiveness of the strategies, processes, and supports used to implement workplace health initiatives that were identified in the sites' action plan developed during the pilot project.
2. To assess the ability of each pilot site to access appropriate programs and services provided by AHS as well as programs and services offered external to AHS.
3. To assess the effectiveness of initiatives at enhancing employee participation in workplace health programs and promoting a healthy workplace culture.
4. To assess the pilot sites' overall experience without direct hands-on support from the Workplace Health Team in the year following the end of the pilot project.

Scope of this report

This evaluation was conducted to address the objectives listed above. Obtaining measurable changes in a company's workplace health profile will require a longer follow-up period than one year after the pilot. Consequently, this evaluation will not report on changes in pilot organizations' workplace health status.

Methodology

This evaluation adopted a qualitative approach to answer the questions posed in the follow-up evaluation framework. Interview participants were identified by the Workplace Health Team and selected for the interviews based on previous participation in the pilot project and evaluation. Seven individuals, representing a total of six companies, participated in the follow-up interviews. A member of the evaluation team conducted the interviews during the month of August 2013.

Key Findings

Implementation and participation

The evaluation findings suggest each site experienced a variety of challenges with regards to implementation of their action plans. Despite these limitations, participants indicated that the health initiatives implemented were generally successful and showed an increase in employee participation.

Access to programs and services

Participants noted an overall positive experience regarding access to Alberta Health Services programs and services. Although AHS programs are readily available to assist with specific needs, participant companies lacked awareness of the extent of services they could draw on for support. The Workplace Health Team was perceived by participants as essential for facilitating the process and assisting companies to access the appropriate services. In addition, some sites sought services outside of AHS to support their health programs.

Post-pilot experience

Overall, companies continued with their health initiatives in the year following the pilot project. This was partly due to the ongoing support received post-pilot through email and telephone communication with the Workplace Health Team members and the resources originally provided during the pilot. However, companies' post-pilot experiences suggested various support gaps at their sites in the year following the pilot, due to insufficient human and financial resources to sustain the efforts.

Interviewees reported the need for assistance in accessing and using the various tools provided to them from the Workplace Health Team. Additionally, interviewees indicated the need to ensure senior leadership buy-in for the Workplace Health Improvement Program. Several interviewees described the potential value of the Workplace Health Team as workplace health facilitators, liaisons, and content experts in promoting workplace health to both their employees and senior leadership.

Recommendations

Based on the findings, the following are recommended to assist the Workplace Health Team as they move forward with future program development.

Role of the Workplace Health Team

- *Recommendation 1:* Moving ahead, consider continuing the Workplace Health Team's role to support new companies to assess and develop action plans for workplace health programs and activities.
- *Recommendation 2:* Promote the Workplace Health Team as a key point of contact for connecting companies with the appropriate resources, programs, and services.
- *Recommendation 3:* Consider increasing the team's advocacy role in promoting workplace health to the senior leadership of external companies and explore ways to share expertise on workplace health concepts to both their employees and senior leadership.

Resources and tools

- *Recommendation 4:* Revise the tools to a simplified, user-friendly format to maximize independent participant use.
- *Recommendation 5:* Consider developing an online AHS program and service directory, including access to workplace related resources.

Networking opportunities

- *Recommendation 6:* Consider developing a directory comprised of companies establishing workplace health programs in order to facilitate networking and shared learnings between companies.
- *Recommendation 7:* Explore ways to assist networking opportunities among Alberta companies. This could include developing a network among company or organizational workplace health designates and professionals. Such collaborations may provide independent networking and problem-solving opportunities for companies.

Conclusions

This evaluation aimed to examine pilot companies' support needs, overall progress and the sustainability of their workplace health programs and activities in the year following the Workplace Health Improvement Pilot Project. Findings from this evaluation suggest that, while the participating companies continued to implement previously developed action plans, many struggled with insufficient human resources and a lack of financial support. As a result, several companies relied on the supports and resources provided by AHS programs to continue implementation.

In addition, the majority of interviewees credited their progress to the initial support provided by the Workplace Health Team. Overall, the Workplace Health Team's involvement was highly valued in starting workplace health initiatives during the pilot and contributed to some continued success in the year following the pilot. Due to the team's support, companies were made aware of and connected with appropriate AHS programs and resources that enabled them to continue implementation of their workplace health promotion strategies and activities.

Introduction

Background and project overview

Current research suggests that nearly 70% of the Alberta population between the ages of 15 and 64 are in the workforce and spend a large percentage of their waking hours at work². Due to the amount of time spent at the workplace, one's place of employment can be a key public health prevention setting. Workplaces have the infrastructure to provide a support network to promote healthy lifestyles and influence modifiable risk factors for chronic diseases. In addition, employee health is associated with increased productivity, reduced absenteeism, and improved job satisfaction and job retention. Therefore, assisting employer efforts to plan, implement, and evaluate workplace health programs and services remains a key population level opportunity to improve the health and well-being of Albertans.

