

# Workplace Health Improvement Project: PILOT EVALUATION EXECUTIVE SUMMARY



# Workplace Health Improvement Project: Pilot Evaluation Report

**Prepared for**  
**Workplace Wellness Unit**  
**Health Promotion, Disease and Injury Prevention**  
**Alberta Health Services**

**Prepared by**  
**Public Health Innovation and Decision Support – Evaluation Team**  
**Surveillance and Health Status Assessment**  
**Population and Public Health**  
**Alberta Health Services**

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For further information regarding this report, please contact:

Folake Arinde  
Public Health Innovation and Decision Support – Evaluation Team  
Alberta Health Services  
2210 2nd Street S.W.  
Calgary, AB, T2S 3C3  
Canada  
Phone: 403.476.2518  
Fax: 403.355.3292  
E-mail: [folake.arinde@albertahealthservices.ca](mailto:folake.arinde@albertahealthservices.ca)

For further information about the Workplace Health Improvement Project,  
please contact:

Workplace Health Program  
Alberta Health Services  
2210 2nd Street S.W.  
Calgary, AB, T2S 3C3  
Canada  
Phone: 403.355.3270  
Fax: 403.355.3292  
E-mail: [workplacehealth@albertahealthservices.ca](mailto:workplacehealth@albertahealthservices.ca)

## Executive Summary

### Introduction

The Workplace Health Improvement Project (WHIP) was built upon the model for safety certification used in Alberta to promote employers' adoption of evidence-based practices to prevent and control chronic diseases among their employees. The purpose of this project is two-fold: (1) to provide criteria and standards which can be used to assess organizations' health-related policies and programs, and (2) to provide a set of actions and evidence-based programs that organizations can use to enhance their employee wellness programs. This approach was designed to identify and recommend best practices in workplace policies and practices for employers, and then provide support towards increasing the adoption of these practices.

Using the Certificate of Recognition (COR) audit process as a model, the project team developed the following six steps:

- 1. Introductory Workshop:** AHS-facilitated workshop designed to provide background information on workplace health and the pilot project to interested companies.
- 2. Company Profile & Assessment:** Collection of baseline data on the company's workplace health system to identify strengths and gaps.
- 3. Recommendations:** Development of recommendations, based on gaps identified in the assessment, to improve the company's workplace health.
- 4. Program Planning:** Development of an action plan to implement the recommendations.
- 5. Evaluation Planning:** Development of an evaluation plan to monitor progress towards achievement of goals set forth in the action plan.
- 6. Reassessment:** Collection of follow-up data on the company's workplace health system to determine if the process led to improvements in the company's workplace health.

Working with key Alberta industry stakeholders, Alberta Health Services conducted a one-year pilot project (May 2011 to June 2012) to test the WHIP process at the following six companies: Alberta Oil Tool, PepsiCo, Standen's Limited, Triple M Housing Ltd, Southern Alberta Institute of Technology (SAIT) and the University of Lethbridge. Pilot companies were recruited with the support of the Alberta Association for Safety Partnerships (AASP) and the Manufacturers' Health & Safety Association (MHSA); two of the 13 Certifying Partners (CPs) in Alberta.<sup>1</sup>

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<sup>1</sup> A CP is responsible for assessing the quality of health and safety management systems in Alberta, and issuing Certificates of Recognition to employers (Alberta Human Services, 2012). Given that the WHIP was modeled after the COR audit process, the WHIP team engaged the CPs to assist in the recruitment of pilot companies.

## Evaluation Overview

### The evaluation objectives are:

1. To assess the process of engaging external stakeholders (pilot organizations, Certifying Partners, service providers) in the pilot project.
2. To assess the effectiveness of the Workplace Health Improvement Project in providing support to pilot organizations to build capacity for planning and implementing workplace health promotion strategies.
3. To determine whether the pilot project resulted in the development of relevant and feasible action plans for each pilot site.

### Scope of this report

This evaluation was conducted to address the objectives listed above. The implementation of the action plan is out of the scope of the project team's work; therefore, this evaluation report does not include an assessment of the actual workplace health programs within each company. In addition, while the ultimate goal of the WHIP is to contribute to the reduction of chronic diseases in Alberta workplaces, several years are required to observe changes in the incidence and prevalence of chronic diseases in a population. Therefore, obtaining measurable changes in a company's workplace health profile will require a longer follow-up period than the one-year pilot. Consequently, this evaluation will not report on changes in pilot organizations' workplace health status.

## Methodology

Four separate interview scripts were developed to gather feedback from four key stakeholder groups:

1. The pilot companies
2. A company that withdrew from the pilot
3. The industry partners (i.e., Certifying Partners [CPs] and Alberta Human Services)
4. The AHS project team

Interview scripts were tailored to each respondent group and covered a wide range of questions to assess respondents' satisfaction with the project, and to identify changes, if any, required to improve the WHIP process and resources.

Scripts one to three targeted individual(s) within each organization with whom the project team liaised the closest during the pilot. Overall, 10 individuals were identified at the pilot companies, one individual from the company that withdrew, and a total of three partners (two CPs and one individual from Alberta Human Services). All 14 individuals were approached to be interviewed for this evaluation. All, but one, were available to be interviewed; therefore a total of 13 individuals from the external companies and five project team members were interviewed.<sup>2</sup>

All interviews were conducted by a member of the evaluation team during the months of June and July 2012. Data collection occurred through telephone and in-person interviews.