The Workplace Health Improvement Project (WHIP)

From May 2011 to June 2012, a pilot project took place to test the WHIP process and resources. The pilot was launched at six companies in Alberta: Alberta Oil Tool, PepsiCo, Standen's Limited, Triple M Housing Ltd, Southern Alberta Institute of Technology (SAIT) and the University of Lethbridge. Companies were originally recruited with support from the Alberta Association for Safety Partnerships (AASP) and the Manufacturers' Health & Safety Association (MHSA). The participating companies were located in Calgary, Edmonton, Taber and Lethbridge and they represented a cross-section of industries such as oil and gas, steel manufacturing, modular housing, food production, and post secondary education. The Workplace Health Team provided tools and consultation to assist employers in planning, implementing, and evaluating effective workplace health programs and initiatives. Funded by the Alberta Cancer Prevention Legacy Fund (ACPLF), the ultimate goal of the WHIP pilot was to contribute to the prevention of cancer and chronic disease in Alberta's workforce by supporting employer efforts to create a healthy workplace.

The purpose of this follow-up evaluation was to assess progress and support needs in the year following the pilot. These findings will help to increase the understanding of the needs of Alberta companies, and ultimately assist the Workplace Health Team as they move forward with program planning and development.

² Statistics Canada. *Table 282-0002 - Labour force survey estimates (LFS), by age group, annual*, CANSIM (database). Retrieved online July 10, 2013. http://www4.hrsdc.gc.ca/.3ndic.1t.4r@-eng.jsp?iid=13#M_10

Evaluation Overview

The overarching purpose of this follow-up evaluation was to assess progress on the following two elements:

1. The outcomes of the WHIP logic model. This includes strategic plan development, implementation, access to services, employee participation and organizational culture (see Appendix 1 for detailed outcomes for this evaluation, outlined in gray) and
2. The continuing progress of the pilot sites' health promotion action plans.

The following broad evaluation objectives guide the evaluation of the Workplace Health Improvement Pilot Project Follow-up:

1. To assess the effectiveness of the strategies, processes, and supports used to implement workplace health initiatives that were identified in the sites' action plan developed during the pilot project.
2. To assess the ability of each pilot site to access appropriate programs and services provided by (AHS) as well as, programs and services offered external to AHS.
3. To assess the effectiveness of initiatives at increasing employee participation in workplace health and promoting a healthy workplace culture.
4. To assess the pilot sites' overall experience without direct hands-on support from the Workplace Health Team in the year following the end of the pilot project.

Scope of this report

This evaluation was conducted to address the objectives listed above. The report does not include an assessment of the actual workplace health programs within each company, but rather an assessment of self-reported current status and desired support needs.

Methodology

This evaluation adopted a qualitative approach to answer the questions posed in the follow-up evaluation framework. In order to gather in-depth data from the pilot sites involved in the project, qualitative data collection took place through participant interviews.

Data collection tool

An interview guide was developed and tailored to the pilot site interview participants (see Appendix 2). This guide included a series of questions to assess participants' overall perspectives on the current status of their company's health initiatives in the one year following the pilot project, and to identify if any changes should be made to improve the supports provided by the Workplace Health team. The questions addressed areas such as current workplace health initiatives; access to services and programs; perceived effectiveness of initiatives and overall experience in the year following completion of the pilot; and the shift from direct hands-on support from the Workplace Health Team.

Selection of respondents

Individuals from the sites that participated in the WHIP pilot were contacted for an interview for the follow-up evaluation and all six companies chose to participate. The questions were designed to be answered by the individual (or individuals) who worked the closest with the Workplace Health team during the pilot period and continued their role in the year following the pilot. Overall, a total of 8 individuals were identified for the interviews, however, one individual was unavailable to be interviewed. As a result, a total of 7 interviews took place³.

Data collection

The interviews for the six pilot companies took place within a three week time frame during the month of August 2013 and all interviews were conducted by one individual on the evaluation team. Data collection took place through telephone interviews that were approximately 30 to 60 minutes in duration. In addition to the interviews, the WHIP files were also reviewed to obtain supplementary background information on the project and profiles of the pilot companies.

Data analysis

All of the interviews were recorded and then transcribed for qualitative data analysis. The responses were coded and the data was examined closely to identify themes (and relationships among themes) relevant to the evaluation objectives.

³ Eight individuals were originally contacted. The participant who could not be interviewed represented a site with two potential interviewees. Therefore, all of the 6 original pilot sites were represented in the 7 follow-up evaluation interviews.

Evaluation Findings

Organization of the findings

The findings are organized based on the primary themes that emerged from the data. Each key theme is addressed under a corresponding evaluation objective.

Participant characteristics

All pilot sites that completed the WHIP pilot were contacted for an interview for the follow-up evaluation and all six companies chose to participate. A total of 8 individuals were invited to be interviewed and 7 were able to participate. The majority of companies were located in southern Alberta.

The pilot sites were initially chosen for participation in the WHIP based on the following set of criteria:

1. Member of one of the 13 Certifying Partners (CP)
2. Based in Alberta (could have subsidiaries out of province, but the actual pilot site had to be in Alberta)
3. Submit an expression of interest to participate in the pilot
4. Leaders and managers within the company must be in support of implementing the WHIP within the company
5. Show motivation to participate

Objective 1 Findings: Implementation strategies, processes, and supports

Each company involved in the original WHIP developed an action plan during the course of the pilot; a primary aim of the follow-up evaluation is to investigate each company's progress in regards to the strategies, processes, and supports in place for action plan implementation within the past year. These findings are summarized below.

Health priorities and strategies

Most participants were able to articulate their company's overall health priorities. However, some interviewees struggled to define the specific health priorities that had previously been outlined in their action plan. Although each company developed an action plan based on different health priorities, the most frequently cited priority areas included mental health, addictions, and tobacco reduction.

Strategies used to implement the action plans included large events such as health fairs, lunch hour guest lectures for staff, employee surveys, offering 'Quit Kits' to staff for smoking cessation assistance, and ongoing leadership support.

Supports

The internal support companies received for implementing an action plan influenced each site's ability to affect health changes in the workplace. Interviewees reported minimal financial support from their company leadership for workplace health promotion initiatives (n=3). As well, participants reported insufficient human resource or staff support (n=2); however, one site hired a part-time temporary staff member and another site hired a permanent full-time staff member dedicated to workplace health.

Despite limitations of financial and, in some cases, human resource support, leadership support was evident at most sites. The majority of participants reported leadership support for workplace health initiatives. Participants indicated that supervisors and managers actively passed on key information regarding health events and/or demonstrated support publically. One participant noted:

"We had visible senior leadership support – attendance at events, opening remarks, and videos. So [we had] significant senior leadership support."

Not all companies maintained or increased the level of support. One site in particular incurred a loss of leadership support due to the departure of a key senior staff member. The participant stated that due to the loss of leadership staff "there is no active top down direction." The interviewee commented that this change impeded the company's ability to move forward with health promotion initiatives as there was insufficient support and direction.

WHIP tools and templates

A key component of the initial pilot included providing companies with tools and templates for the purpose of assisting with the assessment, action plan development, planning, evaluation, and re-assessment.

In addition to the tools and templates, the Workplace Health team developed and provided a Workplace Health Resource Toolkit to participant sites following the end of the pilot. The toolkit provided information on legislation; evidence/best and promising practices; provincial/national/international programs and resources; and examples of programs for different cancer and chronic disease risk factors (addictions, tobacco reduction, healthy eating, etc). A Pilot Summary Report detailing the specific activities of each site and a full Project Evaluation Report were provided to participating workplaces.

Overall, participants utilized the tools, however several expressed difficulty with ongoing use of some of the tools.

Interview participants were asked if the resources were of value to their site. The majority of interviewees reported continued use of some of the tools, templates, and resources. Three sites continued to use the Assessment Tool. Comments from these sites included:

“I am not crazy about it [the assessment tool], but I like the process...we picked what we liked and what we thought would work best in our culture with the resources we have. We know it’s there and we may go back and revisit it, but certainly we have used a number of the tools that were part of the program and continue to use them.”

“We are utilizing that as a guideline for doing assessments in all of our workplaces.”

One site discontinued use of the Assessment Tool and described it as too complicated to be useful. This participant placed little value on the provision of tools, and expressed that these resources could easily be accessed on the Internet.

The Workplace Health Resource Toolkit was noted as highly valuable according to three of the participating sites. One participant commented “the toolkit...is quite valuable because it offers a bunch of suggestions on different ideas for how to accomplish things or different places to look for information.” Furthermore, two of the participants perceived the individual Pilot Site Summary Report as the most helpful resource.

Participants did not specifically comment on their use of the WHIP Final Evaluation Report or other tools and templates provided during the pilot project to those noted above. However, one interviewee commented that they shared the WHIP tools with other companies and sites.

It is worth noting that one of the sites reported a lack of internal human resource support as a rationale for discontinued use of all WHIP tools and templates commenting “there is no one focusing on this with enough time.”

Additional programs, services, tools and resources

The project team anticipated that some of the participating companies would incorporate additional tools and resources to carry out their health and wellness initiatives. As expected, some reported utilization of tools and resources other than those provided by the Workplace Health Team which are listed below:

- Resources provided by other AHS programs
- Premier’s Healthy Workplace Award
- WELCOA (Wellness Council of America)
- Resources from parent or partner companies “further along in their wellness journey”
- Resources developed “in-house”

Although several interviewees noted the use of additional resources, one individual expressed that the company was not yet at a place in their wellness initiatives to draw on additional resources, commenting “we are not that far along.”

Overall, the additional tools and resources utilized by participants enhanced the capacity of some sites to carry out workplace health and wellness initiatives. However, interviewees noted challenges and limitations regarding the tools; this included tool complexity and the need for significant, dedicated staffing resources to use them.

Most pilot sites did not access programs, services or tools outside of AHS. However, one site used an internal tool from within their group of companies. Although some sites expressed intention to utilize additional programs and services, pilot sites as a whole have not accessed external services to date.

Factors assisting implementation

Each site demonstrated various levels of health initiative implementation. Participants reported factors they perceived to assist in the implementation of the workplace health initiatives and programs at their site. Below are the key elements that facilitated implementation⁴:

- Supports from AHS programs (time commitment from program staff such as weekly visits and provision of resources during the pilot) (n=4)

⁴ Several participants indicated more than one response. Therefore, (n) represents the number of responses indicated for each category.