In addition to the interviews, project files were reviewed, and background information on the project and profile information on pilot companies were extracted.

## Key Findings

### Assessment of the relationship with the Certifying Partners

Evaluation of the partnership between the project team and the CPs (Alberta Association of Safety Partnerships and Manufacturer's Health and Safety Association) shows that both parties are satisfied with the partnership and believe the collaboration is important in achieving the goals of the WHIP. The findings show that the CPs perceive the WHIP as filling a crucial gap in the health component of occupational health and safety, and recommend that the work be sustained.

The partners also noted that there is a great interest in the project from the CPs' membership, and recommend that the project team have sufficient manpower to manage the volume of interested companies.

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<sup>2</sup> An individual from one of the pilot companies was not available to be interviewed. However, there were two key contacts within that organization. The other individual was interviewed; therefore, data is available for that company.

## Assessment of the WHIP pilot process in building capacity of the pilot companies to improve their workplace health

The majority of the pilot companies reported that they were able to implement the process and use the tools. However, some respondents indicated that the assessment, the program planning, and the evaluation planning steps were challenging; specifically, they reported difficulties in using the tools associated with these steps.

Despite the reported challenges, the majority of the pilot sites (seven out of nine) perceived the WHIP as being important in developing their company's workplace health program. The remaining two respondents indicated the project was somewhat important or not important at all in developing their company's workplace health program because they already had a program in place prior to involvement in the pilot project. However, one of the two individuals reported that the WHIP helped move things forward in their program.

All representatives from the pilot companies consistently reported that the project team was supportive throughout the pilot, and the level of support provided was satisfactory. The majority of the respondents also reported that they felt confident in carrying out all the process steps without the project team's support. However, respondents also indicated that they would need other resources to do so. Additional resources identified by respondents include management buy-in to the wellness program, availability of online resources (i.e., how to guides), time, funds, manpower, and annual check-in/access to the project team (for future follow-up and check-in).

Overall, the pilot companies reported that they were satisfied with the process and its delivery.

## Limitations of the Results

Generalizations cannot be made from the findings of this evaluation for the following reasons:

- Despite the high response rate for this evaluation, only a small number of companies participated in the pilot. Therefore, conclusions cannot be drawn about how the process will work in other companies and industries across the province, and are only limited to the companies that participated in this pilot.
- Furthermore, given the selection criteria for the project, it can be assumed that pilot companies were at a high state of readiness for development of a workplace health program. As such, it is difficult to state conclusively how successful the process will be at companies that are at a different state of readiness.

- Lastly, given the scope of this evaluation, as detailed earlier, conclusions that can be drawn from the findings are intended to speak to participants' perception of the WHIP process and tools, not the effectiveness of the project.

## Recommendations

Based on the findings, the following are recommended to the WHIP team:

### Stakeholder engagement and relationships

1. Sustain partnerships with the CPs and other major stakeholders.
2. Obtain buy-in and commitment from senior leadership. This is integral for workplace health improvement to be embedded in the culture of the organization and to ensure continuity of the work.
3. Consider identifying and working closely with more than one key contact when introducing the WHIP at future participating companies. This is important to minimize any negative impact on the work in the event of internal staff changes.

### The WHIP process and resources

4. Consider revising the assessment guide and program and evaluation planning template to improve their clarity and ease of use. It is important to keep in mind that users of the tool may be from diverse backgrounds and have varying levels of experiences in (and understanding of) workplace health programs. It is therefore important to ensure that the project tools are suitable for a wide range of users.
5. Increase the capacity of the project team to meet the needs of interested companies. Consider the human resources required to implement the project province-wide.
6. Explore different delivery mechanisms to enhance the sustainability of the project. For example, consider developing a resource toolkit (such as a step-by-step guide on how to develop various components of a workplace wellness program, or online tools) to supplement the support provided by the project team. This may further increase capacity at participating companies and reduce the demand on the project team.

## Future evaluations of the WHIP

7. Future evaluations should assess improvements in pilot companies' (and other future companies') capacity to implement the WHIP process and health promotion activities with limited support from the project team.
8. It is recommended that outcome evaluations be conducted to determine if the project contributed to chronic disease reduction and prevention at participating companies. The outcome evaluations should assess the short, medium, and long-term outcomes outlined in the project logic model.
9. Continued regular process evaluation of the WHIP is recommended to identify facilitators or barriers to successful implementation of the project.

## Conclusion

This evaluation was conducted to examine the implementation of the pilot project, and to assess the effectiveness of the WHIP process in building the capacity of pilot companies to develop a workplace health promotion program. Findings from this evaluation shows that, while the project appeared to increase pilot companies' capacity to implement the process, the companies' ability to independently execute the process would be enhanced by additional resources that were identified by the pilot companies (listed in the findings section of this report). This finding suggests that, to some extent, the project met the objective for the majority of pilot participants. As recommended, future evaluations will help identify any further increase in pilot companies' capacities to implement the process independently.

For the full Evaluation Report, please contact Alberta Health Services, Workplace Health Program.