- Efforts of the Workplace Health Team to enhance the sites' motivation and confidence, both during and after the pilot (n=2)
- Supports from staff members and human resources team (n=1)
- Senior leadership commitment (n=1)
- Awareness of the program among employees (n=1)

Implementation challenges

Despite varying degrees of success in the implementation of action plans, all participants were able to articulate particular challenges they faced in the year following the pilot. Below are the key factors participants noted that impeded action plan implementation:

- Difficulty gaining employee interest and participation (n=3)
- Financial constraints (n=3)
- Staffing resource constraints (n=2)
- Change in direction from leadership (n=1)
- Organizational limitations (accommodating union laws, shift work) (n=1)
- Lack of clarity on health concepts and on the goals of events (n=1)

Desired supports

In order for the Workplace Health Program to better understand how to meet the needs of industry, it was important to investigate the aspects of support that participants perceived were missing. When asked what support would be valuable in the future, participants recommended the following:

- Increasing human resources support: Many noted a lack of time to focus on health initiatives and programs due to insufficient human resources support. For several interview respondents, implementing health initiatives was only part of their role, and other work responsibilities often took precedence.
- Increasing financial support.
- Incorporating the Workplace Health Team as workplace health advocates (to their senior management).
- Assistance interpreting tools and templates. For example, one participant commented:

“One big thing I wanted was tracking and evaluating and they did make a template but it was just too complicated and detailed and I was so busy at the time....these other things [programs and services provided by other groups such as programs offered by AHS] were just so much more attractive and easier to get started on.”
- Creating a directory of other pilot sites for the purpose of knowledge transfer and exchange.

Ability to meet action plan timelines

The majority of respondents did not view their progress in terms of six months to a year, and one year to two years, as outlined in their action plans. Perceptions of progress in terms of specified timelines did not resonate with most respondents, as most sites did not follow specific timelines. However, most felt pride in their ability to maintain their programs to some extent in the year following the pilot.

Objective 2 Findings: Access to AHS programs and services

All participants noted a positive experience with AHS programs and services. Interviewees reported that they were able to access the necessary programs and services without difficulty.

The primary services accessed within AHS included:

- Mental Health⁵ and Addictions
- Tobacco Reduction
- Active Living and Nutrition

The primary services accessed outside of AHS included:

- Mental Health First Aid (MHFA)
- City of Lethbridge EAP (Employee Assistance Program)
- Other services provided by their company

Ease of access

Participants noted that access to the appropriate AHS service or program was primarily due to the Workplace Health Team's direction and assistance. In addition, some interviewees also accessed needed services through their own network of contacts. Others went directly to the AHS website to find the appropriate service or program. All sites reported that their experience accessing services and programs was without difficulty. Overall, sites were very pleased with the responsiveness of the programs and services at AHS. Participants commented:

"It was very accessible. Whether you called or emailed, if they weren't there, they would get back to you right away. I found that they were very accommodating."

"They come and meet with us, they come and do seminars. I mean Building Healthy Lifestyles does this stuff for free. It's awesome."

⁵ It is worth noting that one company reported limited use of AHS Mental Health programs due to access through their employee assistance provider; however this site did pay an additional fee for some of the services.

Furthermore, participants commented that the Workplace Health Team was of great assistance in directing them to the correct services, and contacting AHS program staff in advance to advise them of their unique situation. One site in particular emphasized the value of this type of support from the team:

“Having [the Workplace Health Team] talk to us about specific people so I went into it with names. They were all waiting for me to call because they [Workplace Health team] had done the groundwork and told them. Everything that they did made it way easier to contact these people and start working... because they seemed to have a little bit of an idea of where we are at...”

Objective 3 Findings: Effectiveness of initiatives at promoting employee participation and a healthy workplace culture

Self-reported success

Despite the various challenges faced by each site during implementation within the past year, all reported that the initiatives were successful (n=4) or somewhat successful (n=2). As well, sites were able to track employee participation to some extent. The majority used sign-in sheets for small events such as Lunch and Learns. Wellness challenges and contests employed online registration. Larger events such as wellness fairs tracked employee participation through information taken upon entry for door prize draws.

Structural/organizational changes

Most companies did not report structural or organizational changes; however, one participant noted that they began to highlight health and wellness policies that already existed within their company. This included reminding employees that they received an additional 15 minutes for lunch if they exercised during this time. Other changes included increasing the capacity of the wellness committee, weekly management meetings to discuss action plan progress, and suspending company operations to facilitate employee attendance at a wellness fair.

Participation challenges

All participants reported challenges with encouraging employee participation in workplace wellness initiatives. The underlying factors impacting participation varied according to each site. This included finding time to meet with employees to discuss wellness initiatives while still accommodating union laws; challenges with communicating health priorities to a multicultural workforce; and inability to create buy-in from employees. Furthermore, some of the larger companies found it difficult to effectively communicate to their broad and diverse employee population.

Objective 4 Findings: Overall experience in the year following the pilot project

The majority of companies reported that the year following the pilot ran smoothly despite limited Workplace Health Team involvement. One participant commented, “they gave us the tools we needed to succeed.” However, not all sites expressed this confidence. One participant commented:

“I really missed them. It was really nice to have someone come in and just talk to you about what you were doing and what might work. Somebody with experience.”

Despite the lack of hands-on consultation from the Workplace Health team, the majority of sites had email and telephone contact with the Workplace Health Team within the year following the pilot project. Overall, participants reported using the team’s support to get feedback on ideas, identify potential contacts or answer general questions.

When asked about how sites accessed services, all sites primarily noted referral of programs and services from the Workplace Health team. Interviewees emphasized the team’s key role in connecting them with services. One participant noted that she would not have felt as comfortable contacting the AHS programs without the encouragement of the Workplace Health staff. In addition, many participants credit their initiatives, many of which were fueled by AHS programs, to Workplace Health Team referrals. Many were not aware of programs and services available and suggested that they would not have known where to start without the Workplace Health Team’s support.

Webinar

The Workplace Health Team hosted a webinar at the end of the pilot project with all stakeholders to share the evaluation results and experiences from the project. This meeting was originally planned to be a full day in-person workshop, but had to be cancelled and rescheduled twice due to poor travel conditions around the province. Pilot companies were invited to participate in the Webinar and share their experiences in the project – including the workplace health programs they implemented. Three interviewees reported attending the Webinar and found it useful, but one noted “it would have been nice to do it in person.” Two individuals, who were unable to attend, reported they would find a webinar useful in the future: “It’s more information, more networking;” and “I would have found it interesting to hear about other’s experiences or have face-to-face talks.” Overall, most participating sites found the Webinar useful.

Networking

Overall, several respondents reported insufficient human resources support and some expressed a personal lack of expertise in health and wellness. To address this, some respondents expressed a desire for additional networking opportunities with other companies implementing workplace health initiatives such as a directory of other sites working on similar initiatives and regular meetings amongst workplace wellness staff from various companies.

Summary and Discussion

Implementation and participation

The evaluation findings suggest each site experienced a variety of challenges with regards to implementation of their action plans. The level of leadership support varied, but was evident at most sites. However, the majority of participants noted insufficient time to implement health initiatives as a key barrier due to a lack of staffing support. Most expressed a desire to increase the number of staff designated specifically to promoting workplace health. In general, participants expressed a lack of staffing resources and financial support as primary barriers to implementation. In addition, employee interest and participation remained a key challenge for several companies. Despite these limitations, participants indicated that implementation processes began and that the strategies implemented were generally successful and showed an increase in employee participation.

Most sites reported continued use of the tools provided by the Workplace Health team during the year following the pilot. However, companies reported that the team's expertise, enthusiasm, and networking ability remained the key factors in action plan implementation.

Access to programs and services

Participants noted an overall positive experience regarding access to AHS programs and services. Interviewees stated that program staff responded promptly and demonstrated commitment to assisting companies with appropriate resources and programs. Overall, participants viewed the Workplace Health Team as important to facilitating the process and assisting access to appropriate services.

Post- pilot experience

Overall, companies continued with their wellness initiatives in the year following the pilot – although some struggled to prioritize wellness initiatives due to an array of challenges. Nevertheless, several felt they were prepared to continue with initiatives due to the pilot experience and the ongoing support provided by the Workplace Health Team through email and telephone communication.

Role of the Workplace Health Team going forward

Overall, interviewees described the following as key roles of the Workplace Health Team in assisting them to promote workplace wellness at their companies during the pilot phase. For some sites, this carried over into the post-pilot experience:

- **Workplace Health Promotion Facilitators:** Respondents viewed the Workplace Health Team's role as invaluable in regards to initiating their workplace health initiatives during the pilot. The team was a necessary component at the beginning stages of action plan development. They provided sites with a wealth of experiential knowledge and ideas as well as the necessary encouragement and motivation to overcome the hurdles of the initial steps to developing workplace health initiatives, which some sites were able to sustain in the year following the pilot.
- **Liaisons:** Interview participants highlighted the key role of the Workplace Health Team as liaisons. Respondents frequently cited the key role of the team in connecting their site with valuable AHS programs and services during the pilot.
- **Content Experts:** The Workplace Health Team served as a valuable source of knowledge in the area of health and wellness during the pilot. In the year following the pilot, some sites struggled with communicating the concept of health and wellness to their organization, partly due to their own lack of expertise in the area. As a result, companies highly valued the Workplace Health Team's involvement in the communication of the content to both staff and senior leadership.

Limitations

Although all pilot companies participated in this evaluation, the results are not broadly generalizable. The findings provide important information about the process of the pilot, as well as the use of tools and resources. Conclusions cannot be made regarding how the process will work in other companies and industries across the province as the conclusions are limited to the context of the companies in the Workplace Health Follow-Up Evaluation Report. Rather, this evaluation provides a picture of both the effectiveness and the challenges of the process, tools and resources of the WHIP pilot. While the findings are content specific, they provide insights into how the process can be modified to improve its effectiveness going forward.

Recommendations

Evaluation findings are summarized below, followed by specific recommendations that emerged from the data.

Workplace Health Team as facilitators, liaisons, and content experts

Facilitator (catalyst)

The Workplace Health Team promoted confidence in participant companies. The knowledge and expertise provided by the Workplace Health Team served as a catalyst for companies to begin and to expand workplace health programs and initiatives.

Regardless of the company's stage or degree of establishment in workplace wellness, all sites perceived the Workplace Health Team's involvement as valuable. During the pilot, those who were less established in their programs and initiatives highly valued the Workplace Health Team's involvement in the initial planning and implementation, while those who were more established valued their expertise and affirmation throughout the process. Some site representatives expressed that in the year following the pilot, they experienced struggles but valued the team's time investment during the initial pilot. Regardless of the site, participants appreciated the enthusiasm and encouragement provided by the Workplace Health Team.

- Recommendation 1: Moving ahead, consider continuing the Workplace Health Team's role to support new participant companies to assess and develop action plans for workplace health programs and activities.

Liaison

Participants credited their progress in workplace health and wellness to the initial involvement of the Workplace Health Team in connecting them with the appropriate AHS programs and services. Promoting their role as liaisons could further assist communication and linkages between companies and AHS programs and services, and lead to improved relationships between the two. Although most participants reported positive experiences with AHS programs and services, emphasizing the Workplace Health Team's role as liaison may streamline and facilitate the process.

An emphasis on the team's role as liaisons may assist in the sustainability of the Workplace Health Program. This aspect of the team's involvement emerged as the most valued contribution to the pilot sites. As a result, this is an area that the Workplace Health Team may consider emphasizing as it could require less time and hands-on involvement than other aspects of the program.

- Recommendation 2: Promote the Workplace Health Team as a key point of contact for connecting companies with the appropriate resources, programs and services.

Advocate

Participants valued the Workplace Health Team's knowledge and expertise in the area of health and wellness. Most staff from participant companies lacked a background in health and wellness, and as a result indicated a desire to maximize the use of the team's depth of knowledge and their role as authorities in this area. Due to their position as experts in the area of workplace health and wellness, the Workplace Health Team could consider exploring ways to serve as advocates.

In addition, some participants highlighted the difficulty of articulating the concept of health and wellness to colleagues and employees. It is apparent that the concept of health and wellness, or specifically workplace wellness, lacks clarity for some. Part of the Workplace Health Team's role could be to bring clarity to workplace employees and leadership regarding the concept and content, and what it looks like in the workplace. Where appropriate, the team could emphasize their role as advocates of workplace health to a company's leadership and also explore ways to articulate health promotion, prevention and protection concepts to leaders and other staff.

- Recommendation 3: Consider increasing the team's advocacy role in promoting workplace health to the senior leadership of participant companies and explore ways to share expertise on workplace health concepts to both employees and senior leadership.

Resources and tools

Although most sites reported continued use of the tools, the perceived value of the tools greatly varied across sites. The key themes that emerged from participant responses indicated that insufficient time and lack of resources are key barriers to initiating health programs and activities. As a result, some sites did not have the capacity to efficiently use the tools, but highly utilized the programs and services provided by AHS in order to implement health initiatives.

- Recommendation 4: Consider revising tools to a simplified, user-friendly format to maximize independent participant use.
- Recommendation 5: Consider developing an online AHS program and service directory, including access to workplace related resources.

Networking opportunities

The participants who valued the Webinar appreciated the opportunity to network and exchange knowledge with other stakeholders and companies. Interviewees at participating sites expressed a desire to learn from, share ideas, and network with other companies currently implementing workplace health strategies. Overall, several respondents reported insufficient human resources support and some expressed a personal lack of expertise in health and wellness. Therefore, providing a way for individuals to connect with individuals doing similar work at other companies could prove beneficial for problem solving and support without drawing on limited workplace health human resources.

- *Recommendation 6*: Consider developing a directory comprised of companies establishing workplace health programs in order to facilitate networking and shared learnings between companies.
- *Recommendation 7*: Explore ways to assist networking opportunities among companies. This could include initiating meetings among company or organizational workplace health designates and professionals. Such collaborations may provide independent networking and problem-solving opportunities for companies.

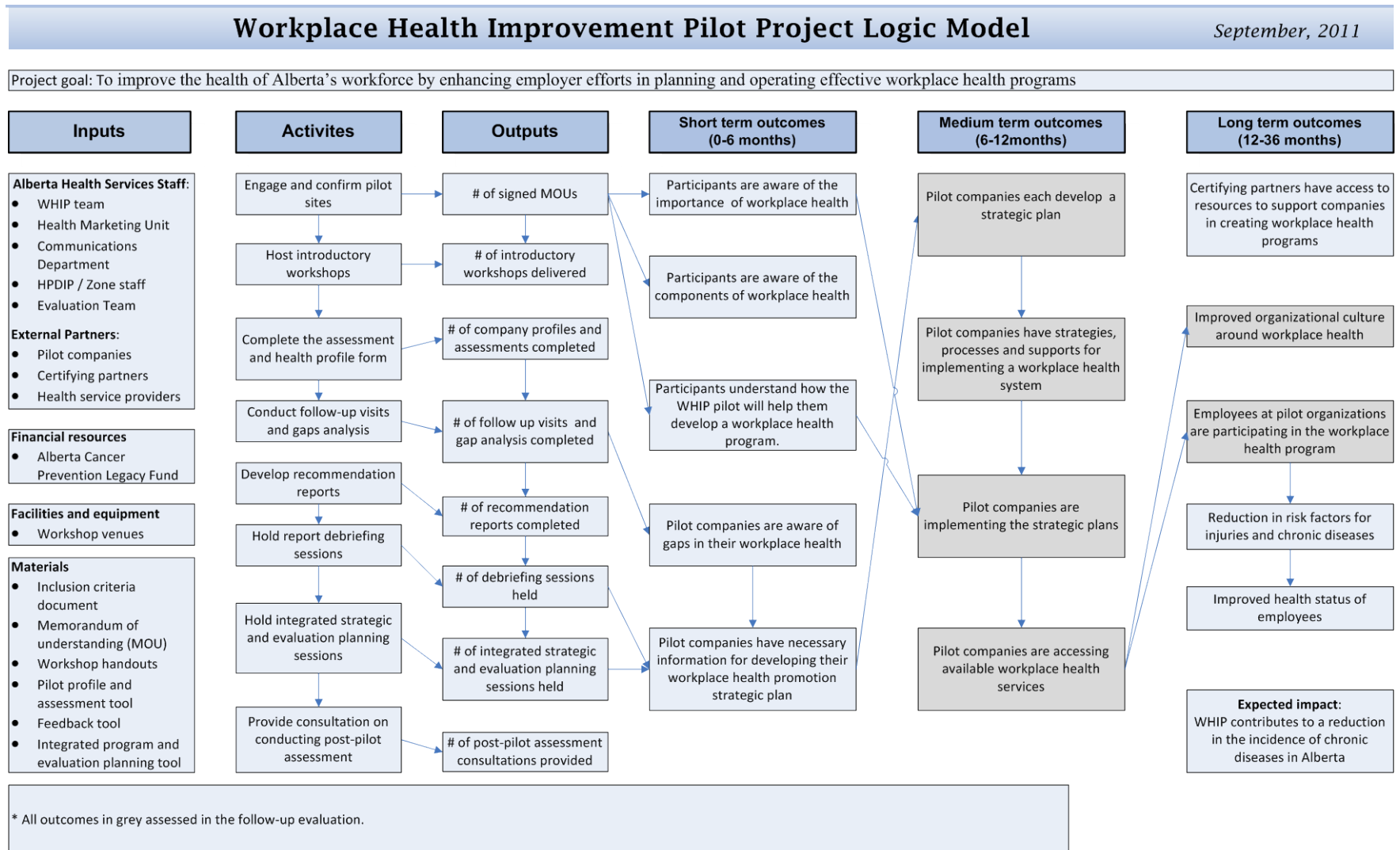
Conclusion

This evaluation was conducted to examine participating companies' support needs, overall progress and sustainability of workplace health programs and activities in the year following the Workplace Health Improvement Pilot Project. Findings from this follow-up evaluation suggest that, while the participant companies continued to implement previously developed action plans, many struggled with insufficient workplace health human resources and lack of financial support to implement their plan in an optimal manner. As a result, several companies relied on the supports provided by AHS programs and resources to continue implementation.

In addition, the majority of interviewees credited their progress to the initial networking and support provided by the Workplace Health Team. The findings suggest that the team's involvement was essential at the start of workplace health initiatives. Due to the team's support during the pilot project and the limited support provided in the year following the project, companies were made aware of and connected with appropriate AHS programs and resources. This enabled participants to continue implementation of their workplace health promotion activities and strategies.

Appendix 1: Logic Model

(Grey boxes represent outcomes addressed in this follow-up evaluation)



Appendix 2: Interview Guide

WHIP Follow-up Interview Guide

Introductory Script:

Thank you for taking the time to do an interview with us. This is part of the data collection for the evaluation of the Workplace Health Improvement Pilot Project follow-up. The aim of this evaluation is to follow up with the six pilot companies to understand what has happened in the year following the end of the pilot project. This information will help inform the Workplace Health Program in moving forward and how AHS can better assist you and other companies in your workplace health programs and initiatives.

Anything you say today will be kept confidential. We will be typing notes as you talk, which will not include your name. Because some people may be identifiable by descriptions of their role, we will also password protect all notes and only the evaluation team will have access to the notes. We may use quotes in reports, but will be careful to use quotes that will not easily identify any individual.

With your permission, we will also tape record the interview for backup in case anything is missed in our notes. We will keep this tape recorder in a locked cabinet and the recording will be deleted once the transcriptions are complete. Do you give permission for this? [If yes, turn on recorder, if not, put recorder away]

Section 1:

The first few questions pertain to the strategies, processes and supports for implementation of the action plan you developed during the pilot project.

1. Did you develop an action plan?
2. Please describe the main health priorities you identified in your action plan.

Probe:

- Tobacco
- Addictions
- Mental Health
- Nutrition
- Other

3. To what extent have you implemented the health priorities identified in the action plan for the following timelines?

- After 6 months to 1 year
- After 1 to 2 years

4. Did your action plan include strategies regarding:

- Psychological or mental health
- Addictions
- Tobacco reduction
- Nutrition and/or Weight Management
- Addressing health effects of shift work
- Active Living and Physical Activity
- Leadership Support
- Engagement of employees
- Evaluation, measurement and data gathering (proving value of health activities)
- Communication
- Other (Please specify: _____)

5. What supports did you receive or have access to for implementing the action plan? Did you receive the following supports:

- Financial?
- Human resources (e.g., additional staff, or time allotted for health programming)?
- Leadership support?
 - If yes, how did senior leadership show support?
- External Support (Please describe: _____)
- Other (Please specify: _____)

6. Thinking about the implementation of the action plan within this past year following the pilot project, what additional supports would have been useful?

Probe:

- From senior management?
- From the Workplace Health Team?
- Any particular AHS Programs and/or Services?
- Other?

-
7. What challenges or issues did you encounter when implementing the action plan within the past year?
8. What, if anything, made the implementation of the action plan easier for you?
9. Did you continue to use the tools provided during the pilot by the Workplace Health Team?
- Please indicate the tools used:
 - Assessment and re-assessment guide
 - Workplace Health Resource Toolkit
 - WHIP Final Evaluation Report
 - The summary report provided to your company/institution
10. Has your company used other tools and resources in addition to those provided by the Workplace Health Team? Please describe these tools.

Probe:

- Any other AHS Programs and/or Services (e.g. tobacco guides)
- U of L resources
- Other partners
- External programs

Section 2:

The following questions address access to services and programs provided by AHS as well as, services and programs external to AHS.

11. Following your completion of the pilot project, were you able to access the AHS programs and services you needed?
12. If you continued to access AHS program and services, please describe the programs and services you used.

Probe:

- Tobacco Reduction
- Nutrition
- Addictions
- Psychological or Mental Health
- Active Living and Physical Activity
- Ultraviolet Exposure/ Be Sunsible
- Building Healthy Lifestyles or Healthy Living Unit of AHS
- Others (Please specify:_____)

13. If you did not access services provided by AHS, please describe the reasons for not accessing services.

14. If services were accessed, how did you access the appropriate services?

Probe:

- How did you become aware of the service or program?
- How did you find the appropriate contact person? (e.g., listed in a handout, on the AHS website)
- What did you use these services for (e.g., specific programs or initiatives)?
- How did the services used support your programs and initiatives?

15. Did you access services and programs provided outside of AHS?

- If so, please describe the services you accessed.

16. What, if any, issues and/or challenges did you encounter when accessing programs and services?

Probe:

- With AHS?
- External to AHS?
- What would have made it easier for you to access appropriate programs and services?

17. What, if anything, helped you or made it easier for you to access the programs and services needed?

Section 3:

The following questions address how effective the action plan was in encouraging employee participation.

18. Within the past year have you or others within your company implemented a health improvement program or initiative relating to workplace health? Please describe.

- In your opinion, how successful was the program or initiative?
 - Successful
 - Somewhat successful
 - Neutral
 - Somewhat unsuccessful
 - Unsuccessful
- Why was it successful (or not successful)?

19. What structural or organizational changes were made in order to encourage workplace health? Please describe.

Probe:

- Health Surveys
- Health discussions in your Health and Safety Meetings
- Senior leadership involvement
- Increased financial support for workplace health initiatives
- Newsletters
- Health Challenges
- Healthier Vending Machines

- Health Days
- Time off for employees to attend wellness activities or events
- Structural changes such as showers for staff use, a wellness corner with health information, etc.
- Changes/strategies to address shift work, if applicable
- Counseling information or opportunities

20. Were you able to track employee participation?

- If so, please describe how this was done.
- If not, what hindered you from tracking participation?

21. What challenges, if any, did you encounter regarding employee participation in workplace health initiatives?

22. What, if anything, assisted employee participation?

23. What was your overall experience without the hands-on support from the AHS Workplace Health Team over the past year?

24. Do you have any suggestions on how the AHS Workplace Health Team or AHS as an organization can better support you?

Probe:

- What would you like to see from the Workplace Health Team in the future?
- What would you like to see from AHS in the future?
- An AHS single point of contact for workplace health
- A Workplace Health Website and the contact information
- Workplace Health Consultants dedicated to supporting industry
- More Workplace Health resources and information
 - If yes, what types of resources and/or information would you find helpful?
- Other (Please specify: _____)

25. Did you have contact with, or communicate with the Workplace Health Team at any time this year after the finish of the WHIP Pilot Project?

- If so, what was the support for? (Action plan/consultation on another issue, etc.)
- Was it helpful?
- Without this support, could you move forward with your health planning, activities or programs?

-
- How did you receive this support (email, phone, etc.)?
- 26.** Did you attend the Workplace Health online workshop (Webinar) held in January (since both face-to-face workshops had to be cancelled)?
- Did you find this webinar useful? If so, how?
- 27.** Do you have any additional comments you would like to add regarding your workplace health initiatives in the year following the pilot project?



For the full WHIP Evaluation Report and/or the Executive Summary, please contact Alberta Health Services, Workplace Health Program.